

**APPROVED Minutes of the Public Board Meeting held on Thursday 1 July 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
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
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
Amber Fox	Corporate Governance Manager
Jayne Duffy	Community Matron, District Nursing (for item 86/21 patient/staff story)
Nicola Hosty	Assistant Director of Human Resources
Jean Robinson	Senior Infection Control Nurse (for item 94/21)
Richard Hill	Head of Health and Safety (for item 99/21)

**OBSERVERS**

Christine Mills	Public Elected Governor
Stephen Baines	Public Elected Governor / Lead Governor
John Gledhill	Public Elected Governor

**79/21 Welcome and Introductions**

The Chair welcomed everyone to the public Board of Directors meeting and in particular Jayne Duffy, Community Matron, presenting the patient story.

In light of the Government restrictions to groups of people meeting, 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.

**80/21 Apologies for absence**

Apologies were received from Jude Goddard, public elected Governor.

**81/21 Declaration of Interests**

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

**82/21 Minutes of the previous meeting held on 6 May 2021**

The minutes of the previous meeting held on 6 May 2021 were approved as a correct record subject to the following amendments:

- Andy Nelson agreed to reflect his changes to the minutes under Green Plan (carbon literacy training) and Performance Management Framework (performance review report, rather than the framework)
- The Director of Finance highlighted a typo on page 7 – 05% should say 95%

**OUTCOME:** The Board **APPROVED** the minutes from the previous meeting held on 6 May 2021 subject to the amendments above.

#### **83/21 Action log and matters arising**

The action log was reviewed and updated accordingly.

#### **84/21 Chair's Report**

The Chair reported he attends the Chairs and Leaders advice group for the development of the Integrated Care System (ICS). He reported Rob Webster is the interim Chief Executive of the ICS. The job description for the Chair of the ICS is currently being developed and is expected to go out to advert imminently, the push being collaboration and cooperation across West Yorkshire. The Chair reported he is the current Chair of WYAAT (West Yorkshire Association of Acute Trusts) and thanked the Non-Executives for their support.

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

#### **85/21 Chief Executive's Report**

The Chief Executive shared feedback on a recent opportunity to act as an external Chief Executive assessor for Chief Executive recruitment for another Trust. He explained these are fantastic 'Go See' opportunities and a few ideas have been shared with the Chief Operating Officer. He added that the one area of commonality from the Chief Executive applicants was their attention to health inequalities. He re-iterated how important it is to recognise the embracement of doctors, nurses, and therapists in trying to address health inequalities, including our partners and senior Executive colleagues. The Chief Executive stated CHFT's strong commitment and activity in reducing health inequalities in the communities we serve is influencing not just our locality and West Yorkshire and highlighted the Trust should be proud of this.

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

#### **86/21 Staff / Patient Story – Gathering Place**

Jayne Duffy, Community Matron shared a presentation of a patient and staff story in relation to the homeless shelter 'Gathering Place' in Halifax and the service offered. Two patient stories were shared where there had been improvement in pressure ulcers after receiving treatment from the service.

AN thanked Jayne for sharing this story and asked how the service is advertised. Jayne explained it is usually by word of mouth on the street; however, there are posters up at the Gathering Place and A&E sites and roughly 60-70 people attend the banqueting table which can help promote the service. Jayne explained she has also presented at Ward Managers meetings to make the wards aware. AN asked if Jayne feels they need to advertise more widely and Jayne confirmed it is currently working for the service; however, they are open to further advertising.

The Director of Nursing formally thanked Jayne Duffy for her presentation and said it really demonstrates a blend of clinical excellence, expertise in wound care as well as real compassion responding to an incredibly vulnerable group. She added the presentation touched on the health reality for homeless people and shows how committed the Trust are to caring for vulnerable groups. The Director of Nursing expressed how extremely proud she is of the team for reaching out to these vulnerable groups.

AG stated it was a powerful presentation and a great example of how the Trust are tackling health inequalities. AG asked if this is already replicated elsewhere such as Huddersfield or Todmorden and if other services are offered here such as housing and welfare advice. Jayne confirmed the aim is to roll this service out to places like Brighouse, Todmorden etc. She confirmed the team have good relationships with the housing officers and the Basement project come into the service quite often.

The Medical Director asked if the service engages with mental health practitioners for support. Jayne confirmed most of the clients are under SWYPFT for mental health care and generally attend with a case worker. Jayne acknowledged that the challenge is more due to accessibility to different clinical information systems and the Medical Director agreed a holistic approach is needed which would be of great benefit.

DS added it is great to see this service developed for the hard to reach communities.

The Managing Director for Digital Health congratulated the team on this work, stating it is a great example having a gathering place to engage with these patients who could be affected by digital exclusion.

