












Public Board of Directors - Items for Board Assurance - 1 September 2022

Organiser

Amber Fox

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1. Board Committee Minutes in the Review Room

- Audit and Risk Committee - 5 July 2022 and 26 July 2022
- Finance and Performance Committee - 5 July 2022 and 5 August 2022
- Quality Committee - 20 June 2022 and 18 July 2022
- Workforce Committee - 6 June 2022
- Council of Governors – 14 July 2022

APPROVED Minutes of the Extra-Ordinary Audit and Risk Committee Meeting held on Tuesday 5 July 2022 commencing at 3:30 pm via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Richard Hopkin (RH)	Non-Executive Director
Denise Sterling (DS)	Non-Executive Director

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Executive Director of Finance
Kirsty Archer	Deputy Finance Director
Helen Higgs	Head of Internal Audit, Audit Yorkshire
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Ric Lee	Audit Director, KPMG
Nigel Broadbent (NB)	Incoming Non-Executive Director
Kim Smith	Assistant Director of Quality and Safety
Amber Fox	Corporate Governance Manager
Victoria Pickles	(minutes)
Zoe Quarmby	Director of Corporate Affairs
	Assistant Director of Finance

36/22 APOLOGIES FOR ABSENCE

Apologies were received from Brendan Brown, Chief Executive. The Director of Corporate Affairs was in attendance on behalf of the Chief Executive.

The Chair welcomed everyone to the extra-ordinary Audit and Risk Committee meeting to sign off the Annual Report and Accounts for 2021/22 which has been delegated to this Committee by the Board of Directors.

Nigel Broadbent was welcomed to his first meeting and introductions were made.

37/22 DECLARATIONS OF INTEREST

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

38/22 MINUTES OF THE MEETING HELD ON 26 APRIL 2022

The minutes of the meeting held on 26 April 2022 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 26 April 2022.

39/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updates will be provided to the next meeting on 26 July 2022.

OUTCOME: The Committee **NOTED** that updates to the action log will be provided to the next meeting on 26 July 2022.

40/22 ANNUAL REPORT AND ACCOUNTS

a) Going Concern Report

The Director of Finance presented the Going Concern report which refers to the basis on which an

organisation's assets and liabilities are recorded and included in the accounts. The Director of Finance confirmed it remains appropriate to prepare the accounts on a going concern basis.

OUTCOME: The Committee **APPROVED** the Going Concern Report.

b) Audited Annual Accounts and Financial Statements

The Director of Finance presented the Audited Annual Accounts and Financial Statements for the year ended 31 March 2022. The Director of Finance noted KPMG colleagues have had the opportunity to review and comment on the accounts and statements.

The Director of Finance highlighted the difference in the way financial information is presented to the Board. The Deputy Director of Finance added that the difference in position presented to Board is a regulatory position versus a year end accounts position and highlighted the technical accounting difference is described within the annual report on page 50.

RH confirmed he has had a detailed review of these and has met with the Deputy Director of Finance and the Assistant Director of Finance to discuss his comments. RH confirmed the numbers have not changed significantly since then, highlighting one change relating to a reclassification of debtors of roughly £700k.

RH highlighted a change that had not been updated which was Note 39.5 was duplicated which should be Note 39.7 on page 65. The Deputy Director of Finance confirmed this will be corrected.

OUTCOME: The Committee **APPROVED** the Audited Annual Accounts and Financial Statements for the year ended 31 March 2022.

c) Letter of Representation

The Director of Finance presented the letter of representation that the Trust are required to submit and includes standard wording on how the accounts have been prepared and on what basis. The Letter of Representation will be signed off by the Chief Executive.

RH noted the only specific representation given over the last few years relates to the EPR valuation and ties into the adjustment. This position remains unchanged.

OUTCOME: The Committee **APPROVED** the Letter of Representation.

d) Annual Governance Statement (AGS)

The Company Secretary reported that the 2021/22 Annual Governance Statement (AGS) was reviewed and approved by the Audit and Risk Committee on 26 April 2022. The Annual Governance Statement has been developed in line with national guidance.

The statement has been reviewed at various stages by the Chief Executive, Executive Directors, Internal and External Audit.

The Annual Governance Statement confirms the Trust have no significant control issues in year which is consistent with the Head of Internal Audit Opinion and KPMG Year End Report.

The Director of Finance explained NB had a query on wording that will be shared outside of the meeting.

OUTCOME: The Committee **APPROVED** the Annual Governance Statement.

e) Annual Report 2021/22

The Company Secretary presented the Annual Report for 2021/22 which has been developed in line with the NHS Improvement (NHSI) annual reporting manual.

A detailed review has taken place by RH, DS and AN and their feedback is incorporated. External Audit have completed their extensive audit checklist and the feedback has been incorporated. There are two parts to the annual report, the Performance report and Accountability report. The annual accounts and auditors report will be added subject to approval today.

The key changes to national guidance were:

- To include quality account priorities and indicators this year with no separate Quality Account
- Expanded sections on fair pay disclosures, pensions and staff survey
- Change in reference from the Single Oversight Framework to the System Oversight Framework which reflects the Integrated Care System.

The Company Secretary formally thanked the finance, workforce and quality team and Directors for all their input.

The Company Secretary confirmed a 6-8 page annual report summary is being developed for the public and will be published on the Trust website at the same time as the annual report.

Subject to approval, the plan is to submit to NHS Improvement by Friday 8 July 2022 which has been delayed due to the delays in audit testing.

The Company Secretary confirmed the AGM will need to be held by 30 September 2022 and a date is being explored for the last week of September 2022.

RH highlighted in the Chief Executive statement it refers to future events of staff joining the Trust in June 2022 which has already happened and asked if the annual report will be updated or remain as written. The Company Secretary will review and take a view of the wording.

AN highlighted a page reference correction in the annual report which refers to the audit function on page 164 and corrected this to page 66.

Action: Page number reference for the audit function to be corrected to page 66 – Company Secretary

OUTCOME: The Committee **APPROVED** the Annual Report 2021/22.

f) Head of Internal Audit Opinion and Annual Report

The Internal Audit Manager presented the Annual Report for 2021/22. The key points to note were:

- Original plan included provision for 369 internal audit days with 31 days carried forward from 2020/21 giving a total number of days expected to be delivered in year of 400
- 60 days were cancelled during the year from the audit with a revised plan provided for the delivery of 340 internal audit days
- Delivered 332 out of 340 days and the remaining 8 days carried over relate to one particular audit on governance structures currently in progress
- Complied with the public sector internal audit standards throughout the year
- Five KPIs within the report – four achieved 100%, one KPI was not met at 83.9% in respect of receiving management responses within 15 working days of a draft report being issued
- A factor in not meeting this KPI in year is partly due to Covid-19 pressures during the year
- Benchmarking on KPIs is being undertaken to improve the KPIs and provide more benefit in future years and a survey will be circulated to Audit Committee Chairs and Directors of Finance.

AN highlighted at the bottom of page 6 it states all KPIs were met at the end of the year and asked if this statement needs to change. **Action: Internal Audit Manager to update this statement in the Internal Audit Annual Report.**

The Director of Corporate Affairs asked if the Audit and Risk Committee were aware this KPI would be missed before the report was received. She challenged why the KPI target for the Trust is set at 95% which is higher than the other two targets set at 90%.

The Internal Audit Manager responded to confirm the KPI is included in progress reports for each Audit and Risk Committee meeting, and it would not have been achieved in January or April 2022. There is an ongoing Audit Yorkshire project to review these targets and KPIs and whether they are achievable. The Internal Audit Manager confirmed the Trust achieved this KPI target last year; however, acknowledged that the KPI is high and dependent on number of reports issued it can be more challenging to meet.

AN highlighted the Trust reset some of the targets for overdue recommendations and this has been a challenge and acknowledged the Trust are in a better place; however, are still not where we need to be.

The Director of Finance confirmed the focus has been on overdue recommendations and the benchmarking exercise has benchmarked the Trust favourably to a number of other organisations and is starting to make progress.

The Internal Audit Manager confirmed she is attending Executive Board (WEB) next week to provide an update on recommendations. AN provided some context to the introduction of the Internal Audit Manager attending Executive Board. This happens on a quarterly basis to look at recommendations and review the audit plan that the Executive team have agreed to.

The Head of Internal Audit presented the Head of Internal Audit Opinion and confirmed it is a positive report with significant assurance overall. The Head of Internal Audit highlighted the revised dates for recommendations being quite high.

OUTCOME: The Committee **NOTED** the Head of internal Audit Opinion with a significant assurance overall opinion and **APPROVED** the Internal Audit Annual Report.

g) Year End Audit Report – ISA 260

Ric Lee, Audit Director KPMG explained the delays to the sign off process was primarily due to KPMG not being able to sign-off an opinion on the accounts and he confirmed it was not a consequence of the finance team who have been very supportive. The Audit Director, KPMG formally apologised for the delay and thanked the finance team for their accommodation. The Audit Director KPMG confirmed the accounts will be with NHSI prior to the 8 July 2022 deadline.

The Audit Director, KPMG presented the key findings within the ISA 260 Year End Audit Report, which were:

- Completed all work required over significant risk areas
- Follows on from audit plan issued earlier in the year
- Unqualified opinion on financial statements will be issued – clean opinion
- All required work completed regarding Value for Money (VFM) – no longer issue a certificate on VFM as the guidelines changed, provide a commentary through the annual auditors report, no significant weaknesses identified – positive position to be in
- A summary of audits is provided on page 5 and all outstanding work regarding Management Override of Controls has now been completed
- Not identified any audit misstatements in current year accounts; however, there is one historic unadjusted difference from previous years that rolls forward around system costs

- Number of Control deficiencies – identified two lower priority recommendations around management review arrangements
- Risk profile – reviewed financial statements and tracking revenue position anticipated to be around £500m – the revenue position was slightly higher than anticipated due to later allocations; therefore, KPMG adjusted the materiality threshold for the audit which has been communicated to the Director of Finance
- Earlier risk around revenue; however, a combination of lower than anticipated ERF values and increase in materiality means it is highly unlikely for a material error
- Expenditure recognition - meeting the control total in line with many other NHS organisations.

Audit Risks

No issues were identified, and the recommendations raised as a result of the work in the current year are described in Appendix 2.

- Expenditure recognition - No issues; however, raised one recommendation around the management review of journals as audit standards are setting an increasingly higher bar – it is unlikely anything will change in the accruals approval process. The Finance team agreed to look at the process for sign-off of journals – see action below.
- Valuation of PPE – work is complete, not identified any issues. Noted a recommendation.
- Management override – now provided and satisfied.

The Audit Director, KPMG highlighted the work of the subsidiary (CHS) is now complete and they can issue a group opinion; this is highlighted on page 13 of the report. An opinion on the CHS accounts will be issued and no current issues have been identified.

It was highlighted the audit difference in relation to EPR is described on page 22 of the report.

RH thanked KPMG for the report, despite the challenges and congratulated the finance team for getting through the process with a clean audit opinion and no adjustments. The process has gone well overall from a Trust point of view.

RH highlighted the theatre internal control observation which has been on for some time and stated it would be good to see this removed with the Trust looking to put in a new Theatres system in 2022/23.

RH highlighted there may be more to do on the sign off of journals and valuation assumptions and suggested a separate review of these outside of the meeting to review existing controls in place. The Deputy Director of Finance agreed to review strengthening these processes; however, it is unlikely to remove these recommendations.

Action: Finance Team to review the existing controls in place for sign-off of the journals and valuation assumptions to strengthen the processes for next year

OUTCOME: The Committee **NOTED** the External Auditor's Year-End Report ISA 260.

h) Annual Auditor Report

The Audit Director KPMG presented the annual auditor report which summarises the conclusion of the value for money work undertaken.

This report is published on the Trust website alongside the Annual Report and Accounts.

The key points to note were:

- No significant risks in the three domains and all domains remain green – financial recovery, governance and improving economy, efficiency and effectiveness (page 5)

- Page 7 highlights the challenging position next year and that CHFT is operating in an Integrated Care System (ICS) with the system working towards an overall balanced position.

AN asked if the ICS are formally accepting the Trust position for next year's 2022/23 plan. The Director of Finance confirmed the plan has been submitted and is part of the Place and ICS position.

AN formally thanked the finance team and everyone involved for all their hard work completing the audit.

OUTCOME: The Committee **NOTED** the External Auditor's Annual Audit Report.

i) Self-Certification License

The Company Secretary advised that each year NHS England / Improvement (NHS E/I) requires all Foundation Trusts to complete a number of self-certifications to provide assurance that the Trust is compliant with the conditions of their NHS provider licence.

These documents were reviewed at the Board of Directors meeting on 5 May 2022 and signed off by the Chief Executive and Chair.

OUTCOME: The Committee **NOTED** the self-certification statements.

41/22 ANY OTHER BUSINESS

The Company Secretary asked if the CHS Accounts have been fully reviewed and signed off by the CHS Board. The Deputy Director of Finance confirmed the CHS Accounts were approved at the CHS Board meeting this morning.

42/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

The Board of Directors will be updated in due course via the Chair's highlight report.

43/22 DATE AND TIME OF THE NEXT MEETING

Date: Wednesday 26 July 2022

Time: 10.00 am

Via: Microsoft Teams

Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 26 July 2022 commencing at 10:00 am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Nigel Broadbent (NB)	Incoming Non-Executive Director
Kirsty Archer	Deputy Director of Finance
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Salma Younis	External Audit Manager, KPMG
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Kim Smith	Assistant Director of Quality and Safety
Richard Hill	Head of Health and Safety (for item 48/22)
Jo Fawcus	Chief Operating Officer (for item 48/22)
Peter Keogh	Assistant Director of Performance (for item 48/22)
Thomas Strickland	Director of Operations, Surgery (for item 48/22)
Julian Bates	Information Director (for item 48/22)

44/22 APOLOGIES FOR ABSENCE

RH welcomed everyone to the Audit and Risk Committee meeting, in particular Jo Fawcus, Peter Keogh, Julian Bates, Thomas Strickland and Richard Hill who were in attendance to present Deep Dives into Data Quality and Health and Safety.

Apologies were received from Robert Birkett, Ric Lee, Gary Boothby, Liam Stout and Helen Higgs.

45/22 DECLARATIONS OF INTEREST

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

46/22 MINUTES OF THE MEETING HELD ON 26 APRIL 2022 AND 5 JULY 2022

It was noted the minutes of the meeting held on 26 April 2022 were approved at the extra-ordinary meeting on 5 July 2022.

The minutes of the meeting held on 5 July 2022 were approved as a correct record subject to the following amendments:

- Page 5 – RH corrected the sentence to ‘the internal control observation’
- Page 5 - RH suggested it should state ‘RH highlighted there may be more to do on the sign-off of journals and valuation assumptions’

The Company Secretary confirmed the Annual Report and Accounts 2021/22 have now been laid before Parliament and are available on the Trust website.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 5 July 2022 subject to the amendments above.

47/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly.

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

48/22 DEEP DIVES

1. Data Quality Deep Dive

Julian Bates, Information Director presented an annual deep dive into Data Quality, the key points to note were:

- Standing and ad hoc agenda items at the Data Quality Board were shared
- Clinical Audits have gone well over the last 12 months
- Emergency Care Data Set – successful bid for monies nationally which has resulted in the employment of a Digital Operations Manager in Emergency Medicine who has made a real difference in recent months e.g., Clinically Ready to Proceed capture and a monthly Data Quality meeting has been introduced with A&E staff three months ago. The Emergency Care Data Set for Same Day Emergency Care Services will be mandatory from April 2023
- Number of deep dives following enquiries have tackled and fixed issues
- 28-day theatre cancellations – hoping to have a positive update on this at the next Data Quality Board
- Areas to address were as follows:
 - o Executive level engagement
 - o Admitted under incorrect consultant / activity captured incorrectly
 - o Encounters not being used correctly
 - o Mandatory demands and Integrated Care System (ICS), ICS recovery – requests for returns with a short timescale
 - o GiRFT (Getting it Right First Time) / Model Health – understanding the priorities
 - o Data Quality Policy was created two years ago and needs communicating out to staff
- Plan on a page for 2022/23 was shared which includes ensuring there is a gain benefit from the recently introduced Robotic Process Automation by automating appropriate data cleansing procedures which have been introduced by the Medical Division – this can make a huge difference

The Chief Operating Officer has discussed the role of the Data Quality Board and how data is managed with the Managing Director for Digital Health and the Director of Corporate Affairs.

RH highlighted how data within the Trust has enabled progress on health inequalities.

DS commented she is really pleased to see one of the highlights around clinical audits with a clear audit programme now in place. She asked what will happen to the Data Quality Policy to make this a live document. The Information Director responded the intention 12 months ago was to take a section of the Data Quality Policy into the Data Quality Board to work through. The Director of Operations explained they are going through a process to appoint a new Chief Clinical Information Officer which may provide an opportunity to refresh and reinforce the policy.

In the context of reviewing performance data, AN asked if there were any surprises from reviewing any green indicators and asked if the work on the Emergency Care Data Set is helping the Trust drive improvements in the Emergency Department. The Assistant

Director of Performance responded the greens is a check on if we are gathering data correctly and using national definitions. The Chief Operating Officer responded the Emergency Care Delivery Group has started to look at data on the dashboard which will help drive improvements and show areas that require improvement e.g., clinically ready to proceed. The Trust are now seeing an improvement month on month. The review of 12 hour length of stay is being mapped to understand when the decision to defer and decision for diagnostics is made per patient.

OUTCOME: The Committee **NOTED** the Data Quality Deep Dive.

1. Health and Safety Deep Dive

Richard Hill, Head of Health and Safety presented a Health and Safety Deep Dive, the key points to note were:

- CHFT have a well embedded Health and Safety Committee with strong engagement from clinical and non-clinical colleagues
- Sharing of information on building compliance by 3rd party providers needs strengthening, for example information on asbestos and gas safety and meetings are taking place in the coming weeks to pull a plan together

The six priorities to keep the base safe are as follows:

1. NHS Workplace Health and Safety Standards – good progress is being made towards achieving the requirements of each NHS standard with a steady movement over the last 18 months towards compliance.
2. Accident Figures and next steps – a deep dive into Accident Intervention took place for non-patient fall injuries and a review of the Falls Policy has been completed and a Falls Awareness Project is being developed to target the two main root causes of injuries. Datix incidents over the last five years have been studied for needle stick injuries and there are some common patterns. A meeting is planned with ISS, CHS and Ward Managers to undertake a deep dive in these areas, particularly in the Medical Division (A&E and acute areas). A Control Of Substances Hazardous to Health (COSHH) deep dive is taking place and a task and finish group has been formed to help diagnose 8000 assessments, Alcumus Ltd has been invited to carry out a gap analysis and a review of the superusers is also taking place which will ensure there is an accurate register of colleagues with updated knowledge of the Alcumus COSHH database system.
3. Safe Base, place-based risk assessments in rooms located in the community – there are 59 non-Trust buildings which are occupied by colleagues working in the community.
4. Safe Base, place-based risks assessments in rooms located inside the hospitals – more than 70 non-clinical rooms have been assessed and clinical ward settings are to be completed by the end of October 2022.
5. Huddersfield Pharmacy Specials – formed their own Health and Safety Committee which takes place every two months.
6. Health Informatics Service - formed their own Health and Safety Committee which takes place every two months.

NB asked if there is an aim to achieve all the workplace health and safety standards or if there is a target and by what date. NB also highlighted the increase in accidents in 2021 and those routine inspections not carried out due to Covid would have also applied to 2020 and asked what changed in 2021 and what the Trust plan to do. The Head of Health and Safety responded the plan is for the Trust to be in a much better place by the end of this year with an aim to turn all standards to green. The Head of Health and Safety added that some of the cleaning methodology could be a factor in this and this will be brought into the review.

RH thanked the Head of Health and Safety for the presentation which demonstrates the positive progress made over the last 12 months with regards to health and safety.

AN asked if anything of concern came out of the safe based assessments. The Head of Health and Safety confirmed this is in good shape and there are no surprises. He explained a big piece of these workplace assessments is floor plate conditions and there were no red flags arising from these assessments.

OUTCOME: The Committee **NOTED** the Health and Safety Deep Dive.

49/22 REVIEW OF SUB-COMMITTEE ANNUAL REPORTS 2021/22

1. Audit and Risk Committee

The Company Secretary confirmed the Audit and Risk Committee Annual Report for 2021/22 will be presented to the Board of Directors on 1 September 2022.

2. Finance and Performance Committee

3. Workforce Committee

4. Quality Committee

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee Annual Report for 2021/22 and **RECEIVED** the Annual Reports for the above Committees of the Board.

50/22 REVIEW OF SUB-COMMITTEE TERMS OF REFERENCE

1. Risk Group and Risk Register Proposals

The Assistant Director of Quality and Safety presented two key proposals which were supported by the Risk Group. The first proposal is the movement of the current risk register to Datix from the bespoke piece of software on which it currently runs. This would allow the Trust to triangulate information on the risk register to complaints, compliments, incidents and claims etc. Staff are familiar with using the Datix system. A project plan and timescales were included within the paper. This would allow an opportunity for a refresh of all risks on the risks register when they are being migrated onto Datix. The Assistant Director of Quality and Safety confirmed the Divisions are supportive of this which will be supported by the Risk Team. The timeframe for this is September 2022.

The second proposal in the paper is to move away from using a High Level Risk Register to a High Level Risk Report which will include all risks within the organisation scoring 15 and above. The Risk Group will provide overview and challenge of these risks. This new way of reporting will mean all high level risks are captured and shared. However, it was noted that the number of risks will increase from current numbers because of this change.

The risks process will be revised to allow Divisions to approve their risks at the relevant Patient Safety and Quality Boards (PSQB).

The Risk Group Terms of Reference have been revised to reflect this change and are shared for approval. It was noted a revised process and a flow chart will be included in the Risk Management Strategy and Policy.

RH asked how widely Datix is used across the organisation and if the Trust are confident staff have access and are familiar with the system. RH added that the Finance and Performance Committee review high level risks related to finance at the Committee and asked if this would continue. The Assistant Director of Quality and Safety confirmed Datix

is familiar to the organisation which is the Trust's incident management system and all staff are used to reporting complaints and claims on Datix. There will be some staff who will need training using the risk register on Datix. The new National Patient Safety Framework supports this change as there is a requirement to feedback on trends. She further explained the relevant Committees and workstreams should be reviewing their relevant risks and this should continue. A further piece of work will be required to understand where risks need to be a standing agenda item with a review of the Risk Group membership.

