

APPROVED Minutes of the Public Board Meeting held on Thursday 2 September 2021 at 9:00 am via Microsoft Teams

PRESENT

Philip Lewer	Chair
Owen Williams	Chief Executive
Ellen Armistead	Director of Nursing/Deputy Chief Executive
Kirsty Archer	Acting 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
Peter Wilkinson (PW)	Non-Executive Director
Denise Sterling (DS)	Non-Executive Director
Richard Hopkin (RH)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Mandy Griffin	Managing Director, Digital Health (outgoing)
Jim Rea	Managing Director, Digital Health

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager
Nicola Hosty	Assistant Director of Human Resources (for item 117/21)
Sarah Bevan	Operations Manager, Service Planning, Medicine (for item 117/21)
Joanna Gadd	Benefits Lead, Digital Health (for item 117/21)
Devina Gogi	Guardian of Safe Working Hours (for item 123/21)

OBSERVERS

Christine Mills	Public Elected Governor
Stephen Baines	Public Elected Governor (Lead Governor)
Isaac Dziya	Public Elected Governor

107/21 Welcome and Introductions

The Chair welcomed everyone to the public Board of Directors meeting, in particular Kirsty Archer, Acting Director of Finance, Nikki Hosty, Assistant Director of Human Resources, Devina Gogi, Guardian of Safe Working Hours, Jim Rea, the new Managing Director for Digital Health, Christine Mills, Stephen Baines and Isaac Dziya public elected governors.

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.

108/21 Apologies for Absence

Apologies were received from Gary Boothby and Andy Nelson.

109/21 Declaration of Interests

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

110/21 Minutes of the previous meeting held on 1 July 2021

The minutes of the previous meeting held on 1 July 2021 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 1 July 2021.

111/21 Action log and matters arising

The action log was reviewed and updated accordingly.

OUTCOME: The Board **NOTED** the updates to the action log.

112/21 Chair's Report

The Chair informed the Board that the Chair of the Integrated Care System (ICS) post has been advertised and shortlisted and interviews will take place on 14 September 2021. The Chief Executive post for the ICS has just been advertised and Rob Webster is currently the Acting Chief Executive.

The Chair reminded the Board of the Executive Leadership changes which will be taking place over the coming months. Our current Chief Operating Officer, Helen Barker leaves the Trust on 1 October 2021. The Chair formally thanked Helen who has been key in steering us through the pandemic and now recovery work and wished her every success in her new roles. The Chair reported a new Chief Operating Officer has been appointed, Jo Fawcus, who commences in post on 8 November 2021. The Deputy Chief Operating Officer, Bev Walker will be the interim Chief Operating Officer.

The Chair reported our current Managing Director for Digital Health, Mandy Griffin is retiring on 3 September. The Chair formally thanked Mandy Griffin for her work in progressing the digital agenda for our patients and wished her well in her future role as Non-Executive Director at a neighbouring Trust. The Chair welcomed Jim Rea who is the new Managing Director for Digital Health to his first Board of Directors meeting.

The Chair informed the Board that our current Chief Executive, Owen Williams is leaving the Trust on 7 November to become the Chief Executive of the Northern Care Alliance. The Deputy Chief Executive is Ellen Armistead who is also our Director of Nursing and will be taking on the Chief Executive role in the interim from November whilst we recruit for a new Chief Executive. The recruitment process is already underway.

The Chair formally recorded his appreciation and thanks to the outgoing Directors, Mandy Griffin and Helen Barker, for all of their hard work, commitment and enthusiasm during his three and a half years as Chair of the Board of Directors.

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

113/21 Chief Executive's Report

The Chief Executive echoed the comments from the Chair with reference to the colleagues leaving and joining the Trust.

The Chief Executive provided an update on Non-Surgical Oncology. He explained services relating to cancer across West Yorkshire, particularly those that don't require a surgical procedure, remain challenging at this time. The West Yorkshire Association of Acute Trusts (WYAAT) is leading on several pieces of work alongside the Cancer Alliance. One of these pieces of work is being led by Sir Mike Richards who is helping WYAAT and the

Cancer Alliance develop a longer-term solution for providing services for non-surgical oncology.

The Chief Executive stated colleagues at CHFT, in particular oncology colleagues, nursing colleagues, therapies and all supporting services have been working very well in the Trust and cross-organisationally such as with the Mid Yorkshire Hospitals NHS Trust, Leeds Teaching Hospital NHS Trust, Bradford Teaching Hospitals Foundation Trust and Airedale NHS Foundation Trust to provide as much care as possible to patients. The Chief Executive formally thanked these colleagues for the sterling work they are doing and for putting the patients first across West Yorkshire. A significant amount of work is underway to ensure CHFT's clinical colleagues are fully engaged in the future direction of services in terms of resilience.