John Gledhill, public elected governor for Lindley and the Valleys said it was a powerful presentation and asked if additional resources would become an issue when developing this further. Jayne explained she is currently clinical two afternoons a week and is hoping to get some funding for additional nursing clinical time and is expecting this to be successful.

The Chief Executive stated this was a great example of looking to reduce inequality in action. He reminded colleagues that the definition of 'vulnerable' arises from the services that are available to meet the patient's needs, rather than the individual's themselves.

The Chair, with a background in social care, said it is a fantastic turnaround in the service in just two weeks which shows patients are treated with dignity and respect. The Chair thanked Jayne and the team on behalf of the Board for their fantastic services.

**OUTCOME:** The Board **NOTED** the staff and patient story on Gathering Place.

## **87/21 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 Covid-19 pandemic exposed and exacerbated long standing inequalities particularly among the BAME communities. The NHS commissioned a review of the impact of Covid-19. Reporting in July 2020 the report made clear there are 8 urgent actions requiring a response from service providers. The Trust are actively addressing the 8 urgent actions as set out in the NHS review.

The key updates on the four workstreams were as follows:

- External environment: how we connect with our communities – refreshed assessment of our equality impact assessment (EQIA) and quality impact assessment (QIA) around all service changes, particular in relation to the

reconfiguration, working with partners on the Calderdale action plan in response to the impact on Covid-19 on BAME communities. Recent Board session on anchor institutions.

- The lived experience, initial focus on maternity services – At the end of May, 51% of women from a BAME background have been booked onto a care pathway. We commenced a process of discovery interviews for the low index of multiple deprivation (IMD) groups to understand how they feel being cared for. Anonymous staff survey developed to go out all maternity staff to understand the complexities and challenges for caring for service users from different backgrounds which will inform developing culturally competent care.
- Using our data to inform stabilisation and reset – 76% of adult patients with a learning disability have received treatment or have an individual treatment plan. This will extend out to children. All surgical lists remain compliant for 100% clinical prioritisation.
- Diverse and Inclusive Workforce – there have been a number of initiatives including appointment of a BAME community engagement role, Board development session to discuss the Trust's ambitions to become an anchor institution and the steps towards achieving this.

In response to the expectation around strengthening leadership and accountability the issue has been discussed in a number of forums. A Health Inequalities Working Group has been established to oversee progress and activity, chaired by Peter Wilkinson.

AN asked if there is a national definition of learning disabilities. The Director of Nursing confirmed there is a definition and Amanda McKie, Matron for Learning Disabilities, leads on this work. There are two or three dedicated vaccination clinics for people who are living with a learning disability. The Chief Operating Officer added 81% of adult patients with a learning disability have now had their treatment; however, new patients are being identified who are already on the list. She added it is harder to differentiate a child with complex needs or a learning disability and Amanda has undertaken some work with the Paediatric consultants to create criteria and a checklist which the Trust are looking to implement with the GPs.

AN asked if there is a corporate requirement to formally report this data. The Director of Nursing responded that there is no formal reporting at the moment; however, this may well become a requirement as the ICS will be asking for assurance on this. The Chief Executive confirmed the Trust have been reporting both organisationally and at PLACE level. The Trust have completed a return to the ICS and have been part of the Calderdale and Kirklees PLACE response. This has been reviewed at ICS level which is driven by working towards the 10 biggest ambitions of the ICS.

RH highlighted the good progress which is aided by the excellent data. He acknowledged there is still challenge in some areas and asked if the Trust is confident that they are tracking not only the BAME group and those with a learning disability, but other members in the lower IMD categories. The Chief Operating Officer responded the Trust are not actively tracking all groups but are tracking the whole IMD piece. She suggested the homeless population might be the next group; however, this is currently a full time piece of work focusing on learning disability and the infrastructure will need to be there. The Chief Executive clarified the focus on IMD 1 and 2 is linked largely to the white population.

PW chairs the monthly Health Inequalities working group sessions and stated there is real focus and enthusiasm across the four workstreams with great attendance. He suggested there needs to be enough space and time, highlighting the importance of giving the workstreams time to look at the data, undertake discovery interviews and reach some solid conclusions.

**OUTCOME:** The Board **NOTED** the progress in relation to CHFT's response to NHS

expectations of providers in tackling health inequalities.

## 88/21 2020/21 Strategic Objectives Progress Report

The Director of Transformation and Partnerships presented an update on progress made against the 2020/21 strategic plan for the period ending June 2021. Of the 19 deliverables, 2 have been fully completed, 12 are rated green and 5 are rated amber.

AN suggested the completed 10 year sustainability plan goal should be added as evidence to the approved Green Plan to strengthen the progress made.

AN asked if any headlines came out of the hot houses that have taken place focused on skills and attributes required in our leaders post pandemic. The Director of Workforce and OD stated what prevailed was the ability for leaders to be kind and compassionate to patients all the way through to their teams. Another prevailing theme that came out was the importance of wellbeing strategies and the health and wellbeing of colleagues.