NB asked how the Trust make sure the high level risks are all captured and how the Risk Group are assured that risks are not being underrated. NB also highlighted the flow chart which shows the high level risks go to the Audit and Risk Committee. AN clarified the high level risks do not get reported to the Audit and Risk Committee, they are presented to the Board three times a year on an alternative basis with the Board Assurance Framework. The Assistant Director of Quality and Safety confirmed the challenge will sit at the Patient Safety and Quality Board meetings. The Risk Group will have a confirm and challenge role.

Action: Assistant Director of Quality and Safety to review and update the structure and flowchart for the management and assurance of risk (Appendix 9).

The Company Secretary stated she is exploring the use of Datix for the Board Assurance Framework.

The Company Secretary highlighted it states in the paper there is a lack of clarity of the purpose of the high level risk register which flags operational risks to the Board. She clarified this was more the purpose of the high level risk register use, rather than lack of clarity of the high level risk register. She asked what the timeline will be for the new processes reporting to Board. The Assistant Director of Quality and Safety explained the transition onto Datix is due in September 2022, therefore, the Board may not receive an update on the process until November 2022. The Director of Corporate Affairs has a view that the risk register should come to the Board more frequently. The Director of Quality and Safety confirmed the new Head of Risk and Compliance commences in post in September 2022.

AN highlighted the Board Assurance Framework was presented to the Board meeting in July; therefore, the High Level Risks are due to be presented to Board in September 2022. Therefore, a view of whether the old report is presented to the Board in September with an update provided in the cover sheet is required.

OUTCOME: The Committee **NOTED** the plans for the movement of the Risk Register onto Datix and **APPROVED** the movement from a High Level Risk Register to a High Level Risk Report and **APPROVED** the updated Risk Group Terms of Reference.

51/22 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Deputy Director of Finance presented a report summarising the losses and special payments for quarter 1 2022/23. The key points to note during Q1 was a special payment which comes under the category of ex-gratia other of £274.7k which is the settlement of an employment legal case through the Health Informatics Service. This was flagged to the Committee previously and as the total value of the special payment exceeded £95k, approval had been sought and granted by Treasury.

OUTCOME: The Committee **NOTED** the Review of Losses and Special Payments report.

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented the quarter report showing fifteen waivers during quarter 1, 2022/23 at a total cost of £17,450,446.15.

The report is in a different style to previous reports. Previously all single sources were pulled together in one list. With the implementation of a new IT system, Procurement have been able to pull out the categorisation of single sources. Single source waivers in Q1 are across three categories, under threshold, exempt and over threshold. The areas requiring focus are those over the threshold, there are five within this report at a total of £945,400.

The aim of Procurement is to reduce the over threshold waivers to zero. Updated forms that support this refined reporting will be introduced and training is being provided to areas where this is more pertinent e.g., diagnostics, IT.

RH stated the report presentation is helpful by categorisation of value. RH was confused by the definitions of single source suppliers and clarified the items in the report are not subject to a tender process which was confirmed by the Deputy Director of Finance.

RH highlighted his only concern was on the private ambulance service for CHFT transfers and discharges which was put in place to cover the Covid-19 period to provide safe transport of discharged patients. The Deputy Director of Finance responded this highlights the importance of following the processes upfront and stated this one has become a legacy issue due to Covid-19 as the tendering regulations were temporarily relaxed nationally. There is still a need for this particular service.

DS provided feedback in that the new reporting was useful.

AN asked for clarification on the thresholds and assurance that Procurement is keeping an eye on this. The Deputy Director of Finance responded the threshold is over a particular figure and the new IT system will enable the procurement team to monitor and analyse this more proactively.

OUTCOME: The Committee **NOTED** the updated Waiving of Standing Orders report for quarter 1, 2022/23 and **NOTED** the updated process in relation to waivers of standing orders that feed into this report.

52/22 INTERNAL AUDIT

1. Internal Audit Follow Up Report

The Internal Audit Manager presented the follow up report which sets out the Trust-wide position on the implementation of Internal Audit recommendations due during Q1 2022/23. The key points to note were:

- 139 recommendations were opened during the period
- A total of 92 recommendations were completed which equates to 66% of the total number of recommendations which had been open during the period
- A total of 31 recommendations have been completed since the last report in April 2022
- The total number of recommendations which have passed their original target date has decreased from 25 to 23 in the quarter
- There has been an improvement in the closing down and completion of longstanding open recommendations – three recommendations relating to

consultant job planning dating back to two audits carried out in 2017/18 and 2018/19 have been completed

- Eight recommendations relating to the 2018/19 consultant study leave audit have now been completed
- One major recommendation relating to the overarching Consultant Study Leave policy remains open. The policy has been updated but is still awaiting approval by the LNC (Local Negotiating Committee of the British Medical Association).
- This update was presented to Executive Board a number of weeks ago which was a driver of a number of recommendations being closed.

RH highlighted the positive progress closing a number of longstanding open recommendations. RH asked for assurance that the Trust are making progress on the complaints follow up recommendations, highlighting there is still some concern at Board and Committee level regarding the complaints process. The Internal Audit Manager responded the complaints was a limited assurance report in 2019/20 and as a result a re-audit took place in this area. The number of days in the plan will need to be reviewed in Q4. She added there are no current cancellations of audits and there is potential to re-audit the complaints process in year.

DS updated the Committee on the work she has undertaken with the Assistant Director of Quality and Safety regarding the further report and the seven outstanding recommendations from the complaints audit. There will be a sense check and action plan presented to the Quality Committee to provide this oversight and a real focus on the outstanding recommendations relating to complaints. One of the key recommendations is to ensure learning is being distributed from complaints and investigation training is being undertaken to ensure complaints are being managed well. Work is underway for this training to be available from October 2022. The Assistant Director of Quality and Safety added that investigation training will change from July 2022 as a result of the implementation of the new patient safety incident framework development (PSIFD) which looks at themes and trends of incidents; however, this has been delayed nationally. If this is significantly delayed, a hybrid approach will be taken where staff will be trained on the traditional route cause and analysis training which may need to be updated when the national guidance is implemented. The Assistant Director of Quality and Safety added she meets with the complaints team and divisional leads on a weekly basis for oversight and scrutiny on complaint response times. She also meets with the Chief Nurse and Director of Corporate Affairs once a week to provide assurance. This is a significant priority for the team. The Internal Audit Manager explained it was a different team when the original report was completed, and a lot of changes have been made since to strengthen systems and processes.

AN was pleased to see the improvement in the overdue statistics. However, he stated he was disappointed in the gaps in the updates provided and the revised target dates. The Internal Audit Manager responded CHFT are no different to any other Trust in this and she confirmed attending the Executive Board on a quarterly basis improves the process. AN asked if there was any further update on Delegated Consent. The Internal Audit Manager responded that no further update has been provided on this.

Action: Internal Audit Manager to request an update on behalf of the Audit and Risk Committee Chair on delegated consent.

2. Internal Audit Progress Report

The Internal Audit Manager presented a report which details the progress made by Internal Audit in completing the Internal Audit Plan for 2022/23. A total of 11 reports were finalised, nine of these are 2021-22 reports.

DS expressed her disappointment that the management response rate has reduced to 50%. The Internal Audit Manager confirmed this is based on two reports and should increase in October 2022. DS asked if there has been a change to some of the audit ownership. The Internal Audit Manager confirmed the figures have been reset, the complaints audit is the limited assurance report which is more complicated; however, the figure on management response rate is more due to timings.

AN felt this was a better start to the year which is positive.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report.

3. **Significant and High Assurance Reports and Internal Audit Monthly Insight Reports (E3)**

Eleven internal audit reports, which comprised of nine reports from the 2021/22 Internal Audit Plan and two reports from the 2022/23 Internal Plan have been completed and were available in the review room. There were six significant assurance reports and one advisory report. The internal audit monthly insight reports (E3) for May – June 2022 were also made available in the review room.

OUTCOME: The Committee **RECEIVED** the significant assurance reports and advisory report and the Insight reports for April, May and June 2022.

53/22 **LOCAL COUNTER FRAUD PROGRESS REPORT**

1. **Local Counter Fraud Progress Report**

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report and provided an update on current investigations. The key points to note were:

- Counter Fraud newsletter is available in the review room
- Counter Fraud survey in March 2022 – although there was a low response rate, the findings showed staff are aware of the key counter fraud documentation, declarations of interest processes and standards of business conduct
- Fraud Prevention Master Classes Programme flyer was shared which includes three new classes – Cyber Awareness, General Fraud Awareness and Fraud Awareness for Line Managers

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report, Counter Fraud newsletter for June 2022 and Counter Fraud Masterclass Flyer for 2022/23.

2. **Local Counter Fraud Annual Report**

The Local Counter Fraud Specialist presented the Annual Counter Fraud Report for 2021/22. This is a mandatory requirement of the functional standards. The key points to note were:

- Counter Fraud Function Standard was completed in May 2022 with an overall green rating
- Improvements made over the last two years were highlighted, this was a new standard that came out in 2021 and was difficult to comply with
- Only one red domain for 2021/22 – methodology and further guidance from the counter fraud authority has been provided and this should improve the rating
- The full detailed return is provided in Appendix A of the annual report

AN highlighted the encouraging progress.

OUTCOME: The Committee **APPROVED** the Annual Counter Fraud Report for 2021/22.

54/22 EXTERNAL AUDIT

1. Sector Update

The External Audit Manager, KPMG presented the Technical Sector update which will be more detailed at the next Committee and provides further guidance on special payments.

OUTCOME: The Committee **NOTED** the Sector Update.

55/22 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the first update of the Board Assurance Framework (BAF) for 2022/23 which was approved by the Board of Directors at its meeting on 7 July 2022.

There is one new workforce risk on the BAF relating to the Health and Well-Being of colleagues. This is risk 1/22 scored at 12 and will have oversight by the Workforce Committee.

The risk score movement is described in the paper.

OUTCOME: The Committee **NOTED** the updated BAF approved by the Board including the addition of risk, 1/22, colleague health and well-being and the movement in the risk scores for risks 4/19 patient and public involvement, 6/19 quality and safety, 4/20 CQC rating, 6/20 climate change and 15/19 commercial growth and **NOTED** the updates to the health and safety risk 16/19.

56/22 COMPANY SECRETARY'S BUSINESS

1. Review Audit Chair Job Description and Audit and Risk Committee Terms of Reference

NB declared his interest as the incoming Chair for the Audit and Risk Committee with effect from 1 September 2022.

The Company Secretary explained the Job Description and Person Specification of the Audit Chair has been reviewed and updated with the new Code of Governance and national guidance on the remuneration for Audit Chairs and is shared for comment. The essential criteria to have at least one year's experience as a Non-Executive Director was removed from the Job Description and the Committee are asked to note that Nigel Broadbent will take on the role of Audit and Risk Committee Chair from 1 September 2022.

RH highlighted the statement in the job description that the Chair and Deputy Chair and Senior Independent Non-Executive Director should not be a member of the Committee. The Company Secretary confirmed this is in the new Code of Governance (currently being consulted on) and was not contravened in the past.

The Audit and Risk Committee terms of reference have been reviewed and no changes made.

OUTCOME: The Committee **APPROVED** the Audit Chair Job Description and Person Specification and the Audit and Risk Committee Terms of Reference and **NOTED** that Nigel Broadbent will take on the Chair role from 1 September 2022.

2. Proposal of Audit and Risk Committee Meeting Dates 2023

The proposal for future dates of the Audit and Risk Committee meetings were shared. An Extra-ordinary Committee meeting will be arranged in the Summer 2023 to sign of the Annual Report and Accounts.

OUTCOME: The Committee **APPROVED** the proposal of future Committee dates.

3. Audit and Risk Committee Workplan 2022

The Company Secretary presented the routine workplan for 2022 for approval and explained a 2023 workplan will be shared against the future meeting dates.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee workplan for 2022.

57/22 SUMMARY REPORTS

A summary report of work undertaken since April 2022 was provided for the following sub-committees and minutes of these meetings were made available in the review room:

- Risk Group – See agenda item 50/22.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee – See agenda item 48/22 (2).
- Data Quality Board – See agenda item 48/22 (1).
- CQC and Compliance Group – In the absence of a summary report, the Assistant Director of Quality and Safety shared an update of the work of the CQC and Compliance Group. She explained the focus of this group was on the three on-site visits in relation to Ockenden and CQC. The outcome of the Ockenden review and CQC visits were very positive and there were no areas of concern. The CQC and Compliance Group will be reverting to business as usual going forward with the Journey to Outstanding (J2O) visits and a summary report will be provided to the next meeting in October 2022.

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

58/22 COMMITTEE'S ROLE FOR 'ONE CULTURE OF CARE'

AN asked how the Committee might cover 'One Culture of Care' (OCOC) on the agenda. AN highlighted the deep dive into health and safety and the care of staff as evidence of this, as well as the Board Assurance Framework actions and items around fraud prevention.

NB stated as a committee this agenda item is a reflection on what was discussed at the meeting that has an impact on OCOC e.g., health and safety, data quality.

The Assistant Director of Quality and Safety commented the complaints and experience of patients and staff is an example of OCOC from both ends of the spectrum, making sure the right system is in place to respond in a timely manner. She suggested a discussion at the end of each agenda item could take place to discuss how it meets OCOC.

DS agreed with NB and the Assistant Director of Quality and Safety and suggested OCOC is a reflection at the end of the meeting to understand how OCOC was captured or if there are any gaps.

AN suggested a section could be added to the Chair's Highlight Report to include key points from the Board Committees and said he would add such a section to the highlight report for this meeting. The Company Secretary asked if this would also be included in the summary report from the sub-committees.

NB suggested a note is sent to authors of papers to include a feature of 'One Culture of Care' in the key points on each cover sheet.

Action: Company Secretary / Corporate Governance Manager to contact authors to request that they include 'One Culture of Care' in the report cover sheets.

59/22 ANY OTHER BUSINESS

RH suggested a review of the 2021/22 annual accounts and audit process is reported back to a future Committee meeting as the performance of the external auditors is on the terms of reference for the Committee. The External Audit Manager, KPMG added a de-brief is scheduled with Finance this week and a summary paper can be provided for the October 2022 meeting.

Action: Summary report to be provided to the October 2022 meeting regarding the 2021/22 accounts and audit.

The Company Secretary formally thanked RH for his contribution to the Audit and Risk Committee over the six years and wished him the best for the future.

AN formally thanked RH for his support and diligence with the minutes and support with the annual accounts.

AN reported it is his final meeting as Chair of the Audit and Risk Committee as he moves onto Chair the Finance and Performance Committee. DS formally thanked AN for his excellent chairing of the Committee over the last few years.

60/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- **Acknowledge** – Deep Dives into Data Quality Board and the Health and Safety Committee.
- **Assurance** – Approved changes to the reporting and management of high level risks and revised terms of reference for the Risk Group, the Counter Fraud Annual Report was approved.
- **Awareness** – Improvements in clearing Internal Audit recommendations; however, there is still work to do actioning these recommendations.

61/22 DATE AND TIME OF THE NEXT MEETING

Tuesday 25 October 2022

10:00 – 12:15 pm

Microsoft Teams

62/22 REVIEW OF MEETING

The meeting closed at approximately 12:16 pm.

**Minutes of the Finance & Performance Committee held on
Tuesday 5th July 2022, 13.00pm – 15.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Director of Finance
Anna Basford	Director of Transformation and Partnerships (Until 2pm)
Jo Fawcus	Chief Operating Officer
Helen Hirst	Trust Chair

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Brian Moore	Public Elected Governor
Nigel Broadbent	Non-Executive Director
Victoria Pickles	Director of Corporate Affairs
Stuart Baron	Associate Director of Finance
Peter Keogh	Assistant Director of Performance

ITEM

105/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

106/22 APOLOGIES FOR ABSENCE

Apologies were received from Robert Markless and Peter Wilkinson.

107/22 DECLARATIONS OF INTEREST

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

108/22 MINUTES OF THE MEETING HELD 7th June 2022

It was noted that governors attend this committee as observers so reference to a specific governor's request to be replaced by one from the Chair. The minutes of the last meeting were then APPROVED as an accurate record.

109/22 MATTERS ARISING

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110/22 ACTION LOG

The Action Log was reviewed as follows:

063/22: No ToR's or minutes have been received from the new Urgent and Emergency Care meeting.

ACTION: JF to chase up.

091/22: Stroke Mortality Rates – National and regional data not yet available. To be picked up at next deep dive.

093/22: 104 week waits- comparator has been added to the monthly report.

095/22: Learning Disabilities information now included within the IPR.

095/22: Skill Mix in IPR showing as red. This is being picked up through the new workforce strategy and will be reflected in the IPR.

FINANCE & PERFORMANCE

111/22 MONTH 2 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

Year to Date Summary

Year to date the Trust is reporting a £6.07m deficit, a £0.22m favourable variance from plan. The Trust has submitted a plan to deliver a £20.1m deficit for the year. Additional funding for inflationary pressures has since been announced, and the Trust is due to resubmit the plan shortly to reflect this additional funding. This is expected to improve the planned deficit for the year to £17.35m.

- Year to date the Trust has incurred costs relating to Covid-19 of £3.44m, £1.18m higher than planned. Covid-19 activity remains higher than planned driving additional staffing costs and consumables, with some extra capacity opened that was planned to be closed by the start of the new financial year.
- Year to date the Trust has delivered efficiency savings of £2.45m, £0.80m higher than planned.
- Agency expenditure year to date is £1.80m; £0.80m higher than planned and £0.32m above the expected NHSI Agency Ceiling, (based on 21/22 ceiling - value for 22/23 yet to be confirmed).
- Total planned inpatient activity, for the purpose of Elective Recovery Funding, was 97% of the activity planned year to date.

Key Variances

- Income is £1.24m below the planned year to date. This includes £1.48m of planned Elective Recovery Funding, that has not been assumed due to the activity levels delivered year to date being below plan.
- Pay costs are £1.85m below the planned level year to date. The underspend is primarily linked to vacancies, particularly in Community and FSS Divisions and lower than planned Recovery costs. The majority of pay related efficiency plans are profiled to start later in the year, including those relating to the exit from Covid-19 costs and this likely to put greater pressure on pay budgets as the year progresses.
- Non-pay operating expenditure is £0.65m higher than planned year to date: with pressure on consumables due to additional capacity requirements; inflationary pressures, (in particular on the PFI contract), due to the growth in RPI; and the cost of the MRI Mobile scanner due to delays in installing the new hospital scanners.

Forecast

The Trust is forecasting to deliver the planned £20.1m deficit. This forecast is expected to improve to reflect additional inflationary funding once the revised plan has been submitted to NHS Improvement on the 20th June. The forecast assumes full delivery of a challenging £20m efficiency target. As at the end of May 22, the full £20m of efficiency has been identified and is forecast to deliver.

The change to month end closedown is impacting the cash position. As month end is occurring earlier in the month we are reporting before certain payments go out. Sickness within the Accounts Payable team in earlier months and the earlier month end closedown has also affected the ability to meet the better payment target.

The Committee **RECEIVED** the Month 2 Finance report.

112/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

Currently in a positive position. Looking at a 5% efficiency challenge which is the highest across West Yorkshire. The plan is to deliver the whole £25m efficiency target (including £5m Covid cost reduction). The change review process is currently under review to include governance around slippage in any schemes. Work has commenced on the five-year efficiency strategy which will link to the financial and reconfiguration strategies. Work has also started to review the agency staff spend with the Trust executives monitoring the higher earners. There is a risk currently that there are £2.5m – £3m of schemes which are still to be worked up to Gateway 2. These are also dependant on the Covid situation.

The Committee **NOTED** and **RECEIVED** the ERG update.

113/22 INTEGRATED PERFORMANCE REVIEW – MAY 2022

The Assistant Director of Performance reported the Trust's overall performance score for May 2022 was 63.8% which is a worsening on April's position of 68%. This was due primarily to a never event and missing the 62 day cancer screening target.

Safe domain is now AMBER due to the never event.

Caring domain remains Amber. Two of the friends and family areas are now Green but maintaining performance in complaints is still a challenge. Dementia screening has returned to below 25%.

Effective domain remains Amber although Neck of Femur has dropped back to 61% after achieving 70% in April.

Responsive domain remains Amber with the 62 day cancer referral from screening to treatment target missed. Stroke indicators alongside the underperformance in the main planned access indicators and ED remain a challenge moving forward.

Workforce remains Amber and there is a peak in the 12-month running total for both long-term and short-term non Covid related sickness. Return to Work Interviews have improved in month.

Finance domain remains Amber.

Stroke demand is outstripping the available capacity. Action plans are being worked on around this.

There has been a 12% rise in ED attendances. Covid is on the increase and we are operating at OPEL 3. Despite this, CHFT are still managing to outperform other local trusts against the 4 hour Emergency Care Standard.

Transfers of care has further improved by reducing again to 70. It has been much higher in previous months.

HSMR now at 94.69% which is within the level it should be.

MRI – In March patients were waiting 8.7 weeks for a scan. This is now at 4.2 weeks. Two new scanners at CRH. The HRI have had some unplanned downtime. The remaining backlog is being worked through using the extra capacity of the new scanners which has some staffing costs associated with it.

ED position – Nationally achievement against the 4 hour Emergency Care Standard has a 60.2% average, while CHFT is currently at 75%. Significant numbers attending ED; particularly high in the evenings. A 'reset week' has been diarised for August to look at what works and what doesn't and what can be changed.

ACTION: An ED deep dive to be scheduled for later in the year.

The Committee **NOTED** and **RECEIVED** the IPR for May 2022.

114/22 RECOVERY UPDATE

The Assistant Director of Performance presented the recovery update to the end of May.

104 week waits – There is just one patient who has been waiting longer than 104 weeks. Unfortunately, they were too unwell with an unrelated illness to attend.

78 weeks and 52 week waits have both started to reduce with a particular focus on 52 weeks as if they are reduced, they will not become 78 week waiters. The CHFT target is to reach zero by February 2023. The trajectories have been set internally by CHFT to drive improvement and do not reflect NHSEI targets. Surgery has performed better than the internal trajectory but some specialities are not in such a healthy position. General Surgery, Maxillofacial Surgery and Gynaecology have not achieved the planned numbers.

The General Managers who attend the Access Delivery Group have been tasked with bringing solutions to improve these numbers to the next meeting.

Appointment Slot Issues (ASIs) – The plan is to reduce numbers by March 2023. ASI's over 22 weeks to be reduced zero by September 2022 (ENT by February 2023) The number of patients currently awaiting follow up has reached 26,500.

Overall, we are in a positive position with some risks. Only the exceptions tend to be reported in depth to this committee, but there is a need for clarity regarding the overall 'recovery performance' message.

ACTION: Jo Fawcus, Peter Keogh and Anna Basford to meet separately to produce something that demonstrates the whole picture, not just the exceptions.

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

115/22 ONE CULTURE OF CARE

Nothing raised. Suzanne Dunkley to attend future meetings on a quarterly basis to cover this.