Given the pressures of Covid, overall cancer performance across West Yorkshire in comparison to other national systems is strong.

RH asked if the Trust is in a relatively strong position in terms of the review and the Chief Executive agreed this and explained it is in line with the Trust's clinical strategy and CHFT is supporting the wider West Yorkshire community.

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

114/21 Staff / Patient Story – Health Inequalities Video

The Director of Nursing introduced a short video which highlights the work the Trust have been doing in respect of striving for equality for people with a learning disability.

The Chair passed on the Board's appreciation for all the hard work focused on health inequalities.

OUTCOME: The Board **NOTED** the staff and patient story video on health inequalities.

115/21 Health Inequalities Progress Report

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

The key points to note from the workstreams were:

- External environment: how we connect with our communities: Working with our partners continues. A project has commenced on the development of a Directory of Services for Emergency Department staff to enable them to help people who are homeless or asylum seekers by improving the signposting into support services. The equality impact assessment and quality impact assessment (EQIA/QIA) for the reconfiguration has been considered and concluded there was no differential discrimination to any protected characteristic groups.
- The lived experience, initial focus on maternity services: At the end of July 53% of women from a BAME background have been booked onto a Continuity of Carer pathway. Early feedback from the discovery interviews has shown overall experience to be positive and has highlighted areas for improvement around communication in relation to services on offer. Staff have completed an anonymous survey in relation to perceptions of levels of culturally competent care delivery. The survey is due to conclude at the end of August and will report into Quality Committee.
- Using our data to inform stabilisation and reset: Prioritisation of people with a learning disability is now embedded in waiting list management with strong support

- from clinical colleagues. A project manager is being recruited to oversee the learning disability workplan and lead the development of the care navigator roles.
- Diverse and Inclusive workforce: A “Say No to Racism” strategy has been developed. There is a more targeted approach to ensuring recruitment campaigns reach all sectors of the community. More BAME reps for interview panels have been recruited. The re-launch of the Leadership programme will include a focus on inclusive leadership.
 - Digital Inclusion: CHFT has representatives on local authority Digital Inclusion Boards. There is strong partnership working with both public and third sector bodies to ensure our strategies are aligned and work in mutual support.

AG recognised the amount of great work taking place in relation to health inequalities. He commented it was particularly good to see good progress has been made in the priority two category in terms of waiting times. AG highlighted there is now minimal variation by ethnicity and asked about actions the Trust took which led to this success. The Chief Operating Officer explained this was a result of a combination of actions including a focus on and validation of data, waiting times reviewed weekly for P2, (priority two elective patients who should be seen within one month) by specialty each month by BAME and non-BAME and any activity moving adrift is acted upon promptly.

RH echoed the amount of progress and achievements made to date. He highlighted one of the priority areas is on mental health for patients and employees and asked what the Trust are doing to address this. The Director of Nursing responded to explain that the Trust have a refreshed mental health strategy in place and are part of numerous external partnership Boards. Targeted work is currently taking place around the experience of mental health patients in the Emergency Department (ED). A stocktake will take place to accelerate this work which will be picked up further at the Health Inequalities Group. She reported there are currently some issues being seen with Child and Adolescent Mental Health Services (CAMHS) patients in paediatrics and a lot of the long waiters in ED are often patients waiting for mental health services.

The Chief Executive added the Trust are being as progressive as possible on this agenda which is heartening to see and referenced a comment made by Mandy Griffin, Managing Director for Digital Health formally recognising the contribution of colleagues whose critical work providing information has enabled these important decisions to be made. The Chief Executive challenged the Board to think about ‘front line’ differently as all colleagues are affecting people’s lives by the work they are doing.

DS stated she was pleased to see the Trust have spent time talking to staff to get their understanding of culturally competent care. She asked what the plans are going forward to meet the gap that has been identified and asked for assurance that patients will be involved in this ongoing learning and development. The Director of Nursing confirmed there has been some interesting learning in maternity which has identified a training and learning gap in not understanding the extent of health inequalities. A Board Development session took place focused on the social value and being an anchor institution. The maternity work is a pilot which will help form a training and development programme which will eventually be rolled out across the organisation.

KH re-iterated it is important that the Trust make this feel like the norm for staff and added it is a great piece of work that the Trust are leading on and the Trust should be very proud.

PW echoed the comments made by the Chief Executive with regards to how important the staff producing the data are. As Chair of the Health Inequality Group, he explained there is a huge sense of purpose and great attendance at the group which has now been meeting for six months and has achieved so much in a relatively short period of time.