DS provided feedback that there is a level of frustration from BAME colleagues attending inclusive recruitment panels having to explain why they are there each time. The Director of Workforce and OD recognised this as a significant issue and confirmed there is still more work to do on inclusive recruitment. The Chief Operating Officer linked this back to health inequalities and confirmed there is still work to do on the BAME and health inequalities agenda in the Trust and a long way to go to make this a core value.

RH pointed out the completed objective to develop an outcome based performance framework and key metrics and stated if the objective is to deliver against key metrics he is not confident the Trust are achieving blue in all metrics. The Chief Operating Officer responded that the wording will be updated to make this clearer.

RH highlighted the deliverable to stabilise the delivery of services in response to the Covid-19 pandemic is off track and asked why the Trust believe this is still off track. The Medical Director responded that due to the new delta variants there are still a number of patients with Covid-19 in the Trust, although this is significantly lower than in the past, the infection control measures are still in place which impacts on flow. The Chief Executive added this may be rated as off track due to a degree of caution by the Trust as the hospital and community experience has substantially changed from previously. There is currently no indication on the July roadmap as to what will happen in hospital environments. The Chief Executive stated the rating of amber seems reasonable and a further update on this will be expected at the November Board. RH agreed with this rating but felt the progress update did not necessarily lead to this conclusion.

**OUTCOME:** The Board **NOTED** the assessment of progress against the 2020/21 strategic plan.

## 89/21 Clinical Services Strategy

The Medical Director presented the refresh of the Clinical Services Strategy that was agreed in 2019 to incorporate key learning over the past two years. This has been informed by significant engagement with colleagues and partner organisations during 2020-21.

The key points to note were:

- Covid-19 has made some changes to the approach of which some will be carried forward in the Strategy including the remote working of colleagues and remote consultations with patients and need to provide isolation facilities and social distancing in the organisation

- Developed with broad engagement within CHFT, system partners, including third sector partners and the public
- Focus is on 'Putting the patient first' and the aim of the Strategy is to strengthen patient care in our population within PLACE and the ICS
- The Strategy aligns with the 2019 NHS long term plan to improve out of hospital care
- Focus on reducing health inequalities, noting the 7 year difference in life expectancy from the least most deprived deciles
- Looks to reduce pressures in A&E and focus on patient centred care and develop digital ambitions and interoperability between different systems
- Aligns to Trust visions and values
- Strategy will take us through to reconfiguration of services in 2025
- The aim of the Strategy is to maintain performance moving forward with an goal to move to a CQC rating of 'outstanding'
- Advances digital health for CHFT and improve efficiency in the use of theatres, Trust estate and using staff most efficiently
- Deterioration – use of nervecentre and other metrics to allow for rapid identification
- The Strategy commits the Trust to work with local system partners to deliver seamless care across PLACE and the ICS
- Key themes are described on page 8 of the Strategy
- Over the last year, there has been a successful approach to research and development which the Trust intend to build on moving forwards
- Includes the ambitions and views of the future of each clinical directorate

AG highlighted the research success through the Covid-19 period and the exciting development for the research hub. AG asked if there is more specific data underneath the Strategy which explains how improved outcomes are measured i.e. better outcome in 5 or 10 years time than another part of the country. The Medical Director explained there are a number of quality metrics in the Integrated Performance Report (IPR) i.e. stroke, SSNAP (stroke care) data and stated output measures are harder to measure. He added there are a number of measures across the different clinical services and the Trust continue to meet regulatory targets. In terms of the strategy, the aim is to deliver better outcomes across the ICS which includes how the Trust will contribute to better health outcomes across West Yorkshire.

AN confirmed the 'Getting it Right First Time' (GIRFT) Programme provides information on outcomes for each specialty. The Medical Director confirmed this active programme involving clinical colleagues continues to develop and look at individual metrics.

AN asked if there will need to be a further refresh of this in terms of the ICS. The Medical Director explained the ambitions of the ICS over the next 4-5 years have been captured in the Strategy.

AN highlighted in the digitally enabled section of the Strategy that there are patients who are not comfortable in using technology and the Strategy should include how we continue to support these patients. The Medical Director agreed that not all patients will be able to access computers and there needs to be alternatives to this, he agreed it would be sensible to reference this within the Strategy.

**Action: Medical Director to reference how the Trust supports patients who don't use technology in the Strategy**

DS asked where Allied Healthcare Professionals (AHPs) and other services within the multi-disciplinary team fit in and contribute to the delivery of the strategy. The Medical Director confirmed the Clinical Services Strategy includes everyone that delivers clinical care i.e. AHPs with the expectation that they will be fully contributing to the strategy.

