

APPROVED Minutes of the Public Board Meeting held on Thursday 14 January 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	Executive Director of Finance
Suzanne Dunkley	Director of Workforce and Organisational Development
David Birkenhead	Medical Director
Helen Barker	Chief Operating Officer (until end of item 08/21)
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
Karen Heaton (KH)	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
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)
Amber Fox	Corporate Governance Manager
Stephen Baines	Lead Governor
Alison Schofield	Public Governor
Christine Mills	Public Governor
Judy Jackson (Item 9/21)	Phlebotomist
Nicola Hosty (item 12/21)	Freedom to Speak Up Guardian
Richard Hill (item 14/21)	Head of Health and Safety

OBSERVING

Cath Hill	Director, Advancing Quality Alliance (AQuA)
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01/21 Welcome and introductions

The Chair welcomed Judy Jackson who was attending to present a patient story on learning from a complaint in the Emergency Department, Nikki Hosty, Freedom to Speak Up Guardian, attending for the Freedom to Speak Up report, Richard Hill, Head of Health and Safety, attending for the Health and Safety report and Cath Hill, Director of Advancing Quality Alliance (AQuA), who was attending to observe the Board as part of Phase 3 of the Well-Led Review.

02/21 Apologies for absence

Apologies were received from Dr Anu Rajgopal and Annette Bell, public governor.

03/21 Declaration of Interests

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

04/21 Minutes of the previous meeting held on 5 November 2020

The minutes of the previous meeting held on 5 November 2020 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting 5 November 2020.

05/21 Action log and matters arising
The action log was reviewed and updated.

06/21 Covid-19 and Operational Update

The Chief Operating Officer gave a presentation compiled in conjunction with the Director of Workforce and Organisational Development, the Director of Nursing and the Medical Director to update the Board on Covid-19 and recent operational developments.

The key points to note were:

- The figures for the current position on testing, Covid+ patients, current inpatients, deaths, discharges and staff absence were provided together with the changes over the previous week.
- 1,282 tests have been carried out over the past week, a mammoth achievement by the Pathology Laboratory in particular.
- There are currently 115 in-patients in the bed base who are Covid+. It is believed that the position currently in the South of the country is starting to appear in the North, although this is not currently manifesting into critical care in the Trust.
- Staff absence remains a concern with 261 staff absent, an increase of 32. 229 are clinical staff and 52 of these are Covid+.
- The trends for West Yorkshire, together with the current situation on elective work and backlogs, were shared. A detailed presentation had been provided to the Finance and Performance Committee on 11 January 2021 and a wider discussion will take place at the Board Development session in February. CHFT is recording appropriately all planned activity ensuring that a robust and accurate position is known.

The Director of Nursing gave an update on the national message following a national call on 13 January 2021, highlighting a shift away from managing the pandemic as individual organisations and systems to a national response. To respond to further expected surges Trusts have been asked to:

- Expedite surge plans
- Prepare for mutual aid between organisations, particularly around critical care,
- Focus on discharges
- Use virtual ward models, e.g. remote monitoring at home, and other non-hospital beds
- Aim to maintain Priority 1 and 2 inpatients
- Make optimum use of private sector capacity
- Focus on recruitment of healthcare professionals and maximise use of unregistered workforce
- Retain priority on staff health and wellbeing

Usual planning and contracting guidance for 2021/2022 has been deferred and is expected around March/April.

The Director of Nursing expressed confidence that the Trust is in a good position following the huge amount of work that has taken place around surge planning.

The current active Covid-19 risks noted were staff availability, staffing ratios, backlogs and clinical risk and infection control guidance compliance. Staffing ratios are continually reviewed to ensure that all areas are safely staffed.

The Director of Nursing gave an update on the actions related to the Trusts 'Must Dos' which enable colleagues to remain focussed and on track.

The Chief Operating Officer provided details of the four scenario planning options reviewed by the Incident Management Team.

The worst case scenario noted was option 3, a Covid-19 positive position of 80 patients plus repeat of Wave 2 demand of 130, totalling 210 patients, with 24 critical care and 24 Continuous Positive Airway Pressure (CPAP) patients. Details of the operational planning and preparedness for this worst scenario case were given, with the associated staffing challenges and impact on Priority 2 activity noted. Triggers are in place to enact plans.

The Director of Workforce and Organisational Development outlined the additional potential support that could be required for the four scenarios, including the setting of a 24/7 helpline specifically for managers, provision of accommodation locally, additional child care support and support with transport for colleagues. She reiterated the importance of staff health and well-being and mental health. The CHFT Mental Health and Well-being Support poster has been updated for Autumn/Winter and will be further updated quarterly as the response to the pandemic changes.

In response to a question raised regarding use of the independent sector by AN, the Chief Operating Officer gave an assurance that all capacity offered is being used and described how both CHFT staff working in the independent sector and their own nursing staff could provide support in a worst case scenario.

DS asked if the Trust had any plans to utilise student nurses and the Director of Nursing advised that guidance from NHS England/Improvement (NHSE/I) is expected on this shortly, and that she would anticipate some relaxation on this.

Following a query from AG regarding delayed transfer of care, the Chief Operating Officer advised that this has improved over the last few days and numbers of patients are now back down to 34. Daily meetings are held but it is not reducing at the required level.

OUTCOME: The Board **NOTED** the update on Covid-19 and Phase 3.

07/21 Chair's Report

The Chair confirmed that the Trust response to the NHS E/I national consultation 'Response to Integrating Care Next Steps' was submitted before the deadline of 8 January 2021 following discussion at a private Board development session on 15 December 2020.

The Chair congratulated Marilyn Rogers on her recent award of an MBE in the New Year's Honours. Marilyn is a Registered Midwife and infant feeding advisor at CRH. The Chair will formally write to Marilyn to congratulate her on behalf of the Board.

Action: Chair to write a formal letter of congratulations to Marilyn Rogers on behalf of the Board.

The Chair gave a brief update on the Organ Donation Committee meeting held on 13 January 2021. The Trust is performing very well with organ donations even during the pandemic. There have been 10 donors since April 2020, providing 24 organs. The Organ Donation Games are scheduled to take place in Leeds from 5-8 August 2021 and the Chair invited all to attend.

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

08/21 Chief Executive's Report

The Chief Executive gave a verbal update on the Trust's delivery of the Pfizer Covid-19 vaccination programme, with the first vaccine doses administered on 30 December 2020 in accordance with the guidelines set by the Joint Committee on Vaccination and Immunisation (JCVI).

Details were shared of the vaccination sites (Acre Mill, Huddersfield Royal Infirmary and Calderdale Royal Hospital, Halifax), the vaccination process, which is by appointment only and the vaccination regime, with the second dose now to be given within a 12-week timeframe in line with national guidance. It was noted that to avoid any vaccine wastage if possible, the second dose will be administered as and when it is appropriate to do so. The staffing of vaccination teams and hours of operation were also noted.

As of close of play on 12 January 2021, 6,382 vaccines had been delivered by the Trust, all of which have contributed towards approximately 1,800 care home and social care staff, being vaccinated, voluntary sector organisations involved in delivering frontline care and, together with working alongside primary care network colleagues, more than 50% of the 80-year-old and older, population, have been vaccinated across the geographical areas for which the Trust has responsibility. A total of 57% frontline colleagues across the Trust have been vaccinated. It is hoped to make further progress with colleagues in Calderdale and Huddersfield Solutions, as well as colleagues from Black British Caribbean and African backgrounds and those colleagues from Asian British Pakistani backgrounds. Vaccination rates slightly above the Trust average are being achieved for colleagues from a white British background.

Partnership working has been, and will continue to be, essential in maintaining momentum and the Chief Executive formally thanked local authority partners, as well as Clinical Commissioning Groups, primary care, mental health and Locala. He also thanked the Medical Director and all Trust colleagues who have involved in the vaccination programme to date.

Questions related to:

- Provision of the Oxford AstraZeneca vaccine to the Trust (KH), to which the Chief Executive advised CHFT has not been identified as a facility for the use of the AstraZeneca vaccine.
- Uptake from colleagues and staff concerns about the vaccine (AN) to which the Chief Executive advised that arranging vaccinations for colleagues in Calderdale and Huddersfield Solutions (CHS) where traditional communication routes do not apply can be an issue, but work is on-going as a priority to solve this as CHS colleagues work at the frontline and that ethnicity is a factor in staff take up, and many of these colleagues are also trusted members of their communities. Given the demographic make-up beyond the Trust, it is important to ensure that as many colleagues as possible receive the vaccine and advocate its take-up in their communities. Guidance has recently been received from NHS England/Improvement on specifically targeting these colleagues.
- Alison Schofield asked whether the Trust is working with partners in terms of learning and physical disabilities to access to the vaccine and the Chair advised that the Trust is working closely with all partners and he would contact Alison after the meeting to provide further details.

The Director of Workforce and Organisational Development added that following a straw poll to understand why colleagues had chosen to have or not have the vaccine, it was clear that any actions taken to improve take-up needs to be bespoke to different groups and a sophisticated communication and engagement plan is in the process of being drafted.

The Director of Finance advised the Board that the Trust is also playing a role in the community vaccine programme in Huddersfield and a contractual agreement with partners is being drafted.

OUTCOME: The Board **NOTED** the comments from the Chief Executive and the ongoing work on the Vaccine Programme.

09/21 Patient Story – Learning from a Complaint in the Emergency Department

The Director of Nursing introduced Louise Croxall, Emergency Department (ED) Matron and Judy Jackson who shared the story of her daughter and their experience of their visit to the ED. Following the receipt of a formal complaint from Judy and her daughter, the team have worked closely with them both to make improvements and put an action plan in place to ensure similar situations do not arise again.

Judy explained that her daughter has Diabetes insipidus and has a VIP passport recording this information and what is required when she visits the hospital. As a result of her daughter's attendance in the ED department it was recognised that the relatives and carers of patients are not being used as expert advisors, missing the opportunity to use the detailed knowledge that they have regarding the care and treatment of the patient. The ED team provide bespoke complaints training for the staff using real complaints and complainants and Judy has been invited to take part in this once the pandemic allows this to recommence.

Louise explained that the ED team have taken on board the learning from the complaint and appreciate what Judy has done to increase the knowledge of the team. If Judy's daughter needs to return to the ED it is hoped that she will experience a much improved process and this was acknowledged by Judy. Judy now works as a phlebotomist at CRH, which is another positive outcome.

DS thanked Judy for sharing her story and asked Louise if the lessons learned had been shared across the Trust. Louise advised that the lessons learned have been shared through the Medicine Division Patient Safety and Quality Board but she would work with the Assistant Director of Patient Experience to push these out more widely.

Action: Louise Croxall to share the lessons learned from the complaint more widely across the Trust.

OUTCOME: The Board **NOTED** the patient story provided and the lessons learned as a result of the patient's experience.

10/21 Month 8 – Financial Summary

The Director of Finance presented the Month 8 Financial Summary and highlighted the key points below.

For the second half of the financial year, the Trust submitted a revised plan to NHS Improvement (NHSI) that reflects the Phase 3 activity plan. Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.82m, a favourable variance of £1.11m compared to plan. The month1-6 plan has now been reset to actual expenditure, so the year to date variance represents only 2 months.

Pay costs are £1.68m below the planned level year to date due to some slippage on recruitment to the additional approved posts required to deliver Phase 3 activity plans and the timing of implementation of new Medical rotas.

The Trust continues to deliver some efficiency savings. The Cost Improvement Plan (CIP) achieved year to date is £3.25m, £6.60m below the original Trust plan. Compared to the Phase 3 Plan, the Trust has delivered £1.28m of savings in 2 months, slightly below the £1.46m described in the revised plan. RH advised that mechanisms are being reviewed to identify and measure CIP going forwards.

The arrangements for access to retrospective funding to cover Covid-19 costs have now ended. For month 7-12 (Phase 3), the Trust will be required to manage within the Integrated Care System (ICS) agreed financial envelope. The Trust has been allocated Covid-19 funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSE/I originally included a £23m non-cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 2021/22, with both the plan and forecast adjusted accordingly. This leaves an underlying unfunded gap (deficit) of £1.92m. The Trust forecast assumes that this plan is achievable. The in-month improvement and some ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m that was assumed to be delivered in the Trust's plan.

The forecast excludes the potential impact of the Elective Incentive Scheme, which based on the current activity forecast could drive a penalty of circa £4.25m.

In terms of the 2021/22 planning process discussions have taken place at the Finance and Performance Committee on 11 January 2021 with a proposed timetable agreed, which will be reviewed once national guidance is issued.

AG asked if the £23m non-cash accounting for CHFT will impact CHFT next year in the context of the Integrated Care System (ICS). The Director of Finance advised that this will remain a challenge, decisions have been deferred but that the Trust is working with regulators to deal with this, the ICS is aware and it is expected that the financial envelope will include an allocation for this.

PW asked if there is a point at which the financial plan would need to be revisited if Covid-19 activity increases. The Director of Finance explained that planned activity has been replaced by Covid-19 activity which generally incurs lower costs and the pay bill will not be significantly different. There may be a requirement to downgrade the forecast. The Trust has been advised not to change financial plans at month 9 and meetings are scheduled for the following week to review how this can be done collectively across the System.

OUTCOME: The Board **NOTED** the information provided in the Month 8 Financial Summary.

11/21 Capital Plan

The Director of Finance presented the Capital Plan for 2021/2022 providing an overview of the planned expenditure on capital for 2021/22 following the Capital Panel held on 16 November 2020, noting this had been approved at the Finance and Performance Committee on 11 January 2021. Guidance is still awaited on the capital regime for 2021/2022.

The capital resource for 2021/22 is estimated as £5.5m from internal resources. A full day planning session was held with bids assessed based on risk. From £9m worth of bids submitted, £4.9m were approved. £239k of this will be funded from revenue expenditure in 2020/21 and utilisation of £400k of residual contingency from 2020/21. Therefore, the call against next year's capital allocation will be £4.3m leaving a contingency of £1.2m to manage 2021/22 risk. This will be reviewed again once clarity is received relating to Theatre Monitoring devices for which a bid was received but more information was requested. It was noted that all approved bids will go through the usual business case governance process.

The Director of Finance explained that due to a delay in the planning application process for the demolition of the former Nursing Accommodation and Learning Centre at HRI due to

the need for a full bat survey to be carried out from April to September, re-prioritisation of the capital plan has been needed. CHS have flexed the timing of the capital plan to bring forward to 2020/21 £615k of schemes approved in 2021/22 capital plan, creating the capital resource to deliver the demolition in the 2021/22 financial year. This will meet the requirements of the Critical Infrastructure Risk capital award and allow the scheme to progress and meet the requirements of the planners.

OUTCOME: The Board **APPROVED** the Capital Plan for 2021/2022.

12/21 Freedom to Speak Up

The Freedom to Speak Up Guardian updated the Board on the position regarding the Freedom to Speak Up (FTSU) activity in 2020. The FTSU team has been focussing on promoting a 'speaking up' culture within the organisation that is inclusive for all, respected as a channel that will listen, is sensitive to the issues raised and acknowledged that anything raised will be fairly investigated. In 2020 the FTSU team was required to work differently and has expanded the use of digital correspondence, held all quarterly meetings via Microsoft Teams and promoted the Freedom to Speak Up portal.

The breakdown of key themes in 2020 shows the largest number of concerns related to 'attitude and behaviours' and the way the Trust worked through the pandemic. Concerns highlighted were around lack of preparation, colleagues feeling unsafe to come into work due to lack of PPE and colleagues feeling that managers were being inconsistent with guidance. Front line concerns were quickly raised to the Incident Management Team. The Team were quick to act and were responsive to the Guardian. Senior managers were able to engage with teams to understand their concerns and use the insight and subsequent learning.

The team of FTSU ambassadors continues to grow and they meet on a quarterly basis. The FTSU channel has paid a crucial part in working through the pandemic. In 2021 the plan is to utilise the equality groups and the well-being ambassadors to support the importance of speaking up which will increase visibility and enhance the support. An e-learning module is to be incorporated into the Leadership Development platform and a digital FTSU booklet produced and available via The Cupboard.

AG asked if the FTSU team were planning to produce a "You said, we did" sheet showing what actions have been put in place in response to people speaking up, which might encourage others to speak up. The Director of Workforce and Organisational Development advised that this was already planned.

OUTCOME: The Board **NOTED** the information provided in the Freedom to Speak Up report and **SUPPORTED** the recommended next steps identified in Section 5 of the report.

13/21 Workforce Committee Terms of Reference

The Director of Workforce and Organisational Development presented the updated terms of reference for the Workforce Committee following review by the Workforce Committee at its meeting on 5 November 2020.