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

expectations of providers in tackling health inequalities.

116/21 Month 4 Financial Summary 2021/22

The Acting Director of Finance presented the month 4 financial summary and highlighted the key points below:

- Year to date (YTD) surplus of £3m, a favourable variance compared to plan largely driven by receipt of planned Elective Recovery Funding in the first quarter of the year
- In July national guidance changed on Elective Recovery Funding, the clinical activity threshold to be achieved in order to secure the funding has been raised; therefore, the Trust are not forecasting to receive any further Elective Recovery Funding for the remaining months of the first half of the year
- Forecast to the end of September is a breakeven forecast
- Capital expenditure is slightly below plan due to timing changes
- Cash position remains healthy as a result of timely payment of invoices and achieving the better payment practice code target of 95% paid within 30 days in July and the Trust are very close to this achievement in the YTD position

RH added the breakeven for first half of the year is on plan.

OUTCOME: The Board **NOTED** the Month 4 Finance Report and the financial position for the Trust as at 31 July 2021.

117/21 Health and Wellbeing Update

Nikki Hosty, Assistant Director of Human Resources, introduced the Health and Wellbeing update and presentation to share with the Board the plan to roll out the health and wellbeing hour across teams and departments at the Trust. Examples were shared from teams which have successfully rolled out the wellbeing hour and those teams which have not and the barriers preventing them from doing so. The plan to roll out the wellbeing hour is centred on peer-to-peer support and positive role modelling and leadership from the Board and Divisional Senior Management teams.

Joanna Gadd, Benefits Lead for Digital Health and Sarah Bevan, Operational Manager for Emergency Medicine were in attendance and shared how they rolled out the health and wellbeing hour in their teams.

The Chief Executive re-iterated that 'One Culture of Care' is about being clear we value colleagues. He added the view that there are concerns around two aspects of the health and wellbeing hour which are the impact it has on patient care and availability of colleagues to provide care, and the potential recurring fiscal consequence of this which needs to be acknowledged for half 1 or half 2 of the financial year. He suggested there needs to be a discussion around what the Trust needs to stop doing to balance the roll out of this.

KH expressed her support of the continued roll out of the health and wellbeing hour and felt the cost element of this will be balanced by retaining staff and incurring less sickness absence. KH stated having the option of the wellbeing hour shows that the Trust value staff in the delivery of service and some staff may elect not to take the wellbeing hour. She suggested that when the Trust considers the fiscal costs it should take into account how this relates to sickness absence, which is a very big cost to any organisation.

The Acting Director of Finance added that the Trust need to be mindful of this cost and monitor if the interaction with the other metrics has the desired effect, such as sickness

absence costs. She explained this will become more challenging in the second half of the year.

The Chief Operating Officer explained there is still work to do in terms of the communication and colleagues understanding of the health and wellbeing hour and noted that no one had mentioned the wellbeing hour at recent listening events focused on recruitment and retention work.

The Board is asked to note the plan to roll out the health and wellbeing hour and the Task and Finish Group which is considering application of the hour for medical staff will come back with further recommendations.

AG asked for more detail on the cost and benefits in the next report to the Board, including re-assurance around the flexibility of it, for example, with teams who would not elect to use it. He acknowledged it may be difficult to quantify the benefits. The Director of Workforce and Organisational Development responded at the last Board Development Session it was agreed that this update would include how everyone could take this hour. There have been more detailed papers at Executive Board around the costs which can be circulated to the Board.

Action: Director of Workforce and OD to share the more detailed papers (inc. costs) on the Health and Wellbeing Hour presented to Executive Board with Board members

Action: Board members to provide any feedback and comments to the Director of Workforce and OD on what they would like to see in the next update to Board

The Chair thanked Nikki Hosty, Sarah Bevan and Joanna Gadd for attending the Board meeting.

OUTCOME: The Board **NOTED** the plan to roll out the Wellbeing Hour to all teams across Calderdale and Huddersfield NHS Foundation Trust, **NOTED** that not all services are rolling out the Wellbeing Hour in the same way and that services value flexibility and **NOTED** a task and finish group are reviewing the application of the roll out of the Wellbeing Hour to Doctors in Training and the Medical workforce.

118/21 Improving People Practices

The Director of Workforce and OD explained NHS England/NHS Improvement (NHSE/I) set a requirement for NHS organisations to review people practices and disciplinary policies and procedures following guidance issued based primarily on learning from a critical incident at Imperial College Healthcare NHS Trust.