DS asked where the oversight and management of the delivery plan sits. The Medical Director explained the metrics around the estate will be reported at Transformation Board and the performance metrics will be reviewed at weekly Executive Board. The Strategy will go to the Workforce Committee. There is no single over-arching group for the management of the Strategy. The Medical Director confirmed once the Strategy has been approved, the next steps will be to socialise the Strategy more widely in the organisation. This will be a public document and will be shared across the ICS.

The Chief Executive highlighted the level of maturity in the document, stating there is a sense of ambition with community services mentioned as a centre of excellence opportunity. This is a key building block to developing the WYAAT Clinical Strategy. He highlighted the recent developments in non-surgical oncology, vascular and stroke. The Strategy references CHFT's ambition and the Chief Executive re-iterated the Strategy will be seen in different governance routes such as the GIRFT clinically led process.

The Chief Operating Officer highlighted the Trust needs to use this proactively to drive decision making and use it for prioritisation. The Medical Director supported this approach and agreed it should be used in a proactive way, rather than it being a reference document.

KH agreed that it was a live document and highlighted the real success over the past few years in research and development (R&D) with aspirations to improve this further. KH asked where the dedicated research hub would be located. The Medical Director said this space is to be identified, there are a few rooms in Huddersfield Royal Infirmary which are too far away from normal clinic activity; however, acknowledged lots can be done virtually. KH acknowledged seeking and obtaining research funding is a highly competitive area in which the Trust has been successful and said it would be good to see how many Principal investigators and co-investigators (CIs) the Trust have in the next reports on R&D over the next 2-3 years.

**OUTCOME:** The Board **APPROVED** the refreshed Clinical Services Strategy 2021-2025.

## 90/21 5 Year Digital Strategy Annual Review

The Managing Director for Digital Health presented the first annual review of the 5 year Digital Strategy. The key points to note were:

- Principles within the strategy have been maintained throughout, which focuses on delivering outstanding care for our communities and aligns with the workforce strategy under one culture of care
- Covid-19 has enabled the Trust to access data and accelerate our digital programmes and has been an important part of our response in managing the hospital successfully
- Health Informatics Services enabled 160 labs to be connected for Covid-19 testing
- Interoperability progress - SWYPFT can now see the Trust's Electronic Patient Record which is good progress
- Biggest challenge has been integration – now looking at integrating Ascribe (Pharmacy) system which is nearly there. Integrated Medisoft (Ophthalmology) and started conversations to integrate the maternity K2 Athena system
- Invested £4.6m into a number of projects which included Digital Aspirant and Scan for Safety funding, progress on the voice recognition project struggled due to not being on site to support staff adopting this, progress is now being made
- Rolled out Windows 10 and Office365, not only in CHFT but across all of the customers THIS support in West Yorkshire
- All hardware has been refreshed in the Community Division to ensure they can access what they need 24/7
- £4.2m further investments for next year

- Divisional Digital Boards are really embedded now
- Infrastructure Strategy will be completed the end of this month with a business case
- Optimisation Plan is being developed which has been delayed, an external agency has been commissioned to undertake internal in-depth analysis
- ICS collaborations around digital will continue

A video was shared on the CHFT Digital Health Strategy and vision:-

<https://vimeo.com/569283665/9125293aad>

KH congratulated the Managing Director for Digital Health and stated the importance of this agenda has increased over the last 12 months. KH asked how the Trust are bridging any gaps in the workforce around digital capability to understand how digitally savvy the workforce are. The Managing Director for Digital Health confirmed part of the report talks about the optimisation plan which confirms an ongoing need for 'at the elbow support'. Additional time is needed on the shop floor to look at how staff are using technology and to find ways of improving this, understanding where workarounds are being used.

AN said it shows a great story on what has been achieved and explained there was a recent debate at Executive Board that more resource is required. AN added it will be useful to be more explicit in future updates about the next 12 months and setting out the next period and a summary table setting out the updates in the Digital Strategy. The Managing Director for Digital Health confirmed the Digital Operational Board includes an update on all the programmes and the Digital Health Forums are used for deep dives in certain areas or to show progress on projects and programmes across the Trust and beyond; therefore, this can be included in future.

AG said the video shows an impressive list of achievements and the Trust is going from strength to strength. He asked if the Trust are integrated with social care partners and asked for assurance in the area of telephony (switchboard) to be on the agenda going forward. The Managing Director for Digital Health confirmed social care for Calderdale can see the Trust's electronic patient record (EPR) and discussions have started with Kirklees. The delay at Kirklees is mainly due to them buying an off the shelf system whereas Calderdale built their own and the Trust had direct relationships with those that built this system; however, this it took almost 15 months to get to this point. She added telephony was raised at the Transformation Programme Board around reconfiguration and Catherine Riley is leading on this work. This is with regards to connecting inside and outside of the hospital and is on the agenda and will go through the reconfiguration programme. The Chair added he is also conducting some interviews on telephony following a conversation with Catherine Riley.

The Chief Executive stated the Digital Strategy is broader than the EPR and the Trust have worked hard getting the workforce using technology and feeling comfortable. He added that Community colleagues are keen to explore and expand the functionality of System1 and the Managing Director for Digital Health confirmed a meeting is taking place next week.

**OUTCOME:** The Board **NOTED** the good progress that has been made against the commitments laid out in the Trust 5 year Digital Strategy for 2020/21.

## 91/21 2021/22 Budget Book

The Director of Finance presented the formal record of the budget for 2021/22. The key points to note were:

- Delays to sign off the budget were due to delays in guidance
- Figures presented are in line with what was described last month
- Plan to breakeven after 6 months in H1 (half 1)
- Plan to deliver £3m of savings

- The funding framework for H2 (half 2) is yet to be confirmed and this may provide additional funding compared to the current planning assumptions
- For H2, the efficiency requirement based on current assumptions suggests £14.2m which is a challenge

RH confirmed he is satisfied with the numbers and principles agreed at the last Board and Finance and Performance Committee. He stated the position regarding H2 (months 7 -12) could change when we know the funding regime as £14m presents a significant efficiency challenge. He acknowledged it is unusual to approve the budget in July and not know the position for the second half of the financial year.

**OUTCOME:** The Board **APPROVED** the Budget Book for 2021/22.

## 92/21 Month 2 Financial Summary

The Director of Finance presented the month 2 financial summary and highlighted the key points below:

- To date the Trust has delivered a £3.28m surplus, a favourable variance of £2.94m
- This favourable variance is driven by a slippage on developments, vacancies, lower than planned recovery costs and higher than planned Elective Recovery Funding (ERF) with just over £2.5k of this funding received
- Payment of elective recovery funding monies is based on the whole of the Integrated Care System (ICS) and the whole of the ICS need to deliver the activity against the trajectory to receive this funding
- Forecasting a balanced position
- The Trust are still monitoring efficiency savings and £1m have been identified, largely on a non-recurrent basis

**OUTCOME:** The Board **NOTED** the Month 2 Finance Report and **NOTED** the financial position for the Trust as at 31 May 2021.

## 93/21 Staff Survey Progress against actions

Nikki Hosty, Assistant Director of Human Resources introduced the actions arising from the National Staff Survey 2020 and assured the Board that these are being progressed and clear next steps have been identified.

RH recognised the improvements in the staff survey results, particularly around health and wellbeing. He noticed the scores in relation to involvement and team effectiveness had declined and asked if there were any reasons behind this and if it was Covid related and what the Trust are doing to address this. The Assistant Director of Human Resources explained the team believe this is Covid related; however, digital platforms have enabled the continuation of meetings, managers are not as visible as they once were. The aim is to get back on track and be more visible.

The Managing Director for Digital Health asked why the corporate areas aren't included in the results, stating she is proud of the Health Informatics Service results which are not shown here. She felt the report and presentation was more Divisionally focused and there are corporate areas that are equally important. The Assistant Director of Human Resources agreed the corporate work was not included and has been progressing in terms of all the action plans. She agreed the Corporate areas will be included going forward.

PW asked how the response rate of 50% compares to the national average. The Assistant Director of Human Resources confirmed the Trust are slightly above the national average.

AN asked when the results will be received from the Pulse survey. The Assistant Director of Human Resource confirmed this will be run by NHS England/ Improvement with 17

questions, 9 are linked to the annual staff survey. The results will be received on 9<sup>th</sup> August 2021 providing an organisation wide output from the survey broken down by different demographics e.g. gender. The results will tie into key priorities i.e. wellbeing, feeling valued etc.

KH re-assured the Board that progress on the staff survey actions is being monitored through the Workforce Committee. She highlighted there is little time to progress work in between national surveys and, with the addition of the Pulse survey, expressed concern about over-surveying staff.

**OUTCOME:** The Board **NOTED** the progress made against the 5 key themes identified from the results of the National Staff Survey 2020.

## 94/21 Director of Infection Prevention Control (DIPC) Annual Report

The Medical Director presented an annual report of the position of performance and of Healthcare Associated Infections (HCAIs) for 2020-21.

The key points to note were:

- "A year like no other" for infection control
- Additional staffing was put in place to manage the Covid-19 pandemic which included supporting the fit testing of FFP3 masks and use and training of PPE
- Infection Control Performance Board reported through to Quality Committee and the Board, in addition to this, policies and guidance were taken through the Incident Management Team for discussion and approval
- Overall performance has been good with some concern in Clostridium difficile toxin which has shown an increase in cases
- Reporting requirements changed from previous years and now includes patients who acquired c.diff following their admission to hospital 30 days post discharge which could relate to a longer length of stay
- MRSA – 3 babies acquired MRSA which was brought under control quickly with no harm
- Guidance around Covid-19 developed rapidly at the start of the pandemic which required significant effort from the team with lots of work to supply PPE to the organisation, review entry and exists for patients and staff, ventilation of the organisation with support from estates and provide advice and guidance to Occupational Health in identifying symptomatic staff in the organisation
- 35 outbreaks of Covid-19 were reported in total which have now been closed (involving 89 patients and 79 staff)
- Number of hospital onset Covid infections was 225 – majority occurred during the peak of the pandemic October – January
- Successfully established Covid Vaccination Programme provided almost 50k vaccines to people in the health care economy
- Increase in antibiotics use largely related to Covid or respiratory tract infections, number of quality improvement projects being taken forward
- Ward 18 development was completed this year which supplied additional capacity

The Medical Director acknowledged the work of Infection Control team and massive contribution from Anu Rajgopal, Consultant Microbiologist and Jean Robinson, Senior Infection Control Nurse, who guided the Trust safely through the pandemic. Anu Rajgopal has now stepped down as the Infection Control Doctor and Jean Robinson is retiring imminently.

AG highlighted hand hygiene compliance is down from 89% the previous year to 78% and asked if this was due to the extra pressures of Covid-19. The Medical Director responded this is a key factor of infection control and compliance is more down to the recording of hand hygiene rather than deterioration. He added that real hand hygiene compliance is

60% at best in organisations for best efforts and anything above this is good. He added there have been additional challenges that Covid presented such as the additional use of PPE and use of gloves. Jean Robinson added the bare below the elbow audit looks at compliance on this and hand hygiene looks at opportunities at point of care.

Jean Robinson formally thanked the Board for their support over the last 18 months.

**OUTCOME:** The Board **NOTED** the assurances in the 2020/21 Annual Infection Prevention Control report that there were effective systems in place for infection prevention control (IPC) during the year; the performance against key IPC targets in 2020/21 and areas for improvement for 2021/22 and the IPC team response to the Covid-19 pandemic.

## **95/21 Learning from Deaths Annual Report**

The Medical Director presented the Learning from Deaths Annual Report for 2020/21. The key points to note were:

- 1,789 inpatient deaths, of these 486 related to Covid-19
- Increase in mortality associated with Covid from September through to March
- Hospital Standardised Mortality (HSMR) remains a positive outlier with CHFT performing in the top 5% of Trusts
- Summary Hospital-level Mortality (SHMI) has been increasing over last 18 months and is a focus of concern – out of hospital deaths is significantly worse, a further external review of SHMI by Professor Mohammed, an expert at Bradford University, is being recommissioned
- Improving the alerting systems for early intervention which had an impact the first time round
- Scrutiny of deaths – Medical Examiner's Office has now been established with deputies to support this work and all hospital deaths and death certificates are being scrutinised, liaising with families and coroners as required, if any concerns on quality of care is raised it will move into a mortality review process
- Key themes from mortality reviews are included in the report

DS asked if there was a timeframe for the medical examiner service being rolled out to community and the need to double the staffing. The Medical Director confirmed the expectation is to have this established by the end of April 2022 and further updates will be provided to the Quality Committee.

**OUTCOME:** The Board **APPROVED** the Learning from Deaths Annual Report and the recommendations.

## **96/21 Fire Safety Annual Report 2020/21**

The Chief Operating Officer presented the Fire Safety Annual Report for 2020/21. The key points to note were:

- Positive progress made on fire safety measures whilst also responding to the pandemic and the fire team provided input in terms of the increased PPE and use of oxygen
- There have been lots of redeployed staff and additional fire safety training required
- Successfully signed off the fire strategy and updated the fire policy
- An external audit helped shape capital programme and priorities for fire team over next 12 months
- Completed estate work in terms of fire, which included the introduction of Dry Risers at HRI, the Trust's interim mitigation for further compartmentation which remains limited due to estate occupancy
- Training moved to an online platform – very good e-learning package
- Appointed a further fire officer which will help support the reconfiguration and have more than 1 fire officer at CHFT

AN asked if there is an issue to ever complete the compartmentation at HRI. The Chief Operating Officer explained from an interim perspective, this work would take the Trust to reconfiguration in which there will be ward space at that point.

The Chief Executive asked for assurance on personal evacuation plans and PEEPs i.e. personal emergency evacuation plan where assistance is needed in terms of disabled, young children, elderly or frail.

**Action: Chief Operating Officer to provide assurance on personal evacuation plans and PEEPs i.e. personal evacuation plan where assistance is needed**

**OUTCOME:** The Board **NOTED** the Fire Safety Annual Report for 2020/21 update.

## 97/21 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:

- CQC improved position for the 'Must Do' action related to financial performance and closure of the remaining 'should do' actions
- CQC have now published their new strategy 'A New Strategy for the Changing World of Health and Social Care'
- Engagement meetings continue with CQC
- 360° review of quality and safety includes observe and act
- Central Alert Systems – 3 overdue alerts and 1 will be closed fairly quickly
- Compliance for dementia screening training has a good result, there is still work to do to increase compliance with screening which remains the target
- Increase in complaints and contact to the PALs service – some of this relates to concerns in waiting times and access and visiting restrictions also seen at other Trusts
- GIRFT opportunity for a 'Go See' and NHS E/I have undertaken a review around litigation in which a gap analysis will take place
- Delayed never event has been reported and is currently under investigation which related to a retained foreign object post procedure
- Maternity – about to make the third submission in response to the Ockenden review
- To note that the first Perinatal Quality Surveillance meeting was held on 25 May 2021 and that the meeting gives the assurances required by the Board Commissioners and Local Maternity System
- Maternity staffing – achieving 1-1 ratio in labour wards which is a key safety metric
- Significant challenges around meeting continuity of carer expectations
- 3 quality account priorities and 7 focussed quality priorities with limited assurance for nutrition and hydration, the steering group has been revamped with a clinical lead
- Quality priorities are now embedded at Divisional level

AG stated dementia screening has been an issue for some time and asked if the new Dementia lead will be undertaking a deep dive on this. The Director of Nursing confirmed the Dementia Lead has been asked to lead on this.

AN stated it is good to see improvement in complaints and asked if this means the backlog has been cleared. The Director of Nursing confirmed there is still a handful of legacy complaints in the backlog which has largely cleared. The Divisions have worked hard to implement and embed actions.

AN asked if the continuity of care in maternity is a challenge widely seen. The Director of Nursing confirmed this is a challenge widely seen and the target is around 35%. She

added discussions have taken place at WYAAT Chief Nurses meetings with LMS. There are challenges with vacancies in midwifery nationally.

DS asked if a decision has been made on the national bid for an additional 20 roles for staffing. The Director of Nursing confirmed a decision has not yet been made. KH added it is hard to know if CHFT, who are still struggling with a shortage of midwives will get a proportion of this.

The Chief Executive sought assurance from Non-Executive Directors that they had visibility of maternity issues and this was confirmed.

The Chief Executive highlighted the missed opportunities of other system partners to provide peer reviews and suggested this needs to be pushed further with Chief Nursing colleagues. The Director of Nursing re-assured the Board this is being discussed with Chief Nursing colleagues.

**OUTCOME:** The Board **NOTED** the Quality Report and ongoing activities across the Trust to improve the quality and safety of patient care and **APPROVED** for the Board to receive the monthly Maternity report which has been presented at the Quality Committee.

## 98/21 Integrated Performance Report (IPR) – May 2021

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

- Variation to the framework now includes a narrative with the aim to triangulate the IPR
- Main area of concern is in the responsive domain around backlogs – detailed conversation took place at Finance and Performance Committee this week with a request to provide more assurance that the Trust are doing all they can, the challenge is the availability of staff on the backlog clearance
- Reviewing waiting list initiative programme – the Director of Workforce and OD is leading the engagement on this
- Discussions are taking place with companies who will provide theatre staff
- Piece of work ongoing making sure no clinical harm comes to patients who are on the waiting list

AN asked if there was a trajectory for the plan. The Chief Operating Officer explained at the moment more patients are being added onto the waiting list than are being taken off. To cover this piece of work, the Trust will need to be working at 125%. The demand is a challenge.

AN asked if emergency department (ED) pressure is adding to the backlog clearance. The Chief Operating Officer responded that the ED pressure is not directly adding to this; however, it is taking a lot of time and attention. A piece of work is taking place with the CCG to put a slightly different model in ED which will help with minor demand. The Chief Operating Officer confirmed there have been no cancellations due to ED pressures.

The Chief Executive asked the Chief Operating Officer to report on the potential overlapping of ongoing support for non-surgical oncology, in particularly the backlog recovery, decision making and prioritisation.

The Chief Operating Officer explained CHFT made a choice to concentrate on patients with cancer and have maintained this performance and managed patients that presented with cancer in the timeline which provides the best outcomes. The Trust also made a decision to stick to P2 (priority 2) categorisation which allowed staff to be re-deployed to critical care. As a result of this, CHFT have more patients on the waiting list. As RTT (referral to treatment) has always been managed positively in the Trust, there was no need

for a qualified provider for routine activity; however, other organisations have been able to capitalise on this. The Trust are actively supporting Mid Yorkshire Trust in terms of non-surgical oncology.

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

## 99/21 Health and Safety Update and Strategy

The Head of Health and Safety presented the health and safety update and strategy. The key points to note were:

- The Strategy covers the next 5 years to 2026 and sits alongside the health and safety policy and aligns to the 4 pillars
- The aim of our Health and Safety strategy is to identify, communicate and embed the overarching principles and activities that will create a safe environment in which to work, receive care and visit
- Actions and priorities will be planned, monitored and delivered
- Datix submissions will be monitored in relation to any emerging health and safety inequalities
- NHS workplace safety standards will be used as a framework for the next 5 years
- Training, communications and 'must-dos' will be accessible through effective channels and platforms
- Relaunch the health and safety training and refresh the 'Must Dos'
- Put the Patient First– the environmental conditions for patients and colleagues alike will continue to be a significant part of future discussion. A patient advocate and Staff Governor will be appointed to champion health and safety
- We will assess and review all Health and safety data by protected characteristic. All RIDDOR reportable incidents, slips trips and falls, sharps injuries and training data will be presented with a full breakdown of data
- We will also review patient and colleague Health and Safety data by IMD, identifying patterns and rectifying inequality
- A full EQIA of Health and Safety policy, activity and progress will be completed annually
- The impact of the Covid-19 pandemic has changed the way colleagues deliver care to patients, with new and innovative ways of working to protect both colleagues and patients, including a closer focus on PPE, social distancing, and hygiene
- We will ensure that Health and Safety activity adapts to our new ways of working, beginning with new requirements for working from home/more flexible working and virtual clinics
- Key activities for next 5 years were shared

The Director of Workforce and OD added the Health and Safety Strategy sticks to core principles and NHSE/I have workplace safety standards of 30 actions which are being followed, incorporating the Trust's 4 pillars. She explained the Health and Safety policy remains and does not change and the action plan will continue to be updated.

**OUTCOME:** The Board **APPROVED** the content of the Health and Safety 5 year Strategy and **NOTED** the progress made against the action plan presented and the Health and Safety Update.

## 100/21 Board Assurance Framework

The Company Secretary presented the first Board Assurance Framework (BAF) update for this financial year, 2021/22 which summarised movements in scoring and rationale for this. The full BAF will also be reviewed by the Audit and Risk Committee on 21 July 2021, with specific risks reviewed by Board Committees at agreed timeframes.

There have been no new risks added to the Board Assurance Framework (BAF) since the last report presented to the Board on 4 March 2021.

All BAF risks have been reviewed and updated by the lead Director with updates shown in red font for ease of reference in the enclosed full BAF document.

**OUTCOME:** The Board **APPROVED** the updated Board Assurance Framework as at 22 June 2021, noting the movement in risk scores and areas of risk exposure.

#### **101/21 Governance Report**

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

**OUTCOME:** The Board **APPROVED** the Board of Directors meeting dates and Board Development Sessions for 2022/23, **NOTED** the Board workplan for 2020/21, the use of the Trust seal during Q2 and **RATIFIED** the urgent decision 01/21 regarding delegation of approval of the 2020/21 Quality Accounts.

#### **102/21 Review of Sub-Committee Terms of Reference**

The following terms of reference were reviewed as part of an annual review and approved by the Board:

- Workforce Committee Terms of Reference

**OUTCOME:** The Board **APPROVED** the terms of reference for the Workforce Committee.

#### **103/21 Board Sub-Committee Chair Highlight Reports**

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

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

The Director of Finance reported since the last Board meeting the 2020/21 annual accounts have been approved. The final position reported on a control total basis delivered a surplus position for the second year in a row in the current regime. The Chief Executive asked if this is common for two years in a row. The Director of Finance confirmed it was common last year and despite the underlying deficit it has been positively affected by the additional funding made available and has influenced the value for money opinion which has improved on previous years.

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

#### **104/21 Committee Review Annual Reports 2020/2021**

The following Committee Review Annual Reports for 2020/21 were received:

- Finance and Performance Committee
- Workforce Committee

**OUTCOME:** The Board **RECEIVED** the Committee Review Annual Reports for the Finance and Performance Committee and Workforce Committee.

**105/21 Items for Review Room**

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

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

- Finance and Performance Committee meetings held 11.01.21., 1.02.21 and 1.03.21.
- Quality Committee meeting held 25.01.21., 22.02.21. and 22.03.21.
- Workforce Committee meeting held 8.2.21. and 8.03.21.
- Covid-19 Oversight Committee meeting held 26.03.21.
- Audit and Risk Committee meeting held 12.04.21
- Charitable Funds Committee held 23.02.21

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

**106/21 Any Other Business**

There was no other business.

The Chair thanked the governors for their attendance and closed the meeting at approximately 12:30 pm.

**Date and time of next meeting**

**Date:** Thursday 2 September 2021

**Time:** 9:00 – 12:30 pm

**Venue:** Microsoft Teams