

APPROVED Minutes of the Public Board Meeting held on Thursday 4 November 2021 at 9:00 am via Microsoft Teams

PRESENT

Philip Lewer	Chair
Owen Williams	Chief Executive
Ellen Armistead	Director of Nursing/Deputy Chief Executive
Gary Boothby	Director of Finance
Suzanne Dunkley	Director of Workforce and Organisational Development
David Birkenhead	Medical Director
Alastair Graham (AG)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Bev Walker	Acting Chief Operating Officer

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Anna Basford	Director of Transformation and Partnerships
Jim Rea	Managing Director, Digital Health
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager
Nicola Hosty	Assistant Director of Human Resources (for item 145/21)
Devina Gogi	Guardian of Safe Working Hours (for item 156/21)
Pamela Wood	Head of Apprenticeships (for item 145/21)
Brooke Mitton	Apprentice Healthcare Assistant, Outpatients (for item 145/21)
Karen Greenwood	Apprentice Healthcare Assistant, Acute Medicine (for item 145/21)
Andrea Dauris	Associate Director of Corporate Nursing (for item 162/21)

OBSERVERS

Christine Mills	Public Elected Governor
Brian Moore	Public Elected Governor
John Gledhill	Public Elected Governor
Peter Bamber	Public Elected Governor

138/21 Welcome and Introductions

The Chair welcomed everyone to the public Board of Directors meeting, in particular Owen Williams to his last meeting, Bev Walker, Acting Chief Operating Officer, Devina Gogi, Guardian of Safe Working Hours, Pamela Wood, Nikki Hosty, Brooke Mitton and Karen Greenwood who were in attendance to present a staff story on the Apprenticeship Scheme.

The Chair also welcomed back Gary Boothby, Director of Finance.

This Board meeting took place virtually and was not open to members of the public. The meeting was recorded, and the recording will be published on our website after the meeting. The agenda and papers were made available on our website.

139/21 Apologies for absence

Apologies were received from Richard Hopkin, Denise Sterling, Stephen Baines and Peter Bell.

140/21 Declaration of Interests

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

141/21 Minutes of the previous meeting held on 2 September 2021

The minutes of the previous meeting held on 2 September 2021 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 2 September 2021.

142/21 Action log and matters arising

The action log was reviewed and updated accordingly.

The Board were reminded to contact the Director of Workforce and Organisational Development with any comments on the health and wellbeing hour before the next report to the Board in January 2022.

Stocktake on Dementia Screening

A stocktake on dementia screening paper was circulated for Board members to note, which closed an action arising from the last meeting.

OUTCOME: The Board **NOTED** the updates to the action log and the stocktake on dementia screening update.

143/21 Chair's Report

The Chair updated the Board on the North East and Yorkshire Elective Recovery Event held by NHS Improvement / England on 30 September 2021, where the region was challenged about performance in relation to long waits and elective recovery. There was a challenge to co-operate across the West Yorkshire Association of Acute Trusts (WYAAT) and the Integrated Care System (ICS) of West Yorkshire. The Chair explained the information received has been discussed with colleagues and a further meeting has been arranged with Bev Walker, Acting Chief Operating Officer. The Chair will report back to the Board after the next meeting on 3 December 2021.

The Chair informed the Board that an appointment of a new Chief Executive has been unanimously agreed by the interview panel and Brendan Brown will start with the Trust on 1 January 2022. All due diligence checks have been completed. The Chair formally passed on his thanks to the Director of Workforce and OD for all her support during this period.

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

144/21 Chief Executive's Report

The Chief Executive updated the Board on non-surgical oncology following ongoing service delivery issues across the region linked to clinical resilience. He explained Sir Mike Richards had been commissioned to undertake a review and his initial findings of this work will be shared later this week.

The Chief Executive stated it is unlikely the current model across West Yorkshire for non-surgical oncology will be an option moving forward. He confirmed CHFT will continue play a fundamental part in cancer and oncology services, particularly non-surgical, not only within CHFT but Mid Yorkshire Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. The Chief Executive formally thanked Jo Dent, Consultant - Medical Oncology, and the oncology team, oncology managers and support staff who champion and advocate for our patients throughout their journey. He explained they are going above and beyond, providing care across a wider footprint. The Chief Executive stated it should be clear in the next few weeks what the

West Yorkshire position is. The Chief Executive re-assured the Board there has been patient involvement in this work that has been progressed throughout to ensure that the correct solutions for patient care are identified.

OUTCOME: The Board **NOTED** the update from the Chief Executive.

145/21 Staff Story – Apprenticeship Scheme

Nikki Hosty, Assistant Director of Human Resources introduced Pamela Wood, Head of Apprenticeships, Brooke Mitton and Karen Greenwood, Apprentice Healthcare Assistants who shared a staff story about the Apprenticeship Scheme.

Pamela Wood formally passed on her thanks to the Chief Executive in his last Board meeting for all his support of the Apprenticeship Programme.

The key points to note from the presentation were:

- Apprenticeships first commenced in July 2013 via a sub-contact agreement with a local college
- In May 2017 CHFT gained Employer Provider status when the Trust began its own delivery
- In June 2019, the Trust had a new provider monitoring visit to assess progress towards a full Ofsted inspection, the Trust were graded 'reasonable progress' across all three themes
- Currently there are 239 colleagues on apprenticeships at the Trust
- Between 2013 – 2017 a total of 148 apprentices completed the clinical support worker apprenticeship framework, of these 63 received a distinction, 42 received a merit and 3 received a pass
- The national Qualification Achievement Rate average is 51% for all providers and is 80.6% for CHFT
- CHFT are the best performing Trust in the North of England

Pamela Wood described the Covid-19 challenges which resulted in many apprentices being redeployed to critical areas such as the Emergency Department, ICU, and respiratory care. She explained that an Ofsted inspection of the Trust as a new provider of the apprenticeship scheme took place from 7 - 9 July 2020. The Trust achieved an overall rating of 'Good' and very positive feedback was provided by inspectors following their conversations with apprentices.

Brooke Mitton started as an apprentice in January 2021, she described when she first started at the Trust on a Covid-19 ward. She has since been moved to Orthopaedics Outpatients and explained it has been very exciting experience.

Karen Greenwood introduced herself as joining the Trust during the Covid-19 pandemic. She applied for the apprenticeship scheme and started on a Covid-19 ward. She explained her experience and how important it is to deliver outstanding, compassionate care. She said they never stop learning about equality and inclusion. She described the structure of the apprenticeship scheme as fantastic, explaining how it has helped her career aspirations and develops colleagues. She highlighted her next steps are to undertake associate training and to become a nurse. She stated how proud she was of the support provided for apprentices and diversity by the Trust which allows everyone a chance to grow as a person.

KH re-iterated these success stories and the compassion shown by the apprentices and said the Trust and team should be proud.

The Chair thanked Pamela, Nikki, Brooke and Karen for attending the Board, stating their enthusiasm is infectious and 'One Culture of Care' shone really brightly.

OUTCOME: The Board **NOTED** the staff story on the Apprenticeship Scheme.

146/21 Nursing and Midwifery Time to Care Strategy

The Director of Nursing presented the Nursing and Midwifery Time to Care Strategy and shared a 'Time to Care' video created by colleagues. The key points to note were:

- Nursing and Midwifery Strategy Time to Care was launched in January 2020 with an ambitious plan of action
- A video is available on the intranet which showcases some of the achievements of the Time to Care Strategy
- Local teams will use the framework and make the priorities a reality
- Action plans will be tracked through the Nursing and Midwifery Committee
- Strategy is based on the Trust's four embedded pillars with set ambitions – We Put the Patient First, We Go See, We Work Together to Get Results and We Do the Must Do's
- The priorities will be reviewed annually against each of the ambitions
- 1 Year Strategy (Plan on a Page) for the Nursing and Midwifery Time to Care Strategy was shared

The Chair formally thanked the Director of Nursing and colleagues who contributed and put the video together. The Director of Nursing agreed to pass on thanks to the colleagues in the video.

KH commented that the video was powerful and emotive. She highlighted the One Year Strategy looks very ambitious in the circumstances. The Director of Nursing responded that they had thought long and hard about the priorities, some workstreams are streamlined and the Trust has to deliver the priorities.

OUTCOME: The Board **APPROVED** the Nursing and Midwifery Time to Care Strategy.

147/21 Health Inequalities Progress Report

The Director of Nursing presented the Health Inequalities progress report to update the Board of Directors on activity and progress in relation to the workstreams.

The key points to note from the workstreams were:

- Director of Transformation and Partnerships leads on the external environment – A project has commenced on the development of a Directory of Services for Emergency Department staff, particularly to help people who are homeless or asylum seekers by improving the signposting into support services
- Director of Nursing leads on the lived experience – at the end of July, 56% of women from a BAME background have been booked onto a Continuity of Carer pathway. Early feedback from the discovery interviews has been overall positive; however, has also highlighted areas for improvement, a training programme has been completed for cultural and competent care and staff have undertaken a survey which will form a wider ambition of delivering culturally competent care
- Using our data to inform stabilisation and reset is led by the Acting Chief Operating Officer - this is well embedded with strong support from clinical colleagues, all patients with a learning disability now have a TCI date.
- Diverse and Inclusive Workforce is led by the Director of Workforce and OD – international colleague engagement continues with focus on engaging with as many international colleagues as possible, a range of activities took place during National Inclusion Week including a Jerusalem dance which the Chair and Director of Nursing took part in
- Digital Inclusion – CHFT has several representatives on partnership Digital Inclusion Boards

- Next steps – Mental Health will be explored through the Health Inequalities Group and work will continue to look at identifying any link in complaints and incidents to protected characteristic groups

PW chairs the Health Inequalities Group meeting which he stated continues to meet monthly, the meeting is also joined by Christine Mills, public elected governor and her contribution is valuable and appreciated. He explained the important contribution of the information team in understanding some of these issues.

KH recognised the good progress with lots of work taking place, recognised there is still lots of work to do, noted CHFT is leading the way on this and queried what the support is nationally in terms of drive and money. The Chief Executive responded that the planning guidance now clearly states expectations, i.e., elective recovery, organisations looking to access such funding need to articulate what progress has been made in regards of health inequalities. He confirmed there is a recognition there is still more work to do. The degree to which elective recovery can be achieved at the levels it needs to be achieved may be a challenge. He stated that CHFT has evidenced it is possible to both reduce the elective recovery list and close any particular gaps across different groups, i.e., BAME, learning disability. He commented that further data analysis will continue to identify health inequalities.

The Chief Executive explained several organisations are now focused on this and there is an opportunity for NHS England and the Department of Health to become clear that this will remain an area of focus nationally.

KH agreed this can make a real difference to people's lives going forward and is hoping that the Trust can attract some support funding to progress this even further in future.

AG highlighted it is positive to see overall waiting times for P2s (priority 2 to be seen within one month) and P4s (delay of 3 months) reducing. He mentioned the Trust have had an initial focus on the maternity lived experience for 12 months and asked if the Trust will be moving to another area of focus. The Director of Nursing confirmed that maternity will continue to be a huge focus due to the clear link between outcomes and not addressing some of these issues. She confirmed issues in the mental health service needs to be the next priority as well as delivering culturally competent care.

AN highlighted partnership working in the Community and the work taking place at the Gathering Place and asked if the Trust can see a reduction in the number of patients attending the Emergency Department. He asked if the Trust could correlate the data with severity of cases, for example, longer waits for certain conditions. The Chief Executive responded that this would be the next evolution on where this journey will bring us. He highlighted feedback from clinical colleagues is having the ability to see their own data and what it is telling them helps change practice in various ways. In addition, the next step of analysis is to review groups of patients to other groups in different categories against their co-morbidities. The Chief Executive stated CHFT are one of the best placed organisations to make this step due to the richness of its digital data. The 'Getting it Right First Time' Programme provides individual clinical colleagues with their own data which will now include IMD group information of their patients.

The Director of Nursing formally thanked the Board for their continued support and challenge in this area.

OUTCOME: The Board **NOTED** the progress in relation to CHFT's response to NHS expectations of providers in tackling health inequalities.

The Director of Transformation and Partnerships presented the Strategic Plan 2020-21 progress report for the period ending September 2021.

The refresh of the annual strategic plan was presented, which provides an updated set of strategic objectives for the period November 2021 – March 2023. It is a light refresh as many of the areas of work continue to be relevant and appropriate.

AN re-iterated the good progress that has been made and asked if the 10 year strategy reference to fostering a learning culture and best practice should be referenced in the annual strategy as an objective. He asked if the Trust are clear about what the outcome measures are by March 2023 and acknowledged some of these may roll over. He challenged that a progress report should be required as an outcome measure for each of these. The Director of Transformation and Partnerships acknowledged this.

Action: Director of Transformation and Partnerships to contact AN to draft the additional objective into the one year strategy, cross referencing to the ten year strategy

Action: Director of Transformation and Partnerships to present a progress report with clear outcome measures to the next Board meeting on 3 March 2022

AG referenced the refresh under workforce for the future which states the senior management team reflect the diversity of the workforce and asked if this should be changed to reflect the communities that we serve. He explained if the workforce is not represented then the senior management team would not be represented.

Action: Director of Transformation and Partnerships to update the wording to ‘the senior management team reflect the communities that we serve’

OUTCOME: The Board **NOTED** the Strategic Objectives 2020-2021 progress report and **APPROVED** the Annual Strategic Plan for the period November 2021 – March 2023.

149/21 **Month 6 Financial Summary 2021/22**

The Deputy Director of Finance presented the month 6 financial summary and highlighted the key points below:

- Year to Date position for the first half of the financial year (H1) reported a breakeven financial position as planned
- Overspend in pay expenditure has been seen in month 5 (August) and month 6 (September) linked to both operational pressures and covid numbers
- Pay costs are above the planned level year to date, the adverse variance is largely driven by the agreed enhanced bank pay rate which has been in place since late July and has been driving additional pressure
- Pay pressures have been absorbed in full in the first quarter, which was balanced off by elective recovery funding
- Overall, the Trust delivered a breakeven position for first half with high expenditure
- Invoices paid within 30 days in month 6 is 94%, very close to the target of 95%

OUTCOME: The Board **NOTED** the Month 6 Finance Report and the financial position for the Trust as at September 2021.

150/21 **2021/22 Finance Plan (H2)**

The Deputy Director of Finance presented the 2021/22 Finance Plan and highlighted the key points below:

- Timescales have been tight pulling together the plan for the second half of the year (H2)
- Guidance was issued on 30 September 2021 for a financial period starting on 1 October 2021

- Planning for the current period which is already moving at fast pace
- Financial allocations have been issued at the Integrated Care System (ICS) level and split to provider level largely on a fair shares basis
- Expenditure in H1 was high and looking to invest in areas such as winter pressures in H2 (second half of financial year); therefore, expenditure run rate is seen to increase compared to no funding to cover costs
- Rules around elective recovery funding are still emerging
- Activity performance that determines whether the Trust is awarded this income is dependent on the whole of the ICS
- £6.7m proposed efficiency target
- Working with system partners on funding contribution
- Residual financial gap of £1.7m having assumed achievement of £6.7m efficiency
- Recommendation from Finance and Performance Committee was to submit an operational plan excluding technical accounting assumptions at a breakeven position, noting the risks and opportunities
- To note elective recovery funding also has a capital element to it (Targeted Investment Fund) which seeks to encourage investment to drive further elective recover – £6.5m bids submitted by the Trust which would increase the annual capital plan to additional funding and investments

AG asked what work is happening at ICS level to try collectively make sure that we maximise chances of securing the Elective Recovery Fund monies. The Deputy Director of Finance confirmed a lot of activity is ongoing to gather the assessment and secure the funds. The route to secure the funds are complex i.e., investment in the independent sector to deliver activity (commissioners can access this funding), and Trust activity performance around delivering certain levels of activity against 2019/20 thresholds. This is all being gathered to undertake an assessment on the current forecast.

The Acting Chief Operating Officer added the established weekly elective recovery meeting with all Director of Operations and Chief Operating Officers looks at opportunities to work collaboratively together and enable opportunities; however, this also brings a significant number of challenges. She explained the Trust are working closely with Mid Yorkshire and possibly using some of their estate and staffing for Paediatric surgery and dental work. She added that it is difficult to move staff around the system due to workforce issues and significant operational pressures due to the increased numbers of Covid-19.

AN asked if there are any other accounting adjustments other than what the Trust has already assumed for Covid-19. The Deputy Director of Finance responded the current forecast for Covid expenditure is expected to increase during the second half of the year compared to the first half of the year. She added the Trust have already included in the plans an element of maximising technical accounting benefits and the Trust would continue to seek these as much as possible.

AN asked if the competition for agency staff and bank staff resource is still a pressure across the region. The Deputy Director of Finance confirmed this is still a pressure and the Trust are now using a higher rate agency; however, remain under the NHS Improvement trajectory that was set. She confirmed bank pressure is the area of greater spend.

The Chair stated he attended the Finance and Performance Committee where this was discussed in detail and challenged. PW added the efficiency target of almost £7m is a challenge which will require a lot of work during the second half of the financial year.

OUTCOME: The Board **APPROVED** the 2021/22 Finance Plan (H2).

151/21 West Yorkshire and Harrogate and Health and Social Care Partnership Root Out Racism Campaign

The Director of Workforce and OD presented the Root Out Racism Campaign across West Yorkshire and Harrogate which fits within the Trust's Inclusion Strategy. The key points to note were:

- The Campaign responds to the health inequalities from the Covid-19 pandemic
- Talia Kelly Martin, the Trust's BAME co-ordinator has been working with the BAME network to develop personal stories and resources
- Members of the Board have all signed the pledge as strong advocates to root our racism and have been asked to tell their story
- From 8 November 2021 there will be a strong push to roll out this campaign

AN asked about the reverse mentoring at Airedale NHS Foundation Trust and if we use this approach. The Director of Workforce and OD confirmed CHFT have already introduced this and will continue to use this approach.

The Chief Executive confirmed the Trust have been offering reverse mentoring for several years with a position to treat everyone equitably and is a stance the Trust are taking. He asked the Director of Workforce and OD for some details on the Trust's reverse mentoring scheme as he has received a further request.

Action: Director of Workforce and OD to share details of the Reversed Mentoring Campaign with the Chief Executive

The Director of Workforce and OD informed the Board when colleagues see the stories it really shows how clear the Trust's stance is with the Root Out Racism Campaign.

OUTCOME: The Board **NOTED** the Root Out Racism Campaign.

152/21 **Freedom to Speak Up Self-Assessment**

The Director of Workforce and OD presented the Freedom to Speak Up Self-Assessment. The key points to note were:

- Over 30 Freedom to Speak Up Ambassadors across a diverse range of colleagues
- Clinical Freedom to Speak Up Guardian appointed supported by two Champions
- CHFT have gone above what is recommended nationally
- Formal summary of the Board's freedom to speak up self-assessment detailed in the paper, an annual requirement
- Series of actions to improve commitment and the process itself
- Some of the actions include a Board Development Session focused on Freedom to Speak Up to:
 - o Improve confidence and understanding in the process, explicitly identify how the Board can support the Guardians and offer a 'Go See' opportunity, provide an overview of the issues being raised by colleagues, triangulate grievance access points and develop a few case studies for the Board in common issues and how the Trust have responded to them, present to the Council of Governors with a great ambassador Peter Bamber who is now one of our public elected governors, every Board appraisal will include our understanding and support in Freedom to Speak Up, develop a local Freedom to Speak Up Strategy and process to enhance the national strategy already in place.
- Next steps are to progress the actions identified and offer any Board member who feels they need to improve their confidence a 1-1 with our Freedom to Speak Up Guardian or Champions

KH was very supportive of this and explained there has been an increase in the number of issues submitted; however, she highlighted a lot of issues are reported anonymously which needs some further work. KH asked if there is a national Freedom to Speak Up Guardian. The Director of Workforce and OD confirmed there was a regional and national guardian;

however, CHFT has increased its support for Freedom to Speak up which has been a good tool for colleagues to raise concerns.

The Director of Nursing explained it is important to normalise these processes and triangulate this work with areas of critical concern as in reality people might not recognise when they should be speaking up.

AG agreed with KH's comments and asked if there will be an assessment elsewhere in the organisation further to the self-assessment of the Board. The Director of Workforce and OD confirmed the Trust are planning an assessment across the organisation to understand whether colleagues can generally feel they can bring problems to us.

OUTCOME: The Board **APPROVED** the Freedom to Speak Up Self-Assessment and the associated action plan.

153/21 **Winter Vaccination Plan**

The Medical Director presented the Winter Vaccination Plan. The key points to note were:

- Public Assurance Checklist is available at the end of the paper
- Using a vaccination clinic based approach running on both sites for a period of 8 weeks which will move to drop-in sessions when activity reduces
- Influenza vaccines will move to a peer vaccination campaign
- Covid-19 vaccine is more complex to deliver in a non-clinical setting due to the nature of the vaccine
- Weekly data available from NHSE/I on uptake which is being monitored closely
- Availability of staff to deliver vaccines in the centres has been challenging with vacant slots appearing; therefore, only one vaccine centre can be open at one time which has resulted in some delays

AN pointed out 91% of vaccine uptake was achieved for the first dose and was lower for the second dose at 89%. He asked why the percentage of eligible people for the booster programme was much lower. The Medical Director responded the target remains the same with 92% receiving both doses with the aim to achieve this again. He explained the lower percentage for booster eligibility is due to a timing matter in delivering the Covid vaccine after the 180 day eligibility rule. Roughly 50% of eligible staff have received a booster dose to date.

The Chief Executive stated there are certain constituent groups of colleagues such as Black Caribbean, Pakistani, Asian Bangladeshi etc. where percentages are a distance away from 90%. He stated it is important to take a time out linked to health inequalities to look at some of the sub-categories around this.

The Medical Director confirmed there are two data sets, with one supplied by NHSE/I showing a 92/93% figure. He stated all vaccines must be uploaded to a national system which links to ESR data for all staff, not just front-line workers and explained they are trying to get some clarity on this, which includes vaccines provided by the GP. The Medical Director stated the limiting factor is capacity as opposed to the opportunity provided for vaccine take up.

OUTCOME: The Board **NOTED** the Winter Vaccination Plan.

154/21 **Director of Infection Prevention Control (DIPC) Q2 Report**

The Medical Director presented the Healthcare Associated Infections (HAIs) position of performance for Q2 from 1 July to 30 September 2021.

The key points to note were:

- The majority of indicators are amber

- C.difficile position of 13 has improved compared to this time last year; however, there are still challenges regarding c.difficile
- Covid-19 still presents the greatest challenge to infection prevention and control
- ANTT (Aseptic non-touch technique) competency assessments, particularly for medical staff are impacted by the changeover of medical staff in August, hoping to see improvements and targeted work is taking place
- Back to the basics approach

AN asked what environmental issues mean with regards to a Covid-19 outbreak. The Medical Director confirmed the most important thing is ventilation on ward areas which has been challenging due to estates work currently taking place at Huddersfield Royal Infirmary which requires ward windows to be closed.

OUTCOME: The Board **NOTED** the performance against key Infection Prevention Control targets and **APPROVED** the Q2 report.

155/21 Learning from Deaths Q2 Report

The Medical Director presented the Learning from Deaths Q2 Report covering the period 1 July to 30 September 2021.