The Improving People Practices paper describes the Trust's response and suite of policies and procedures that are in place. The Director of Workforce and OD explained the Trust were reviewing policies under One Culture of Care at the time of this requirement set by NHSE/I. The policies and procedures in place have been updated and the requirements set by NHSE/I have been welcomed. Consideration of the response satisfies an NHSE/I requirement that the Trust's disciplinary policy and procedure is reviewed and discussed at a Public Board of Directors meeting.

The Director of Nursing stated the key issue is the length of time these cases can take and asked if the Trust are developing any KPIs in relation to the length of investigation and hearings. The Director of Workforce and OD responded any policy has a recommended time period; however, it is inevitable that some investigations can be ongoing for a period of time due to the complexity.

The Medical Director agreed with the comments made regarding the complexity of investigations which may need external support. He added that the Trust aim to manage these in a timely manner; however, availability of those to be interviewed and investigators is a constant challenge.

OUTCOME: The Board **NOTED** the contents of the Improving People Practices report.

119/21 Freedom to Speak Up Annual Report

The Director of Workforce and OD presented the Freedom to Speak Up Annual Report which covers the period 30 June 2020 to 29 June 2021.

The key points to note were:

- The number of concerns reported and dealt with by the Freedom to Speak Up Guardian and Ambassadors was 88 in 2020 and 67 in 2021 - this reduction is considered to be a result of the 'Ask Owen' mechanism, Leadership events and listening events that have been held, as well as the impact of Covid-19
- Majority of concerns relate to colleague experience, as opposed to patient quality and safety which is the purpose of Freedom to Speak Up
- The main theme has been colleague attitude and behaviours and policies and procedures
- One of the benefits and limitations of freedom to speak up being managed in the Workforce and Organisational Development team is that colleagues come to Workforce instead of their manager
- A clinical lead has been appointed for freedom to speak up who will be managed within the Workforce and OD Department in an effort to bring more patient concerns to light, this will be monitored

The Chief Operating Officer stated the more colleagues use this mechanism the safer we will be. She asked if there has been a reduction in grievances and if this will be monitored as an early alert of concerns to reduce the need for formal procedures. The Director of Workforce and OD explained Freedom to Speak Up is primarily about patient safety and grievances are about colleague experience i.e., bullying and harassment; therefore, there is no correlation. The Chief Operating Officer asked if there has been any change in the number of incidents reported on Datix. The Director of Workforce and OD agreed that this needs to be cross-referenced to Datix incidents and complaints. She added that colleagues are encouraged to use Freedom to Speak up for patient safety issues; however, colleague experience issues are still encouraged.

The Director of Nursing highlighted there is a risk that people will be too tired or distracted due to winter pressures to raise concerns and asked if a reminder to raise any safety concerns can be circulated as part of winter planning arrangements. She added that she would have expected to see more numbers lately and recognised this may be due to operational pressures that have impacted on staff having the time to report. Nikki Hosty supported this and advised the new clinical Freedom to Speak Up Guardian will take forward the publicity campaign and that there are 30 Freedom to Speak Up ambassadors.

KH explained it is important that staff see an outcome to the concerns they have raised in order for staff to have confidence in the process.

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

120/21 Winter Plan

The Chief Operating Officer presented the Winter Plan which is a moving plan and describes the structure within which operational pressures during the winter period will be

anticipated and managed. It provides the framework for managers and clinicians in the Trust to work together and with other organisations.

The Chief Operating Officer explained it is a particularly challenging winter in terms of volume and acuity and with current operational pressures it already feels like winter. The plan is part of a system plan and will reflect the response of the wider social health and care system.

In terms of content of the plan which responds to the national requirements of a winter plan, it has been built with Divisions and in particular, clinical colleagues.

The key points to note were:

- Key principles – focus on out of hospital care and pre and post discharge
- Active use of OPEL (Operational pressures escalation levels) and actions in relation to this
- Clinical and operational leadership is core
- 7 days a week, 24 hours a day
- Communication and implementation is to be worked through and is a main focus

AG asked if the Covid booster jab and flu jab can be provided at the same time, to gain a higher take up rate. He also asked if the Trust are responsible for the intermediate care at Brackenbed View and Heatherstones facilities. The Chief Operating Officer responded that the Local Authority rather than the Trust are responsible for the provision of care at Brackenbed View. She explained there is more work to do with regards to Heatherstones. She added that the winter plan is concentrating on out of hospital care and there is less opportunity for the local authority to influence the care home and home care sector.

The Director of Nursing added that the commissioning of the services we provide for Brackenbed View is undertaken by the Clinical Commissioning Group (CCG) which has responsibility for the quality of care and of the home. The Trust have regular meetings with the CCG, local authority and Brackenbed to ensure oversight of quality and concerns. There is a process for rapid escalation of concerns with an obligation to ensure our services are safe and the CCG is responsible for the quality agenda. The Director of Nursing added that Safeguarding and the CQC have been involved in the past.

The Medical Director responded that he is not sure at this point in time if both the Covid booster and flu jab can be provided at the same time. The current guidance says there should be a seven day gap between Covid and flu vaccines; however, this is currently being reviewed. The Medical Director added that the Covid vaccine may be available before the flu vaccine arrives and to deliver both the Trust would need to delay the Covid vaccine.

DS recognised the focus is on out of hospital care and asked what the numbers are being considered for flexible beds and whether the Trust are confident that they have the staffing required for these flexible beds. The Chief Operating Officer responded that the Trust are not confident they have the staffing required, the Trust are already running on 50 beds lower than this time last year and 70 less beds in terms of a winter plan. An additional 10 extra beds were opened on 1 September 2021 which had been challenging from a staffing perspective. The Chief Operating Officer added that they are actively looking at different staffing models focused on clinical staffing rather than just nursing staffing.

The Director of Nursing agreed with this and added if the Trust were to have an increase in sickness absence this would be a different challenge. Controls are in place to review the staffing position hourly over winter.

RH asked if the impending staffing changes in the Chief Operating Officer and Deputy Chief Operating Officer adds any additional risks this year and if the Trust are happy that the interim arrangements adequately cover these. The Chair explained this has been discussed with the Chief Executive who provided assurance the arrangements are adequate to cover this period of time, adding that the current Chief Operating Officer will remain in post until 1 October 2021, and noting a new Chief Operating Officer has an opportunity to provide a fresh look.

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

121/21 Director of Infection Prevention Control (DIPC) Q1 Report

The Medical Director presented the Healthcare Associated Infections (HCAIs) position of performance for Q1 from 1 April to 30 June 2021.

The key points to note were:

- Improved position in Q1 this year particularly around c.difficile with a reduction of cases this year; this may be due to improved antimicrobial prescribing
- Nationally targets have now been set and they have been reduced, the Trust are currently trying to clarify what cases need to be included i.e., infections with hospital onset as opposed to those acquired in community
- ANTT (Aseptic Non Touch Technique) competency assessments have improved significantly; however, still below the 90% target, continued work required
- Covid continues to present challenges, particularly due to relaxation to restrictions in the community, a great deal of focus on protecting patients remains
- Small number of hospital onset covid cases have been reported in the quarter
- Quality improvement audits continue to be in place

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

122/21 Learning from Deaths Q1 Report

The Medical Director presented the Learning from Deaths Q1 Report covering the period April to June 2021.

The key points to note were:

- In Quarter 1 (April – June 2021), there were 351 adult inpatient deaths, 12 of those deaths occurred in Covid positive patients
- 18% of all in-hospital deaths have been reviewed using the initial screening tool (ISR) in Q1. This falls short of the 50% target for mortality reviews
- Recovery plans are being agreed with the Respiratory and Elderly Mortality Leads, the specialities with the largest number of deaths, to achieve the 50% standard

RH commented the initial screening reviews target was nearer 100% at one time and acknowledged the current pressures staff are under are unlikely to change in the next six months. He asked how the Medical Examiner role might improve this process and how we may improve on the 18% of deaths reviewed. The Medical Director responded the Medical Examiner process is separate to learning from deaths process and looks at death certification. He explained any learning will be referred to the learning from deaths process. All deaths are reviewed by the medical examiner team. Around 40% of all deaths were achieved at a time when the Trust was less pressured which would be good for the Trust to get back to achieving. The Medical Director added that there is a discussion about whether the 50% target is realistic which will be taken through the Care of the Acutely Ill

Programme and the Quality Committee. He suggested that a 30% target may be more appropriate which is being achieved by other organisations.

OUTCOME: The Board **APPROVED** the Learning from Deaths Q1 Report and the recommendations.

123/21 Guardian of Safe Working Hours Q1 Report

The Chair welcomed Devina Gogi, Consultant Ophthalmologist and the new Guardian of Safe Working Hours to her first Board of Directors meeting.

Devina presented the Guardian of Safe Working Hours Q1 report which covers the period of April to June 2021. She added that she was not the Guardian of Safe Working Hours during this quarter. The key points to note were:

- Recovery toward a more normal work pattern / rota in all specialties in CHFT
- Overall decrease in exception reports in quarter 1
- Rota gaps were filled efficiently by agency staff and internal bank locums
- Successful hosting of Junior Doctors virtual awards in May 2021 with fantastic feedback, multiple categories included leadership, going the extra mile, compassionate care
- 15 exemption reports in total this quarter, 13 relating to the hours of working, only 2 related to educational opportunities
- The majority of exception reports were closed by overtime payments
- Challenges and the future for the next quarter includes a recovery phase, a new Director for Post Graduate Education and a new Medical Education Manager has been appointed. The Training Recovery Programme has started for junior doctors and successfully appointed a Trainee Recovery Junior Doctor to help implement this
- Recommendations – need of flexibility, support from the Division from all specialities during this recovery time to clear the backlog, to look at other ways of providing training and protecting self-development time
- Aspirations include improving the engagement process, Chairing the Junior Doctor Forum in September with good interest received so far from Junior Doctor representatives, looking forward to working with the Junior Doctor Director for Post Graduate Education and networking at a regional meeting on 6 October 2021.

The Chief Operating Officer shared they are doing some specific work around recruiting into Oncology, specifically Ward 12 and the helpline, and recognise there are some additional pressures from the regional on Non-Surgical Oncology work with some increased demand. We recently overrecruited into the Physicians Associate role and have agreed with the Oncology medical team to deploy one of these to ward12 to help with the Junior Doctor workload.

The Chief Operating Officer stated in the recovery framework a principle was included in prioritising access to training for Junior Doctors. The Chief Operating Officer offered to meet with the Guardian of Safe Working Hours if this needs to be worked through and be clear on what the core elements are to ensure protected time is allocated.

The Chair thanked Devina Gogi and invited her to the next meeting.

OUTCOME: The Board **NOTED** the Guardian of Safe Working Hours Report for quarter 1 and **ACKNOWLEDGED** the need for extra support and flexibility with training and rota for Junior Doctors in the next quarter as we enter the training recovery phase post pandemic.

124/21 Safeguarding Annual Report

The Director of Nursing presented the Safeguarding Annual Report covering the period April 2020 to March 2021.

Key achievements include:

- Developed safeguarding contingency plan to ensure safeguarding continued as business as usual
- Worked closely with and supported the work of the Safeguarding Boards/ Partnerships
- Provided assurance to CCGs and partners that CHFT continues to meet its statutory responsibilities
- Updated, developed and contributed towards policies and procedure development.
- Held a trust Virtual Safeguarding week September 2020
- Listened to staff concerns about safeguarding during the pandemic and developed a Safeguarding /Covid 19 intranet resource page for staff and distributed 7-minute briefings including top tips for virtual assessments to staff
- Delivered virtual safeguarding supervision
- Delivered bespoke and mandatory safeguarding training to maintain compliance with the Intercollegiate documents and covid restrictions
- As at March 2021, overall training compliance for safeguarding was 92.84%

Priorities for 2021-2022:

- Continue to work with Divisions ensuring that safeguarding adults and children, including domestic abuse, is part of all considerations when managing the re-introduction of services
- Continue to learn from the effects of the pandemic on families, influencing safeguarding practice with what we have learned
- Review the recommendations from the Domestic Abuse Bill (April 2021) which will include training, staff updates and policies and procedures that may impact on practice
- Review the Domestic Abuse Policy

The key achievements and priorities for 2021-22 for Hidden Harms, Mental Capacity Act and Deprivation of Liberty Safeguards, Adult Safeguarding, Safeguarding Children, the Mental Health Act, Children Looked After were shared.

The Director of Nursing formally thanked the team who have been working very hard during the pandemic during difficult circumstances and vacancies within their team.

OUTCOME: The Board **NOTED** the Safeguarding Annual Report.

125/21 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 continued to meet throughout the pandemic looking at the elective and recovery plan
- 11 current open enquiries with CQC – 1 serious incident, 3 orange incidents, 3 concerns and complaints and 4 safeguarding concerns

- 3 journey to outstanding reviews of wards have taken place, these were paused due to current operational pressures, some have been undertaken and these will be re-instated during September
- Central Alert Systems – 4 overdue alerts relating to a specific sub set of actions within these alerts, aiming to close these off imminently
- Dementia Screening continues to be a significant challenge
- An approach to systematically involving our BAME communities approved at Patient Experience and Caring Group and connection made with CHFT BAME engagement officer
- Observe and Act is part of business as usual
- Seeing some improvements in complaints with increased capacity in the corporate team to support Divisions
- Recent coroner's enquiry reported in the media involving an incident in Emergency Department and all learning reviewed with opportunities identified around mental capacity assessment
- 1 never event in June currently under investigation – significant reduction in number of actions
- A new Patient Safety Incident Framework is being introduced
- To note the need to improve attendance at the Medicines Safety and Compliance Group
- Maternity services submitted evidence against the 7 Immediate and Essential Actions of the Ockenden Report by 30th June 2021. The expected site visit by the Regional Chief Midwife and her team, due by the end of July 2021 is still awaited and the Director of Nursing has agreed with Local Maternity and Neonatal System partners that they will set up a West Yorkshire approach for a peer review around maternity services.
- Submitted a bid for national funding and have been successful in achieving funding for 10.9 wte midwives and 0.2 wte Consultant hours
- Continuity of carer remains a challenge for every organisation nationally and meetings with the Heads of Midwifery and Chief Nurses across West Yorkshire is taking place to discuss how to achieve continuity of carer
- Maternity staffing one to one care in labour is one of the key safety indicators, the Trust are achieving 99.6% of this, an excellent achievement
- The allocation of funding for 10.9 wte midwives will support the roll out of continuity of carer at CHFT however, recruitment to the posts will remain challenging.
- Quality and Focussed account priorities have been discussed at Divisional Performance Review meetings
- End of Life – successful in gaining funding for 7 day community palliative care cover and the bereavement line
- Bereavement line has been shortlisted for 3 different awards
- Pressure ulcers – invested in tissue viability team with some reductions in heel pressure ulcer incidents
- Clinical documentation discussion at Executive Board with more focus about how performance can be improved

AG acknowledged dementia screening remains a significant challenge and is discussed at Quality Committee and the report suggests substantial improvement activity is being undertaken. He highlighted that performance in the Integrated Performance report shows a deteriorating position in July and asked what the improvement activity is and what the practical impact of not screening was and if this impacts on the quality of care. The Medical Director responded that dementia screening is still a challenge and is being picked up in the clinical documentation piece. There has been a recent change of doctors and the importance of dementia screening has been highlighted in training. The requirement to undertake dementia screening is being included in EPR and a whiteboard approach. The main challenge is the cultural piece to enforce doctors to undertake this as an important task. In terms of whether this causes a quality of care issue, there has been no reference of any incidents or any harm. The Trust will take every opportunity to improve the care for

these patients. AG asked how long it takes to complete a dementia screening. The Medical Director confirmed no more than 10 minutes.

The Chief Executive recognised the ongoing trend of dementia screening which has been discussed at the Finance and Performance Committee. He agreed to pick up a further conversation with the Medical Director to undertake a stocktake on the position.

Action: Chief Executive / Medical Director to conduct a stocktake on the dementia screening position

The Chief Executive asked for further detail on stillbirths and any trends in community or vulnerable groups as an area of focus.

Action: Director of Nursing to progress a further review of stillbirth figures at the Quality Committee and provide a more detailed report for the next Board meeting

RH acknowledged that similar to dementia screening, performance on nutrition and hydration assessments is consistently below target.

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

126/21 Complaints Annual Report

The Director of Nursing presented the Complaints Annual Report. The key points to note were:

- Increase in PALS contacts / concerns over a four-year period
- Decrease in complaints over a four-year period and a significant drop in complaint numbers this year as opposed to the previous three years, this is linked to the COVID pandemic due to a national pause
- The top three concerns raised via PALs relate to appointments issues, communication with patients and communication with relative/carer
- Complaint performance dipped earlier in the year, now seeing an improving picture.
- The top three complaint issues relate to clinical treatment, the fundamentals of care and communication
- Despite significant and extraordinary pressures this year our staff have risen to the challenge and remain even more focussed on improving the care and experience for our complainants. Their commitment to learning from complaints and improving the care outcomes for our patients, families and carers is to be commended
- Implemented new standards in terms of national requirements
- A new Head of Complaints is in post, Emma Catterall

PW asked if there was another underlying issue or reason other than Covid in terms of the key theme of complaints being communication. The Director of Nursing explained the visiting restrictions impact on this as it has led to a gap in face-to-face communications. She added that communication is nearly always a key theme to complaints and how important it is to always put yourself in the patients or relatives' shoes. Part of the Time to Care Strategy which is being refreshed and relaunched is about remembering that having a conversation with a relative is an absolute integral part of each individual treatment plan. She added there is an issue with the nurse in charge role in ensuring all relatives have been informed.

The Director of Nursing stated she will include compliments in future reports.

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

127/21 Integrated Performance Report (IPR) – July 2021

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

- Slight improvement in the overall percentage
- Majority of the domains are improving; however, there are some KPI hotspots
- Starting to see impacts of pressures in relation to acuity and staff availability which has been discussed at the Finance and Performance Committee with a re-emphasis for other Committees to ensure there is a focus on the IPR as part of Committee agendas
- Deputy Directors continue to complete the narrative with further work to do on the next steps and provide some feedback

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

128/21 High Level Risk Register

The Director of Nursing presented the High Level Risk Register which highlights the new risks, existing top risks, risks moved since the last report and movement in risk scores. The key points to note were:

- Maternity pathway (8029) is a new risk and has subsequently been closed
- Caring for young people with acute mental health issues (7479) is a new risk
- Financial Risk (8057) – the Acting Director of Finance reported that this risk is focused on the second half of the year as no formal financial guidance on the financial regime for the second half of the year has been received, the financial plan noted the heightened efficiency requirement in the second half of the year which will be more challenging and there has been a change in the threshold for receipt of elective recovery funding
- The scale of this financial risk is in excess of £14M, considerably more challenging than the first half of the year

Mandy Griffin, Managing Director for Digital Health confirmed the risk relating to the data protection toolkit submission has been removed from the High Level Risk Register as this was submitted as compliant; however, there is still a need to meet 95% on data security training which has not yet been met and is deteriorating. The new data protection toolkit for next year still sits at 95%; therefore, this risk will not change.

The Chief Operating Officer stated there are a few risks rated as 25 for the Surgical Division in terms of recovery and further work is needed with clinical teams to understand the purpose of the risk register. Specific work will take place with the Division to increase their understanding of what should be on the risk register.

AG reported under existing top risks, there are two risks relating to eye issues and asked if these are both the same risks. The Chief Operating Officer confirmed this will be discussed with the Surgical Division team and support will be provided to the Division to help clarify this.

OUTCOME: The Board **APPROVED** the High Level Risk Register.

129/21 Risk Appetite Statement

The Company Secretary presented the updated risk appetite statement for approval. She reported a meeting took place in August 2021 to review the risk appetite statement and the 11 risk categories were agreed as still appropriate together with the appetite levels; however, two of the risks have been re-worded which are highlighted in red.

OUTCOME: The Board **APPROVED** the updated Risk Appetite Statement.

130/21 Governance Report

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

The enclosed paper detailed the current roles and responsibilities of the Non-Executive Directors (NED). On an annual basis the NEDs review their time commitments compared to their availability, including Board and Board Committee chairing roles and the additional activities undertaken by NEDs. This has identified issues of NED capacity and increasing competing pressures on their time. Following a discussion between the Non-Executive Directors and Director of Workforce and OD, the NEDs are being released from recruitment panels to help with capacity.

In recognition of the capacity issue the Trust has agreed, through discussion with governors via the Nominations and Remuneration Committee of the Council of Governors, to pilot the use of an Associate Non-Executive Director role with a focus on the quality agenda, with project work relating to the lived experience of patients, to supplement our existing NED capacity. The appointed Associate NED will not participate in any formal vote at the Board. The recruitment process for this Associate NED is currently underway.

The Board workplan for 2021-22 was shared for any additions and approval.

OUTCOME: The Board **NOTED** the current responsibilities of the Non-Executive Directors and proposed changes and **APPROVED** the Board Workplan for 2021-22.

131/21 Board Sub-Committee Chair Annual Reports

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

- Audit and Risk Committee

OUTCOME: The Board **RECEIVED** the Committee Review Annual Reports for the Audit and Risk Committee.

132/21 Board Sub-Committee Terms of Reference

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

- Audit and Risk Committee

OUTCOME: The Board **APPROVED** the terms of reference for the Audit and Risk Committee.

133/21 Board Sub-Committee Chair Highlight Reports

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

- Finance and Performance Committee – In addition to the report, RH highlighted an update in terms of fractured neck of femur performance, concern in times in getting patients to theatre and mortality rates. This will also be picked up by Quality Committee. Recovery performance detailed update noted good progress but with a number of ongoing challenges in terms of backlog.
- Quality Committee
- Audit and Risk Committee
- Workforce Committee – KH added a number of Deep Dives have taken place at the last few meetings which have been very thorough.

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

134/21 Annual / Bi-Annual Reports in the Review Room

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

1. Medical Revalidation and Appraisal Annual Report
1. Emergency Planning Annual Report

135/21 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:

- Council of Governors meeting held 15.07.21
- Annual General Meeting (AGM) meeting held 28.07.21
- Finance and Performance Committee meetings held 01.06.21 and 28.06.21
- Quality Committee meetings held 21.06.21 and 12.07.21
- Workforce Committee meeting held 09.08.21
- Audit and Risk Committee meeting held 21.07.21

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.

136/21 Any Other Business

The Chair asked Stephen Baines and Isaac Dziya, public elected governors if they had any comments they wished to add to the Board meeting. Stephen Baines thanked the Director of Nursing for agreeing to include compliments in future quality and complaints reports.

There was no other business.

The Chair thanked the governors for their attendance and closed the meeting at approximately 11:48 am.

137/21 Date and time of next meeting

Date: Thursday 4 November 2021

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams