Public Board of Directors

Schedule	Thursday 12 January 2023, 10:00 — 13:00 GMT
Venue	Forum Room 1A & 1B, Learning Centre, Sub-Basement, Huddersfield Royal Infirmary
Description	This meeting will take place in Forum Room 1A & 1B, Learning Centre, Sub-Basement, Huddersfield Royal Infirmary. The agenda and papers are made available on our website and in due course the minutes of this meeting will also be published.
Organiser	Deborah Melia

Agenda

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Response Team
Presented by Rob Aitchison

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12:02 19. Governance Report 146
a) Extension to Policies and Governance Documentation
b) Governance Structure
c) Board of Directors Workplan for 2022 – 2023 and 2023-2024
d) Board Committee Meeting Schedule 2023-2024
Presented by Andrea McCourt

APP N1 - Governance Report - 12 January 2023..docx

APP N2 - Governance Structure V33 January 2023 for Board approval.docx

APP N3 - Draft Public BOD Annual Workplan 2022-2023 version 9.docx

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APP N5 - Board Committee Meeting Dates 2023-2024 public Board papers - Copy.docx

20. Items for Review Room 161
1. Minutes of Board Committees
- Finance and Performance Committee 1 November 2022
- Quality Committee 12 September 2022 and 24 October 2022
- Workforce Committee 11 October 2022
- Charitable Funds Committee
2. Health and Safety Annual Report 2021-2022
3. Partnership papers: Kirklees Health and Care Partnership
Kirklees ICB Committee papers - NHS Kirklees Clinical Commissioning Group (kirkleeshcp.co.uk)
and Calderdale Cares Partnership Meeting papers - Calderdale Cares Partnership
4. WYAAT Annual Report - WYAAT_Annual_Report_21-22.pdf (wyhpartnership.co.uk)
For Information

21. Date and time of next meeting 162
Date: Thursday 2 March 2023
Time: 10 am
Venue: Forum Room 1A & 1B, Learning Centre, Sub-Basement, Huddersfield Royal Infirmary

1. Welcome and Introductions:

Invited Public Governors:

Stephen Baines

Christine Mills

Gina Choy

To Note

Presented by Helen Hirst

2. Apologies for absence: Victoria Pickles, Peter Bell

To Note

Presented by Helen Hirst

3. Declarations of Interest

To Note

4. Minutes from the previous meeting held on 10 November 2022

To Approve

Presented by Helen Hirst

Draft Minutes of the Public Board Meeting held on Thursday 10 November 2022 at 10:15 am, Forum Room 1A / 1B, Sub-Basement, Huddersfield Royal Infirmary

PRESENT

Helen Hirst	Chair
Brendan Brown	Chief Executive
David Birkenhead	Medical Director
Lindsay Rudge	Chief Nurse
Suzanne Dunkley	Director of Workforce and Organisational Development (OD)
Kirsty Archer	Acting Director of Finance
Tim Busby **(TB)**	Non-Executive Director
Nigel Broadbent **(NB)**	Non-Executive Director
Peter Wilkinson **(PW)**	Non-Executive Director
Denise Sterling **(DS)**	Non-Executive Director
Andy Nelson **(AN)**	Non-Executive Director

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Robert Birkett	Managing Director, Digital Health
Victoria Pickles	Director of Corporate Affairs
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd (CHS)
Andrea McCourt	Company Secretary
Jonathan Hammond	Interim Chief Operating Officer
Rachel Crossley	Public Health Registrar
Amanda McKie	Matron Lead for Learning Disabilities
Ian Noonan	Nurse Consultant, Mental Health
Dr Shiva Deep Sukumar	Guardian of Safe Working Hours
Dr Neeraj Bhasin	Deputy Medical Director
Andrea Gillespie	Freedom to Speak Up Guardian
Deborah Melia	Corporate Governance Manager *(minutes)*

OBSERVERS

Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
John Gledhill	Public Elected Governor (until item 163/22)
Stephen Baines	Public Elected Governor
Gina Choy	Public Elected Governor
Gerry McSorley	Observer

143/22 Welcome and Introductions

The Chair welcomed everyone to the Board of Directors meeting held in public, in particular Gerry McSorley supporting the Trust with a well-led review, Amanda McKie, Ian Noonan and Rachel Crossley.

The Chair also welcomed invited governors, Robert Markless, John Gledhill, Stephen Baines, Brian Moore, and Gina Choy as observers to the meeting.

The Board meeting took place face to face. The agenda and papers were made available on the Trust website.

144/22 Apologies for absence

Apologies for absence were received from Karen Heaton.

145/22 Declaration of Interests

The Board were reminded to declare any interests at any point in the agenda.

146/22 Minutes of the previous meeting held on 1 September 2022

The minutes of the previous meeting held on 1 September 2022 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 1 September 2022.

147/22 Action log and matters arising

The Chair updated the Board on progress of the actions. The log has been updated and some actions will be covered within the meeting.

No further actions or matters arising to note.

OUTCOME: The Board **NOTED** progress on the action log.

148/22 Chair's Report

The Chair updated the Board on her activity since the last meeting.
Focus internally has been on the Chair's induction and meeting with staff within the Divisions and externally the Chair has attended the Calderdale Cares Partnership Board and met with the Chair of Kirklees Health and Wellbeing Board, the Portfolio holder for health and care and the Director for Adult Services.

The Chair noted the Board held a full day development session which focused on strategy refresh, governance arrangements and performance data.

The Chair informed the Board that the patient focus for this Board meeting was two items with national significance for patient care which have been included within the Chief Executive's Report. A Trust patient story will be an integral part of the agenda moving forward.

OUTCOME: The Board **NOTED** the update from the Chair.

149/22 Chief Executive's Report

The Chief Executive commented on the challenging operational context, both externally and internally within the Trust. The key points highlighted were:

- Cost of living crisis, political changes, global uncertainty all having an impact on colleagues and the trust
- Awaiting the autumn budget statement on 17 November 2022 which has potential to impact on our capital position and financial planning for 2023/24
- Industrial action – recent announcements by the Royal College of Nursing (RCN) suggests no industrial action will be taken by colleagues in the Trust. We are awaiting the detail of the impact for our Trust and the outcome of other union ballots. Our Trust will take part in Arctic Willow which provides national NHS planning for the impact of strike action.

- Our people are important - next week is our CHuFT awards for colleagues
- Regulators at national and regional level are paying close attention to performance; in particular elective recovery, A&E wait times and the impact on ambulances and cancer targets – we continue to perform well when compared nationally. We need to continue to monitor this as we progress through the winter and the consequences of industrial action
- Refreshed 5 year strategy discussed by the Board at a development session will be shared with stakeholders over the next couple of months in readiness for the new financial year
- One of the underpinning strategies is our digital one – we are a digitally advanced Trust and we need to continue embedding and innovating technology
- We continue to influence and respond to the changes in the system around us. Next week we will welcome colleagues from the West Yorkshire Integrated Care Board (ICB) to hear about our successes and challenges.

The Chief Executive drew attention to the East Kent Maternity Report and the Panorama programme: Mental Health and Learning Disabilities and related papers and discussion took place on both items.

a) **Panorama Programme: Mental Health / Learning Disabilities Trust Response**

The Matron Lead for Learning Disabilities and the Nurse Consultant for Mental Health together presented the Trust's review and response to two programmes which were televised recently: Undercover Hospital: Patients at Risk (mental health) and Will the NHS care for me (learning disabilities). The themes highlighted by both programmes were:

- Serious concerns over the use of restraint and seclusion
- Abusive practice and a closed culture
- Repeated failures of NHS Trust to meet legal duties under Mental Capacity Act and Equality Act
- Failing to meet the Legal framework of the Mental Health Act
- Lack of awareness of the needs of people with a learning disability
- Lack of awareness on how to care for people with complex mental health needs and Autism
- Not following policy and procedures or escalating via Safeguarding or Freedom to Speak up process.

The Matron Lead for Learning Disabilities provided the Board with examples of current provision and good practice that are already in place at CHFT which are detailed in the report. The Board of Directors were asked to consider the following questions:

- could this happen here?
- how would we know?
- how robust is the assessment of services and the culture of services?
- are we visible enough and do we hear enough from patients, their families, and all staff on a ward e.g., the porter, cleaner, healthcare assistants?

The Matron Lead for Learning Disabilities and the Nurse Consultant for Mental Health put forward the following areas for discussion and development:

- Leadership visibility

- Quality monitoring visits
- Leadership training
- Role modelling Ward to Board
- Partnership working sharing causes for concern
- Partnership working developing and improving practice
- Exception reporting
- Professional curiosity and follow up of cues of concern in people with LD or experiencing mental illness
- Training needs and focus

The Chair thanked the Matron Lead for Learning Disabilities and the Nurse Consultant for Mental Health for the detailed paper and asked how we can be assured that our processes at CHFT are good enough. The Board discussed approaches to being more visible and provided views on prioritisation. The Director of Workforce and OD agreed that visibility is a common theme and is supportive in assisting with staff engagement. She suggested how the leadership training and leadership framework could be reviewed through this lens.

DS asked whether we could expand quality monitoring visits for specific themes, such as the Observe and Act patient experience visits or Journey to Outstanding (J20) assurance process which governors and Non-Executive Directors are involved in. The Matron Lead for Learning Disabilities responded that we need to ensure our patients have a stronger voice and noted Project Search colleagues are also involved.

The Director of Corporate Affairs commented on the link with the complaints report which identifies communication as the main theme and expressed the importance of work which needs to be done checking back understanding with patients and their families.

The Chief Nurse asked how we identify any low-level behavioural concerns and use informal interventions to prevent these escalating. The Matron Lead for Learning Disabilities confirmed that this work is ongoing and highlighted the importance of looking at how we look after our workforce.

AN asked whether partnership exception reporting is needed. The Nurse Consultant for Mental Health confirmed there are processes in place for staff to highlight/ report common themes. Collaboration work with partners, including colleagues from South West Yorkshire Partnership Mental Health NHS Foundation Trust, is ongoing to improve the experience for staff and patients.

The Chief Executive and Chair both reiterated that this is an important topic for the Board which requires further work and would be picked up in a future Board development session and invited the two leads to return to feedback on progress.

ACTION – To be discussed in a future Board development session and for the Matron Lead for Learning Disabilities and the Nurse Consultant for Mental Health to return to feedback on progress.

b) Report following the Independent Investigation into East Kent Maternity and Neonatal Services

The report was circulated prior to the meeting and the Chief Executive provided an overview which details further actions that will be undertaken and reported through the Trust's governance framework to the Quality Committee and then to the Trust Board.

TB commented that although the report contains some good recommendations further information on patients and families with regards to what more we need to do to make feedback more robust would be helpful. The Chief Nurse confirmed that although this is an area where further work is required some of this feedback is captured via the Maternity Voices Partnership and staff survey. The Chair welcomed feedback from the Quality Committee on progress at future meetings.

OUTCOME: The Board **NOTED** the updates and confirmed that there will be further consideration of the: Mental Health / Learning Disabilities Trust Response at a future development session. In respect of the Independent Investigation into East Kent Maternity and Neonatal Services, the Board asked that the Quality Committee provides assurance in a future update on the lessons learned for CHFT in respect of these findings.

150/22 Digital Health Strategy

The Managing Director of Digital Health presented an update on the Digital Strategy which was approved by the Board in 2020. This is the third year the strategy continues to support the Trust's vision.

The key points of progress noted were:

- Scan for Safety: Omnicell (automated medication management system) fingerprint access has improved safety, reduced medication errors and saved time for both nursing and pharmacy colleagues, also 350 fridge temperature monitoring units.
- Integration: Point of Care Testing Integration, one of the first trusts to Integrate into a Cerner Electronic Patient Record (EPR) and EMIS Pharmacy EPR Integration which has been well received on wards as easy to use and saves nursing time and aids discharge.
- Digitally led projects: Nervecentre solution on Zebra devices in the Emergency Department (ED) and Maternity Community Shared Care Record, the first in the region.
- Core Infrastructure: Cloud Provision, WiFi network refresh and CRH Network upgrade/refresh
- Data, Business Intelligence & Health Inequalities: The development of a Health Inequalities Vulnerability Matrix (VM), continued adoption and development of the knowledge portal + platform and predictive analytics has been progressed in several areas.
- Reconfiguration: Supporting the Trust in becoming digitally ready for reconfiguration. Digital is a key part of all the Target Operating Model sessions.
- Digital Capability: Re-established the Digital Health Team to support the development, adoption and best practice of the Trust's digital systems.

- Digital Governance: Divisional Digital Boards now report into Trust Digital Operations Board. The Trust was compliant with the Data Security Protection Toolkit Compliant for 2022/23 and CHFT's Digital provision has also been recertified against the four key information standards.

Moving forward the key areas of focus are:

- Getting the basics right as a foundation for future developments, EPR and work on encounters.
- Digital project pipeline.
- Data and Analytics: Distil the wealth of data available and align the benefit to patient care, both internally and as part of the system.
- The development of meaningful and beneficial Partnerships.
- Healthcare Information and Management Systems Society (HIMSS): Aim for level 6 Electronic Medical Record Adoption Model (EMRAM) and level 5 Adoption Model for Analytics Maturity (AMAM).

TB asked whether cyber security should be more visible within the Strategy. The Director of Digital Health gave an assurance that measures are in place, with dedicated staff, to address the threat of cyber security.

The Board congratulated the Director of Digital Health on progressing the strategy.

NB asked how we get assurance new developments have been implemented and used. The Managing Director confirmed that there has been a shift of approach from new staff induction and training to having more regular touch points. There are now two staff in change roles, working to the Chief Nurse Information Officer, educating staff on how different systems interlink.

DS asked for an update on progress to HIMMS level 6 and it was noted that we continue to aim for level 6, though there are no direct monies available, and an external assessment of our readiness for this is required.

The Chair acknowledged the great progress.

OUTCOME: The Board **NOTED** the update on the Digital Health Strategy and affirmed its ongoing support for the strategy.

151/22 Health Inequalities Strategy and Update

The Director of Transformation and Partnerships updated the Board on activity and progress in relation to the current workstreams that support the Trust's ambitions to tackle health inequalities and introduced Rachel Crossley, Public Health Registrar to present the Health Inequalities Strategy 2022-2024 for approval.

Rachel outlined the process used to develop the Strategy which included a systematic review on progress which highlighted the gaps where further work would be needed. The Strategy outlines the four priority areas for action and three key enablers:

The four areas for action noted were:

- Connecting with our communities and partners
- Access and prioritisation
- Lived experience and outcomes
- Diverse and inclusive workforce

Three enabling principles to be embedded into our ways of working noted were:

- Using data and intelligence to inform implementation and evaluation - data and intelligence will be an enabler for all our work on population health and inequalities
- Working collaboratively as part of place partnerships
- Organisational leadership and governance to promote action - systems must be in place to ensure that the impact on health and inequalities is considered in all decision-making, policies and service delivery.

Progress on the Health Inequalities Strategy will be regularly reviewed by the CHFT Health Inequalities Group and reported on to the Executive Board and Trust Board.

PW thanked Rachel Crossley for the great work being done. He suggested that the actions be condensed into a summary page document, which was agreed.

NB supported the Strategy, questioned how success will be evaluated and suggested reformatting of the action log to include progress which may then enable better monitoring.

AN asked if we are challenged on alignment of our plans with national ones. RC confirmed that the Strategy is aligned to the Core20PLUS5 clinical priority areas, with autonomy to choose local priorities and liaison takes place with West Yorkshire Integrated Care System (ICS) who report on progress with Core20PLUS5. AN asked RC if there is the ability to add into the Strategy working with the third sector. RC confirmed she is happy to add or adapt if the Board requests. The Director of Transformation and Partnerships referenced work undertaken with asylum seekers and faith communities and agreed to pick up adding in specific information on such work to the Strategy.

The Director of Corporate Affairs suggested communication of the Strategy across the Trust which in turn may help highlight good work happening in the Trust.
The Chief Executive thanked Rachel Crossley for a great piece of work.

ACTION – Director of Transformation and Partnerships to add in details of work within our communities to underpin the four action areas.

OUTCOME: The Board **APPROVED** the Health Inequalities Strategy.

The Chair asked the Governors for any observations on the strategic discussions held so far. RM suggested looking at the connections the Trust has with the Voluntary sector. GC advised, in relation to 24/7 service, considering working with charitable organisations such as Macmillan.

152/22 Strategic Objectives 2021-2023 Progress Report

The Director of Transformation and Partnerships presented the Strategic Objective Progress Report against the 10-year strategy which was approved in 2021. She informed the Board that they are currently refreshing the strategy and they plan to update the Board in March 2023. The report, which was circulated prior to the meeting, details progress against the four key goals. 18 out of 19 objectives are on track and one has been completed.

The Director of Transformation and Partnerships reassured the Board that good progress has been made against the one year plan and each of the objectives has a named Director lead accountable and responsible for delivery.

NB commented that the report is extremely useful and triangulates with other items on the Board agenda. He also suggested the addition of a column to indicate risk with RAG rating for future reports so progress can be shown and risk identified.

The Managing Director of CHS offered the Board the opportunity to attend free in house Carbon Literacy Training as part of the Green Plan, COP27. If anyone is interested, please contact the Managing Director of CHS.

OUTCOME: The Board **NOTED** the progress against the 2021/2023 strategic plan.

153/22 Finance and Performance Chair Highlighted Report

AN presented a report which included updates from the meetings held on 7 October 2022 and 1 November 2022.

The key points to acknowledge were:

- Continued excellent performance in Cancer – CHFT a top three performer nationally among acute trusts.
- Despite growing ED attendance CHFT continues to be a top-10 performer nationally with regard to 4-hour wait times.
- Recovery performance still largely on track with strong achievement on 78- and 104-week waiters and 52-week waiters compared with the external plan and with Diagnostics overall performance now above 93%.
- The cost per case model in theatres recognised regionally and nationally as innovation with positive feedback from WYAAT on theatre start times.
- Good progress on execution of THIS Commercial Strategy after 6 months – on track to meet targets set for 2022/23.

The Key points for assurance were:

- Review of Recovery Performance to take place against revised trajectories and forecasts for the second half of the year to ensure overall 104% target is met and progress is maintained on long waiters.
- Productivity and Improvement programme in place for theatres.
- There were no further never events in August and September.
- Review of approach to 2022/23 efficiency target from Effective Resources Group (ERG) and progress to date – on track to meet efficiency target of £20m in 2022/23.
- Integrated Performance Report (IPR) and framework being refreshed to update for NHS performance and local performance metrics. Draft version of

revised IPR to be brought to the Finance and Performance Committee meeting in January 2023.

The Key Points for awareness were:

- Current trajectory is that theatre staffing will be fully established by mid-December – key to meeting elective recovery targets.
- Business case regarding stroke pathway, stroke hub and community beds being reviewed for affordability.
- Backlog volume of appointment slot issues (ASIs) and follow-up appointments still a concern which could lead to greater pressure on 52-week waits.
- At the end of month 6 the Trust is reporting a deficit position of £11.21m which is £0.88m adverse to plan. This is driven primarily by Covid costs and agency spend and latterly paying enhanced rates for Bank work.

OUTCOME: The Board **NOTED** the update of the Finance and Performance Chair Highlighted Report.

154/22 Integrated Performance Report (IPR) – September 2022

The Chair informed the Board that the reports had been reviewed at the Executive Board and the Finance and Performance Committee.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance for July 2022.

155/22 Month 6 Financial Summary

The Acting Director of Finance drew attention to the actions from the previous meeting. She explained in regard to capital the plan is to catch up by March 2023 but this relies on approvals being in place and the Trust is currently liaising with NHS England (NHS E).

Agency expenditure year to date is £6.31m, £3.30m higher than planned. The Integrated Care Board has set the Trust's agency expenditure ceiling for the full year at £6.9m, the Trust is already close to exceeding that ceiling. Of the ten Trusts in the Integrated Care System six are over trajectory and three of the six are acute Trusts. CHFT agency ceiling is disproportionality low due to low levels of expenditure last year. CHFT is not an outlier when benchmarking actual expenditure with other Trusts but is in terms of distance from target. Focus of mitigation plans is the withdrawal from high tier cost agencies.

Elective recovery funding of £5.46m has been assumed in the year to date position in line with plan. It has been confirmed that this funding will not need to be returned for the first half of the year, and this will continue to be assessed.

TB asked whether there would be opportunity for further funding in relation to covid costs. The Acting Director of Finance confirmed there are no further opportunities and work has been completed to identify where cost savings can be made. The Medical Director suggested that the high spend of staff to manage the isolation of Covid patients in ED could potentially be reduced due to falling numbers of Covid patients.

The Chair acknowledged that the Trust is on track to deliver internal efficiencies of £20m as planned and there is weekly scrutiny of these plans through the Effective Use of Resources Group.

OUTCOME: The Board **NOTED** the Month 6 Finance Report and the financial position for the Trust as at September 2022.

156/22 Workforce Committee Chair Highlight Report

The Director of Workforce and OD presented the highlight report from the previous meeting held on 11 October 2022.

The key points to note were:

- Integrated Performance Report (IPR) - concern remains over the level of short-term sickness absence and the number of return-to-work interviews remains below target with further work planned to improve this. Absence levels pre pandemic were at 3.79% and this is what we are striving to return to. A new approach to undertaking Return to Work Interviews will be presented to the December meeting.
- Fire safety and data security training completion levels are low, and action is underway to address these. Overall essential safety training (EST) levels have fallen slightly. A review of all EST is currently underway to ensure we are identifying what is “essential” and this will be considered by the newly formed Education Committee.
- The Trust is participating in the Diversity in Health and Care Partnership Programme to enable a sharing of good practice.
- The Committee received detailed reports and presentations covering Nursing and Midwifery Safer Staffing, an update on the Nursing Workforce Programme, Developing Workforce Safeguards- Nursing, Midwifery and Medical and an update on the Medical Workforce Programme. It was assuring to see that there continues to be a significant amount of work, commitment and planning to ensure safe staffing levels are maintained. It was clear that the safe level is dependent on workforce numbers and the skill mix of colleagues. This remains a key priority.
- The Board Assurance Framework risk relating to Colleague Engagement was discussed and, whilst it was recognised the score had not changed, the actions to mitigate the risk had been revised and continue to be ongoing.

AN asked where the hotspots are for high staff turnover. The Director of Workforce stated that the anesthetists and theatres, but overall we have managed overall to stay within 8% turnover.

The Chair queried whether we are ambitious enough in regard to international recruitment. The Director of Workforce and OD confirmed that improvement work was carried out and numbers have doubled which we are now at the maximum number which we can support from funding received.

OUTCOME: The Board **NOTED** the Workforce Committee Chair Highlight Report.

157/22 Quality Committee Chair's Highlight Report

The papers were circulated prior to the meeting. DS presented an update to the Board and the key points were:

Items to acknowledge:

- NHS England's Patient Safety Incident Response Framework (PSIRF) is due to replace the current Serious Incident Framework. This is a significant change to focus on patient safety incidents by themes rather than individual cases. A task and finish group is to be established to ensure the Trust implements the PSIRF by September 2023.
- The End-of-Life Care Annual Report was received and provided a positive update on the progress made within the workstream and the work undertaken that supports the local and national priorities.
- An End-of-Life Care CQC engagement event was held following concerns being raised. Results were positive which was reassuring.
- Split site Paediatric service - the Committee had requested that paediatric escalation was revisited, an update was provided on the current Consultant paediatric cover and risk mitigation included a standard operating procedure for the escalation of the deteriorating patient on ward 4, and 24/7 Advanced Paediatric Nurse Practitioner (APNP) cover which is to be reviewed for HRI.

Items for assurance:

- Internal Audit Follow up Report Complaints – confirmation that the action plan is on track for the recommendations to be fully implemented by the end of October 2022.
- Received Annual Complaints Report, 2021/22, the Committee noted areas of focus and actions in place to improve performance. The Director of Corporate Affairs confirmed that work is being carried out to clear the backlog and improve the timeframe which is currently at 80%.
- IPR - Mortality metrics - noted both Hospital Standardised Mortality Ratio and Summary Hospital-level Mortality Indicator position deteriorating, and work on these metrics is ongoing, ED pressures and increase in patients presenting with stroke continue. Stroke remains a challenge and SSNAP (stroke) targets are not being achieved - a deep dive is planned for the November meeting.
- At each Quality Committee the maternity oversight report is reviewed, KH is a member of the Committee and Maternity Safety Board Champion.
- Quality Report provides an update on the quality account priorities and focused quality priorities. Progress has been made but quality account priority 3, patient waits in ED, remains an issue.
- Infection Prevention Control Report Q2 – reviewed performance against targets, C Difficile remains a challenge, with an improvement plan in place.
- Dementia screening options appraisal received; Committee supported the preferred option for this to move from medical to nursing staff which aims to improve dementia screening compliance. Further discussions will be required before a final decision is made due to the impact on nursing staff workload.

Items for awareness

- Medical Gas and Non-Invasive Ventilation (NIV) Group Report - Slow progress with all areas of work of the group due to availability of divisional staff representatives to attend meetings and progress the work.

The Chair suggested that the Board look into how we work together to avoid duplication between Committees where there are performance and quality issues, such as stroke.

AN suggested a focus on outcomes and measures would be helpful in the report.

OUTCOME: The Board **NOTED** the Quality Committee Chair's Highlight Report

158/22 Quality Report

The Medical Director briefly updated the board on the following key points:

- Progress with the sepsis quality priority in ED
- Hospital onset infections are isolated cases not outbreaks - national changes to Covid testing guidance to stop testing on admission may have impacted this, a revised approach is in place with universal testing at admission.
- There is an issue regarding the reliability of the EPR data for some quality priorities (falls, pressure ulcers and dementia screening). As noted at item 152/22 Digital Health Strategy this is part of digital work on getting the basics right
- A process for reviewing the impact of clinical prioritisation on patients is to be streamlined

The report details the never events which now stands at three as one has been downgraded.

OUTCOME: The Board **NOTED** the Quality Report and endorsed the ongoing activities across the Trust to improve the quality and safety of patient care.

159/22 Complaints Annual Report

The Director of Corporate Affairs presented the annual reporting noting that many points had arisen during earlier discussions. Key points to note are:

- The most prevalent theme across both concerns and complaints is communication.
- As part of its review of the report, the Quality Committee requested additional information, particularly in relation to the learning from complaints, be included in future reports.
- For 2022/23 it is anticipated to bring the Annual Report earlier in the year, to enable a fuller discussion on shared learning and any improvement work required to ensure that our complaints process is easy to access, timely and effective.

OUTCOME: The Board **APPROVED** the Complaints Annual Report.

160/22 Audit and Risk Committee Chair Highlight Report

NB provided an update as the Audit and Rick Committee Chair, the main points to note are:

- The Emergency Preparedness Resilience & Response (EPRR) annual report, the EPRR Core Standards return and the Fire Safety report were all reviewed and agreed by the Committee. ARC asked for an update in six months' time of progress towards meeting the Core Standards.
- The second update of the Board Assurance Framework (BAF) was recommended to the Board with increases in the risks on quality and safety standards (following the recent Internal Audit report), and transformation (given that approval to the reconfiguration business case had not been received yet). The health and safety risk has also been updated.
- Internal Audit reports on quality governance and sickness absence which have limited assurance but are currently in draft form.
- There are 6 audit reports with high or significant assurance and approximately 80 which have been resolved.
- NB attends region meetings, and they are looking at the risk escalation process to ICB.

OUTCOME: The Board **NOTED** the Audit and Risk Committee Chair Highlight Report.

161/22 Freedom to Speak Up Annual Report

The Freedom to Speak Up (FTSU) Guardian presented the report which has previously been shared with the Board. The key points to note are:

- Minimal decrease in the number of concerns raised by colleagues from 2021-2022. Although comparable data from Q1-Q2 this year to last year sees a sudden rise of 83%. The concerns are becoming more complex and require additional support. This has triggered actions to improve resources required to keep up a robust FTSU process.
- 56% of concerns raised in 2021/2022 were raised anonymously. This percentage remains static in comparison to previous years.

The Director of Workforce and OD thanked the Freedom to Speak Up Guardian as our first clinical guardian and confirmed that there are a low number of concerns that link directly to CQC. The concerns are becoming less anonymous and concerns within maternity in particularly have been responded to, resulting in positive responses from colleagues.

The Chair asked the Freedom to Speak Up Guardian whether she is confident the trust has the correct culture and processes in place. She confirmed that there are good processes in place they just needed a refresh.

AN asked if we are taking any learning from neighbouring Trusts. The Freedom to Speak Up Guardian confirmed that she is a member or the regional group where shared learning is showcased. A priority within the report is to ensure the learning and improvements produced as a result of the concerns are captured and shared widely.

The Director of Workforce and OD said that they meet bi-monthly with quality and Trust CQC and Compliance Manager to review hot spots.

The Chair congratulated the Freedom to Speak Up Guardian on re-energising the FTSU process

OUTCOME: The Board **APPROVED** the Freedom to Speak Up Annual Report.

162/22 Winter Plan

The Interim Chief Operating Officer presented the Winter Plan. Based on the 2021/22 plan, this has been updated with learning and current context.

AN asked for an update on vaccinations. The Director of Workforce and OD responded that the vaccination have been rolled out relatively well, nearly 2300 covid vaccines and approximately 2000 fu jobs have been given. The plan is to go out to areas with not much uptake as we are currently at 40% uptake.

The Chief Executive added that the six key metrics are our focus. In response to a question, he added that the system control centre could add value but was unsure how taking decisions out of local trusts will work.

OUTCOME: The Board **APPROVED** the Winter Plan.

163/22 Guardian of Safe Working Hours Q1 and Q2 Report, 2022-23

The Chair welcomed Dr Shiva Deep Sukumar, Guardian of Safe Working Hours who presented the Guardian of Safe Working Hours Q1 and Q2 report which covers the period of 1 April 2022 to 30 September 2022. The key points to note were:

- There was one safety concern which was raised through an Exception Report
- A spike in Exception Reports was seen in August with the new rotation
- Most shifts are covered by bank staff
- Assurance was given that trainees at CHFT have received training on exception reporting and have Allocate accounts to enable them to raise an exception report. Representatives have been sought for the Junior Doctor Forum.

The Board discussed the increased number of exception reports in August (new junior doctor intake) and it was noted we should learn from any common themes to pre-empt these and set clear expectations for new doctors in the future. The Deputy Medical Director who is supporting The Guardian of Safe Working Hours stated although staff are worried, they feel supported to put in the exemption reports. The Deputy Medical Director added that there is currently an administration issue relating to the sign off of exception reports as staff move on to other Trusts.

The Chair asked whether the Guardian of Safe Working Hours was confident in our systems and processes and he confirmed he was.

OUTCOME: The Board **NOTED** the Guardian of Safe Working Hours Report for quarter 1 and quarter 2.

164/22 Nursing and Midwifery Safer Staffing (Hard Truths) Bi-Annual Report

The Chief Nurse informed the Board that the Bi-Annual Report has been to the Workforce Committee and Quality Committee. The Chief Nurse highlighted that the vacancy position has deteriorated since the last report, given the incorporation of vacancies associated with the ongoing staffing of escalation areas. She also

voiced appreciation for health and well-being support to help retain staff across nursing and midwifery and thanked the Board.

OUTCOME: The Board **APPROVED** the Nursing and Midwifery Safer Staffing (Hard Truths) Bi-Annual Report.

165/22 Board Assurance Framework – Update 2

The report is the second update of the Board Assurance Framework for 2022/23 which is a key source of evidence that links the Trust's strategic objectives to risk and assurance.

The top three risks for the Trust were noted.

OUTCOME: The Board **APPROVED** the Board Assurance Framework.

166/22 High Level Risk Report

Th Director of Corporate Affairs highlighted that the risks within the report reflect the key areas of challenge which are reflected in the board agenda today and align to the strategic risks set out on the Board Assurance Framework. These are summarised in the report.

OUTCOME: The Board **APPROVED** the high-level risk report.

167/22 Governance Report

OUTCOME: The Board **APPROVED** the updated Governance Structure subject to the changes above and **NOTED** the Board of Directors workplans for 2022-23 and use of the Trust Seal during the last quarter.

168/22 Items for Review Room

- Director of Infection, Prevention and Control Q2 Report
- Learning from Deaths Q1 Report
- EPRR Annual Report
- Fire Safety Annual Report
- Going Further on Winter Resilience Plans
- Calderdale and Huddersfield Solutions Ltd – Managing Director Update October 2022
- Huddersfield Pharmaceuticals Specials (HPS) Annual Report

The following minutes of sub-committee meetings were provided for assurance:

- Audit and Risk Committee minutes of the meetings held 25 October 2022
- Finance and Performance Committee minutes of the meetings held 6 September 2022 and 7 October 2022
- Quality Committee minutes of the meeting held 17 August 2022 and 12 September 2022
- Workforce Committee minutes of the meeting held 16 August 2022

OUTCOME: The Board **RECEIVED** the items listed above which were available in the Review room.

169/22 Date and time of next meeting

The Chair formally thanked the Board of Directors, colleagues and governors for their attendance and closed the meeting at approximately 1.32 pm.

Date: Thursday 12 January 2023
Time: 10 am
Venue: To be confirmed - Calderdale

5. Matters Arising and Action Log

For Review

Presented by Helen Hirst

ACTION LOG FOR BOARD OF DIRECTORS (PUBLIC) 2022

Position as at: 09.01.23

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

DATE DISCUSSED	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
01.09.22 120/22	**Integrated Performance Report – Recommendation** Director of Corporate Affairs to share alongside the current performance metrics a recommendation of metrics monitored at future Board meetings that focus on priorities and key risks.	Director of Corporate Affairs	Board Development – 6 October 2022	02.03.23		
10.11.22. 149/22 a	**Panorama Programme: Mental Health / Learning Disabilities Trust Response** Further discussion at a Board Development Session	Chief Nurse		30.06.23		
151/22	**Health Inequalities Strategy and Update** Add in details of work within our communities to underpin the four action areas of the strategy.	Director of Transformation and Partnerships	Deputy Chief Executive, as Director lead for Health Inequalities Strategy, will finalise the Health Inequalities Strategy and plan on a page. Next update to the Board will be 2 March 2023.	02.03.23		
01.09.22 130/22	**Learning from Deaths** Chair and Medical Director to discuss how the learning from deaths informs the Trust's improvement work.	Chair / Medical Director	Met 3 January 2023	16.12.22		03.01.22
01.09.22 124/22	**Month 4 Financial Summary** Deputy Director of Finance agreed to provide the additional information to the forecast on risks, opportunities and mitigations to TB. Deputy Director of Finance to share where other organisations are with agency spend and where CHFT benchmark and include benchmarking and mitigations of the risks that are the Trusts in future reports. Deputy Director of Finance to include benchmarking on	Deputy Director of Finance	To be covered within presentation of month 6 financial summary on 10.11.22. As above	10.11.22		

	performance across the system in future reports based on the criteria to meet the Elective Recovery Funding. Deputy Director of Finance to include benchmarking on performance across the system in future reports based on the criteria to meet the Elective Recovery Funding.		Update to be given by Chief Operating Officer			
01.09.22 122/22	**Health Inequalities Progress Report** Director of Transformation and Partnerships to share the reporting information around social value with KH. Director of Transformation and Partnerships to collate what the ICB are doing to maximise the limited resources and provide investment funding and share at the next meeting. To include more focus on equality, diversity and inclusion (EDI) and Workforce Race Equality Standard (WRES) data in future health inequalities reports.	Director of Transformation and Partnerships	At the November Board meeting the Trust's Population Health and Inequalities Strategy 2022 - 24 will be presented for approval. Progress and update reports in relation to the actions described in the Strategy will presented at future Public Board meetings including focus on the EDI and WRES standards. Information regarding West Yorkshire ICB work on Health Inequalities has been shared with Board members.	10.11.22		
01.09.22 134/22	**Risk Appetite Statement** Company Secretary to discuss the revised wording to the commercial risk appetite with the Director of Finance outside the meeting. Updated risk appetite statement to be presented at the Board on 10 November 2022 within the update Board Assurance Framework.	Company Secretary	Agreed to use the word 'explore' rather than 'consider' for the commercial risk category following discussion with the Director of Finance. Action closed.	10.11.22		
07.07.22 106/22	**Board Assurance Framework – Update 1** Risk 5/20 - service capacity due to Covid-19 to be re-phrased to look more at recovery.	Company Secretary / Chief Operating Officer	Next BAF update due 10 November 2022. This action is complete.	10.11.22		28.9.22

6. Virtual Ward Patient Story - Presented by the Urgent Community Response Team

Presented by Rob Aitchison

7. Chairs Report

To Note

Presented by Helen Hirst

8. Chief Executive’s Report

- Freedom to Speak Up - 6 Month Report
- Presented by Andrea Gillespie

To Note

Presented by Brendan Brown

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	12 January 2023
Meeting:	Board of Directors
Title:	Freedom to Speak Up Mid-Year Review
Author:	Andrea Gillespie, Freedom to Speak Up Guardian
Sponsoring Director:	Suzanne Dunkley, Executive Director of Workforce and OD
Previous Forums:	Workforce Committee 7 December 2022
Purpose of the Report	This paper provides information regarding Freedom to Speak Up (FTSU) activity in the Trust from 1 April 2022 to 30 September 2022.
Key Points to Note	• There has been a significant increase in the number of concerns raised by colleagues in Q1 and Q2 2022 and a decrease in the number raised anonymously when compared with 2021 data. • The FTSU concerns are taking longer to process as they become more complex, and colleagues are requiring additional emotional support. • Due to increased FTSU activity current resource is being reviewed and additional support being considered. • The current FTSU priorities
EQIA – Equality Impact Assessment	The equality impact for specific actions arising following consideration of the report will be assessed, considered, and mitigated as appropriate.
Recommendation	The Board of Directors is asked to **NOTE** the contents of the report, the number of concerns raised in Q1 and Q2 2022 and the work of the FTSU Guardian and Ambassadors.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS

12 JANUARY 2023

FREEDOM TO SPEAK UP MID-YEAR REVIEW

1. PURPOSE

This paper provides information regarding Freedom to Speak Up (FTSU) activity in the Trust from 1 April 2022 to 30 September 2022.

2. BACKGROUND

Freedom to Speak Up is vital in healthcare if we are to continually improve patient safety, patient experience and the working conditions for colleagues. The National Guardian's Office (NGO) believes a positive speaking up culture makes for a safer workplace, for workers, patients, and service users. At the Trust we are working towards making speaking up business as usual.

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is an indicator of a well-led trust. The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections within its Key Line of Enquiry (KLOE) approach as part of a Well-Led review.

3. PROGRESS UPDATE

3.1 The FTSU Network at CHFT

The Trust's FTSU Guardian is Andrea Gillespie who currently works 22.5 hours per week. Andrea is supported by the FTSU Champion and Deputy Director of Workforce and Organisational Development, Jason Eddleston and 15 active and dedicated FTSU Ambassadors that come together as an FTSU network group. The FTSU Ambassadors promote the FTSU agenda in their areas of work and are a point of contact and source of support for any colleague who wants to raise and escalate a concern. The Ambassadors have no protected time to dedicate to FTSU within their substantive roles.

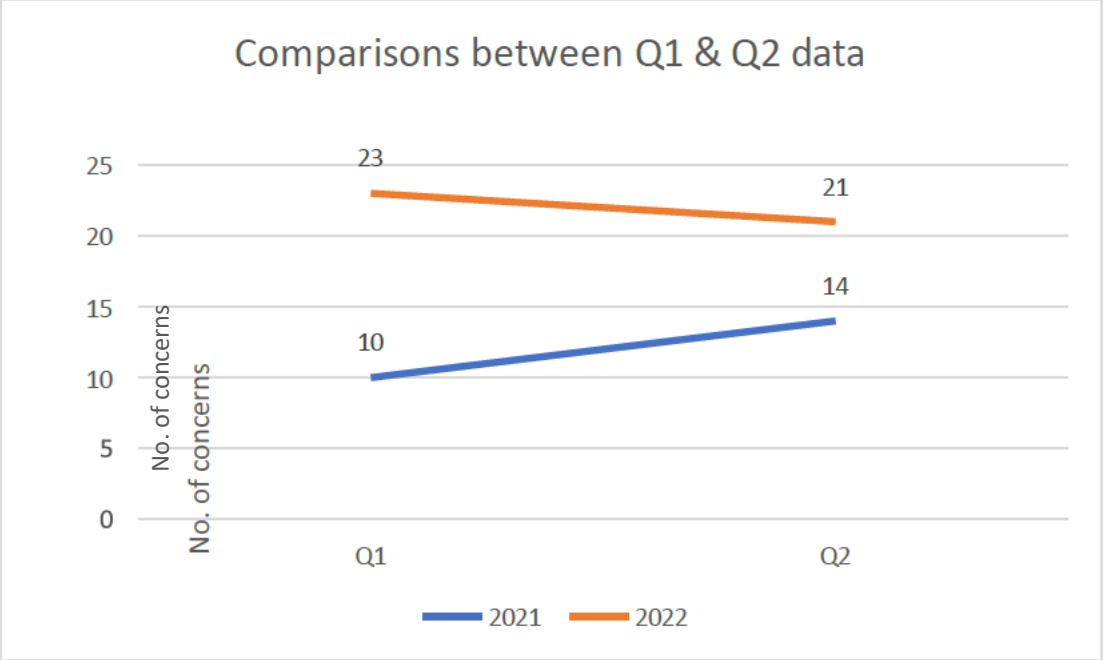
The FTSU network meets bi-monthly. The meeting is chaired by the Guardian and regular agenda items include updates and minutes from the Regional Meetings and National reviews, i.e., case reviews performed by the NGO. In addition to the regular agenda items the meetings include an item that aims to contribute to the development of the FTSU Ambassador. Speakers are invited to provide information and stimulate discussion around a variety of topics, for example, psychological safety and the steps we can take to make our colleagues feel safe when raising their concerns.

3.2 FTSU concerns raised in Q1 and Q2 at CHFT (1 April to 30 September 2022)

The table below shows the number and types of concerns raised in Q1 and Q2:

Quarter	No. of concerns	No. raised anonymously	No. with element of patient safety/ experience	No. with element of bullying/ harassment	No. with element of worker safety or wellbeing
April to June 2022	23	6	11	6	15
July to September 2022	21	7	4	3	10

The table below illustrates the increase in the number of concerns raised in Q.1 and Q.2 2022 compared with the previous year 2021:



The data indicates a 130% rise in Q1 and a 50% rise in a Q2. Whilst there may be many reasons for the significant rise, for example, increased FTSU promotion, the introduction of new promotional materials etc, the increase in colleagues reaching out to FTSU is gratifying as it may indicate that more colleagues are aware of the FTSU process and are feeling safer to voice their concerns.

Equally encouraging is the reduction of concerns raised anonymously in Q1 and Q2 2022. 6 concerns were raised anonymously in Q1 and 7 in Q2 which when compared with the previous year indicates a 45% decrease in concerns being raised anonymously.

At the time of writing this report there are 43 open FTSU concerns, that is 43 concerns logged on the CHFT FTSU portal that are in progress and are at different stages in the FTSU process. This number has increased significantly since April 2022 due to concerns taking longer to process due to their complexities. Colleagues raising their concerns are also requiring additional support from the FTSUG as they often present to the FTSUG in extremely stressed and anxious states. Discussions at FTSU Regional meetings which the

NGO attends indicate that what we are experiencing at CHFT reflects the current Regional and National pictures.

The subjects of the concerns raised are extremely varied however there are common themes. One of the main themes continue to be in relation to the attitudes and behaviours of colleagues however more recently a small number have referred to the risk to patient safety due to the current staffing levels and the high acuity of patients, expanding bed bases and the challenges that the increased usage of agency staff and the increase in international nursing staff bring forward based clinical colleagues.

The multiple concerns raised around maternity and theatre services remain open however multiple actions have been taken by the Divisional Senior Management Teams and the Executive Directors that have been involved. Steps are being taken to close the concerns in these areas by inviting feedback from the colleagues that have raised their concerns.

Feedback from colleagues raising their concerns remains positive. Of the 6 colleagues who provided feedback via the portal in Q1 and Q2 2022, 5 answered yes in response to the NGO's feedback question, 'Given your experience, would you speak up again'. Here are some recent examples of feedback:

'Excellent service, first time in my 24 years of nursing I have needed to speak up. It was a really supportive, helpful service and I was pointed in the right direction and given excellent advice'.

'I had the best experience as my voice was heard. The FTSUG listened to my voice and provided advice and comfort to my difficult times'.

3.3 Current FTSU priorities

FTSU activity is reviewed regularly by the FTSUG in conversation with others alongside the resource requirements to ensure a consistent, timely, appropriate, and supportive response for colleagues raising a concern. Due to the sudden increase in the number and complexity of the concerns and an increase in the emotional support required by colleagues an options appraisal is being prepared by the FTSUG. This will consider what could be done with the existing resources and what additional resource might be required to protect the integrity and credibility of the FTSU service at CHFT.

In previous FTSU reports it has been acknowledged that in order to reach out to our c6000 colleagues the FTSU network requires help to promote FTSU and to manage the process. Divisional colleagues play a vital role in addressing the concerns of their colleagues and in recognition of this forthcoming discussions within the Divisions will aim to identify what their roles and responsibilities are and how they can play their part in assuring colleagues that FTSU is a safe process.

NHSE is asking all trust boards to be able to evidence by the end of January 2024:

- An update to their local Freedom to Speak Up policy to reflect the new national policy template
- Results of their organisation's assessment of its Freedom to Speak Up arrangements against the revised guidance
- Assurance that it is on track implementing its latest Freedom to Speak Up improvement plan

Each will help CHFT deliver the People Promise for workers, by ensuring they have a voice that counts, and by developing a speaking up culture in which leaders and managers value

the voice of their staff as a vital driver of learning and improvement. Over the next 12 months the FTSUG will be working with others to provide robust evidence of all the above which will ensure that CHFT FTSU policy and practices are in line with National Guidance. Additional priorities include increasing the promotion of FTSU and ensuring the learning and improvements produced as a result of the concerns are captured and shared widely. The CHFT Communication team will be engaged for their ideas and expertise.

4. CONCLUSION

The Board of Directors is asked to note the contents of the report, the number of concerns raised in Q1 and Q2 2022 and the work of the FTSU Guardian and Ambassadors.

Andrea Gillespie
Freedom to Speak Up Guardian

9. Workforce Equality, Diversity and Inclusion Update - Presented by Nicola Hosty, Assistant Director of Human Resources - To Endorse

Presented by Suzanne Dunkley

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	12 January 2023
Meeting:	Board of Directors
Title:	Workforce Equality, Diversity and Inclusion Update
Author:	Nicola Hosty, Assistant Director of Human Resources
Sponsoring Director:	Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Previous Forums:	Supporting Information has been shared with the Workforce Committee during 2022
Purpose of the Report	The paper provides the Board with a progress report on the delivery of the Trust's equality, diversity and inclusion (ED&I) strategy, celebrates its successes and highlights plans for 2023. Supporting appendices include information on: • Workforce demographics • Equality, Diversion and Inclusion Strategy • Workforce Index of Multiple Deprivation Analysis • Workforce Race Equality Standard summary results and action plan • Workforce Disability summary results and action plan • Gender Pay Gap reporting
Key Points to Note	• The Trust has a Board approved People Strategy in place that captures its commitment to equality, diversity and inclusion (ED&I). • A 5-year workforce ED&I strategy was approved in 2019. • The 2022/2023 service year is the third full year of implementation. • Themes, aims and successful deliverables for years 1, 2 and 3 of the strategy are Identified in section 6 of the paper (covering the period 2019 to service year ending March 2023). • Significant activity has been initiated and is progressing to engage colleagues. • The 2023/2024 service year focus will be 'embedding' our activity with deliverables identified. • An assessment of our strengths (what we can rely on) and development gaps (what we should pay attention to) is detailed in the paper. Reporting ED&I progress is actioned via staff survey, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap analysis.
EQIA – Equality Impact Assessment	The equality impact for specific actions arising following consideration of the responses to the Board assessment will be assessed, considered and mitigated as appropriate.
Recommendation	The Board is asked to **ENDORSE** the content of the report and continue its support for the Equality, Diversity and Inclusion strategy implementation.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS

12 JANUARY 2023

WORKFORCE EQUALITY, DIVERSITY AND INCLUSION

1. PURPOSE

The paper provides the Board with a progress report on the delivery of the Trust's workforce equality, diversity and inclusion (ED&I) strategy, celebrates its successes and highlights plans for 2023.

2. BACKGROUND

In 2019 the Trust appointed a dedicated workforce ED&I lead and a 5-year plan 'journey to inclusion' was approved by the Workforce Committee. The Committee receives regular reports on progress with the most recent updates reported in June 2022 and December 2022. This is in addition to annual Workforce Race Equality Standard and Workforce Disability Equality Standard data and action plan reporting.

3. PEOPLE STRATEGY

The Board received the Trust's refreshed People Strategy at its meeting on 7 July 2022. The strategy builds on the success of the first iteration, 'The Cupboard' and is more focused, with clearer and succinct descriptors of 'what' we plan to do and 'how' we will do it. It has six key chapters – ED&I, Health and Wellbeing, Engagement, Improvement, Talent Management and Workforce Design.

ED&I for our workforce is a core element that underpins other strategy content. Our commitment in respect of it is that 'we celebrate difference and are inclusive'. Colleague engagement is also a core element of our people approach and is an essential feature in creating an inclusive workplace where 'what we do' and 'how we go about it' is influenced strongly by individual and collective colleague voices. As part of this, our approach is to better understand what matters to colleagues and how we can positively impact on their work and outside of work experience and opportunity.

The full People Strategy document is available at Refreshed People Strategy - 1 (pagetiger.com).

4. KEY DEMOGRAPHICS

Our workforce demographics are available at Appendix 1.

5. WORKFORCE ED&I STRATEGY

Our approved Workforce ED&I strategy is at Appendix 2.

6. WORKFORCE ED&I STRATEGY PROGRESS

Theme, aim and successful deliverables for years 1, 2 and 3 of the strategy (covering the period 2019 to service year ending 2023) are set out below. Please note, many of the activities incorporate a significant colleague engagement approach which offers an opportunity to colleagues to shape their experience in the workplace.

Year 1 2020/2021 'Laying the Foundations'

The aim was to empower our colleagues to make a difference, co-creating the change we want to see. This was supported by:-

- enhancing the foundations of the LGBTQ network.
- establishing a Colleague Disability Action Group, a network group for support and discussion.
- consolidating our approach for the completion of equality impact assessments for policies and service developments.
- creating comprehensive leadership development learning materials accessible through an e-platform.
- committing to an LGBTQ Pledge with 1,000 colleagues participating.
- corporate visibility at local Pride events in Halifax, Hebden Bridge and Leeds.
- an International Women's Day event with speakers touching on personal challenges and inspiring journeys.
- LGBT History month timeline and information sessions.
- unconscious bias education introduced into training for recruiting managers.
- an LGBTQ guide to pronouns use.
- a dedicated ED&I session incorporated into the corporate induction programme.
- developing a pool of Inclusion recruitment panel members.
- promoting National Inclusion Week through a range of events.
- supporting the Project Search scheme. The Trust offers Calderdale young adults with a learning disability and/or autism spectrum condition a 1-year transition to work programme with an opportunity to secure employment.
- designing and launching the Empower programme. The programme is now entering its third year, with 70 colleagues across roles, grades and specialisms participating and graduating from the programme. 45% of programme participants have achieved a promotion, 35% of participants are from a BAME background and 100% of colleagues found the programme enabled them to achieve their goal and build their confidence.

Year 2 2021/2022 'Strategic Focus'

The aim was to ensure ED&I is fundamentally recognised in the organisation as a priority, is discussed widely and built into decision making processes. This was supported by:-

- securing Executive Sponsors for each colleague network.
- acting responsibly in our procurement activity by committing to work with partners who are socially, environmentally and economically impact aware.
- re-modelling the Workforce and OD Engagement team to enable a strengthened focus on colleague wellbeing, engagement, development and belonging.
- appointing a BAME Community Engagement Advisor. The role co-ordinates and champions all aspects of BAME engagement.
- establishing a new Widening Participation team to support social mobility through the provision of accessible employment offers and employment skills development to people in our local communities.
- focusing on Inclusive People Practices including policy reviews, inclusive recruitment and inclusive development programmes.
- providing 'development for all' learning opportunities.
- implementing challenge and support groups to support cross divisional/functional networking.
- a virtual International Women's Day event.
- growing the LGBTQ network and rebranding it as the Pride Network.

- developing a Carers agenda in the Trust and launching the Carers Passport internally.
- supporting the establishment of a Women's Voices network group.
- introducing an International Colleagues network as a safe space for colleagues to share their experiences.
- the launch of a wellbeing hour accessible to all colleagues.
- offering colleague Connect and Learn sessions including stress awareness, wellbeing conversations and 'It's Good to Talk, Time for You'.
- launching the Change Society in August 2021. The community has 91 members and has helped colleagues stay in work, improve their health, access medical advice and treatment and reduced stigma and social isolation.
- partnering with CareFirst to offer 24/7 access to an online/telephone based employee assistance programme.
- participating in an NHS England pilot of the Team Engagement and Development (TED) diagnostic tool, a continuous improvement approach designed to help teams take control of their development. There are 9 trained TED coaches in the Trust, 65 team leads have participated in TED training and 18 teams are using the tool.
- actively participating in the West Yorkshire Root out Racism campaign with the Board and individual Board members making clear their commitment.

Year 3 2022/2023 'Inclusive Leadership'

Our aim was to develop leaders' understanding of Inclusive Leadership and role modelling of values and behaviours. This was enabled through:-

- the refresh of our People Strategy, where inclusion and One Culture of Care is integral to its aims and commitments.
- reframing our values and behaviours with the focus on 'putting people first' and a stronger emphasis on role modelling inclusion.
- developing local One Culture of Care colleague charters to reinforce how teams work together to ensure they take care of themselves and one another.
- the design of leadership competencies, co-created by colleagues at a Hot House session in November 2022
- a talent management framework to provide clarity of purpose, growth, increased opportunities and aspiration discussions.
- evolving the annual appraisal approach to centre discussions about wellbeing and inclusion.
- enhancing our recognition and appreciation activity though focused appreciation events, local appreciation toolkits, the annual CHuFT awards and Star Awards.
- encouraging colleagues to participate in the Calderdale aspirant leaders 'Stepping into Leadership'.
- offering colleague Connect and Learn sessions on wellbeing conversations, suicide prevention, gender identity and black history.
- establishing a formal Inclusion Group, a sub-group of the Workforce Committee, to lead the ED&I strategy and monitor implementation progress.
- securing reaccreditation of the Armed Forces Covenant Silver Award.
- facilitating a West Yorkshire BAME Fellowship placement.
- celebrating Black History Month, including the Windrush generation and its achievements.
- events promoting the Pride network and relaunch of the rainbow badge/lanyard.
- supporting the sexual health team raise awareness of World Aids Day.
- an 'ADHD and me' presentation highlighting invisible disability.
- aligning our approach to inclusive recruitment with NHS England best practice and the People Promise.
- offering mentoring support to leaders and colleagues engaged in development activity.

- Summer and Autumn wellbeing festivals promoting physical, psychological and financial wellbeing.
- establishing a new Carers Network.
- developing a Board One Culture of Care 'how to' guide.
- renewing our focus on Work Together Get Results, enabling colleagues to co-create the change they wish to see.
- signing up as a corporate participant to the NHS Employers Diversity in Health and Care Partners programme that supports leaders integrate the latest sustainable diversity and inclusion practices, the creation of culturally appropriate/inclusive services meeting the needs of a diverse range of patients/service users and enables achievements of external benchmarks and standards.
- developing apprenticeship opportunities - there are currently 288 colleague apprentices (Level 2 to Level 7) and 25+ training providers. From April 2022, 36 new employees joined as an apprentice, 22 internal colleagues commenced an apprenticeship for career development/progression and 71 colleagues successfully completed an apprenticeship. 96% of all widening participation activities engaged people between the age of 14 to 30 and 56% of participants are from underrepresented groups.
- working with partners to develop a Health Academy in Calderdale and Kirklees. The vision is to evolve our volunteer pathways to become a primary pre-employment access and progression pathway for local T-Level students and adult learners currently studying clinical and non-clinical courses at Calderdale and Kirklees colleges. Specifically, this includes developing pathways to enable participants to access paid entry bank shift opportunities for both ward helper and administrative activities including community-based roles.
- working with The Princes Trust to support clinical placements (2 cohorts comprising 24 participants) - 7 participants progressed into a clinical apprenticeship opportunity with a further 9 due to start in January 2023.
- facilitating work opportunities for long term unemployment young people via the Kickstart scheme. 20 local people completed their 6 months placement with 15 progressing into substantive employment at the Trust.
- participating in Sector Based Workforce Academy (SWAP). Piloted in cleaning services with 18 local unemployed residents involved, 12 completed programme and 6 started substantive posts. The programme is to be extended to catering in January 2023.
- continued support to Project Search with 10 interns successfully graduating, 5 moving into substantive employment and 10 new interns starting in September 2022.
- developing work experience opportunities with 160 placements delivered for 15 local education institutions.
- community careers events reaching 3250+ local people across 12 events.
- providing employability workshops for 252 local students.
- offering Maths, English and digital skills workshops for colleagues with 60+ unregistered workforce colleagues participating.

7. WORKFORCE ED&I STRATEGY NEXT STEPS

During 2023/2024, year 4 of our Workforce ED&I strategy, the aim is to embed our activity. We will do this through:-

- formally launching our leadership competency framework, developed at a colleague Hot House session in 2023.
- holding a leadership conference in March 2023 with a focus on One Culture of Care.
- concentrating attention on our Board representation action plan.
- establishing a Shadow Board programme.
- designing/launching a leader/colleague ED&I awareness and education programme.

- participating in an NHS England commissioned development of/pilot for cultural awareness training resources for line managers of internationally recruited colleagues (nurses, midwives and allied health professionals).
- a programme of regular colleague appreciation/wellbeing events in the Trust.
- embedding ED&I throughout the colleague journey.
- securing formal organisation menopause accreditation.
- supporting colleagues enhance their financial wellbeing through education and awareness.
- implementing a 3-year apprenticeship strategy from 2023/2024 which will seek to grow 'employer provider' learner numbers, maintain current strong levels of achievement and low attrition rate and increase numbers of entry level apprentices via an employability route to 30% (from 25%).

8. WORKFORCE HEALTH INEQUALITIES

Our ED&I strategy facilitates a focus on work based opportunities that should over time help reduce health inequalities that exist in our local communities. We recruit predominantly from Halifax and Huddersfield and surrounding areas, and our workforce now includes generations of families who live locally. We can create life opportunities and improve the health status of local people through the employment we offer and the positive experience at work we can provide. Examples of the positive work being progressed include:-

- the widening participation programme that engages local people including those underrepresented in the workforce in employability activity, work placements, apprenticeships and substantive employment.
- a comprehensive colleague physical and psychological wellbeing package that is continually reviewed and refreshed to incorporate what colleagues tell us they value.
- a financial wellbeing programme that helps colleagues respond to the cost-of-living challenge that exists.
- the launch of development activities including Empower, coaching and mentoring to help colleagues realise their aspirations.
- the establishment of a Carers network and Carer Passport.
- the launch of a refreshed recruitment strategy including bold and ambitious statements for equality of opportunity.
- the deployment of an inclusive talent toolkit and framework.
- the evolution of our appraisal process with specific discussion points focusing on inclusion and wellbeing.

Workforce IMD analysis which is reviewed regularly in the Workforce and Organisational Development team to inform our ED&I/engagement activity is available at Appendix 3.

9. STRENGTHS AND AREAS FOR DEVELOPMENT

Our strengths are:-

- the widening participation model and approach to apprenticeships supporting the ethos of 'growing our own' and supporting people from our local communities into work and employment.
- our refreshed values and behaviours with an enhanced focus on 'putting people first' and 'inclusion'.
- One Culture of Care and local team charters.
- colleague appreciation and recognition schemes/activities.
- our comprehensive colleague health and wellbeing programme.

- the Care Club as an opportunity for colleagues/volunteers to gain more experience about how we provide care to our patients.
- the internal engagement team in place to support wellbeing, inclusion and development – it is visible, accessible and valued by the workforce.
- our equality networks groups.

Our identified areas for development include:-

- improved Board representation to reflect our local communities.
- the at work experience for colleagues with a disability (WDES data highlights a decline in engagement).
- Support provided to our colleagues recruited from overseas.
- action on bullying and harassment in the workplace.
- workplace behaviours generally – operational pressures mean there is often limited time for colleagues to 'seek to understand' what is impacting 1:1/team relationships/interactions.
- ED&I leader/manager/colleague education and awareness resources.

10. FORMAL REPORTING

We formally report ED&I information, usually to the Board and Workforce Committee, through the following mechanisms.

Staff survey

Our 2021 staff survey results highlighted improvements in the overall engagement score of 7.0 for BAME colleagues, which is 0.3 higher than White colleagues. BAME colleagues scored higher for motivation 7.3 and are more likely to recommend the organisation as a place to work, scoring 6.7. The BAME involvement score improved from 6.6 in 2020 to 6.8.

Workforce Race Equality Standard

The WRES focuses on enabling people to work comfortably with race equality and evidence the outcomes of the work that is done. Overall, the Trust has 20.6% of its workforce from a BAME background compared to 18.0% in the previous year, an increase of 2.6%. The report this year shows a decrease in the number of people who have not declared their ethnicity, from 4.0% to 3.4%. This indicates an overall data quality improvement. Within the Medical group all grades have seen an increase in BAME staff - Consultants +1.3%, Career Grade +1.2% and Doctors in Training +3.4%. BAME colleagues report positive progress in respect of career progression and development, bullying, harassment and discrimination. Further investigation of BAME colleagues entering the formal disciplinary process is required.

Our WRES summary results and action plan are at Appendix 4.

Workplace Disability Equality Standard

The WDES helps the Trust to review and improve the workplace experiences of colleagues with a disability. Overall, 4.51% of the Trust workforce has declared a disability, an increase from 4.22%. However, there has been an increase in the non-stated category, 4.10% to 4.40% indicating a reduction in data quality. There is an improvement in appointment from shortlisting, however, scores declined in relation to bullying and harassment, pressure to come into work and the extent the organisation values their contribution/work.

Our WDES summary results and action plan are at Appendix 5.

Gender Pay Gap

Gender Pay Gap (GPG) reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing the pay gap between male and female employees. The gender pay gap shows the difference in average earnings between all male full-pay relevant employees and all female full-rate relevant employees in the organisation. The gender pay gap shows the difference in the average pay between all men and women in a workforce. In the context of the wider NHS workforce the Trust is typical of most NHS organisations in that it has a higher number of females than males in its workforce. The figure for the median pay gap decreased from 20.1% in 2020 to 19.2% in 2021 and has since remained at 19.2% in 2022.

Our Gender Pay Gap data and action plan is at Appendix 6.

11. CONCLUSION

The Board is asked to **ENDORSE** the content of the report and continue its support for the Equality, Diversity and Inclusion strategy implementation.

Nicola Hosty
Assistant Director of Human Resources

December 2022

Appendix 1

Calderdale and Huddersfield NHS Foundation Trust

Workforce Demographic

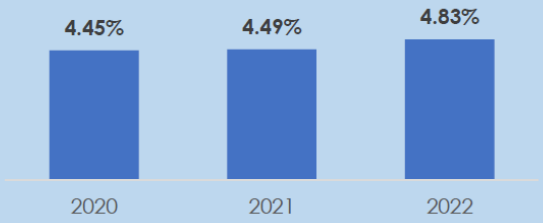
Current Headcount: 6,661

Age

The average age of the Trust's substantive workforce is getting younger

2020	2021	2022
44.4	42.9	41.9

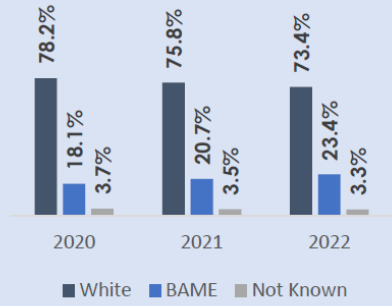
Disability



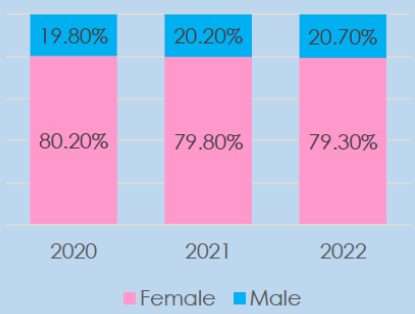
The percentage of the workforce declaring a disability is increasing.

Ethnicity

The percentage of BAME colleagues is increasing.

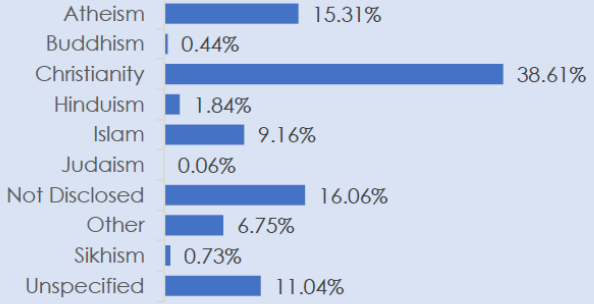


Gender

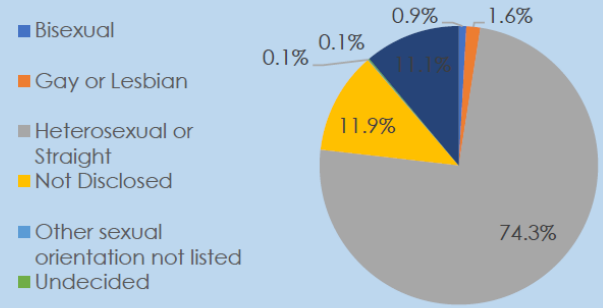


The percentage of male colleagues has increased year on year.

Religion



Sexual Orientation



ED&I Strategy

Calderdale and Huddersfield
NHS Foundation Trust

One Culture of care

compassionate care

Appendix 3

Calderdale and Huddersfield
NHS Foundation Trust

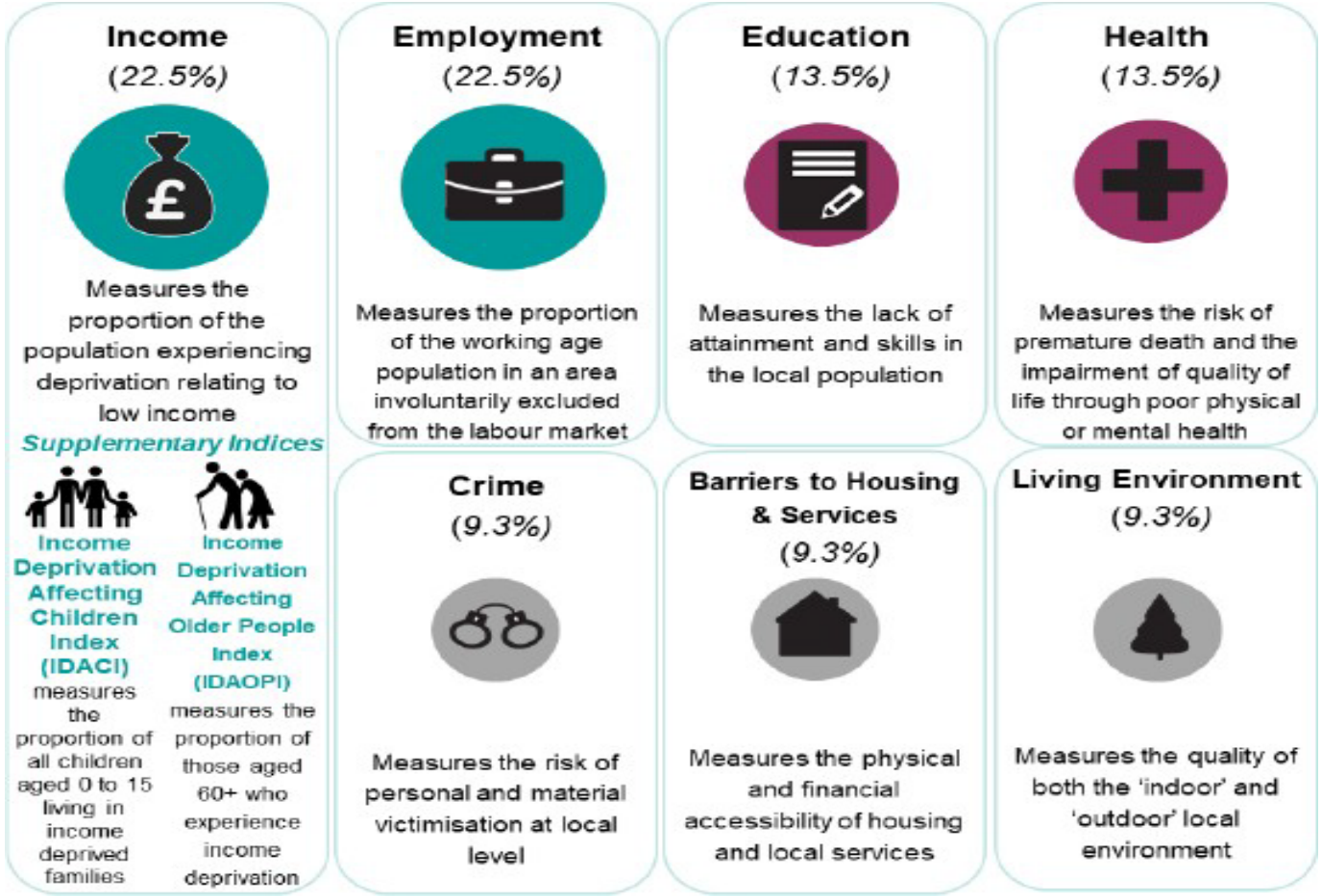
Index of Multiple Deprivation

31 October 2022

Index of Multiple Deprivation

Calderdale and Huddersfield
NHS Foundation Trust

There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation



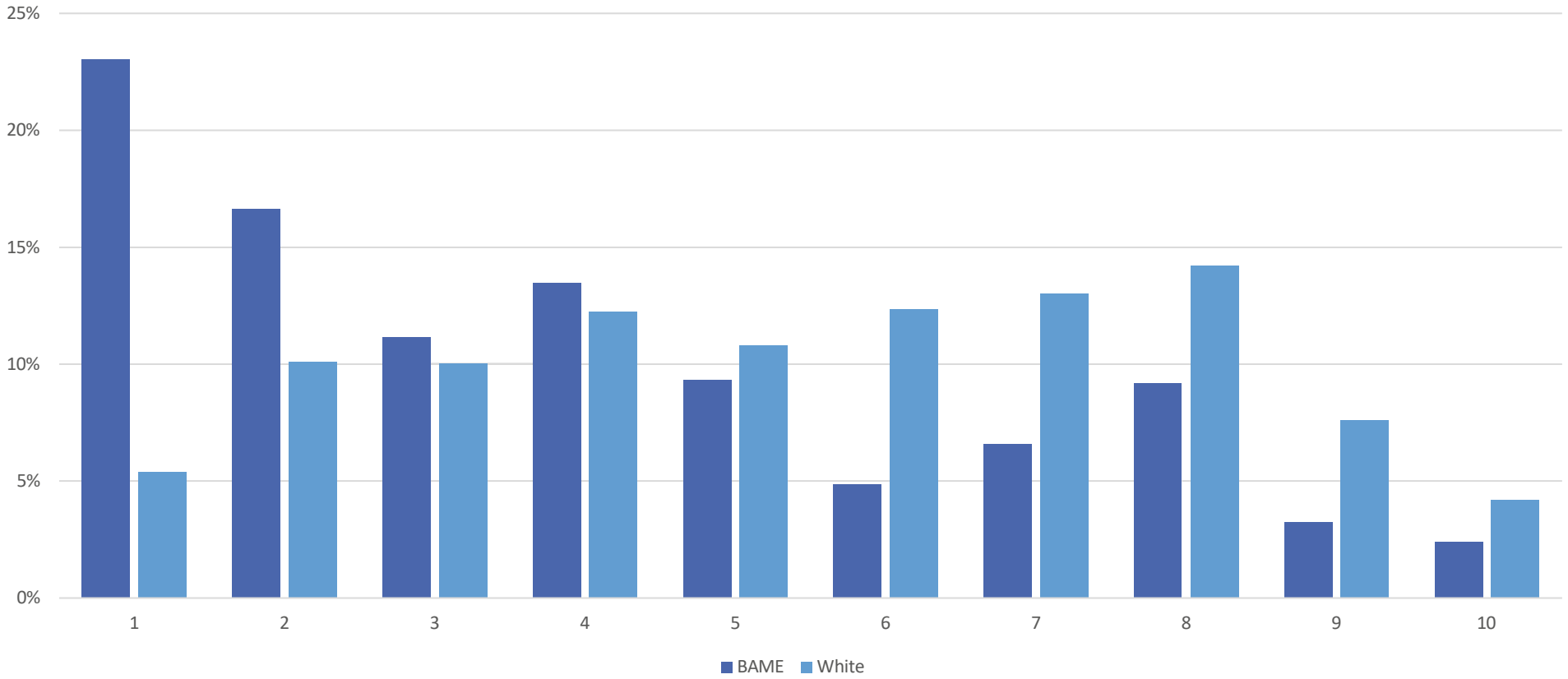
The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs). It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven domains, each of which reflects a different aspect of deprivation

Index of Multiple Deprivation

Calderdale and Huddersfield
NHS Foundation Trust

Headlines – CHFT

The Index of Multiple Deprivation (IMD) ranks every neighborhood in England from most to least deprived. These are then split into 'deprivation deciles', 10 equal groups ranging from 1 (most deprived 10%) to 10 (least deprived 10%). The chart below shows where the CHFT workforce falls in these deciles, split by ethnicity.



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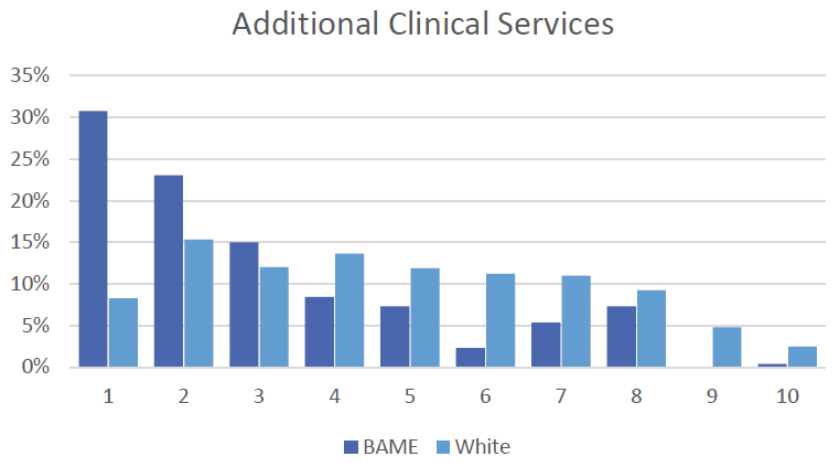
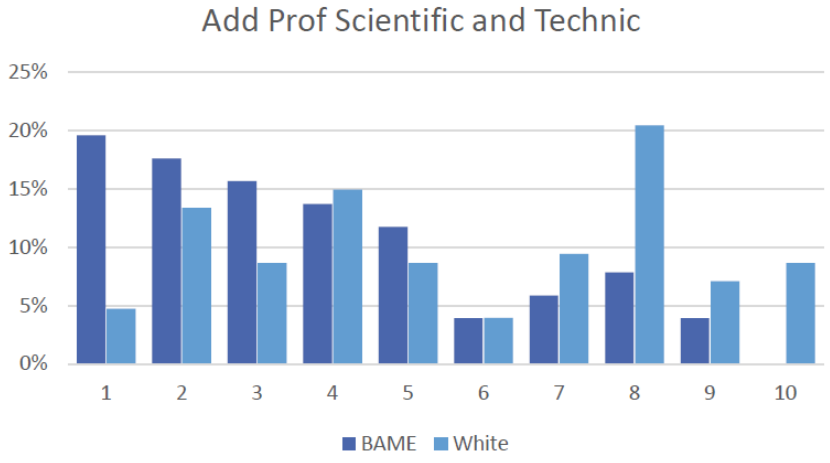
Index of Multiple Deprivation

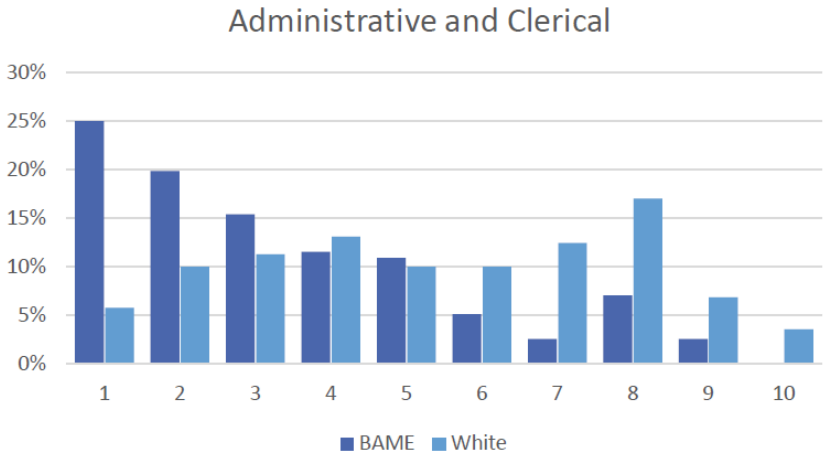
Headlines – Staff Group



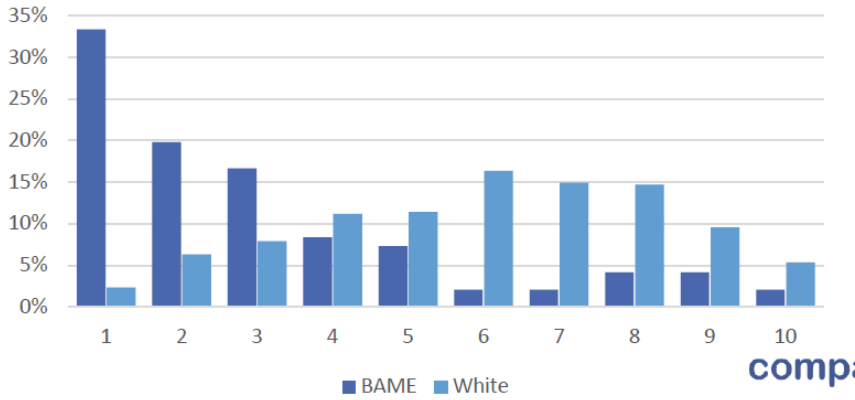
(Includes roles such as – HCSW, Phlebotomist, TNA, Nursing Associate, Technician)



(Includes roles such as – Pharmacist, Physicians Associate, Optometrist, Chaplain)



(Includes roles such as – Clerical Worker, Receptionist, Medical Secretary, PA, Librarian)



(Includes roles such as – Dietitian, Physiotherapist, Radiographer, SALT, OT, ODP)

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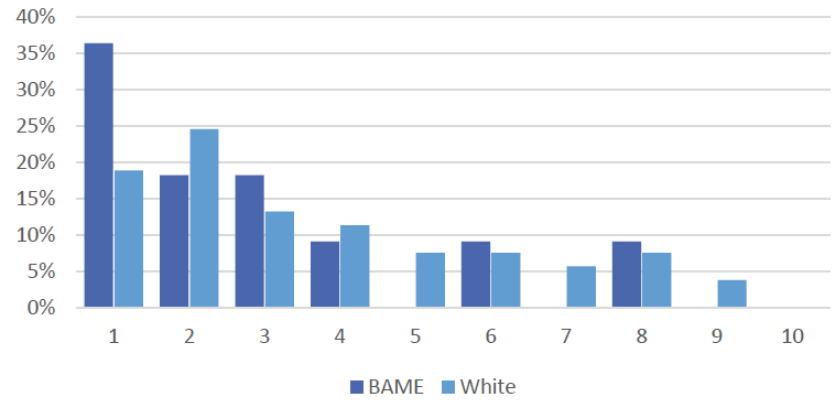
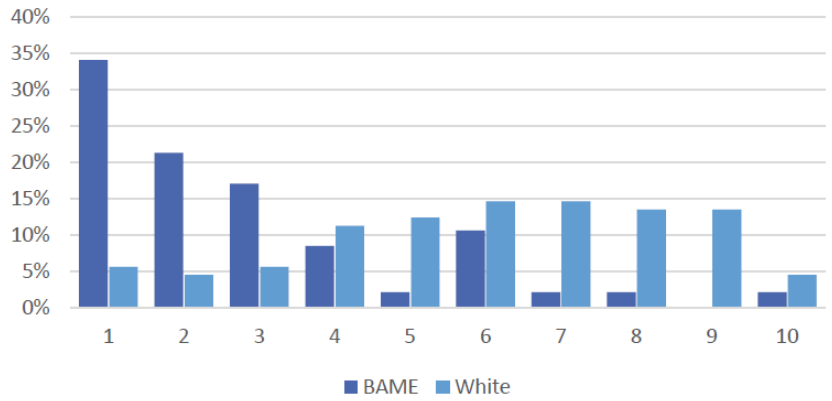
Index of Multiple Deprivation

Estates and Ancillary



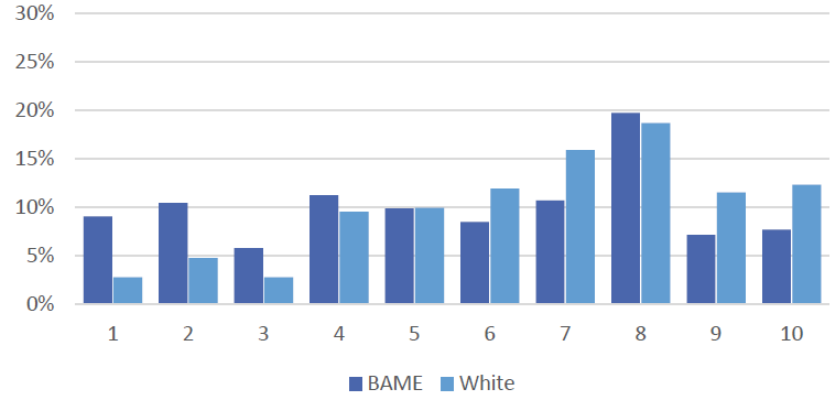
(Includes roles such as – Cook, Driver, Gardener, Housekeeper, Porter, Telephonist)

Healthcare Scientists



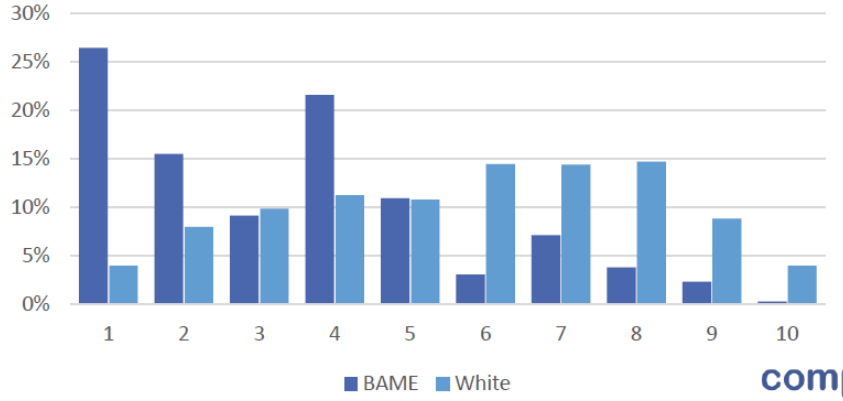
(Includes roles such as – Biomedical Scientist, Audiologist, Sonographer, MTO, Physiologist)

Medical and Dental



(Includes roles such as – FY1, FY2, Specialty Registrar, Speciality Doctor, Consultant)

Nursing and Midwifery Registered



(Includes roles such as – Staff Nurse, Sister, Charge Nurse, Midwife, Matron)

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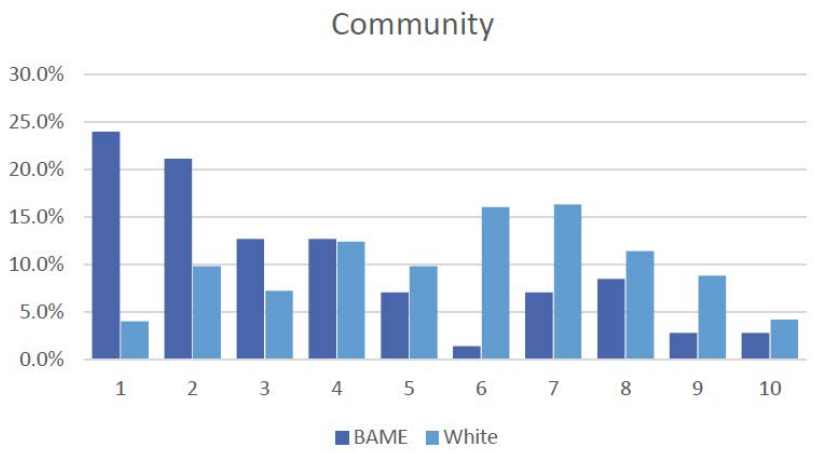
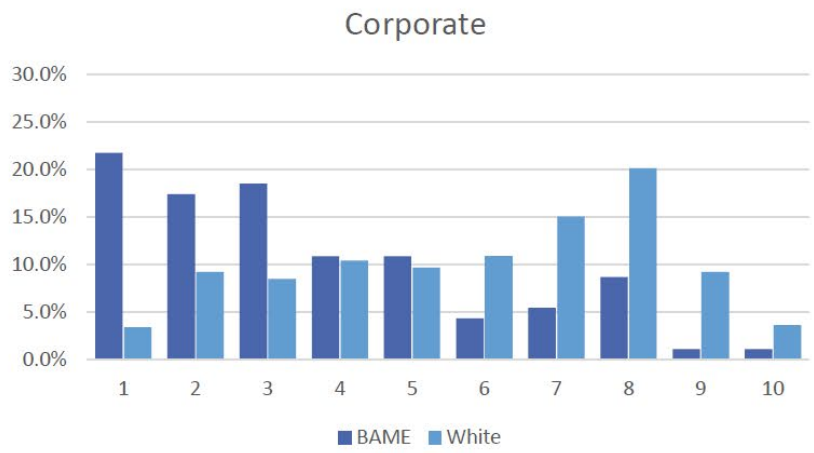
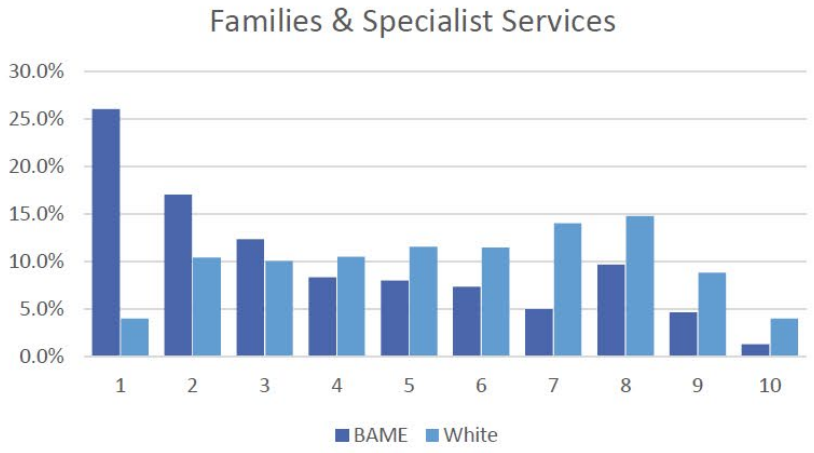
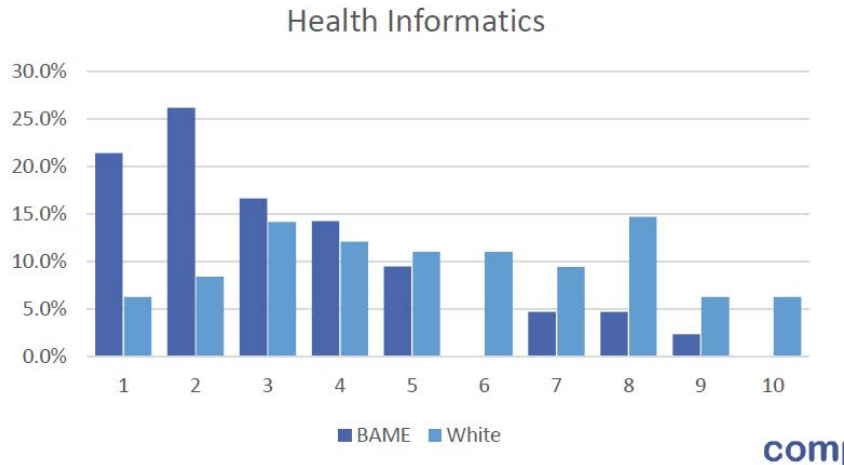
Index of Multiple Deprivation

Headlines – Division









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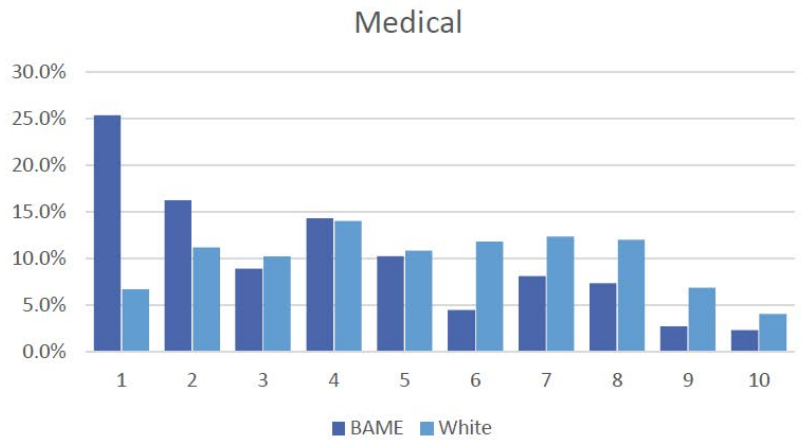
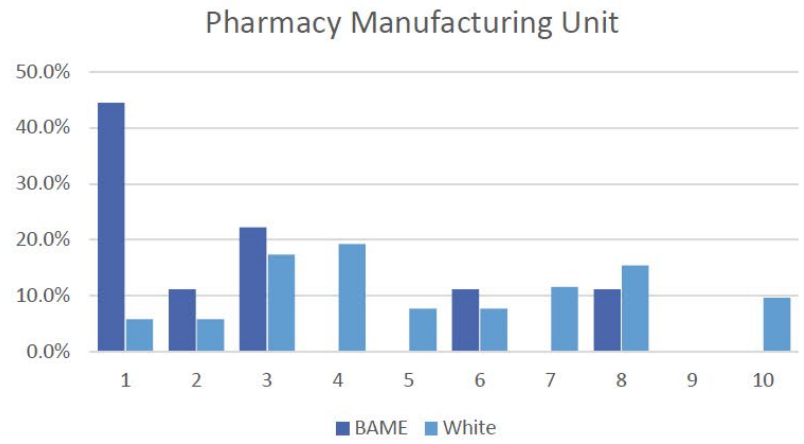
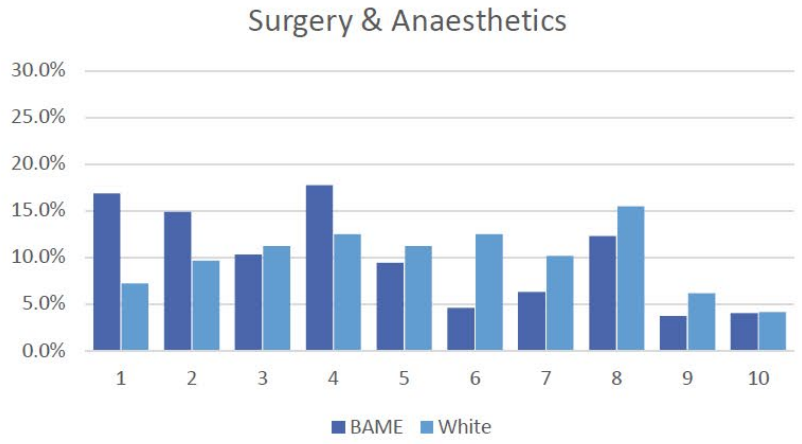
Index of Multiple Deprivation

Headlines – Division

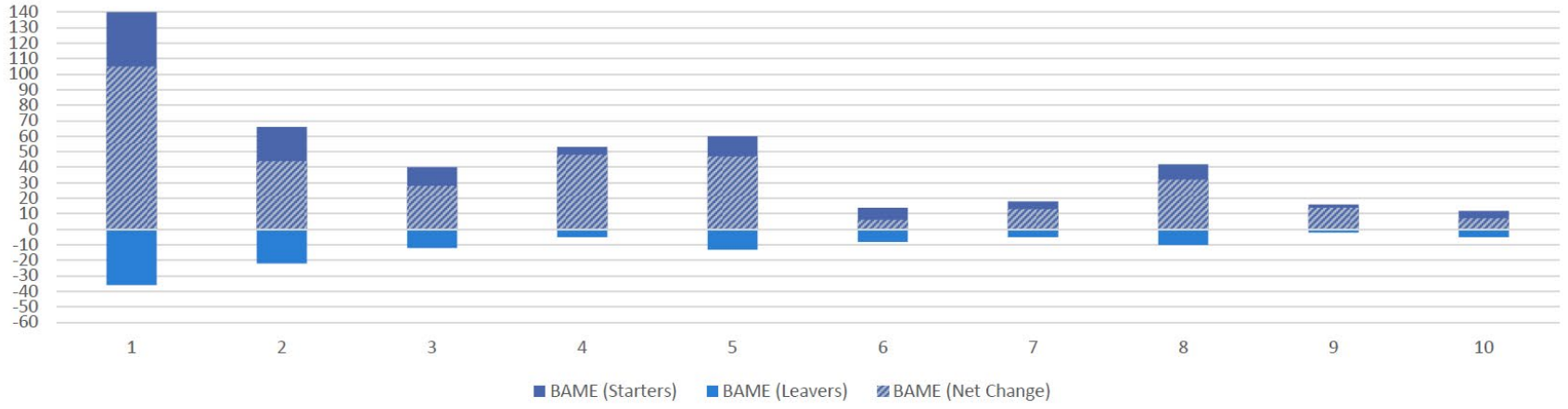


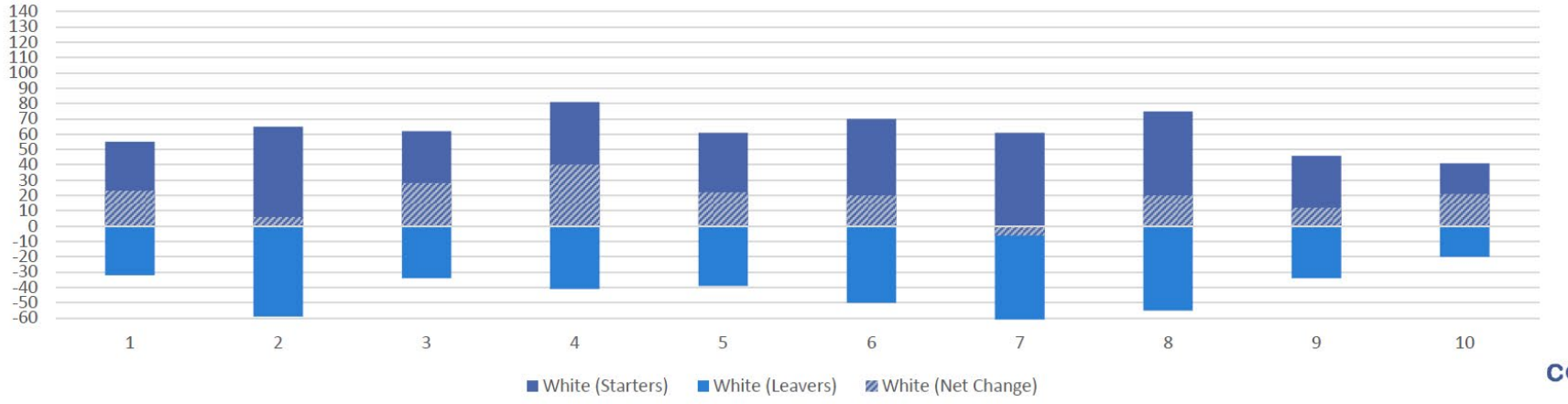




Index of Multiple Deprivation

Headlines – Starters and Leavers (November 2021 to October 2022)





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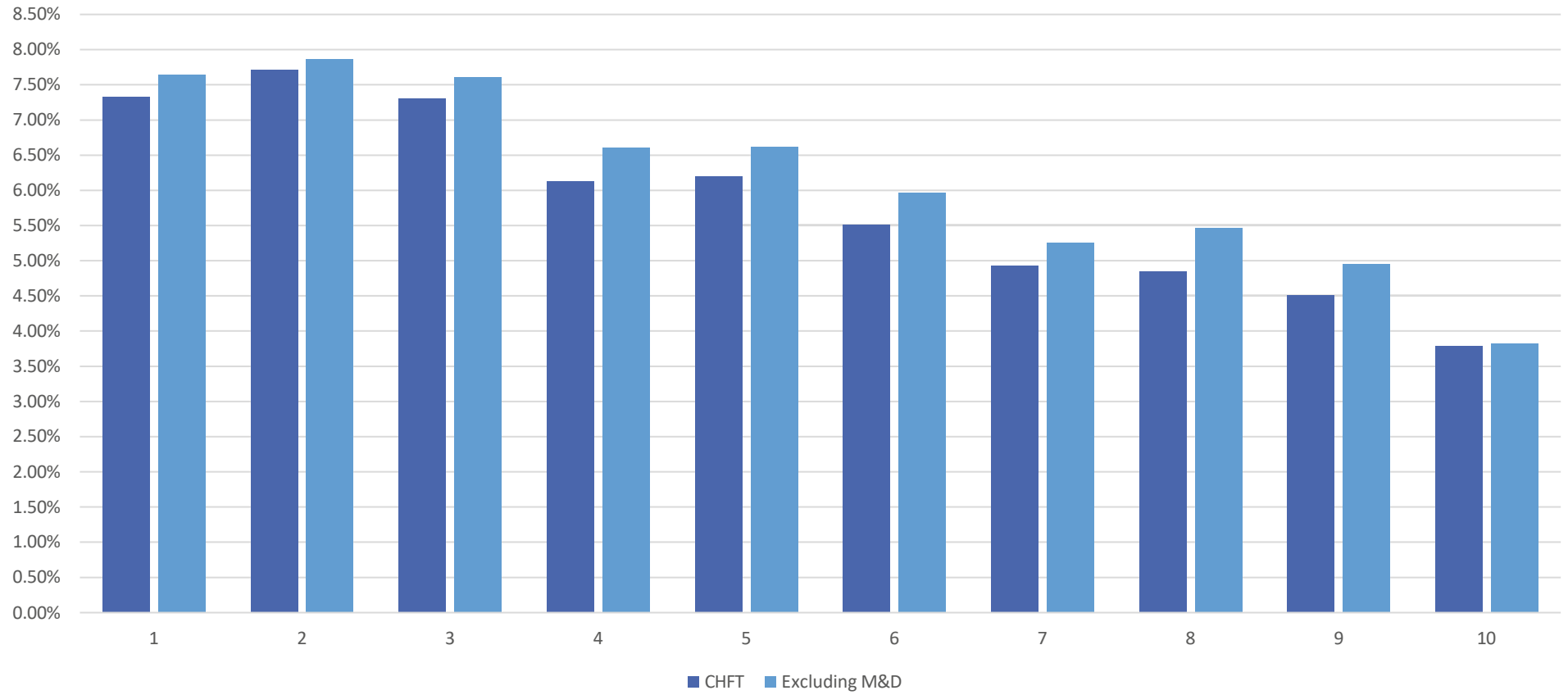
Index of Multiple Deprivation

Headlines – Sickness Absence Rate (November 2021 – October 2022)

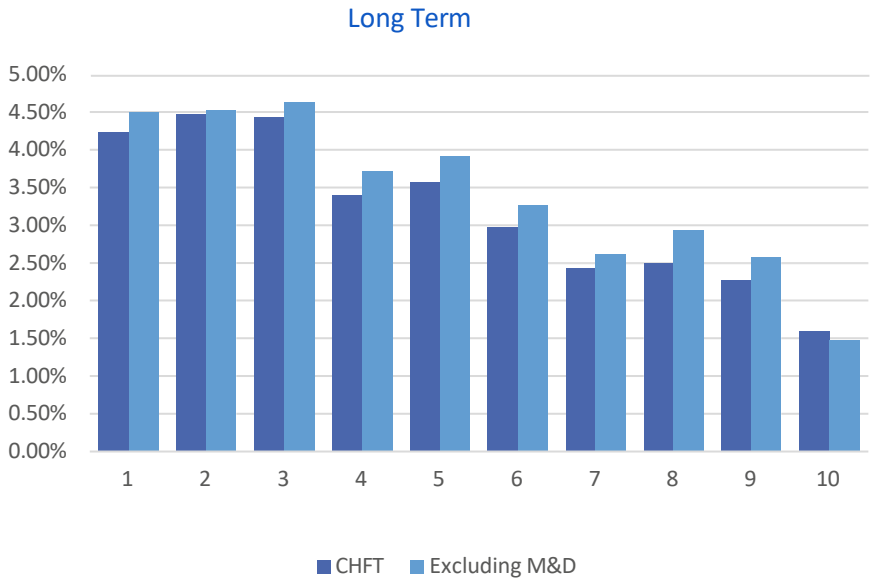


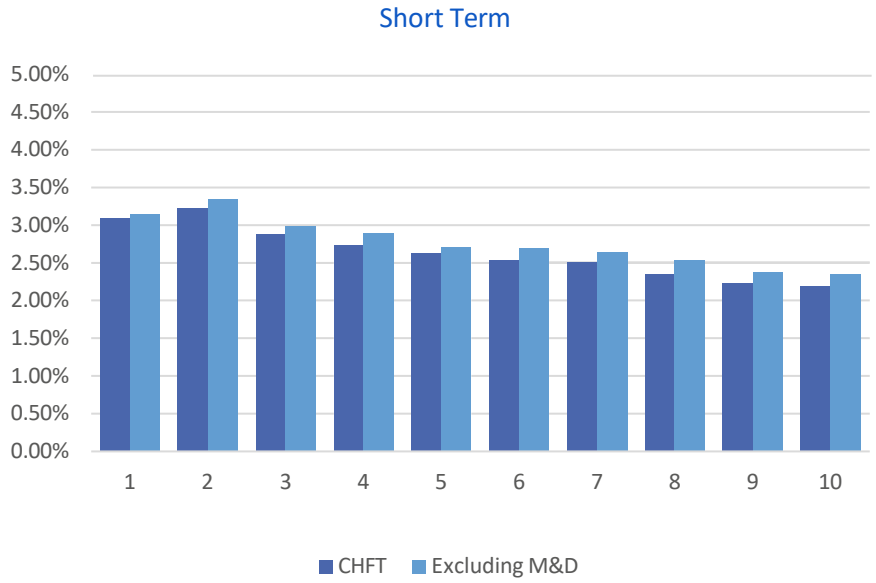
Most Deprived

Least Deprived

Index of Multiple Deprivation

Headlines – Sickness Absence Rate (November 2021 – October 2022)

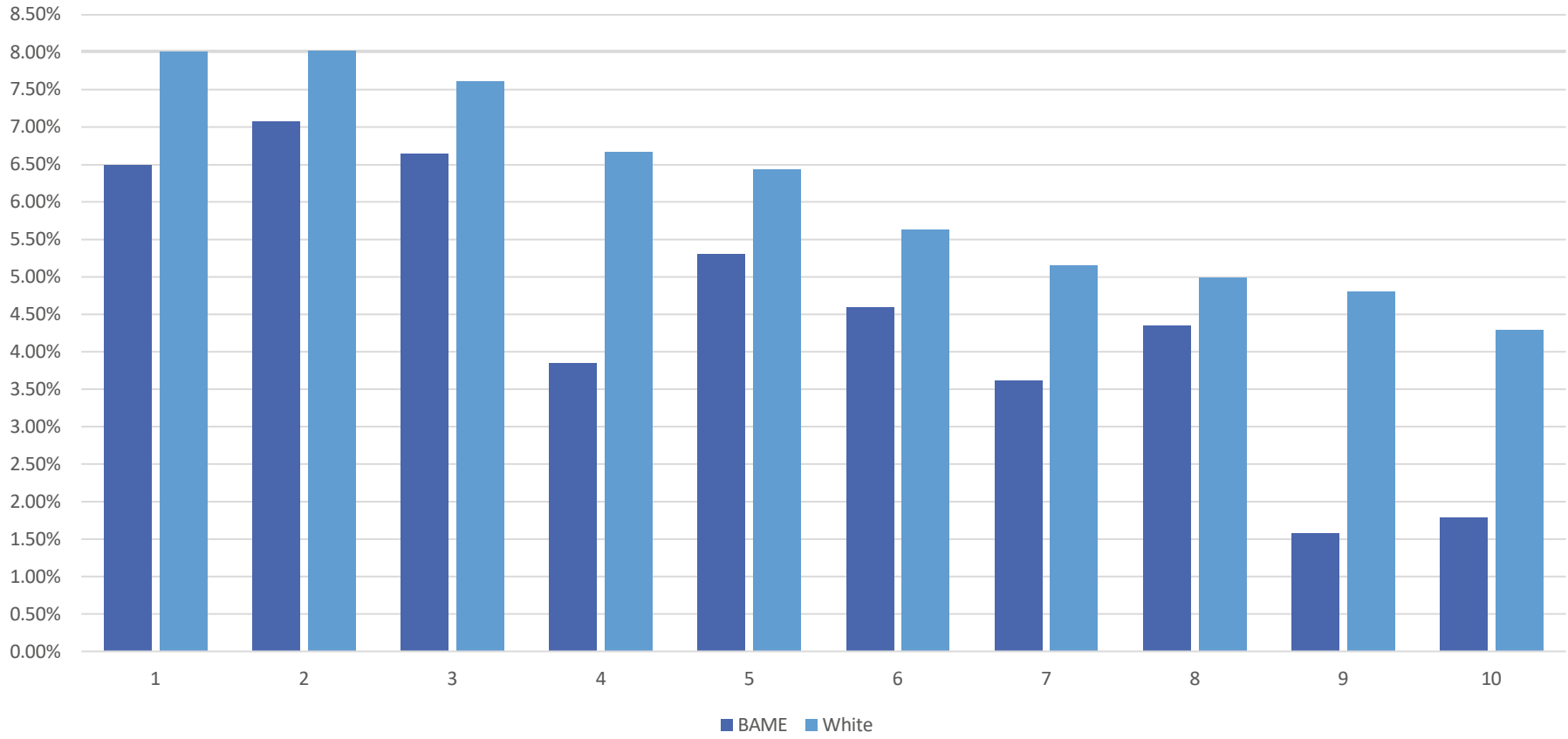




- Long Term sickness shows a general trend of higher sickness in lower deciles (high deprivation areas)
- Short Term sickness shows a similar but less pronounced trend of lower sickness in higher deciles (lower deprivation areas)

Index of Multiple Deprivation

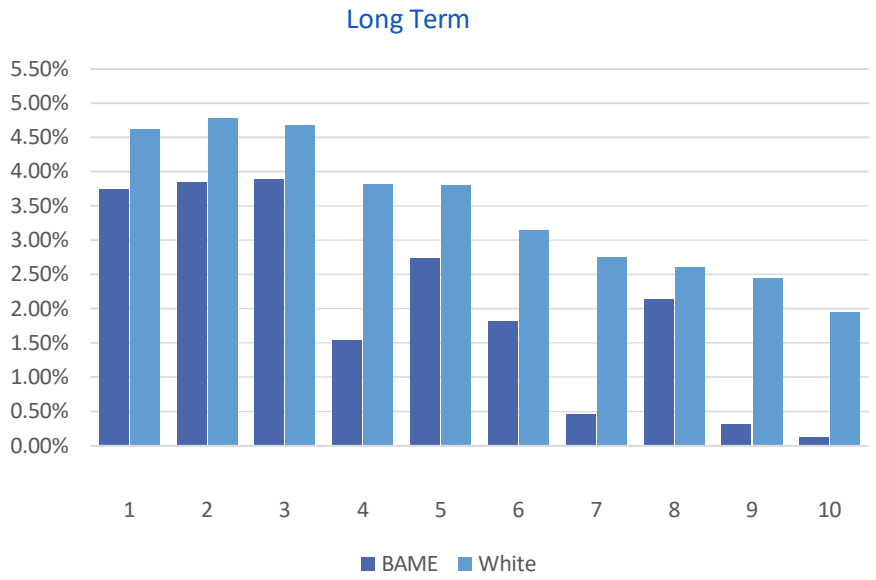
Headlines – Sickness Absence Rate (November 2021 – October 2022)

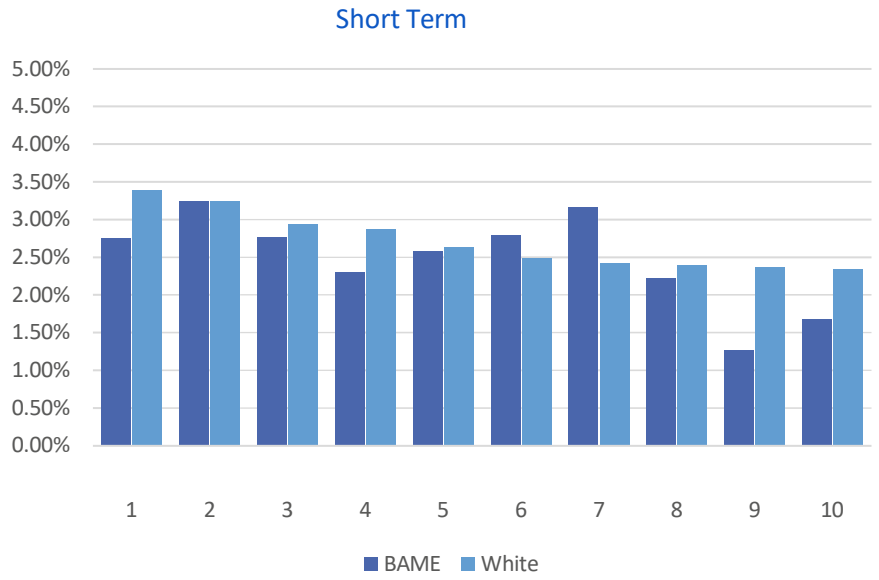


Most Deprived ← → Least Deprived

Index of Multiple Deprivation

Headlines – Sickness Absence Rate (November 2021 – October 2022)





- Higher levels of total Long Term Sickness recorded by white colleagues (3.47% white vs 2.67% BAME)
- Long Term Sickness suggest generally lower rates within higher (less deprived) IMDs for both BAME and White colleagues
- Short Term Sickness suggest lower rates within higher (less deprived) IMDs for white colleagues. While for BAME colleagues the trend is not as clear with outliers in deciles 5/6/7, though the least deprived deciles continue to show the lowest levels of sickness.

10. Quality Committee Chair’s Highlight Report
- Learning from Deaths Q2 Report - in the Review Room

To Note

Presented by Denise Sterling

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Denise Sterling, Non-Executive Director
Date(s) of meeting:	14 November 2022
Date of Board meeting this report is to be presented:	12 January 2023
ACKNOWLEDGE	• Patient Story presentation on the Motor Neurone Disease support at CHFT, which has developed from a pilot to a multidisciplinary service. Evidence of positive outcomes in the delivery of coordinated care that is meeting the needs of patients and carers.
ASSURE	• Health and Safety Assurance report – Update on projects undertaken during 2022 committee assured that comprehensive and robust systems are in place to ensure patient and employee safety and appropriate priorities identified for further improvement. • Stroke Service update – Thorough summary of challenges and ongoing actions. Recruitment to the thrombolysis team, stroke matron and Advanced Clinical Practitioners roles are having an impact on response times to patient interventions. Sentinel Stroke National Audit Programme (SSNAP) scores showing improvement over the past 2 months. • Midwifery Services Report – Review undertaken in response to the East Kent report including the review of still birth and neonatal deaths. Quarterly audits completed with actions, Transitional Care, Avoiding Term Admission into Neonatal Units (ATAIN) and Perinatal Mortality Review Tool. Working with regional and national teams to set new targets for Maternity Continuity of Carer. • Board Assurance Framework Risk 4/20 CQC rating reviewed, and risk score remains the same. Report to next Quality Committee of the review of all the must and should do actions from the last inspection, the current position and recommendations for signing off. • Integrated Performance Report for September, Committee noted that a number of domains are showing an improvement. • Clinical Outcomes Group Minutes, escalated to committee - ReSPECT to be rolled out early 2023, level 1 training to be available on ESR. COG dashboard shows Hospital Standardised Mortality Ratios (HSMR) lowest since start of the pandemic
AWARE	• Calderdale Integrated Quality Framework for Place presented by Debbie Winder Deputy Director of Quality. Agreed the sharing of minutes at this stage

	as the work continues to develop ways of working, shared work plan for the Calderdale system, developing shared quality priorities.

11. MIS submission and approval process - Presented by Diane Tinker, Director of Midwifery

Date of Meeting:	12 January 2023
Meeting:	Public Board of Directors
Title of report:	Maternity Services: NHS Resolution Maternity Incentive Scheme Year 4
Author:	Diane Tinker, Director of Midwifery and Women's Services
Sponsor:	Lindsay Rudge, Chief Nurse
Previous Forums:	Quality Team Meeting with Medical Director 22 December 2022
Purpose of the Report	• To provide the current position and assurance for review by the Board prior to submission of the Trust's declaration for Year 4 of the Maternity Incentive Scheme required by 2 February 2023. The scheme offers a financial rebate up to 10% of the maternity premium for Trusts able to demonstrate progress against all ten safety actions.
Key Points to Note	• NHS Resolution is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. • The scheme incentivises ten maternity safety actions as referenced in previous years' schemes. Trusts that can demonstrate they have achieved all ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund, (approximately £1 million) and will also receive a share of any unallocated funds. • Maternity Services have been working since the publication of the year 4 maternity incentive scheme to meet the ten safety standards. The full details of NHS Resolution's ten maternity safety actions and technical guidance is available in the Review Room, with summary information given below. • A collation of evidence has been presented to a divisional panel on 14 December 2022 as a "check and challenge" approach to providing assurance. The panel were satisfied with the evidence provided. • The panel agreed that the evidence demonstrated compliance with 9 out of the 10 safety actions. Appendix F2 contains the evidence table which supports the statement of compliance against each of the ten maternity incentive scheme safety actions. • In order to be compliant with the outstanding action, action 6, ongoing work is required to meet one of the elements of Safety action 6 'Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?'. • The process indicators for Element 1 of Safety action 6 are: *percentage of women where Carbon Monoxide (CO) measurement at booking is recorded and percentage of women where CO measurement at 36 weeks is recorded.* • For each process indicator to be compliant a Trust must achieve an average of 80% over a four-month consecutive period with an evidencing position as of 2nd February 2023.

	• Compliance has been achieved for the percentage of women where Carbon Monoxide (CO) measurement at booking process however, percentage of women where CO measurement at 36 weeks the current reporting position is 73% October 2022 and 74% November 2022. Ongoing work is being undertaken to improve recording with a weekly meeting to review current position for December 2022 and January 2023, with the aim to be in a position to propose declaration of compliance. The updated position will be shared with the Board at the meeting on 12 January 2023. • To note the planned review of the Maternity Scheme Incentive submission by the Quality Committee meeting on 21 December 2022 did not take place as the meeting was cancelled. A review of the compliance position took place with the Medical Director, Deputy Chief Nurse and senior members of the Quality and Safety team on 22 December 2022. • The Trust Board must satisfy itself that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub- requirements as set out in the NHS Resolution safety actions and technical guidance document which can be found in the Review Room. A summary of this is given at Appendix F3.
EQIA – Equality Impact Assessment	There is significant evidence which demonstrates that the experiences and outcomes of mothers and babies from BAME groups and those from the areas of highest levels of deprivation are more likely to be poor. Maternity services have an active Health Inequalities work stream to drive improvement work for those most at risk. CHFT's midwifery reader has produced a cultural survey that has been shared with staff to understand knowledge gaps ahead of developing training opportunities for midwives and obstetricians.
Recommendation	The Board of Directors is asked to **APPROVE** the submission for year four of the Maternity Incentive Scheme.

Calderdale and Huddersfield NHS Foundation Trust

Maternity Incentive Safety Scheme for Trust's Year 4

Evidence Table of Compliance Position December 2022

Safety Action	Requirements	Evidence	Compliance
1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	a) i. All perinatal deaths eligible to be notified to MBRRACE-UK from 6 May 2022 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within one month of the death. Deaths where the surveillance form needs to be assigned to another Trust for additional information are excluded from the latter. ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 6 May 2022 to 5th December 2022 will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust. b) At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 6 May 2022 to 5th December 2022 will have been reviewed using the PMRT, by a multidisciplinary review team. Each of these reviews will have been completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death and the report published within six months of each death. c) For at least 95% of all deaths of babies who died in your Trust from 6 May 2022, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any questions and/or concerns	CHFT maternity service has a database in place and available to review which contains all elements of this requirement and confirms 100% case notification to MBRRACE. CHFT maternity service has a database in place and available to review which contains all elements of this requirement and confirms 100% case started within 2 months. CHFT maternity service has a database in place and available to review which contains all elements of this requirement and confirms 100% cases a draft report completed in 4 months and 66% cases a report has been published within 6 months following a multidisciplinary review CHFT maternity service has a	

	they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died either at home or in your Trust. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion. Trusts should ensure that contact with the families continues during any delay and make an early assessment of whether any questions they have can be addressed before a full review has been completed; this is especially important if there are any factors which may have a bearing on a future pregnancy. In the absence of a bereavement lead ensure that someone takes responsibility for maintaining contact and for taking actions as required. Quarterly reports will have been submitted to the Trust Board from 6 May 2022 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety and Board level safety champions.	database in place and available to review which contains all elements of this requirement and confirms 100% cases parents' perspective sought Report generated from MBBRACE confirms 100% Minutes/agendas of meetings available Quality Committee, Maternity Safety Champions / Perinatal Quality Surveillance Meeting	
2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	This relates to the quality and completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements. 1. By 31st October 2022, Trusts have an up-to-date digital strategy for their maternity services which aligns with the wider Trust Digital Strategy and reflects the 7 success measures within the What Good Looks Like Framework. The strategy must be shared with Local Maternity Systems and be signed off by the Integrated Care Board. As part of this, dedicated Digital Leadership should be in place in the Trust and have engaged with the NHSEI Digital Child Health and Maternity Programme. 2. Trust Boards to assure themselves that at least 9 out of 11 Clinical Quality Improvement Metrics (CQIMs) have	CHFT have an up to date 5-year Maternity digital strategy The digital strategy has been presented at the WYAAT CIO Group and the LMS Board and all was well received and signed- off. CHFT are compliant with MSDS	

	passed the associated data quality criteria in the "CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria" data file in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2022. The data for July 2022 will be published during October 2022. 3. July 2022 data contained height and weight data, or a calculated Body Mass Index (BMI), recorded by 15+0 weeks gestation for 90% of women reaching 15+0 weeks gestation in the month. 4. July 2022 data contained Complex Social Factor Indicator (at antenatal booking) data for 95% of women booked in the month. 5. July 2022 data contained antenatal personalised care plan fields completed for 95% of women booked in the month. (MSD101/2) 6. July 2022 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing, and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001) 7. Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria in 18 the "CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria" data file in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2022 for the following metrics: Midwifery Continuity of carer (MCoC) i. Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have	email confirmation from Head of Operational Performance Information Management covers 2-7	

	the CoC pathway indicator completed. **ii.** ii. Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided. **iii.** iii. At least 70% of MSD202 Care Activity (Pregnancy) and MSD302 Care Activity (Labour and Delivery) records submitted in the reporting period have a valid Care Professional Local Identifier recorded. Providers submitting zero Care Activity records will fail this criterion		
3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme	a) Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care. b) The pathway of care into transitional care has been fully implemented and is audited quarterly. Audit findings are shared with the neonatal safety champion, LMNS, commissioner and Integrated Care System (ICS) quality surveillance meeting each quarter. c) A data recording process (electronic and/or paper based for capturing all term babies transferred to the neonatal unit, regardless of the length of stay, is in place. d) A data recording process for capturing existing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) has been embedded. If not already in place, a secondary data recording process is	Approved guidelines Minutes of meetings were guidelines approved Quarterly TC audits completed Minutes/agendas of meetings available where audits presented Maternity Forum, Maternity Safety Champions / Perinatal Quality Surveillance Meeting All admissions review at weekly maternity governance meeting - meeting minutes. Paper based collections on NNU. Captured through quarterly audit completed Secondary data captured through K2 Athena	

	set up to inform future capacity management for late preterm babies who could be cared for in a TC setting. The data should capture babies between 34+0-36+6 weeks gestation at birth, who neither had surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered. e)Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data set (NCCMDS) version 2 are available to be shared on request with the operational delivery network (ODN), LMNS and commissioners to inform capacity planning as part of the family integrated care component of the Neonatal Critical Care Transformation Review and to inform future development of transitional care to minimise separation of mothers and babies. f) Reviews of babies admitted to the neonatal unit continue on a quarterly basis and findings are shared quarterly with the Board Level Safety Champion. Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet. In addition, reviews should report on the number of transfers to the neonatal unit that would have met current TC admissions criteria but were transferred or admitted to the neonatal unit due to capacity or staffing issues. The review should also record the number of babies that were transferred or admitted or remained on Neonatal Units because of their need for nasogastric tube feeding but could have been 26 cared for on a TC if nasogastric feeding was supported there. Findings of the review have been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting on a quarterly basis.	Evidence via Badgernet and HRG returns which are shared on request to the Neonatal ODN Quarterly ATAIN audits completed Minutes/agendas of meetings available where audits presented Maternity Forum, Maternity Safety Champions / Perinatal Quality Surveillance Meeting All admissions review at weekly maternity governance meeting - meeting minutes.	

	g) An action plan to address local findings from the audit of the pathway (point b) and Avoiding Term Admissions into Neonatal units (ATAIN) reviews (point f) has been agreed with the maternity and neonatal safety champions and Board level champion. h) Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting	Minutes/agendas of meetings available where action plans shared – monthly Maternity Safety Champions / Perinatal Quality Surveillance Meeting Minutes/agendas of meetings available where action plans shared - Maternity Safety Champions / Perinatal Quality Surveillance Meeting	
4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	**a) Obstetric medical workforce** 1. The obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service 2. Units should monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Trusts' positions with the requirement should be shared with the Trust board, the board-level safety champions as well as LMNS.	Consultant meeting agenda, Standard operating procedure for Hot Week Consultant, Maternity Quality Committee report outlining acknowledgement Reviewed at weekly maternity governance meeting -maternity weekly governance meeting minutes Quarterly audit presented at Maternity Safety Champions/Perinatal Quality Surveillance Meeting – minutes/agenda of meetings Data shared monthly with LMNS – workforce data submission Maternity Quality Committee report	

	b) Anaesthetic medical workforce A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients (ACSA standard 1.7.2.1)	Standards met, evidenced via anaesthetic rotas	
	c) Neonatal medical workforce The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies. If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies.	Standards not met as require two Registrars per night Action plan. Progress from Year 3- external funding received for additional 2nd Registrar for 2 nights per week	
	d) Neonatal nursing workforce The neonatal unit meets the service specification for neonatal nursing standards. If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies.	Neonatal Nurse staffing paper using the Workforce Model tool calculations -2.17WTE deficit in budget (however based on increased uplift 6.07WTE for 1 nurse per shift, against Trust uplift 5.24WTE) – April 2022 Action Plan Progress -recurrent funding received from ODN for 6 WTE nurses (included in calculation above)	

	If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies and share this with the Royal College of Nursing, LMNS and Neonatal Operational Delivery Network (ODN) Lead.		
5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed. b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above. c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service d) All women in active labour receive one-to-one midwifery care e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year four reporting period.	Birthrate plus review undertaken Budget includes additional funding from Ockenden 100% compliance achieved – evidenced via monthly maternity QC report, monthly workforce submission to LMNS, labour ward 4hourly Birthrate plus acuity score Maternity dashboard, action plan completed as not 100% but remains compliant Hard Truths Bi-yearly Safer Staffing paper present to Board Nov 2022 including Maternity Staffing. Monthly staffing update included in Quality Committee report Board of Directors report	

6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	1. Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019. Note: Full implementation of the SBLCBv2 is included in the 2020/21 standard contract. 2. Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network. 3. The quarterly care bundle survey should be completed until the provider Trust has fully implemented the SBLCBv2 including the data submission requirements.	All elements implemented All elements implemented Evidence of quarterly survey completed and submitted to LMNS	
6: Element One	Process indicators: A. Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded. B. Percentage of women where CO measurement at 36 weeks is recorded. A Trust will fail Safety Action 6 if the process indicator metric compliance is less than 80%. If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%.	Compliant >80% at booking, action plan completed For each process indicator to be compliant a Trust has to achieve an average of 80% over a four- month consecutive period with an evidencing position as of 2nd February 2023. Current reporting position is 73% October 2022 and 74% November 2022. Ongoing work is being undertaken to improve recording with a weekly meeting to review current position for December 2022 and January 2023 with targeted work for women due	

		CO monitoring by the Lead Midwife for public health and MSW health advisers, with the aim to be in a position to propose declaration of compliance by 2nd February 2023.	
6: Element Two	Process indicator: 1) Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded using a risk assessment pathway at booking and at the 20 week scan (e.g. Appendix D). A Trust will fail Safety Action 6 if the process indicator metric compliance is less than 80%. If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%. In addition, the Trust board should specifically confirm that within their organisation: 2) Women with a BMI>35 kg/m2 are offered ultrasound assessment of growth from 32 weeks' gestation onwards 3) In pregnancies identified as high risk at booking uterine artery Doppler flow velocimetry is performed by 24 completed weeks gestation 4) There is a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation. 5) They have generated and reviewed the percentage of perinatal mortality cases for 2021 where the identification and management of FGR was a relevant issue (using the PMRT). 6) Their risk assessment and management of growth disorders in multiple pregnancy complies with NICE	Audit demonstrating 100% compliance Audit demonstrating 100% compliance Audit demonstrating 100% compliance Quarterly audit completed Maternity Forum agenda/minutes Included in quarterly FGR audit PMRT report generated Compliant with NICE Multiple Pregnancy Guideline	

	guidance or a variant has been agreed with local commissioners (CCGs) following advice from the Clinical Network. 7) They undertake a quarterly review of a minimum of 10 cases of babies that were born 37+6 weeks' gestation. The review should seek to identify themes that can contribute to FGR not being detected (e.g., components of element 2 pathway and/or scanning related issues). The Trust board should be provided with evidence of quality improvement initiatives to address any identified problems. Trusts can omit the above- mentioned quarterly review of a minimum of 10 cases of babies that were born 37+6 weeks' gestation for quarter 3 of this financial year (2021/22) if staffing is critical and this directly frees up staff for the provision of clinical care.	Quarterly audit completed Maternity Forum agenda/minutes	
6: Element Three	Process indicators: A. Percentage of women booked for antenatal care who had received reduced fetal movements leaflet/information by 28+0 weeks of pregnancy. B. Percentage of women who attend with RFM who have a computerised CTG (a computerised system that as a minimum provides assessment of short-term variation). A Trust will fail Safety Action 6 if the process indicator metric compliance is less than 80%. If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%.	Audit demonstrating 100% compliance Audit demonstrating 100% compliance	
6: Element Four	There should be Trust board sign off that staff training on using their local CTG machines, as well as fetal monitoring in labour are conducted annually. The fetal monitoring sessions should be consistent with the Ockenden Report recommendations, and include intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness. The Trust board should specifically confirm that within their organization 90% of eligible staff (see Safety Action 8) have attended local multi- professional fetal monitoring training annually as above. Please refer to safety action 8 for more	PROPMT training programme including intermittent auscultation, electronic fetal monitoring with system level issues, human factors, escalation, and situational awareness. See Safety Action 8	

	information re training.		
6: Element Five	Process indicators: A. Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth. B. Percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids. C. Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth. D. Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance). A Trust will not fail Safety Action 6 if the process indicator scores are less than 80%. However, Trusts must have an action plan for achieving >80%. In addition, the Trust board should specifically confirm that within their organisation: • They have a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention. • Women at high risk of preterm birth have access to a specialist preterm birth clinic where transvaginal ultrasound to assess cervical length is provided. If this is not the case	Audit demonstrates <80%, action plan completed Audit demonstrates <80%, action plan completed Audit demonstrates <80%, action plan completed Reported to LMNS Exception report completed for all cases >80% compliance Dedicated Named Lead Consultant Specialist Preterm Clinic	

	the board should describe the alternative intervention that has been agreed with their commissioner (CCG) and that their Clinical Network has agreed is acceptable clinical practice. • An audit of 40 consecutive cases of women booking for antenatal care has been completed to measure the percentage of women that are assessed at booking for the risk of preterm birth and stratified to low, intermediate and high-risk pathways, and the percentage of those assessed to be at increased risk that are referred to the appropriate preterm birth clinic and pathway. • Their risk assessment and management in multiple pregnancy complies with NICE guidance or a variant that has been agreed with local commissioners (CCGs) following advice from the provider's clinical network.	Audit completed NICE compliant Preterm Birth Guideline	
7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	**Evidence required** • Terms of Reference for your MVP. They reflect the core principles for Terms of Reference for a MVP as outlined in annex B of Implementing Better Births: A resource pack for Local Maternity Systems • Minutes of MVP meetings demonstrating how service users are listened to and how regular feedback is obtained, that actions are in place to demonstrate that listening has taken place and evidence of service developments resulting from coproduction between service users and staff. • Written confirmation from the service user chair that they are being remunerated as agreed and that this remuneration reflects the time commitment and requirements of the role given the agreed work programme. Remuneration should take place in line with agreed Trust processes. • The MVP's work programme, minutes of the MVP meeting which agreed it and minutes of the LMNS	Terms of reference MVP Minutes of MVP meetings Co-production action plan Written confirmation from MVP Chair MVP work programme Minutes LMNS board	

	board that ratified it • Written confirmation from the service user chair that they and other service user members of the MVP committee are able to claim out of pocket expenses, including travel, parking, and childcare costs in a timely way. • Evidence that the MVP is prioritising hearing the voices of women from Black, Asian, and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality. • Evidence that the MVP Chair is invited to attend maternity governance meetings and that actions from maternity governance meetings, including complaints' response processes, trends, and themes, are shared with the MVP	Written confirmation from MVP chair Evidence of discovery interviews Written confirmation from MVP chair Written confirmation from MVP chair Minutes from Maternity Forum meeting	
8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional	Can you evidence that: a) A local training plan is in place to ensure that all six core modules of the Core Competency Framework, will be included in your unit training programme over 3 years, starting from the launch of MIS year 4 in August 2021. b) 90% of each relevant maternity unit staff group have attended an 'in house' one day multiprofessional training day, that includes maternity emergencies starting from the launch of MIS year four in August 2021? c) 90% of each relevant maternity unit staff group have attended an 'in-house' one day multiprofessional training day that includes antenatal and intrapartum fetal monitoring, starting from the launch of MIS year four in August 2021. d) Can you evidence that 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating newborn infant have attended in-house neonatal life support training or a	Training Plan included in Maternity Role Specific Guideline ESR/ training data base evidence >90% compliance ESR/ training data base evidence >90% compliance ESR/ training data base evidence >90% compliance	

training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?	Newborn Life Support (NLS) course starting from the launch of MIS year four in August 2021		
9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	a) The pathway developed in year 3, that describes how safety intelligence is shared from floor to Board, through local maternity and neonatal systems (LMNS), and the Regional Chief Midwife has been reviewed in line with the perinatal quality surveillance model. The revised pathway should formalise how Trust-level intelligence will be shared with new LMNS/ICS and regional quality groups to ensure early action and support is provided for areas of concern or need. b) Board level safety champions present a locally agreed dashboard to the Board quarterly, including; the number of incidents reported as serious harm, themes identified and actions being taken to address any issues; staff feedback from frontline champions and walk-abouts; minimum staffing in maternity services and training compliance are taking place at Board level no later than 16 June 2022.	Safety Champions poster displayed in all clinical areas Monthly Quality Committee report Board of Directors reports Evidence of listening events with Chief Nurse Evidence of walk-abouts by Safety Champions Evidence of Trust Scorecard reviewed alongside incidents and complaints – Maternity Forum minutes, Maternity Safety Champions/Perinatal Quality Surveillance Meeting – minutes/agenda Maternity Safety Champions poster	

		Maternity Weekly View – Maternity Safety Champions poster shared with all staff	
	c) Trust Boards have reviewed current staffing in the context of the letters to systems on 1 April 2022 and 21 September 2022 regarding the roll out of Midwifery Continuity of Carer as the default model of care. A decision has been made by the Board as to whether staffing meets safe minimum requirements to continue rollout of current or planned MCoC teams, or whether rollout should be suspended	Monthly Quality Committee reports Board of Directors reports Weekly Executive Board	
	d) Board level and maternity safety champions are actively supporting capacity and capability building for staff to be involved in the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)	Evidence of representation at MatNeoSIP meetings Evidence of Director of Midwifery presentation at MatNeoSIP Patient Safety and Quality Midwife involvement in Each Baby Counts Project	
10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?	A) Reporting of all qualifying cases to HSIB from 1 April 2021 to 5 December 2022 2.	CHFT database evidence 100% compliance	
	B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022 3.	CHFT database evidence 100% compliance	
	C) For all qualifying cases which have occurred during the period 1 April 2021 to 5 December 2022, the Trust Board are assured that: 4. 1. the family have received information on the role of HSIB and NHS Resolution's EN scheme; and 5. 2. There has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.	DoC compliance on Datix HSIB, EN included in DoC letter	

12. Charitable Funds Committee Chair Highlight Report

Report 2021-22 and Accounts (Audit Highlights Memorandum) – Review Room

For Assurance

Presented by Helen Hirst

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Charitable Funds Committee
Committee Chair:	Helen Hirst
Date(s) of meeting:	23 November 2022
Date of Board meeting this report is to be presented:	12 January 2023
ACKNOWLEDGE	The Committee expressed thanks to Carol Harrison, the Funds Manager and the Finance Team for the preparation of the Annual Accounts. The work of Emma Kovaleski, Charity Manager on the year's achievements and plan for the future was recognised.
ASSURE	The Committee received assurance from the auditors, KPMG, who provided a clean audit opinion on the Annual Report and Accounts as reflected in the Management Letter.
AWARE	The Imagination Appeal fund has now closed. The Committee agreed to a period of refresh for the overall strategy and a review of the governance arrangements.

13. Finance and Performance Chair Highlight Report

For Assurance

Presented by Andy Nelson

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Finance and Performance Committee
Committee Chair:	Andy Nelson, Non-Executive Director
Date(s) of meeting:	6 December 2022 and 10 January 2023
Date of Board meeting this report is to be presented:	12 January 2023
ACKNOWLEDGE	• Continued excellent performance in Cancer – deep dive at F&P re-inforced the good news story and encouraging to see cancer team challenging themselves to improve this further especially around speeding up diagnostics and initial appointments • Despite growing ED attendance (+15% vs 2019) CHFT continues to be best performer in West Yorkshire – however, performance declined to 60% in December as pressures increased • Recovery performance still largely on track with strong achievement on 78- and 104-week waiters and 52-week waiters compared with the external plan and with Diagnostics overall performance now almost 97% Improved complaints performance; currently have no complaints out of time
ASSURE	• The committee had a deep dive review of ED looking the drivers of reduced performance which include higher attendances and patient acuity, staffing challenges and space. The ED unit cost has increased by 27% driven by agency spend, Covid measures and higher staffing levels to improve flow and patient care • Review of forecasted Recovery Performance done for the remainder of the year to ensure overall 104% target is met and progress is maintained on long waiters – initial analysis suggested 102.5% would be achieved but further actions being taken to meet 104% target – at 102.9% at end November and forecasting 103.3% for year end. Still aiming for 104% • The committee were assured that action plans and deep dives are in place to tackle areas where elective recovery performance is not hitting target – evidence of improving performance in a number of areas • We remain on track to mee CIP target of £20m in 2022/23 – Turnaround Executive model led by Deputy CEO to be reconvened to ensure progress is maintained Integrated Performance Report (IPR) and framework being refreshed to update for NHS performance and local performance metrics. Early draft version of revised IPR to be brought to F&P January meeting

AWARE	• Current trajectory is that theatre staffing will be fully established by mid-December – key to meeting elective recovery targets • Stroke performance remains an issue and proposed stroke hub business case not approved – business case for investment in community services being progressed to alleviate bed pressures and thereby enable improved performance at front end of stroke pathway – F&P to follow up in March meeting • Backlog volume of ASIs and Follow-Up appointments still a concern – will it lead to greater pressure on 52-week waits • At the end of month 78 the trust is reporting a deficit position of £14.99m which is £1.78m adverse to plan (vs £0.88m at month 6). This is driven primarily by Covid/ED costs and agency spend and latterly paying enhanced rates for Bank work • Although the trust continues to forecast a £17.35m for the year in line with the plan there is a risk that this will not be met. The finance team modelled some scenarios and the 'likely case' In November showed a further deficit against plan of £5.5m. However, some further system monies, depreciation funding and active management of accruals have now seen this reduce to a forecast deficit of £1.8m against plan. This assumes the current operational pressures continue but CIP is achieved and pay awards and elective recovery are fully funded. Winter is bringing further pressures and there is the potential impact of industrial action • The committee were assured that all risks to the financial plan are getting the necessary executive attention including working with partners at place and ICB level. • Cash position strong primarily due to capital underspend. Forecast is to spend full capital plan but risk this will not happen • F&P received presentation on planning guidance for 23/24 financial plan and initial planning assumptions
ONE CULTURE OF CARE	One Culture of Care considered as part of the performance and finance reports. Senior member of WOD now attends F&P on a regular basis plus WOD representation in deep dives. This allowed the committee to check in on workforce performance (such as sickness levels) and well-being and whether any further actions can be taken given the significant operational pressures staff are facing.

14. Integrated Performance Report

To Note

Presented by Jonathan Hammond

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	Thursday 12 January 2023
Meeting:	Board of Directors
Title:	Quality and Performance Report
Author:	Peter Keogh, Assistant Director of Performance Kirsty Archer, Deputy Director of Finance Neeraj Bhasin, Deputy Medical Director Jo Middleton, Deputy Director of Nursing Kim Smith, Assistant Director of Quality Jason Eddleston, Deputy Director of Workforce and OD
Sponsoring Director:	Jonny Hammond, Acting Chief Operating Officer
Previous Forums:	Executive Board, Finance & Performance Committee
Purpose of the Report	To provide the Board of Directors with a single combined narrative that seeks to triangulate current performance for the month of November 2022.
Key Points to Note	November has been a difficult month in terms of performance due to the particular pressures we have seen from an emergency perspective and high numbers of attendances at both our A&E sites. Fortunately this has not yet impacted significantly on our Recovery Programme which is still performing well and we are still managing to achieve our key Cancer indicators. The **SAFE** domain is still performing well although we continue to see patients with category 4 pressure ulcers. Within The **CARING** domain we are starting to see the impact of the work that colleagues have put into improving our Complaints position. Complaints responded to within target timeframe at 66.67% is the best performance since December 2021 and the number of complaints closed within timeframe and the total number of complaints closed have both had their highest numbers in over 12 months. 2 of the 5 FFT areas (Inpatients and now Community) are achieving target. Dementia screening is still not improving with performance below 20%. There is still work to be done within the **EFFECTIVE** domain to improve performance in HSMR/SHMI, MRSA screening and #Neck of Femur. In the **RESPONSIVE** domain the Cancer 31 Day Subsequent Surgery Treatment target was missed for the first time since January although all other Cancer key targets have been achieved. For stroke patients 3 of the 4 targets have been missed in November. ED performance at 66.37% was the lowest monthly performance seen at CHFT which has also meant the highest number of 12 hour waits in the departments. We are also continuing to see

	a small number of 12-hour trolley waits from Decision to Admit. % Diagnostics seen within 6 Weeks has improved again and at 96.9% was its best performance in over 12 months. Numbers waiting > 52 weeks for treatment continue to reduce as part of our Recovery Programme. For the **WORKFORCE** domain non-Covid absence is at its highest since December 2021. **FINANCE** – Year to date the Trust is reporting a £14.99m deficit, a £1.78m adverse variance from plan. The in-month position is a deficit of £1.89m, a £0.02m adverse variance. The adverse variance is driven by inflationary pressures, the costs of opening additional capacity and the associated premium rate staffing costs, including bank and agency expenditure.
EQIA – Equality Impact Assessment	The IPR does not report performance with a breakdown of Protected Characteristics either for workforce or patient data. Workforce equality monitoring is conducted at Workforce Committee via WRES, WDES and Staff Survey. The Public Sector Equality Duty annual report is presented to Board annually, as well as our gender pay gap report.
Recommendation	The Board of Directors is asked to **NOTE** the narrative and contents of the report for November 2022.

Calderdale and Huddersfield NHS Foundation Trust

Performance
November 2022

Benchmarking
We continue to perform well in terms of our Recovery position around 104 weeks, 78 weeks and 52 weeks.

Quality, Workforce and Finance
We have looked at our main headlines from a Trust overview perspective and considered the impact that these areas are having on service performance.

Although we have seen an increase in ED attendances when compared to 2019 these have not necessarily translated into emergency admissions which are actually 11% below the same period in 2019. One area that is showing a significant increase in non-elective admissions is Respiratory Medicine where activity has increased by 47% and further work is being done to understand this increase.

Overall **acuity** at Trust level for all non-elective admissions has increased by 20% (Medicine Division 25%) which is impacting on bed pressures, length of stay etc.

ED attendances for both hospital sites continue to increase with an 11% rise in numbers attending compared to 2019 pre-pandemic. Covid attendances dropped throughout November and the beginning of December however are starting to rise slightly again. We have started to see an increase in respiratory illnesses with Flu numbers growing with the dominant strain being Flu A. Paediatric attendances to EDs have increased since the end of November as per the usual trend, as well as increasing numbers in relation to the Strep A outbreak. Along with increased attendances, acuity/dependency is still significantly high and has led to some very challenging operational issues, this has had an impact on the 4-hour ECS performance. We have had sustained periods in OPEL 3 and have had 2 occasions where we have spent time in OPEL 4. The OPEL position and increased attendances has meant we have had to open significant extra capacity across the organisation, this has given us a pressure in terms of both medical and nursing staffing.

We continue to focus on ambulance handovers and turnaround times to allow ambulances to respond to calls in the community, we now have a clear escalation process in place to support this.

We also continue to see an elevated TOC list with very few days where the position has dropped below 100. We have continued to see long waits above 8 and 12 hours in both emergency departments which is an extremely poor patient experience, and we know increases risk for patients in terms of outcomes.

Responding to complaints in a timely fashion continues to be a challenge, however it should be noted that we have demonstrated an increased level of improvement with approximately 67%

complaints closed in line with the target timeframe. An increased level of oversight and scrutiny continues at both divisional level and corporate level, with weekly oversight meetings to ensure that we to continue on this trajectory.

Due to a new central update the current **HSMR and SHMI** figures have not been released to Trusts and therefore there is no change to the reported position.

However, the Mortality Surveillance Group noted that SHMI had moved to a negative outlying position, but on further investigation this was due to the funnel plot baseline not being adjusted following the bi-annual rebasing of HSMR and SHMI. When adjusted, it was noted CHFT was within expected

range and had actually positively moved from 82nd position to 77th position out of 123 Trusts in the dataset.

'Crude mortality' has remained stable over the last two months, between 1.3 to 1.5%, a lower position than the equivalent time last year.

Due to the lack of updates there are no new alerting conditions but governance processes continue though the Mortality Surveillance Group, Clinical Outcomes Group, and Care of the Acutely Ill Patient. Additionally, review of 'Sepsis' diagnoses have revealed 50% of cases could have had a more specific

diagnosis documented, affecting mortality measures. Work will commence on engagement and education around this.

Finally, there has been a move for Structured Judgement Reviews to be undertaken outside of the parent specialty to enable a more independent review. Due to system pressures there has been some delays in completing the reviews but the team continue to work hard on this process.

From a financial point of view, in the year to date the Trust is reporting a £14.99m deficit, a £1.78m adverse variance from plan. The in-month position is a deficit of £1.89m, a £0.02m adverse variance. The adverse variance is driven by inflationary pressures, the costs of opening additional capacity and the associated premium rate staffing costs, including bank and agency expenditure.

Agency expenditure year to date is £8.93m, £4.62m higher than planned. The Integrated Care Board has set the Trust's Agency expenditure ceiling for the full year at £6.9m, and the Trust has already exceeded that ceiling.

ERF of £7.57m has been assumed in the year-to-date position in line with plan. It has been confirmed that ERF will not be clawed back for the first half of the year. National guidance suggests that ERF is not likely to be clawed back in the second half of the year.

Whilst the reported year-end forecast continues to be in line with the planned £17.35m deficit, the underlying position would drive a significantly bigger deficit, which is largely mitigated by additional non-recurrent funding, technical flexibilities, and system support. The forecast assumes full delivery of a challenging £20m efficiency target and that the Trust will deliver its

elective activity plan and secure £11.63m of Elective Recovery Funding, delivering 104% of 2019/20 activity levels within the planned funding envelope.

Our rolling 12-month non-Covid **absence rate** is at 4.73% however the in-month non-Covid rate is at 5.19%. Staffing remains a significant challenge with the overall (including Covid related absence) in-month rate at 5.69%.

Essential Safety Training (EST) core programme compliance remains strong albeit there is a general downward trend which is subject to close monitoring. Data Security Awareness, Fire Safety and Infection Prevention and Control EST remain below our 90% target.

The 12-month turnover rate is at 8.86%, a second month reduction from a year-high of 9.32% in September.

A review of November 2022 data indicates that the combined RN and non-registered clinical staff metrics resulted in 23 of the 28 clinical areas having fewer **CHPPD** than planned, with a total deficit of 0.9 CHPPD across the Trust. Despite consistency in shift fill rates, the requirement to move staff to cover additional capacity areas means the 'base area' resulted in reduced CHPPD.

The CHPPD planned vs actual gap is most prominent in the Surgical division (2.1 CHPPD deficit). This is largely attributable to the staffing in ICU which planned a rich model due to the temporary move to ward 10 as a result of the refurbishment of the existing unit. The 'Actual' levels represent the staffing required to care for the patients each shift according to professional judgement and GPICS ratios. In reality, these staff were able to assist with patient care on surgical ward 10 when ICU patient numbers were low.

The apparent overstaffing in some wards for HCSW reflect the high number of patients requiring 1:1 care which is not 'planned' in the rosters.

A review of the nurse sensitive indicators demonstrates incidence of falls and pressure ulcers to be within normal variation.

Integrated Performance Report

November 2022

Report Produced by : The Health Informatics Service

Data Source : various data sources syndication by VISTA

Key Indicators

	21/22	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	YTD	Performance Range		
SAFE																					Green	Amber	Red
Never Events	2	1	0	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	0	3	0		>=1
CARING																					Green	Amber	Red
% Complaints closed within target timeframe	63.61%	100.00%	69.44%	55.10%	71.43%	58.82%	94.29%	70.73%	37.50%	44.44%	29.41%	27.08%	48.98%	28.57%	44.64%	55.32%	45.45%	49.12%	66.67%	46.97%	100%	86% - 99%	<=85%
Friends & Family Test (IP Survey) - % Positive Responses	96.91%	97.00%	96.38%	96.61%	97.33%	98.26%	97.47%	97.35%	97.10%	97.36%	96.36%	97.57%	97.14%	97.62%	98.23%	98.23%	98.38%	97.97%	in arrears	97.84%	>=90% / >=95% from September 21		<=79%
Friends and Family Test Outpatients Survey - % Positive Responses	92.16%	92.29%	91.88%	91.77%	91.49%	91.51%	92.45%	93.02%	93.20%	92.15%	93.71%	91.82%	92.24%	90.33%	92.02%	90.48%	91.75%	91.91%	in arrears	91.54%	>=90% / >=93% from September 21		<=79%
Friends and Family Test A & E Survey - % Positive Responses	82.76%	82.98%	78.53%	81.33%	80.85%	81.01%	82.39%	84.40%	86.40%	84.69%	76.52%	83.18%	81.09%	79.94%	79.63%	83.06%	84.64%	76.60%	in arrears	81.18%	>=80% / >=85% from September 21		<=69%
Friends & Family Test (Maternity) - % Positive Responses	94.64%	91.23%	97.53%	95.19%	97.69%	93.98%	93.20%	98.33%	92.30%	91.00%	95.12%	96.74%	97.92%	95.92%	93.09%	93.75%	93.26%	94.24%	in arrears	94.91%	>=90% / >=95% from September 21		<=79%
Friends and Family Test Community Survey - % Positive Responses	92.44%	93.37%	87.74%	92.52%	94.27%	91.12%	95.86%	93.68%	95.50%	91.21%	98.32%	94.79%	94.52%	88.96%	92.77%	94.51%	92.20%	96.27%	in arrears	93.13%	>=90% / >=95% from September 21		<=79%
EFFECTIVE																					Green	Amber	Red
Number of MRSA Bacteraemias – Trust assigned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0		>=0
Preventable number of Clostridium Difficile Cases	5	0	1	0	1	0	0	1	1	0	0	2	1	1	0	0	0	0	0	7	<3		>=3
Local SHMI - Relative Risk (1 Yr Rolling Data)	106.36	105.07	105.49	105.91	105.39	106.60	106.99	106.36	104.79	104.38	104.58	105.39	107.98	107.85	108.15					108.15	<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	102.2	90.00	90.56	92.19	93.78	95.20	97.00	99.27	102.20	102.64	104.59	105.86	106.69	107.31	107.98	106.74				106.74	<=100	101 - 109	>=111
RESPONSIVE																					Green	Amber	Red
Emergency Care Standard 4 hours	78.99%	86.16%	78.59%	79.57%	78.29%	75.97%	76.81%	72.95%	75.70%	73.92%	74.05%	72.64%	75.85%	72.97%	72.52%	73.27%	75.44%	68.44%	66.37%	72.15%	>=95%	81% - 94%	<=80%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of arrival	36.71%	54.90%	42.29%	43.14%	42.00%	33.87%	33.33%	23.19%	16.67%	15.79%	25.45%	25.53%	28.81%	13.33%	24.60%	19.18%	33.30%	26.15%	31.30%	24.95%	>=90%		<=85%
Two Week Wait From Referral to Date First Seen	98.38%	97.82%	97.93%	98.51%	98.80%	98.58%	99.21%	97.96%	98.39%	98.35%	97.56%	97.76%	98.46%	98.03%	97.76%	97.79%	96.20%	96.74%	98.22%	97.62%	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.53%	100.00%	98.68%	100.00%	97.96%	98.45%	96.84%	96.00%	93.84%	97.25%	93.50%	96.92%	96.27%	98.20%	97.83%	100.00%	100.00%	98.56%	99.32%	98.42%	>=93%		<=92%
31 Days From Diagnosis to First Treatment	98.21%	97.63%	98.94%	97.92%	95.88%	94.89%	99.02%	99.37%	98.35%	99.39%	98.31%	97.58%	98.86%	99.00%	99.45%	97.84%	98.90%	99.01%	98.53%	98.64%	>=96%		<=95%
31 Day Subsequent Surgery Treatment	95.43%	100.00%	97.78%	94.44%	84.78%	100.00%	92.59%	100.00%	93.33%	96.55%	94.44%	96.00%	100.00%	100.00%	100.00%	96.97%	97.44%	97.22%	90.32%	97.45%	>=94%		<=93%
31 day wait for second or subsequent treatment drug treatments	99.51%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	98.63%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.75%	98.85%	98.98%	99.50%	>=98%		<=97%
38 Day Referral to Tertiary	50.00%	50.00%	72.73%	47.06%	52.17%	61.11%	50.00%	37.93%	35.00%	66.67%	30.77%	55.17%	64.71%	40.74%	35.00%	24.00%	38.46%	56.52%	33.33%	43.60%	>=85%		<=84%
62 Day GP Referral to Treatment	90.62%	91.87%	91.23%	91.40%	89.77%	91.51%	93.43%	87.32%	89.59%	86.82%	89.71%	91.63%	87.70%	90.69%	85.32%	85.43%	85.96%	90.53%	92.37%	88.68%	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	59.47%	48.48%	32.14%	55.26%	32.00%	55.56%	76.19%	81.25%	62.50%	50.00%	96.30%	92.59%	73.68%	70.37%	87.88%	88.24%	88.89%	70.37%	78.57%	81.69%	>=90%		<=89%
Faster Diagnosis Standard: Maximum 28-day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening	74.31%	68.93%	73.27%	69.07%	70.56%	76.23%	78.16%	76.82%	76.50%	83.12%	79.54%	77.76%	76.91%	74.06%	75.88%	73.65%	77.44%	78.17%	76.85%	76.29%	>=75%		<=70%
WORKFORCE																					Green	Amber	Red
Sickness Absence rate (%) - Rolling 12m - Non-Covid related	4.83%	4.00%	4.13%	4.23%	4.33%	4.43%	4.49%	4.58%	4.66%	4.63%	4.83%	4.90%	4.91%	4.88%	4.82%	4.77%	4.73%	4.71%	4.73%	-	<=4.75%	<5.25%	>=5.25%
Long Term Sickness Absence rate (%) -Rolling 12m - Non-Covid related	3.21%	2.85%	2.92%	3.01%	3.07%	3.10%	3.10%	3.12%	3.15%	3.17%	3.21%	3.24%	3.23%	3.20%	3.15%	3.10%	3.06%	3.06%	3.08%	-	<=3.0%	<3.25%	>=3.25%
Short Term Sickness Absence rate (%) -Rolling 12m - Non-Covid related	1.62%	1.17%	1.21%	1.23%	1.26%	1.33%	1.39%	1.46%	1.52%	1.57%	1.62%	1.66%	1.68%	1.69%	1.68%	1.67%	1.66%	1.65%	1.65%	-	<=1.75%	<2.00%	>=2.00%
Overall Essential Safety Compliance	92.90%	95.64%	95.48%	93.93%	93.81%	93.22%	93.01%	93.28%	92.50%	92.57%	92.90%	92.54%	92.94%	92.61%	92.63%	91.89%	90.46%	91.68%	92.38%	-	>=90%	>=85%	<85%
Appraisal (1 Year Refresher) - Non-Medical Staff	69.06%																			-	>=95%	>=90%	<90%
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)	82.43%	12.04%	17.00%	30.80%	44.51%	54.57%	60.90%	61.72%	63.51%	65.54%	69.06%	0.64%	2.79%	5.94%	9.36%	17.18%	48.64%	59.23%	66.77%	-	>=95%	>=90%	<90%
FINANCE																					Green	Amber	Red
I&E: Surplus / (Deficit) Var £m YTD	2.27	0.28	-0.22	-1.40	-1.62	0.00	-0.05	0.17	0.02	-0.06	-0.11	0.11	0.11	0.59	-0.34	-0.83	-0.51	-0.88	-0.02	-1.78			

SWOT Analysis

Strengths

- Agreed Recovery Framework.
- Continuing to focus on Trust agreed priorities for elective patients, e.g. ensuring we prioritise patients with learning disabilities and long waiters (104 weeks).
- Ongoing comprehensive theatre staff engagement and workforce development programme.
- Progressing installation of two new permanent MRI scanners which are being ramped and shimmed which is the process by which the main magnetic field is made more homogenous.
- Community Pharmacist roles continue to add significant value in Quality Improvement (identifying and managing medication incidents), supporting effective assessment and care planning across nursing and therapy services and helping manage some of the discharge based risks and issues with handover of medicines management.
- Continue to support Mid Yorkshire Hospital Trust with Non-Surgical Oncology care for Breast and Lung cancer and also now providing some in-reach support to Bradford.
- Focus on recruitment in both clinical and admin roles to support Recovery. Using alternative roles and thinking differently for hard to recruit areas. Also exploring risks and benefits to over recruitment to minimise bank and agency spend.
- Insourcing arrangements in place for ENT (OP & Surgery), Orthopaedics (CHOP LLP) and Ophthalmology (OP, diagnostics & Surgery) to help tackle elective backlogs.
- CMDU programme started 17th January in collaboration with Locala and Mid Yorkshire to reduce hospital attendances. This funding has now been extended for the whole of 2022/23.
- 3 Colleagues in Community division have just been awarded the Queens Nurse accreditation, taking the number of accreditations within Division to 6 serving as leaders and role models within Community nursing.
- Improving AHP workforce planning capability through extension of project roles to deliver outputs of initial review findings.
- E-Job rollout almost complete for AHP and next for specialist nursing.

Weaknesses

- Bed pressures continue to be significant.
- The staffing position continues to be extremely challenging across all divisions in particular among nursing teams.
- Theatre lists still not up to pre-covid numbers but pipeline staffing showing a positive position over the next few weeks and months.
- Some specialties i.e. large complex cases are not recovering at the same pace as others.
- Issue retaining Community Pharmacists in Quest due to conflicting demands with PCN Pharmacists.
- Disparity with availability of clinical educators into Therapy services to support staff retention and education.
- Trust Estate and dual site configuration reduces flexibility.

Opportunities

- The SAFER programme continues to pull together existing workstreams and those stopped during the Covid period.
- The Plan for Every Patient roll-out programme is underway with further resource allocated to increase pace and buy-in.
- Medicine is enacting plans to effectively use allocated face to face clinic capacity to ensure this is used effectively across all specialties to ensure patients with the highest priority are seen.
- Using Myosure in Gynaecology to see and treat patients in an ambulatory setting where previously they would have needed theatre. Supports capacity and improved patient experience.
- Development of workforce plan including ODP apprentices, Nurse Associate role.
- Opportunity to work with NHSE as a part of the pathfinder pilot looking at hospital patient transport (HTCS) for both inpatients and outpatients.
- Patient appliance trustwide budget is to be consolidated into the community division, this will come with a cost pressure but streamlines operational pressures and improves patient pathways.
- Virtual wards - CKW working groups have been established for virtual wards to ensure pathways are streamlined across the CKW footprint. Initial focus pathways are Frailty and Respiratory. The first VW beds went live in November.
- CHFT Community have agreed to work as a pilot site for developing a community currency tool with NHSE
- The Community division are currently working up a number of business cases with external partners to maximise some system money earmarked for innovation. In addition we are submitting a business case to Parkinson's UK for some pump primed funding to enhance the Calderdale Parkinson's service.
- IC Beds current provision extended for a further 12 months under the existing contract but on reduced beds (now 15 in total) and will be re looked at through 3CPB.
- The school aged Immunisations tender has been released to start a new contract from 1st September 2023. Community division are looking at submitting a collaborative tender with Locala for CHFT to continue to provide this service.

Threats

- We continue to see the significant and sustained increase in demand for both our emergency departments which continues to create pressure at the front door and driving ongoing increased staffing.
- Deterioration of Head and Neck service in terms of consultant cover and Speech and Language Therapy, started some WYAAT conversations re: a regional response.
- Significant delay in Theatre refurbishment (theatres 7 & 8), unable to commence as plan, in conversation re: delaying until next year due to threat to recovery.
- Community services are increasingly seeing more complex and acute presentation with impacts on wider anticipatory care and Long Term Condition (LTC) management.
- Patients are presenting with increased acuity and complexity which is resulting in a longer length of stay and challenges around timely discharge into the community.
- Staff fatigue due to ongoing pressures and frustration due to prolonged changing and increasing workloads.
- Significant cost pressure within the division due to Private Ambulance costs over and above CCG YAS commissioned service. This service has moved to the corporate division from May 2022.
- Risk of further vacancies in community nursing due to local organisations rebanding DN roles to Band 7. It has now been agreed to uplift Community DN's to band 7 backdated to January 2022
- Risk around long term funding of Virtual ward, this comes with 1 year pump priming, 1 year match funding and should be sustained through existing resource from 2024/25. Community are working in collaboration with other CHFT divisions as well as across CKW for longer-term efficiencies.
- Risk around recruitment to virtual ward posts as initial plans support recruitment of circa 150 WTE posts across the West Yorkshire footprint.
- We are still not clear on the match funding requirements for virtual ward in 2023/24, we continue to submit our forecast costs for 2022/23 and have submitted a plan for 2023/24 to NHSE and await further guidance.
- Health and safety risks due to ageing estate across the Trust. Working with stakeholders to mitigate risks and explore permanent solutions that align with wider Trust reconfiguration plans.
- There is currently an ongoing exercise to understand procurement options for Intermediate Care Beds in Calderdale. There is a significant risk to the stability of wider intermediate care provision and pathways the beds go out for open procurement.

104% Elective Recovery – Position to Nov and Forecast

Point of Delivery	YTD Performance Against 2019/20 and 104% Target				Performance Against 2022/23 Plan				Forecast Performance Against 2019/20 and 104% Target			
	2019/20 Baseline YTD	2022/23 Actual YTD	Variance YTD	% of 2019/20 Baseline Delivered YTD	2022/23 Plan YTD - activity	2022/23 Plan YTD - % of 2019/20 baseline	Variance YTD - activity	Variance YTD - % of 2019/20 baseline	2019/20 Baseline Full Year	2022/23 Actual Forecast	Variance Forecast	% of 2019/20 Baseline Delivered Forecast
Daycase	32,093	33,631	1,538	104.8%					48,300	50,593	2,293	104.7%
Elective	3,550	3,053	- 497	86.0%					5,285	4,766	- 519	90.2%
Sub-total Planned Inpatient	**35,644**	**36,684**	**1,040**	**102.9%**	**36,650**	**102.8%**	**34**	**0.1%**	**53,585**	**55,359**	**1,774**	**103.3%**
Outpatient First Attendances*	**97,071**	**102,175**	**5,104**	**105.3%**	**102,002**	**105.1%**	**172**	**0.2%**	**143,668**	**151,697**	**8,029**	**105.6%**
Outpatient Follow-ups	175,067	199,457	24,390	113.9%	190,661	108.9%	8,796	5.0%	270,804	297,321	26,517	109.8%

* actual outpatient first activity includes an estimate of 926 attendances for OMNES (ENT) and 642 attendances for Pioneer (ENT, Ophthalmology & Neurology) not yet input into EPR for Oct & Nov

- **Planned inpatient spells**
  - Currently delivering **102.9% of 2019/20 levels**.
  - Planned to be delivering 102.8% and therefore **0.1% (34 spells) ahead of plan**
  - **Forecasting to deliver 103.3% of 2019/20 levels** and therefore 0.7% (369 spells) below 104% target.
  - This is inclusive of further elective recovery agreed at ERG of 397 day case spells, reflecting an increased run-rate for endoscopy, oral surgery and pain in Jan-Mar.

- **Outpatient first attendances**
  - Currently delivering **105.3% of 2019/20 levels**.
  - Planned to be delivering 105.1% and therefore **0.2% (172 attendances) ahead of plan**
  - **Forecasting to deliver 105.6% of 2019/20 levels** and therefore 1.6% (2,282 spells) above 104% target
  - This is inclusive of further elective recovery agreed at ERG of 2,640 attendances, predominantly due to further use of insourcing providers.

Planned Inpatient Recovery - Position to Nov and Forecast

Planned Inpatient (Day case and Elective)	Performance Against 2019/20 and 104% Target				Performance Against 2022/23 Plan				Forecast Performance Against 2019/20 and 104% Target			
	2019/20 Baseline YTD	2022/23 Actual YTD	Variance YTD	% of 2019/20 Baseline Delivered YTD	Plan YTD - activity	Plan YTD - % of 2019/20 baseline	Variance YTD - activity	Variance YTD - % of 2019/20 baseline	2019/20 Baseline Full Year	2022/23 Actual Forecast	Variance Forecast	% of 2019/20 Baseline Delivered Forecast
Surgery	12,367	12,078	- 289	97.7%	12,386	100.2%	- 308	-2.5%	18,706	18,701	- 4	100.0%
Medicine	11,062	12,706	1,644	114.9%	11,776	106.5%	930	8.4%	17,014	19,105	2,090	112.3%
FSS	1,940	1,859	- 81	95.8%	2,072	106.8%	- 213	-11.0%	2,899	2,859	- 39	98.6%
Sub-total by Division (excluding Endoscopy)	**25,369**	**26,643**	**1,274**	**105.0%**	**26,234**	**103.4%**	**409**	**1.6%**	**38,619**	**40,665**	**2,046**	**105.3%**
Endoscopy	10,275	10,040	- 235	97.7%	10,417	101.4%	- 377	-3.7%	14,966	14,692	- 274	98.2%
Total Planned Inpatient	**35,644**	**36,683**	**1,039**	**102.9%**	**36,650**	**102.8%**	**33**	**0.1%**	**53,585**	**55,357**	**1,773**	**103.3%**

Non-endoscopy Day case and Elective:

- Activity is currently at **105% of 2019/20 levels**
- Planned to be at 103.4% of 2019/20 levels and are **therefore 1.6% ahead of plan**.
- Main area **exceeding is Medical Oncology and Chemotherapy at 123%** of 2019/20 levels (1,306 spells). This is in-part due to additional Mid Yorkshire Hospitals activity. Demand predicted to continue.
- Main area below is Gynaecology, at 91% of 2019/20 levels (94 spells) and 88% of plan (205 spells). This is mainly due to a lack of outsourcing provider activity.
- Activity if forecast to be at **105.3% of 2019/20 levels.**

Endoscopy:

- Activity is currently at **97.7% of 2019/20 levels.**
- We planned to be at **101.4% of 2019/20 levels and are therefore 3.7% behind plan**. This is more materially below plan within Bowel Cancer Screening due to lower than anticipated demand.
- Activity is forecast to be at **98.2% of 2019/20 levels.**

Outpatient First Recovery – Position to Nov and Forecast

Outpatient First	Performance Against 2019/20 and 104%				Performance Against 2022/23 Plan				Performance Against 2019/20 and 104%			
	2019/20 Baseline YTD	2022/23 Actual YTD	Variance YTD	% of 2019/20 Baseline Delivered YTD	Plan YTD - activity	Plan YTD - % of 2019/20 baseline	Variance YTD - activity	Variance YTD - % of 2019/20 baseline	2019/20 Baseline Full Year	2022/23 Actual Forecast	Variance Forecast	% of 2019/20 Baseline Delivered Forecast
Surgery*	45,237	42,531	- 2,706	94.0%	45,010	99.5%	- 2,480	-5.5%	66,199	60,796	- 5,403	91.8%
Medicine	32,088	34,754	2,666	108.3%	33,186	103.4%	1,568	4.9%	47,928	53,100	5,172	110.8%
FSS	14,844	19,318	4,474	130.1%	18,498	124.6%	820	5.5%	22,066	29,599	7,533	134.1%
Community	4,901	5,572	671	113.7%	5,308	108.3%	264	5.4%	7,474	8,201	727	109.7%
Total Outpatient First	**97,071**	**102,175**	**5,104**	**105.3%**	**102,002**	**105.1%**	**172**	**0.2%**	**143,668**	**151,697**	**8,029**	**105.6%**

* actual outpatient first activity includes an estimate of 926 attendances for OMNES (ENT) and 642 attendances for Pioneer (ENT, Ophthalmology & Neurology) not yet input into EPR for Oct & Nov

- **Outpatient first attendances are at 105.3% of 2019/20 levels. We planned to be at 105.1% and so are 0.2% above plan.**
- This is inclusive of further elective recovery within a number of specialties.
- The main specialties forecasting to be away from plan are ENT, Oral Surgery, Ophthalmology, Neurology and Rheumatology.

Outpatient Follow-ups – Position to Nov and Forecast

Outpatient Follow-up	Performance Against 2019/20 and 104%				Performance Against 2022/23 Plan				Performance Against 2019/20 and 104%			
	2019/20 Baseline YTD	2022/23 Actual YTD	Variance YTD	% of 2019/20 Baseline Delivered YTD	Plan YTD - activity	Plan YTD - % of 2019/20 baseline	Variance YTD - activity	Variance YTD - % of 2019/20 baseline	2019/20 Baseline Full Year	2022/23 Actual Forecast	Variance Forecast	% of 2019/20 Baseline Delivered Forecast
Surgery	89,078	109,470	20,392	122.9%	102,182	114.7%	7,288	8.2%	141,157	161,989	20,832	114.8%
Medicine	59,889	65,788	5,899	109.9%	64,093	107.0%	1,695	2.8%	90,769	98,356	7,587	108.4%
FSS	20,370	18,278	- 2,092	89.7%	19,909	97.7%	- 1,631	-8.0%	30,159	28,167	- 1,992	93.4%
Community	5,731	5,921	190	103.3%	4,477	78.1%	1,444	25.2%	8,719	8,810	90	101.0%
Total Outpatient Follow-up	**175,067**	**199,457**	**24,390**	**113.9%**	**190,661**	**108.9%**	**8,796**	**5.0%**	**270,804**	**297,321**	**26,517**	**109.8%**

- Outpatient follow-up attendances are at 113.9% of 2019/20 levels. We planned to be at 108.9% and so are 5% higher from plan.
- The main areas of increase are within Ophthalmology, due to changes in pathway and Colorectal.
- The overdue follow-up backlog, however, has not materially changed.
- National target to reduce by 25% by March 23 – didn't commit to

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Summary

		As of 09/12/2022	Current Trajectory as	Variance to trajectory	Meeting Trajectory	Variance against trajectory				Main areas above Trajectory
						Medical	Surgical	FSS	Community	
Elective Backlogs	104 Weeks RTT	0	0	0	Yes	0	0	0	-	-
	78 Weeks RTT	128	113	15	Yes	3	10	3	-	Max Fax, General Surgery
	52 Weeks RTT	1280	2187	-907	Yes	-121	-738	-46	-	Max Fax, ENT, Gastroenterology, Colorectal Surgery & General Surgery
	Total ASI's	12059	6752	5307	No	2241	1892	1185	-11	Neurology, Max Fax, Gynaecology & Cardiology
	ASIs over 22 weeks	606	212	394	No	418	-67	34	5	Neurology - much smaller numbers in Max Fax, Gynaecology & Cardiology
	Holding List overdue	23900	7876	16024	No	8450	5896	1243	-	Urology, Cardiology, Dermatology, Gastro, Neurology & Respiratory Med, T&O, Ophthalmology & Gynaecology

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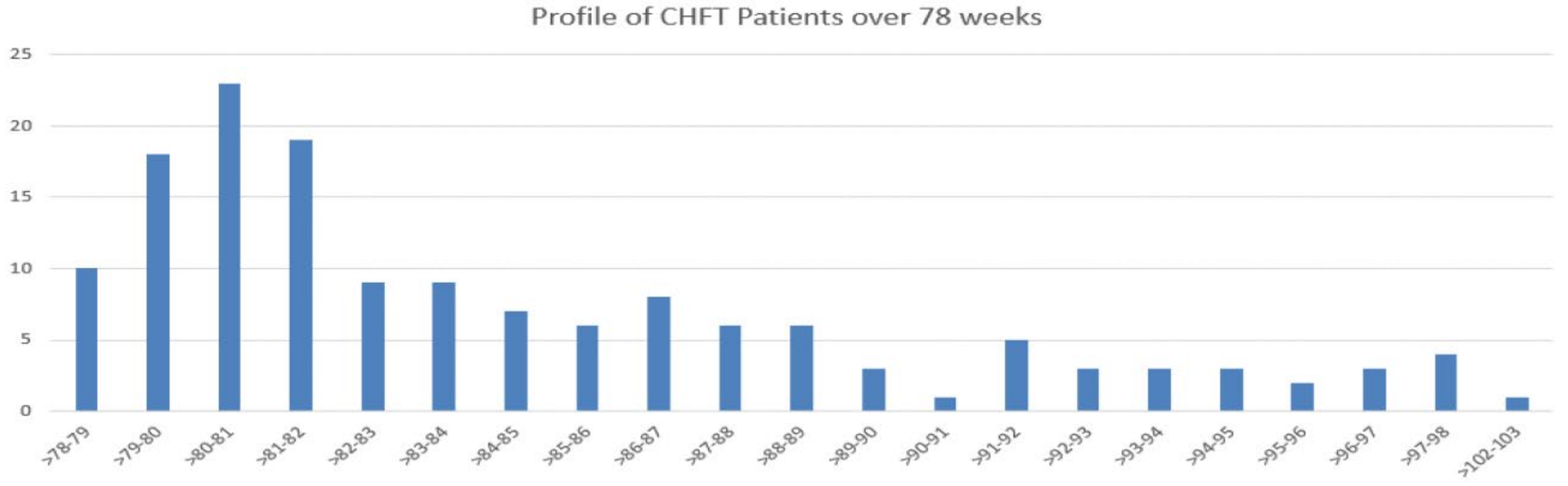
Current 104 week wait Position

- As of 9th December, we currently have 0 patients waiting over 104 weeks.



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RTT – 78 Weeks

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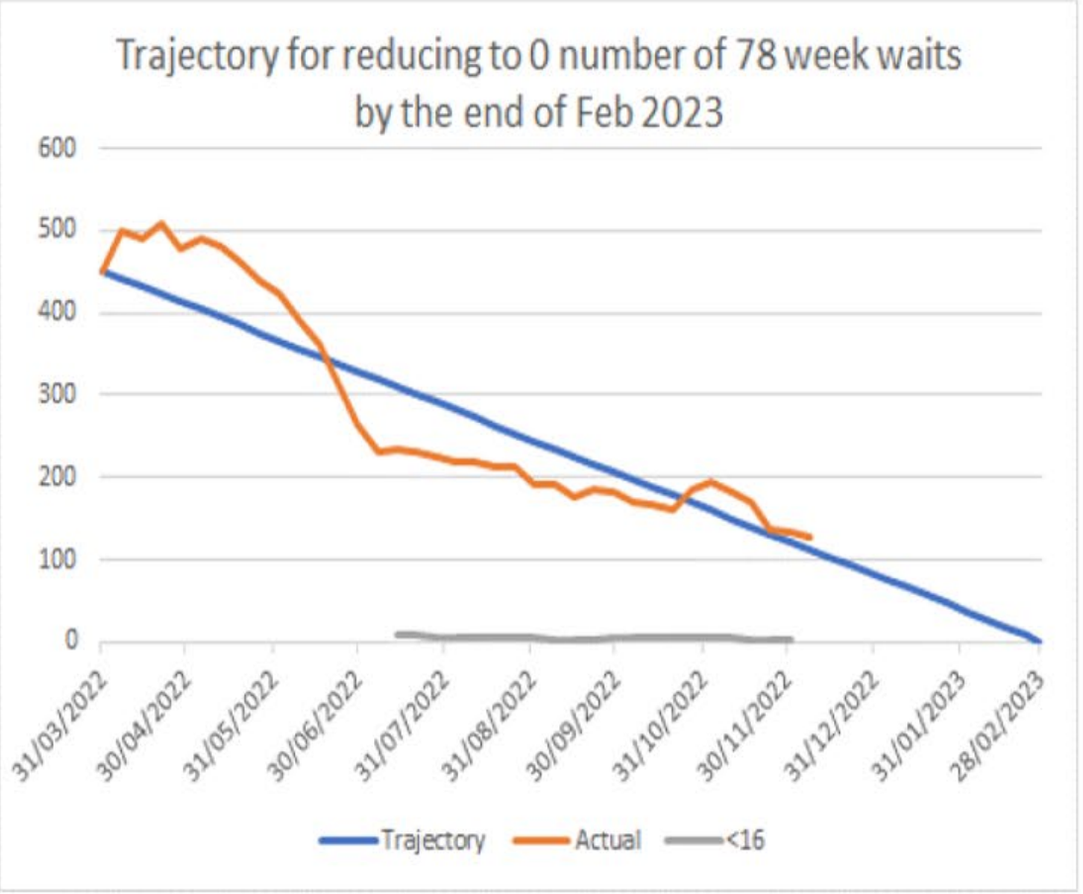

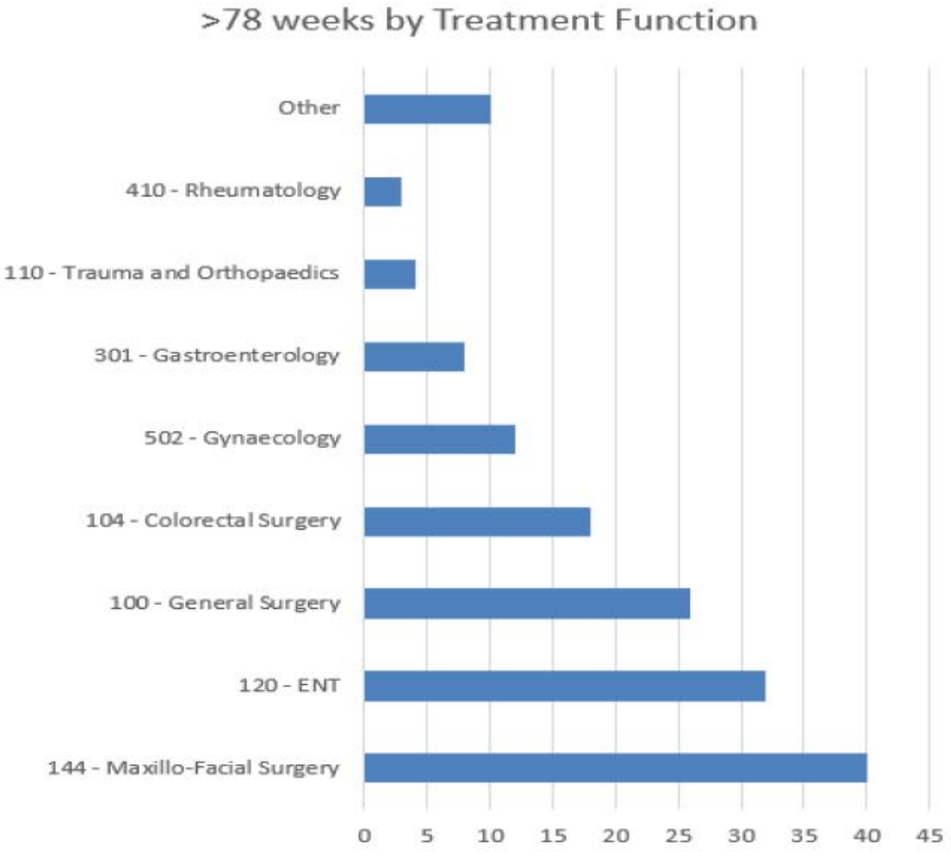

National expectation to be at zero by end of March 2023, on track to deliver.

RTT – 52 Weeks

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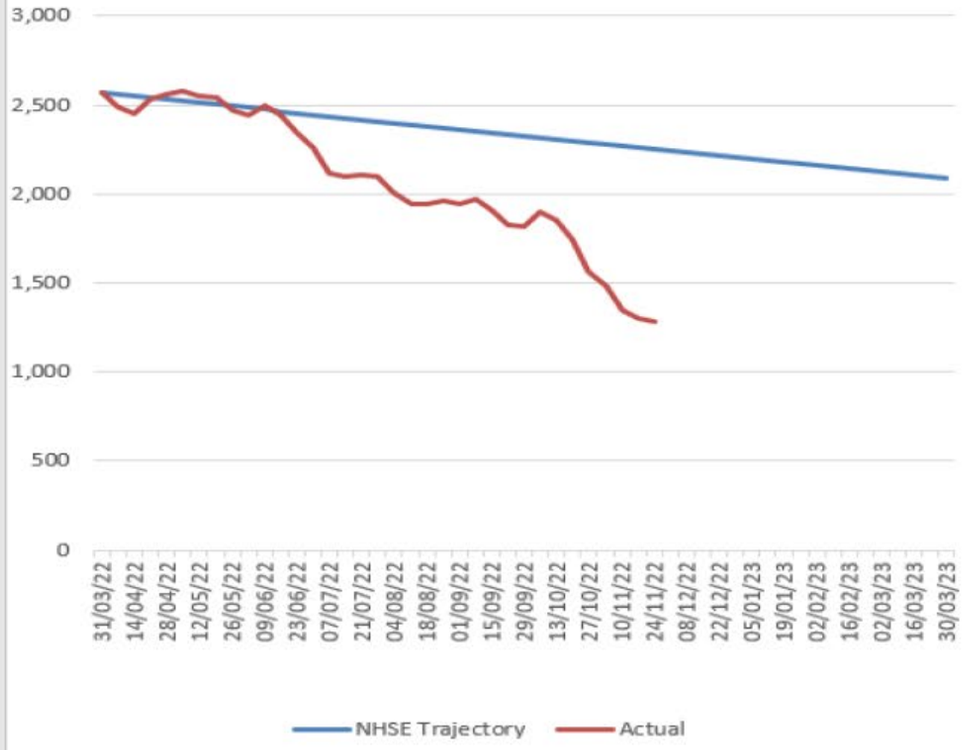
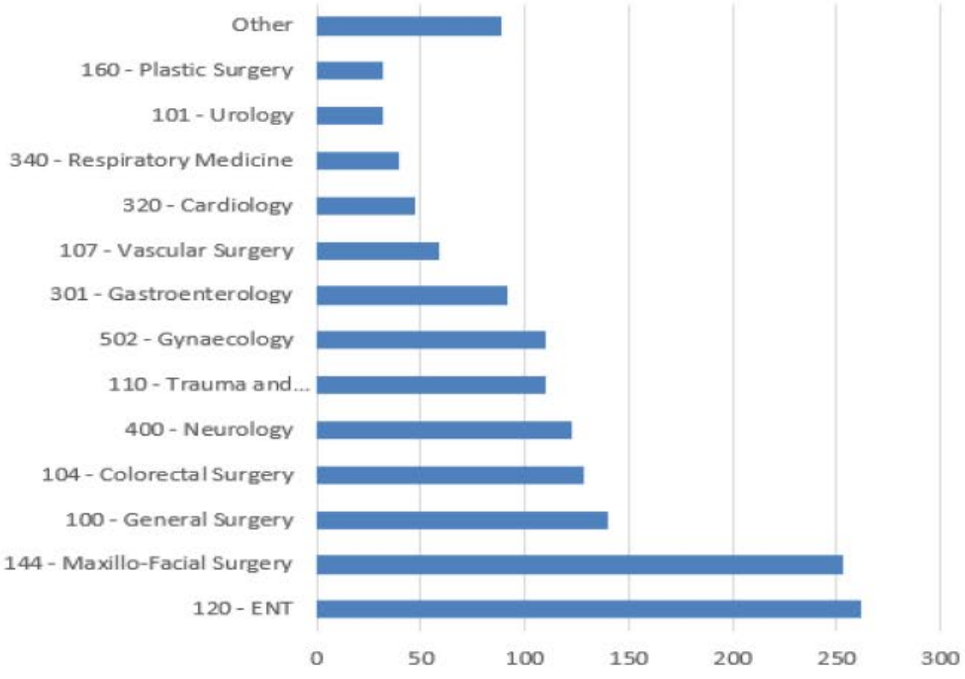
Trajectory for reducing 52 week waits by the end of March 23



>52 Weeks by Treatment Function



National expectation to be at zero by end of March 2025, on track to deliver NHSE ask.

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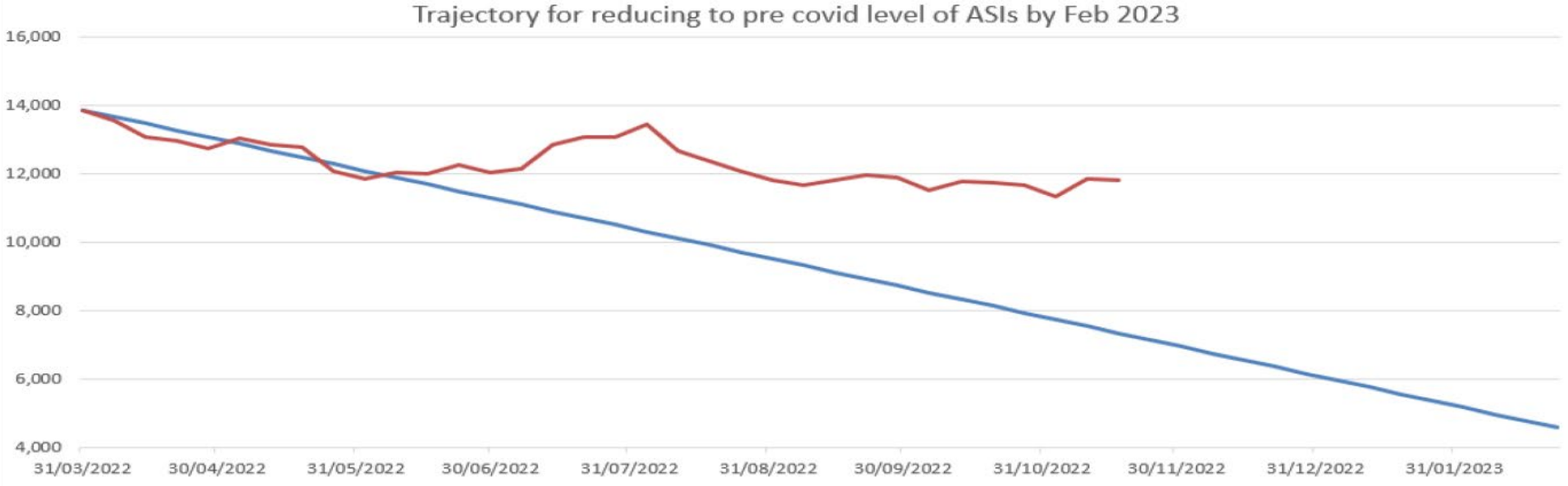
Outpatients – New (total ASIs)



- No external target and no requirement to report centrally. Internal target to get back to pre-covid levels.
- Current ASIs = reduced by 8.4% (1,100) from 13,141 in April to 12,059 December
- Risk of not addressing is on overall length of RTT pathways

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Outpatients – New (ASI > 22 weeks)

Trajectory for reducing to 0 number of ASI over 22 weeks by the end of Feb 2023)

- Our trajectory is a locally set target that will help achieve a reduction in 52/78 week RTT Waits. ENT ahead of plan. Other specialties behind plan, leading to the gap.
- Remaining ASIs over 22 weeks:
  - 272 in Neurology
  - 52 in Max Fax
  - 32 in Gynaecology and 32 in Dermatology
  - 43 in Gastroenterology

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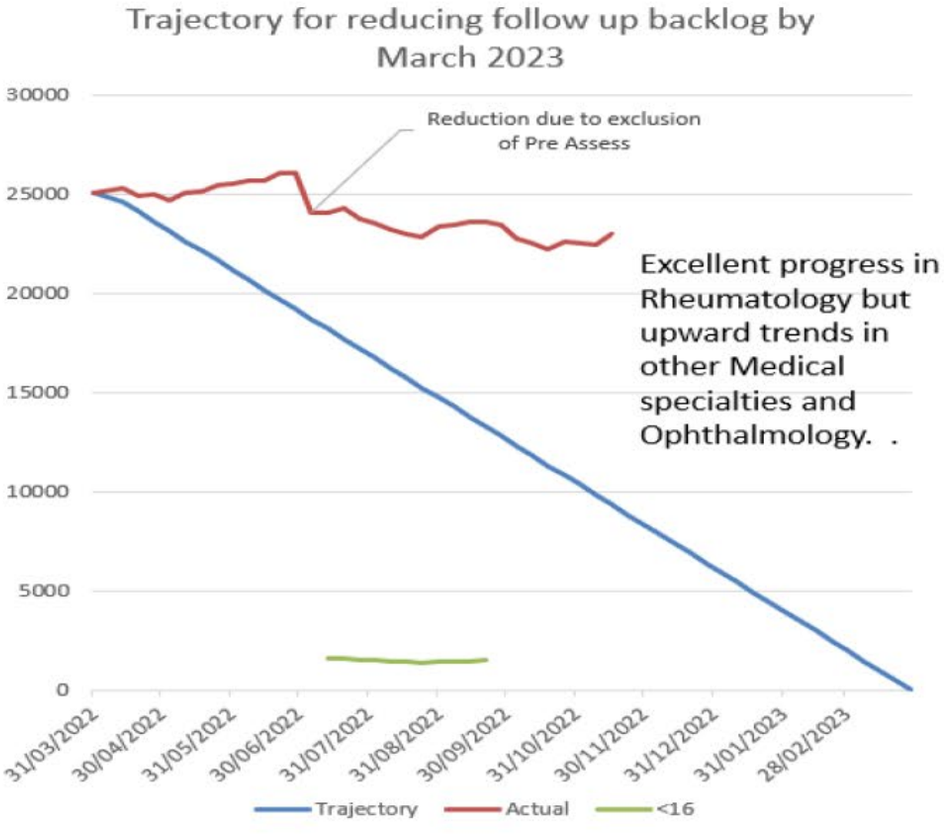
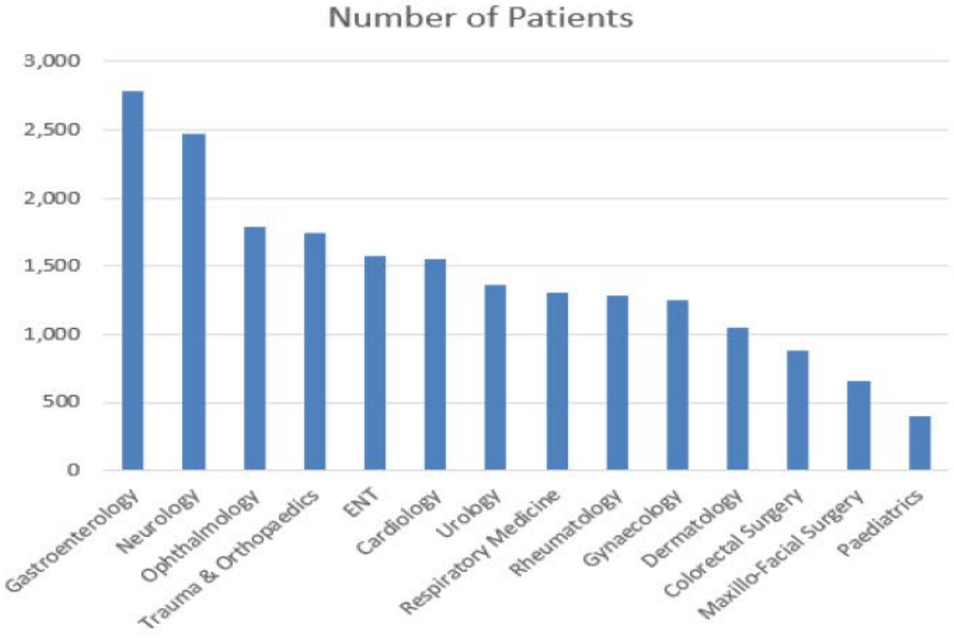
Outpatients – Follow Up



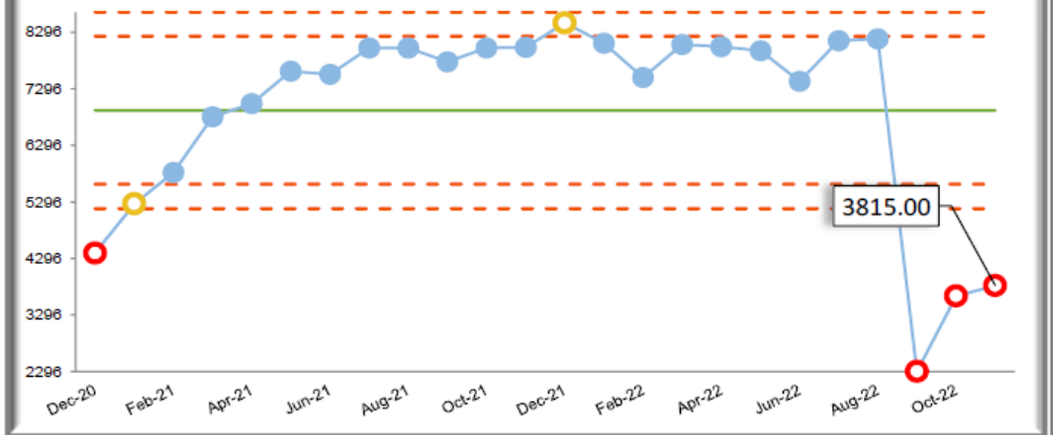


- No external target or requirement to report externally
- Internal target to reduce to 0, currently 23,900
- Transformation and clinical buy-in is the way forward

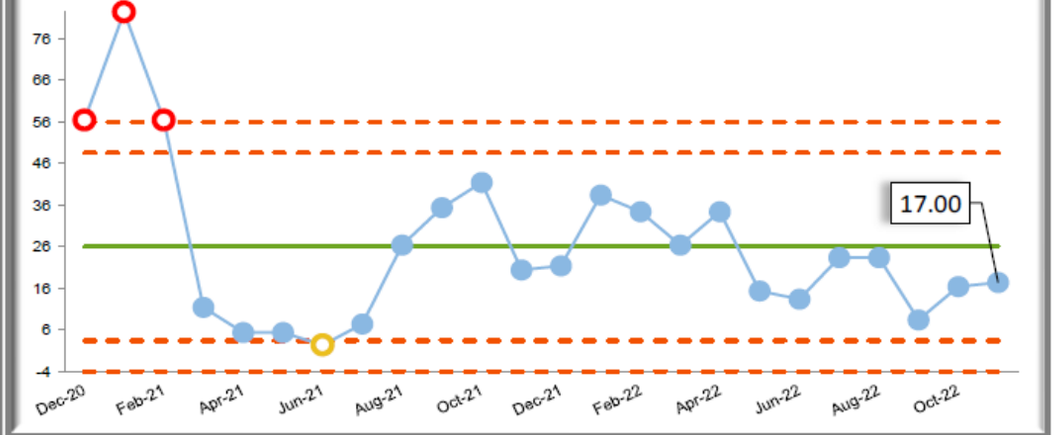
Covid-19 - SPC Charts

Warning Critical Activity Trend Target Line Average Line Control Line Last Data Point

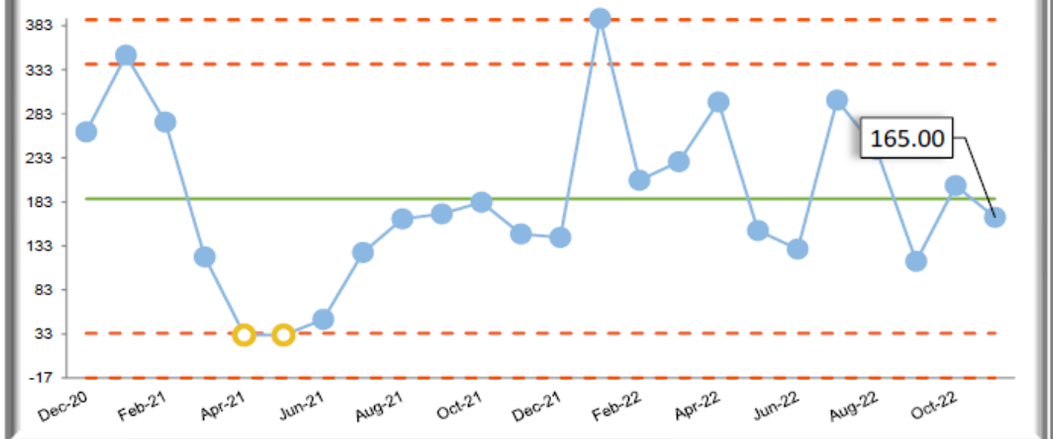
Number of Patients Tested for Covid-19



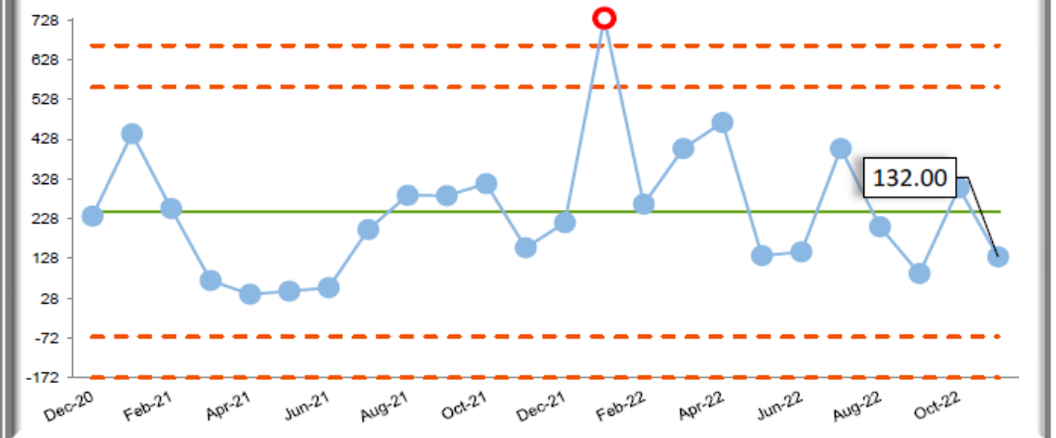
Number of Covid+ Deaths



Number of Covid+ Patients Discharged Well

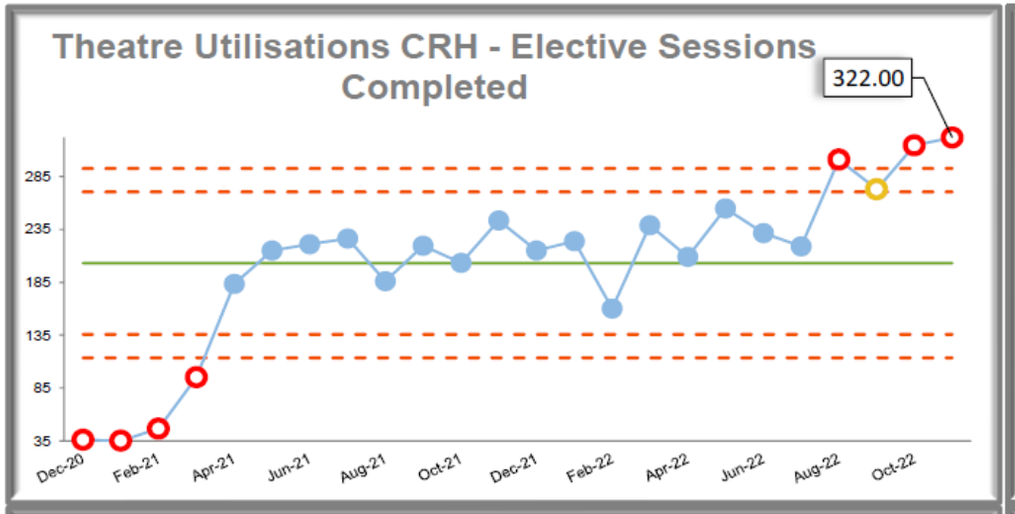


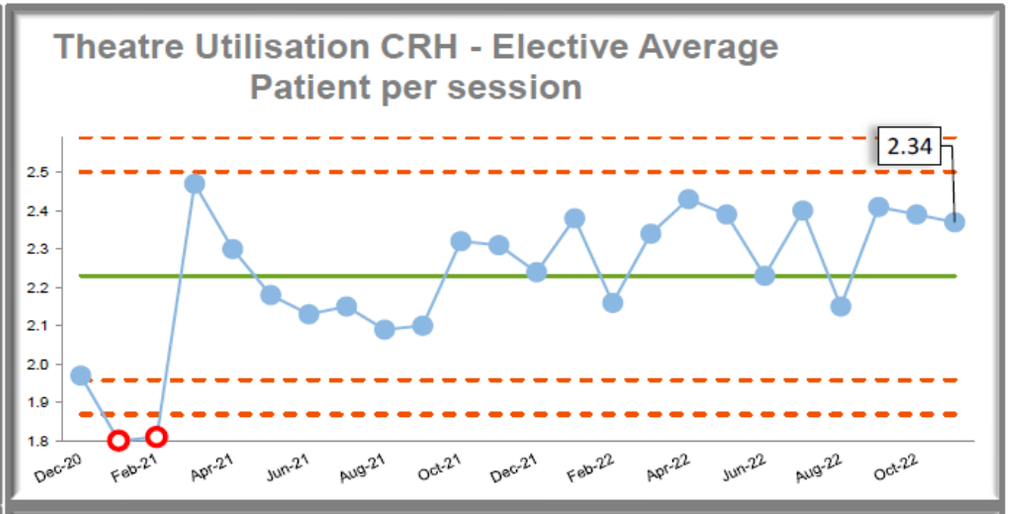
Number of New Covid+

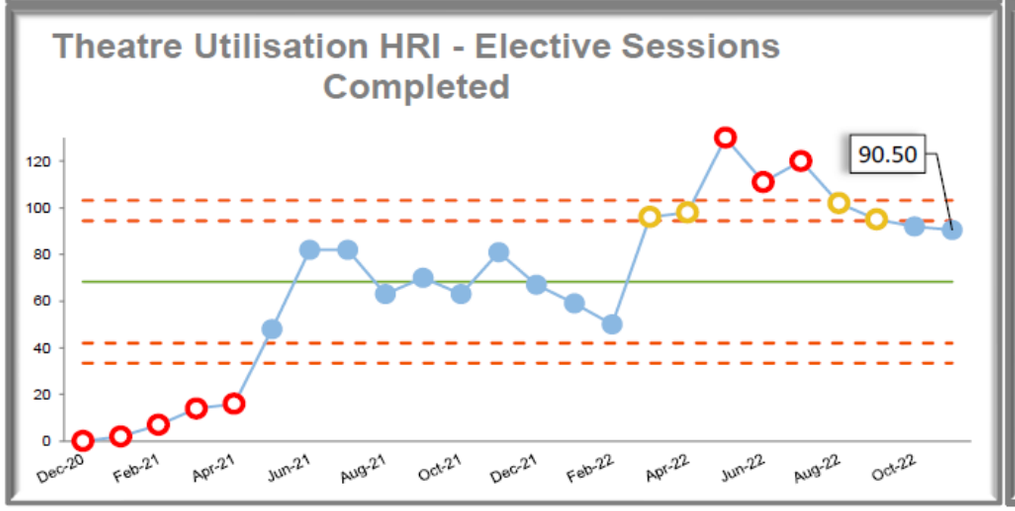


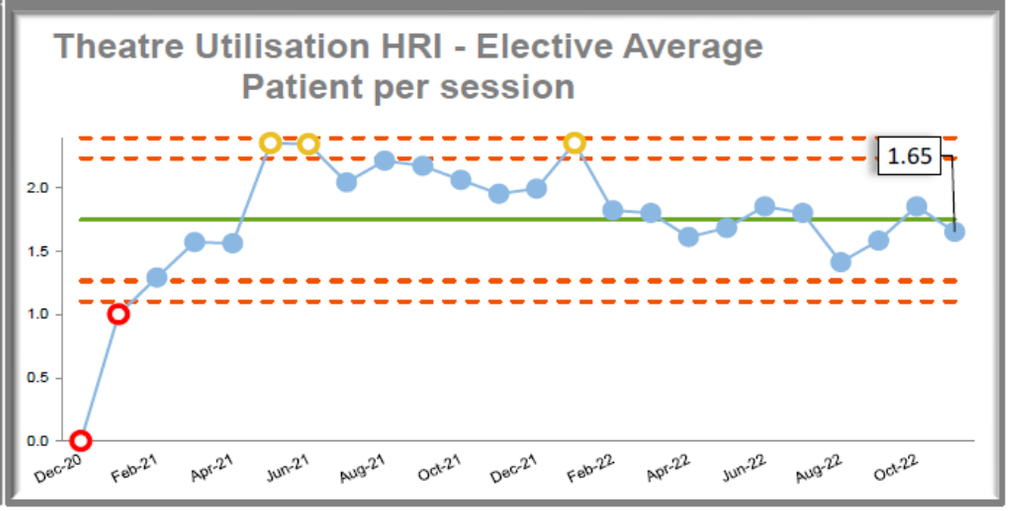
Theatres - SPC Charts

Warning Critical Activity Trend Target Line Average Line Control Line Last Data Point

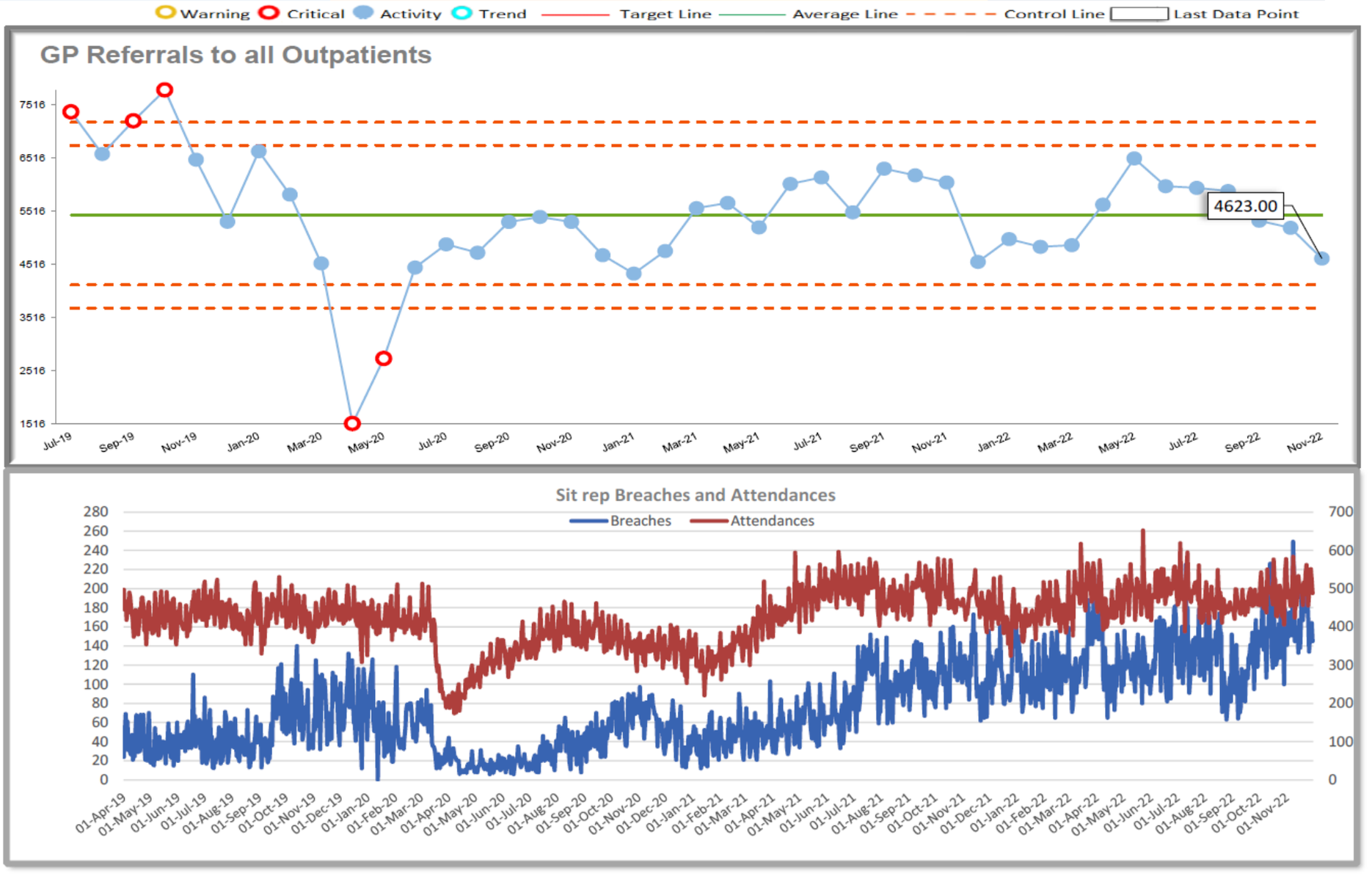




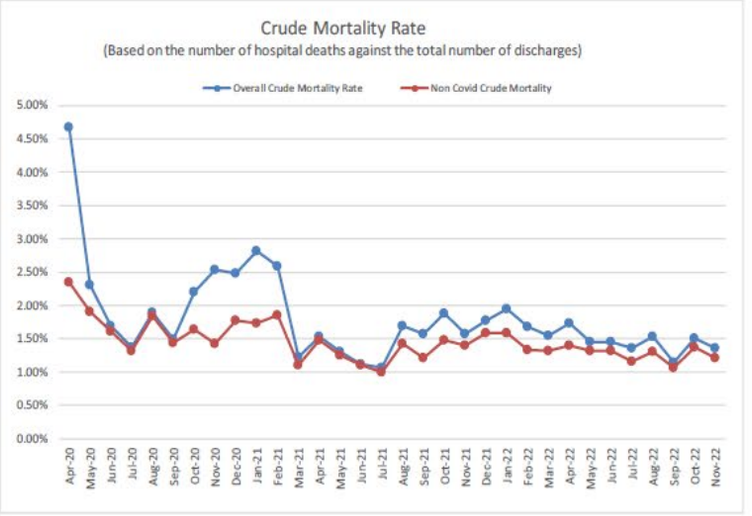


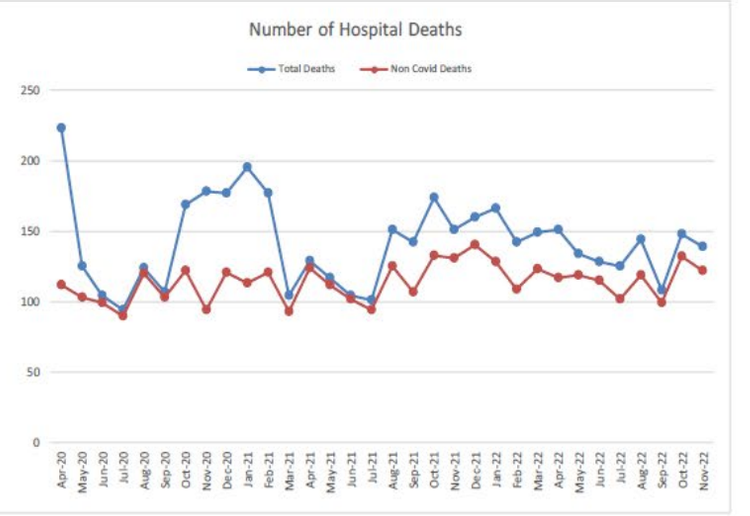


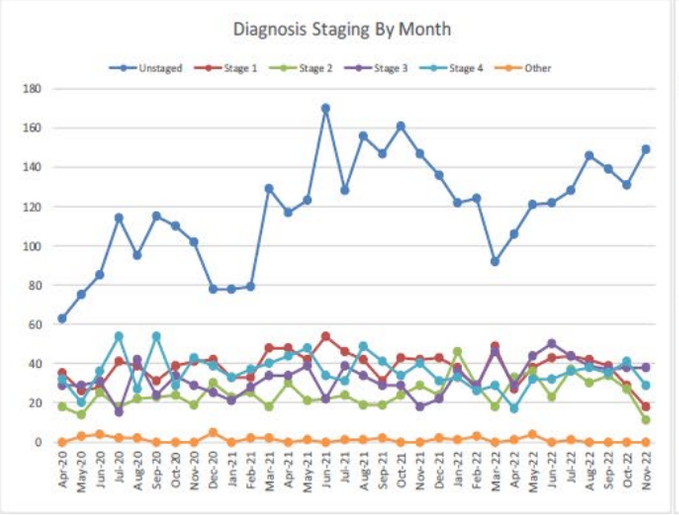
Capacity and Demand

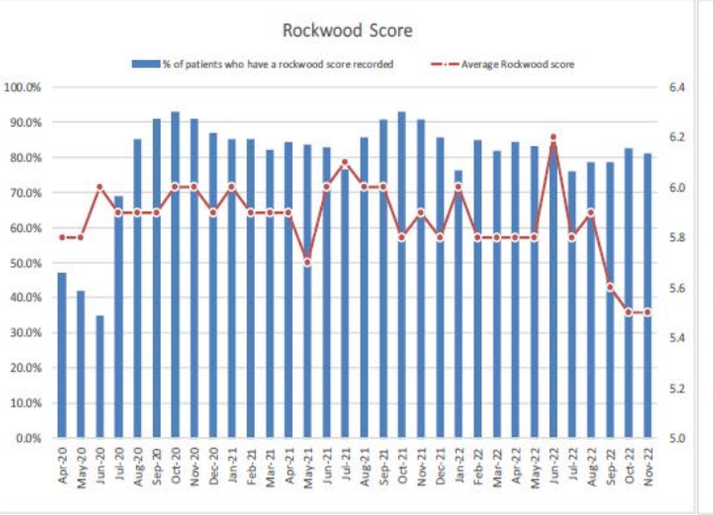


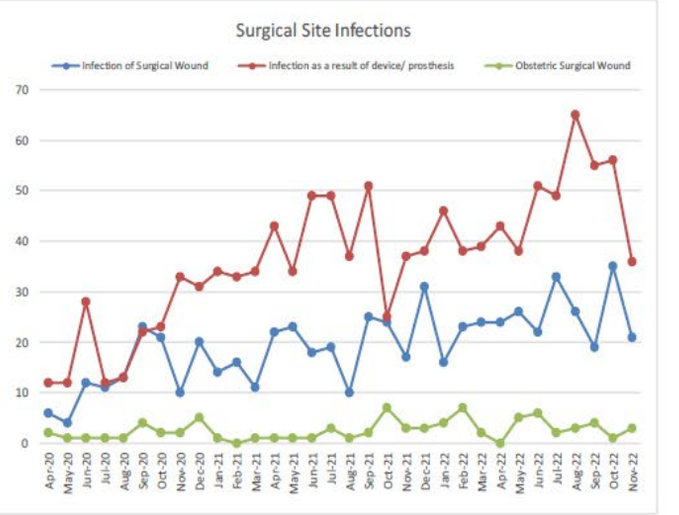
Outcome Measures







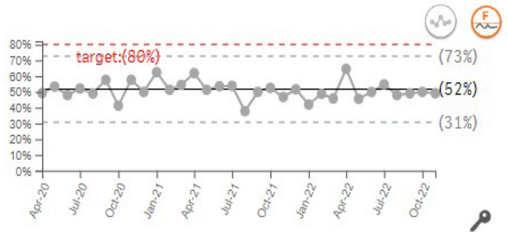




Quality Priorities - Quality Account Priorities

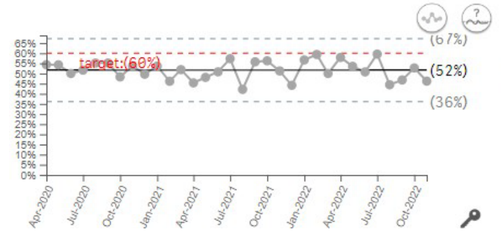
Priority 1
Recognition and timely treatment of Sepsis

% of ED patients that had antibiotics <1hr of red flag trigger
Adult patients coded with Sepsis that triggered red flag sepsis



Latest
49.15%
Variance Type
Common cause variation
Target
80%
Target Achievement
The system is expected to consistently fail the target

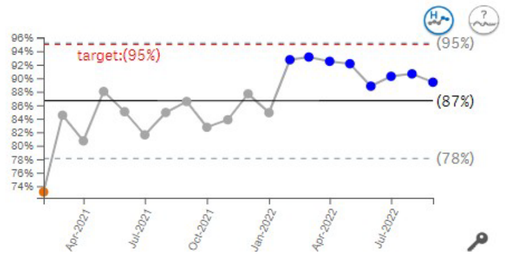
BUFALO Bundle Total Compliance (%)
Adult patients coded with Sepsis



Latest
46.22%
Variance Type
Common cause variation
Target
60%
Target Achievement
The system may achieve or fail the target subject to random variation

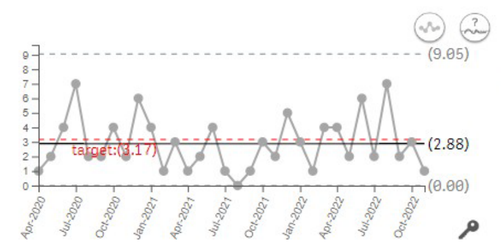
Priority 2
Reduce number of hospital acquired infections including COVID-19

COVID Retest/Swabbing Compliance (%)



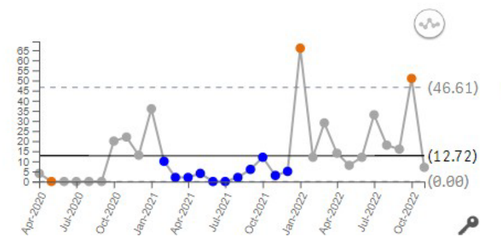
Latest
89.41%
Variance Type
Special cause variation - improvement (indicator where high is good)
Target
95%
Target Achievement
The system may achieve or fail the target subject to random variation

No. of CDiff
Trust Assigned



Latest
1
Variance Type
Common cause variation
Target
3.17
Target Achievement
The system may achieve or fail the target subject to random variation

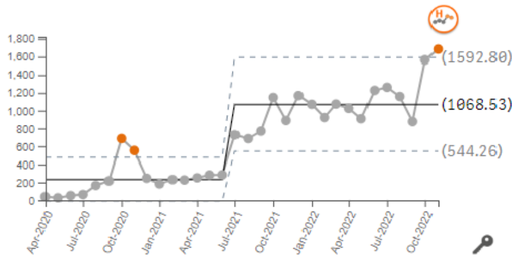
No. of Hospital Onset Covid Infection
Definate



Latest
7
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

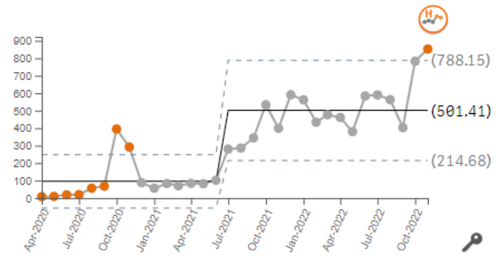
Priority 3
Reduce waiting times for individuals in the Emergency Department

8 Hour A&E Breaches



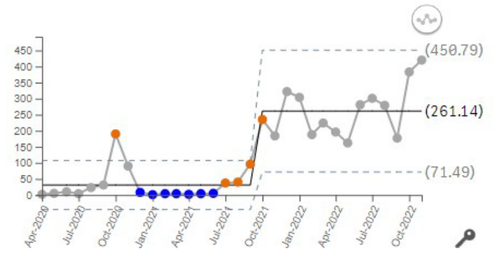
Latest
1685
Variance Type
Special cause variation - cause for concern (indicator where high is a concern)
Target
N/A
Target Achievement
N/A

10 Hour A&E Breaches



Latest
853
Variance Type
Special cause variation - cause for concern (indicator where high is a concern)
Target
N/A
Target Achievement
N/A

12 Hour A&E Breaches

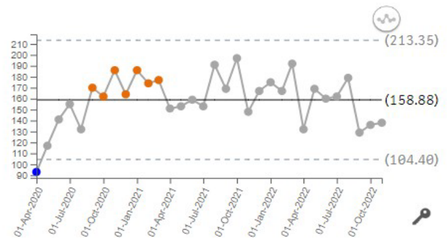


Latest
420
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Quality Priorities - Focused Priorities

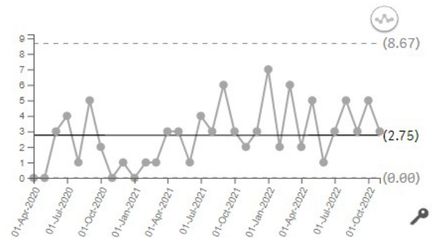
Priority 1
Reducing the number of falls resulting in harm

No. of Falls



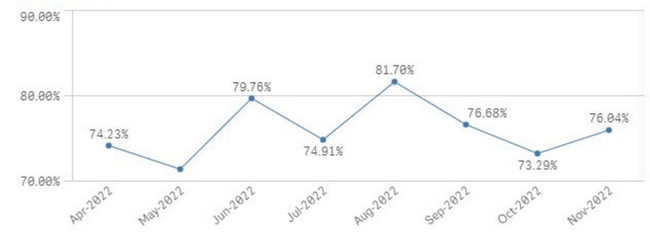
Latest
138
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

No. of Harm Falls



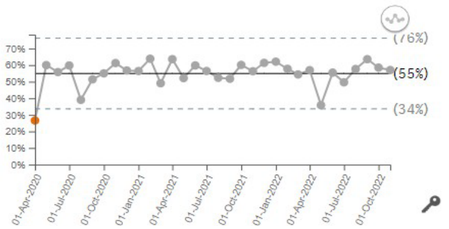
Latest
3
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

% of pts that had a falls risk assessment on adm/trans to the ward
Adult inpatients



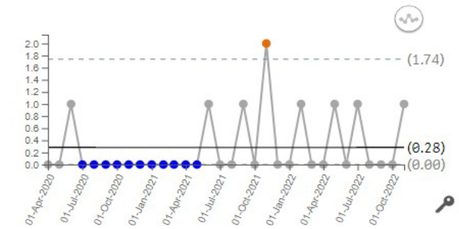
Priority 2
End of Life Care

% of patients that had Last Days of Life Documentation (LDLD)
of those that died in hospital



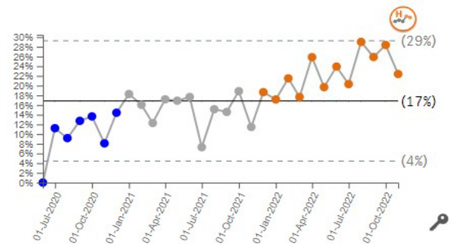
Latest
57.04%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of complaints relating to end of life care
Where EOLC is in the subject (primary or secondary)



Latest
1
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

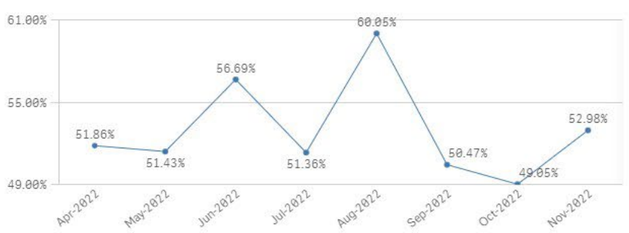
% of patients refered to HSPCT that died or were discharged before seen



Latest
22.39%
Variance Type
Special cause variation - cause for concern (indicator where high is a concern)
Target
N/A
Target Achievement
N/A

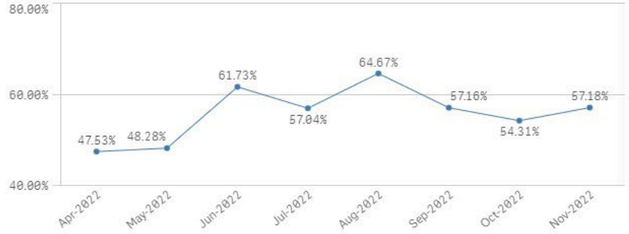
Priority 3
Clinical Documentation

Ward Assurance Overall



Ward Assurance Elimination

Ward Assurance Pressure Ulcers



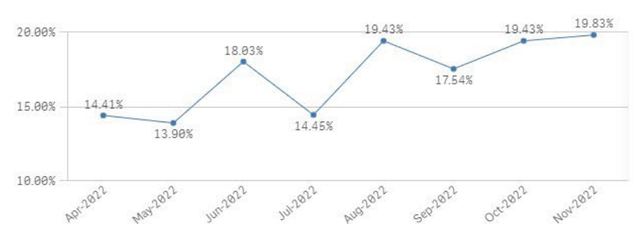
Priority 4
Clinical Prioritisation

Not Yet Available

Quality Priorities - Focused Priorities

Priority 5
Nutrition and Hydration

% of pts that recieved a MUST assessment within 24 hours admission/transfer to t...
Adult inpatients

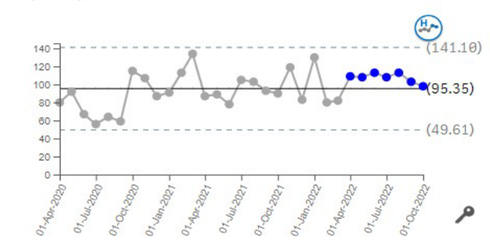


% of patients with a MUST score of 2 or above that were referred to a dietician

% of pts that had a completed fluid balance chart
(>LoS 8hrs)

Priority 6
Reduction in the number of CHFT acquired pressure ulcers

No. of pressure ulcers
Hospital acquired



Latest
98
Variance Type
Special cause variation - improvement (indicator where high is good)
Target
N/A
Target Achievement
N/A

% of inpatients that received a pressure ulcer risk assessment within 6 hrs of admis...

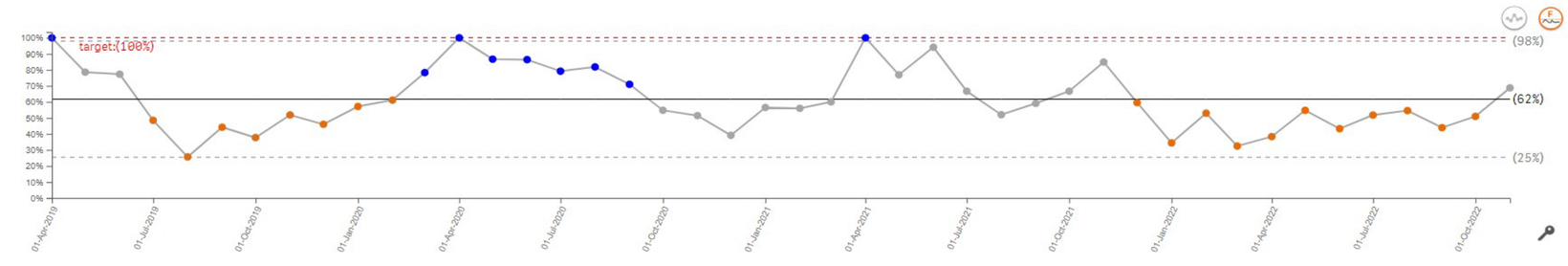
95% of relevant staff* will have completed Pressure Ulcer training in last 2 years.
*(RNs, Nursing Associates and HCAs)

Trust Compliance

86.28%

Priority 7
Making complaints count

% of Complaints Closed within agreed timescale



Latest
69%
Variance Type
Common cause variation
Target
100%
Target Achievement
The system is expected to consistently fail the target

CQUIN - Key Measures

Indicator Name	Description	Top 5	Target	Apr-22	May-22	Jun-22	Q1	Jul-22	Aug-22	Sep-22	Q2	Oct-22	Nov-22	Dec-22	Q3	Jan-23	Feb-23	Mar-23	Q4
CCG1: Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact.	N	Min 70%, Max 90%	Data collection starts in Q3				Data collection starts in Q3											
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	Y	Min 40%, Max 60%	57.00%			57.00%	59.00%			59.00%								
CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	Y	Min 20%, Max 60%	100.0%	84.6%	75.0%	84.4%	100.0%	42.9%	100.0%	66.7%								
CCG4: Compliance with timed diagnostic pathways for cancer services	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	N	Min 55%, Max 65%	8.04%	4.84%	4.21%	5.60%	7.15%	7.24%	9.75%	8.00%								
CCG5: Treatment of community acquired pneumonia in line with BTS care bundle	Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.	N	Min 45%, Max 70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%								
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24.	N	Min 45%, Max 60%	100%	100%	100%	100%	100%	100%	100%	100%								
CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service	Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.	N	Min 0.5%, Max 1.5%	16.00%	15.70%	12.60%	14.90%	14.60%	15.50%	15.60%	15.20%								
CCG8: Supporting patients to drink, eat and mobilise after surgery	Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	Y	Min 60%, Max 70%	83.33%	54.84%	96.30%	78.00%	88.00%	90.00%	88.89%	89.00%								
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Y	Min 20%, Max 35%	12.90%	4.23%	3.77%	6.99%	4.29%	6.17%	1.75%	4.33%								
CCG14: Assessment, diagnosis and treatment of lower leg wounds	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.	Y	Min 25%, Max 50%	28.40%			28.40%	43.50%			43.50%								

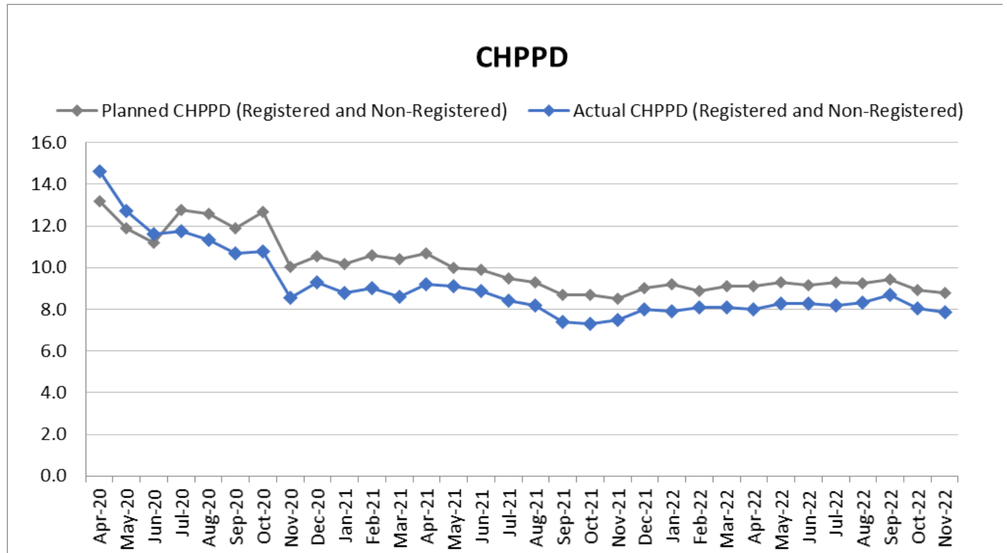
CQUIN - Key Measures

Indicator Name	Reality	Response	Result
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	Achievement of the 5 elements of the UTI Diagnosis/ Management CQUIN requires overall compliance of >60% to receive full payment. After 1st quarter we are achieving 57% overall compliance. The element requiring greatest degree of intervention is the sampling element. Q2 data is still being verified.	A campaign is being prepared to improve urine sampling for launch early in Q3.	Aiming for overall >60% compliance for the 5elements of the CQUIN.
CCG4: Compliance with timed diagnostic pathways for cancer services	In Q2 we achieved 8% compliance, which is a small improvement from Q1 but still well below the 65% target.	This data is taken to a monthly collaborative meeting to assess current position. Assessment of the response of the 5 tumour sites is ongoing.	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic
CCG5: Treatment of community acquired pneumonia in line with BTS care bundle	For the second quarter we are achieving 0.00%, this may be due to monitoring rather than an actual reflection of achievement	The low compliance is not a true reflection of current practice, there needs to be a means of recording the care bundle in EPR. This may be a quality improvement project for a junior doctor in the team.	Achieving 70% of patients with confirmed community acquired pneumonia to be managed
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients	Performance for Q2 is 4.33% which is below the 35% target.	Response not yet available	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.
CCG14: Assessment, diagnosis and treatment of lower leg wounds	As of the first quarter we are achieving 28.4% compliance, the reason for low compliance this quarter is due to the data collection framework not being in place. Q2 data is still being validated.	Data collection framework is now in place with a meeting set to take place every 4 weeks to sense check the data.	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.

Hard Truths: Safe Staffing Levels

TRUST - CHPPD & FILL RATES (REGISTERED & NON REGISTERED CLINICAL STAFF)

	Sep-22	Oct-22	Nov-22
FILL RATES - DAY (REGISTERED & NON REGISTERED CLINICAL STAFF)	88.6 %	88.6 %	88.6 %
FILLRATES - NIGHT (REGISTERED & NON REGISTERED CLINICAL STAFF)	92.7 %	92.7 %	92.7 %
PLANNED CHPPD (REGISTERED & NON REGISTERED CLINICAL STAFF)	9.4	8.9	8.8
ACTUAL CHPPD (REGISTERED & NON REGISTERED CLINICAL STAFF)	8.7	8.0	7.9



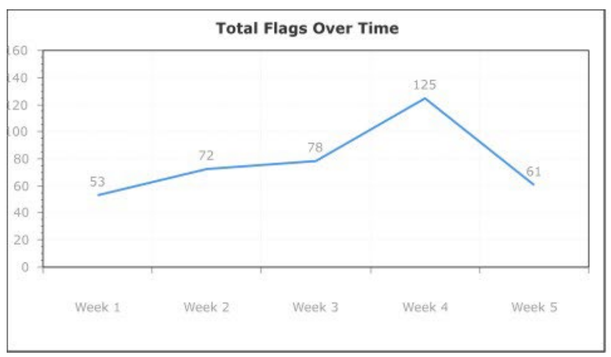
CHPPD provides a single, consistent and nationally comparable way of recording and reporting deployment of staff to provide care on inpatient wards. CHPPD is not a stand alone measure and should be used alongside clinical quality and safety outcome measures.

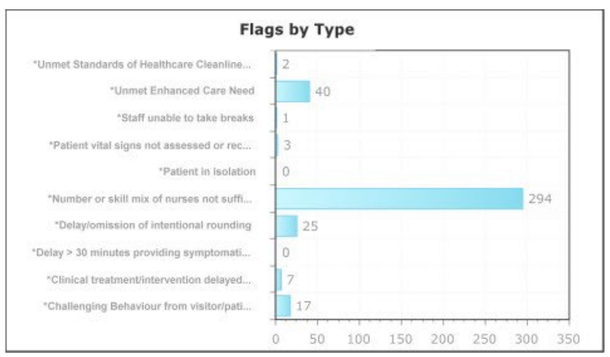
A review of November 2022 data indicates that the combined RN and non-registered clinical staff metrics resulted in 23 of the 28 clinical areas having fewer CHPPD than planned, with a total deficit of 0.9 CHPPD across the Trust. Despite consistency in shift fill rates, the requirement to move staff to cover additional capacity areas means the 'base area' resulted in reduced CHPPD.
The CHPPD planned vs actual gap is most prominent in the Surgical division (2.1 CHPPD deficit). This is largely attributable to the staffing in ICU which planned a rich model due to the temporary move to ward 10 as a result of the refurbishment of the existing unit. The 'Actual' levels represent the staffing required to care for the patients each shift according to professional judgement and GPICS ratios. In reality, these staff were able to assist with patient care on surgical ward 10 when ICU patient numbers were low.

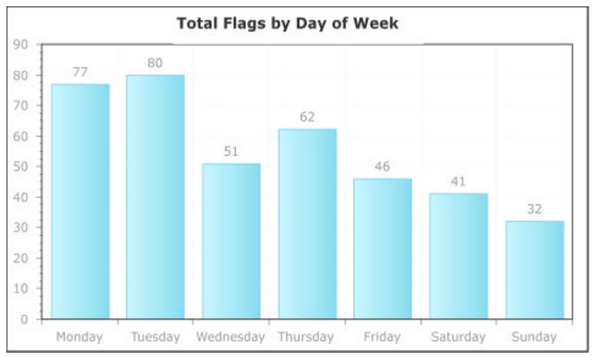
The apparent overstaffing in some wards for HCSW reflect the high number of patients requiring 1:1 care which is not 'planned' in the rosters.

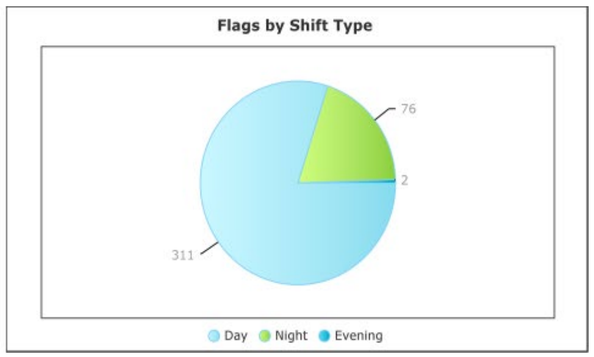
A review of the nurse sensitive indicators demonstrates incidence of falls and pressure ulcers to be within normal variation.

STAFFING RED FLAG INCIDENTS









A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). As part of the escalation process staff are asked to record any staffing concerns through safe care live. These are monitored daily by the divisions and monthly through the Nursing workforce strategy group.

The Red Flags are reviewed as part of the daily staffing meetings and immediate mitigate put in place as required.

Hard Truths: Safe Staffing Levels (2)

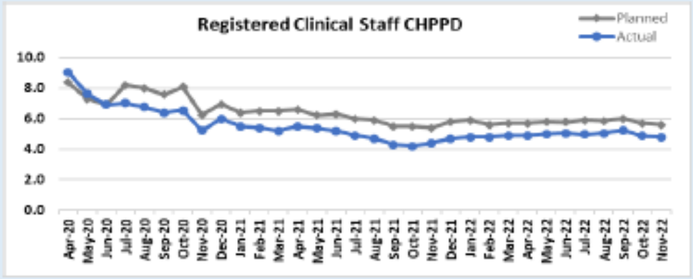
Aggregate Position | Trend | Result

CHPPD BY STAFF TYPE

Registered Clinical Staff

Monthly hours (day and night combined) divided by average patient count at midnight

CHPPD was 5.6 for planned and 4.8 For actual for Registered Clinical Staff

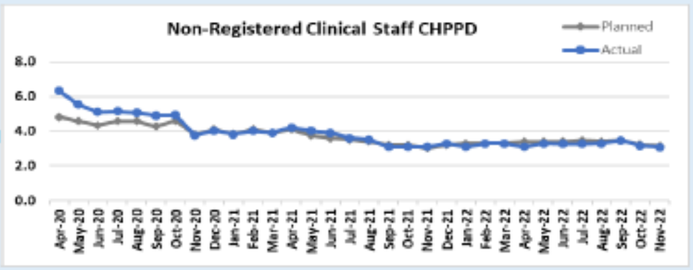


Overall there is a shortfall of 0.8 CHPPD against an overall requirement of 5.6 CHPPD for registered staff. Professional judgement informs decision-making at the twice daily staffing meetings to mitigate the risk across the clinical areas, and staff are redeployed to optimise safety. A suite of nurse sensitive indicators have also been incorporated into this section of the report to monitor for any correlations alongside the CHPPD in line with national recommendations. Both falls and pressure ulcer prevalence remain within normal variation in month.

Non-Registered Clinical Staff

Monthly hours (day and night combined) divided by average patient count at midnight

CHPPD was 3.2 for planned and 3.1 for actual for Non-Registered Clinical Staff



There was a shortfall in the planned CHPPD provided by non-registered clinical staff of 0.1CHPPD
Nightshift fill is prioritised over day shift due the increased vulnerability of patients and having fewer health professionals on the wards and the need to mitigate against reduced RN availability.

FILL RATES BY STAFF AND SHIFT TYPE

Registered Clinical Staff Day

Monthly expected hours by shift versus actual monthly hours per shift only. Day shift only.

82.76% of expected Registered Clinical Staff hours were achieved for day shifts.

Registered Staff Night

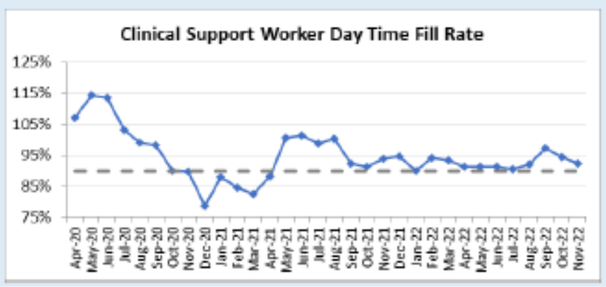
Monthly expected hours by shift versus actual monthly hours per shift only. Night shift only.

89.48% of expected Registered Clinical Staff hours were achieved for night shifts.

Non-Registered Clinical Staff Day

Monthly expected hours by shift versus actual monthly hours per shift only. Day shift only.

92.47% of expected Non-Registered Clinical Staff hours were achieved for Day shifts.



Non Registered Clinical Staff Night

Monthly expected hours by shift versus actual monthly hours per shift only. Night shift only.

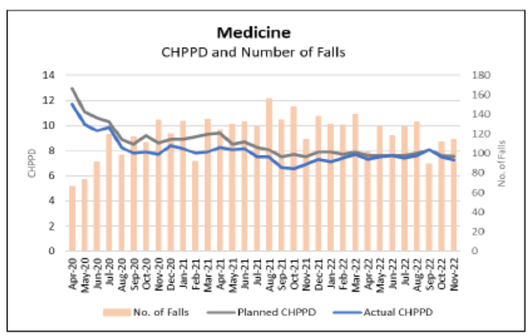
103.34% of expected Non-Registered Clinical Staff hours were achieved for night shifts.

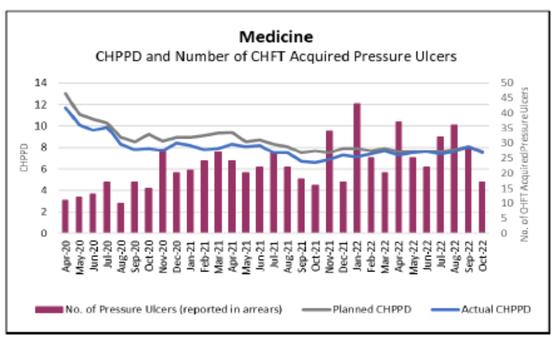
Hard Truths: Safe Staffing Levels (3)

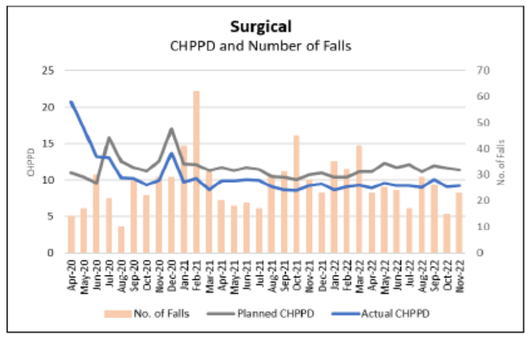
NURSING QUALITY INDICATORS AND FILLRATES BY WARD AND DIVISION

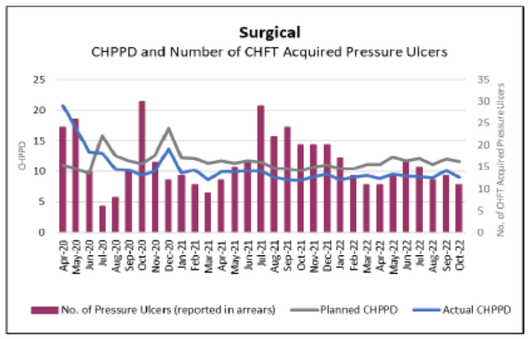
Ward	Average Fill Rates: DAY - Registered Clinical Staff (%)	DAY - Non Registered Clinical Staff (%)	NIGHT - Registered Clinical Staff (%)	NIGHT - Non Registered Clinical Staff (%)	CHPPD: Total PLANNED CHPPD	Total ACTUAL CHPPD
CRH ACUTE FLOOR	112.6%	116.0%	129.7%	127.1%	6.3	7.6
HRI ACUTE FLOOR	90.9%	91.3%	103.1%	96.8%	8.3	7.9
RESPIRATORY FLOOR	66.2%	83.9%	85.4%	88.6%	9.1	7.1
WARD 5	86.9%	119.0%	100.8%	135.5%	6.7	7.3
WARD 6	77.8%	68.0%	98.1%	116.1%	4.0	3.4
WARD 6C	83.9%	94.0%	103.5%	116.6%	12.7	12.4
WARD 6AB	83.9%	94.0%	103.5%	116.6%	6.4	6.2
WARD CCU	78.8%	72.0%	89.1%		8.3	7.1
STROKE FLOOR (INC AHP)	111.0%	110.9%	95.3%	99.0%	7.6	7.9
STROKE FLOOR (EXC AHP)	94.8%	98.5%	95.3%	99.0%	7.6	7.3
WARD 12	94.4%	74.5%	100.0%	95.0%	7.2	6.4
WARD 15	81.5%	119.8%	96.0%	110.0%	7.1	7.2
WARD 17	77.3%	88.7%	95.2%	110.0%	7.0	6.2
WARD 18	66.6%	107.5%	76.7%	168.3%	9.7	9.3
WARD 20	77.4%	100.3%	96.1%	101.0%	7.2	6.7
Medicine	**84.82%**	**98.16%**	**98.60%**	**110.54%**	**7.5**	**7.3**
WARD 21	83.9%	83.3%	95.9%	92.7%	7.7	6.8
WARD 22	90.4%	109.7%	92.6%	129.2%	6.9	7.0
ICU	72.2%	43.0%	69.9%	54.2%	95.7	63.6
WARD 8A	79.6%	66.9%	68.5%	89.4%	13.5	10.0
WARD 8C	100.5%	76.1%	99.9%	96.7%	7.7	7.2
WARD 10	74.8%	87.2%	81.5%	92.4%	9.2	7.6
WARD 14	51.3%	63.6%	60.1%	74.0%	14.0	8.5
WARD 19	85.6%	98.1%	98.7%	119.9%	7.5	7.4
SAU HRI	97.7%	92.6%	99.2%	98.8%	7.5	7.3
Surgical	**79.0%**	**79.0%**	**81.0%**	**92.8%**	**11.4**	**9.3**
WARD LDRP	75.7%	85.0%	75.1%	94.0%	21.2	16.4
WARD NICU	102.3%	77.4%	104.0%	84.2%	11.5	11.5
WARD 3ABCD	74.1%	94.5%	75.5%	108.9%	9.8	7.7
WARD 4ABC	88.0%	92.0%	83.1%	93.3%	5.5	4.8
Ward 1D	97.7%	75.0%	100.4%	71.8%	14.1	12.8
FSS	**82.7%**	**88.2%**	**81.6%**	**96.2%**	**10.3**	**8.7**
TRUST	**82.76%**	**92.47%**	**89.48%**	**103.34%**	**8.8**	**7.9**

Nursing Quality Indicators









KEY: >100% | 100- 96% | 95-85% | <85%

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

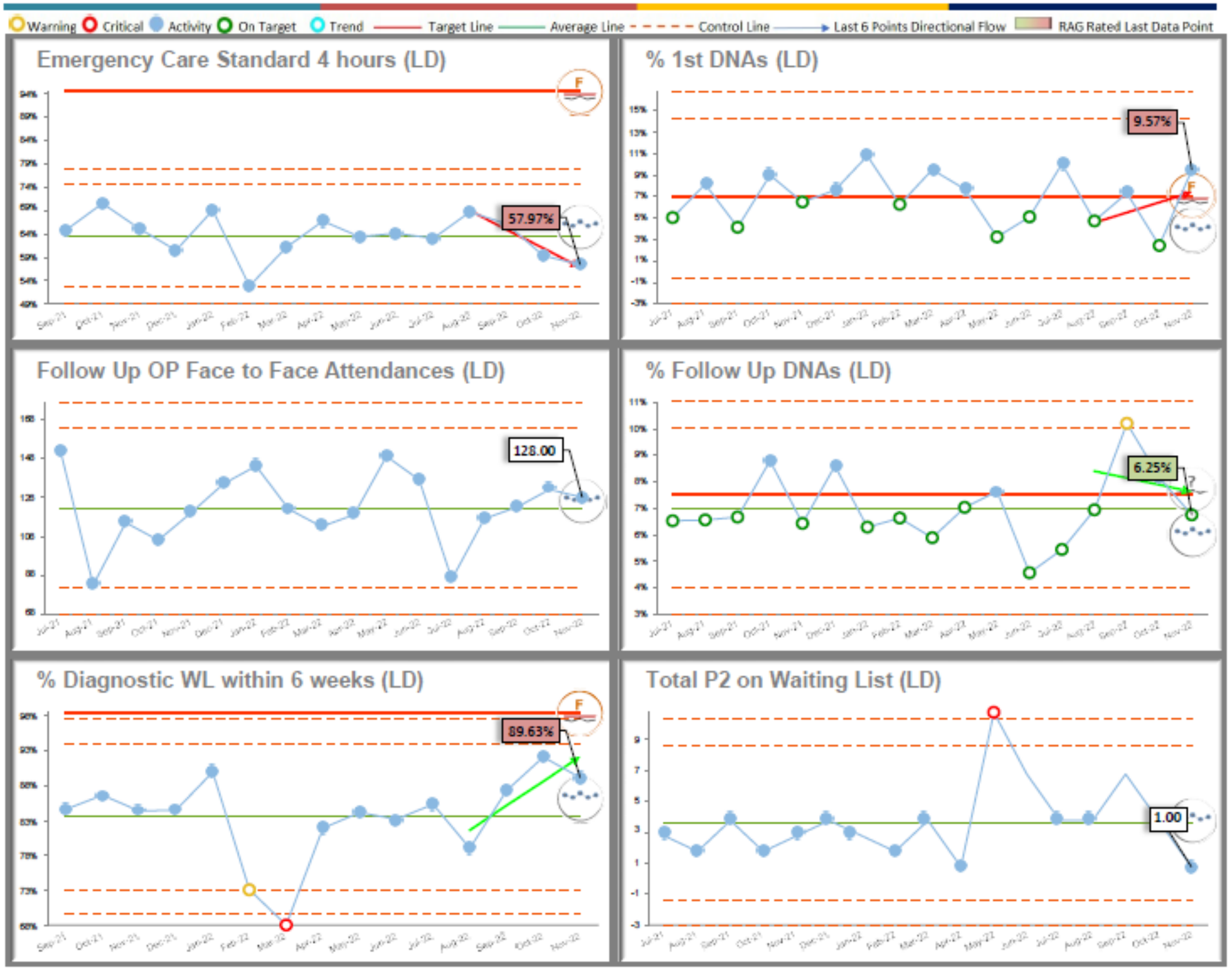
The Trust remains committed to achieving its nurse and midwifery staffing establishments to provide safe and compassionate care to patients.

Ongoing activity:
1. A revised dashboard has been approved as part of the Hard Truths section of the IPR which closely aligns the workforce position to an agreed suite of nurse sensitive indicators.
2. The Nursing and Midwifery Workforce Steering Group is progressing work to understand the detail of the vacancy position and potential leavers and aligning this to the recruitment/training strategy in partnership with the local HEI, as well as high impact retention strategies.
3. A section on Knowledge Portal Plus has been developed to support triangulation of the workforce position to the agreed suite of nurse sensitive indicators and has been supported with a staff engagement and training exercise.
4. A review of the current Nursing and Midwifery workforce plans is underway and supported by Workforce Business Intelligence, reviewing directorate specific pressures to inform recruitment and retention strategies. Additional training is underway to enable greater reliability and validity of the Safer Nursing Care Tool (Acuity/Dependency Scoring) prior to the next bi-annual review.
5. Future required Workforce Models to deliver safe, effective and compassionate patient care in light of planned reconfigured services are being developed.
6. The International recruitment project continues to progress well with 73 recruits of the planned 100 resident in the UK to the end of November. The remaining 27 are in pipeline. Further funding has been secured to recruit an additional 20 International Nurses between January and March 2023. CHFT were also successful in the bid for funding to recruit to 5 International Midwives to arrives before the end of July 2023 and 3 International Occupational Therapists to arrive before the end of March 2023 .
7. Trainee Nursing Associate apprenticeships and Registered Nurse Apprenticeships continue to be supported to assist the RN workforce recruitment strategy.
8. There is a commitment to retract from Agency spending, commencing with the high cost agencies.

LD - Key measures

	21/22	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	YTD	Performance Range		
																Green	Amber	Red
Recovery																		
Total P2 on Waiting List (LD)	32	3	4	3	2	4	1	11	7	4	4	7	4	**1**	**1**	No target		
Total P3 on Waiting List (LD)	119	10	7	8	11	11	14	16	12	9	10	10	10	**7**	**7**	No target		
Total P4 on Waiting List (LD)	58	3	3	2	1	1	2	3	4	4	2	2	3	**4**	**4**	No target		
Emergency Care																		
Emergency Care Standard 4 hours (LD)	65.74%	65.65%	61.02%	69.57%	53.33%	61.62%	67.26%	63.93%	64.66%	63.54%	69.23%	66.67%	59.84%	57.97%	63.83%	>=95%		<95%
Waiting Times																		
18 weeks Pathways >=26 weeks open (LD)	569	58	69	61	63	54	50	48	55	41	36	38	36	**34**	**34**	0		>=1
RTT Waits over 52 weeks Threshold > zero (LD)	409	41	45	41	47	38	10	8	8	5	4	6	5	**3**	**49**	0		>=1
% Diagnostic Waiting List Within 6 Weeks (LD)	83.63%	0.8485	0.8497	90.43%	73.54%	68.48%	82.40%	84.64%	83.68%	85.80%	79.51%	87.80%	92.61%	89.63%	85.38%	>=99%		<=98%
Cancer																		
Two Week Wait for Referral to Date First Seen (LD)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	86% - 92%	<85%
31 Days From Diagnosis to First Treatment (LD)	100.00%	not applicable	100.00%	not applicable	not applicable	not applicable	100.00%	not applicable	100.00%	not applicable	not applicable	100.00%	100.00%	**100.00%**	**100.00%**	>=96%		<95%
31 Day Subsequent Surgery Treatment (LD)	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	**not applicable**	**not applicable**	>=94%		<93%
38 Day Referral to Tertiary (LD)	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	**not applicable**	**not applicable**	>=85%		<84%
62 Day GP Referral to Treatment (LD)	100.00%	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	100.00%	not applicable	not applicable	100.00%	not applicable	**not applicable**	**100.00%**	>=85%	81% - 84%	<80%
62 Day Referral From Screening to Treatment (LD)	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	100.00%	**not applicable**	**100.00%**	>=90%		<89%
Activity - Number of Attendances																		
New Outpatient Attendances - Face to Face (LD)	366	33	38	38	24	31	37	40	41	40	48	59	38	**51**	**354**	No target		
New Outpatient Attendances - Non Face to Face (LD)	256	19	25	18	16	18	11	20	15	9	13	16	18	**12**	**114**	No target		
Follow up Outpatient Attendances - Face to Face (LD)	1426	120	135	144	122	113	119	149	137	86	117	123	132	**128**	**991**	No target		
Follow up Outpatient Attendances - Non Face to Face (LD)	845	74	47	45	56	67	56	61	61	41	48	50	55	**74**	**446**	No target		
Activity - % DNAs																		
% 1st DNAs (LD)	7.22%	6.58%	7.69%	10.87%	6.35%	9.59%	7.79%	3.33%	5.19%	10.14%	4.82%	7.41%	2.53%	9.57%	6.35%	<=7.0%	7.1% - 7.9%	>=8.0%
% Follow Up DNAs (LD)	5.72%	5.93%	8.10%	5.79%	6.13%	5.39%	6.53%	7.14%	4.07%	4.95%	6.44%	9.70%	7.66%	6.25%	6.67%	<=7.0%	7.1% - 7.9%	>=8.0%

LD - SPC Charts



15. Month 8 Finance Summary

For Assurance

Presented by Kirsty Archer

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	Thursday 12 January 2023
Meeting:	Board of Directors
Title:	Month 8 Finance Report
Author:	Philippa Russell – Acting Deputy Director of Finance
Sponsoring Director:	Kirsty Archer – Acting Director of Finance
Previous Forums:	Finance & Performance Committee
Purpose of the Report	To provide a summary of the financial position as reported at the end of Month 8 (November 2022) for 2022/23.
Key Points to Note	**Year to Date Summary** Year to date the Trust is reporting a £14.99m deficit, a £1.78m adverse variance from plan. The in month position is a deficit of £1.89m, a £0.02m adverse variance. The adverse variance is driven by inflationary pressures, the costs of opening additional capacity and the associated premium rate staffing costs, in particular the impact of the revised medical bank rates and high cost agency staff. • Funding for 2022/23 is based on an Aligned Payment Incentive (API) approach with a fixed element based on agreed activity levels and a variable element to support recovery of elective services. £12.13m of Elective Recovery Funding (ERF) was assumed in the plan but is subject to delivery of 104% of 2019/20 elective activity. ERF of £7.57m has been assumed in the year to date position in line with plan. It has been confirmed that ERF will not be clawed back for the first half of the year (H1). National guidance suggests that ERF is not likely to be clawed back in the second half of the year, but this has not been formally confirmed and there remains some risk, as activity year to date remains below the planned level. • The Trust has been allocated block funding of £6.0m for the year to support Covid-19 costs by the Integrated Care System (ICS) and subject to approval continues to have access to funding for Covid-19 costs that are considered to be outside of the System Envelope: Vaccinations and Covid-19 Testing. Requirements for additional funding for testing have reduced significantly as national procurement has expanded and the Autumn vaccination programme is funded differently, on a fixed cost per vaccine basis. • Year to date the Trust has incurred costs relating to Covid-19 of £12.02m, (excluding costs outside of System Envelope), £5.60m higher than planned. Covid-19 activity remains higher than planned and is one of a number of

	factors driving additional staffing costs and consumables, with extra capacity opened over and above the planned level and ongoing Emergency Department segregation. • Year to date the Trust has delivered efficiency savings of £12.37m, £0.39m higher than planned. • Agency expenditure year to date is £8.93m, £4.62m higher than planned. The Integrated Care Board has set the Trust's agency expenditure ceiling for the full year at £6.9m, and the Trust has already exceeded that ceiling. • Total planned inpatient activity, for the purpose of Elective Recovery, was 99% of the activity planned year to date, (103% of 2019/20 activity levels). **Key Variances** • Income is £7.98m above the planned year to date due to changes to Tariff based funding (£4.26m YTD) to support changes to pay (pay award / National Insurance changes) and additional funding to support increased bed capacity and for Non-Surgical Oncology. Higher than planned NHS Clinical income is offset to some extent by lower than planned funding for 'outside of envelope' Covid-19 due to a reduction in testing costs now that most testing consumables have moved to a national procurement mechanism. • Pay costs are £6.25m above the planned level year to date, including £5.08m relating to the higher than planned pay award. Additional funding has been allocated to offset this pressure, although this is not currently sufficient to entirely offset the cost. Excluding pay award, the underlying year to date variance is £1.17m above the planned level, with an adverse variance in Month 8 of £0.18m. This overspend was primarily linked to pressures associated with the opening of additional capacity in excess of the winter plan, driving higher than planned bank and agency costs including £0.30m due to the revised medical bank rates. • Non-pay operating expenditure is £6.01m higher than planned year to date with pressure on consumable costs due to additional capacity requirements, higher than planned insourcing / outsourcing costs associated with Elective Recovery and inflationary pressures in particular on utilities and the Private Finance Initiative contract. **Forecast** Whilst the reported year end forecast continues to be in line with the planned £17.35m deficit, the underlying position would drive a significantly bigger deficit, which is largely mitigated by additional non recurrent funding, technical flexibilities, and system support. A mitigation gap of c.£1.8m remains to be identified. The forecast assumes full delivery of a challenging £20m efficiency target and that the Trust will deliver its elective activity plan and secure £11.63m of Elective Recovery Funding, delivering 104% of 2019/20 activity levels within the planned funding envelope. Attachment: Month 8 Finance Report
EQIA – Equality Impact Assessment	The attached paper is for information only. Where this information is used to inform changes to services, policies or procedures, an Equality Impact Assessment will first be completed to assess the effects that it is likely to have on people from different protected

	groups, as defined in the Equality Act 2010.
Recommendation	The Board is asked to **RECIEVE** the Finance Report and note the financial position for the Trust as at 30th November 2022.

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2022 - Month 8

KEY METRICS

	M8				YTD (NOV 2022)				Forecast 22/23			
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£1.87)	(£1.89)	(£0.02)		(£13.22)	(£14.99)	(£1.78)		(£17.35)	(£17.35)	£0.00	
Agency Expenditure (vs Ceiling)	(£0.66)	(£1.33)	(£0.68)		(£4.31)	(£8.93)	(£4.62)		(£6.90)	(£13.23)	(£6.33)	
Capital	£6.07	£2.09	£3.98		£23.67	£7.79	£15.88		£41.99	£42.81	(£0.82)	
Cash	£42.73	£50.50	£7.77		£42.73	£50.50	£7.77		£19.26	£25.08	£5.82	
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	92.6%	-2%		95.0%	90.9%	-4%					
CIP	£1.79	£1.67	(£0.12)		£11.98	£12.37	£0.39		£20.00	£20.00	£0.00	
Use of Resource Metric	3	3			3	4			3	3		

Year to Date Summary

Year to date the Trust is reporting an £14.99m deficit, a £1.78m adverse variance from plan. The in month position is a deficit of £1.89m, a £0.02m adverse variance. The adverse variance is driven by inflationary pressures, the costs of opening additional capacity and the associated premium rate staffing costs, in particular the impact of the revised medical bank rates and high cost agency staff.

- Funding for 22/23 is based on an Aligned Payment Incentive (API) approach with a fixed element based on agreed activity levels and a variable element to support recovery of elective services. £12.13m of Elective Recovery Funding (ERF) was assumed in the plan, but is subject to delivery of 104% of 19/20 elective activity. ERF of £7.57m has been assumed in the year to date position in line with plan. It has been confirmed that ERF will not be clawed back for the first half of the year (H1). National guidance suggests that ERF is not likely to be clawed back in the second half of the year, but this has not been formally confirmed and there remains some risk, as activity year to date remains below the planned level.
- The Trust has been allocated block funding of £6.0m for the year to support Covid-19 costs by the Integrated Care System (ICS) and subject to approval continues to have access to funding for Covid-19 costs that are considered to be outside of the System Envelope: Vaccinations and Covid-19 Testing. Requirements for additional funding for testing have reduced significantly as national procurement has expanded and the Autumn vaccination programme is funded differently, on a fixed cost per vaccine basis.
- Year to date the Trust has incurred costs relating to Covid-19 of £12.02m, (excluding costs outside of System Envelope), £5.60m higher than planned. Covid-19 activity remains higher than planned and is one of a number of factors driving additional staffing costs and consumables, with extra capacity opened over and above the planned level and ongoing Emergency Department segregation.
- Year to date the Trust has delivered efficiency savings of £12.37m, £0.39m higher than planned.
- Agency expenditure year to date is £8.93m, £4.62m higher than planned. The Integrated Care Board has set the Trust's Agency expenditure ceiling for the full year at £6.9m, and the Trust has already exceeded that ceiling.
- Total planned inpatient activity, for the purpose of Elective Recovery, was 99% of the activity planned year to date, (103% of 19/20 activity levels).

Key Variances

- Income is £7.98m above the planned year to date due to changes to Tariff based funding (£4.26m YTD) to support changes to pay (pay award / National Insurance changes) and additional funding to support increased bed capacity and for Non-Surgical Oncology. Higher than planned NHS Clinical income is offset to some extent by lower than planned funding for 'outside of envelope' Covid-19 due to a reduction in testing costs now that most testing consumables have moved to a national procurement mechanism.
- Pay costs are £6.25m above the planned level year to date, including £5.08m relating to the higher than planned Pay Award. Additional funding has been allocated to offset this pressure, although this is not currently sufficient to entirely offset the cost. Excluding pay award, the underlying year to date variance is £1.17m above the planned level, with an adverse variance in Month 8 of £0.18m. This overspend was primarily linked to pressures associated with the opening of additional capacity in excess of the winter plan, driving higher than planned Bank and Agency costs including £0.30m due to the revised medical bank rates.
- Non-pay operating expenditure is £6.01m higher than planned year to date with pressure on consumable costs due to additional capacity requirements, higher than planned insourcing / outsourcing costs associated with Elective Recovery and inflationary pressures in particular on utilities and the PFI contract.

Forecast

Whilst the reported year end forecast continues to be in line with the planned £17.35m deficit, the underlying position would drive a significantly bigger deficit, which is largely mitigated by additional non recurrent funding, technical flexibilities, and system support. A mitigation gap of c.£1.8m remains to be identified. The forecast assumes full delivery of a challenging £20m efficiency target and that the Trust will deliver it's elective activity plan and secure £11.63m of Elective Recovery Funding, delivering 104% of 19/20 activity levels within the planned funding envelope.

Total Group Financial Overview as at 30th Nov 2022 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var
Elective	3,840	3,053	(787)
Non-Elective	38,422	35,679	(2,743)
Daycase	33,289	33,631	342
Outpatient	292,663	301,631	8,968
A&E	118,145	117,733	(412)
Other NHS Non-Tariff	1,248,811	1,318,600	69,789
Total	1,735,170	1,810,327	75,157

TOTAL GROUP: INCOME AND EXPENDITURE

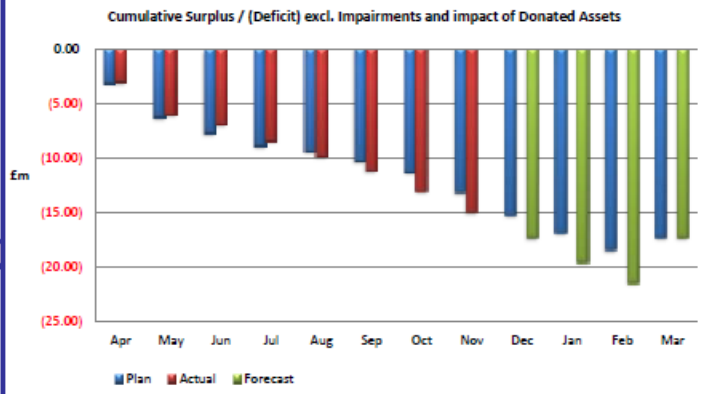
	M8 Plan	M8 Actual	Var
	£m	£m	£m
Elective	£15.41	£11.80	(£3.61)
Non Elective	£86.14	£84.44	(£1.69)
Daycase	£23.49	£23.51	£0.02
Outpatients	£26.67	£29.21	£2.55
A & E	£19.75	£20.61	£0.87
Other-NHS Clinical	£115.77	£125.08	£9.31
CQUIN	£0.00	£0.00	£0.00
Other Income	£35.82	£38.40	£2.58
Total Income	**£323.04**	**£333.06**	**£10.02**
Pay	(£213.00)	(£219.26)	(£6.25)
Drug Costs	(£30.45)	(£29.82)	£0.63
Clinical Support	(£25.67)	(£25.44)	£0.23
Other Costs	(£36.10)	(£42.76)	(£6.66)
PFI Costs	(£9.54)	(£9.74)	(£0.20)
Total Expenditure	**(£314.76)**	**(£327.02)**	**(£12.26)**
EBITDA	**£8.28**	**£6.04**	**(£2.24)**
Non Operating Expenditure	(£21.50)	(£21.03)	£0.47
Surplus / (Deficit) Adjusted*	**(£13.22)**	**(£14.99)**	**(£1.78)**

* Adjusted to exclude items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Gains on Disposal

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£68.15)	(£66.94)	£1.21
Medical	(£81.22)	(£86.38)	(£5.16)
Families & Specialist Services	(£59.57)	(£57.93)	£1.65
Community	(£18.58)	(£18.02)	£0.56
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£35.74)	(£36.44)	(£0.71)
THIS	£0.83	£0.86	£0.03
PMU	£1.59	£0.70	(£0.89)
CHS LTD	£0.29	£0.14	(£0.15)
Central Inc/Technical Accounts	£247.52	£249.66	£2.14
Reserves	(£0.18)	(£0.64)	(£0.46)
Surplus / (Deficit)	**(£13.22)**	**(£14.99)**	**(£1.78)**

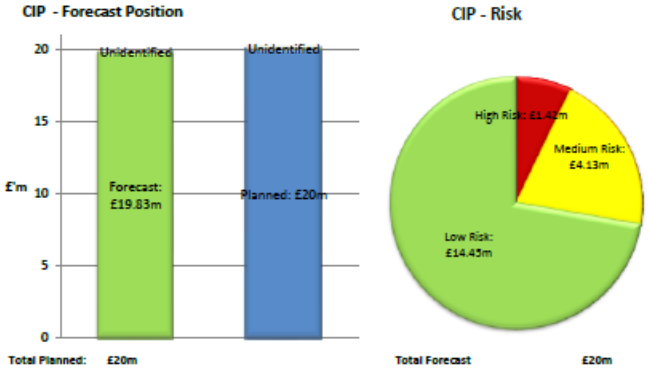
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date M8 Plan	Year To Date M8 Actual	Year To Date Var	Year End: Forecast Plan	Year End: Forecast Forecast	Year End: Forecast Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£13.22)	(£14.99)	(£1.78)	(£17.35)	(£17.35)	£0.00
Capital	£23.67	£7.79	£15.88	£41.99	£42.81	(£0.82)
Cash	£42.73	£50.50	£7.77	£19.26	£25.08	£5.82
Invoices Paid within 30 days (BPPC)	95%	91%	-4%			
CIP	£11.98	£12.37	£0.39	£20.00	£20.00	£0.00
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	4		3	3	

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 22/23

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	5,774	4,766	(1,008)
Non-Elective	58,360	54,168	(4,192)
Daycase	50,173	50,593	420
Outpatient	436,084	449,018	12,934
A&E	170,928	171,915	987
Other NHS Non- Tariff	1,867,647	1,979,082	111,435
Total	2,588,966	2,709,543	120,577

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£23.08	£18.53	(£4.55)
Non Elective	£123.29	£122.22	(£1.07)
Daycase	£35.10	£35.85	£0.74
Outpatients	£40.60	£45.46	£4.85
A & E	£28.76	£30.43	£1.67
Other-NHS Clinical	£180.77	£191.34	£10.57
CQUIN	£0.00	£0.00	£0.00
Other Income	£53.66	£57.63	£3.97
Total Income	**£485.26**	**£501.46**	**£16.19**
Pay	(£318.79)	(£329.15)	(£10.36)
Drug Costs	(£45.79)	(£44.43)	£1.35
Clinical Support	(£38.80)	(£40.30)	(£1.50)
Other Costs	(£52.67)	(£61.37)	(£8.70)
PFI Costs	(£14.31)	(£14.60)	(£0.30)
Total Expenditure	**(£470.36)**	**(£489.86)**	**(£19.50)**
EBITDA	**£14.90**	**£11.60**	**(£3.30)**
Non Operating Expenditure	(£32.25)	(£28.95)	£3.30
Surplus / (Deficit) Adjusted*	**(£17.35)**	**(£17.35)**	**£0.00**

* Adjusted to exclude all items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Gains on Disposal

DIVISIONS: INCOME AND EXPENDITURE

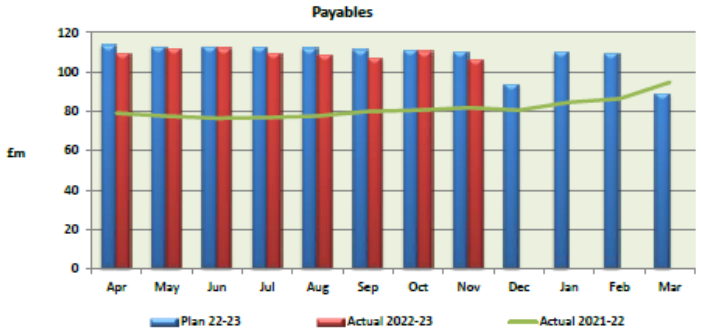
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£102.29)	(£101.79)	£0.50
Medical	(£124.34)	(£131.08)	(£6.74)
Families & Specialist Services	(£89.56)	(£87.85)	£1.71
Community	(£27.87)	(£27.33)	£0.55
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£53.61)	(£54.38)	(£0.77)
THIS	£1.28	£1.11	(£0.17)
PMU	£2.39	£0.82	(£1.57)
CHS LTD	£0.54	£0.26	(£0.28)
Central Inc/Technical Accounts	£375.16	£378.57	£3.41
Reserves	£0.95	£4.32	£3.37
Surplus / (Deficit)	**(£17.35)**	**(£17.35)**	**£0.00**

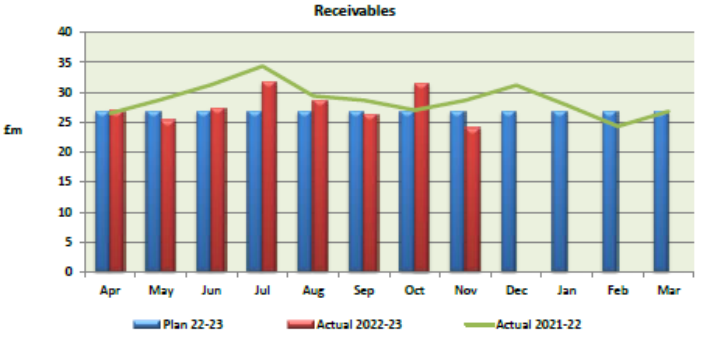
Total Group Financial Overview as at 30th Nov 2022 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

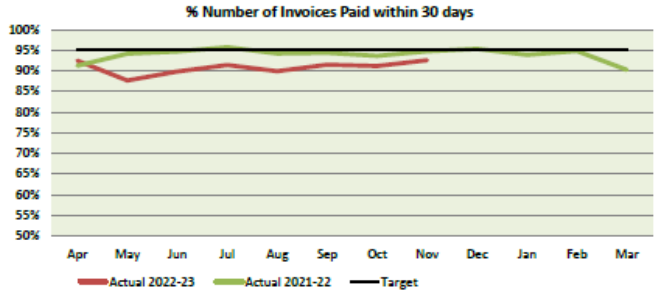
WORKING CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Payables (excl. Current Loans)	(£110.27)	(£106.02)	(£4.25)	
Receivables	£26.70	£24.05	£2.65	



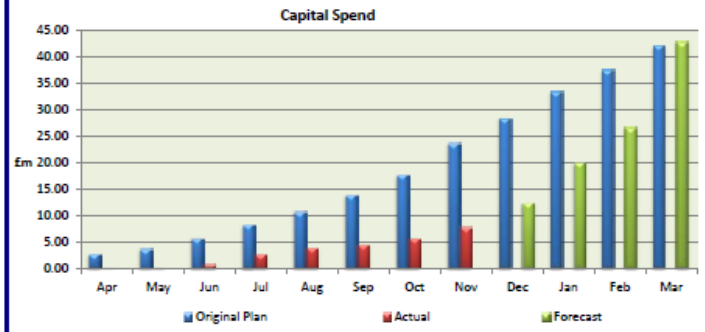


BETTER PAYMENT PRACTICE CODE



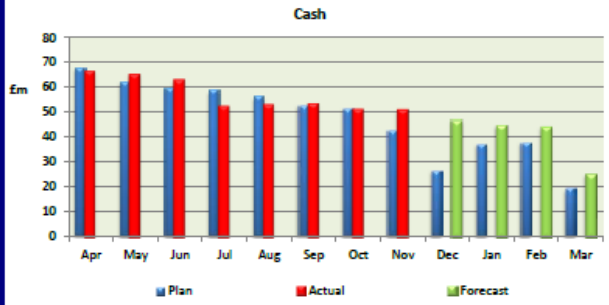
CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Capital	£23.67	£7.79	£15.88	

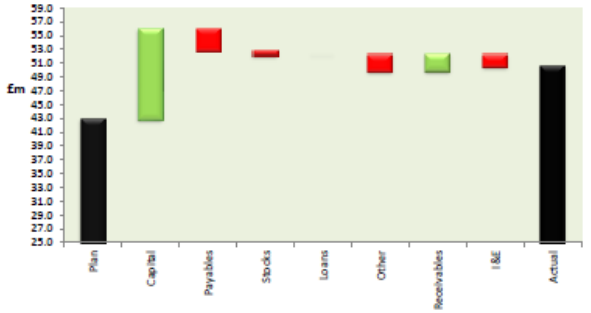


CASH

	M8 Plan £m	M8 Actual £m	Var £m	M8
Cash	£42.73	£50.50	£7.77	
Loans (Cumulative)	£15.46	£15.46	£0.00	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- Year to date the Trust is reporting an £14.99m deficit, a £1.78m adverse variance from plan.
- The adverse variance is driven by inflationary pressures, the costs of opening additional capacity and the associated premium rate staffing costs.
- Funding for 22/23 is based on an Aligned Payment Incentive (API) approach with a fixed element based on agreed activity levels and a variable element to support recovery of elective services. £12.13m of Elective Recovery Funding (ERF) was assumed in the plan, subject to delivery of 104% of 19/20 elective activity.
- £7.57m of ERF has been assumed in the year to date position as planned. It has been confirmed that ERF will not be clawed back for the first half of the year (H1), but some potential clawback remains a risk for H2.
- Total planned inpatient activity for the purposes of Elective recovery was 99% of the activity planned year to date, (103% of 19/20 activity levels).
- Year to date the Trust has incurred costs relating to Covid-19 of £12.02m, (excluding testing and vaccination costs funded outside of System envelope), £5.60m higher than planned.
- Capital expenditure is lower than planned at £7.79m against a planned £23.67m. Capital plans now also include any new leases.
- Year to date the Trust has delivered efficiency savings of £12.37m, £0.39m more than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 4, worse than planned, with 2 metrics currently away from plan.

NOTES

- Whilst the reported year end forecast continues to be in line with the planned £17.35m deficit, the underlying position would drive a significantly bigger deficit, which is largely mitigated by additional non recurrent funding, technical flexibilities, and system support. A mitigation gap of c.£1.8m remains to be identified.
- The forecast position assumes full delivery of a challenging £20m efficiency target. At the end of November 22, £19.83m of efficiency has been identified and is forecast to deliver.
- The forecast assumes that the Trust will deliver it's elective activity plan and secure £11.73m of Elective Recovery Funding.
- The total loan balance is £15.46m as planned. No further loans are planned for this financial year.
- The Trust is forecasting to spend £42.81m on Capital programmes in this financial year including £2.92m on leases. The £0.82m adverse variance to plan is due to an increase in forecast donated assets (funded through charitable funds), additional PDC funded Reconfiguration expenditure and Endoscopy equipment.
- The Trust has a cash balance of £50.50m, £7.77m higher than planned.

RAG KEY: (Excl: UOR)		Actual / Forecast is on plan or an improvement on plan
		Actual / Forecast is worse than planned by <2%
		Actual / Forecast is worse than planned by >2%

NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

RAG KEY: UOR		All UOR metrics are at the planned level
		Overall UOR as planned, but one or more component metrics are worse than planned
		Overall UOR worse than planned

FORECAST POSITION 22/23

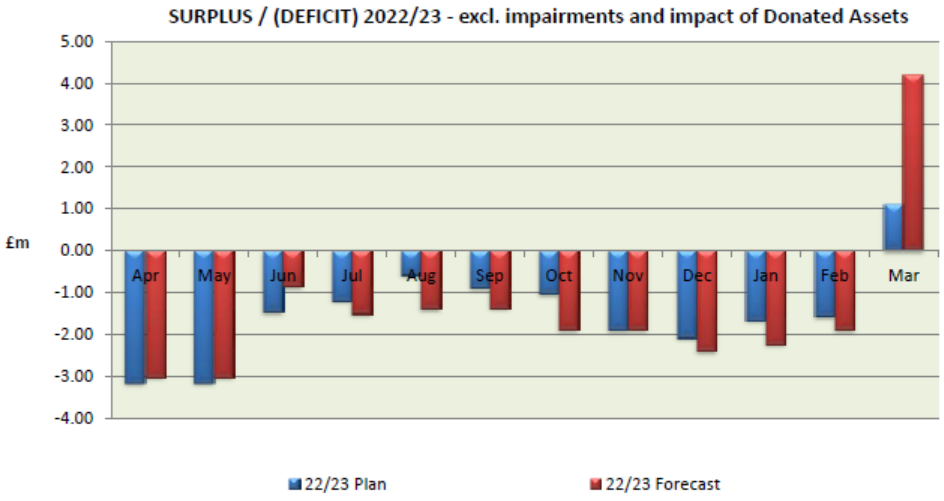
22/23 Forecast (31 Mar 23)

Statement of Comprehensive Income	Plan[2] £m	Forecast £m	Var £m	
Income	£485.35	£501.78	£16.44	
Pay expenditure	(£318.79)	(£329.15)	(£10.36)	
Non Pay Expenditure	(£151.58)	(£160.71)	(£9.14)	
Non Operating Costs	(£32.68)	(£29.48)	£3.20	
Total Trust Surplus / (Deficit)	**(£17.69)**	**(£17.56)**	**£0.14**	
Deduct impact of:				
Impairments (AME)[1]	£0.00	(£0.00)	(£0.00)	
Donated Asset depreciation	£0.43	£0.53	£0.11	
Donated Asset income (including Covid equipment)	(£0.08)	(£0.32)	(£0.24)	
Net impact of donated consumables (PPE etc)	£0.00	£0.00	£0.00	
Gain on Disposal	£0.00	£0.00	£0.00	
Adjusted Financial Performance	**(£17.35)**	**(£17.35)**	**£0.00**	

Notes:

1. AME - Annually Managed Expenditure - spend that is unpredictable and not easily controlled by departments

MONTHLY SURPLUS / (DEFICIT)



- The Trust is forecasting to deliver the revised plan of a £17.35m deficit.
- Whilst forecasting to deliver this planned deficit, the year to date deficit shows how challenging this will be and the identification of further mitigation will be required to offset the ongoing operational pressures. Capacity requirements have further increased and continue to be above the planned level due to higher than planned Covid-19 activity, Delayed Transfers of Care and other operational pressures. This is driving additional costs, particularly in relation to bank and agency expenditure.
- The additional funding for inflation was required to flow in full to improve the Trust overall financial position and assumed that plans included sufficient funding to cover any pressures. The increase in RPI since March 22 is driving additional inflationary pressures over and above the planned level, particular in relation to Energy costs and the PFI contract. It is also impacting on the ability to achieve planned procurement savings.
- The forecast assumes full delivery of a challenging £20m efficiency target. Additional schemes have been identified to offset slippage on the original plan, leaving just a small gap yet to be identified. The expectation is that closing the remaining gap is feasible and full delivery of the target is expected.
- The Pharmacy Manufacturing Unit has not delivered the planned surplus in the year to date and is forecasting an adverse forecast variance of £1.57m by year end.
- Vacancies have driven underspends in Community and FSS Divisions in the year to date. A continuation of this position may mitigate the pressures above to some extent.
- The forecast continues to assume that the Trust will deliver it's elective activity plan within the planned financial envelope and secure £11.73m of Elective Recovery Funding.
- The forecast assumes that the more targeted Bank rate enhancement scheme introduced from the 6th of November is a cheaper option than the previous 50% Bank enhancement scheme and costs no more than £417k per month as modelled.
- Further mitigation has been identified to offset Divisional forecast pressures, but a gap of £1.8m remains. However, given the reduced scale of the challenge, the current 'likely case' forecast as reported to the Integrated Care Board is delivery of the planned financial position.

Risks and Potential Benefits

- The forecast assumes full delivery of a challenging £20m efficiency target.
- The combined impact of the funded pay award and the changes to National Insurance rates is a £0.60m shortfall in funding.
- There is a risk that the revised scheme for Bank enhancements proves more expensive than expected or an expansion of the scheme is required due to operational pressures.
- The Forecast assumes that the current Covid-19 wave has now peaked and that activity returns to the planned level. There is a risk that Covid-19 impact over the Autumn and Winter period is more severe than expected. A Covid-19 surge similar to that seen last winter could drive additional costs of up to £2.8m.
- The financial impact of Utilities price caps is being assessed and may provide some opportunity to reduce forecast inflationary pressures.
- Opportunities to reduce Agency costs are being considered including a scheme to retract from Tier 3 Nursing Agency rates.
- The forecast assumes achievement of the requirements for the Maternity Incentive Scheme (Clinical Negligence Scheme for Trusts (CNST)), securing the £0.86m rebate.

COVID-19 & Recovery

Covid-19 Expenditure YTD NOV 2022	Pay £'000	Non-Pay £'000	Total £'000
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	724	0	724
Remote management of patients	139	0	139
Increase ITU capacity (incl increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	0	58	58
Segregation of patient pathways	9,466	253	9,719
Existing workforce additional shifts	159	0	159
Decontamination	0	6	6
Backfill for higher sickness absence	0	0	0
Remote working for non patient activities	0	0	0
PPE - other associated costs	0	0	0
Sick pay at full pay (all staff types)	0	0	0
Enhanced PTS	0	265	265
COVID-19 virus testing - rt-PCR virus testing	183	83	266
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	0	0	0
COVID-19 - Vaccination Programme - Vaccine centres	96	0	96
COVID-19 - Vaccination Programme - Vaccination of Healthy 12-15s (via SAIS)	0	0	0
NIHR SIREN testing - antibody testing only	0	0	0
Total Reported to NHSI	**10,766**	**665**	**11,431**
COVID-19 - Vaccination Programme - Vaccine centres (Locally Funded)	47	0	47
COVID-19 - Vaccination Programme - Provider/ Hospital hubs (Locally funded)	70	0	70
PPE - locally procured	0	-16	-16
Other COVID-19 virus / antibody (serology) testing (not included elsewhere)	471	0	471
Support for stay at home models	0	19	19
Internal and external communication costs	0	-1	-1
Grand Total	**11,354**	**668**	**12,022**

Recovery Costs YTD NOV 2022	Pay £'000	Non-Pay £'000	Total £'000
Independent Sector	8	4,659	4,667
Additional Staffing - Medical	1,485	0	1,485
Additional Staffing - Nursing	270	0	270
Additional Staffing - Other	770	0	770
Non Pay	0	1,222	1,223
Enhanced Payment Model - Medical	0	0	0
Enhanced Payment Model - Nursing	546	0	546
Total	**3,079**	**5,882**	**8,960**

Covid-19 Costs

Year to date the Trust has incurred £12.02m of expenditure relating to Covid-19. Excluding Covid-19 costs that were outside of System envelope and for which funding can be claimed retrospectively, the year to date cost is £11.66m versus a plan of £6.06m, an adverse variance of £5.60m. This overspend was driven by higher than planned Covid-19 related activity leading to higher staffing and consumables costs and contributing to the requirement for additional Medical capacity. Outside of envelope costs are highlighted in the table to the left and total £0.36m year to date.

The Autumn Covid-19 vaccination programme has started and funding will be provided on a fixed cost per vaccine basis.

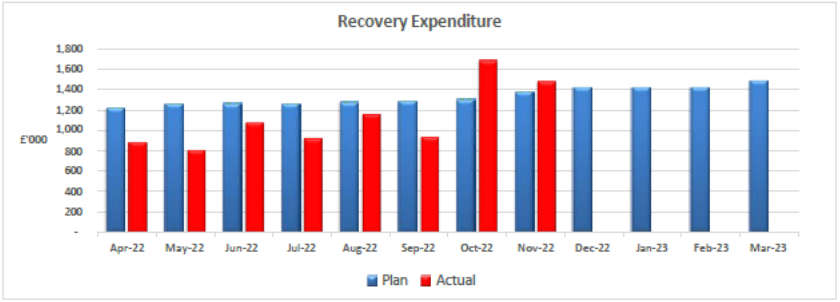
Covid-19 Funding

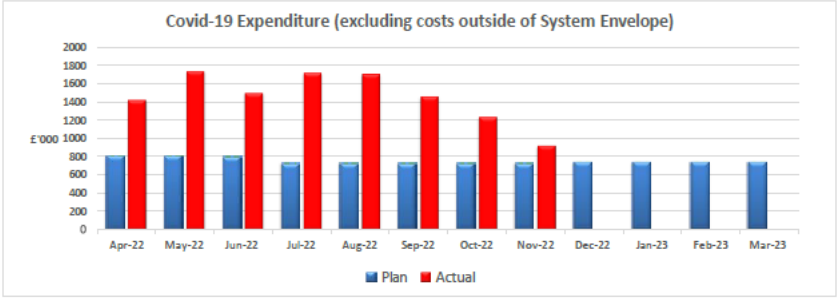
The Trust has been allocated block funding by the ICS to cover any ongoing Covid-19 costs and associated impacts totalling £6.00m for the year (£4.00m year to date).

Recovery

- Year to date Recovery costs are £8.96m, £1.30m lower than planned.
- Total planned Recovery costs for the year are £15.97m to deliver the required 104% of 19/20 activity.
- Funding of £12.13m of Elective Recovery Funding (ERF) is assumed for the year, receipt of which is reliant on the Trust achieving it's activity targets as planned. £7.57m of ERF has been assumed in the year to date position as planned, (profiled in line with activity plans). Funding has been secured for H1 and National guidance suggests that ERF is not likely to be clawed back in the second half of the year, but there is a local agreement to return £0.40m of the planned ERF to the Integrated Care Board (ICB) to support Independent Sector overspends in Kirklees Place.

Note: Both Covid-19 and recovery plans assumed that associated CIP schemes would be delivered in full.





16. Workforce Committee Chair Highlight Report

For Assurance

Presented by Karen Heaton

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Workforce and OD Committee
Committee Chair:	Karen Heaton
Date(s) of meeting:	7 December 2022
Date of Board meeting this report is to be presented:	12 January 2023
ACKNOWLEDGE	The following points are to be noted by the Board following the meeting of the Committee on 7 December 2022. Integrated Performance Report - concern remains over the level of short-term sickness absence and the number of return-to-work interviews remains below target with further work planned to improve this. The Committee received a paper on the future of return-to-work interviews and agreed to "remove the workforce target for return-to-work interviews as a Key Performance Indicator as part of the performance report to Board. Revise the online portal to make it easier to use for managers with a focus on a quality and supportive conversation. The requirement for line managers to record in Electronic Staff Record or Health Roster will remain, and compliance will be discussed at monthly divisional boards and taken to Performance Review Meeting and/or Workforce Committee on a quarterly basis. • Fire safety and data security training completion levels are low, and action is underway to address these. The Fire Safety Manager will attend the next meeting of the Committee to present a revised training offer. Overall Essential Safety Training (EST) levels have fallen slightly. A review of all EST is currently underway to ensure we are identifying what is "essential" and this will be considered by the Education Committee. • The Committee undertook a deep dive into Allied Health Professional (AHP) turnover and received a presentation on the role of the AHP manager. Turnover remains a concern with the majority of staff leaving seeking a better work life balance. • A quarterly vacancy deep dive (quarter 2) was presented with a number of vacancies in hard to recruit roles across England. Medical Division is experiencing the highest number of vacancies. The Committee received the Age Profile report and agreed that this should be presented on an annual basis as it was difficult to identify trends over a shorter period. This work feeds into the work on succession planning underway across the Trust.
ASSURE	• The Committee received a detailed update report on progress with the apprenticeship strategy. It was noted that very good progress was being

	made across a number of pathways enabling the Trust to “recruit and develop its own”. The Committee were assured that progress was on track with further ambitious plans for 2023. • The Board Assurance Framework covering Nurse Staffing was discussed and whilst it was recognised the score hadn’t changed the actions to mitigate the risk had been revised and continue to be ongoing. The work to promote Freedom To Speak Up continues and the half yearly report identified a small increase in cases with a decrease in the number opting for anonymity.
AWARE	• Staffing levels continue to remain a challenge alongside turnover. Although recruitment has been going well and in particular international recruitment. • The Committee received an update on progress of Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES), the Equality, Diversity and Inclusion Strategy and the Health and Wellbeing mid-year report. Whilst the highlights were presented the Committee felt that more time should be given to these topics over the next couple of meetings to facilitate a more detailed discussion.
ONE CULTURE OF CARE	One Culture of Care considered as part of the workforce reports and in discussions.

17. Guardian of Safe Working Hours 1 October 2022 to 30 November 2022 Report - Presented by Shiva Deep Sukumar

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	12th January 2023
Meeting:	Board of Directors
Title:	Guardian of Safe Working Hours Quarterly Report (1 October 2022 to 30 November 2022)
Author:	Dr Shiva deep Sukumar
Sponsoring Director:	Dr David Birkenhead, Medical Director
Previous Forums:	None
Purpose of the Report	To provide an overview and assurance of the Trusts compliance with safe working hours for doctors/dentists in training across the Trust, and to highlight any areas of concern
Key Points to Note	Current exception reports Information about cover arrangements for out of hours rota gaps Junior Doctors Forum
EQIA – Equality Impact Assessment	The opportunity to exception report is available for all doctors in training and trust doctors on the 2016 contract irrespective of any protected characteristics.
Recommendations	To Board is asked to NOTE the report for the period 1 October 2022 to 30 November 2022 from the Guardian of Safe Working Hours.

GOSWH Quarterly report - to 30.11.2022

Introduction:

The purpose of this report is to give assurance to the board that the doctors in the training are safely rostered and that their working hours are compliant with the 2016 Junior Doctor's Contract and in accordance with the Junior Doctors terms and conditions of service.

The report includes the data from October 2022 to November 2022.

Executive summary:

CHFT has used Allocate software since August 2017 to enable trainees to submit exception reports. All doctors in training and locally employed trust doctors employed on the 2016 Terms and Conditions have an Allocate account. Educational Supervisors and Clinical Supervisors also have access to this software.

Exception reports (ER) are a part of the 2016 Junior Doctor Contract that supports a safe working environment with ERs submitted for reasons such as working over scheduled hours, being unable to take rest breaks, and missed educational opportunities.

Within this reporting timescale most of the ERs were related to extra hours of working. Two ERs were related to missed educational opportunities missed. Most ERs were submitted by FY1 doctors.

There are some ERs that remain on report and show as unresolved, even though they have been discussed and the outcome has been agreed with the trainee. Despite reminders by GOSWH (via email and telephone) some of these have not been closed on Allocate.

All our junior doctor rotas are fully compliant with the 2016 contract terms and conditions. Rota gaps remain a challenge, when/where Health Education England do not provide a trainee, however a number of Trust doctors are recruited to cover wherever possible. Where there are out of hours gaps the flexible workforce team work to cover these shifts with bank/agency locums, with the junior doctor's cross-covering during the day. The majority of the gaps are filled by bank shifts which, as they are our usual staff, which brings familiarity with the team, wards, and systems.

Background Data:

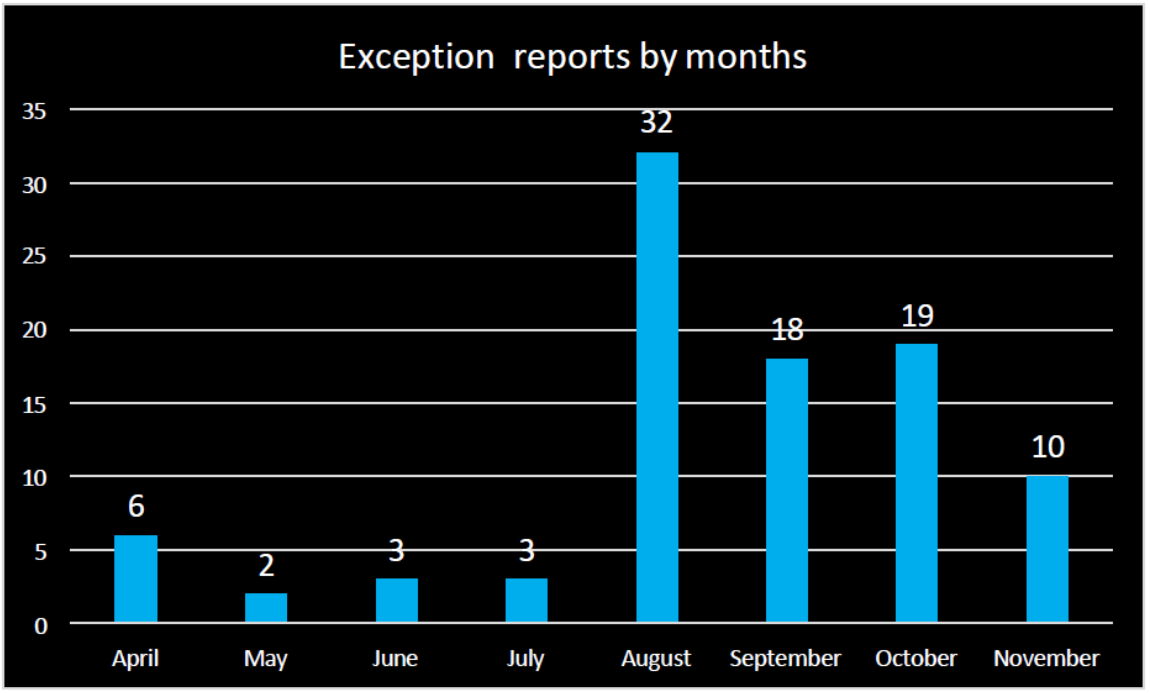
Number of doctors/dentists in training (total): 260

Admin support provided to the guardian: The Medical HR team manage the payment for ERs wherever this is agreed and create Allocate accounts for all those that need access. They also do initial prompts to clinical supervisors and educational supervisors regarding exception reports. There is a regular meeting scheduled with the GOSWH and the Medical HR manager for additional support if required.

The Medical Education team manage the invites, agenda, and minutes for the quarterly Junior Doctors Forum meeting.

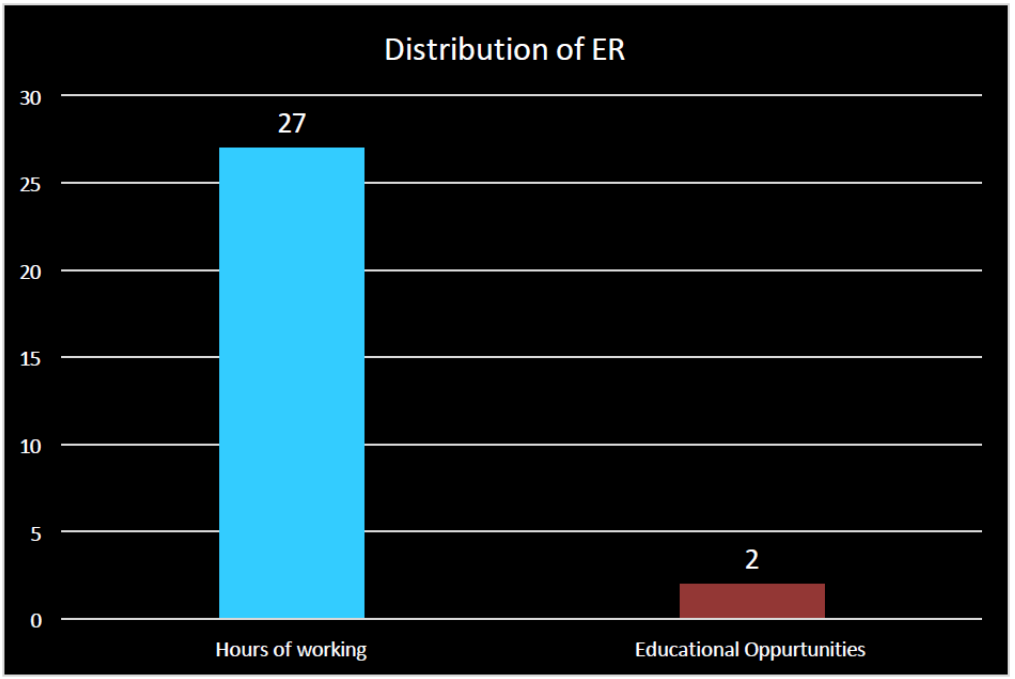
Exception reports:

Exception Reports from October 2022 to November 2022



In total 29 reports were submitted across the 2 months of this reporting period. As we can see, the ERs keep decreasing from August 2022. It appears the repeating pattern is due to new junior doctors adapting to their new role and system.

Distribution of exception reporting in relation to various reasons

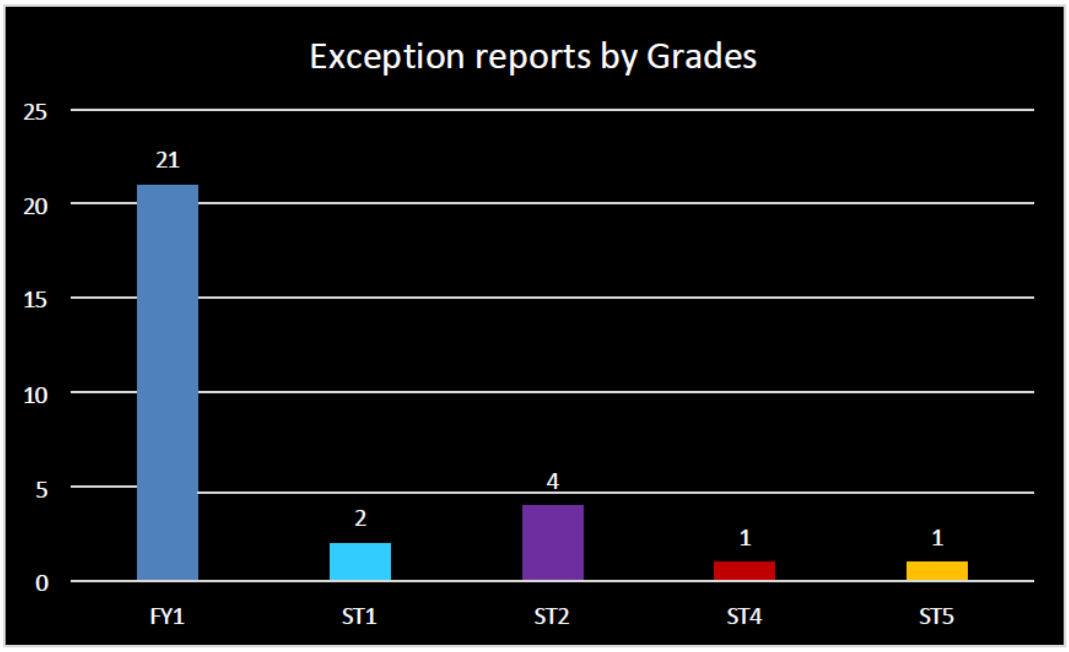


Out of these 29 reports, 27 are related to hours of working and 2 are related to educational opportunities missed.

Safety concerns raised through Exception Reports:

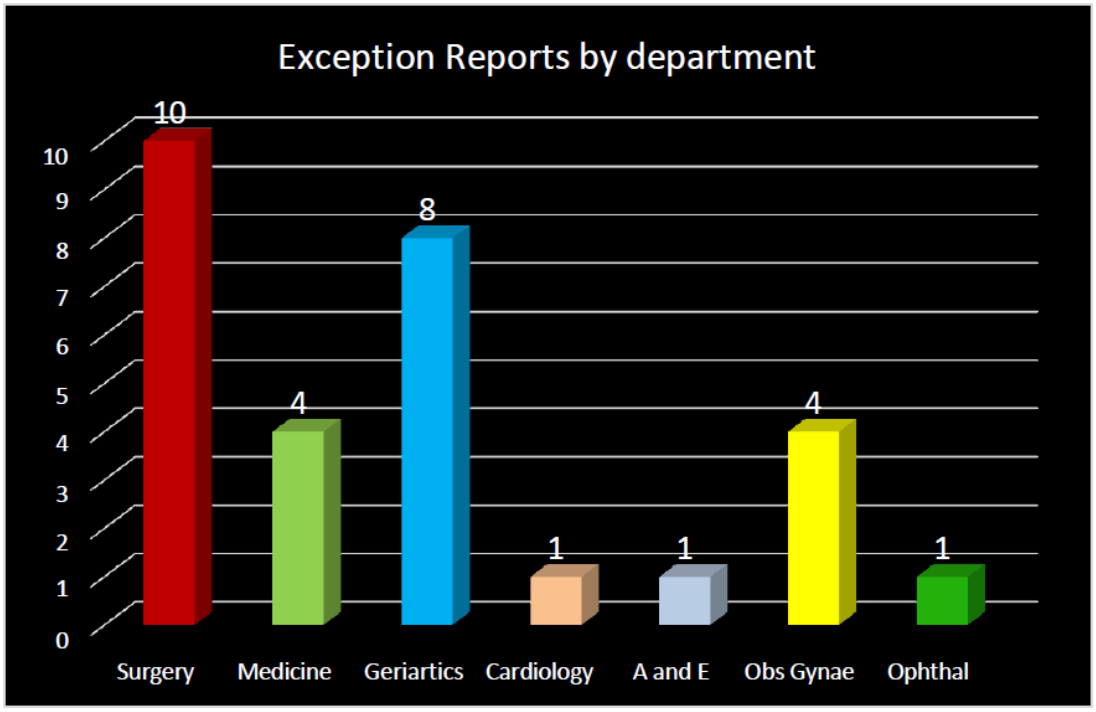
There were no exception reports highlighting any safety concerns in this period.

Exception reports by Grade



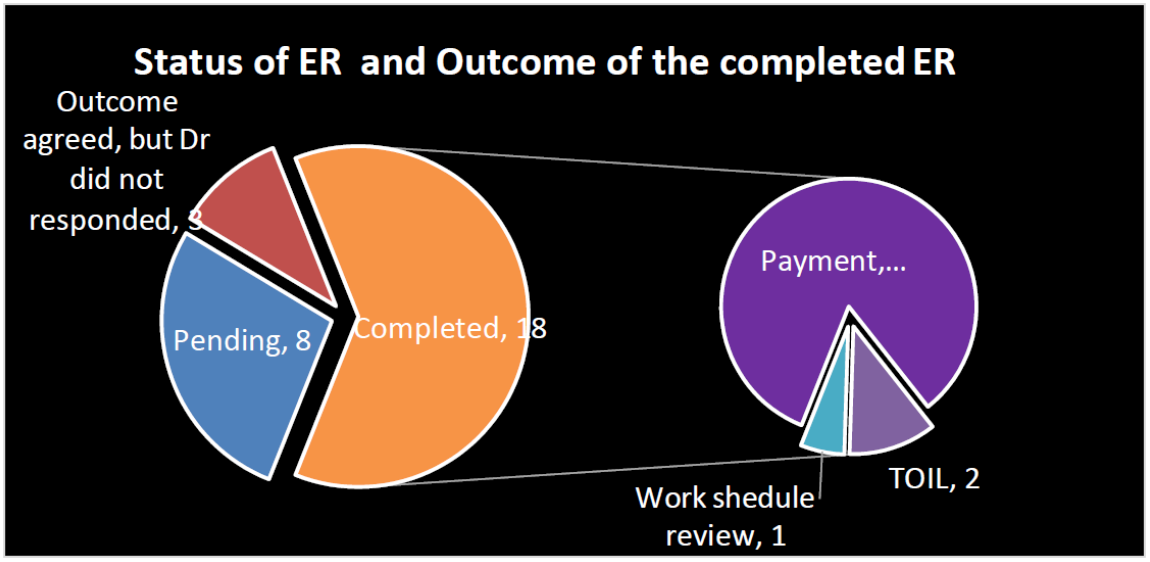
Most of the ERs were from FY1 doctors. This is expected as these junior doctors are in the first year of entering the NHS system and adapting to a new role.

Exception reports by Departments



We see that more ER have been submitted in the Surgery department. The GOSWH will discuss with the Surgical Division and, if needed, arrange a work schedule review to help the junior doctors.

Outcome of resolved exception reports



Work Schedule review has been undertaken

One FY1 personalised work schedule review has been undertaken in the Cardiology department. It was based on a missed educational opportunity. Recommendations have been given.

Trainee Vacancies

Data on rota gaps is challenging to obtain, as most rosters up to the Consultant level are covered by a combination of doctors in training, trust doctors and specialty doctors.

Where there are trainee vacancies, a trust doctor may be recruited for a fixed term to cover that gap, or alternative cover may be arranged for out of hours commitments.

As can be seen from the data held within ESR most of our training posts are filled currently.

	October 2022			November 2022		
	Budgeted FTE	Actual FTE	Vacancies by FTE	Budgeted FTE	Actual FTE	Vacancies by FTE
Foundation Year 1	48	52.54	-4.54	48	52.54	-4.54
Foundation Year 2	36	32.64	3.36	36	33.64	2.36
Specialty Registrar	138.76	133.9	4.86	139.76	133.82	5.94
Trust doctor – FY level	18	12	6	18	17	1
Trust doctor – SpR level	26.94	39.24	-12.32	26.94	39.22	-12.28
GP trainees – trust based	39	31.46	7.54	39	32.46	6.54

Shifts covered by Bank and Agency

Out of hours shifts on trainee rotas can arise for a number of reasons. As you can see from the table below, most shifts are filled with alternative cover.

Bank and Agency fill rates by division- October - November 2022

Division	% Unfilled hours	% Filled Bank hours	% Filled Agency hours
FSS	5.47%	72.74%	21.80%
Medicine	10.08%	74.47%	11.58%
Surgery and Anaesthetics	0.57%	99.43%	0%

Fines

There have not been any fines issued in last two months.

Other information:

Sharps Reduction action plan

I took an active participation in the meetings held by the Head of Health and Safety regarding reducing the incidence of sharps incidents. Suggestions were given to have awareness posters and to give handouts in a welcome pack to the junior doctors when they join the trust.

Regional GOSWH conferences and webinars

I attended the regional GOSWH virtual conference on 25th November. It was useful and gave an opportunity to interact with other GOSWH.

I attended the webinar for GOSWH arranged by the British Medical Association on 7th December and it helped gain greater understanding of their view of the role of the GOSWH in relation to the implementation of the 2016 Contract.

Junior Doctors forum (JDF)

The JDF took place on 12th December 2022. The GOSWH update was given. In the last Board meeting we discussed about the spike in ERs in the month of August and we responded that we felt this was due to the doctors being new to their role, trust and the NHS. We felt they therefore did not have an understanding of what they needed to/could hand over, had to get used to the team and interactions, and the tasks they are required to complete. Board requested we test this response. This was discussed in JDF and it was confirmed the reason is because the cohort is new to the NHS system. From the trend of gradual decrease in ER in October and November, it is again evident.

Members of the Medical Directors Office and BMA attended the meeting. Training recovery money, and the plans on how to spend this, were discussed by medical education team. Teaching opportunities for junior doctors was discussed. The next JDF is planned to be on 9th March 2023.

Junior Doctors Ballot

We are aware that a ballot for industrial action by Junior doctors in England will open on Monday 9th January 2023 and will await the results.

Summary:

The trainees at CHFT all have Allocate accounts to enable them to raise an exception report if they work outside of their agreed rota, or there are any issues that they wish to escalate, including gaps in educational support.

Training is given on how and when to exception report when they first start in post.

The rotas that are in place are all fully compliant with the rules of the 2016 contract and there is scope to review these where feedback highlights changes may be needed.

18. High Level Risk Report - Presented by Chief Nurse on behalf of Director of Corporate Affairs

To Approve

Presented by Lindsay Rudge

Date of Meeting:	Thursday 12 January 2023
Meeting:	Public Board of Directors
Title:	High-Level Risk Report
Author:	Richard Dalton, Head of Risk and Compliance
Sponsoring Director:	Victoria Pickles, Director of Corporate Affairs
Previous Forums:	Risk Group
Purpose of the Report	The purpose of this report is to provide an overview of the risks scoring 15 or above.
Key Points to Note	**Introduction** At its last meeting, the Board were informed that there is a pilot within Surgery and Anaesthetics Services underway to review and refine the risk identification, management and mitigation process and clarification on how these are reported across the organisation. As this work progresses, this report provides a summary of the highest scoring risks, so that the Board continues to have oversight of those areas which present the biggest risk to delivery of our services, as well as an update on the progress of the work to improve our risk reporting and management arrangements. **Current risk process and position** The Trust manages and documents risk using a bespoke risk register. When a risk is identified, the risk and impact on patient care is documented on the electronic risk register and is considered in detail by the appropriate department and governance structure. All information surrounding the risk is documented, including all mitigating actions to ensure the safety of patients and staff is maintained. The Trust uses the information to learn and develop as an organisation. As such, each risk has an action plan developed to manage it. All risks are reviewed monthly at the Risk Group. Currently there are 48 risks rated as high and 18 very high risks. There have been no new risks added; 1 has had its risk score reduced; and 3 have had their risk score increased. Each risk is aligned to one of the Trust's strategic objectives. Against each of these objectives the current risks scoring very high (20-25) are on the following themes: • Transforming care: - The current capacity of the Glaucoma consultant service to meet the demands of referrals received - The surgeons and theatre capacity to operate on patients that have suffered a fractured neck of femur within 36 hours of presenting to the hospital in 85% of all cases. • Keeping the base safe – The vacancy position across a number of services including emergency department, maternity services,

paediatrics, radiology, dietetics and speech and language therapy.
  - Not meeting the emergency care standards
  - Equipment in the Fluoroscopy service
  - Capacity available to validate outpatient appointments

- Sustainability
  - Financial plan; funding related to increasing activity to clear the backlog from covid as per the national target.

Themes of risks scoring high (15-16) are:

- Transforming care
  - Digital systems – use and business continuity
  - The provision of play therapy to support the whole organisation
  - The capacity of the pharmacy department in relation to the British Oncology Pharmacy Association standards
  - The workforce capacity within the ultrasound department to meet the Royal College of Obstetricians and Gynaecologists guidance.

- Keeping the base safe
  - The number of referrals into services; appointment availability; level of unplanned and emergency care activity; demand on inpatient capacity; lack of theatre capacity to meet recovery plans; support for mental health patients; health inequalities because of the elective recovery and follow up back log.
  - The provision of plain film radiology due to age of equipment.
  - Point of care staffing capacity
  - Training requirements for staff in the use of digital services
  - The provision of pharmacy within ICU
  - The maintenance of the asset management log

- Workforce
  - Maintaining the wellbeing of our workforce; and the use of agency staff to support patient demand

- Sustainability
  - Developing funding streams using the new ICS framework to ensure stability

These risks reflect the key areas of challenge reflected in the Board agenda today and align to the strategic risks set out on the Board Assurance Framework.

Future development work

Currently all divisional risk registers are undergoing a detailed review to ensure that risks are being identified, managed, and monitored in line with the Risk Management Strategy and Policy, and risk exit or mitigation plans in place are effective and appropriate to the risk score. Alongside this, the process is being reviewed to ensure it fits with the new Patient Safety Incident Response Framework (PSIRF) requirements, whereby risks and serious incidents will be brought together so that learning can more easily be identified and shared. A lot of work is being done to understand PSIRF, its implications, and required actions, learning from the early adopter sites. An NHS Providers PSIRF learning event for Boards has been shared and a Board development session on this will be held in April.

The next high level risk report will provide more detail on the

	risks, mitigations and any remaining improvement work.
EQIA – Equality Impact Assessment	Risks are assessed considering any impact on equality.
Recommendation	The Board is asked to **CONSIDER** and discuss the high-level risk report and note the ongoing work to strengthen the management of risks.

19. Governance Report

a) Extension to Policies and Governance Documentation

b) Governance Structure

c) Board of Directors Workplan for 2022 – 2023 and 2023-2024

d) Board Committee Meeting Schedule 2023-2024

Presented by Andrea McCourt

Date of Meeting:	Thursday 12 January 2023
Meeting:	Public Board of Directors
Title:	Governance Report
Author:	Andrea McCourt, Company Secretary
Sponsoring Director:	Victoria Pickles, Director of Corporate Affairs
Previous Forums:	None
Purpose of the Report	This report brings together governance items to the Board.
Key Points to Note	**a) Extension to Policies and Governance Documents** The Board is asked to note that a routine review of the policies and Trust governance documents listed below is underway. The current documents are due for review in January 2023. The reviewed documents are within the remit of, and will be presented to, the Audit and Risk Committee on 31 January 2023 for review and comment before being presented to the Board for approval on 2 March 2023. • Standing Orders of the Board of Directors (last reviewed July 2022) • Scheme of Delegation and reservation of Powers to the Board • Standing Financial Instructions • Risk Management Strategy and Policy The Board is therefore asked to extend the above documents from 1 February to 2 March 2023. Future review dates will then fall in March to allow for review by the Audit and Risk Committee in January. **RECOMMENDATION:** The Board is asked to **APPROVE** the extension of policies and governance documents listed above to 2 March 2023. b) **Governance Structure** Amendments have been made to the governance structure as follows: *Finance and Performance Committee sub-group reporting:* • Turnround Executive replaces Effective Resources Group from January 2023 • Additions: Cash Committee, Pennine Property Partnership Board

	• Removals: A&E Board (system resilience group) removed; replaced by Urgent and Emergency Care Steering Group *Quality Committee sub-group reporting (Page 2 of governance structure)* • Additional groups reporting into the Care of the Acutely Ill Patient Group: acuity on discharge, clinical coding, stroke and learning disabilities. • Removal: The Discharge Quality Group has been removed (which reported into the Clinical Outcomes Group) as this now reports into the Urgent and Emergency Care Delivery Group. The updated governance structure is in the Review Room. **RECOMMENDATION:** The Board is asked to **NOTE** the amendments to the Quality Committee sub-group reporting on the governance structure. **c) Board Workplan** The Board workplan for the remaining meetings for 2023 and for 2023/24 is presented for information at Appendices N3 and N4. **RECOMMENDATION:** The Board is asked to **NOTE** the Board workplan for 2022/23 and 2023/24. **d) Board Committee Meeting Schedule 2023-2024** The Board Committee Meeting Schedule from 1 April 2023 – 31 March 2024 is presented for information at Appendices N5. This is to ensure appropriate sequencing of the timing of Board Committee meetings with the Board of Directors meetings. This will allow for the most current up to date reports be fed up to the Board via the Chair highlight reports. **RECOMMENDATION:** The Board is asked to **NOTE** the Board Committee Meeting Schedule from 1 April 2023 – 31 March 2024.
Recommendation	The Board is asked to: a) **APPROVE** the extension of the Standing Orders of the Board of Directors, Scheme of Delegation and reservation of Powers to the Board, Standing Financial Instructions Risk Management Strategy and Policy to 2 March 2023 b) **NOTE** the amendments to the governance structure c) **NOTE** the Board workplan for 2022/23 and 2023/24 **NOTE** the Board Committee Meeting Schedule from 1 April 2023 – 31 March 2024.

GOVERNANCE STRUCTURE
JANUARY 2023

Stakeholder Reconfiguration Round Table (NHS E/ DHSC / ICS/ICB

WYAAT Committee in Common West Yorkshire ICS

Kirklees Health & Care Partnership
Calderdale Cares Partnership

BOARD OF DIRECTORS

Charitable Trustees

- **Charitable Funds Committee**
  Chair: Helen Hirst / Frequency: Quarterly
- **Organ Donation Committee**
  Chair: Helen Hirst / Frequency: Bi-annual
- **Council of Governors**
  Chair: Helen Hirst / Frequency: Quarterly
  - **Nominations & Remuneration Committee (Sub Committee to the Council of Governors)**
    Chair: Helen Hirst / Frequency: Ad hoc

- **Audit and Risk Committee**
  Chair: Nigel Broadbent
  Frequency: Quarterly
  - **Risk Group**
    Chair: AD for Patient Safety
    Frequency: Monthly
  - **Information Governance & Risk Strategy Committee**
    Chair: CIO
    Frequency: Quarterly
  - **Data Quality Board**
    Chair: COO
    Frequency: Monthly
  - **Health & Safety Committee** Chair: ED Workforce & OD
    Frequency: Monthly
    - **Fire Safety Response Committee**
    - **Security & Resilience Group**
- **Transformation Programme Board**
  Chair: Peter Wilkinson
  Frequency: Monthly
  - **Green Planning Committee**
    Chair: Andy Nelson
    Frequency: Monthly
- **Finance & Performance Committee**
  Chair: Andy Nelson
  Frequency: Monthly
  - **Turnaround Executive**
  - **Capital Management Group**
  - **Business Case Approvals Group**
  - **The Health Informatics Service Board**
  - **Huddersfield Pharmacy Specials Board**
  - **CHS & CHFT Joint Liaison Committee**
  - **CHFT/PFI Quarterly Contract Meeting**
  - **CHFT/Pennine Property Partnership Board**
  - **Cash Committee**
  - **Access Delivery Group**
  - **Urgent and Emergency Care Delivery Group**
  - **Divisional Performance Reviews Executive Lead &**
    Chair: COO
    Frequency: Determined by position e.g. monthly, bi-monthly or quarterly
- **Nominations & Remuneration Committee (Board of Directors)**
  Chair: Karen Heaton
  Frequency: Ad hoc at least once annually
- **Workforce Committee**
  Chair: Karen Heaton
  Frequency: Bi-Monthly
  - **Education Committee**
    Chair: Deputy Director Workforce & OD
    Frequency: Bi-monthly
  - **Inclusion Group**
    Chair: Deputy Director Workforce & OD
    Frequency: Bi-monthly
  - **Infection Prevention and Control Committee**
  - **Antimicrobial Strategy Group**
  - **Consent Working Group**
  - **Antimicrobial Strategy Group**
    (formulary / policy updates)
- **Quality Committee**
  Chair: Denise Sterling
  Frequency: Monthly
  - **Research and Innovation Group**
    Chair: Deputy Medical Director
    Reporting: Annually
  - **Clinical Ethics Group**
    Chair: Associate Medical Director
    Reporting: Quarterly
  - **Infection Prevention and Control Board**
    Chair: Medical Director
    Reporting: Quarterly
  - **Safeguarding Committee**
    Chair: Deputy Chief Nurse
    Reporting: 6-monthly
  - **Trust Patient and Safety Quality Board***
    Chair: AD Patient Safety
    Reporting: Monthly
  - **Cancer Board**
    Chair: Chief Operating Officer
    Reporting: Quarterly (minutes only)
  - **Clinical Effectiveness and Audit Group**
    Chair: Associate Medical Director
    Reporting: Quarterly
  - **Patient Experience and Caring Group**
    Chair: Nicola Seanor
    Frequency: Monthly
  - **Clinical Outcomes Group***
    Chair: Medical Director
    Reporting: Monthly
  - **Medicines Management Committee**
    Chair: Consultant Oncologist
    Reporting: 6 monthly
  - **Medical Gases Group**
    Chair: Acute Consultant
    Reporting: 6 monthly
  - **CQC & Compliance Group**
    Chair: Victoria Pickles
    Reporting: Bi-Monthly

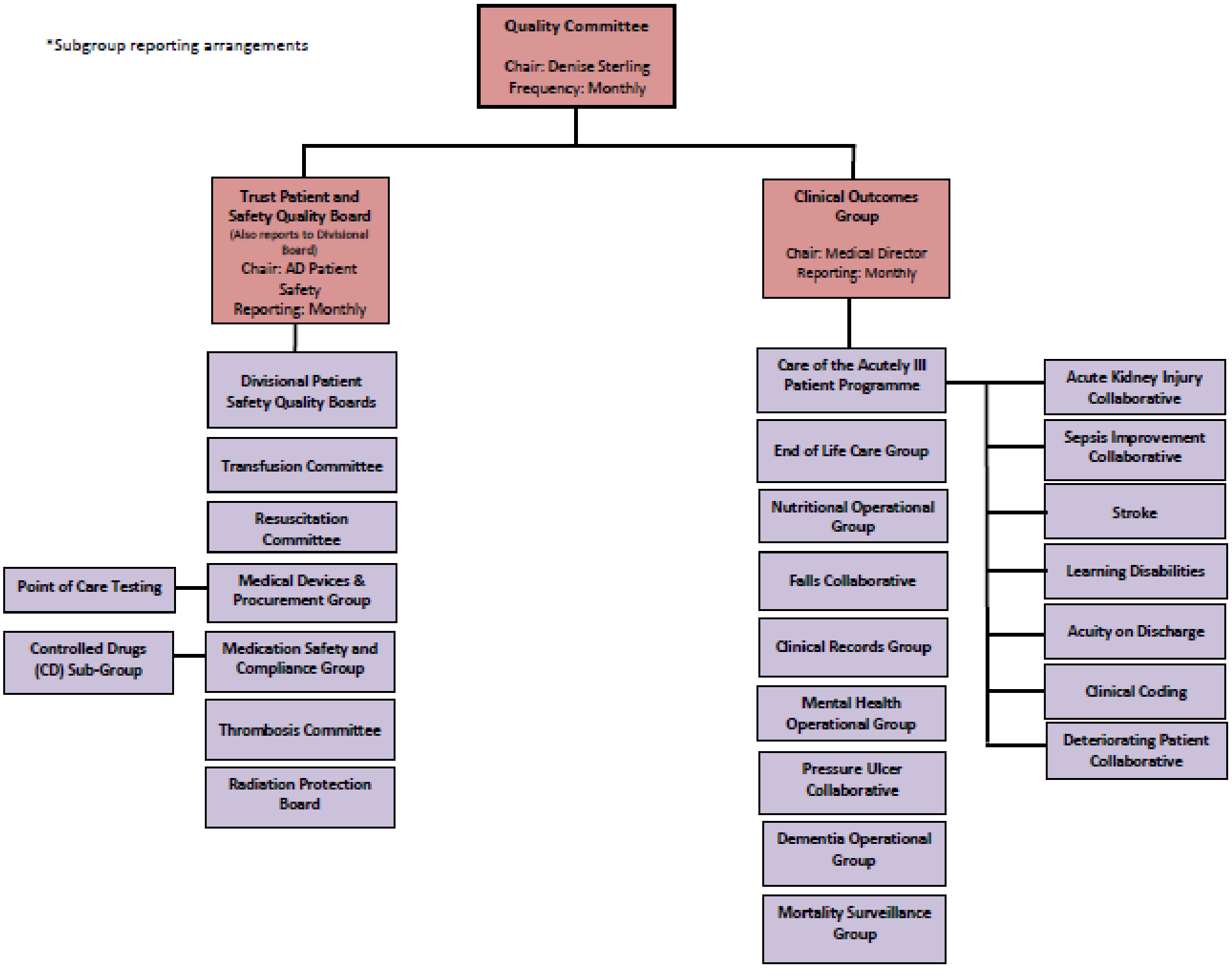
Trust Executive Board
Frequency: Weekly
Chair: CEO
Frequency: Weekly
One meeting per month focused on quality and performance, one on Digital Health

- **Digital Operational Board**
  Frequency: Monthly
  - **EPR Partners**
    Frequency: Quarterly
  - **Divisional Digital Boards**
    Frequency: Monthly

Compliance Reporting only

January 2023

*Subgroup reporting arrangements



PUBLIC BOARD WORKPLAN 2022-2023

DATE OF MEETING	5 May 2022	7 July 2022	1 Sep 2022	10 Nov 2022	12 Jan 2023	2 Mar 2023
Date of agenda setting/Feedback to Execs	4 April 2022	1 June 2022	19 July 2022	12 October 2022	15 November 2022	17 January 2023
Date final reports required	22 April 2022	24 June 2022	19 August 2022	28 October 2022	30 December 2022	17 February 2023
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	✓
Declarations of interest	✓	✓	✓	✓	✓	✓
Minutes of previous meeting, matters arising and action log	✓	✓	✓	✓	✓	✓
Strategy including a Patient/Staff Story	✓	✓	✓	✓	✓	✓
Chair's report	✓	✓	✓	✓	✓	✓
Chief Executive's report	✓	✓	✓	✓	✓	✓
Integrated Performance report (Inc: Quality, Finance, Workforce)	✓	✓	✓	✓	✓	✓
Financial Update	✓	✓	✓	✓	✓	✓
Health Inequalities	✓	✓	✓	✓	✓ Workforce	✓
Quality Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Audit and Risk Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Finance and Performance Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Workforce Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Charitable Funds Committee Chair's Highlight Report & Minutes	✓	✓	✓		✓	✓
Council of Governors Meeting Minutes	✓	✓	✓	-	-	-
STRATEGY AND PLANNING						
Strategic Objectives – 1 year plan / 5 year strategy		✓ - *2021-2023 Strategic Objectives Progress Report*		✓		✓
Digital Health Strategy		✓ Deferred to November		✓		

DATE OF MEETING	5 May 2022	7 July 2022	1 Sep 2022	10 Nov 2022	12 Jan 2023	2 Mar 2023
Workforce OD Strategy	✓					
Risk Management Strategy						✓
Annual Plan	✓					✓
Capital Plan						✓
Winter Plan				✓		
Green Plan (Climate Change)	✓					
QUALITY						
Quality Board update	✓	✓	✓	✓	✓	✓
Director of Infection Prevention Control (DIPC) quarterly report	✓Q4		✓Q1	✓Q2 – Review room		✓Q3 – Review room
DIPC Annual Report		✓				
Learning from Deaths Quarterly Report		✓Q4 (Annual Report)	✓Q1	✓Q2 - Review room		✓Q3 – Review room
Safeguarding Adults and Children Update			✓ (Annual Report)			✓ (Bi-Annual)
Complaints Annual Report				✓		
WORKFORCE						
Staff Survey Results and Action Plan	✓		✓			✓
Nursing and Midwifery Staffing Hard Truths Requirement				✓ Bi-Annual		✓
Guardian of Safe Working Hours (quarterly)	✓Q4			✓Q1 & Q2	✓Q3	
Guardian of Safe Working Hours Annual Report	✓					
Diversity						✓
Medical Revalidation and Appraisal Annual Report			✓ Annual Report			
Freedom to Speak Up Annual Report			✓ Annual Report		✓ 6 month report FTSU themes	
Public Sector Equality Duty (PSED) Annual Report						✓ Review room

GOVERNANCE & ASSURANCE						
Health and Safety Update	✓					✓ (Deferred from Jan)
Health and Safety Policy (May 2023)						
Health and Safety Annual Report						✓ Review room
Board Assurance Framework		✓ 1		✓ 2		✓ 3
Risk Appetite Statement			✓			
High Level Risk Report	✓		✓	✓	✓	✓
Standing Orders/SFIs/SOD review	✓ *(TBC)*					✓
Non-Executive appointments				✓		
Annual review of NED roles				✓		
Board workplan	✓	✓	✓	✓	✓	✓
Board meeting dates		✓				
Use of Trust Seal		✓		✓		✓
Declaration of Interests – Board of Directors (annually)						✓
Attendance Register – (annually)	✓					
Fit and Proper Person Self-Declaration Register						✓
Seek delegation from Board to ARC for the annual report and accounts 2021/22						✓
BOD Terms of Reference						✓
Sub Committees Terms of Reference	✓ QC ✓ F&P ✓ TPB	✓ Workforce	✓ ARC			✓ QC ✓ NRC BOC ✓ F&P
Constitutional changes (+as required)	✓					✓
Compliance with Licence Conditions	✓					
Fire Strategy 2021-2026 and Fire Policy Update						✓ Review room
Charitable Funds Report 2021-22 and Accounts (Audit Highlights Memorandum)					EO Board December 2022 Review room	
Committee review and annual reports		✓ Review room				

Audit and Risk Committee Annual Report 2021/2022		✓ Review room				
Workforce Committee Annual Report 2021/22		✓ Review room				
Finance and Performance Committee Annual Report 2021/2022		✓ Review room				
Quality Committee Annual Report 2021/22		✓ Review room				
Kirklees ICB Committee Papers (Link)				✓	✓	✓
Calderdale Cares Partnership Committee Papers (Link)						
WYAAT Annual Report and Summary Annual Report					✓ Review room	

Colour Key to agenda items listed in left hand column:	
Items for approval	To formally receive a report or strategy for discussion and particularly approve recommendations or a particular course of action
Items to receive	To discuss in depth, noting the implications for the Board or Trust without formal approval
Items to note	For the intelligence of the Board without in-depth discussion
Items for assurance	To assure the Board that effective systems of internal control are in place (see Review Room papers)

PUBLIC BOARD WORKPLAN 2023-2024

DATE OF MEETING	4 May 2023	6 July 2023	7 Sep 2023	2 Nov 2023	11 Jan 2024	7 Mar 2024
Date of agenda setting/Feedback to Execs	5 April 2023	31 May 2023	19 July 2023	11 Oct 2023	15 Nov 2023	10 Jan 2024
Date final reports required	21 April 2023	23 June 2023	25 August 2023	20 October 2023	29 December 2023	23 February 2024
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	✓
Declarations of interest	✓	✓	✓	✓	✓	✓
Minutes of previous meeting, matters arising and action log	✓	✓	✓	✓	✓	✓
Patient/Staff Story	✓	✓	✓	✓	✓	✓
Chair's report	✓	✓	✓	✓	✓	✓
Chief Executive's report	✓	✓	✓	✓	✓	✓
Integrated Performance report (Inc: Quality, Finance, Workforce)	✓	✓	✓	✓	✓	✓
Financial Update	✓	✓	✓	✓	✓	✓
Health Inequalities		✓		✓		✓
Quality Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Audit and Risk Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Finance and Performance Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Workforce Committee Chair's Highlight Report & Minutes	✓	✓	✓	✓	✓	✓
Charitable Funds Committee Highlight Report & Minutes		✓	✓		✓	
STRATEGY AND PLANNING						
Strategic Objectives – 1 year plan / 5 year strategy		✓ *- 2023-2024 Strategic Objectives Progress Report*		✓		✓
Digital Health Strategy				✓		
Workforce OD Strategy	✓					
Risk Management Strategy						✓

DATE OF MEETING	4 May 2023	6 July 2023	7 Sep 2023	2 Nov 2023	11 Jan 2024	7 Mar 2024
Annual Plan	✓ for 2023/24					✓
Capital Plan					✓	
Winter Plan				✓		
Green Plan (Climate Change)	✓					
QUALITY						
Quality Board update	✓	✓	✓	✓	✓	✓
Director of Infection Prevention Control (DIPC) quarterly report	✓Q4		✓Q1	✓Q2	✓Q3	
DIPC Annual Report		✓				
Learning from Deaths Quarterly Report	✓Q4	✓ Annual Report	✓Q1	✓Q2		✓ Q3
Maternity Incentive Scheme					✓	
Safeguarding Adults and Children Annual / Bi-Annual Report		✓ Annual Report			✓ Bi-annual	
Complaints Annual Report		✓				
WORKFORCE						
Staff Survey Results and Action Plan	✓		✓			✓
Health and Well-Being			✓			
Nursing and Midwifery Staffing Hard Truths Requirement				✓ Bi-Annual		✓
Guardian of Safe Working Hours (quarterly)	✓Q4		✓Q1	✓ Q2	✓Q3	
Guardian of Safe Working Hours Annual Report	✓					
Diversity						✓
Medical Revalidation and Appraisal Annual Report			✓ Annual Report			
Freedom to Speak Up Annual Report			✓ Annual Report		✓ 6 month report FTSU themes	
Public Sector Equality Duty (PSED) Annual Report						✓
GOVERNANCE & ASSURANCE						

DATE OF MEETING	4 May 2023	6 July 2023	7 Sep 2023	2 Nov 2023	11 Jan 2024	7 Mar 2024
Health and Safety Update	✓				✓	
Health and Safety Policy (May 2023)	✓					
Health and Safety Annual Report		✓				
Board Assurance Framework		✓ 1		✓ 2		✓ 3
Risk Appetite Statement			✓			
High Level Risk Register	✓	✓	✓	✓	✓	✓
Standing Orders/SFIs/SOD review	✓ *(TBC)*					
Non-Executive appointments				✓		✓
Annual review of NED roles				✓		
Board workplan	✓	✓	✓	✓	✓	✓
Board meeting dates		✓				
Use of Trust Seal		✓		✓		✓
Declaration of Interests – Board of Directors (annually)						✓
Attendance Register – (annually)	✓					
Fit and Proper Person Self-Declaration Register						✓
Seek delegation from Board to ARC for the annual report and accounts 2021/22						✓
BOD Terms of Reference						✓
Sub Committees Terms of Reference	✓ QC ✓ F&P ✓ TPB	✓ Workforce	✓ARC			✓QC ✓ NRC BOC
Constitutional changes (+as required)	✓	✓	✓	✓	✓	✓
Compliance with Licence Conditions (final year 2022/23)	✓					
Huddersfield Pharmaceuticals Specials (HPS) Annual Report				✓		
Fire Strategy 2021-2026 and Fire Policy Update						✓
Committee review and annual reports		✓				
Audit and Risk Committee Annual Report 2022/2023		✓				

DATE OF MEETING	4 May 2023	6 July 2023	7 Sep 2023	2 Nov 2023	11 Jan 2024	7 Mar 2024
Workforce Committee Annual Report 2022/23		✓				
Finance and Performance Committee Annual Report 2022/2023		✓				
Quality Committee Annual Report 2022/23		✓				
Transformation Programme Board Annual Report						
WYAAT Annual Report and Summary Annual Report					✓	
Kirklees ICB Committee Papers (Link)	✓	✓	✓	✓	✓	✓
Calderdale Cares Partnership Committee Papers (Link)	✓	✓	✓	✓	✓	✓

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Items for assurance	To assure the Board that effective systems of internal control are in place (see Review Room papers)

Board Committee Meeting Schedule 2023-2024

Board of Directors (AM)	Dates for Committees are to be between the following dates	Finance and Performance Committee	Quality Committee	Workforce Committee 2pm - 4 pm	Audit and Risk Committee 10 am - 12 15 pm	Charitable Funds Committee
4 May 2023	17 to 26 April 2023	26 April 2023 10 am - 11.55 am	17 April 2023	24 April 2023	25 April 2023	
	22 to 31 May 2023	30 May 2023 1.30pm - 3.25 pm	Monday, 22 May 2023 at 3:00 pm			10 May 2023
6 July 2023	19 to 28 June 2023	28 June 2023 10.30 am - 12.25 pm	Wednesday, 21 June 2023 at 3:00 pm	20 June 2023		
	24 July to 2 August 2023	1 August 2023 10 am - 11.55 am	Monday, 24 July 2023 at 3:00 pm		25 July 2023	
7 September 2023	21 to 30 August 2023	30 August 2023 10 am - 11.55 am	Monday, 21 August 2023 at 3:00 pm	23 August 2023		9 August 2023
	18 to 27 September	26 September 2023 9.30am- 11.25 am	Monday, 25 September 2023 at 3:00 pm			
2 November 2023	16 to 25 October 2023	25 October 2023 10 am - 11.55 am	Monday, 23 October 2023 at 3:00 pm	17 October 2023	24 October 2023	1 November 2023

	20 to 29 November 2023	28 November 2023 9.30am- 11.25 am	Monday, 20 November 2023 at 3:00 pm			
11 January 2024	14 to 20 December 2023	2 January 2024 10 am - 11.55 am	Wednesday, 20 December 2023 at 3:00 pm	18 December 2023		
	22 to 31 January 2024	30 January 2024 9.30am- 11.25 am	Monday, 22 January 2024 at 3:00 pm		31 January 2024	
7 March 2024	19 to 28 February 2024	27 February 2024 9.30am- 11.25 am	Wednesday, 21 February 2024	19 February 2024		
	18 to 27 March 2024	26 March 2024 9.30am- 11.25 am	Monday, 18 March 2024 at 3:00 pm			

20. Items for Review Room

1. Minutes of Board Committees

- Finance and Performance Committee 1 November 2022
- Quality Committee 12 September 2022 and 24 October 2022
- Workforce Committee 11 October 2022
- Charitable Funds Committee

2. Health and Safety Annual Report 2021-2022

3. Partnership papers: Kirklees Health and Care Partnership Kirklees ICB Committee papers - NHS Kirklees Clinical Commissioning Group (kirkleeshcp.co.uk)
and Calderdale Cares Partnership Meeting papers - Calderdale Cares Partnership

4. WYAAT Annual Report - WYAAT_Annual_Report_21-22.pdf (wyhpartnership.co.uk)

For Information

21. Date and time of next meeting

Date: Thursday 2 March 2023

Time: 10 am

Venue: Forum Room 1A & 1B, Learning Centre, Sub-Basement, Huddersfield Royal Infirmary