Any items to be raised under this agenda item to be sent to Rochelle prior to the meeting.

116/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Business Case Approval Group (BCAG) – 25th May 2022
- HPS Board – 12th May 2022

Any funding for the year has now been fully committed, so any business cases at the BCAG meeting must be self-funding or have received funding from elsewhere.

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

117/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- The commercial strategy for HPS has been deferred until the next meeting.
- The Annual plan / 5 year plan is a legacy item and to be removed from the workplan.
- The five year efficiency plan to be reported to this meeting and added to the workplan on a regular basis.

The Committee **APPROVED** the Workplan for 2022/23

118/22 ANY OTHER BUSINESS

No matters raised.

119/22 MATTERS TO CASCADE TO BOARD

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

120/22 REVIEW OF MEETING

The Trust Chair made observations regarding the response to key areas of concern eg via deep dives, inclusion of health inequalities and the relationship with other committees eg Quality Committee. It was agreed that these comments would be considered by the Chair as part of future agenda setting.

DATE AND TIME OF NEXT MEETING:

Friday 5th August 2022, 09:30 – 11.30 MS Teams

**Minutes of the Finance & Performance Committee held on
Friday 5th August 2022, 09.30pm – 11.30pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Director of Finance
Anna Basford	Director of Transformation and Partnerships (Until 2pm)
Jo Fawcus	Chief Operating Officer
Andy Nelson	Non Executive Director
Nigel Broadbent	Non-Executive Director

IN ATTENDANCE

Philippa Russell	Assitant Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Brian Moore	Public Elected Governor
Nigel Broadbent	Non-Executive Director
Robert Markless	Public Elected Governor
Jane Peacock	General Manager - Surgery

ITEM

121/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

122/22 APOLOGIES FOR ABSENCE

Apologies were received from Peter Wilkinson, Stuart Baron, Kirsty Archer, Peter Keough, Rob Birkett, Helen Hirst and Vicky Pickles.

123/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

124/22 MINUTES OF THE MEETING HELD 5th July 2022

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

125/22 MATTERS ARISING

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126/22 ACTION LOG

The Action Log was reviewed as follows:

Action not added to the action log after the last meeting:

Overall, we are in a positive position with some risks. Only the exceptions tend to be reported in depth to this committee, but there is a need for clarity regarding the overall 'recovery performance' message.

ACTION: Jo Fawcus, Peter Keogh and Anna Basford to meet separately to produce something that demonstrates the whole picture, not just the exceptions.

This is a work in progress and more narrative has been added to some of the graphs. Jo Fawcus and Peter Keogh presented the performance narrative to the board in a different format to this committee. This has been included in the meeting pack for this committee.

131/21 – Neck of Femur Deep Dive – This first came to committee in November with an update 3 months ago. Previously there was concern around mortality rates.

Jane Peacock presented the latest deep dive. The full report was shared with the papers for this committee and the highlights presented at this meeting. Performance against the target is not consistently achieving above 70% which is the position we wish to achieve. However, over the last six months the variation in performance has reduced

The number of procedures per month have increased. Previously carrying out 26.5 procedures a month this has now increased to 31.7. This has an impact on performance targets. The BPT (Best Practice Tariff) is not on admission but on discharge so the length of time a patient is in hospital affects the figures. For example, if a patient is admitted in one month but not discharged until the following month, then they will be recorded in the following months figures.

One of the charts within the papers demonstrates the number of admissions per month. In May admissions spiked at 72 in month. The number of admissions for CHFT are much higher than regional and national figures. CHFT does not have a fragility fracture liaison service in place unlike other local trusts. A business case had been put together and work had commenced with the CCG's and the multidisciplinary team and then the pandemic hit. The service required a lot of investment, but the business case showed that Bradford for example, had managed to reduce the number of admissions and over a 2-5 year period the reductions covered the cost of the investment.

One of the goals of Places is to improve health inequalities. It was agreed that if there are processes in place that are shown to be giving results elsewhere but not in Kirklees then we should be exploring them.

There was also talk pre-pandemic of a geriatrician for post operative care. This may be something else that needs to be revisited. Where the target of 70% to surgery within 36 hours has not been met, are there common themes? There are a number of issues. Sometimes waiting for a specific surgeon who is not always available. The pre-optimisation of some patients e.g. come off blood thinners etc. prior to surgery can cause delays.

The annualised mortality rate for 2021 decreased to 6.3% and the current 2022 figure is 7%.

Length of stay is increasing at CHFT which is being monitored. This is not a national measure. The delays are often due to social care. Patients are medically fit but we are struggling to find support on discharge. The intention over the next 6

months is to do a deep dive into lengths of stay. It expected that performance will see an improvement in July.

FINANCE & PERFORMANCE

127/22 INTEGRATED PERFORMANCE REVIEW – JUNE 2022

June's performance was 62.3% which was a deterioration against May. The 28 day faster diagnosis Cancer target was missed. Safety was at Amber due to another never event. Performance in complaints remains a challenge. Dementia screening is now at just 21% but Lindsay Rudge and David Birkenhead are working together to create a plan. Emergency Department (ED) is still a challenge. Workforce remains Amber with peaks in the 12 month running total for overall sickness and short term sickness. There was a peak in Covid sickness.

Issues ED – 72.97% in June which was a deterioration against May. June was a very challenging month in ED. Bed pressures, Covid, norovirus, wards restricted due to both, which presented a logistical challenge. Stroke remains a challenge, with higher numbers coming through and patients staying on Acute floor and outliers on other wards. JF has spent time with the Stroke team looking at what can be done to put some immediate solutions in place. There is a further meeting next week to look at other solutions.

There is a new NHSEI initiative which is the 100 day discharge challenge. This has 10 actions that must be completed as an organisation, a place and a system. Actions are aligned to each of the 10 and plans aligned to actions. The significant one is that we are now asked to put in place a process to declare any long lengths of stay where patients have come to harm.

Cancer – position around head and neck. There are currently no head and neck surgeons at CHFT. We have one vacancy and one colleague on long term sick leave. Therefore, a full head and neck service cannot be provided. Diagnostic work can be undertaken and we have a visiting surgeon from Bradford until September who does one theatre session a week. Leeds will also be assisting from October. These issues are contributing to breeches on the 62 day pathway.

If head and neck patients needing the service are complex cases they go to Leeds or Bradford routinely. Cancer prioritised but there are a lot of benign patients that need treatment. A conversation has taken place within WYATT to provide support for extra sessions. Leeds are sending two surgeons. Bradford have a locum who will do more diagnostic sessions for CHFT from October.

Good news – CHFT received an email and according to the latest model health data, for theatre productivity we are an exemplar to our peers. This has been celebrated across the organisation and is the result of a lot of effort from teams. A deep dive and full presentation will be brought to this committee.

Lots of vacancies have now been filled with Ophthalmology in a position to complete two lists per day from October.

There are several pods which are currently on the stroke floor and used for other activities. Exploring the possibility of one becoming a four bed assessment bay. 125 patients present each month that are query stroke. Should have 7 stroke consultants but have 4.6 in post. A session has been planned with the therapy team around more discharge. There is capacity in the system to support those patients at home.

The intention is to have two re-set weeks in August. The first to be a soft re-set where some small changes will be implemented for example a member of the frailty team in ED until 2am. This was part of the heatwave plan and worked well and avoids the need to keep patients in ED all night. Trial some ideas around triage. Pathways do not necessarily cover what the patients need and work needs to be done to change the culture. A second hard re-set week is planned for September – do things that will be sustained through winter and make more efficient looking at transformation and improvement.

Overall, there are challenges around staffing. ED has a challenge around both nursing and medical staff. If everything goes to plan in September there will only be two nursing vacancies. Some rotas have been realigned which will allow for 5 doctors on a night shift in ED. There are still hotspot areas across medicine and surgery which are not new.

Staff availability is being reviewed weekly, particularly around weekends. More colleagues are volunteering for weekends but then are not available Monday and Tuesday. Over the last month it has become harder to fill ad hoc shifts with medical colleagues. Currently a push from the BMA to increase the rates for colleagues with a suggestion for them to remove additional labour until rates have improved. CHFT is heavily reliant on extra shifts, so this is a genuine risk. If pay moved to rate card suggested by BMA this would create a £2.5m additional pressure per annum.

Good news around recruitment. There has been a long standing narrative around middle grade posts covered by locums overnight with 60% of middle grade posts covered by locums. If all goes to plan these posts will be filled.

The Committee **NOTED** the Integrated Performance Report for June.

128/22 RECOVERY UPDATE

A detailed presentation is included in the meeting pack which has also been presented at Executive Board.

In summary:

Activity against the 104% plan is on track. The surgery plan is based on more activity later in the year when vacancies are filled. There is a shortage of endoscopists in Endoscopy. Medicine and Surgery are working together to release capacity. Looking to put in place a cost per case list for endoscopy to encourage more colleagues to come forward to run extra lists.

78 week position very positive and ahead of schedule. Depending on the situation over Winter, we should be able to maintain. Neurology were successful in recruiting a consultant to start in September. There is a joint consultant post with Leeds coming online later in the year too and a consultant to do neurophysiology starting in September.

52 weeks – A stretch target is in place for CHFT to reach as close to zero as possible by end of year. A drive to get as many patients treated as possible.

ASI's - Position has increased slightly but there is an expectation this will be reduced back to the trajectory.

The harm review process started last week 74 gastro patients contacted first. Patients to be contacted are prioritised by waiting time and speciality.

Diagnostics – MRI plan in place for the next 6 months. Still have a back log working through.

ECHO is going in the right direction. Mid Yorks and Bradford and Airedale have cleared their backlog. Could they release capacity to assist CHFT. A third party provider in Bradford has been helping them to maintain their position.

P2's and P3's have moved away from trajectory but is not raising concern. Further work to be done through the Access Delivery Group.

ACTION: Jo Fawcus to speak to Tom and bring back to this committee.

The Committee **NOTED** the Recovery Report for June.

129/22 **MONTH 3 FINANCE REPORT (Including High Level Risks and Efficiency Performance)**

At the end of quarter one we are showing a favourable variance of £0.80m from plan but this is still a deficit of £6.92m. Efficiencies are being delivered ahead of plan £1.5m year to date.

Medicine is overspent due to the known challenges of higher covid and bed numbers.

In other areas Huddersfield Pharmacy Specials performance is behind plan by £0.5m

Year to date we are in full receipt of ERF despite ERF targets not being achieved as per plan. To be in line with peers across West Yorkshire we were asked to make an assumption that all ERF would be received. It has now been confirmed that full ERF funding will be received for the first 6 months. Nationally delivering ERF is a challenge.

Risk score remains at 20 but a number of challenges are emerging.

Capital spend is significantly behind plan. Working closely with colleagues to spend before the deadline. The second “dragons den” is taking place in September which will look at bringing projects forward.

The performance around payment of invoices has dipped for the first time in a long time. It is thought this is due to the move to day 1 reporting which means they do not report in month. Going forward two payment runs a week will take place instead of one. This should lead to an improvement.

Spending more on agency than planned. Discussions have taken place around setting a trajectory for this year which will be challenging. We are being asked to spend less than previous years but asked to complete more activity. It is unclear what the implications are of failing. The whole of West Yorkshire will find this a challenge.

We are not allowed to change the forecast at the end of quarter one. Detailed forecasting has been completed in month 4 and this shows a number of challenges to deliver the plan. Some opportunities will offset the challenges, but the risk will have to be monitored closely. If bed numbers cannot be reduced or BMA rates take effect, it will be a big challenge.

Inflation - Planned for 7% on the PFI costs this year so the bulk of the inflation increase was planned. However, next year will be a challenge. The electric bill for Calderdale is an added pressure of over £1m as that was not fixed as HRI was. The overall financial plan was revised based on additional inflation funding received rather than funding emerging financial pressures. Inflation is higher than expected. Procurement have been set a challenge, as they are every year, to renegotiate contracts to save whichever target has been set. This year all bids are coming in higher due to inflation, instead of delivering a saving.

Capital – Need to focus on delivering the capital plan. – Strong track record of delivering. Some of the spend is reliant on external decisions and approval but there is confidence that we will deliver on capital.

Aged debt increased to £4m partly in relation to Huddersfield Pharmacy Specials and The Health Informatics Service. The graph within the papers showing aged debt, needs to be broken down. Split commercial from non-commercial.

ACTION: Aged debt graph to be split into commercial and non-commercial debt PR.

It was mentioned at the Audit and Risk committee that the high level risk register will be changed and the risks entered onto the Trust Datix system. Additional training will be required as corporate colleagues do not currently use it..

The Committee **RECEIVED** the Month 3 Financial report..

130/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

Still forecasting to achieve the £20m savings and at the meeting this week £18m worth of schemes are at gateway 2 which means they are developed and being implemented. £2m of efficiencies are still being developed and in total £3m are high risk for example £1.3m covid exit costs. Covid numbers not dropped far enough to implement the schemes.

The longer term efficiency programme was launched on CHFT live this week. Opportunity with reconfiguration on the horizon as many plans take 18-24 months to deliver. Communications and engagement with colleagues is taking place with an aim to have next year's plan developed by Christmas. In comparison with WYATT colleagues that would put CHFT ahead.

The Committee **NOTED** the Effective Resources update and the higher risk schemes.

131/22 TERMS OF REFERENCE FOR URGENT AND EMERGENCY CARE DELIVERY GROUP

The terms of reference were included in the pack along with the minutes from the first two meetings.

Concern was raised around the Urgent and Emergency Care Delivery Group reporting into two committees, Quality and Finance and Performance. The decision was made to report into this committee with the same report going to the quality committee for information.

The terms of reference were **APPROVED** inclusive of the above amendment

132/22 ONE CULTURE OF CARE (OCOC)

The intention is to pull together items discussed within the meeting that relate to OCOC. Suzanne Dunkley is to attend this meeting on a quarterly basis. Possibly produce deep dives around absence and availability. It gives an opportunity to review some of the issues around health and wellbeing. Items covered in this meeting include absence, availability and the potential risks around pay costs. However, there are positive stories around recruitment.

133/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Business Case Approval Group (BCAG)
- Capital Management Group
- THIS Executive Board
- Urgent and Emergency Care Delivery Group
- Access Delivery Group.

ACTION: Minutes from other meetings – Access delivery and Urgent and Emergency care cover sheets going forward.

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

134/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- The commercial strategy for HPS needs to be pushed back again. The strategy must be approved by the HPS board first who meet bi-monthly. It should be ready for this committee at the November meeting.
- The schedule for planned deep dives to be reviewed several are due in the same month.
ACTION: Jo Fawcus and Andy Nelson so look at the workplan for deep dives.

The Committee **APPROVED** the Workplan for 2022/23

135/22 ANY OTHER BUSINESS

Thanks were given to Richard Hopkin for the work he has done while chairing this meeting over the last few years. He has invested a lot of time and effort.

Thanks were also expressed on behalf of the governors.

136/22 MATTERS TO CASCADE TO BOARD

- Key points to be covered in Chair's Highlights Report to Board.
- Neck of Femur IPR challenges and good news.
- Recurring issues including staffing. QTr 1 and future risks.
- Inc OCOC.

Action: Richard Hopkin to share with Andy Nelson.

137/22 REVIEW OF MEETING

DATE AND TIME OF NEXT MEETING:

Tuesday 6th September 2022, 13:00 – 15.00 MS Teams

QUALITY COMMITTEE

Monday, 20 June 2022

STANDING ITEMS

92/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DBirk)	Medical Director
Gina Choy (GC)	Public Elected Governor
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director
Dr Cornelle Parker (CP)	Deputy Medical Director
Victoria Pickles (VP)	Director of Corporate Affairs
Lindsay Rudge (LR)	Deputy Director of Nursing
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager for CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Gill Harries (GH)	Deputy Director of Operations - FSS (item 96/22)
Dr Elizabeth Loney (EL)	Associate Medical Director (item 101/22)
Dr Tahira Naeem (TM)	Obstetrics and Gynaecology Consultant (item 96/22)
Diane Tinker (DT)	Interim Head of Midwifery (item 96/22)

93/22 APOLOGIES

Jo Kitchen (JK)	Staff Elected Governor
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94/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

95/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 16 May 2022 were approved as a correct record. The action log can be found at the end of these minutes.

AD HOC REPORTS

96/22 MATERNITY TRANSFORMATION PLAN

Gill Harries, Tahira Naeem and Diane Tinker were in attendance to present the above report at appendix C, highlighting the different areas of work which will be compiled into one maternity transformation plan.

In terms of the action plan, the Chair enquired about the amber actions relating to 'evidence of non-executive director sitting at Trust Board meetings and evidence of trust Board minutes where NED has contributed' and 'evidence of ward to board and board to ward activities e.g. non-executive director who has oversight of maternity services'. DT stated that the action plan has since been updated to green, as KH is the non-executive safety champion, who attends monthly meetings within maternity.

KS commented on work with maternity colleagues within the birthing centre and the labour ward around the focused Journey to Outstanding (J2O) process and evidence of the implementation of lessons learned from colleagues, on how they would articulate how concerns are escalated from both services. The feedback and evidence witnessed was really robust, with really good engagement from clinicians on both areas. Thanks and congratulations were conveyed to colleagues who contributed in a professional manner to provide the levels of assurance.

LR noted some actions on the plan which requires a RAG (red,amber,green) rating, including *'All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals'*. It was also noted that some of the actions rated as 'red' could be rated as 'amber'.

In relation to engagement, **JE** asked whether the transformation plan would be something that colleagues working in the service would recognise and if so, what response has been received. **DT** stated that the full transformation plan has not yet been shared, as this may overwhelm colleagues, however, several staff engagement sessions have been being carried out where colleagues are updated on progress, for example, during open surgeries, where senior teams go into different areas to allow colleagues to have open discussions on meaningful developments.

CP commented on the Equality Impact Assessment (EqIA), to which **GH** responded that this is yet to be done, as some advice is required on how to complete.

CP also mentioned that the implementation project timeline has been completed for the four pillars section, however, the timeline for the remainder of the plan has not. **GH** stated that further work has been done since, and that the action plan has an ongoing review. **GH** also stated that although Ockenden 2 has been accepted by the Government, measurables have not yet been released, and these are being awaited from the central office. Due to the action plan being a work in progress, **CP** asked about the governance of the plan. **GH** stated that aspects of it are discussed at the divisional Patient Safety and Quality Board and also at directorate performance meetings, however, it was stated that advice would be needed on where it would sit to ensure there is overall scrutiny. **LR** noted that as part of the preparation and review of maternity services, the governance structure was revised to include the divisional governance process and the Trust Patient Safety and Quality Board process, however, it was noted that the Patient Experience and Caring Group would expect to see some of the actions as they include the maternity voices partnership (MVP). Further work is still to be done, which will be followed up with **KS**, **GH** and **DT** around the operational and strategic parts of the plan. **KS** also stated that the CQC and compliance Group is another forum where the plan can be submitted. It was agreed that that a rationale describing the governance arrangements for the transformation plan is produced. **NS** commented on the size of the plan and queried whether project management is required.

Action: **KS**, **GT**, **DT**, **LR** to meet to discuss the EqIA, project management/ownership, governance and frequency of when the plan will return to Quality Committee.

GC commented on the action relating to *'Women must be enabled to participate equally in all decision-making processes'*. It was stated that the comments were not clear on the progress. **DT** stated that this is an action from Ockenden that compliance needs to be audited to ensure the action is being achieved. The action is being embedded into everyday business, with a weekly multi-disciplinary governance meeting taking place to review all incidents to ensure that women are involved in decision-making. Any concerns from the governance meeting are fed back to colleagues via newsletters as part of learning.

DS commented on the management of maternity complaints and asked if they will be managed via the corporate approach or if going forward, this will change to include the involvement of the MVP in how complaints are investigated and responded to. **DT** stated that a monthly meeting takes place where the MVP chair will attend to have an overarching view on the number of complaints, and the themes and trends.

OUTCOME: GH, DT and TN were thanked for the update and the Quality Committee noted the report.

97/22 QUALITY AND SAFETY STRATEGY

Kim Smith presented the paper at appendix D highlighting a revised process, with the following suggestions:

- That the Quality Strategy currently in place is used as the base for the development of the strategy for 2022 to 2023 and onwards.
- That a facilitated workshop takes place with key colleagues to carry out the initial review of the strategy to ensure ownership of all elements of the strategy. This would also enable other strategies to sit either alongside the strategy or underpin it, such as the Patient Engagement Strategy and End of Life Strategy.
- That a final draft would then be presented to Quality Committee for agreement.
- To enable the above to take place the current strategy would remain in place for a period of time.

The Committee were supportive of the approach which is potentially a good piece of engagement. The timescale for the completion of the strategy was confirmed as September 2022, with submission to the 17 October 2022 Quality Committee meeting.

OUTCOME: The Committee approved the process as described.

RESPONSIVE

98/22 INTEGRATED PERFORMANCE REPORT

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

Trust performance for April 2022 was 68% which has improved on the March position mainly due to changes in the Workforce domain. The safe domain is now green again, as the previous month included a never event. The caring domain remains amber with two of the five Friends and Family Test areas now green, however, Complaints performance is at its lowest level in terms of those closed within target timeframe. Dementia screening has fallen again in month following a slight improvement last month. The effective domain remains amber, although fractured neck of femur has surpassed 70% for the first time since May last year but is still below the 85% target. The responsive domain remains amber with all key cancer targets achieved again for April which is an excellent achievement. Stroke indicators alongside the underperformance in the main planned access indicators and the emergency department remain a challenge moving forward. The workforce domain remains amber with peaks in the 12-month running total for both long-term and short-term non-Covid sickness. Return to Work interviews have reduced in month. The finance domain remains amber.

In terms of recovery, the Appointment Slot Issue (ASI) position has improved significantly through May to April, and 104-week patient backlog needs to be cleared by the end of July 2022.

Good news: there is now a new Learning Disabilities section in the Appendix showing performance against a number of key metrics.

Please note, from 1st April 2022 the workforce domain 12-month rolling, and in-month absence target is 4.75%. This relates to non-Covid absence only, albeit a rate inclusive of Covid-related absence will continue to be reported. The target for non-Covid long-term absence is 3% and 1.75% for non-Covid short term absence. The compliance rate for Return to Work Interviews

has also been refreshed from April 2022 to 80%, a stretch compliance rate of 90% has been retained.

CP commented on the stroke position and stated that the length of stay, therapy hours and some other measures are being monitored to ascertain what other differential offers are being received, due to around half of our patients not getting into a stroke bed. **LR** stated that a plan has now been produced which will alleviate concerns and transfer beds from the Acute Floor back to stroke in order for patients to follow that pathway. **DS** enquired about the business case which was being revised to incorporate community and asked for any progress on this. **JF** stated that the business case is not yet ready for sign-off as the position is not where it needs to be in terms of transformation. In the short-term, there is more capacity in the system to support the less complex stroke patients.

NS commented on the helpful SWOT analysis section of the report.

GC commented on turnover within the workforce domain, which is still a downward trend and asked if there were any challenges and what was being done. **JE** responded that turnover is within the ceiling of 10.5% annual turnover. What has been noted more recently is an increase in leavers, however, recruitment continues.

LR noted that current performance in relation to quality priorities was not in an ideal position by the end of June 2022.

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

99/22 QUALITY REPORT AND 2022-2023 QUALITY PRIORITIES

Kim Smith presented the executive summary of the quality report at appendix F1, via a set of PowerPoint slides, which will be easier to identify key messages and can also be used to support clinical and divisional colleagues with sharing messages.

The full report was also available (appendix F2) which includes the detail.

In relation to Quality Priorities, there was a request to ensure priorities had three key performance indicators (KPIs) in order to clearly measure outcomes. It was noted that there has been some challenge from some workstreams relating to their KPIs, and additional support and scrutiny is still required to get quality priorities embedded. It was requested that an ongoing action is for the Quality Committee to hold workstreams to account with the development of their KPIs and that progress is reported back into Quality Committee, with the end of life care workstream being the first to report.

KS asked the Committee members for any feedback on the format of the presentation of the executive summary.

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

100/22 QUALITY COMMITTEE ANNUAL REPORT

Kim Smith presented the annual report at appendix G, highlighting the activities of the Quality Committee between April 2021 and March 2022. The report demonstrates the Committee's commitment and focus on key priorities, additional scrutiny into subgroups, and assurance to Board.

DS commented on the outcome of the Committee's annual self-assessment, which was available within the appendix of the report, and stated that an action plan will be brought to a future Committee meeting to focus on the areas which can still be improved upon. Thanks were conveyed to Committee members who contributed to the self-assessment.

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

WELL LED

101/22 SEVEN DAY SERVICE ASSURANCE REPORT

Dr Elizabeth Loney was in attendance to present the report at appendix H, providing assurance of compliance with four key standards for seven day services as required by NHS England and NHS Improvement.

Thanks were conveyed to the clinical audit team who audited 78 acutely admitted patients in the month of February 2022, and as in previous audits, CHFT demonstrated continued compliance with all standards, the detail of which was available in the report.

OUTCOME: **EL** was thanked for the assurance update and the Committee noted the report.

EFFECTIVE

102/22 Q4 LEARNING FROM DEATHS REPORT

Dr Cornelle Parker presented the annual learning from deaths report at appendix I, providing assurance of the mortality review process, a review of mortality during 2021-2022, and a focus on learning disabilities mortality.

CP noted that neither Hospital Standardised Mortality Ratio nor Summary Hospital-level Mortality Indicator are direct measures of quality of care. Quality of care can only be properly assessed via case note review. It was also noted that the two measures were not designed for a global pandemic. It is known that the pattern of non-COVID deaths have been significantly affected by the pandemic and the implications of this are still not clear and evidenced by the substantial fluctuations in the expected deaths calculation which underpin these metrics which are coming through almost on a monthly basis from NHS Digital. The only measure that includes COVID deaths is crude mortality, and the only measure that benchmarks this nationally is the crude mortality benchmarking, as detailed in figure 8 of the report. It is important to recognise that this measure is actually stable and has been over the last couple of years when compared to other organisations.

Progress with the 2020-2021 recommendations were achieved.

Recommendations for 2022-2023 were:

- Support expansion of the Medical Examiner Service to include colleagues from General Practice in the team and to incorporate community deaths. Central funding is available for this expansion
- Focus on Learning Disabilities – complete existing action plan, agree and complete outcome measures as part of CAIP Programme
- Deteriorating patient – to consider a bespoke quality improvement programme to focus on monitoring, response and escalation.

LR commented that the issues on learning disabilities were followed up quickly due to constant monitoring and oversight on issues.

In relation to the expansion of the medical examiner service, **DS** asked whether this is already underway, and if so, when can the Committee expect the expanded team. **CP** stated the expansion is underway, and there are a number of challenges, and the approach will be incremental. It will be a statutory requirement to have the Medical Examiner rolled out by April 2023. The service is independent of CHFT; however, we support Dr Tim Jackson and will continue to do so, however, primary care partners need to be on board and having meetings around that. Update on progress with this will be provided via the separate scheduled Medical Examiner report.

Due to this being **CP's** last meeting, thanks were conveyed to her for the work done on this programme over the last couple of years.

OUTCOME: The Committee were in support of the recommendations in the report.

103/22 CLINICAL OUTCOMES GROUP REPORT

Kim Smith presented the report at appendix J.

During the reporting period of January to June 2022, updates were provided from various workstreams, and examples of those with limited assurance were highlighted as End of Life Care Group (discussed at item 99/22) and the Mental Health Operational Group, which was in relation to not having key information coming through to the Clinical Outcomes Group in a timely manner, however, work is ongoing to address this.

In relation to the next steps, the Chair of the Clinical Outcomes Group has set out clear expectations for attendance and presentations of reports to ensure the Group has effective governance arrangements in place. A dashboard is in the process of being developed in order for the Group to have oversight of all their activity in one place, and this will enable an increased level of oversight and scrutiny as well as shared learning.

DS commented on the useful provision of the level of assurance against the work done in each workstream.

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

ITEMS TO RECEIVE AND NOTE

104/22 QUALITY ACCOUNT

Kim Smith presented a summary of the Quality Account for 2021-2022 at appendix K1, which documents the activities carried out in the last financial year, despite some significant challenges in the last 12 months.

The Quality Committee were given delegated authority from the Board of Directors to sign-off the Quality Accounts (full copy available at appendix K2), which went to external stakeholders for comments. Thanks were conveyed to all who had an opportunity to input into the report and for responding in a timely manner.

OUTCOME: The Committee approved the Quality Account on behalf of the Board of Directors.

105/22 MEDICINES MANAGEMENT COMMITTEE MINUTES

A copy of the Medicines Management Committee minutes from May 2022 were provided at appendix L for information.

106/22 ANY OTHER BUSINESS

Feedback

The Committee were asked for any feedback on:

- the format of the Integrated Performance Report
- the approach to the presentation of the executive summary to the Quality Report.

Goodbyes

Thanks were conveyed to both Ellen Armistead and Dr Cornelle Parker who will be leaving the Trust at the end of the month. On behalf of the Committee, good luck and best wishes were conveyed to Ellen in her retirement and to Cornelle for the future.

107/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The maternity Transformation action plan, the work done and work underway.
- The approach proposed for the Quality Strategy.
- That seven day service report and the achievement of all the standards
- The Learning from Deaths annual report annual report
- Concern around stroke services as outlined at item 98/22

108/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix M for information.

POST MEETING REVIEW

109/22 REVIEW OF MEETING

What went well.....

- *“A good meeting with healthy discussions and challenges around some of the key issues and good reports provided”*
- *“Clear, unambiguous and focused reports”*

NEXT MEETING

Monday, 18 July 2022 - 3:00 – 4:30 pm - Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 16 May 2022

Overdue
New / Ongoing
Closed
Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
20.06.22 (96/22)	Maternity Transformation Plan	Gill Harries / Diane Tinker	Action 20 June 2022: KS, GT, DT, LR to meet to discuss the EqlA, project management/ownership, governance and frequency of when the plan will return to Quality Committee.	ONGOING
16.05.22 (80/22)	Learning Disabilities Mortality Report	Amanda McKie	Action 16 May 2022: Plan on a page to be provided at a later meeting, which will include the work of the SI panel. Update: Amanda McKie to take to Mortality Surveillance Group for sign-off on 24 June 2022	See agenda item 117/22 (Appendix F)
UPCOMING ACTIONS				
20.06.22 (85/22)	Medical Examiner Update	Dr Tim Jackson	OUTCOME: To be deferred	DUE Wednesday, 17 August 2022
21.02.22 (23/22) 20.04.22 (60/22)	Deteriorating patient case note review	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report requested for Quality Committee in April 2022. Update 20 April 2022: See agenda item 60/22. ACTION - 20 April 2022: Update on case note review requested for three months' time <i>(Added to workplan to return to Quality Committee in August 2022)</i>	DUE Monday, 17 August 2022
16.05.22 (80/22)	Split Paediatric Service	Julie Mellor / David Britton / Stacey Cartwright	Action 16 May 2022: That the original escalation process is revisited. Update: Awaiting response from division as to when this will be available for the Quality Committee	Awaiting confirmation
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	OUTCOME: To be deferred Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee	DUE Monday, 12 September 2022
CLOSED ACTIONS				
16.05.22 (82/22)	Mental Health Strategy	All	OUTCOME: Strategy to be deferred to the next meeting. Update June 2022: It was decided that the strategy is put on hold until the new Nurse Consultant for Mental Health is in post.	CLOSED Monday, 20 June 2022

QUALITY COMMITTEE

Monday, 18 July 2022

STANDING ITEMS

110/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Dr David Birkenhead (DBirk)	Medical Director
Gina Choy (GC)	Public Elected Governor
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director
Nicola Seanor (NS)	Associate Non-Executive Director
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Aroosa Ali (AA)	Student Nurse on Placement (observing)
Christopher Button (CB)	Lead Cancer Nurse (item 119/22)
Katherine Cullen (KC)	Deputy Director of Pharmacy (item 116/22)
Laura Douglas (LD)	Matron in Maternity (for Diane Tinker and item 122/22)
Carol Gregson (CG)	Corporate Matron (item 120/22)
Amanda McKie (AMcK)	Matron Lead for Learning Disabilities (adults) (item 117/22)
Gemma Pickup (GP)	Quality and Service Improvement Lead (item 115/22)
Gillian Sykes (GS)	End of Life Care Co-ordinator (item 119/22)

111/22 APOLOGIES

Victoria Pickles (VP)	Director of Corporate Affairs
Lindsay Rudge (LR)	Deputy Director of Nursing
Kim Smith (KS)	Assistant Director for Quality and Safety
Diane Tinker (DT)	Interim Head of Midwifery

112/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

113/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 20 June 2022 were approved as a correct record. The action log can be found at the end of these minutes.

114/22 TERMS OF REFERENCE REVIEW

A copy of the terms of reference were available at appendix C to give the Committee an opportunity to review the duties and responsibilities and provide any comments, if necessary.

DS commented on duties 4.14: 'Undertake an annual review of the quality impact assessment process to gain assurance that the risks to any impact on quality arising from proposed cost improvements have been managed and mitigated' and 4.22: 'Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions' stating that a summary report on both will require submission to the Committee, to ensure all duties are fulfilled.

OUTCOME: Reports to be requested and submitted to the Committee in the near future.

AD HOC REPORTS**115/22 FRACTURED NECK OF FEMUR PAPER**

Gemma Pickup was in attendance to present the report as circulated at appendix D, updating on the surgical division's performance against the 36 hour to surgery best practice tariff (BPT).

In relation to the fractured neck of femur (FNOF) deaths in patients who did not receive surgery within the 36 hour target, **ES** asked why this was. **GP** stated that this could be due to a number of reasons. Organisational breaches could be any reason for not getting a patient into surgery on time; a clinical breach is where there is a medical reason as to why surgery did not take place, and non-operative breaches are when a patient was not suitable for surgery. **ES** also asked what the reasons would be for a patient to not qualify for the best practice tariff. **GP** responded that this would be due to the patient being under the age of 60 years old or having a periprosthetic fracture.

DS commented on the significant increase in the number of patients and asked if this was attributable to any particular factor. **GP** stated that as this does not match the national trend, the division would like to do some further work on demographic information around the average age of patients in the region. In relation to the urgent community response and community focus and their virtual wards, **JF** asked whether patients at risk of falls are in correlation, in order to look at some prevention work in the community. **GP** stated not being aware of this but can be taken back to the multi-disciplinary team.

Within the last report to the Quality Committee in October 2021, **DS** noted that there were various reasons for not achieving the target, and one was around '*Identified confusion over roles and responsibilities – Assumptions are made over tasks and communication leading to delays*'. It was asked whether any work has since been carried out to resolve this issue. **GP** stated that it may have been helpful to include some of the best practice reports and information in the feedback to the Committee that show performance in all the different aspects of best practice, which would provide reassurance that whilst there are issues from a capacity perspective, work that has taken place along the pathway have shown improvements, including the clarification of roles and responsibilities for carrying out different tasks.

DS commented on the month-on-month improvement and asked where the service is likely to be in the next quarter. **GP** stated the reduction in variance will result in not having the unusual months of poor performance, due to the creation of the opportunity to use the FNOF surge list, which will hopefully increase the average performance.

OUTCOME: The Committee noted the report and requested an update in the next 6 months.

116/22 MEDICINES RECONCILIATION UPDATE

Katherine Cullen was in attendance to present an update as circulated at appendix E, on performance on medicines reconciliation within 24 hours.

The medicines reconciliation rates at CHFT, the impact of the Designated Ward Pharmacy (DWP) and improvement plans were highlighted. It was stated that without further investment into a DWP team at CRH, it is very unlikely that the 68% target will be reached: which the last two years' worth of data shows. In order to achieve this, a business case would need to be approved to increase staffing to a level which would enable better, consistent ward cover.

ES stated that a business case has now been done for Calderdale, however, due to an embargo for new cases, **JF** was asked if there were any timescales on when business cases can be revisited. **JF** stated that discussions will need to take place with Finance as to when that can move forward, however, there is a plan for this financial year which needs to be achieved, and there may be other funding routes which may be available for this to be placed.

KH asked what the impact on the patient would be if there was no funding. It was stated that this could result in patients' length of stay being prolonged due to medication discrepancies. **KC** stated that the 2018 Cochrane review found that 55.9% of patients were at risk of having one or more medication discrepancies at transitions of care with standard health care. This harm is avoidable, and the appropriate processes need to be in place to minimise errors and optimise medicines use. This is mirrored in local CHFT audits which show a similar rate of errors.

OUTCOME: The Committee noted the report, approved the recommendations for the business case, and requested an update in the next 6 months.

117/22 LEARNING DISABILITIES ACTION PLAN

Amanda McKie was in attendance to present the Learning Disabilities action plan as circulated at appendix F, following the Learning Disabilities Mortality Report provided to the Committee in May 2022.

AMcK summarised the action plan with actions ongoing or achieved.

NS commented on the carers strategy and asked whether this work and the support that is offered to carers and vulnerable patients is aligned to that, and how that might work for learning disability service users and their carers. **AMcK** stated that contact has been made with the strategy lead, and work which has been done within learning disabilities has been requested into the carers strategy.

DS asked how the action plans from serious incidents involving people with a learning disability are progressing. **AMcK** stated that an update would need to come from **KS**, however, the action plan has been requested to be observed at the serious incident panel.

In relation to 'Oliver McGowan' training which will be mandatory for all health and social care staff from October 2023, **DS** commented on the impact this will have for CHFT. **AMcK** stated that it is hoped that the tier 1 package will be the e-learning training, which is yet to be confirmed. The tier 2 package has been confirmed as a face-to-face six-hour session. What has not yet been determined is which staff group will be in tier 2. This is being worked through with Health Education England, and once **AMcK** has further details, a paper will be submitted to the Committee which describes what that will look like.

In terms of increasing the number of 'Think Learning' disability champions across the Trust, **DS** asked how many have now been recruited. **AMcK** stated that there are around 100 champions, which has recently increased by 30. **DS** asked whether any support is required with this. **AMcK** stated that the fantastic divisional colleagues, Project Search and the enhanced task and finish group will keep this work going.

A copy of the Learning Disability Annual Report 2021-2022 was also available for information.

OUTCOME: **AMcK** was thanked for the update and the Committee noted the action plan.

RESPONSIVE

118/22 INTEGRATED PERFORMANCE REPORT

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

The safe domain is now amber due to the never event. The caring domain remains amber with two of the five Friends and Family Test areas now green but maintaining performance in Complaints is still a challenge. Dementia screening is back below 25%. The effective domain remains amber with fractured Neck of Femur dropping back to 61% after a better month in April. The responsive domain remains amber with cancer 62-day referral from screening to treatment target missed. Stroke indicators alongside the underperformance in the main

planned access indicators and ED remain a challenge moving forward. Workforce remains amber with peaks in the 12-month running total for overall sickness and short-term sickness although all areas had reduced levels in May. Return to Work Interview activity has improved in month. Finance domain remains amber.

Although the cancer screening to treatment was missed, all other cancer standards were achieved, which is excellent for patients and CHFT remains the best in Yorkshire which is something to celebrate.

The number of patients on the transfer of care list remains a challenge, however, there has been an improved and sustained position across the last month, achieving and maintaining a position below 80.

Agreement has been made on further actions with stroke on getting patients discharged sooner and other wrap-around support patients need. The capacity in the system for stroke patients has sustainably improved.

The backlog of patients waiting for MRI scans was discussed at Finance and Performance and Executive Board. There is a focused programme on reducing the backlog, with the MRI van returning on site in August 2022 to continue the clearance. Good progress has been made, with the average weeks for an MRI scan falling from 8.2 weeks to 4.7.

KH commented on the consistently low performance with dementia screening and asked if there was an opportunity for a detailed review into progress. **DB** agreed that a paper on the detail of work ongoing in relation to dementia screening is brought to the Committee. **DB** also commented on whiteboards which are now up in acute admission wards which should help to highlight patients who have not had a dementia screen, and also the refining of the admission documentation should provide a further reminder to complete a dementia screen.

DS queried what the green cross patients under the patient flow in the report referred to. **JF** stated that they were patients who are fit to be discharged, but have not left, however, will follow-up as to why this is included in the report.

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

119/22 QUALITY PRIORITIES UPDATE – END OF LIFE CARE

Christopher Button and Gillian Sykes were in attendance to present an update on the end of life care quality priority as circulated at appendix H.

CB highlighted an issue with divisional engagement into the end of life care working group.

DS asked what support is required from the Quality Committee to get movement in terms of engagement. **CB** stated that appropriate representation is required, as end of life care sits across the Trust as a whole. The Group has committed individuals; however, they are the same individuals. In terms of engagement moving forward, the visibility of senior or executive leadership within the group would be a benefit.

In regard to engagement, **NS** commented on having diverse voices to help shape the upcoming review the end of life care strategy, which will reflect the needs of the entire population. Getting the right people to set the strategy is crucial.

JF agreed to help support the workstream.

DB commented that the end of life group reports into the Clinical Outcomes Group which has oversight of work being undertaken. In relation to Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio, how end of life care patients are managed impacts both metrics. It was noted that the Clinical Outcomes Group is happy to provide support in relation to that work moving forwards.

NS stated that it would be helpful to review the equality impact assessment in line with the end of life care strategy, and also include health inequalities.

OUTCOME: The Committee accepted the report and were in support of the next steps.

WELL LED

120/22 Q1 LEGAL SERVICES REPORT

Carol Gregson was in attendance to present an overview of the quarter 1 legal services report as circulated at appendix I.

Now that the substantive post of Head of Legal has now been appointed to, **JE** asked whether the contracted relationship with Weightmans LLP will be broken and that legal support will be in-house, or whether there will still be a standing relationship with Weightmans. **JE** also asked that the learning support for colleagues to understand the medical records disclosure process is avoided as being made essential safety training, in order to prevent further demands on colleagues at this time. **CG** agreed to take these comments back to the Legal team for feedback.

KH noted the progress made in the significant reduction in the claims portfolio from 203 to 152, and **DS** commented on the work done to improve the medical records disclosure and statement disclosure, and the legal services real-time learning.

OUTCOME: **CG** was thanked for providing the update and the Committee noted the report.

121/22 BOARD ASSURANCE FRAMEWORK (BAF) RISK 4/19 – PUBLIC AND PATIENT INVOLVEMENT UPDATE

David Birkenhead presented the report as circulated at appendix J, highlighting that the risk articulation remains relevant and accurate; the key controls have been reviewed and refreshed and are considered relevant; the gaps in control remain relevant and reflects the reality of the current operational pressures, and the risk rating has been reviewed and reduced to a score of 12 due to increased level of control and assurance in place.

OUTCOME: The Committee noted the updated BAF report and supported the recommendations.

SAFE

122/22 MATERNITY OVERSIGHT REPORT

Laura Douglas was in attendance to present the report as circulated at appendix K, providing oversight of key quality issues within maternity services.

KH commented on the successful planned external support visit by the Regional Chief Midwife's Team, and the engagement from colleagues who were in receipt of feedback on the day. It was noted that there is a very detailed transformation plan, and the monthly quality surveillance meetings continue.

GC commented on the visit and findings from the overview report at appendix K2, asking how, going forward, colleagues would be aware of who safety champions are; what assurances there were in terms of dates on the Ockenden 2 action plan; and in terms of the Healthcare Safety Investigation Branch (HSIB) cases, why babies are being transferred out and the impact this has on women and families.

In regard to educating colleagues around the patient safety champions, **LD** stated that this has been refocused again and communication has been sent out to all staff groups with more

information sharing and visibility in units. In regard to the Ockenden 2 action plan, it can be taken back to the service that there are no dates included. In relation to why a lot of babies are transferred out that are being investigated by the HSIB is due to the criteria which they investigate. One of those criteria is for a cooled baby, and active cooling is not carried out at CHFT, therefore a baby that met the criteria for active cooling, would be transferred to a tertiary centre. If that does happen, good communication with family takes place before the baby is transferred, and where possible mum would also get transferred to the same unit as quickly as possible if she was not able to be discharged.

NS commented on a positive walk round recently at maternity and neonatal areas across both hospital sites and reiterated the fantastic engagement with colleagues. One thing that was raised through discussion with colleagues was the diversity of the population that are accessing services. **NS** asked whether the staffing of the service represents the communities we serve, and whether that is a challenge moving forward. **LD** stated that this is a challenge in midwifery for a few reasons and agreed that the workforce does not totally represent the population served. There are members of the Black, Asian and Minority Ethnic (BAME) background within the midwifery workforce, however, the medical workforce is more representative than the midwifery workforce but do try to actively get midwifery colleagues to engage. One of the clinical managers is now starting to try and champion that and be involved in recruitment, however, there is always more that can be done. It is something that universities are working on to try to make the student population more representative, which will hopefully be filtering through as those students qualify.

OUTCOME: **LD** was thanked for the update and the Committee look forward to the full planned external support visit report.

ITEMS TO RECEIVE AND NOTE

123/22 CLINICAL OUTCOMES GROUP MINUTES

The Clinical Outcomes Group minutes were available at appendix L.

DS asked about the SAFER programme, which will now report into the new Urgent and Emergency Care Delivery Group and queried where the new group sits in the governance structure. **JF** stated that there are three groups – Cancer, Access and Recovery and Urgent and Emergency Care – all which report into each Board Committee, therefore formal reporting should be into this Committee.

124/22 ANY OTHER BUSINESS

There was no other business.

125/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The Fractured Neck of Femur report including progress and challenges;
- The Medicines Reconciliation report and the Committee's support of the recommendations
- The Learning Disabilities Mortality Action Plan
- The BAF risk 4/19 on Public and patient involvement, which has now reduced to a score of 12
- The end of life care quality priority update.

126/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix M for information.

POST MEETING REVIEW**127/22 REVIEW OF MEETING**

No comments were provided.

NEXT MEETING

Wednesday, 17 August 2022

3:00 – 4:30 pm

Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 18 July 2022

Overdue	New / Ongoing	Closed	Going Forward
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MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
20.06.22 (96/22)	Maternity Transformation Plan	Gill Harries / Diane Tinker	Action 20 June 2022: KS, GT, DT, LR to meet to discuss the EqlA, project management/ownership, governance and frequency of when the plan will return to Quality Committee. Update: a monthly confirm and challenge will be undertaken with the directorate team (Director of Midwifery, General Manager and Clinical Director) and the Assistant Director of Quality and Safety, and an updated position will be shared monthly within the directorate, division and Trust.	
20.06.22 (85/22)	Medical Examiner Update	Dr Tim Jackson	OUTCOME: To be deferred	See agenda item 138/22 (Appendix H)
UPCOMING ACTIONS				
21.02.22 (23/22) 20.04.22 (60/22)	Deteriorating patient case note review	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report requested for Quality Committee in April 2022. Update 20 April 2022: See agenda item 60/22. ACTION - 20 April 2022: Update on case note review requested for three months' time (Added to workplan to return to Quality Committee in August 2022) Update: An update has been requested from the Deteriorating Patient Workstream to be reported into the Clinical Outcomes Group, then to Quality Committee for assurance.	DUE Monday, 12 September 2022
16.05.22 (80/22)	Split Paediatric Service	Julie Mellor / Simon Riley-Fuller / Stacey Cartwright	Action 16 May 2022: That the original escalation process is revisited. Update: Options to return to Quality Committee in September and October have been provided and awaiting response from division.	DUE Monday, 12 September 2022
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	OUTCOME: To be deferred Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee	DUE Monday, 12 September 2022
CLOSED ACTIONS				
16.05.22 (80/22)	Learning Disabilities Mortality Report	Amanda McKie	Action 16 May 2022: Plan on a page to be provided at a later meeting, which will include the work of the SI panel. Update: Amanda McKie to take to Mortality Surveillance Group for sign-off on 24 June 2022 Update 18 July 2022: See item 117/22	CLOSED Monday, 18 July 2022

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE

**Held on Monday 6 June 2022, 3.00pm – 5.00pm
VIA TEAMS**

PRESENT:

David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Karen Heaton	(KH)	Non-Executive Director (Chair)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Andrea McCourt	(AMc)	Company Secretary
Lindsay Rudge	(LR)	Chief Nurse
Helen Senior	(HS)	Staff Side Chair
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Andrea Gillespie	(AG)	Freedom to Speak up Guardian (for item 54/22)
Nikki Hosty	(NH)	Assistant Director of HR (for items 50/22, 51/22 and 52/22)
Diane Marshall	(DM)	HR Business Partner (for items 48/22 and 49/22)
Rachel Newburn/Carys Bentley	(RN/CB)	LGBT Network Lead (for item 59/22)
Catherine Riley/Carys Bentley	(CR/CB)	Women's Network Lead (for item 58/22)
Pam Wood	(PW)	Colleague Engagement Advisor
		Head of Apprenticeships (for item 53/22)

42/22 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

43/22 APOLOGIES FOR ABSENCE

Suzanne Dunkley, Director of Workforce and Organisational Development

44/22 DECLARATION OF INTERESTS

There were no declarations of interest.

45/22 MINUTES OF MEETING HELD ON 12 APRIL 2022

The minutes of the Workforce Committee held on 12 April 2022 were approved as a correct record.

46/22 ACTION LOG – JUNE 2022

The action log, as at 6 June 2022, was received.

47/22 QUALITY AND PERFORMANCE REPORT (WORKFORCE) – MAY 2022

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain has increased slightly to 69.2% in April 2022. This has remained in the amber position for a tenth month. 6 of the 15 current metrics that make up the Workforce domain score are not achieving target –

'Return to Work interviews recorded', Non Covid Long Term Sickness Absence rate (rolling 12 months) and 'Non Covid Sickness Absence Rate (rolling 12 month)', and Data Security Awareness EST compliance, Fire Safety EST Compliance and Medical appraisals. Non-medical are not included as the appraisal season is running from July to October 2022.

Workforce – April 2022

Staff in Post has decreased to 6109, which, is due, in part to 33.36 FTE leavers in April 2022. FTE in the Establishment has yet to be confirmed to provide a fixed figure for Vacancies, along with student nurses leaving. Turnover increased to 8.59% for the rolling 12-month period May 2021 to April 2022. This is a slight increase on the figure of 8.28% for March 2022.

Sickness absence – April 2022

From 1 April 2022 the workforce domain 12-month rolling, and in-month absence target is 4.75%. This relates to non-Covid absence only, albeit a rate inclusive of Covid related absence will continue to be reported. The target for non-Covid long term absence is 3.00% and 1.75% for non-Covid short term absence.

The in-month Non Covid sickness absence decreased to 4.70% in April 2022. However, the rolling 12-month rate for Non Covid sickness increased for the to 4.90%. Chest and Respiratory problems were the highest reason for sickness absence, accounting for 28.50% of sickness absence in April 2022, with Anxiety, stress, and depression problems the second highest at 23.51% in April 2022.

The compliance rate for Return to Work Interviews has also been refreshed from April 2022 to 80% (a stretch compliance rate of 90% has been retained). The RTW completion rate decreased to 59.69% in April, down from 64.85% in March 2022.

Essential Safety Training – April 2022

Performance has decreased in 6 of the core suite of essential safety training. With 8 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 decreased to 92.54% and is the first decrease month on month. It is however no longer above the stretch target of 95.00%.

Workforce Spend – April 2022

Agency spend decreased to £0.87M, whilst bank spend increased by £1.82M to £2.34M.

Recruitment – April 2022

3 of the 5 recruitment metrics reported reached target in April 2022. With Pre employment to unconditional offer, and Unconditional offer to acceptance not achieving target. The time for Unconditional offer to Acceptance in March 2022 decrease and was 9.8 days.

DS checked the on-line approach to RTW is now operational. JE confirmed this, stating the new approach has been well received and anticipates an improved position in future data reports.

LR provided assurance to the Committee that the nursing workstream has weekly oversight of sickness absence hot spots.

KH was pleased to see the overall domain score had improved, noting fire safety and data security training compliance is lagging. The Committee is closely monitoring sickness absence hoping a downward trend is maintained. RTW remains a concern. KH

KH asked for clarification on the appraisal season. JE informed the Committee the 2022/2023 appraisal season for non-medical colleagues will run for 4 months, potentially commencing July 2022 dependant on the appraisal tool refresh being finalised.

KH asked for clarification on the 'agency withdrawal plan'. LR advised that during the pandemic high-cost agencies had been engaged.

JE informed the Committee the Education Committee is looking at a EST short term compliance solution and a longer term plan that encompasses a smaller focused set of training modules.

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

48/22 **QUARTERLY VACANCY DATA**

DM presented the data highlighting the key points in vacancy levels, recruitment activity and hotspots. LR noted the improved vacancy position across nursing and is hopeful the trajectory will remain on track. LR advised one of the indicators examined against vacancies is nurse revalidation particularly in relation to retirement age that triggers supportive conversations with these colleagues. DB highlighted the overall improvement to medical workforce recruitment, noting more detail is provided in the Medical Staff BAF later in the meeting. The new specialist role in particular has supported vacancies.

LR informed the Committee that regional work is taking place with regard to international recruitment for AHPs. To add pace, local conversations have commenced. JE felt that whilst it is important to acknowledge national and regional recruitment difficulties, it is great to hear about the focal activities the Trust is engaged in and these will continue to be reported in the vacancy paper.

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

49/22 **AGE PROFILE DATA**

DM presented a national picture and the Trust's position.

DS asked what the Trust has on offer for colleagues considering retirement, how is it accessed and is it up to colleagues to take the initiative. DM confirmed conversations between managers and colleagues are encouraged and may also be raised at appraisal when discussing individual's longer-term plans. The retirement policy is available via the Intranet. JE advised a piece of work from the leaver survey data is underway and considers the age profile data could be built into that piece with annual and mid-year updates to the Committee. JE advised the government is pushing retire and return as part of the NHS recovery plan.

HS asked what data is available, for example retire and return, reduction in hours, refusal of requests. JE advised this data will be examined and incorporated into future updates. KH requested an underpinning plan is presented to the Committee in 6 months' time.

DS expressed interest in seeing outcomes of the initiatives that aim to increase the under 21 age group.

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

50/22 **ED&I STRATEGY PROGRESS UPDATE**

NH presented a progress report against the 5 year plan. The first two years of the strategy had focus on equality groups, empowering colleagues, unconscious bias education and inclusion roadshows and pledged commitment to inclusive recruitment, review of workforce policies and enhanced development for middle managers. Now in its third year the strategy has focus on inclusive leadership development. An inclusive leadership module is included in the development programme and compassionate leadership offer. Cross divisional working,

enhanced focus on visibility, toolkits and refreshed values and behaviours is delivering good progress. The 2021 NHS staff survey results showed BAME engagement score higher than white colleagues whilst work with equality network groups continues to tackle areas where improvement is needed. Year 4 of the plan will concentrate on embedding one culture of care and Year 5 will focus on speaking up.

KH noted the great progress acknowledging the significant challenges.

OUTCOME: The Committee **NOTED** the progress made.

51/22 **HEALTH AND WELLBEING END YEAR REPORT**

NH updated the Committee on the range of activities during the period 1 June 2021 to 31 May 2022 and progress made. The Committee noted colleagues consider the wellbeing support offer comprehensive and like the format - a core offer that also signposts. NH added that specific themes identified from the 2021 staff survey results along with colleague feedback have been built into the Health and Wellbeing Strategy. The next 12 months will include a focus on leadership visibility, refreshed appraisal and appreciation toolkits.

KH highlighted this real area of improvement and was pleased to see some good outcomes reflected in the staff survey results.

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

52/22 **PROGRESS ON STAFF SURVEY ACTION PLANS**

NH presented an overview reminder of the 2021 staff survey results, hot spots, engagement score and response rate. Results against the People Promise Theme questions highlighted improvement needs in colleague engagement. NH summarised the workforce priorities and described the development of a refreshed People Strategy which aligns to the People Plan and the People Promise. NH noted the progress against both Trust and divisional actions and outlined key events taking place ahead of the 2022 staff survey which is expected to launch around September time.

KH thanked NH for a very comprehensive update and was pleased to see progress being made against the action plans.

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

53/22 **APPRENTICESHIP STRATEGY PROGRESS UPDATE**

PW presented the progress against targets set for 2021/2022. Currently 220 staff at CHFT are on an apprenticeship. The Committee also noted:-

64 new employees joined CHFT as an apprentice
84 existing staff commenced an apprenticeship
71 staff successfully completed an apprenticeship
£831,868.00 of the apprenticeship levy was spent

PW confirmed that from April 2022, the rate of apprentice pay for all entry level apprentices was standardised. New employability programmes supported over 160 people to feed into apprenticeship opportunities. A new 3 year Apprenticeship Strategy is being designed. The new strategy will align to the new Recruitment Strategy and the NHS People Plan.

JH noted our apprenticeships approach continues to be a success story. Coupled with our widening participation/employability work we hope to centre our role as an anchor organisation. LR recognised the amazing journey and gave her personal thanks to PW and

the team for their dedication to nursing and midwifery in ensuring candidates were fully supported in the programme.

KH endorsed the thanks from others, wishing PW all the best in her new role in Occupational Health.

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

54/22 **FREEDOM TO SPEAK UP ANNUAL REPORT**

AG presented the 1 April 2021 – 31 March 2022 annual report. The key points to note are:-

- The number of concerns raised in 2021/2022 and the number of concerns raised as per the NGO's submission categories and by staff groups.
- The themes of concerns and the hot spots for concerns.
- The work being undertaken to create a culture where staff feel safe to speak up and make FTSU business as usual at CHFT.

There are 23 FTSU ambassadors in the Trust. Drop in clinics have been introduced to create opportunities for ambassadors to check in with the FTSU Guardian on a 1:1 basis. The main concern themes are related to colleague attitudes and behaviours with several references made specifically to the behaviours of managers and leaders. Hot spots were maternity services (maternity improvement plan implemented) and theatre services (addressed at divisional level). The annual report will be submitted to Board of Directors in September 2022.

DS noted the comprehensive report and was interested to know if any progress had been made in facilitating protected time for colleagues undertaking voluntary roles such as FTSU ambassadors. JE recognised this is an issue and confirmed it remains under review. DS acknowledged the complexities around this issue.

KS thanked AG for the detailed report.

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

55/22 **TRADE UNION FACILITY TIME**

JE presented a paper that set out reporting requirements for public sector organisations in relation to paid trade union facility time and the Trust's data for the period 1 April 2021 to 31 March 2022. This data represents approved time off for trade union duties for medical and non-medical local trade union representatives. JE confirmed the Trust honours its obligation with 13 staff side partner organisations. Time is managed appropriately such that 0.015% of the overall pay bill is spent on TU duties, notably below the unofficial 0.06% benchmark set by the Government.

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

56/22 **ANNUAL PLAN**

MB presented the information submitted as part of the 2022/23 CHFT workforce narrative and final workforce numbers submission with supporting narrative setting out future assumptions, actions, and risks. The narrative element of the submission is split into 10 themes. The first theme is specifically workforce related and comprises 4 objectives which requires action by all organisations in the West Yorkshire Health and Care Partnership over the next 12 months:-

- Looking after our people
- Improve belonging in the NHS

- Work differently
- Grow for the future

The final submission workforce numerical plan sets out the planned FTE position for all staff groups for the period April 2022 – March 2023.

KH noted the complex piece of work and thanked MB for his contribution.

OUTCOME: The Committee **NOTED** the Annual Plan.

57/22 **BOARD ASSURANCE FRAMEWORK**

Risk 10a/19 – Medical Staffing

ST presented an overview of the activity and progress in terms of risk and mitigation. Key points to note were:-

- Net increase in the number of medical staff in post - 61 starters and only 32 leavers.
- Turnover less than 10%
- SAS contract reform, specialist role, appointment to SAS advocate role
- Appointment of Anaesthetics specialist roles
- Review of Emergency Medicine workforce model
- A targeted recruitment campaign to recruit to difficult areas (Stroke Medicine, Radiology, Haematology, Emergency Medicine and Neurology)
- Investment in Medical Examiner team
- Shadowing opportunities for GP Trainees
- Alternative workforce models for physician associates and advanced healthcare practitioners
- Growing our own people – supporting doctors to attain specialist registration through the Certificate of Equivalence for Specialist Registration (CESR) route
- New and enhanced initiatives to improve flexible workforce, bank and agency, Job planning and E roster processes
- Engagement with the GMC

The pandemic continues to present significant pressures in terms of sickness absences/self-isolation and elective recovery.

The risk score remains at 16.

KH stated the report demonstrates the volume of work in order to manage the risk. DB emphasised the dynamics of ever-changing pressures hence the static risk score. DB recognised and thanked the efforts from the team led by ST and Pauline North.

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

58/22 **UPDATE FROM WOMENS NETWORK CHAIR**

This item is deferred to next meeting.

59/22 **UPDATE FROM LGBT NETWORK CHAIR**

This item is deferred to next meeting.

60/22 **UPDATE FROM EDUCATION COMMITTEE**

The notes of the Education Committee had been shared with Workforce Committee papers.

OUTCOME: The Committee **NOTED** the Education Committee's activity.

61/22 **WORKFORCE COMMITTEE ANNUAL REPORT**

KH presented the draft report for consideration and approval. An associated action plan will be developed and brought to the next Committee meeting.

AMc highlighted that Governors are observers and not members and should not be included in attendance data. AMc also commented on the non-attendances recorded in the report. JE responded that the report accurately reflects attendance and this has been highlighted in previous action plans.

AMc asked that Section 2.7, the quarterly Business Better than Usual Update is re-worded to confirm that updates to the Committee have concluded.

ACTION: Develop Workforce Committee Action Plan (JE/TR)

OUTCOME: The Committee **AGREED** to the suggested amendments and **APPROVED** the Committee's Annual Report.

62/22 **WORKFORCE COMMITTEE TERMS OF REFERENCE**

The ToR have been reviewed. The only amendment is the addition of the Director of Corporate Affairs to the core membership.

KH reiterated the concerns about Committee attendance and hopes to see improvement.

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

63/22 **ONE CULTURE OF CARE – AN AGENDA ITEM**

JE introduced a document that describes the Trust's approach to embed one culture of care into 'how we do things around here'. Colleagues are asked to consider how we support the refreshed values and behaviours in the way we conduct ourselves in meetings and to agree we incorporate one culture of care as a standing agenda item at future meetings. The document outlines questions to be asked under the one culture of care agenda item.

OUTCOME: The Committee **NOTED** and **SUPPORTED** the refreshed values and behaviours and **AGREED** to one culture of care as an agenda item.

64/22 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

The Committee noted the Gender Pay Gap report is deferred to the August Committee meeting.

JE apologised for this meeting's compact agenda. KH acknowledged the pressure on time due to the diverse range of workforce activities to report on.

65/22 **ANY OTHER BUSINESS**

JE referred to the refreshed People Strategy and will shared this outside of the meeting.

LR advised revised significant ICP guidance has been received and would bring a brief update to the next Committee meeting.

66/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Age Profile data

FTSU

Progress on ED&I, Health & Wellbeing and Staff Survey action plans

Apprenticeships good new story

BAF Medical Workforce Risk

67/22 **EVALUATION OF MEETING**

No comments were given.

68/22 **DATE AND TIME OF NEXT MEETING:**

Hot House: 7 July 2022, 2pm-4pm - People Strategy refresh/values and behaviours

Workforce Committee Meeting:16 August, 3pm – 5pm

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 14 JULY 2022 VIA MICROSOFT TEAMS

PRESENT:

Richard Hopkin (RH)	Deputy Chair / Non-Executive Director
Helen Hirst	Chair

PUBLIC ELECTED GOVERNORS

Stephen Baines	Public Elected - Skircoat and Lower Calder Valley (Lead Governor)
Alison Schofield	Public Elected - North and Central Halifax
Veronica Woollin	Public Elected - North Kirklees
Gina Choy	Public Elected - Calder and Ryburn Valleys
Peter Bamber	Public Elected - Calder and Ryburn Valleys
Brian Moore	Public Elected – Lindley and the Valleys
Robert Markless	Public Elected - Huddersfield Central
Peter Bell	Public Elected – East Halifax and Bradford
John Gledhill	Public Elected – Lindley and the Valleys

STAFF ELECTED GOVERNORS

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

APPOINTED GOVERNORS

Abdirahman Duaale	Calderdale and Huddersfield Solutions Ltd
Karen Huntley	Healthwatch

IN ATTENDANCE:

Andy Nelson (AN)	Non-Executive Director
Nigel Broadbent (NB)	Non-Executive Director
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd.
Gary Boothby	Director of Finance
Jo Fawcus	Chief Operating Officer
Lindsay Rudge	Chief Nurse
Andrea McCourt	Company Secretary
Victoria Pickles	Director of Corporate Affairs
Anna Basford	Director of Transformation and Partnerships
Dr Sarah Eastburn	University of Huddersfield (Observer)

53/22 APOLOGIES FOR ABSENCE

Prof Joanne Garside	University of Huddersfield
Salma Yasmeen	South West Yorkshire Partnership Foundation Trust
Chris Reeve	Locala
Cllr Lesley Warner	Kirklees Metropolitan Council
Christine Mills	Public Elected - Huddersfield Central
Nicola Whitworth	Public Elected - Skircoat and Lower Calder Valley
Brendan Brown	Chief Executive
Sally Robertshaw	Staff Elected - AHPs/HCS/Pharmacists
Sarah Mackenzie-Cooper	Equality and Diversity Manager, Calderdale CCG

54/22 WELCOME & INTRODUCTIONS

The Deputy Chair welcomed governors and colleagues from the Trust and Board of Directors to the Council of Governors meeting, in particular Victoria Pickles, Director of

Corporate Affairs, Nigel Broadbent, incoming Non-Executive Director and Dr Sara Eastburn, observer from the University of Huddersfield.

The Deputy Chair stated it will be his final Council of Governors meeting as he is due to depart the Trust at the end of August 2022 after six years.

55/22 DECLARATIONS OF INTEREST

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

AN declared his interest in item 12 relating to re-appointments of the Non-Executive Directors.

56/22 MINUTES OF THE LAST MEETINGS HELD ON 21 APRIL 2022 & 27 JUNE 2022

The minutes of the previous meeting held on 21 April 2022 and extra-ordinary meeting of the Council of Governors on 27 June 2022 were approved as a correct record.

The Company Secretary confirmed the extra-ordinary meeting approved the changes to the Trust Constitution which was subsequently approved by the Board of Directors on 7 July 2022. As a result, the Trust will be appointing a further Non-Executive Director later in the year.

OUTCOME: The minutes of the previous meetings held on 21 April 2022 and 27 June 2022 were **APPROVED** as a correct record.

57/22 MATTERS ARISING / ACTION LOG

There were no outstanding actions on the action log.

Robert Markless asked for an update on the discussion which took place at the last meeting regarding governor vacancies and elections being planned for the near future. The Company Secretary confirmed the next set of elections will be next Spring 2023. The Trust are going to explore the second interested candidate filling the recent governor vacancy. Robert raised his concern regarding the governor vacancy position which was noted.

OUTCOME: The Council of Governors **NOTED** the matters arising.

QUALITY UPDATE

58/22 Update on 2021/22 Quality Priorities and Quality Update

The Director of Nursing provided a detailed presentation giving a Quality update and an update on the 2021/22 Quality Priorities. The quality account priorities are below:

Quality Account Priorities

1. Recognition of Sepsis
2. Reduce number of Hospital Acquired Infections including Covid 19
3. Reduce waiting times for individuals attending the Emergency Department (ED)

Focussed Quality Priorities

1. Falls resulting in harm
2. End of Life
3. Clinical documentation
4. Clinical Prioritisation
5. Nutrition and Hydration
6. Pressure Ulcers

7. Making Complaints Count

For 2022/23 the Trust has continued with the three quality account priorities from last year to seek to gain the improvement and outcomes. The progress to these three quality account priorities were shared in the Highlight report and key points are noted below:

1. Recognition of Sepsis

Starting to see progress in the recognition of sepsis in terms of antibiotics being administered which has increased from 46% to 63%. Sepsis screening tool is now live on Athena. There is further work to do to ensure everyone is trained and sepsis recognition is now part of essential safety training. The recognition of sepsis will be one of the first “confirm and challenge” quality account priorities meetings.

2. Reduce number of Hospital Acquired Infections including Covid 19

The Chief Nurse presented the annual Director of Infection Prevention and Control report to the Board last week and was pleased to report a zero MRSA position throughout last year. Unfortunately, an increase in clostridium difficile has been seen this year; however, there has been a decrease in preventable cases. The number of Covid-19 cases are on the rise with a significant increase in inpatients and community prevalence is high. Hospital onset covid infections will be monitored through this peak.

3. Reduce waiting times for individuals attending the ED

Emergency Department (ED) attendances for both hospital sites continue to increase with a 12% rise in number attending on previous years. This has had an impact on the 4-hour performance target. The Trust continue to perform well within the region and outperform a number of other Trusts in West Yorkshire. The Chief Operating Officer attended the Urgent and Emergency Care Delivery Group where they have developed a dashboard which looks at a range of indicators across ED, such as waiting times, clinical outcomes and some of the care interventions that need to be in place whilst patients are in the department. A paediatric waiting area in ED has been established at Huddersfield Royal Infirmary which has received positive feedback and further work is being undertaken at Calderdale Royal Hospital to enhance patient experience.

Veronica Woollin pointed out the challenge in ensuring staff attend training sessions and suggested it is important to utilise training sessions online rather than face to face training sessions. The Chief Nurse responded the Trust have taken a nuanced approach and where a rise in cases have been seen, for example in pressure ulcers, bite sized training has been deployed to the area.

OUTCOME: The Council of Governors **NOTED** the update on the 2021/22 Quality Priorities.

59/22 **FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE**

Andy Nelson

AN provided an overview of the work he is undertaking at the Trust. AN Chairs the Audit and Risk Committee and will Chair one more meeting before Nigel Broadbent takes over as Chair. AN will be taking over from RH as Chair of the Finance and Performance Committee. The Audit and Risk Committee, at its meeting on 5 July 2022, signed off the 2021/22 annual report and accounts on behalf of the Board. AN also attends the Transformation Programme Board and Chairs the Green Planning Committee. He explained a sustainability action plan on ten different themes has been developed from the Green Planning Committee with 179

actions, over 100 actions have now been completed. Positive progress has taken place on electric charging points, travel policy and waste management. AN also works alongside the Health Informatics Board (THIS) and attends their Executive Board meeting every month. Progress is being made on the Digital Strategy with focus on how to enhance the use of the Electronic Patient Record. AN also Chairs the Security, Resilience and Governance Group focused on emergency preparedness, major incidents and business continuity planning.

Richard Hopkin

RH, as Chair of Finance and Performance ('F&P') Committee, reported the Trust are making positive progress meeting the efficiency savings target for this year and schemes to cover the full £20m and £5m of covid cost savings have been identified. Deep dives have taken place at F&P Committee for example, relating to Stroke and Fractured Neck of Femur. The Committee are looking to expand this further with deep dives into Theatre efficiency and productivity and the Emergency Department. Two new sub-committees are reporting into the F&P Committee, the Access Group focused on the recovery programme and a refreshed Urgent and Emergency Care Delivery Group. RH congratulated the finance team for their hard work signing off the year-end financial accounts this year. There were delays with external audit being prepared to sign off this year; however, this was not down to the Trust's finance team. RH also attends the Charitable Funds Committee, Huddersfield Pharmacy Specials (HPS) Board and is the Wellbeing Guardian for the Trust. RH explained he recently attended a Compassionate Leaders session arranged for the Non-Executive Directors and a learning session on the Freedom to Speak Up process.

Gina Choy highlighted she is aware of the impact KPMG had to the date of the Annual General Meeting and asked if the Trust have assurances that this won't impact submission of the annual accounts in the future. The Director of Finance explained a wrap up session is being planned with KPMG in order to identify lessons learned. He explained KPMG have had some exceptional staffing challenges and the Trust are looking for assurance that they will not be in this position again next year. As a result, the contract with external audit is being reviewed to discuss the staffing challenges and the fees which have increased this year.

Brian Moore added the Trust are not alone getting the accounts submitted in time, many other Trusts have experienced the same problem.

OUTCOME: The Council of Governors **NOTED** the feedback from the Non-Executive Directors.

PERFORMANCE AND STRATEGY

60/22 Operational Update and Recovery Plans

The Chief Operating Officer presented the operational update and recovery plans. The key updates were:

- Covid-19 position – currently 97 covid positive inpatients which equates to 11.28% of the adult bed base – 66 patients on active treatment
- Level of staffing absence has increased over the last few weeks
- The Trust remain at OPEL Level 3 and are currently planning for the heatwave and very high temperatures at amber level 3 in terms of the heat wave plan, Gold meetings are taking place for any decisions that need to be made
- Temperatures at HRI will be high
- Transfer of Care list is at 80 and remains stable, number has reduced since January 2022 with a consistent process in place with partners, aiming to get this below 60 by the end of the Summer 2022
- 104 week waits is down to one patient who has gone over 104 weeks by the end of June 2022 with a treatment date planned this month
- 78 week and above patients are being monitored – trajectory is positive

- Trajectory for reducing the number of 52 weeks to zero by March 2023, this is an internal trajectory only – this challenge has been set by the Trust given the Trust did not receive the Elective Recovery Funding at the end May 2022
- Access Delivery Group is now in place that oversees recovery and monitors the data and dashboard closely
- Progress on backlog position – Expect the trajectory to start reducing, there is a set of actions from the end of July in terms of validation processes and extra capacity in clinics

RH noted the governors have been attending a few meetings on site and asked, in light of the current circumstances, is there any wish to pause this for the time being. The Chief Operating Officer responded masks have been re-introduced on site for all patients and staff. A mix of virtual and face to face meetings where it is possible to socially distance with ventilation is taking place. If this is possible, it should be safe to continue meeting in person. However, if it a large group of people it is safer to meet virtually.

Brian Moore asked the Chief Operating Officer if she expects the Covid-19 spike to affect the elective recovery position. The Chief Operating Officer responded not at the moment, the number of patients at the height of Covid-19 in January was much higher and the Trust still managed to keep the Elective Recovery Programme progressing at that time. The Trust would still keep recovery going and focus on Cancer, urgent patients and risks around 104 weeks in terms of prioritising patients. The Chief Operating Officer and Chief Nurse are reviewing this position daily.

OUTCOME: The Council of Governors **NOTED** the Operational Update and Recovery Plans.

61/22 Performance Update

The Chief Operating Officer presented the performance update for May 2022. The key updates were:

- May's Performance Score is at 63.8% which is a deterioration on the April position mainly due to a never event and missing the cancer 62-day screening to treatment target
- All cancer targets have been achieved in June 2022, with the exception of the cancer 62-day screening to treatment target
- Emergency Care Standard is around 75% for the Trust – 25% of patients are not getting through in a timely way
- 62-day cancer performance has been maintained throughout Covid-19 pandemic and the Chief Operating Officer formally noted thanked to the cancer team for achieving this performance
- Diagnostics – MRI is most challenging, with a plan to clear the backlog, the average wait for was 8.2 weeks and is now 4.7 weeks and there are two new MRI scanners up and running at CRH which provides extra capacity, there are some issues regarding echo and neurophysiology due to capacity and a national issue recruiting to these posts
- Complaints – Focused work ongoing with Divisions to review the performance
- CQC visit across Medicine and the Emergency Department with positive feedback

Peter Bamber asked if the graphs could include labels on the axes, e.g., number of patients waiting.

Action: Graphs on performance and recovery to include labels on the axes in future reports (JF).

AN asked what the Anticipatory Care Roles recruited to Primary Care Network (PCN) roles meant. The Chief Operating Officer responded this is about anticipating the needs of

patients out in the community and what wrap around care is needed with signposting to the correct teams. She explained it is a positive model that is supported by the Trust. Gina Choy recognised the targets that have been achieved, staff have been working really hard and Covid-19 figures have been increasing. She stated this is a concern for staff going forward and asked how this will be maintained. The Chief Operating Officer commented on the workforce challenges and there are lots of wellbeing activities taking place with a refreshed People Strategy and the wellbeing hour is going to remain in place. Lots of listening events are taking place at the Trust which provides an opportunity for staff to express their feelings and staff will be supported during the heatwave.

OUTCOME: The Council of Governors **NOTED** the Performance Update.

62/22 Financial Position and Forecast – Month 2

The Director of Finance summarised the key points in the month 2 finance report up to the end of May 2022. The key points to note were:

- The Trust has submitted a plan to deliver a £20.1 deficit for the year
- Year to date the Trust is reporting a £6.07m deficit, a £0.22m favourable variance from plan
- Strong position with the Cost Improvement Programme with the £20m efficiency savings identified
- £800k ahead of plan on the Cost Improvement Programme at month 2
- Favourable position: however, some expenditure overspends link into extra beds open in relation to Covid-19 throughout April and May 2022 and more delayed transfer of care patients than anticipated
- Elective Recovery Funding - £12m of Elective Recovery Funding has been assumed in the plan if the Trust deliver 104% levels of 19/20 elective activity – at the end of month 2 the Trust did not deliver 104%; therefore, did not assume receipt of these monies
- Additional funding has been made available to the NHS on the back of inflationary pressures, this money can't be spent; however, it improves the deficit position, therefore, Trust is now planning for a £17.35m compared to a £20m deficit plan

Robert Markless asked for clarification if any funds are being received from the centre to support the overspends due to the increased costs of Covid-19. The Director of Finance reported in the month 3 position there has been a slight change in the elective recovery fund and national recognition that organisations are struggling to deliver the activity plans set which is driven by Covid-19 activity levels being higher than planned. The Trust are awaiting further guidance; however, are expecting the targets to deliver against the elective recovery fund to be lowered. The Trust has been told to assume they will achieve all of the funding in month 3, regardless of whether the activity has been delivered or not to support the additional Covid-19 activity.

OUTCOME: The Council of Governors **NOTED** the Month 2 Financial Summary for 2021/22.

63/22 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 22 June 2022

The Company Secretary presented the minutes of the Nominations and Remuneration Committee meeting held on 22 June 2022. This meeting was attended by Philip Lewer as outgoing Chair and Helen Hirst as incoming Chair and considered the Non-Executive Directors succession plan.

The Committee also approved the details for recruitment of a further Non-Executive Director to help with capacity. This recruitment process will start during the Summer 2022 with interviews likely to be held in September 2022.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meetings held on 22 June 2022.

64/22 Ratification of the Non-Executive Director Re-Appointments and Extensions

The Company Secretary presented a paper which seeks to ratify the Non-Executive Director re-appointments and extensions which were approved by the Nominations and Remuneration Committee of the Council of Governors on 22 June 2022.

OUTCOME: The Council of Governors **RATIFIED** the following:

- the extension of tenure by 12 months for Karen Heaton from 28 February 2023 for 12 months to 27 February 2024
- the extension of tenure up to 12 months for Andy Nelson from 1 October 2023 to 30 September 2024
- a second tenure for Denise Sterling from 1 January 2023 to 31 December 2025
- a second tenure for Peter Wilkinson from 1 January 2023 to 31 December 2025
- the extension of the pilot of the CHFT Associate Non-Executive Director Nicola Seanor to 14 December 2023.

65/22 Appointment of the Deputy Chair and Senior Independent Non-Executive Director

The Company Secretary reported RH is Chairing the meeting today as Deputy Chair; however, his tenure comes to an end at the end of August 2022.

The Deputy Chair is approved by the Board and comes to the Council of Governors for ratification. The Board of Directors approved the appointment of Deputy Chair and Senior Independent Non-Executive Director at its meeting on 7 July 2022.

The proposal is for Karen Heaton, the longest standing Non-Executive Director to take on the Deputy Chair and Senior Independent Non-Executive Director (SINED) from 1 September 2022.

OUTCOME: The Council of Governors **RATIFIED** the appointment of Karen Heaton as Deputy Chair and Senior Independent Non-Executive Director (SINED) from 1 September 2022.

66/22 CHAIR'S REPORT

Brief Update from Deputy Chair

The Deputy Chair provided an update to the governors in the private meeting which covered operational matters, the Covid-19 and elective recovery position, Emergency Department issues and the refresh of the People Strategy. RH also advised the governors about recent changes at Non-Executive Director and Board level.

The Deputy Chair informed the governors on the update regarding the Integrated Care System and that the Integrated Care Board (ICB) is officially in place and Place-based Committees are now being held.

The Director of Transformation and Partnerships added from the 1 July 2022 the West Yorkshire Integrated Care System was implemented as a statutory body. The Trust have been heavily involved and are supportive of the arrangements. Place based local sub-committees of the ICB will have delegated responsibilities and accountability of the place. She explained this is a fantastic opportunity to work with our partners at local place and improve population health and deliver better outcomes for the local population.

Gina Choy stated the governors would welcome a discussion to understand where governors sit within the ICS and how the funding is being drawn down and allocated.

Action: Session on the Integrated Care System to be arranged with the governors supported by the Director of Transformation and Partnerships.

Robert Markless stated the role of the governors to represent members will change to governors working with community partners. This is a challenge for governors to see how they can work together to do this; however, this could be a good opportunity.

The Chair informed the governors she has been in post for two weeks and is concentrating on her induction. During her first week she had a tour of the hospital sites and visited the community team at Broad Street Plaza. The Chair offered to meet with all governors individually, in person or via Teams and discuss how she can support the governors as Chair.

OUTCOME: The Council of Governors **NOTED** the update from the Deputy Chair and Chair.

GOVERNANCE

67/22 Outcome of Chair's Appraisal

The Deputy Chair shared the outcome of the appraisal process for the outgoing Chair who retired on 30 June 2022. The Deputy Chair undertook a review with the outgoing Chair, the Lead Governor on behalf of the governors and the Chief Executive on behalf of the Executives. He summarized the results of the appraisal as follows -

'The outgoing Chair, Philip Lewer has had successful final year with the Trust. He has fulfilled the objectives set as part of last year's appraisal process in June 2021. In particular, he has also played a prominent role in delivering the Board succession plans for the Trust, in terms of both key Executive and Non-Executive roles, as well as helping to achieve a smooth transition to his successor as Chair. Philip has been a key influencer in the Trust's excellent work on health inequalities and in the development of the Integrated Care System at both the local Place and the wider West Yorkshire levels. He has also worked hard to maintain the close relationships both within the Board and with the Council of Governors. Philip can clearly be very proud of his period of tenure as Chair, which has presented some unprecedented challenges, primarily due to Covid-19. Despite these challenges, Philip has led the Trust, in a very open and caring manner, to make some significant progress across a range of objectives, but always with an eye to improving patient care and looking after its employees'.

OUTCOME: The Council of Governors **NOTED** the outcome of the Chair's Appraisal.

68/22 Council of Governors Self Appraisal of Effectiveness Questionnaire Findings and Action Plan

The Company Secretary presented the action plan based on the findings from the self-appraisal of effectiveness questionnaire undertaken by the governors. She explained this process was not undertaken in 2021 due to the number of new governors in post.

The response rate was slightly lower from public and appointed governors this year and slightly higher from staff governors.

A few actions have been identified around governors understanding their statutory duties or holding the Non-Executive Directors to account. Refresher training sessions have been offered and views from governors on how to do this well is welcomed as part of the action plan. There is an upcoming workshop with Non-Executive Directors and Governors on 20 September 2022 where this can be explored further.

Brian Moore commented all governors that sit on the Board Committees can judge the quality of the Non-Executive Directors in the way they Chair these meetings. He explained

attending these meetings and workshops with the NEDs to deep dive into the work they do is a way of holding the Non-Executive Directors to account.

AN further added attending the Board of Directors is a further opportunity for governors to see the performance of the Non-Executive Directors.

OUTCOME: The Council of Governors **NOTED** the findings from the 2022 Council of Governors effectiveness questionnaire and **APPROVED** the action plan to address the areas for development.

69/22 COMPANY SECRETARY'S REPORT

a. Update on the Date of the 2022 Annual Members Meeting

The Company Secretary informed the Council of Governors that the joint Board of Directors/Council of Governors' Annual Members Meeting has been postponed from July 2022 due to delays with the Trust's external auditors (KPMG) signing off the accounts.

The 2021/22 Annual Report and Accounts were approved at the extra-ordinary Audit and Risk Committee on Tuesday 5 July 2022 and have been submitted to NHS Improvement.

It is proposed to hold the Annual Members Meeting by 30 September 2022.

The Annual Report and Accounts for 2021/22 and summary report is now available on the Trust website.

OUTCOME: The Council of Governors **NOTED** the update provided on the 2022 Annual Members Meeting.

b. Council of Governors Draft Meeting Dates for 2023

The Company Secretary presented the proposal of meeting dates and workshops for 2023 for approval.

OUTCOME: The Council of Governors **APPROVED** the proposal of meeting dates and workshops for 2023.

c. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register was shared for review. All governors must ensure they have submitted an annual declaration of interest and any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager.

OUTCOME: The Council of Governors **RECEIVED** and **NOTED** the current Council of Governors Declarations of Interest Register.

d. Receive Register of Council of Governors

The current Council of Governors Register as of 7 July 2022 was shared and the governor vacancies were noted.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Register as of 7 July 2022.

70/22 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 21.03.22, 20.04.22 and 16.05.22
- Workforce Committee held 12.04.22
- Charitable Funds Committee held 11.05.22
- Audit and Risk Committee held on 26.04.22

- Finance and Performance Committee held on 04.04.22, 03.05.22 and 07.06.22

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

71/22 INFORMATION TO RECEIVE

a. Council of Governors Workplan 2022

The Council of Governor's Workplan for 2022 was circulated for information.

b. Council of Governors Calendar 2022

The Council of Governor's calendar of meetings for 2022 was circulated for information. This includes all governor meetings, workshops and Divisional Reference Groups for 2022.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2022 and the Council of Governors meeting dates for 2022.

72/22 ANY OTHER BUSINESS

Peter Bamber raised a query from the Surgical Divisional Reference Group Summary on a Page which stated:

- A 'never' incident occurred where two patients had the same name, one was recorded as having a Do Not Resuscitate order (DNR) and the other wasn't. The incorrect patient was not resuscitated and died as a result. There has been a focus on education and communication regarding serious incidents and wards now record the patient's full name on ward patient identification boards.

Peter Bamber commented that the one action regarding putting the full name on the patient ID board would not be sufficient to prevent recurrence of such an event, and that in a crisis situation staff rushing to a call would not check this. There was a view expressed that if this was the sole action to resolve the issue then this was not sufficient.

Action: Company Secretary to follow up with Denise Sterling on the outcome and scrutiny of this never event at the Quality Committee.

Stephen Baines formally thanked RH on behalf of the Council of Governors for the work he has undertaken at the Trust over the past six years. He stated RH should be proud of the work he has undertaken at the Trust and thanked him for the help and guidance he provided him as lead governor. Brian Moore re-iterated the comments made and mentioned he was on the interview panel for RH's appointment and has sat on the Finance and Performance Committee. He stated RH has always taken his duties as a NED very seriously and wished him the very best.

RH thanked Stephen Baines and the Council of Governors for all their support and wished them the best for the future.

The Chair echoed thanks to Richard Hopkin for everything he has done at the Trust.

DATE AND TIME OF NEXT MEETING

The Deputy Chair formally closed the meeting at approximately 3:53 pm and invited governors to the next meeting.

Date: Thursday 20 October 2022

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

Venue: Microsoft Teams

2. Review of Board Committee Annual Reports 2021/22 (In the Review Room)
a) Audit and Risk Committee

Date of Meeting:	Tuesday 23 July 2022
Meeting:	Audit and Risk Committee
Title:	Audit and Risk Committee Annual Review 2021/22
Authors:	Andrea McCourt, Company Secretary Andy Nelson, Non-Executive Director / Audit and Risk Committee Chair
Purpose of the Report	
<p>Good practice states that the performance Board sub-committees should be reviewed annually to determine if they have been effective, and whether further development work is required. This Annual Report summarises the activities of the Trust's Audit and Risk Committee (the Committee) for the financial year 2021/22 setting out how it has met its Terms of Reference and key priorities.</p>	
Key Points to Note	
<p>This annual report of the Audit and Risk Committee for 1 April 2021 to 31 March 2022 details:</p> <ul style="list-style-type: none"> • The role of the Audit and Risk Committee, including membership and attendance • The activities of the Audit and Risk Committee reflecting the five key areas of oversight 	
EQIA – Equality Impact Assessment	
<p>Individual decisions made by the committee during the course of the year will have been required to undergo a QIA and EQIA as appropriate.</p>	
Recommendation	
<p>The Committee is asked to APPROVE the Annual Review for 2021/22 and NOTE the Committee has fulfilled its role of providing assurance to the Board during 1 April 2021 to 31 March 2022 regarding the monitoring and review of financial and other risks and associated controls, corporate governance and the assurance frameworks of the Trust and its subsidiaries.</p>	

Audit and Risk Committee Annual Report 2021/22

This annual report of the Audit and Risk Committee for 1 April 2021 to 31 March 2022 details:

- The role of the Audit and Risk Committee, including membership and attendance
- The activities of the Audit and Risk Committee reflecting the five key areas of oversight

1. Role of the Audit and Risk Committee

The role of the Audit and Risk Committee is to provide assurance to the Trust Board regarding the monitoring and review of financial and other risks and associated controls, corporate governance and the assurance frameworks of the Trust and its subsidiaries.

1.1 Background

It is a formal requirement for all NHS Trusts to have an Audit and Risk Committee. Information about the appropriate operation of the Audit Committee is set out in the official *NHS Audit Committee Handbook* (Fourth Edition) published in 2018. The Audit and Risk Committee adheres to this guidance.

This report describes the Audit and Risk Committee's activities from April 2021 to March 2022 and in particular various matters for which the Audit Committee has oversight for the Board including:

- Financial reporting
- Risk management
- External audit
- Internal audit
- Governance arrangements.

The Chair escalates those matters that the Audit and Risk Committee considers should be drawn to the attention of the Board via a highlight report. The minutes of the Committee's proceedings are shared at the next meeting of the Board.

1.2 Terms of Reference

The Committee has an approved terms of reference in place. The Committee approved its terms of reference on 21 July 2021, with ratification by the Board on 2 September 2021. The Committee meets on a quarterly basis, with an additional meeting for the review of the annual report and accounts.

The Audit and Risk Committee has a well-established workplan which sets out its annual cycle of work and reporting which is regularly reviewed.

1.3 Audit and Risk Committee Membership and Attendance in 2021/22

The Audit and Risk Committee met five times during 2021/22: 12 April, 16 June, 21 July, 12 October 2021 and 25 January 2022.

The membership of the Audit and Risk Committee is three Non-Executive Directors (NED) and all meetings were quorate. A governor is invited to attend and observe each meeting. A register of attendance by members and those invited to attend during 2021/22 is shown at Appendix 1.

For 2021/22, Andy Nelson, Non-Executive Director was the Audit and Risk Committee Chair, with attendance from Richard Hopkin, Senior Independent Non-Executive Director and Chair of the

Finance and Performance Committee and Denise Sterling, Non-Executive Director and Chair of the Quality Committee.

After each meeting, the Chair reports to the next Trust Board meeting via a highlight report for matters of significance for the Board. The draft minutes of the meetings are also received by the Trust Board.

The following were in regular attendance at the Audit and Risk Committee meetings during the year:

- Gary Boothby, Director of Finance
- Mandy Griffin / Jim Rea Managing Director of Digital Health
- Kirsty Archer, Deputy Director of Finance
- Andrea McCourt, Company Secretary
- Clare Partridge External Audit Partner, KPMG
- Ric Lee, Engagement Director, KPMG
- Salma Younis, Senior Manager, KPMG
- Helen Kemp-Taylor / Helen Higgs, Head of Internal Audit, Audit Yorkshire
- Leanne Sobratee, Internal Audit Manager, Audit Yorkshire
- Shaun Fleming, Local Counter Fraud Specialist, Audit Yorkshire

The following also attended for specific items:

- Zoe Quarmby, Assistant Director of Finance – Financial Control for the annual accounts 2020/21

2. Audit and Risk Committee Activities 2021/22

The principal activities of the Audit and Risk Committee during 2021/22 are detailed below.

2.1 Financial Governance

Financial Reporting - Annual Report and Accounts for 2020/21

The Committee considered the draft Annual Report and Accounts for 2020/21 and, with delegated authority given to the Committee from the Board of Directors at its meeting on 6 May 2021, the Committee approved the Annual Report and Accounts on behalf of the Board at a meeting on 10 June 2021. This included accounts for the wholly owned subsidiary, Calderdale Huddersfield Solutions.

Standing Financial Instructions /Standing Orders and Treasury Management

The Committee regularly reviewed waivers of Standing Orders and approved losses and special payments and received the Treasury Management Annual Report. This report was received by Audit and Risk Committee (ARC) in April 2021. Whilst the Treasury Management Policy is approved by the Audit and Risk Committee in accordance with the terms of reference, the operational cash management aligns with the business of the Finance and Performance Committee. It was therefore agreed by the Audit and Risk Committee that future updates on the treasury management position are directed to the Finance and Performance Committee only to avoid duplication.

On 25 January 2022 the Committee approved the removal of the Covid-19 Emergency temporary addendum to the Standing Financial Instructions and revisions to the Scheme of Delegation which had been in place since April 2020.

2.2 External Audit

KPMG is the Trust's external auditor. The Committee reviewed the annual accounts as part of its audit for 2020/21, including final audit reports, management letters and a going concern report. An unqualified audit opinion was given.

The Committee reviewed and approved the External Audit Plan and annually reviews the performance of the external auditors.

The Committee oversaw the process for the appointment of external auditors. External auditors were re-appointed in November 2021 for a period of three years, with the option of a one year extension, following a procurement process involving governors in line with national guidance and approval by the Council of Governors.

The external audit provider KPMG was not commissioned by the Trust during the year to undertake any significant non-audit work.

External auditors also briefed the Committee at each meeting on sector related matters of interest.

2.3 Internal Audit (IA)

The Trust purchases internal audit services from Audit Yorkshire to review the adequacy of controls and assurances in place via a comprehensive audit programme. The internal audit service provided by Audit Yorkshire meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit and Risk Committee. The Committee considered the major findings of internal audit work and the management response to them.

In relation to the 2020/21 annual report and annual governance statement, the annual Head of Internal Audit Opinion for 2020/21 confirmed significant assurance regarding the system of internal control in the Trust.

The Committee reviewed and approved the Internal Audit strategy, annual plan and detailed programme of work for 2021/22, which embraced operational as well as financial and business areas.

With regard to delivery of the 2021/22 internal audit plan the Committee received 7 high assurance opinion reports, 21 significant assurance opinion reports 1 limited assurance opinion and 2 no opinion reports. The limited assurance opinion related to pharmaceutical waste in clinical areas. All reports where an opinion is provided have recommendations, with an action plan in place to address these recommendations and a target date set until all actions are completed, with an electronic system to support the tracking of progress against recommendations.

Internal Audit provides a progress report at each Committee meeting which enables the Committee to monitor progress against the actions. Completion of recommendations from previous years continued to be closely reviewed by the Committee and a number of overdue recommendations were followed up with the Executive team by the Audit and Risk Committee Chair and progress continued to be monitored by the Committee.

Completion of the Internal Audit Plan continued to be impacted by the Covid-19 pandemic with the planned number of audit days in year revised downwards as the Trust was not able to support several planned audits due to operational pressures. None of the audits cancelled had a material impact on the work of internal audit for 2021/22, with some audits cancelled and some added to the 2022/23 audit plan.

The Committee annually reviews the performance of the internal auditors in year and to date this has been satisfactory.

2.4 Counter Fraud

The Trust takes the prevention and detection of fraud very seriously and the Counter Fraud Specialist continues to work to raise the profile of fraud in the Trust, explores the potential for fraud and investigates cases of fraud.

The Committee received and approved the 2021/22 Counter Fraud plan, regular progress reports and updates against this plan and the annual Counter Fraud report for 2020/21. The Committee

monitored compliance with the new Counter Fraud Authority Standards, with an amber rating in 2021 and a plan to achieve a green rating for the next return in 2022.

The Counter Fraud, Bribery and Corruption Policy was reviewed and updated to reflect recent changes in national standards and has been written in conjunction with the new Cabinet Office requirements – GovS 013 – Government Counter Fraud Standard introduced in April 2021. The updated policy was approved by the Committee in October 2021.

Details of fraud prevention work undertaken were shared. The Counter Fraud Specialist attended all meetings, except for the annual report and accounts meeting.

2.5 Risk Management

During the year, the Committee continued to review the risk management approach across the Trust, including a review and approval of the Risk Management Strategy and Policy.

The Board Assurance Framework (BAF) was reviewed three times, on 21 July 2021, 12 October 2021 and 25 January 2022. The Committee has specific oversight for a BAF risk relating to health and safety and this risk was reviewed during the year.

The Head of Internal Audit significant assurance opinion for both 2020/21 and 2021/22, confirmed the BAF was regularly reviewed and updated by the Board of Directors and by its sub-committees, with a pro-active and accountable processes in place for developing and updating the BAF.

2.6 Assurances Received by the Committee

In addition to its usual business, the Committee received the following assurances during the year:

- **Clinical Audit Programme** – recognising the need for the Committee to be assured about the systems in place to support high quality care as a key component of good governance, the Chair of the Quality Committee, together with the Associate Medical Director leading clinical audit provided an update on clinical audit activity to the 12 October 2021 Committee meeting, describing arrangements for national and local audits as well as engagement work on clinical audit. The Committee was assured by an internal audit review of clinical audit which had a “significant assurance” rating. Future work to align audit topics to quality priorities was welcomed by the Committee.
- **Health and Safety** – the Head of Health and Safety presented a deep dive highlighting work that had been undertaken and key priorities. The Committee was advised of positive engagement with colleagues on health and safety arrangements within CHFT and Huddersfield Pharmacy Specials. The Committee was assured that work was on track to develop and implement the NHS Workplace Health and Safety Standards

The Health and Safety Policy was reviewed and approved.

Information Governance – the Data Protection Officer gave a presentation on Information Governance (IG) within CHFT including details on the Data Security and Protection Toolkit (DSPT) and the Trusts compliance with it, the development of an asset management system to improve control of information assets and the National Data Opt-Out (NDOO) process which gives service users and patients the opportunity to opt out of their information being used, for example in research, planning or surveys.

The Managing Director of Digital Health updated the Committee during the year regarding progress with an access to clinical records action plan and processes for auditing any unauthorised access. Following positive assurances received at the meeting on 12 October 2021 it was agreed that further updates were not required by the Committee, with ongoing oversight by the Information Governance and Records Strategy Group.

- **Risk Management** – the Committee reviewed and approved the Risk Management Strategy and Policy. A risk management deep dive was postponed to April 2022 to enable new senior management within the team time to reflect on current risk management processes. A highlight report from the Risk Group and minutes from the Risk Group were reviewed by the Committee.
- **Data Quality Board** – In April 2021 the Chief Operating Officer (COO) presented a Data Quality Board annual review deep dive, confirmed the Data Quality Board terms of reference have been reviewed and updated. The COO explained the history of the Data Quality Board, gave an overview of standing and ad hoc agenda items, the strategy and the draft 2021/22 plan on a page. The positive work to date undertaken by the Data Quality Board in relation to data for health inequalities and plans to continue to develop this were noted.

2.7 Governance and Reporting Groups

As the Senior Board Committee, the Audit and Risk Committee reviewed the annual reports for Board Committees reporting to the public Board and assurance was received that the terms of reference of these Committees had been met.

The Committee reviewed the Code of Governance and noted the Trust was compliant with all provisions of the code.

Terms of reference were approved for the Data Quality Board, Information Governance and Records Strategy Group and the Health and Safety Committee. The Policy on Policies was also approved.

In year reporting to the Committee from the following sub-groups took place with summary highlight reports and minutes shared with the Committee:

- Information Governance and Records Strategy Committee
- Risk Group
- CQC Compliance Group (in relation to compliance)
- Health and Safety Committee
- Data Quality Board

3. Review of Committee Effectiveness

On an annual basis the Committee undertakes a self-assessment exercise to gauge the Committee's effectiveness by taking the views of Committee members and attendees across themes. The outcome of this is then reviewed by the Committee and an action plan developed and monitored by the Committee. The self-assessment exercise took place in Spring 2022 and the outcome of this was shared at the meeting of 26 April 2022 and an action plan agreed for the Committee.

4. Conclusion

As described above, the Audit and Risk Committee has received assurance through the course of 2021/22 from management, other assurance committees, the risk management processes and progress reports from counter fraud, external and internal audit.

The Audit and Risk Committee therefore confirms that it has fulfilled its role of providing assurance to the Board during 1 April 2021 to 31 March 2022 regarding the monitoring and review of financial and other risks and associated controls, corporate governance and the assurance frameworks of the Trust and its subsidiaries.

Audit and Risk Committee Chair

24 June 2022

Andy Nelson Non-Executive Director, Audit and Risk Committee Chair

Andrea McCourt, Company Secretary

ATTENDANCE REGISTER – AUDIT & RISK COMMITTEE

1 APRIL 2021 – 31 MARCH 2022

Attendance	✓	Apologies	x	Not invited /in post	
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Member	12.04.21	10.06.21	21.07.21	12.10.21	25.01.22	TOTAL
Andy Nelson, Non-Executive Director (Chair)	✓	x	✓	✓	✓	4/5
Richard Hopkin Non-Executive Director	✓	✓	✓	✓	x	4/5
Denise Sterling Non-Executive Director	✓	✓	✓	✓	✓	5/5
In Attendance						
Gary Boothby, Director of Finance	✓	✓	✓	x	✓	4/5
Mandy Griffin, Managing Director, Digital Health	✓	x	✓			4/5
Jim Rea, Managing Director, Digital Health				✓	✓	
Kirsty Archer, Deputy Director of Finance	✓	✓	✓	✓	x	4/5
Andrea McCourt, Company Secretary	✓	✓	✓	✓	✓	5/5
Leanne Sobratee, Internal Audit	✓	✓	x	✓	✓	4/5
Helen Kemp-Taylor, Head of Internal Audit	✓	✓	✓	✓		5/5
Helen Higgs, Head of Internal Audit					✓	
Steve Moss, Head of Anti-Crime Services, Audit Yorkshire	x					4/5

Shaun Fleming, Local Counter Fraud Specialist	✓		✓	✓	✓	
Clare Partridge, External Audit Partner, KPMG	✓	✓	x	✓	✓	4/5
Salma Younis, Audit Manager, KPMG		✓	x			1/2
Ric Lee , Director, KPMG					✓	1/1
Philip Lewer – observer	x	✓	✓	x	x	2/5
Governor Observer(s)	✓		✓	✓	✓	4/5
Stephen Baines (Public Governor)	✓					
John Gledhill (Public Governor)	x		✓	✓		
Isaac Dziya (Public Governor)					✓	
Liam Stout (Staff Governor)					✓	

3. Calderdale and Huddersfield Solutions Managing Directors Report – August 2022



Calderdale & Huddersfield Solutions Limited (CHS)

MANAGING DIRECTOR'S SHAREHOLDERS REPORT

August 2022

1.0 Company Update

Verbal Update

2.0 Service updates

2.1. Estates

2.1.1 Capital Development / Backlog

The new Learning Centre on sub-basement corridor at HRI is now complete, a few finishing touches are currently taking place before the grand opening.

The team are currently working with stakeholders and our environment coordinator to design the new Green Space on the site of the former Nurses Residence & Learning Centre.

2.1.2 Community

A new central Halifax office has been sourced for our community division and we are currently awaiting heads of terms from Calderdale Council. We are also supporting a feasibility for properties within the central Huddersfield area for community diagnostics hub.

2.1.3 LED Scheme

The LED scheme continues to progress at HRI albeit with challenges around timescales and delivery. The scheme remains around 95% complete.

2.1.4 Fire Safety

The new fire alarm panels have been installed and commissioned. Fire plans have been approved and the next step is to undertake a compartmentation survey. 10 new fire door sets have been commissioned and due for installation over the next 6-8 weeks.

2.1.5 Portland Stone

The remedial works outlined in the last condition report are booked in to commence in September. The next 6 monthly inspection is to commence 28th August. A new reporting format is currently being reviewed by the head of estates following comments from board. This is addressing issues relating to the categorisation of remediated panels. An independent review has also been undertaken and we are awaiting a copy of the report.

2.1.6 Oxygen

We are now reporting on less than 18% which is near normal levels.

2.1.7 Ventilation

We are awaiting a report on the condition of the ICU air handling unit and developing a plan to clean the ductwork and replace units within the Air Handling Units. Conversations are taking place with colleagues in the Intensive Care Unit regarding a decant.

2.1.8 ED Development

The steel frame is now erected and areas of tarmac complete around the perimeter of site



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. We are working closely with South West Yorkshire Mental Health Trust (SWYMHT) who occupy the Dales which are the mental health villas direct adjacent to site to determine what impact construction will have on their service and to mitigate any potential issues, working alongside IPC.



2.1.10 Child Development Centre CRH (Clock House, Elland)

Works are well underway and due for completion in October. The scheme has challenges regarding budget which the team are currently working through. A significant pressure on the scheme is the discovery of asbestos containing materials within the basement which had a £50k cost pressure.

2.2. Medical Engineering & Decontamination Service

2.2.1 Decontamination Contract Manager Position

Interviews are booked in for the 19th August at Bradford Teaching Hospital Foundation Trust (BTHFT) I will be one of the interviewers, as an interim measure Paul Newman Leeds Teaching Hospital NHS Trust (LTHT) has agreed to stand in as contract manager given the imminent departure of the current incumbent Ian Marr BTHFT before the end of the month given the notice period & recruitment process whomever we recruit will not be able to start for between 2 – 3 months.

2.2.2 Decontamination Manager

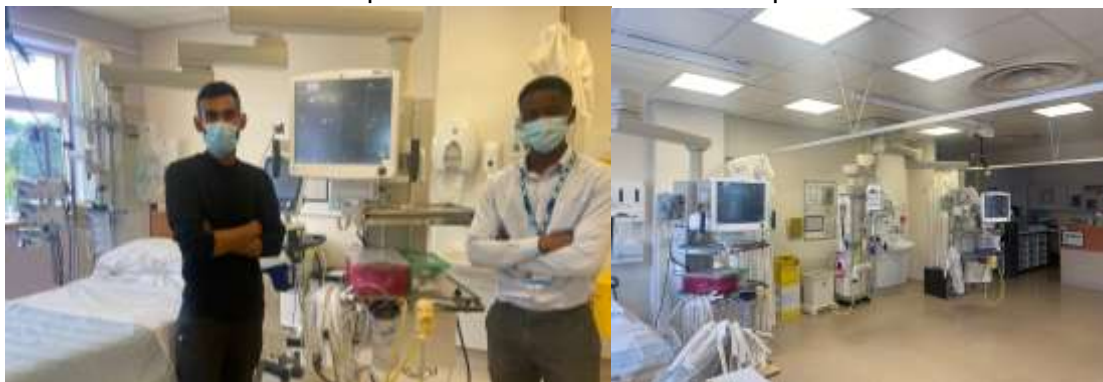
The post of Decontamination Manager CHS will be going to advert this month with a view to recruit for beginning of December this will enable a short handover period with current incumbent on service level agreement (SLA) from Airedale, the SLA will then be terminated from January 2023. With the planned retirement of the Decontamination support in July 2023, this will enable a more thorough handover as the post will not be replaced and the duties will pass to the Decontamination Manager, with myself also a Decontamination Manager and soon to attend the Authorised Person Decontamination AP(D) course to support Estates and my Deputy at HRI planning to attend the Decontamination Manager course within the next year this will provide adequate redundancy within the Team for any foreseeable eventualities.

2.2.3 Patient Monitor replacement program

ICU/HDU CRH Central station installation completed and networked, with one of our apprentices on the left due to complete the NVQ L3 within the month and CRH Deputy on the right.



ICU/HDU CRH GE Carescape and monitor installation completed.



Planned areas include:

- ICU HRI installation is being planned with ICU team/GE, will be engaging with Estates to coordinate any work as decant will be required and it may be an opportunity to complete other outstanding works in the area.
- Endoscopy CRH due to be complete before 5th August.
- A&E Resus HRI
- A&E Resus CRH
- A&E Resus Amber CRH

Other completed areas include:

- Endoscopy HRI
- A&E Majors HRI
- A&E Majors CRH
- A&E Resus Amber HRI
- Theatres HRI
- Theatres CRH
- Recovery HRI
- Recovery CRH

2.2.4 Replacement of the BD Syringe Pump CC.

Following the notification by National Equipment & Oxygen Program via the Northeast and Yorkshire Procurement Advisory Cell, that we could obtain FOC replacement device in the

form of the 50 x BD Nexus CC Syringe Pump, which will give a revenue saving of circa £125k as each device would have cost about £2.5k each, this has essentially given the Divisions replacement plan another 7 – 10 years on these assets. We have since had a further request from Paediatrics, NICU & for the new Paediatric A&E pathway for a further 30 x BD Nexus CC Syringe Pump for which I have submitted a bid and if available from the National Equipment & Oxygen Program will give a further £75k saving. We are due to complete the configuration & Clinical sign off within this month. This will also save Clinical time and not impact the Divisions training position as it is a direct replacement and same user interface therefore existing training will remain valid.

2.2.5 New Training Database replacement

The replacement for the existing training database has now been developed and is in Beta test phase within Ophthalmology, who plan to have all staff live by end of August. The system is entirely digital database with digital signature on Teams via Trust Login for trainers and trainees, with electronic push notification, this could transform the way we record and manage Medical Device Training, this could then be shared with other Trust's and set the standard for others to follow. So far, the only costs have been the time to develop for Microsoft, THIS & Medical Device Training Team.

2.2.6 Training Compliance

CHS training compliance for Medical Devices remains at 98%, this is still demonstrating the ability to maintain high level compliance.

Trust compliance has fluctuated across almost all areas but remains at 79%.

All areas below 50% compliance areas are to present their action plans to the CHFT Health & Safety Committee.

Division	June	July
Surgical	73%	73%
Medicine	61%	75%
FSS	82%	81%
Community	80%	78%
Corporate	79%	71%
CHS	98%	98%
Trust	79%	79%

2.2.7 Recruitment/Vacancies

Recruitment

- Medical Engineer Grade E start date delayed as unconditional offer has yet to be sent DBS check level has also been changed by recruitment to Standard from Enhanced.
- Medical Engineer Grade D S21 – start date delayed as unconditional offer has yet to be sent DBS check level has also been changed by recruitment to Standard from Enhanced.
- Equipment pool operator Grade C – we have appointed to the position applicant is now in recruitment process.

Vacancies

- Decontamination Manager due to go to advert this month now that revised person specification has been job matched, start date planned for December.
- Medical Engineer Grade E Gapped – mitigated with Bank staff.
- Medical Engineer Apprentice Grade D schedule 21 Gapped – mitigated with bank staff.
- Equipment pool operator Grade C Gapped – mitigated with existing staff & Bank staff.

2.2.8 Medical Device Reallocation

With the removal of the existing patient monitoring systems from ICU, we are now exploring opportunities with Divisions to redeploy some of the systems and replace older obsolescent systems within the Trust, which are earmarked for imminent replacement, offering a cost saving/avoidance for Divisions/Trust, or create extra monitoring capacity which will benefit Clinical staff by releasing time to care.

2.2.9 Patient Observations into EPR

The last of the S4S projects to be completed, a scaled back version of the project is due to be delivered in year, as a proof-of-concept Clinical areas will be selected, that use the Nerve Centre system as the information flow will use the middleware to feed into EPR therefore avoiding the delays and cost that would be incurred if they were to go direct to Cerner EPR.

2.2.10 Temperature Monitoring

The benefits of the remote temperature monitoring were evident in avoiding and advising of areas where medicines fridges were starting to fail during the recent heatwave, enabling the early escalation and remedial actions to be taken to maintain the cold chain of the medicines. As an added benefit the Pharmacy Manufacturing Unit (PMU) are now exploring the use of the system as they had been quoted £30k for a solution, which can be done for by Mobileview for around £3k, this will provide monitoring for trials and studies that have been ongoing for circa 3 years and if they were to have a fridge failure would need to be restarted.

2.3. Facilities

2.3.1 Enhanced shuttle service

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

2.3.2 Staffing

Staffing remains challenging because of long-term sickness and inability to recruit. The Domestic Services manager is working with the job centres and communications team to get adverts out onto social media.

We are also currently part of a work group with SWAP which stands for sector-based work academy recruitment programme in both Calderdale and Kirklees job centres. Our recruitment team and service managers are spending a day every 2 months in both job centres to talk about what we can offer and divert people our way.

We are also signing up for a taster placement scheme which means that we will take 10 x people into each of our services for a 2hr taster in each of the services, then when a role becomes available, we guarantee the person an interview.

Head of Facilities met with Recruitment Manager to look at ways of speeding up recruitment process

The Portering Manager has been successful in securing a role in Estates and as such left the service at the end of July. The Assistant Manager is acting up in the interim.

2.3.3 National Cleaning Standards

New cleaning standards went live in May. However, we are experiencing issues with the Mic4c system and our audit team are working through those to correct rooms on floor plans and correct FR categories that have been input incorrectly. We are still awaiting some areas to be put onto the system such as Ward 18 and Acre Mills Outpatients.

2.3.4 BICS (British Institute of Cleaning Science)

Training has improved whilst still slow, due to staffing difficulties. 100 staff now have their BICS Licence to practice and training will continue each week until all domestics have been captured.

2.3.5 Duty Manager

We intend to introduce an out of hours duty manager role at HRI, as from September and as such are currently going through a consultation period with our janitors who will no longer be required to cover nights, given that the Duty Manager will be fully trained and operational in all Facilities services. The consultation process is going better than expected and all preferences have now been received, with various position moves to take place, given that one janitor has requested to move to a portering role, one to a waste role and one to an Estates role. There will still be a requirement for 3 or 4 domestics overnight, to support the Duty Manager and one janitor has requested to return to daytime shifts. **UPDATE – all janitors have been interviewed where necessary, whilst others have chosen to move to different services or roles. Interviews have also taken place and positions filled for the 3 x duty managers**

2.3.6 Transport External Audit

The Road Haulage Association undertook an audit of Transport Services, on 14 June to ensure that CHS have all the relevant processes / protocols are in place and whether we were legal in all our operations. The Audit was a good one with only a couple of minor recommendations and the outcome has been forwarded to the Traffic Commissioner.

2.3.7 Scanquo

HRI agreed to be part of a trial at the end of 2021 to allow a company called Scanquo onto site and scan 2 x wards (21/22)

The concept of Scanquo is to:

- Allow us to Benchmark so we are utilising staff in correct areas using correct hours
- Scoping new areas of work – allows us to give accurate timings from the offset that is evidence based
- Allows us to save time and money and these savings in business cases
- More accuracy due to 3d technology i.e., showing dead floor space
- Ability to capture work carried out that we don't get revenue for

It accurately reflects activity –

- Option to change discharge frequency ie if acute floor/ED is busier than normal
- Option to add in touch point cleaning/outbreak clean/deep clean
- Option to change function of areas ie if discharge lounge becomes a ward
- It can work out costs for CHS and AFC staff so we can cost effectively dependent on which staff are used

We have been given the go ahead to progress with the work and a meeting took place on 9 June to discuss next steps. Since then, we have been working on the floor plans of HRI to highlight areas cleaned, before sending to the company. **UPDATE – Schedule of works has been provided and meeting arranged to discuss a start date**

2.3.8 Retail

CHS are introducing a mobile Stop and Shop trolley on all wards for patients and staff to purchase newspapers, sweets, toiletries etc. The service will go live on 22 August.

2.4. Procurement

2.4.1 Materials Management

During June the team were challenged again due to Covid amongst the Matman and R&D team. A member of the CRH Matman team resigned leaving the team short. One member of the CRH team had their sick note extended a further month until the end of July whilst two further members of the Matman team are on waiting lists for planned surgery within the next month. As usual, every single member of all teams pulled together to back fill as normal to maintain our business-as-usual service.

One member of the team moved over from CRH to HRI following the appointments at the start of the month and he has learnt HRI quickly including areas that he did not cover at CRH especially Endoscopy.

All personal development reviews (PDRs) have taken place now. The feedback has been positive from each member of the team with comments and suggestions for improvements to enhance our service delivery.

In light of the impending CQC visit, all Matman staff took part in our own internal audit spot checking areas w/c 13th & 20th June. The team were asked to check a pre-determined list of the fastest moving consumables in clinical areas that they did not top up. Results were encouraging as nobody found any out of date stock in any area that we have access to.

Lateral flow test stock consumption has been consistent during June with no spikes. CHFT now has a designated 'Unique Organisation Number' from Gov.Uk which means we can officially place orders for stock.

The teams completed an exercise in June to bring back from every clinical area the expiring Yadu surgical gowns that had an expiry of 6th July. These are the last gowns that Leeds have been providing as mutual aid but we cannot use. We returned and replaced over 10,000 gowns.

Finally the Supply Chain Manager attended an event at the House of Lords on behalf of the trust and the West Yorkshire & Humber region in recognition of the work by NHS procurement professionals since the start of the Covid pandemic.

NHSSC (NHS Supply Chain) / WYICS (West Yorkshire & Harrogate Integrated Care System):

- June saw an increase in items being demand managed jumping up from 68 items in May to 80 of which we are still affected by 75 – 80% of those items. The Portex supply disruption of epidural and spinal packs is challenging due to the necessity to change system & BBraun have now reported significant supply disruptions which impact LDRP. The Supply Chain Manager has been working with the trust anaesthetic lead on finding a suitable alternative for all theatres and LDRP. This piece of urgent work has not concluded yet.
- WYAAT agreed to commit to Applied Medical for a further 12 months to avoid a price increase.
- Slings with Tower 5 are being reviewed with a potential standardisation across WYAAT to Lisclaire. A new National Pricing Matrix is available in August from them.
- The ICS evaluation of Trulife walking frames took place on the 21st June but no consensus was agreed due to differing infection control requirements from some

organisations. CHFT will review the product again with the IC considerations that were raised.

- Multiple Value Based Propositions were presented to the WYAAT Clinical Sub-Group, however the group need to understand the resource requirements and ease of delivering projects in the current supply issue climate.

Scan4Safety:

- A third set of Standard Operating Procedures (SOPS) are due to be submitted to theatres for review with clinical suggestions. The lead for Cardiology/Coronary Angio will be invited to future meetings to input into the SOP processes.
- The VPN tunnel for secure data transfer is now up and running, testing is due to take place soon.
- The WYAAT Admin Team meetings are continuing on a fortnightly basis. These help to focus the ongoing issues through one point of contact onto Omnicell. This is producing far better results than previous as all WYAAT trusts were contacting Omnicell individually.
- The site visit to Chapel Allerton in Leeds was very productive, despite Supply-X not being fully operational in their orthopaedic theatres. Relevant information was shared that will assist us with our own roll out.

2.4.2 Category Management

The team have been making great progress with the implementation of the next stages of the Atamis modules and functionality. From the input of data we are now starting to build up a quantifiable picture of the requirements of the Trust and CHS.

Atamis Contracts and Procurements	July	August
Live Contracts	675	753
Live Active Projects	36	37
Projects Completed / Contracts Awarded	51	69
Contracts Ending 22/23FY	433	300
Future Workplan	563	651

Estates

Cheryl, Dan, Richard and Hazel are leading the Estates strategy. This project has already started, Cheryl and Richard will work from the Estates office a couple days a week to build up the relationships and understand what can be done to ensure continuity of operational contracts but also compliance. The strategy is to:

- Review 4 year PO data
 - Aggregated Supplier Spend
 - Aggregated Products/Services Spend
- Assess what is on-contract and off-contract spend
- Review expiring contracts to understand what services can be delivered in-house
- Drive CIP savings by
 - Ensuring SFI's and Procurement Regs are followed encouraging competition
 - putting contracts in place where aggregated spend is ad-hoc
- Explore the use of setting up a Minor Works DPS to encourage competition to achieve savings
- Engage local suppliers to look at supporting them bidding for quotes/tenders.
-
- **Theatre Spend**

Sally is leading this with Jo Hardcastle and Amanda Norcliffe. Discussions have been to reduce the cost pressures:

- Annual spend is £2.45m per annum
 - Review the NHS SC contracts for increasing costs
 - Review 4 year PO data
 - Aggregated Supplier Spend
 - Aggregated Products/Services Spend
 - Prioritise top 10 high risk high value spend contracts/area
 - Review and re-procure the contracts to ensure we have fit for purpose contracts in place to encourage competition and obtain the best discounts.
-
- **Mobile Phones**

Tom W is leading the reduction of the estate piece of work. Cheryl leading the new contract negotiation for 3 years with Vodafone. This allows us to engage with the business, reduce the estate where possible and run a compliant tender. We have been with Vodafone since 2004 with no competition audited.

 - 600 numbers disconnected – approx. £36k worth of savings so far, there may be more to come
 - Potential contract savings – re-negotiated reduced unit price on reduced estate - £250k over 3 years
 - Re-deployment of approx. 400 phones – Cost avoidance £120,000
 - Re-deploy connection rather than ordering new ones – Cost avoidance TBC (£6 per month x 300 = £21,600 per annum)
 - Re-negotiate the Tech fund – Cost avoidance £90k over 3 years.
 - Richard will contact the stakeholders and retrieve all unused devices
 - We will look to put an amnesty on ordering new phones until we have re-deployed the ones we have in stock. This can only be put in place when we know what and how many devices we have in stock.
-
- **Catering Strategy**

Lynsey is leading the catering project with catering stakeholders to make CIP savings but also increase the supply chain to reduce the cost pressures. It has been agreed to:

 - Review the existing contracts and re-procure for longer term
 - Expand the supply chain to allow stakeholders to benefit from local competition and offers to help reduce the increasing cost pressures
 - Social Value impact – local providers, reduce delivery miles etc
 - 50% minimum of public sector food contracts to be delivered by local providers
-
- **Laundry Solution**

The Laundry tender is at contract award stage.
-
- **Other Projects**
 - **CRH Multistorey Car Park** – At contract award stage
 - **CHR Clinical Build** – Tender documentation in development stage
 - **CDC** – Aborted initial procurement. Cheryl to give a presentation to the internal clinical stakeholders on the scope of the framework agreement for delivery of services to understand what they can include in the next tender. The aim is to encourage better discounts on the framework and ensure the

contract is future proofed to enable additional services where the opportunity arises without having to re-procure.

- **Backlog Delivery Plans -**
 - Develop and implement the procurement process between CHS and Integrated Care Systems
 - Early procurement engagement is required to be able to support the delivery of the backlog
 - Mitigate risk of direct award challenges
 - Mini-comps to obtain better discounts on the frameworks and national tariff and ensure due diligence is carried out
 - Reduce the number of non-compliant direct awards driven by ICS
- **HPS Courier Tender – Out to market**
- **Hybrid Mail - Tender will be issued to market August/September**
- **Telephony Review – Richard will lead the Telephony review project with IT colleagues to support The Lets Connect Programme. A review of all contracts and services will be carried out to understand what the telephony estate looks like and what the business needs for the future.**

2.4.3 Operational Procurement

During the last month the team have dealt with various single source requests:

- £11k PO for a values based screening tool in addition to the Trac system that is used for recruitment from A Kind Life for HR/Workforce
- £13,5k PO for National Joint Registry Subscription
- £10k PO for 2022-23 Subscription Funding NCAPOP
- £50k NHS-NHS 12 month secondment, October '21-October '22

The following single source requests are ongoing:

- Est £16k PO for Rotapro Console Kit 230v
- Est £28k Po for Replacement X-ray tubes

The team have also placed a number of orders via frameworks:

- £97k standing order for Omnipaque contrast from GE Healthcare for Radiology dept – raised against NOECPC Contrast Media framework
- £10k PO for new Libre 3 glucose monitoring system from Abbott for Paeds Diabetes team for June 2022-May 2023 – raised against NHSSC framework (NHS Supply Chain Insulin Pumps, Continuous Glucose Monitoring, Closed Loop Insulin Delivery Systems and Associated Products)
- £50k PO to cover outstanding invoice for external paralegal services from Weightmans. Raised against NOECPC Legal Services framework
- £178k PO for internal audit charges – York & Scarborough NHS Teaching Hospitals NHS Trust. NHS to NHS no single source/framework

Dump the junk – £3,084 total cost avoidance saving achieved by reusing patient tables, lockers, chairs and a couch via the dump the junk initiative.

After ongoing issues with Alcon these products are being moved over to NHS Supply Chain. This will reduce issues for both the operational team and accounts payable moving forward.

We are working to set up a single supplier for office furniture. The team are currently comparing specifications/quotes from framework suppliers. This is in the early stages of engagement.

The team have found an approximate £3.8k saving on hand towels moving to Rocialle from NHS Supply Chain.

The team are in the process of signing up to the office and supplies solution framework to make out ordering more complaint.

The team have processed 52 catalogue updates (deletions, price changes, full catalogue updates) in the last month. This helps us ensure our POs contain the correct product data and pricing to try and limit invoice queries. We ran 1 I-Proc training session in June via MS Teams with 25 attendees.

Scan4Safety – The issue with the interface between the catalogue solution GHX Nexus and the IMS Omnicell has had a fix implemented. Files are being re-loaded by LTH for us to validate that they are reaching the Omnicell IMS system. Once this is confirmed we can restart sending catalogue data through to LTH for cleansing and loading.

We currently have 1 member of staff on long term sick within the systems team. This lack of resource is causing pressure within the team however we are working together to try reduce some of the impact of this.

3.0 CHS

3.1 Spotlight Awards

June/July 2022



Simone Trumblak is in the Procurement and Materials Management Team and was awarded the Gold Spotlight Award for June/July 2022 for putting the patient first. Simone received a call from an elderly confused lady who was trying to rearrange her appointment. Rather than telling her that she had the wrong number, Simone reassured the lady who was clearly upset and distressed that it was Okay and that she would sort it out. She took the ladies name, post code and contact number, along with the number she needed to get through to and where the appointment was taking place and reassured her again not to worry. She then spoke to the secretaries in the office to see if it was anything to do with them. It wasn't but they said that early dementia/memory problems are seen there. She then contacted the number the lady had given her and explained exactly what had happened and they said they would contact her. A perfect case of using the pillars and definitely 'putting the patient first'.

3.2. Finance

3.2.1 In Month Period 4

The in-month position shows a £0.09m deficit against a surplus plan of £0.02m with a £0.10m adverse variance. This position results from the over recovery of income (£7.40m) (favourable to plan) due to an increase in the goods and services being transacted through the company offset by an overspend on non-pay (£7.49m) (adverse to plan). Pay is overspent by £0.02m due to vacancies in Senior and middle grade positions. It should be noted that pass through costs for utilities are included in the position of approximately £74k which is resulting in an adverse position for CHFT.

3.2.2 Year To Date 4

The month 4 YTD position reports a £0.02m surplus against a plan of £0.15m with a £0.13m adverse variance. This position results from the over recovery of income £8.94m (favourable to plan) due to an increase in the goods and services being transacted through the company offset by an overspend on pay of £0.07m (adverse to plan) and non-pay £9.03m (adverse to plan). Pay shows a variance of £0.07m (adverse to plan) due to additional payments made to staff through the change in term and conditions relating to weekend and unsocial hours. This is offset by vacancies in Senior Positions and middle management positions. Non pay is overspent by £9.03m due to an increase in goods and services being transacted through the company. Total income is above plan by £8.94m (favourable to plan) which reflects the increase in income invoiced for goods and services requested by CHFT. It should be noted that pass through costs for utilities are included in the year-to-date position of approximately £186k which is resulting in an adverse position for CHFT.

3.2.3 Forecast 2022/23

As at month 4 the forecast position for 2022/23 is expected to deliver £0.29m surplus against a plan of £0.54m resulting in a £0.25m adverse variance to plan.

3.2.4 Capital Plan - Month 4

CHS have set out capital plans totalling £1.487m. Current forecast for the year end is in line with plan.

3.2.5 CIP 2022/23 Estates and Facilities

The target for CHS Estates and Facilities is £1,019m, £711k estates portfolio and £308k commercial portfolio. At this stage schemes of £871k have been identified as recurrent relating to energy, waste, and staff efficiencies in cleaning and portering. Managers and Heads of Service are currently working on CIP plans to deliver the target in conjunction with CHFT to identify the gap of £148k.

3.2.6 CIP 2022/23 Procurement

The target for CHS Procurement is £750k. As at month 4, £119k have been identified against a plan of £249k with a £129k adverse to plan. A plan has now been worked up with forecast savings of £750k for the end of the year ensuring that the target is met.

Procurement have a further £100k CIP challenge to deliver savings on a invest to save option which will deliver in the next financial year.

3.3 Workforce

3.3.1 ATTENDANCE

CHS sickness rate for July is 6.04% comprising LTS 3.20% and STS 2.84%. This a significant rise on June's figures with chest and respiratory illness accounting for just over a third of all absence.

'Stress and anxiety' has sat outside the top 5 reasons for absence for a number of months but has risen to 9.58% in July. There are no known cases of work-related stress resulting in absence at the present time.

Current environmental factors are the likely cause and reminder communications are being issued regarding 'Care First' our employee assistance programme that offers a range a support and advice including psychological, mental health (where colleagues don't wish to take advantage of our in-house offer), physical, financial and legal advice. There is a helpful finance section with budgeting plans, credit/debit card support, financial health check, budgeting calculator, household and money saving tips, and the site can be accessed via mobile devices.

We are also linking with the Trust's wellbeing team to access other financial support for colleagues facing hardship. This will be via the intranet. However, we are developing some posters in addition to this, to signpost staff without routine IT access.

3.3.2 APPRAISAL AND ESSENTIAL SKILLS TRAINING (EST)

Mandatory training (EST) KPIs are green at 95% + in all areas.

Appraisal season is May to the end September and current compliance is at 54%

3.3.3 LEAVERS

10 colleagues left CHS during July as follows:-

- 3 age retirements (1 had already retired and returned)
- 3 left to work for private companies - better pay
- 1 weekend colleague resigned – Work life balance
- 1 worked one week only and didn't enjoy the role. Too physical
- 1 worked for 3 hours of full shift. Didn't like ward environment
- 1 absence dismissal.

3.3.4 2022/2023 PAY AWARD

A paper requesting that CHS mirror the national NHS pay award will be presented to August Board of Directors.

3.3.5 EMPLOYEE RELATIONS

Organisational change – Facilities

Consultation has concluded relation to the disestablishment of the Janitor role and the introduction of 3 Duty Manager posts who will work overnight (including operationally across all services) on a rota basis. All colleagues have suitable alternative employment with short term pay protection in place where applicable.

Union Recognition and Facilities for time off Agreement

A CHS Recognition Agreement has been shared with union colleagues and agreed in principle following the JCC on 29 June. The paper was shared widely prior to the meeting however attendance has remained low from a union perspective at subsequent Joint Consultation Committees.

It has however been clarified that the revised agreement replaces the existing agreement in place and covers all CHS staff, including those on AfC terms and conditions of service.

4.0 KPIs

CHS provide 66 KPIs to CHFT (HRI site) of which just **3 did not** achieve Green Target.

- **Medical Engineering** - High Risk PPMS – **AMBER – 78.64%** against a target of >80%.
- **Medical Engineering** - Low Risk PPMS – **AMBER – 53.98%** against a target of >60%
- **Estates** – Statutory PPMs – **AMBER – 96.88%** against target of 100%

CHS also provide 12 KPIs to CHFT Acre Mill site of which **ALL but one achieved Green Target**

- **Cleaning** – Functional Risk 2 – **LIGHT GREEN – 92.42%** against target of >95%.

5.0 Risks

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

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

- HRI Estates failing to meet minimum condition due to age and condition of the building (20)
- Resus – Collective risk to maintain compliance / upgrade (20)
- ICU – Collective risk to maintain compliance / upgrade (20)
- Medical Engineering - There is a risk of equipment failure from Medical Devices on the current trust asset list (20)
- Fire safety due to breaches in compartmentation, and a lack of compartmentation in some areas, and enough staff trained in fire safety awareness and as fire wardens (in CHFT) (15)
- Reduced oxygen flow rate & pressure drop Ward 11, HRI (16).

6.0 Recommendation

Shareholders are asked to note the contents of the report.

APPENDIX 1

Risk Register C H Solutions – August 2022

C H Solutions	Number of Risks	Change in Month
Burgundy Very HI Risks	4	0
Red Risks High	7	0
Amber Risks Moderate	27	0
Green Risks Low	6	0
Total	39	0

Risk ref # score	Strategic Objective	Risk	Executive Lead	Risk Register					
				Aug 2022	Jul 2022	Jun 2022	May 2022	Apr 2022	Mar 2022
CHS Risk 6903 (CHFT 7444 (12))	Keeping the base safe	Renus – Collective risk to maintain compliance / upgrade There is a collective risk in regard to Renus from individual (12) risks due to insufficient capital funding and operational plans to allow estates maintenance staff and contractors to carry out refurbishment upgrades / life cycling resulting in unplanned failure/ injuries to patients & staff	Managing Director (SS) Head of Estates (TD)	+20	+20	+20	+20	+20	+20
CHS Risk 7271 (CHFT 7442 (12))	Keeping the base safe	ICU – Collective risk to maintain compliance / upgrade There is a collective risk in regard to the ICU from individual (12) risks due to insufficient capital funding and operational plans to allow estates maintenance staff and contractors to carry out refurbishment upgrades / life cycling resulting in unplanned failure/ injuries to patients & staff	Managing Director (SS) Head of Estates (TD)	+20	+20	+20	+20	+20	+20
CHS Risk 5806	Keeping the base safe	Overall condition of the building – There is a risk to areas due to the age, environment, and condition of the HRI building	Managing Director (SS) Head of Estates (TD)	+20	+20	+20	+20	+20	+20
CHS Risk 7438 (CHFT 7474 (15))	Keeping the base safe	There is a risk of equipment failure from Medical Devices on the current asset list of 19 456 Medical Devices due to a very large number (n=5359) of High-Risk devices (n=837), Medium and Low Risk devices which are out of service date and have not been seen for extended periods of time	Manager Director (SS) Head of Medical Engineering (RR)	+20	+20	+20	+20	+20	+20
CHS Risk 8133	Keeping the base safe	There is a risk of: A reduced oxygen flow rate and pressure drop due to the oxygen infrastructure to ward 11. Caused by: Ward 11 only has one oxygen outlet per 2 beds, meaning a decision must be made on which bed can receive high flow oxygen. Resulting in: One bed or several beds being off oxygen supply	Managing Director (SS) Senior Estates Officer (OS)	+15	+15	+15	+15	+15	+15
CHS Risk 5511 (CHFT 7413 (13))	Keeping the base safe	Collective Fire Risk – There is a risk of increased fire spread and delayed evacuation at HRI due to inadequate fire compartmentation and the increasing number of electrical equipment stored on corridors, evacuation routes and around fire exits resulting in potential fire spread and subsequent harm during evacuation leading to damage to buildings, staff, patients, visitors and contractors and a failure to deliver clinical services	Managing Director (SS) Head of Estates (TD)	+15	+15	+15	+15	+15	+15

The Risk Register has been noted by CHS Board

4. Partnership papers: Kirklees and Calderdale Cares Partnership -

<https://www.calderdalecares.co.uk/about-us/meeting-dates/>