The key points to note were:

- Challenging to achieve 50% target for initial screening reviews, still our ambition
- Full establishment of the medical examiner's office within CHFT who are reviewing all inpatient deaths which contributes to the learning from death process
- Any areas of concern identified by the team will be submitted for a structured judgement review
- Establishing the medical examiners process for community deaths
- Learning themes and concerns identified from the structured judgement reviews is on page 3 of the report which will feed into the Care of the Acutely Ill Patient Programme

AG asked for clarity about the initial screening review wording compared to the chart which demonstrates a discrepancy in completion rates for June and July. The Medical Director explained this is due to a time lag between the two as screening reviews are completed as close to the death as possible and there are often delays due to staff pressures. The wording has been updated to reflect the increase in completion rate. AG asked if this could be made more explicit in future reports.

Action: Medical Director to explain the discrepancy in data for the initial screening reviews in future reports which is due to a time lag.

KH asked what happens next with the structured judgement review which received a very poor care score. The Medical Director explained those flagged with very poor care are often flagged as a serious investigation or complaint in which case would be investigated. If this is not the case, these will be progressed into a more detailed review with learning taken from this.

AN stated it is good to see the full establishment of the Medical Examiner's office and asked if this is helping mitigate the low initial screening rates and whether 50% feels achievable. The Medical Director responded prior to Covid the team were achieving close to 50%, he explained it is important to balance the collection and review of data with individual learning. He highlighted that themes can be pulled out from a lower number of reviews, so this does not cause concern. The Medical Director explained the Medical Examiner is independent of this process; however, contributes to the process and provides a further check by contacting the family to discuss any concerns they had.

OUTCOME: The Board **NOTED** the Learning from Deaths Q2 Report and the recommendations.

156/21 Guardian of Safe Working Hours Q2 Report, 2021-22

Devina Gogi, Guardian of Safe Working Hours presented the Guardian of Safe Working Hours Q2 report which covers the period of 1 July 2021 to 30 September 2021. The key points to note were:

- Slight increase in exception reports, 26 this quarter as opposed to 15 in the last quarter
- 24 relating to hours of working and 2 relating to service support available to the doctor – all were dealt with appropriately
- Majority of exception reports were closed by overtime payments or time off in lieu, 3 are currently unresolved and will be closed imminently
- Efficient filling of rota gaps in this quarter
- Delivery of exception report teaching in Trust induction
- Successful hosting of the first Junior Doctors forum held on 30 September 2021 with good engagement; however, this could be better
- The 'Doctor Toolbox' needs to be updated with important information so that it can be a useful resource for junior doctors
- Lack of availability of rooms for junior doctors to attend meetings has been flagged
- Reconfiguration plans were discussed at the last forum
- Rota gaps were filled by agency and bank
- Majority of rota gaps were in the Medical Division
- Appointed a new Junior Doctor Lead for Training Recovery, Dr Louise Finn
- Active participation in the Trust Induction, advocating the importance of junior doctor forums with good nominations for this
- Presentation and teaching on exception reporting were provided at the Trust induction

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

157/21 Quality Report (inc. Maternity Services Update)

The Director of Nursing presented the Quality Report which provides the Trust with ongoing oversight of the Quality agenda and the emerging issues that need to be considered. The following points were highlighted:

- Continued engagement with CQC relationship managers
- Re-instigated the ward accreditation process, called Journey 2 Outstanding Reviews (J2O), several visits taken place across both sites to ward and clinical areas with feedback shared on necessary improvements and highlighting good areas of practice
- CAS alerts – clear plan to deliver outstanding CAS alerts and not anticipating much further delay in terms of closing these down
- Observe and Act Programme was put on hold for some time and is now back in place with excellent engagement, she highlighted Brian Moore, public elected governor asked for the findings to be shared from this at the last Council of Governors meeting
- Trust BAME Community Engagement Advisor is creating engagement opportunities with the local BAME communities from various groups
- Lessons learnt impact story is being produced per month to go in the IPR, along with a 'You Said, We Did'
- The visiting work stream established a task and finish group to progress a review of current restrictions to enable increased visiting whilst maintaining patient safety
- Complaints and PALs contacts are seeing an increase, a request by the Lead Governor also asked the Trust to highlight compliments and the Trust are speaking with Band 7's for their compliment letters

- Legal team are undertaking Getting it Right First Time (GIRFT) benchmarking as an initiative being led by NHSR
- Incidents are facing some challenges in closing some of the actions, reflection of the workload in the Divisions
- Medicine safety – some challenges around quoracy of medicine safety, one neighbouring Trust CQC inspection showed some early findings around medicine safety; therefore, spot checks are taking place
- Maternity Services Ockenden review - Regional Chief Midwife will be visiting the origination to undertake a review over the next few months, Chief Midwifery Officer at the Trust is undertaking a round of engagement events with Boards, listening events for staff are also taking place
- First allocation of funds has been received which will support 10.9 wte midwives
- £50k non-recurrently has been received to support newly qualified midwives
- 24% of woman booked on a continuity of care pathway and 56% of BAME
- 1-1 care in labour is at 98.9% - key marker of safety
- Current visiting restrictions in maternity is currently being reviewed
- Quality Account priorities and focussed priorities – increased focus on clinical documentation supported by the Managing Director for Digital Health, a Chief Nurse Information officer is now in post who is undertaking an internal review to inform a procurement process to recruit someone external to review our electronic patient records processes
- Falls remains a challenging area, falls alarm pads for patients are being rolled out
- Pressure ulcers has seen some improvement; however, still remains a challenge, there has been an increased focus on heel pressure ulcers, the Tissue Viability Team will now provide a seven day service

AG asked for an update on the lack of quoracy at the medicine safety and compliance group and highlighted nursing staff do not have time to ensure fridge doors are shut to monitor fridge temperatures. The Director of Nursing responded a system is in place for electronic fridge temperature monitoring and snapshot audits have been required to pick up on these improvements. She explained the quoracy of the group reflects some of the pressures in the organisation and representatives for several different Divisions will be reviewed.

AN highlighted continued concern was raised at the Patient Experience Group around staffing, however, is encouraged by the actions being taken. He stated it was positive Divisions were asked for the first time to talk about what they are doing for patient experience at the meeting, which was encouraging. AN suggested a Development Session next year should focus on patient experience to share this learning from Divisions.

AN asked how the Trust can achieve the must assessment for nutrition and hydration which is low and has a 95% target and he asked how the journey to outstanding feels.

The Director of Nursing responded that the ambitions in the Time to Care Strategy includes getting patient feedback then and there is crucially important. She highlighted part of the role of a matron is to continuously check in with patients, this needs to happen consistently. There is an element of understanding whether the must assessments aren't being completed or if they are being completed out of the timeframe or not recorded correctly. She assured the Board there is lots taking place around the winter must do's.

The Director of Nursing explained the Journey to Outstanding (J2O) is received very well and includes an improvement plan which will become part of the performance management review meetings going forward. Through Observe and Act and J2O there has been lots of positive feedback from patients about their experience.

AN highlighted a story of a complaint where communication was not working well which resulted in 14 touch points; however, the care was great. The Director of Nursing agreed to

use the caring domain framework to bring patient experience to a future Development Session.

Action: Director of Nursing to plan and lead a caring domain session focused on patient experience for a future Board Development Session.

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

158/21 Integrated Performance Report (IPR) – September 2021

The Acting Chief Operating Officer presented the performance position for the month of September 2021 highlighting the key points which were:

- September's performance score has deteriorated compared to August, worst position in year
- Deterioration is shown in complaints, Summary Hospital-level Mortality Indicator (SHMI) and stroke
- Safe, care and effective domains remain green; however, there remain some significant challenges within these domains
- Responsive domain alongside workforce domain are the most worrying domains
- Stroke has not achieved any of the key measures, access to the service is driving much of this deterioration
- Emergency care standard has deteriorated, patients are waiting a long time for inpatient beds which is a concern
- Continue to achieve cancer performance compliance, apart from screening
- Working closely with system partners to enact improvement which remains a challenge

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance for September 2021.

159/21 Board Assurance Framework

The Company Secretary presented the second update of the Board Assurance Framework for 2021/22 which is a key source of evidence that links the Trust's strategic objectives to risk and assurance.

The report shows the risk profile which is largely the same and no new risks have been added since the last update. The paper describes risk scores increasing for four of the risks around service capacity, seven day services, quality and safety and colleague engagement. One long standing risk has reduced in score around medical staffing, from a score of 20 to 16, reflecting improvement in the net recruitment position and appointments within Radiology. This risk remains at a score of 16 as a result of the medical staffing pressures seen in the Emergency Department.

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

160/21 Revised Governance Arrangements

The Director of Transformation and Partnerships presented a paper which describes an updated approach to manage the effective use of resources that will be implemented from 1 November 2021. The Trust needs to ensure there are strong mechanisms of governance to develop and deliver financial efficiencies to support delivery of the Trust's financial plans. A forum called Effective Resources Group will be established and meet weekly, chaired by the Chief Executive. The paper was approved at the Finance and Performance Committee and is for the Board to note. The Chair reminded the Board that any Non-Executive Director is welcome to join these meetings.

The Director of Transformation and Partnerships presented a paper which sets out the interim arrangements for the designated senior responsible owner. This report seeks approval that the CHFT Director of Nursing and Deputy Chief Executive whilst undertaking the role of Interim Chief Executive from 7 November 2021 and until Brendan Brown is in post, is appointed as the Senior Responsible Owner (SRO) for the programme of service and estate reconfiguration at CHFT.

OUTCOME: The Board **NOTED** the updated approach to manage the effective use of resources from 1 November 2021 and **APPROVED** the Interim Senior Responsible Owner for Reconfiguration.

161/21 Governance Report

The Company Secretary presented the governance items for approval and noting in November 2021.

AN highlighted the following changes to the governance structure which were the Patient Experience Group now meets monthly and the Green Planning Committee reports into the Transformation Programme Board and meets monthly.

The Company Secretary updated the Board on the recruitment for Associate Non-Executive Directors which will be a pilot role for 12 months initially. She confirmed appointments have been made for CHFT and CHS which were ratified by the Nominations and Remuneration Committee of the Council of Governors. Further detail will be brought to the Board in January 2022.

The Board workplan for the end of this financial year and workplan for the new financial year 2022-23 were shared for any comments and feedback.

There was only one item for signing and sealing in the last quarter as detailed in the paper.

OUTCOME: The Board **APPROVED** the updated Governance Structure subject to the changes above and **NOTED** the update on the Associate Non-Executive Director appointments, Board of Directors workplans for 2021-22 and 2022-23 and use of the Trust Seal during the last quarter.

162/21 Board Sub-Committee Annual and Bi-Annual Reports for 2020/21

The Quality Committee Annual Report was received. The Director of Nursing confirmed the terms of reference for the Quality Committee were reviewed and approved in January 2021 and the level of attendance is shown by members. Details were shared of areas of deep dives undertaken. It was confirmed that the Quality Committee has fulfilled its role in ensuring continuous and measurable improvement in the quality of services the Trust delivers

The Nursing and Midwifery Safer Staffing (Hard Truths Requirements) Bi-Annual Report for the reporting period January to June 2021 was received. The report provides an update regarding safer nursing and midwifery staffing and an overview of measures being taken to address risk within the Trust, including a self assessment against 14 recommendations relating to Workforce Safeguards. The Trust is fully compliant with eight of the recommendations and partially compliant with six, with an action plan in place to achieve these. The Director of Nursing reminded the Board of the importance of understanding the levels of staffing, which feeds into Gold command meetings.

Andrea Dauris, Associate Director of Corporate Nursing presented slides which provided an overview of the safer staffing report which included detail of the current sickness/absence position and impact in terms of nurse staffing and vacancies by clinical division, fill rates and care hours per patient day, red flag escalation and quality indicators Friends and Family Test, falls and pressure ulcers and impact on patient experience. The

short term and medium - long term response from the Trust was also shared, which includes a dashboard on nurse metrics (care hours per patient day and fill rate) and a worry dashboard by division with a large number of metrics which feeds into the weekly Safer Staffing Group.

AN echoed the comments about triangulation, noted the challenging position and asked if this is prompting any more action. The Director of Nursing responded a weekly/daily review takes place looking at all the Trust are doing and the importance of creating thinking. She added it is important to be clear about the registered nursing position and how to use the workforce in a different way, for example, the Trust opened bank shifts up to medical staff colleagues who can work as a bank nurse which adds incredible value.

The Director of Nursing formally thanked Andrea Dauris who has been driving the safer staffing requirements.

AN asked if the Trust are similar to other Trusts, the Director of Nursing confirmed this was the case for CHFT and experiences and ideas are shared.

The Chief Executive asked if there has been any relationship between the described staffing position and freedom to speak up activity. The Director of Workforce and OD confirmed there is a relationship and a review of staffing in that area will take place.

OUTCOME: The Board **NOTED** the Committee Review Annual Reports for the Quality Committee and **NOTED** the Nursing and Midwifery Safer Staffing (Hard Truths) Bi-Annual Report.

163/21 Board Sub-Committee Chair Highlight Reports

The following Chair highlight reports were received for the following sub-committees:

- Finance and Performance Committee
- Quality Committee
- Audit and Risk Committee
- Workforce Committee

OUTCOME: The Board **NOTED** the Chair Highlight Reports for the above sub-committees of the Board.

164/21 Annual / Bi-Annual Reports in the Review Room

The following annual reports were available in the review room on Convene:

1. Huddersfield Pharmaceuticals Specials Annual Report

OUTCOME: The Board **RECEIVED** the Huddersfield Pharmaceuticals Specials Annual Report.

165/21 Items for Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update October 2021

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

- Finance and Performance Committee minutes of the meeting held 30.08.21
- Quality Committee minutes of the meeting held 16.08.21 and 13.09.21
- Audit and Risk Committee minutes of the meeting held 12.10.21
- Workforce Committee minutes of the meeting held 30.09.21
- Charitable Funds minutes of the last meeting held 23.08.21

- Organ Donation Committee minutes of the last meetings held 13.01.21 and 07.07.21 – The Chair stated this is a brilliant team who do a really good job in some very challenging circumstances.

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited (CHS) Managing Director Update for October 2021 and the minutes of the above sub-committees.

166/21 Any Other Business

The Chair formally wished Owen Williams, Chief Executive goodbye, stating it has been a privilege to work with him and he will be missed. The Chief Executive was wished well in his next role.

The Chief Executive responded by sharing a touching farewell video.

The Chair thanked the Board, colleagues and governors for their attendance and closed the meeting at approximately 12:24 pm.

167/21 Date and time of next meeting

Date: Thursday 13 January 2022

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams