

APPROVED Minutes of the Public Board Meeting held on Thursday 3 September 2020 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	Executive Director of Finance
Suzanne Dunkley	Director of Workforce and Organisational Development
David Birkenhead	Medical Director
Helen Barker	Chief Operating Officer
Alastair Graham (AG)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Denise Sterling (DS)	Non-Executive Director
Richard Hopkin (RH)	Non-Executive Director

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Mandy Griffin	Managing Director, Digital Health
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Jackie Ryden	Corporate Governance Manager (minutes)
Stephen Baines	Lead Governor
Sheila Taylor	Public Governor
James Lendon (Item 88/20)	Lead Respiratory Physiotherapist
Philip Finch (Item 88/20)	Patient
Kate Horne (Item 91/20)	Senior Programme Manager Public Health, Calderdale Council
Deborah Harkins (Item 91/20)	Director of Public Health, Calderdale Council

OBSERVING

Christine Mills	Public Governor
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81/20 Welcome and introductions

The Chair welcomed everybody to the meeting and introduced Philip Finch and James Lendon who were attending to present a patient/staff story on community physiotherapy and Deborah Harkins and Kate Horne who were attending to present a paper on Engagement and actions related to the impact of Covid-19 on BAME communities in Calderdale.

82/20 Apologies for absence

Apologies were received from Karen Heaton and Andrea McCourt.

83/20 Declaration of Interests

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

84/20 Minutes of the previous meeting held on 2 July 2020.

The minutes of the previous meeting held on 2 July 2020 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 2 July 2020.

85/20 Action log and matters arising

The action log was reviewed and updated.

Both items were closed and there were no other outstanding actions.

Matters Arising – Item 667/2020

The Director of Workforce and Organisational Development advised that since the last Board meeting on 2 July 2020 when the Board approved time for staff wellbeing and engagement activities (minute item 67/20), it has been confirmed that this agreement includes staff attending the BAME network, estimated at two hours per month and affecting 65 colleagues.

Non-Executive colleagues have supported allowing time for staff governors, of which there are three at present, to undertake their role. Following discussions, it has been agreed that this also falls within the category of engagement activities with an agreement between the Chair and the Director of Workforce & Organisational Development to provide three hours per month, up to a maximum of 36 hours a year.

OUTCOME: The Board received and **NOTED** the updates to the action log and **NOTED** the update regarding approved time for staff well-being and engagement.

86/20 Chair's Report

The Chair reported that he had attended the West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common meeting on 28 July 2020 and the West Yorkshire & Harrogate Partnership Board meeting on 1 September 2020. Both sets of papers had been circulated to the Non-Executive Directors by the Chair. He advised that he continues to share information and intelligence with the Chairs of the other Providers, across West Yorkshire via regular meetings, and through a national Chairs WhatsApp group. The Chair is in the process of joining a meeting with a number of partners to re-look at working with Place in both Kirklees and Calderdale.

OUTCOME: The Board **NOTED** the update from the Chair and the involvement with the Chairs of the West Yorkshire Trusts.

87/20 Chief Executive's Report

The Chief Executive explained that some of the key components in the letter received from Simon Stevens and Amanda Pritchard on Phase 3 of the NHS response to Covid-19 will be covered under agenda items 12, 13 and 14. He pointed out that the context of the third phase is related to the impact of Covid-19 on service delivery but also relates to the necessity of returning to the levels of provision for all care groups, in particular the aspects related to health inequalities.

The Chief Executive noted the national work that he led, on behalf of the NHS on health inequalities, has identified eight action areas and highlighted the importance for the Trust, and the integrated care services the Trust provides, in having an Executive at Board level providing leadership and being accountable for health inequalities. Ellen Armistead, Director of Nursing, will undertake this role for the Trust. The Chair added that both he and Peter Wilkinson will represent the Non-Executive Directors and will work with the Director of Nursing on health inequalities and the places and people we serve. It was also noted that the Board has undertaken development work in relation to health inequalities at a Board development session in August 2020.

The Chief Executive advised that following his involvement in the national work on health inequalities, he has been asked by NHS England / Improvement (NHS E/I) to continue to chair a national oversight group on health inequalities. This will involve a bi-monthly meeting incorporating a variety of leaders from various sectors who will monitor progress against the eight identified actions from the initial work. This will begin in late September 2020 and will run until March 2022.

The Chief Executive advised that for this year's NHS Parliamentary Awards (where local MPs nominate individuals or organisations), four areas have been put forward by local MPs in recognition of work in the Trust on the following: Digital Me, work undertaken on the Relatives Line during Covid 19, Microbiology and the approach to in- house testing and the work carried out in the Trust on wellbeing and support to staff.

OUTCOME: The Board **NOTED** the Chief Executive's report.

88/20 Patient/Staff Story – Community Physiotherapy

The Chair introduced James Lendon, Clinical Lead Physiotherapist, with a focus on pulmonary rehabilitation and Philip Finch, a patient, who attended to provide the Board with details of work undertaken on the rehabilitation of patients who have suffered from Covid-19. James explained that prior to the pandemic he worked on rehabilitation of critical care patients but was redeployed to the Intensive Care Unit at HRI during April and May in response to the pandemic. At his request, James returned to the Community Division in order to lead on the rehabilitation of patients who had survived Covid-19, taking a multi-disciplinary team approach involving dieticians, occupational therapists, respiratory consultant input and students to help patients with their recovery.

Philip Finch, one of these patients, expressed his thanks to the NHS and Trust staff for saving his life after he contracted Covid-19 and had approximately 10 weeks in hospital, including a 6 week period in critical care and for giving him a quality of life that he had not envisaged when he became infected with Covid-19. Philip outlined his journey following discharge when James visited him at home and supported his goal to return to his pre-Covid levels of fitness with a plan of care, including diet to regain lost weight, physiotherapy and management of new symptoms as these appeared. Philip explained how his frightening experience was helped by the motivational support and excellent communication from staff at all levels. His level of fitness has gone from strength to strength and he is now confident he can enjoy a better quality of life.

The Chair Philip on behalf of the Board for sharing his personal and inspirational journey and wished him well for the future.

DS acknowledged that the primary focus is on pulmonary rehabilitation but agreed that it is becoming clear there are a growing number of patients who have longer term Covid related issues. She asked what the Trust could do to support this. James responded that this is being discussed with colleagues as there are many patients who have not accessed the services, and that work with colleagues in primary care is needed. The Chief Operating Officer advised that as part of the Phase 3 planning work, the Trust is focussing on Community services as it is recognised that this is where capacity is needed to increase both for the post Covid patients and patients with long term conditions.

The Chair thanked both James and Philip for attending and sharing the details of the caring and compassionate work being done in the rehabilitation of Covid-19 patients.

OUTCOME: The Board **NOTED** the work carried out in CHFT and the support for rehabilitation of post Covid19 patients.

89/20 Business Better than Usual Service Transformation

The Director of Transformation and Partnerships provided an update on Business Better than Usual (BBTU) for service transformation, describing the methods used to engage stakeholders, identifying learning themes and new ways of working and outlining the next

steps and governance to take forward a strategic programme of transformation based on the learning.

The report has two sections, the first describing the learning that has been fed back where there is support to sustain the changes to minimise loss of life, protect colleagues and patient safety and improve quality. The second section describes the programme management and governance arrangements that will be established to take forward the BBTU programme of work. It is proposed that the Trust Board will have overall responsibility for delivery of the programme and regular written update reports will be provided.

The programme will be led by and report into the Transformation Programme Board (a formal sub-committee of the Trust Board) and there will also be regular dialogue and input of specific expertise or assurance from other formal sub-committees of the Trust Board. PW added that due to the commonality of issues between the BBTU programme and the Transformation Programme Board it makes sense to link the two and consider them concurrently.

The Board was requested to support the strategic learning themes that have been identified and approve the establishment of a the BBTU programme management and governance arrangements.

The Chief Executive asked for an explanation of the broader economic impacts of some of this work and the ongoing role of Healthwatch. The Director of Transformation and Partnerships explained that including the BBTU programme governance into the Transformation Programme Board aligns with its broader remit. At a previous meeting of the Transformation Programme Board a report had been received from Calderdale Council on the wider economic impact of Covid on employment and education and a number of other factors, and it fully recognised that the Trust has a wider role, in addition to its day to day remit, as a large employer in local Places and the ability to help support economic regeneration in a variety of ways. Kirklees Council has been contacted to request similar data on the economic impact. The Transformation Programme Board is the correct forum to lead on this work due to the synergy between the programme of estate investment and reconfiguration, BBTU and economic regeneration.

AG welcomed the extensive consultation and asked about the role of the voluntary and community sector (particularly in terms of equality impact) and the balance between needs-based consideration against the adherence to timescales on some of the targets in the Phase 3 letter. The Director of Transformation and Partnerships agreed that it will be necessary to be explicit about the criteria used to assess need and that this is a key theme to take forward on how the prioritisation is applied. The Chief Operating Officer added that 50% of additional activity will be focussed on the longest waiters and 50% on patients who have a different clinical need.

AN queried whether there is funding available to support additional resources for people working from home. The Director of Finance advised that any funding for working from home is being considered in the working from home policy, which is currently in draft and has been shared with Trade Unions.

The Director of Transformation and Partnerships explained that is envisaged that a blueprint will be established on the critical success factors for implementation of each of the areas. This will allow an understanding of the costs, quality, equality impact and workforce factors. Each of the themes will be defined more fully in terms of critical success factors and benefits in order to quantify what will be required for their delivery. This has the potential to start to define the future cost model going forwards.

The Director of Transformation and Partnerships advised previous collaborative work with Healthwatch is informing some of the themes included in the BBTU transformation and close collaboration will continue going forwards.

OUTCOME: The Board **SUPPORTED** the strategic learning themes identified and **APPROVED** the establishment of the BBTU programme management and governance arrangements.

90/20 Month 4 Financial Summary

The Director of Finance presented the Month 4 Financial Summary and highlighted the following key points.

Year to date the Trust has delivered a balanced financial position after assumed additional funding of £9.65m over and above that previously anticipated. Year to date the Trust has incurred costs of £11.97m in relation to Covid-19, offset to some extent by underspend in some specialties due to reduced activity. The paper reports a balanced financial position at the year end, although this is a holding position as the financial regime for the remainder of the year from 1 October 2020 is still not clear, with guidance awaited.

A plan has been submitted for the remainder of the year from 1 October 2020 for additional funding, which picks up on additional activity expected to be delivered for the remainder of the year. The plan submitted suggests an additional £110m will be required for the remainder of the year. This includes a number of large items that were planned, for example the financial recovery fund (£33m). Costs are broadly running at an extra £50m over and above plan.

For the remainder of the year the allocation is to be given via the Integrated Care System (ICS) and some discussion will be required across the ICS on how the funding is to be allocated to individual Trusts.

Final submission of the plan is due by 27 September 2020. Once details of the allocated funding are received, discussions may be required, and it may be necessary to delegate authority to Finance and Performance Committee depending on the approval process.

RH explained that he felt it important for all Board members to be aware of the cost implications of Covid-19 and the proposed additional activity, which will only increase over the next few months. Activity recovery targets are set and there will be an element of income allocated or withdrawn based on performance against those targets. The Director of Finance explained that an incentive letter had been sent to organisations. There is still a lack of clarity on the details, but in the Trust's submission it has been assumed that no penalties will be levied for any failure to deliver targets.

OUTCOME: The Board **NOTED** the information provided in the Month 4 Financial Summary.

91/20 Health and Well-being Risk Assessment – Overview of Responses and Proposed Mitigations

The Director of Workforce and Organisational Development presented a progress report on the Covid-19 Health and Well-being Risk Assessment, the responses to date and the proposed mitigations arising from the responses received.

Following a request from NHSE/I in June 2020 to risk assess all BAME colleagues due to physical attributes that might make them more at risk of harm from COVID 19, a series of collaborative sessions were held with colleagues to seek their views and incorporate them into a CHFT risk assessment process approach. The Trust took the decision to risk assess

all colleagues, for physical risks, mental health and personal circumstances. The national approach has since changed and also now requests all staff to be risk assessed.

The Director of Workforce and Organisational Development explained that some of the results were surprising, for example white colleagues are responding more than BAME colleagues, younger groups are more anxious than older groups and clinical colleagues are showing greater levels of anxiety. One of the biggest risks in the Trust is the mental well-being of colleagues. Most of the colleagues with high risk factors were captured in the first couple of weeks and followed up.

The Director of Workforce and Organisational Development emphasised the importance of achieving a high response rate before October, both for physical and mental health factors and a number of actions to increase the response rate were highlighted in the report.

The Director of Workforce and Organisational Development advised that she is currently in discussions with NHSE/I as the Trust would like to run a psychological or mental health assessment annually following feedback from colleagues and the follow up calls made evidencing the levels of anxiety in colleagues. A series of proposed mitigations have been included in the report including the decision at the previous Board meeting in July to keep the 24/7 counselling line open; 11,000 calls have been made through this line.

PW asked if the response rate of 43% was surprising and what plans are in place to increase this. The Director of Workforce and Organisational Development agreed the result was surprising, particularly when compared to the uptake of antibody testing by colleagues which was 90%+. She added that there is some scepticism in some groups regarding the use of the information. It was identified through the BAME network that the network members will engage in individual discussions with BAME colleagues in the Trust to encourage completion of the assessment. It may be necessary to make the assessment mandatory if the response rate does not increase before October.

AN asked if there are sufficient resources and time to address all of the issues outlined in the mitigations section of the report. The Director of Workforce and Organisational Development advised that a request is to be submitted to the Commercial and Investment Strategy Group (CISG) to keep the 24/7 counselling line open. Further engagement work will take place regarding the staff well-being hour.

The Medical Director pointed out that the knowledge of risk factors is constantly changing and asked if there are plans to revisit the risk assessment based on new knowledge. The Director of Workforce and Organisational Development advised that the Occupational Health team regularly update the risk assessment based on national guidance.

Following a query from AG, a discussion took place on the timing of the staff survey. Confirmation was given that the risk assessment will take precedence over the staff survey, which will be more low-key than in previous years. There is a plan in place for September/October to ensure that messaging to colleagues is tactically planned.

The Chief Executive echoed the importance of risk assessments being completed in order to gain a deep understanding of the well-being of individual colleagues and the impact on all colleagues. He added that the issue of the longer term impacts of Covid-19 on staff require continual monitoring through risk assessments in order to keep staff as safe as possible and minimise loss of lives and this will require additional capacity and resources.

OUTCOME: The Board **NOTED** the findings of the assessment to date, **AGREED** the proposed Trust wide mitigations and **SUPPORTED** the next steps identified in the report.

The Director of Workforce and Organisational Development introduced Deborah Harkins, Director of Public Health, Calderdale Council and Kate Horne, Senior Programme Manager Public Health, Calderdale Council who provided a report on the insight gathered through engagement with BAME communities regarding the impact of Covid-19 and outlined a series of actions that will address the inequality. Partnership organisations were asked to support the delivery of Action Plan to Reduce the Impact of Covid-19 on the BAME Communities plan and the Board was asked to identify how the Trust can be an advocate/key enabler to the successful delivery of the plan.

The Director of Workforce and Organisational Development advised that she had met with Deborah and Kate the previous week and shared the Executives' ideas on how the Trust could support the councils and engage with the communities.

Deborah outlined the background to the work, which began in May 2020 when evidence began to be seen of the disproportionate impact of Covid-19 on BAME communities. The Council wanted to understand and listen to communities in Calderdale about what could be done to mitigate the impacts of Covid-19 on those communities. An action plan was formed, which covers three phases of action and will impact over different timescales:

- Actions that will protect our communities from the current phase of Covid-19
- Actions that will reduce the impact of a second wave of Covid-19 on BAME communities
- Actions that aim to address the root causes of inequalities in health experienced by Calderdale's BAME communities.

Kate Horne added that when engaging with communities it is important to recognise the link between wider determinants and poverty is significant. It is important to continue engagement with the communities as the pandemic continues to present new challenges in the communities.

PL asked for some indication of some of the initial successes. Deborah described the work with Park and Whalley wards. There are Covid Community Champions in those areas and proactive work has been undertaken with local businesses and engagement with communities door to door. The reduction of infections is significant and the targeted engagement approach has been successful. The value of CHFT staff helping and engaging will be incredibly powerful. Kate highlighted the trust issue and the value of the Trust and the Council working together on this to improve trust in the communities.

OW thanked Deborah and Kate on the good work and commented that would like to see similar work from Kirklees Council. A discussion took place on how the developing 'co-production' approach particularly around BAME communities and poorer white communities be used to increase the uptake in those groups for the flu jab and Covid immunisation further down the line. Kate agreed that the collaborative 'working with' approach that has commenced is the right route to do this.

The Director of Transformation and Partnerships is keen to work with the Council on digital inclusion given the increased access to healthcare going forwards through remote consultation, which could lead to widening of health inequalities, and will follow up with Deborah outside of the meeting.

Deborah advised that Kate regularly meets with the Trust's Community staff in CRH, which is proving to be extremely valuable. Kate added that is providing greater insight and opportunities to help communities.

The Chair thanked Deborah and Kate for attending and providing a detailed report.

OUTCOME: The Board **NOTED** the findings outlined in the report and **SUPPORTED** the delivery of the plan and key contributory actions identified in the plan.

92/20 **We are the NHS: People Plan for 2020/21 – Actions for us All**

The Director of Workforce and Organisational Development provided an update on the NHS People Plan which was published on 30 July 2020 and identified the impact on the Trust and the West Yorkshire and Harrogate Health and Care Partnership including actions for NHS England, NHS Improvement and Health Education England. The report included specific actions under the nine headings of the People Plan, showing the Trust's current position against the actions and what actions are needed where gaps have been highlighted. The NHS: People Plan 2020/21 replaces the Interim People Plan published on 3 June 2019. The updated plan is a good match to the Cupboard and the Trust's One Culture of Care with equal importance given to staff health and well-being and patient care.

A gap analysis has been carried out against the People Plan and the report shows the Trust's current position against the actions and what actions are needed where gaps have been highlighted. All actions related to CHFT are either green or amber. The plan makes clear the intention to see an increased role for systems to work with its constituent parts to use the data to understand workforce and service requirements and support the attraction and deployment of staff within the systems. The Trust welcomes the plan's approach to the health and well-being for colleagues.

RH commented that the gap analysis looks favourable with the only red areas waiting for national guidance and input. He asked if the Plan will be regularly re-visited at Workforce Committee and the Director of Workforce and Organisational Development confirmed this will be regularly tracked by the Workforce Committee with the intention of turning some of the green actions to blue as they become embedded.

RH asked if guidance had yet been received on competency frameworks for Board level positions and an NHS leadership observatory and the Director of Workforce and Organisational Development advised this has not yet been received but would be welcomed by the Trust.

Following a query from AH, a discussion took place on leadership roles and the pathways and development programmes available for colleagues to progress within the organisation.

OUTCOME: The Board **NOTED** the update on the NHS People Plan for 2020/2021 and the associated action plan.

93/20 **Stabilisation and Reset Plan and Winter Plan**

The Chief Operating Officer noted that the plan had been discussed in detail recently at the Finance and Performance Committee.

The Chief Operating Officer described the process and key principles of stabilisation and reset planning with patient and staff safety the key priority to ensure resilience for a potential surge and winter. A draft plan was submitted to the Integrated Care System (ICS) on 27 August and feedback will be provided on 11 September 2020. A final submission is due to the ICS on 17 September 2020.

The plan is based on the key principles of stabilisation and reset agreed by the Board at the meeting on 2 July 2020, with patient and staff safety paramount and noting increased staff anxiety about being at work.

The national phase 3 plan activity expectations and projections for Trust activity were outlined with other elements still to be built into the work programme for the next six

months. A number of assumptions have been made which have been RAG rated according to risk. The Chief Operating Officer highlighted the red rated assumptions in particular:

- Non electives to be managed to 82% of last year's numbers
- Bed modelling – Covid numbers have been built in and a system response is expected. An improvement to the transfer of care is also required.
- The financial envelope supports the plan.

Details of general and nursing specific workforce were provided, and the Chief Operating Officer pointed out that the bed model which has been submitted specifies that at times we are up to 77 beds short of safe staffing levels. The number of registered nurse vacancies has increased by 18 compared to the pre-Covid figures at 158 vacancies, a large cohort of staff remain redeployed and we need to continue to support new workforce models in Emergency departments, critical care and respiratory care. Community provision needs to be reflected appropriately and work is still to be done on the staffing models.

EA advised that there are a number of nursing workforce challenges to be addressed including community staffing models which keep patients in the community rather than in hospital and extra nursing support to care homes. EA noted the balance between restoring elective activity based on clinical priority and having limited staffing resource, with flexibility to use student nurses and closing elective activity no longer an option.

The Chief Operating Officer advised that this year Winter is likely to be the most challenging yet and the development of the winter plan has taken account of intelligence, insights and modelling work that exists in the system and some of the learning from last year. The presentation highlighted differences this year. As requested previously information on paediatrics and community has been included in the plan and was shared during the presentation, including that paediatrics bed modelling is in progress. It was noted that new infection control guidance needs to be factored in and further work is needed on the baseline.

There are both challenges and opportunities available including ensuring the right patients are treated, affordability, nurse staffing and recruitment and system response. The Chief Operating Officer highlighted fatigue and anxiety amongst staff around winter planning, particularly amongst leadership. It was noted that some scenario testing will take place.

RH referred to the target of 82% for non-elective activity and asked if sensitivity analysis had been undertaken and also asked if the requirement for 77 more beds was a worst-case scenario or reasonably realistic and what additional staffing would be needed. The Chief Operating Officer explained that the plan is based on what we can safely staff and the figure of 77 beds is the most likely scenario but could possibly be higher. The 82% requirement takes it to 77 beds more than can be safely staffed according to our current safe staffing level.

Following a further query from RH, the Director of Nursing explained that nursing colleagues have been asked to consider what an early warning system would look like and what the implications would be of reducing staffing levels and the mitigations that would be needed. The Board would have to make a decision on what the implications would be of moving to reduced staffing levels, with discussion of risk appetite and any risk mitigation that would need to be in place.

AN referred to theatre productivity and asked if the key limiting factor to operate in a safe fashion was staff. The Chief Operating Officer advised that staffing is the main issue, with further work being undertaken on theatre productivity and the length of theatre sessions.

AN asked if any forecasting on the backlogs had been undertaken, given the plan to operate below 100%. The Chief Operating Officer described some work is being done to

proactively pick up housebound over 75 patients who are now presenting to the frailty team with an element of deconditioning and noted further work is needed with partners. As 50% additional activity is for long waiters to enable the right patients to be treated the 52 week position at the end of March 2021 is expected to be about 1000. From the outpatient perspective, a buddying system has been introduced where staff contact patients on the follow up list proactively. This will help to get back on track, but it will potentially take a couple of years to get back to the pre-Covid position.

The Medical Director put forward a note of caution around the infection control guidance and the difference between approaches of guidance for low and high prevalence areas, which might be the case through winter.

The Chief Operating Officer advised that it might be necessary to convene an extraordinary Board of Directors or Finance and Performance Committee to approve the final submission of the plan. This may not be fully compliant with the targets from NHSE/I and therefore it will be necessary to reaffirm the Board's position.

OUTCOME: The Board **NOTED** the update on the Stabilisation and Reset Plan and Winter Plan and **NOTED** the possibility of arranging an extraordinary Board meeting or Finance and Performance Committee meeting.

94/20 Health and Safety Update

The Director of Workforce and Organisational Development presented a report to update the Board on the progress made against the action plan previously approved by the Board at the meeting on 9 January 2020. The action plan is managed and monitored through the Trust's Health and Safety Committee, who report directly to the Audit and Risk Committee. The Audit and Risk committee received the updated action plan in July 2020. Key points to note were:

- Richard Hill has been appointed to the Head of Health and Safety role for CHFT.
- The report includes an update on the activities related to fire safety.

The Chief Operating Officer gave a brief update on the fire action plan which was provided to Board for assurance through the Review Room at the meeting on 2 July 2020. The main outstanding issue is the fire strategy. Mott MacDonald have carried out all of their onsite visits and a Fire Committee meeting is scheduled at which the fire strategy will be confirmed. As specified in the external report, the role of Fire Officer has been moved into CHFT from CHS. With support from the Director of Transformation and Partnerships and team from a reconfiguration perspective, succession planning has been considered for the Fire Officer which will help with working through some of the reconfiguration plans. The Chief Operating Officer confirmed that work has been ongoing while waiting for the fire strategy.

OUTCOME: The Board **APPROVED** the Health and Safety update and **NOTED** the progress against actions identified in the action plan at Appendix 1.

95/20 Board Assurance Framework (BAF)

The Chief Executive presented the Board Assurance Framework for 2020/21 for approval following review by the Audit and Risk Committee in July 2020. There are a total of 23 risks, reducing to 22 if risk 5/19, EPR benefits realisation, is approved for removal (some elements of which will be subsumed by the new risk 2/20, investment to fund the digital strategy); seven new risks have been added.

Details of a new streamlined process to review the risks were provided in the paper with Board committees to take a greater role in reviewing the risks on the BAF. Chairs of each

respective committee should be clear of this responsibility and will be asked to provide the scrutiny/assurance lens on how the risks will be addressed.

AG pointed out that some of the risks seem to be duplicated (for example risks 9/19, HRI Estate and equipment, and 14/19, capital funding). The Director of Finance advised that this is likely to be related to long and short term risks but will clarify this with AG outside of the meeting.

AN confirmed that the Non-Executive Directors were clear about the responsibilities of the respective Committees both in relation to the risks and the risk appetite. He asked that Committee chairs consider where there is a gap on the risk appetite and raise for discussion at Board if necessary.

The Board **AGREED** the addition of 7 new risks to the Board Assurance Framework, **AGREED** the removal of risk 5/19 EPR benefits realisation, **NOTED** the updates to risk and movement in risks scores for risks 4/19, 8/19, 9/19, **APPROVED** the revised wording of the risk appetite, **NOTED** the risk exposure identified in the paper, and noted that board committees are to undertake detailed review of those BAF risks for which it is responsible as noted in the paper.

96/20 Quality Report

The Director of Nursing presented the Quality Report for the period June-July 2020 to provide the Trust with ongoing oversight of the Quality agenda and the emerging issues that need to be considered. The Quality Report was discussed at the Quality Committee meeting on 2 September 2020. The following points were of note:

- The Trust's performance around complaints remains a concern and will be a key part of the stabilisation and reset workstreams. A new Assistant Director for Patient Experience has commenced in post and will focus on complaints responses.
- The Care Quality Commission (CQC) has been operating under an emergency support framework. The Trust has responded to this by reformatting the local ward accreditation process around the emergency support framework, which will strengthen the ability to prepare for any CQC scrutiny.
- Of the outstanding actions from the 2018 CQC inspection, the Trust has five actions to complete. The report included an update on the mitigation plan for each of the outstanding actions.
- There has been a deterioration in pressure ulcer development, some of which is attributable to Covid-19 and some to a slightly different reporting arrangement.
- Dementia screening remains a challenge.
- Assurance remains limited for nutrition and hydration – this is related to issues around clinical record keeping, which is being considered as a focus under the quality priorities.
- In Legal Services, there have been issues on turnaround times and responses to inquests, but an Interim Head of Legal Services has been employed following the departure of the Head of Legal Services at the end of July 2020.

RH asked for assurance that the issues raised in the report around nutrition and dementia screening were being addressed. The Director of Nursing explained the challenges related to clinical record keeping and advised that a very thorough action plan is in place which is regularly reviewed by the Quality Committee, and systems and processes are in place to look at the barriers and make the necessary improvements.

The Director of Nursing advised that just prior to the pandemic the medical division had been tasked with re-energising the approach to elderly care within the organisation. There is evidence of good practice in the Trust around frailty and the enhanced support services, but there are also opportunities to modernise the delivery of services for elderly care. The

Medical Director added that it is important to keep the focus on dementia screening; some of the issues are linked to the recording of data on the Electronic Patient Record system (EPR) and work continues to achieve a more reliable and ongoing approach to data entry.

The Chief Executive expressed his concerns over the lack of progress with completion of complaints. The Director of Nursing advised that the new Assistant Director for Patient Experience has identified that complaints will be her top priority. A detailed discussion followed on the need to make progress on complaint responses including ensuring that all areas of the organisation are engaged, within a specific timeframe. Further discussions will take place outside of the meeting to determine at what point consideration should be given to introducing external resources to improve complaint responses.

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

97/20 Integrated Performance Report – July 2020

The Chief Operating Officer provided the Board with the performance position for the month of July which was very positive. She advised that the report had been discussed in detail by the Finance and Performance Committee. The report is to be revised over the next few months in order to become more outcome focussed and will also include data related to health inequalities. RH added that a great deal of progress has been made over the last couple of months in developing some of the performance indicators and this will continue over the next few months.

AN asked for an explanation on the increased numbers of delayed transfer of care. The Chief Operating Officer explained some improvements are still required and this remains an area of focus and has been identified as a risk going into the winter period.

AG also asked about the performance of stroke patients admitted directly to an acute stroke unit. The Chief Operating Officer advised that a deep dive is to be undertaken into this area as part of a decision to undertake deep dive exercises for areas that have remained in 'red' for a length of time. The results of the deep dive will be reported back to the Board.

AG further asked about the return to work interviews which are only at 60%, even though staff absence is good. The Director of Workforce and Organisational Development advised that there is always a time lag for recording the interviews. She explained that HR Business Partners are currently looking into this but she would welcome a deep dive into this area. The Chief Executive added that recent data on sickness absence for the Trust is encouraging, and the Director of Workforce and Organisational Development explained that CHFT looks positive compared to a number of other Trusts, partly due to careful tracking and monitoring of absence by HR administration colleagues and also managers across the organisation maintaining good practice generally. The Chief Executive asked if there was a possibility for a blended approach with the good work on tracking absence to include the return to work interviews. The Director of Workforce and Organisational Development agreed follow up on this, and suggested that it would be beneficial to share the methodology with the new Assistant Director of Patient Experience for complaint responses.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance and **NOTED** the action of a deep dive in Stroke performance.

98/20 Annual/Bi-annual Reports

The Nursing and Midwifery Safer Staffing report was provided by the Director of Nursing for assurance.

OUTCOME: The Board **RECEIVED** the Nursing and Midwifery Safer Staffing Report.

The Director of Infection Prevention Control (DIPC) Report was provided by the Medical Director for assurance.

OUTCOME: The Board **RECEIVED** the Infection Prevention Control (DIPC) Report.

The Safeguarding Update Annual Report Adults and Children was provided by the Director of Nursing for assurance.

OUTCOME: The Board **RECEIVED** the Safeguarding Update Annual Report Adults and Children.

The Huddersfield Pharmacy Specials Annual Report was provided by the Director of Finance for assurance.

OUTCOME: The Board **RECEIVED** the Huddersfield Pharmacy Specials Annual report.

The Audit and Risk Committee Annual Report was provided by the Director of Finance for assurance.

OUTCOME: The Board **RECEIVED** the Audit and Risk Committee Annual Report.

The Finance and Performance Committee Annual Report was provided by the Director of Finance for assurance.

OUTCOME: The Board **RECEIVED** the Finance and Performance Committee Annual Report.

The Quality Committee Annual Report was provided by the Director of Nursing for assurance.

OUTCOME: The Board **RECEIVED** the Quality Committee Annual Report.

99/20 Governance Report

Terms of Reference

The Chair presented the Governance Report in the absence of the Company Secretary. The paper included revised terms of reference for the Audit and Risk Committee, the Quality Committee and the Finance and Performance Committee following their approval by the individual committees.

Non-Executive Director Tenures

An update was provided on Non-Executive Director tenures. There are two NEDs whose tenures expire in 2020: Andy Nelson whose tenure expires on 30 September 2020 and Alastair Graham whose tenure expires on 30 November 2020. For 2021 there is one tenure ending, with the Chair's first period of tenure due to end on 31 March 2021. A meeting of the Nominations and Remuneration Committee will be held on 8 September 2020 to consider whether the Trust is best served by ongoing continuity and the re-appointment of the present incumbents or whether the Trust requires a new/refreshed skill set.

Governance Business Better Than Usual

On 2 July 2020 the Board discussed and supported ways that it could improve and streamline governance arrangements, grouping these into 9 themes, building on the experience of revised working arrangements during Covid-19. The paper outlined progress to date and plans for monitoring progress with Governance Better Than Usual.

OUTCOME: The Board **APPROVED** the revised terms of reference for the Audit and Risk Committee, the Quality Committee and the Finance and Performance Committee, **NOTED** the upcoming tenures of two Non-Executive Directors ending in 2020 and the process for review of these, and **NOTED** progress to date and plans for monitoring progress with Governance Better Than Usual.

100/20 Receipt of Minutes of Meetings

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

- Finance and Performance Committee – minutes from meeting held 29.6.20 and 3.8.20
- Audit and Risk Committee – minutes from meeting held 22.7.20
- Quality Committee – minutes from meetings held 29.6.20 and 3.8.20
DS advised that the Quality and Safety Strategy had been presented to the Quality Committee at the meeting on 2 September 2020. This will go back to the next Quality Committee meeting and will be shared with the Board at the Development session on 10 September 2020.
- Workforce Committee – minutes from meetings held 15.7.20 and 10.8.20
- Covid-19 Oversight Committee – minutes from meetings held 29.6.20 and 20.7.20
DS advised that the Oversight Committee had agreed that as there were now fewer decisions to be reviewed, it would only meet as and when necessary.
- Organ Donation Committee – minutes from meeting held on 15.7.20
- Council of Governors – minutes from meeting held on 9.7.20.

No questions were raised.

OUTCOME: The Board **RECEIVED** the Minutes of the sub-committee meetings noted above.

101/20 Items for Board Assurance in the Review Room

Calderdale and Huddersfield Solutions Ltd – Managing Director Update August 2020

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited Managing Director Update.

Freedom to Speak Up Annual Report

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

Update from West Yorkshire & Harrogate Partnership's Chief Executive Lead

OUTCOME: The Board **RECEIVED** the Update from the West Yorkshire & Harrogate Partnership's Chief Executive Lead.

102/20 Any Other Business

There was no other business.

Date and time of next meeting

Date: Thursday 5 November 2020

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams

The Chair closed the meeting at 12.30pm