OUTCOME: The Board **APPROVED** the Workforce Committee Terms of Reference.

14/21 Health and Safety Annual Report and Update

The Director of Workforce and Organisational Development and the Head of Health and Safety presented the Trust's Annual Health and Safety report to March 2020. An update was also provided on the progress made against the Trust's health and safety action plan following the external audit conducted by Quadriga in 2019.

The Director of Workforce and Organisational Development introduced the new Head of Health and Safety recruited to strengthen health and safety compliance in the Trust and provide a strategic lens of the organisation with partners.

The Head of Health and Safety outlined the key progress and actions undertaken from 1 April 2019 to 31 March 2020 and provided an update on the progress against the recommendations from the Quadriga audit. The Health and Safety Policy has been reviewed together with the Health and Safety Committee terms of reference which will be presented for approval at the Audit and Risk Committee on 26 January 2021.

A five year Health and Safety Strategy is being developed and will be a key target for 2020/2021.

A health and safety management framework is to be introduced in order to provide assurance and oversight to the Board through the use of the NHS Workplace Safety Standards which will be implemented during 2021.

An audit of Huddersfield Pharmacy Specials (HPS) has been carried out by the Head of Health and Safety and consultation on this is underway with the senior leadership team. The audit findings have identified the need to develop a health and safety management system and the Head of Health and Safety has a meeting planned regarding the action plan. RH asked for an explanation of the issues in order that these could be discussed at the next HPS Board meeting, as he is the Non-Executive Director (NED) representative on the HPS Board.

Action: Head of Health and Safety to share the report on HPS with RH and the Director of Finance.

AG asked about if a date had yet been finalised for completion of the five-year strategy for fire safety. It was agreed that the Director of Finance would feed back to the Chief Operating Officer, who had to leave the Board meeting early, that confirmation of the dates was required and that a post meeting note would be added to the minutes.

Post Meeting Note:

The Chief Operating Officer confirmed that the draft Fire Safety Strategy received from Mott MacDonald required significant further work. The final draft of the Fire Safety Strategy, will be further developed during January 2021 by Mott MacDonald, presented to the Fire Committee for sign off on 10 February 2021 and circulated to the Board of Directors for the meeting on 4 March 2021.

Following a query from KH, the Head of Health and Safety advised that the RIDDOR and non-RIDDOR statistics contained in the report require some corrections and that the tables will be re-submitted and confirmed there are no red flags. KH also commented that benchmarking information with peers would be helpful.

Action: Richard Hill to re-submit RIDDOR and non-RIDDOR statistics.

PW suggested that the work in progress moving forward should include reference to oversight of health and safety related to Reconfiguration, given the impact this could have in the early stages.

OUTCOME: The Board **RECEIVED** the Trust's Annual Health and Safety Report to March 2020 and **NOTED** the progress made against the Trust's health and safety action plan following the external audit conducted by Quadriga in 2019.

15/21 High Level Risk Register

The Director of Nursing presented the high-level risk register (HLRR). The key points to note were:

- The Terms of Reference (TOR) of the Risk Group have been reviewed to re-focus the group on scrutiny and challenge of high-level risks with the remit for compliance being taken up by the CQC Response Group. The TOR are due for ratification at the Audit and Risk Committee on Tuesday, 26 January 2021
- A monthly deep dive of one high-level or longstanding Trust wide risk has been established which enables all divisions to contribute collectively to the discussion, considering barriers to mitigation, effectiveness of treatment plans to address gaps and risk scoring.
- Risks that have seen a significant slip of target achievement will be subject to a deep dive at Risk Committee in January 2021, namely 7078 (Medical staffing risk), 7248 (Essential Safety Training), 7413 (Fire Compartmentalisation) and 7414 (Building safety).
- The Risk Management Strategy and policy have been reviewed and will be shared at the Audit and Risk Committee in January prior to presentation to Board in March 2021.
- Two new risks have been added: 7936 Social distancing (staff behaviours); 7942 Overarching staffing risk. Both of these relate to all divisions and are Trust-wide.
- One risk has increased 7474 Medical Devices with extra assurance being required.
- One risk has reduced, 7685 – PPE supply chain – there is a solid system in place and currently no supply chain issues. The risk will continue to be monitored weekly on the Covid-19 workstream risk register.
- One risk has been closed 7315 Delay in outpatient appointments – it was agreed that focus needs to be on the impact of delays in terms of the pandemic. This risk has been closed and superceded by risk 7689.

AN advised that as Chair of the Audit and Risk Committee he had attended the Risk Group meeting in December, and that he had subsequently discussed with the Assistant Director for Patient Safety and the Clinical Governance Team Leader the possibility of a quarterly report on compliance into the Audit and Risk Committee to provide assurance to the Board. The Director of Nursing agreed this could be actioned and assured the Board that there was now strong divisional representation at the monthly Risk Group meeting.

AN asked for an update on the radiology risk 7454 and the Medical Director advised that despite continuous work being undertaken on recruitment, some specialities remain challenged, including radiology. The service continues to remain safely managed with mitigation in place.

OUTCOME: The Board **CONFIRMED** that potential significant risks within the High-Level Risk Register are being managed appropriately and **APPROVED** the current risks on the High-Level Risk Register.

16/21 Director of Infection Prevention Control Quarter 2/Quarter 3 Report

The Medical Director presented the Director of Infection Prevention Control report for quarter 2 and quarter 3. Key points to note were:

- A higher number of cases of Clostridium difficile have been seen throughout 2020 than in previous years which could be caused by a number of reasons, including Covid-19 and long lengths of stay. The situation is being monitored closely.
- There have been 108 probable or definite hospital-acquired Covid-19 infections (HOICs) since September 2020. An increase in HOICs has been seen across all regional Trusts in the second wave of the pandemic. Some of these infections have resulted in ward based outbreaks despite best efforts to isolate or cohort patients, with

a mixture of outbreaks in staff and patient areas, although staff outbreaks are relatively small. Following the appearance of the new variant strain, which is increasing in Yorkshire, the position in outbreaks has deteriorated following a quiet period. The Trust has issues related to ventilation and the estate, for example the size of some wards, but these are being mitigated as far as possible, e.g. barriers between beds. All outbreaks are investigated in line with national recommendations and reported to NHSE and Public Health England in a timely manner.

The Chief Executive noted the significant difference in the performance of screening for MRSA bacteraemia in ED (94.8%) compared to the figure for screening electives (68.5%) and the Medical Director explained that staff are dealing with conflicting pressures but that a reminder has been sent to all divisions regarding screening and regular meetings are taking place with Divisions.

OUTCOME: The Board **RECEIVED** the Quarterly Director of Infection Prevention Control report for Quarter 2 and Quarter 3.

17/21 Guardian of Safe Working Hours Quarter 3 Report

The Medical Director presented the Quarter 3 Report covering the period from 1 October to 31 December 2020.

The key points to note were the increase in exception reports from the Medical Division as a result of higher patient acuity, increased workload and a rise in colleague absence. Phase 2 of the junior doctor rota in the Medical Division has been successfully implemented in response to the second surge of the pandemic. The Guardian continues to meet with the doctors on a regular basis and has formed excellent relationships with them.

OUTCOME: The Board **NOTED** and the Guardian of Safe Working Hours Quarterly Report.

18/21 Quality Report

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

- Regular engagement meetings take place with the CQC
- The CHFT Emergency Department took part in two reviews with the Care Quality Commission (CQC) in October 2020. The department was chosen to participate in the Provider Collaboration Review which focused on urgent and emergency care in eight Systems looking at how providers are collaborating to develop urgent and emergency care services together in light of Covid-19 prior to potential further peaks, and ahead of winter. An initial report has been received and a formal report is expected. The department was also required to present to CQC how the Patient FIRST toolkit has been implemented and is being used in the Emergency Department. A formal report from this is not expected.
- Of the outstanding actions from the 2018 CQC inspection, the Trust still have five actions to complete. It is anticipated that these actions will be closed at the next meeting of the CQC Response Group.
- The Focused Support Framework pilot has been undertaken and plans for roll out are being enacted. Plans to develop this to become a more multi-professional process are underway. It is anticipated that some of this work will be tested out with an unannounced inspection.
- Facing the Futures Standards for Children in Emergency Care settings – it has been identified that the Trust is not currently compliant with standards 9 and 10. The Chief Operating Officer has commissioned an urgent review of current cross site working

arrangements and children's ED services. The Division has developed a set of recommendations for managing urgent risks as well as more medium term arrangements for ED.

- An improved position has been seen for the Central Alert System indicators with two alerts outstanding which will be closed imminently.
- Pressure ulcers – there has been an increase in grade 1 level pressure ulcers and medical device induced pressure ulcers. This is related to Covid-19 and is being seen nationally. A deep dive is to be carried out by the Tissue Viability team which will be reported into the Quality Committee.
- Complaints – the strategy for complaint improvement was shared with the Weekly Executive Board and work is ongoing. Capacity has been increased at both corporate and divisional levels and an urgent piece of work is being undertaken to address the backlog.
- Maternity reporting – a deep dive into maternity reporting will be discussed at the Board Development Session in February 2021. The Ockenden Review was published in December 2020, a long-standing review into maternal and baby deaths at Shrewsbury and Telford Hospital. From the recommendations outlined in the review, the Trust was required to undertake a rapid review of 12 essential safety actions. CHFT made an initial submission on 21 December 2020 in response to the Ockenden review. Two areas were identified where the Trust needed to put in mitigating actions: One of these related to reporting of all maternity issues to Board and KH has volunteered to be the Non-Executive Director representative and Board Champion for this work. The other area for urgent action related to number of formal ward rounds on the labour suite. For many years there has been an informal ward round in the evening, and this has now been formalised. In all other areas there was a high level of assurance.

Following a query from AN regarding the limited assurance noted for dementia screening, the Medical Director reported that this could be linked to ongoing work pressures. Communications will be sent out to encourage colleagues to ensure these are undertaken.

DS noted that there has been a significant increase in the number of safety incidents recorded from October to November 2020. The Director of Nursing reported that a number of these relate to a backlog on reporting and closing down of the incidents. There has been a drive recently on the importance of reporting incidents and increasing understanding of what should be reported.

RH advised that the Finance and Performance Committee continues to scrutinise and monitor the Use of Resources. The external assessment planned is not possible due to the pandemic. The Director of Finance is to provide a paper at the next meeting to outline a potential internal review to monitor progress with the Trust's Use of Resources. The Director of Finance added that any possible measurable metrics are monitored by the Finance and Performance Committee.

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

19/21 **Integrated Performance Report – November 2020**

The Chief Operating Officer provided the Board with the performance position for the month of November 2020.

As the Chief Operating Officer was not present for this item, the Chief Executive advised that the Finance and Performance Committee had considered the performance report in detail with a focus on key indicators around diagnostics, ED performance and the 12 hour trolley waits.

Following a request from the Chief Executive, the Medical Director provided an update on the Trust's performance on Summary Hospital-level Mortality Indicators (SHMI) in terms of the direction of travel. The Medical Director noted that Covid-19 deaths were not the reason for the increase in SHMI. The SHMI figures have been slowly increasing over the past year and the Medical Director advised that the Trust is aware of how improvements have been made in the past and it is important that workstreams continue to address this. Work continues to expand learning from deaths and ensure immediate remedial actions are put in place.

The Director of Workforce and Organisational Development gave an update on the management of long term sickness absence noting Covid-19 has had an impact on this in that colleagues who are already absent are more anxious to return to work. Support is being put into place to review how these colleagues can work from home or from a different area.

RH reported that the Finance and Performance Committee have discussed the performance on stroke targets and that a deep dive into this was undertaken and specific actions agreed. Some of these actions are still to be implemented and it is anticipated that this will have a beneficial impact on the performance. RH also advised that the Finance and Performance Committee had discussed the concerns over patient backlogs and that further discussion will take place at the Board Development session in February.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance and **NOTED** the ongoing activity across the Trust.

20/21 Governance Report

The Company Secretary presented a report to seek approval from the Board to ratify the use of the Chair's action for the Covid-19 vaccination plan, approve the terms of reference for the Board of Directors Nominations and Remuneration Committee and note the planned cycle of Board business for 2021/2022 detailed in the Board workplan.

On 23 December 2020 the Board was asked to approve an urgent decision regarding the operational plan to deliver the Pfizer/BioNTech Covid-19 vaccination programme for delivery from the week commencing 28 December 2020 and the associated internal governance reporting arrangements. Full details of the decision to approve the operational plan were provided in the paper.

The Chief Executive asked that the JCVI guidance referenced in the Equality Impact Assessment section of the report, should consider that the prioritisation on adults aged 80 (and over) may possibly have adverse health inequality impacts. For example, people who are 80 (and over) are more likely to come from the least deprived indices of multiple deprivation and are less likely to be from ethnic minority backgrounds. Therefore, any national guidance relating to vaccine roll-out needs to be considered alongside the demographic and potential inequality impacts of place.

At a meeting of the Nominations and Remuneration Committee of the Board of Directors on 7 December 2020 the terms of reference were reviewed and agreed. The changes were minor and were highlighted in the revised Terms of Reference attached to the paper.

The annual business cycle for the Board reflects the streamlined Board governance arrangements that were introduced last year to improve the handling of Board business, with greater clarity on the purpose of items presented at Board. AG highlighted that there are five items related to Strategy and Planning on the agenda for the meeting in March 2021 and asked this could be reviewed with a view to deferring some of them to the May meeting.

Action: Company Secretary/Chair to review the workplan and re-schedule a number of strategy and planning items from March 2021.

The Trust's Quality Accounts for 2019/20 were submitted to NHS England / NHS Improvement in mid-December 2020 in line with the revised timetable and national guidance for Quality Accounts issued during the Covid-19 pandemic. The Board delegated authority for approval of the Quality Accounts to the Quality Committee at its meeting of 7 May 2020, minute 52/20. The Quality Accounts were approved at the meeting of the Quality Committee on 26 October 2020. The Quality Accounts for 2019/2020 are available to the public via the Trust website.

OUTCOME: The Board **RATIFIED** the Chair's action for the Covid-19 Pfizer BioNTech vaccine, **APPROVED** the terms of reference for the Board of Directors Nominations and Remuneration Committee, **NOTED** the 2021/2022 Board workplan and **NOTED** the submission of the 2019/2020 Quality Accounts.

21/21 Annual/Bi-annual Reports

The Workforce Committee Annual Report for 2019/2020 was provided by the Director of Workforce and Organisational Development for assurance.

OUTCOME: The Board **RECEIVED** the Workforce Committee Annual Report for 2019/2020.

The Charitable Funds Annual Report and Accounts for 2019/2020 and the Charitable Funds Audit Highlights Memorandum for 2020 were provided for assurance.

OUTCOME: The Board **RECEIVED** the Charitable Funds Annual Report and Accounts for 2019/2020 and the Charitable Funds Audit Highlights Memorandum for 2020.

22/21 Receipt of Minutes of Meetings

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

- Finance and Performance Committee meetings held 2.11.20, 30.11.20
- Quality Committee meeting held 26.10.20
- Workforce Committee meetings held 16.11.20 and 9.12.20
- Charitable Funds Committee meeting held 25.11.20
- Covid-19 Oversight Committee meetings held 23.11.20, 22.12.20

RH advised that a paper had been presented at the Finance and Performance Committee meeting on 11 January 2021 by the Director of Finance and the Assistant Director of Nursing on additional staffing recruitment built into the Phase 3 plan. The Trust has not met the recruitment targets which has resulted in an under-spend. A detailed discussion had taken place on the risk mitigations including the utilisation of bank and agency staff.

DS advised that the Covid-19 Oversight Committee had reconvened. The meetings reviewed the deaths resulting from Covid-19 and the ongoing work on this. A detailed report on the 12 hour breaches had also been presented to the meeting together with an independent review undertaken in 2019 which will go back to the committee at a later date.

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

23/21 Items for Board Assurance in the Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update December 2020

The Manager Director CHS highlighted the following:

- Both the Ward 18 isolation project and the Broad Street Plaza project have been completed. He thanked everyone for the support given to CHS to ensure the projects were completed on time.
- The sale of Acre House was completed bringing in £860k.
- CHS has taken on two interns with learning difficulties as part of Project Search and it is hoped to continue with this throughout 2021, supporting individuals with learning difficulties on work placements.

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

- WYAAT Annual Report 2019/2020
- WYAAT Summary Report 2019/2020

OUTCOME: The Board **RECEIVED** the WYAAT Annual Report and Summary report for 2019/2020.

24/21 Any Other Business

There was no other business.

Date and time of next meeting

Date: Thursday 4 March 2021

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams

The Chair closed the meeting at approximately 12.06pm.