

APPROVED Minutes of the Public Board Meeting held on Thursday 4 March 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 (until end of item 32/21)
Mandy Griffin	Managing Director, Digital Health
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)
Alison Schofield	Public Elected Governor
Christine Mills	Public Elected Governor
Lindsay Rudge	Deputy Director of Nursing (for item 41/21)
Asifa Ali	Research and Innovation Lead (for item 33/21)
Cornelle Parker	Deputy Medical Director (for item 33/21)

OBSERVERS

Elise McAlpine	Trainee Assistant Finance Manager (FSS)
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25/21 Welcome and Introductions

The Chair welcomed Elise McAlpine, Trainee Assistant Finance Manager (FSS) to the meeting who was observing as part of her new role, Asifa Ali, Research and Innovation Lead and Cornelle Parker, Deputy Medical Director who were attending to share a patient and staff story on the impact of Covid research.

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 and in due course the minutes of this meeting will also be published.

26/21 Apologies for absence

Apologies were received from Stephen Baines, Lead Governor.

27/21 Declaration of Interests

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

28/21 Minutes of the previous meeting held on 14 January 2021

The minutes of the previous meeting held on 14 January 2021 were approved as a correct record subject to the following amendments.

AN corrected wording on page 8 to 'A five year Health and Safety Strategy is being developed and will be a key target for 2020/2021.'

AN asked for clarity on the post meeting note which suggests the Fire Strategy was circulated to Board members on 12 February. The Fire Strategy was shared with Non-Executive Directors on 11 February; therefore, the minutes will be corrected.

AN agreed to share revised wording on page 9 in terms of the assurance he received from the Director of Nursing regarding strong divisional representation at the Risk Group meetings.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 14 January 2021 subject to the amendments above.

29/21 Action log and matters arising

The action log was reviewed and updated accordingly.

30/21 Chair's Report

The Chair reported that the Trust had been awarded an exceptional partnership certificate from the NHS Blood and Transplant for the work that the Trust has undertaken during the Covid-19 pandemic. The Chair added that CHFT are one of the best Trusts in the region for responding to the demand for organ donation and he is very proud as Chair of the Organ Donation Committee, which has seen some challenges during the pandemic.

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

31/21 Chief Executive's Report

Covid Vaccine Update

The Medical Director provided an update on the Covid Vaccination Programme and the total number of staff vaccinated to date.

Out of 6,030 Trust staff, a total of 4,776 (79.2%) staff have received their first dose and 902 (15%) have received their second dose. Once all forms have been reconciled for the first vaccination, the percentage should increase to around 85%. Overall, the programme has delivered over 25,000 doses to partners and the community and just over 26,000 doses overall.

The Medical Director reported the Trust are aiming to conclude the second dose programme over the next two months after commencing on 15th March 2021. To date, over 8,500 people have now booked their second dose. There was a technical issue sending the link out to android devices which is currently being resolved.

The overall vaccine compliance per Division was shared. There are some Divisions with a lower percentage where many staff are not in public facing roles.

The Medical Director shared data on first vaccinations given by ethnicity, which shows a high percentage for Indian background at 84.4% which is positive. The areas with a lower percentage are those with a Black or Black British-Caribbean background which has the lowest uptake of 35% and those of an Asian or Asian British -Pakistani background which is at 58.4%. The Trust are trying to seek to understand from these colleagues why these uptakes are lower.

The Medical Director shared that there had been a few incidents reported on Datix but that staff made a quick recovery. The majority of people have been very complimentary about the service and numerous letters of thanks have been received by the Covid Vaccination Programme.

The Trust are the lead organisation for the mass vaccination centre for Kirklees at the John Smiths Stadium, with between 500 – 600 doses being provided a day, which is likely to increase as vaccine supply improves to up to 1,500 vaccines a day. The Medical Director is the accountable person, supported by Asifa Ali who is ensuring policies and procedures are in place.

KH congratulated the Medical Director and his team for all their hard work supporting the successful Vaccination Programme. DS highlighted the fantastic achievement of the Trust and sought to understand why there is a low take up from the BAME community and what other strategies could be explored to improve take up. Acknowledging the challenge, the Medical Director responded that from a 'place' point of view, the Trust are going to Community Centres and Mosques. For colleagues the next step will be an individual discussion with people they can relate to. The Director of Workforce and Organisational Development added that the Trust had been focusing on different staffing groups, such as porters and domestics and plans to record podcasts on a "seek to understand" for those colleagues who have concerns or are reluctant to have the vaccine. A letter will be issued today suggesting that individual meetings take place, by 12 March 2021, with all healthcare workers who have refused their vaccine. The Chief Executive noted that such conversations would not extend beyond contractual boundaries and the Trust's approach is to not discriminate against staff groups because of the choices they have made.

OUTCOME: The Board **NOTED** the update from the Medical Director on the ongoing work of the Covid Vaccination Programme.

32/21 2020/21 Strategic Objectives Update

The Director of Transformation and Partnerships shared an update on progress made against the 2020/21 Strategic Plan which shows 19 key deliverables. Each deliverable is RAG rated, of these, one is fully completed, fourteen are rated green on track and four are rated amber (off track but have a plan).

RH highlighted the significant number of on-track deliverables and expressed surprise that the recruitment and vacancy rates for nursing staffing was rated green and asked if the Trust are making significant progress on this. The Director of Workforce and Organisational Development confirmed there was confidence in this rating due to work on international recruitment and health care support workers and planned work from 2021/22 to convert some of the vacant roles into alternative roles, with colleagues operating at the top of their licence. It was noted Trust turnover is currently low at 7.7% and there are 140 registered nurse (RN) vacancies, with the Trust comparing favourably to other Trusts, acknowledging nurse staffing remains a national issue.

The Director of Nursing re-iterated the large amount of work undertaken by the Trust throughout the Covid pandemic on the management of daily staffing shortages and is now in a much stronger position managing on-the-day risks for RN vacancies. Focus nationally is to have no health care support worker vacancies and the Trust are on track to achieve the target. The Trust was successful in its bid for £148k to support international nursing recruitment and over the next 12 months and expects to recruit 70 overseas recruits, the largest number recruited for some time. In addition, the Trust is offering paid placements and a support package for third year nursing students and is confident this will lead to an increase in applications for employment.

AN queried what progress had been made with key items of the Trust's clinical strategy which is rated green. The Medical Director confirmed that whilst this is a challenge due to Covid-19, work has continued on reconfiguration, therefore he is comfortable with the green rating as this remains on track. The Chief Operating Officer shared examples of how the clinical strategy had progressed, including the move of Vascular services, Trust participation in Oncology services across the region and proactive support working in partnership with Leeds Teaching Hospitals Trust throughout the pandemic with their primary angioplasty service, which is aligned with the clinical strategy.

KH asked which countries the Trust are aiming to recruit from, the Director of Nursing confirmed national guidance confirms around 7 countries the Trust can recruit from and offered to share this information with KH.

Action: Director of Nursing to share the list of approved countries for international recruitment with KH

OUTCOME: The Board **NOTED** the assessment of progress against the 2020/2021 Strategic Plan.

33/21 Staff/Patient Story – The Impact of Covid-19 Research on our Patients and the Trust

AG introduced the work of the Research and Development team and introduced Cornelle Parker, Deputy Medical Director and Asifa Ali, Research and Innovation Lead, who shared a staff and patient story on the impact of Covid-19 research. AG noted the research has been of local benefit for our patients and is significant both nationally and globally. AG noted this achievement is to be celebrated and will help understand how the Trust will progress research in the future.

Cornelle explained how the pace of research had significantly quickened due to a landmark Covid-19 study called Recovery, the biggest worldwide randomised control trial looking at treatments for Covid. The Trust has been in the top 10 UK recruitment sites for the Recovery trial out of 140 acute Trusts, which has benefited our patients by having early access to treatment, resulting in more lives saved. As an acute physician looking after acutely ill medical patients in the first 72 hours of admission Cornelle explained how such research has led to the development of more effective treatments for Covid-19, having previously had limited treatment options of oxygen and critical care support.

Asifa Ali, Research and Innovation Lead shared the background to the Covid research, noting that the research department were informed by the Public Health of England to pause all research trials from March 2020 and focus on opening Covid-19 research trials. As a result, the Trust opened nine Covid research trials over the last 12 months, with regional comparison data showing the Trust had the highest recruitment of patients per 1,000 Covid-19 hospital admissions, with 2288 participants recruited.

The Recovery trial, which began on 1 April 2020, was for patients hospitalised with suspected or confirmed Covid-19, with patients on the trial randomised to receive any of the treatment options or no treatment, i.e. standard care. Four treatments which had no effect were stopped, however two treatments were approved by the Medicines and Healthcare Products Regulatory Agency (MHRA): Dexamethasone, shown to reduce death by one third of patients receiving invasive mechanical ventilation and one fifth of patients receiving oxygen, and Tocilizumab, which reduces the need for mechanical ventilation. The global study trial is continuing.

Asifa acknowledged the phenomenal work undertaken by the Pharmacy team who ensured the drugs were available for patients, the majority provided by infusion during the week and weekends.

Asifa explained the Trust is now one of the top 20 recruiting Trusts in the country and remain the highest across Yorkshire and Humber. Recognition of this work has come from Chris Whitty, Chief Medical Officer, who has written to the network acknowledging the work of the Trust with his thanks and the Trust winning the Nursing Times Award 2020 in Clinical Research Nursing.

Asifa shared a video of an interview undertaken by Tracy Wood, Lead Clinical Research Nurse with two patients in the recovery trial. The emotive video showed the patients' reasons for joining the trial, their positive outcome (as they received Tocilizumab treatment they did not need ICU care), their emotions through their patient journey and their thanks to the Trust, showing the importance of recovery trials and confirming it saves lives. The Chief Executive commented, 'this story was one of the most powerful and moving patient stories in his nine years at CHFT'.

Asifa outlined the next steps for research, including the proposal to develop a research hub as a step-down clinical trial unit, which would require Trust and commercial funding.

In response to a question from the Director of Workforce and Organisational Development about any other trends from this research e.g. age, ethnicity, underlying health conditions, BMI, that can feed into the global understanding of risk factors and the Trust's Health and Wellbeing Strategy, Asifa confirmed there have been some emerging trends and the information can be shared to help target support for colleagues through the Strategy. The Director of Workforce and Organisational Development stated she is proud to be working for a Trust which has achieved this work.

RH said it was a fantastic story, it is great to see CHFT at the forefront of this research and it is important to share it with existing staff, the local community and potential recruits. Asifa responded to confirm this story will be shared more widely and there has been extensive media interest from news organisations; filming had taken place for ITV in November 2020, which is yet to be aired.

Cornelle Parker formally thanked Tracy Wood, Lead Clinical Research Nurse and Purav Desai, Principle Clinical Investigator, who have gone above and beyond in their roles, and Asifa Ali as Research Lead who has done a phenomenal job releasing research nurses in the first wave of the pandemic as well as managing the non-Covid studies position, which the Trust are looking to restart.

AG and the Chair passed on thanks to Cornelle and Asifa for a great presentation and leading a remarkable journey.

OUTCOME: The Board **NOTED** the staff and patient story on the impact of Covid research on our patients and the Trust.

34/21 Health Inequalities

The Chief Operating Officer presented the health inequalities report for based on the following key themes:

1. The external environment, how we connect with our communities and use this to inform our business as usual planning – led by the Director of Transformation and Partnerships
2. The lived experience, with initial focus on families accessing our maternity service – led by the Director of Nursing
3. Health inequalities data and how we use this to complement clinical prioritisation and our post Covid delivery model – led by the Chief Operating Officer

With reference to the proposed prioritisation of patients with a learning disability, AN asked if there are any other groups that may have similar challenges of life expectancy. The Chief Operating Officer explained this is something to consider going forwards and explained there is a flag on the EPR system for learning disability and frailty patients which will be reviewed as progress is made and an Equality Impact Assessment (EQIA) will be completed in terms of the learning disability work. AN suggested the wording changes to 'initially prioritise' to be clear that learning disability is not the only prioritisation.

AG suggested the wording "business as usual" is changed to 'business better than usual'. He asked if the Trust know what service would be reviewed next after Maternity services. AG commented reset planning is broader than prioritisation and may include a different approach to how the Trust deliver services, such as outreach work. The Director of Nursing responded that part of the workplan of the Health Inequalities group, chaired by Peter Wilkinson, is to decide which service will be reviewed next and why and PW agreed that planning the direction of travel would be helpful.

KH supported the recommendations and agreed with the initial priority and reporting to the Board and stated it would be interesting to see how progress in one category could positively impact other boundaries.

The Chief Executive commented on the need to appreciate the Trust's significant breakthrough conversations on the analysis of health inequalities and those areas that the Trust can influence and acknowledged that CHFT's awareness in considering how we might be contributing to inequalities is ahead of other organisations. The Chief Executive encouraged the Board to be patient regarding prioritisation of 'where next' noting the amount of work and learning for the three areas recognised. There is optimism that this subject area will improve morale with clinical colleagues as an area of focus away from the pandemic.

KH recognised that leadership engagement of this work is key, noted the length of time it could take to make a difference and cautioned against over analysis of data.

OUTCOME: The Board **NOTED** the three focus themes in relation to health inequalities and the decision to split the leadership of these, **NOTED** the progress already made on Continuity of Carer for BAME families access to Maternity services and **APPROVED** the proposal to initially prioritise the learning disabilities for treatment after cancer and urgent patients and **APPROVED** health inequalities becoming a standing item at the Board of Directors.

35/21 Month 10 Financial Summary

The Director of Finance presented the month 10 financial summary and highlighted the key points below.

- Year to date (YTD) deficit position of £305k, a favourable variance against plan
- Covid Vaccination Centre costs incurred £450k on supporting the vaccine centre at Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary and as the host of the John Smiths Stadium vaccine programme, there is an assumption this will be fully funded as reasonable costs
- £1.75m further income assumed for various PCR testing
- Year-end forecasting a £3.6m deficit which is £1.69m worse than plan but is an allowable variation due to increasing the annual leave provision and including a £1.5m provision to cover the estimated cost of the 'Flowers' National tribunal taking place
- Significant capital programmes to be delivered over the last few weeks with close scrutiny daily
- Overall, not forecasting to underspend on any internal schemes

- Significant capital creditors at year end discussed at Finance and Performance Committee
- ICS position – The Trust’s favourable variance on its deficit position has arisen due to not being able to deliver elective activity levels which the plan was based on; however, overall, the Trust is in the same position as other organisations and commissioners across the Integrated Care System which financially will deliver its plan
- Finance risks on the risk register were discussed at Finance and Performance Committee with agreement to reduce the risk scores
- Elective incentive scheme – no longer to be levied which moves our position favourable by £100k
- RH agreed this was a comfortable year-end position reflected in the lower risk ratings agreed for the finance risks.

OUTCOME: The Board **NOTED** the information provided in the Month 10 Financial Summary.

36/21 Annual Plan 2021/22

The Director of Finance presented an update on the financial planning process for 2021/22 which has been deferred and noted the three staged approach for the planning process, with current financial arrangements remaining in place until at least the end of Q1. An allocation of funding will come to the Trust via the Integrated Care System (ICS), which is linked to the allocation given for Q3 for 2020/21 which includes a number of adjustments, such as an inflationary uplift and adjustment for the Clinical Negligence Scheme for Trusts, the premium for which drops significantly by over £1m for next year. At this moment in time, an adjustment for a pay award is not planned as this is yet to be agreed.

To ensure the Trust progresses with the challenge to recover activity and retains budget holder accountability an internal process will be followed to agree 2021/22 budgets. Budgets will be agreed with Calderdale Huddersfield Solutions (CHS), The Health Informatics Service (THIS) and Huddersfield Pharmacy Specials (HPS) by 31 March 2021 recognising that related service level agreements can be changed as needed. There is a process underway with budget holders to normalise their current budget position (stage 1). From 1 April 2021 the Trust will need to identify funding in terms of recovery, to support additional activity or external sourcing of activity.

In terms of the capital programme, the capital plan was previously brought to a Board meeting and further allocations are likely to be received and agreed. The budget book will be brought to Board in May 2021 and a further budget brought back to Board in July 2021 when further clarification has been received on allocations and recovery.

AG asked what the staged approach meant for Cost Improvement Programme (CIP) targets and if stage two will include consideration of invest to save options. The Director of Finance responded that nationally it has been suggested the delivery of CIPs that has been paused throughout 2020/21 would continue into Q1. It is expected that there will be some support for missed CIP opportunities in 2021/22. The terminology ‘Cost Improvement Programme’ is being reframed to engage colleagues and link to business better than usual, ‘Getting it Right First Time’ (GIRFT) and recovery of activity to understand how we can deliver activity more efficiently. Conversations have taken place between the Chief Executive and Director of Finance with an organisation to hold workshops to reframe the efficiency challenge. The Director of Finance added that Divisional teams have identified developments, some of which meet the criteria of invest to save, however, these are on hold until a recovery plan has been identified.

OUTCOME: The Board **NOTED** the update to the Board on the financial planning progress for 2021/22.

37/21 Diversity Update

The Director of Workforce and Organisational Development presented the Trust's response to the West Yorkshire and Harrogate Partnership BAME review report on health inequalities.

The paper detailed positive progress on the four key themes from this review and further activities to progress this work identified in the action plan. One of the key recommendations is population planning looking at data and engagement to explore all aspects of our communities. In terms of mental health outcomes there are definite plans to reduce disparities of BAME and non-BAME patients.

There was an agreement that a further update will come to the Board under the Health Inequalities standing agenda item as a combined paper. AG and KH agreed with this and suggested the update on the population planning recommendation comes back to the Trust Board, rather than the Transformation Board.

The Chief Operating Officer agreed with this approach and the Director of Nursing advised a conversation will take place to take stock and a proposal will be brought back to the Board.

OUTCOME: The Board **NOTED** the actions identified in the report published by WY&H and the progress CHFT has made against actions to date and **APPROVED** actions to progress and improve our compliance and **APPROVED** that a further update will come back to the Board under the Health Inequalities standing agenda item as a combined paper.

38/21 Covid-19 – Phase 4 Update

The Chief Operating Officer presented an update on phase 4, looking forward to the draft elective recovery framework. Board members were reminded of the core principles of recovery determined by the Board in May 2020, which had since had the following changes:

- To include a request to describe patient and staff wellbeing and safety as a priority
- To insert 'ensure appropriate opportunities for training' as a new principle
- Re-word 'needs based' to 'health inequalities guided'

Patients who have a rating priority P1 or P2 are being prioritised and will be treated immediately or within the next 4 weeks. The wording agreed on prioritising patients with a learning disability will be incorporated. There is some inconsistency of waiting times for BAME and non-BAME patients and work is taking place on this. Patients who are worried they are on a lower priority list that have a risk of deterioration, with an impact on their outcome or independence, have been added to the priority list following agreement with clinical colleagues through the Clinical Reference Group.

Modelling has taken place to understand what success would look like by the end of September 2021 and March 2022 for inpatients and outpatient services. The modelling headlines were:

- Initial activity numbers were lower than anticipated and for many specialties, lower than pre-Covid levels.
- Two specialties contribute to 42% of the first Outpatients backlog (ENT and Ophthalmology)
- Referrals are expected to increase with impact on some specialties unknown e.g. long Covid with different co morbidities
- Remodelling with a target of achieving pre-Covid backlog position by 31 March 2022, with Endoscopy as the next priority

- A different approach to capacity allocation is required

HB outlined the key operational changes including all patients having a priority rating and administration support teams keeping in touch with patients, virtual appointments and longer day case theatre sessions and outpatients clinics, which will require additionality (eg waiting list initiatives, use of the independent sector) and job plan flexibility, with no same day cross site working. Interdependencies were highlighted, such as working with community and primary care services. Details of engagement with colleagues regarding recovery work was shared.

AG asked if the needs-based principle can be retained and a health inequalities guided principle added to the list to include both, with a focus on the highest level of need and not only length of time e.g. 104 week waiters. The Chief Operating Officer supported both principles being included and explained there is a very small number of 104-week waiters (2 years) with a significant focus to ensure there are none.

Discussion took place on the following in response to Non-Executive Directors questions:

- progress on waiting times (improved for priority 2 patients but widening gap on average wait for BAME patients)
- the process for assessment and prioritisation status of patients (new patients allocated a priority status based on clinical presentation)
- timescale of recovery plan investment requirement (within the next month)
- workforce modelling
- consultation with primary care and local authority colleagues on the Trust model (positive and constructive with buy in of Trust principles and joint ownership of the solution)
- the importance of the wellbeing agenda given the increasing workload (noting this will be undertaken on a voluntary basis or via external solutions)
- potential for variable rates of progress and challenges in different specialties due to different experiences through the pandemic (e.g. ENT)

OUTCOME: The Board **NOTED** the Covid-19 phase 4 update and **APPROVED** a further update on priorities will come back to the next Board for consideration.

39/21 CHFT Fire Strategy

The Chief Operating Officer presented the CHFT Fire Strategy which was produced in partnership with Mott MacDonald, based on statutory and advisory requirements and has been approved at the Fire Committee. The Strategy covers the Trust estate, staff and patients in the estate and staff working in other estates managed by others.

PW suggested the Fire Strategy is not explicit about future projects and building alterations, such as reconfiguration. The Chief Operating Officer clarified the Strategy includes narrative to reflect what happens going forward and agreed that to ensure the Strategy is future proof this wording can be strengthened, with updated wording shared for approval.

Action: COO to update the wording on the future projects/reconfiguration in the Fire Strategy

AG queried if contractors and partners are included in the Strategy. The Chief Operating Officer confirmed the Strategy applies to everyone that comes into our estate and agreed to review the wording to make sure it is explicit regarding contractors.

Action: COO to ensure contractors and partners are explicit in the Strategy

AG queried the timescale for response to the audit and the action plan and the Chief Operating Officer confirmed the fire section of the capital programme and the audit has

started and work is underway. HB confirmed an update on the fire investment priorities will go to the next Fire Committee.

The Chief Executive explained the Director of Workforce and Organisational Development had asked if the Strategy had been approved at the Health and Safety Committee and shared at the Disability Network Group in relation to the 2010 Equality Act, section 20, duty to make adjustments. The Director of Workforce and Organisational Development confirmed the Fire Strategy has been approved via Richard Hill, Head of Health and Safety at the Fire Committee who will report back to the Health and Safety Committee. The Chief Operating Officer confirmed the Strategy has not yet been to the Disability Group and will pick this up.

Action: COO to share the Fire Strategy with the Disability Group

AN sought assurance about fire safety arrangements in the many other properties (120) that the Trust is not responsible for used by staff and the Chief Operating Officer confirmed there are specific fire safety leads for these and a process which includes a combination of the fire officer visiting the building for assurance and documentation review.

OUTCOME: The Board **APPROVED** the CHFT Fire Strategy subject to the comments above regarding contractors, reconfiguration work and from the Disability Group being considered and reflected in the Strategy.

40/21 Maternity Ockenden Review

The Director of Nursing presented an update on Maternity Services and Trust response to the Ockenden review recommendations following the Board Development Session on 4 February 2021.

The two required submissions have been made in response to the Ockenden review, the original submission on the 12 clinical priorities and the more detailed submission included as an appendix to the paper, the Maternity Assessment and Assurance template detailing actions to achieve the further recommendations of the Ockenden Review. Going forward, learning from maternity complaints and incidents will be included in this report.

The Director of Nursing reported the Continuity of Carer (CoC) trajectory of 35% of women being booked on a pathway by March 2021, the likelihood is about 24% of all women booked onto a pathway in January 2021, however, 40% of BAME women were booked on a pathway.

The Director of Nursing has asked for further assurance on the RAG rating of red on induction of labour.

OUTCOME: The Board **NOTED** the update on the submissions as part of the Ockenden Review and the assurance provided within the report in respect of safety and quality of maternity services.

41/21 Nursing and Midwifery Staffing Hard Truths Requirement

Lindsay Rudge, Deputy Director of Nursing presented the Nursing and Midwifery Safer Staffing report and acknowledged the commitment, courage, care and compassion from nursing and midwifery colleagues during the pandemic, noting the impact and challenges this presented were captured in the report. The following report highlights were shared:

- Expanded workforce models to deploy the nursing workforce across services
- An increase in sickness absence
- High nursing fill rates initially due to deployment of student nurses in wave 1 then a Downward trend due to retraction of nursing students

- Impact on quality, e.g. an increase in falls and pressure ulcers
- Strengthened governance arrangements
- Stronger position regarding recruitment, particularly international recruitment
- Focus on health and wellbeing.

KH fed back on discussions at the Workforce Committee on retention and the importance of accelerating the international recruitment campaign. The Deputy Director of Nursing confirmed that the national recruitment programme is much stronger, with significant investment to support the health care support workers and international recruitment programme for the first time, which puts the Trust in a strong position. The Director of Nursing added that the Trust are looking to strengthen clinical educator roles at ward level and there is a challenge to Band 7's to make their clinical area the place to work.

RH asked for assurance and views in terms of reducing absence levels and how the Trust position compared to other Trusts. The Director of Nursing confirmed the Trust are in a better position than other Trusts who have been working at much higher absence levels than CHFT. The positive impact of the health and wellbeing offer was noted, which provides a strong platform for the future as part of business better than usual.

DS asked if the national commitment to increase nurses and midwives in the system had positively impacted on the Trust and the Deputy Director of Nursing confirmed details of work with universities, with membership on the Local Workforce Action Board, increased placement capacity in the Trust and an increase in the number of places on programmes by the universities. DS asked about the extent to which progress had been made with using different roles in teams as part of the Nursing and Midwifery Strategy and the Director of Nursing explained there were some areas that moved more quickly, such as the use of Pharmacy Technicians, and that this will be taken forward as part of workforce redesign. She added that Allied Health Professionals have been working differently during the pandemic and been more ward based, which has helped with proof of the concept.

PW asked if there is any evidence to understand if Brexit is an enabler or barrier to this moving forward and the Director of Workforce and Organisational Development noted only 100 colleagues were impacted and none of these were negatively impacted.

OUTCOME: The Board **NOTED** the Nursing and Midwifery Staffing Hard Truths Report.

42/21 Risk Management Strategy

The Director of Nursing presented the updated Risk Management Strategy which was previously approved at the Risk Group and Audit and Risk Committee.

The purpose of the updated Strategy was to merge the policy and strategy into a combined document and provide more clarity on roles and responsibilities and reporting arrangements.

OUTCOME: The Board **APPROVED** the updated Risk Management Strategy.

43/21 Board Assurance Framework

The Company Secretary presented the updated Board Assurance Framework (BAF) with all changes in red. The key highlights were below:

- There are currently 22 risks on the BAF
- No new risks added since the last report
- There has been an increase in the scores for 2 risks relating to (4/19) Patient and Public Involvement and (4/20) CQC rating, largely linked to the pandemic impacting

on activities that can be undertaken to mitigate the risks and the change in the way CQC is currently operating in response to the pandemic response

- the oversight role for one risk has switched from Finance and Performance Committee to the Transformation Programme Board (9/19) relating to the Trust estate

RH pointed out the reduction of the long term financial risk (18/19) need to be reflected on the heat map and risk 7/19 on NHS Improvement compliance was a Finance and Performance Committee risk responsibility. The Company Secretary confirmed this was initially Board and will be updated to Finance & Performance (F&P) Committee.

Action: Company Secretary to update the heat map for risk 18/19 and responsibility of risk 7/19 to the F&P Committee

AG asked for an update on risk 04/20 regarding CQC and the three outstanding actions and if the risk score had increased as CQC have changed how they are monitoring organisations, or, if the Trust are more worried about maintaining their rating. The Director of Nursing confirmed this is around a CQC inspection, noting the process pre-Covid and beyond will be different. She confirmed processes internally around CQC checks are on hold for valid infection prevention and clinical prioritisation reasons. Must-do assurances and leadership checks remain in place; however, these are not as thorough as normal. Internal CQC checks will be progressed during March at pace and are expected to be on track in the next 4-6 weeks. There are no concerns that the services are in a different place; however, there is not currently the same level of in-depth internal scrutiny for good reason.

AN stated the overall rigour of the BAF keeps improving and noted the score on 4/19 relating to CQC following the challenge around engagement. AN suggested reviewing the risk score for 15/19 on the commercial income from HPS and THIS as there will be further challenges next year. The Director of Finance agreed to review this again and provided reassurance that the commercial elements of these businesses are relatively small in terms of turnover.

OUTCOME: The Board **APPROVED** the Board Assurance Framework and noted the updates.

44/21 Learning from Deaths Q3 Report

The Medical Director presented the Learning from Deaths report for Q3, noting a total of 187 deaths in Covid positive patients during this period. The challenges on clinical staff have been significant; therefore, the number of reviews has been impacted; however, the high rate of reviews for Covid patients has continued. The target of 50% for mortality reviews has not been met through this year due to the Covid response. Details of the quality of care scores were shared in the report and the findings are common themes, e.g. poor documentation. He added that the Care of the Acutely Ill Patient Programme will be re-established. The Medical Examiner role will be complementary to this and will help strengthen the process.

OUTCOME: The Board **NOTED** the Q3 Learning from Deaths Report.

45/21 Safeguarding Update – Adults & Children

The Director of Nursing presented the Safeguarding Adults and Children interim report. The following points were highlighted:

- Maintained as safe as possible a full safeguarding service during the pandemic

- Established a discharge equality improvement group to assess the quality of hospital discharges
- Ensuring discharges are expedited with a safe and appropriate discharge particularly for elderly patients
- Reviewing health assessments for children looked after which has maintained a good compliance of these assessments, much of this virtual which the Trust would want to continue as business better than usual

The Chair stated it is impressive that this work has been maintained throughout the pandemic.

AG challenged that in the key achievements it stated the Trust continue to attend virtual safeguarding meetings for adults and children for Kirklees; however, doesn't mention Calderdale. The Director of Nursing confirmed this was an omission of the report and Calderdale meetings are still attended.

The Chair added he was impressed that the Trust continued deprivation of liberty during these challenging times. The Director of Nursing confirmed this will be business better than usual.

OUTCOME: The Board **NOTED** the quarterly Safeguarding Adults and Children update.

46/21 Quality Report

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

- Dementia screening continues to present a challenge for the Trust, with a re-focus on some of this work
- CQC's new transitional approach to monitoring services and the Trust's Maternity Services are the first to present to the CQC in line with this new approach
- Recommendation 9 & 10 (Facing the Future Standards) work requires a re-focus now the pandemic surge has eased, largely around paediatric patients in A&E and an urgent report has been requested from the department on risk mitigation- it is acknowledged by the CQC that as this is dependent on configuration of services the Trusts is likely to be non-compliant
- Workshops are taking place focused on Use of Resources to get back on track
- Pressure ulcers remains an area of limited assurance and a comprehensive report will be presented to the Quality Committee which will monitor improvement work
- Complaints – seeing an improved picture which should be reported in March, due to lots of work undertaken and closer working with Divisions leading to a tighter complaint turnaround time

AN asked if the divisions are getting the appropriate skills resource for complaint responses and the Director of Nursing confirmed resources have been deployed in Divisions which has helped speed up the return of complaints to the corporate complaints team and a weekly catch up takes place to review each complaint. A new framework of KPIs is being pulled together to target improvement.

In relation to the 14 open enquiries with the CQC AN asked if there are any key themes and the Director of Nursing responded there are no key themes as yet.

RH confirmed working groups are continuing looking at Use of Resources and an internal review is taking place by the Director of Finance to see where the Trust is against areas previously noted as requiring improvement. A further update is due at the Finance and Performance Committee by May 2021.

RH noted issues regarding dementia screening performance, pressure ulcers and hydration and stated it would be good for the Trust to see progress in these areas. RH queried why falls were not included in the report, which had been briefly discussed at F&P Committee and asked if this can be picked up in the next report. The Director of Nursing confirmed a deep dive from the lead of the Falls Collaborative has taken place which will be included in future reports.

Action: Director of Nursing to include falls in future Quality Reports

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

47/21 Integrated Performance Report – January 2021

The Chief Operating Officer stated the performance position for the month of January 2021 highlighting the key issues and noting that the report has been through all relevant sub-committees.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance for January 2021 and **NOTED** the ongoing activity across the Trust.

48/21 Governance Report

The Company Secretary presented the updated declarations of interest of members of the Board and the compliance position for the Fit and Proper Persons Regulations under the Health and Social Care Act 2008 Regulations 2014 following an annual update.

The Company Secretary presented the annual review of the Board terms of reference where reference has been added to section 8 to the format of the Board noting these may take place virtually.

OUTCOME: The Board **NOTED** the updated Board of Directors Register of Interests and Fit and Proper Persons Register and **APPROVED** the updated Board Terms of Reference.

49/21 Annual/Bi-Annual Reports

The Public Sector Equality Duty (PSED) Annual Report for 2020 was shared by the Director of Workforce and OD for approval.

AN said it was an encouraging report detailing all the work has been done despite the pressures of last year. He highlighted the leavers report which shows figures for the older age group increasing and asked if this was natural retirement or concern the older age of the workforce are fatigued. The Director of Workforce and Organisational Development confirmed there has been movement in the market and the age group nearer retirement has found the pandemic difficult in their career. She added that there are a few colleagues who can currently retire at age 55 due to their special class status. The leavers report is being reviewed in more detail in terms of age.

The Chair acknowledged this was a comprehensive report detailing the last 12 months.

OUTCOME: The Board **APPROVED** the Public Sector Equality Duty (PSED) Annual Report for 2020.

50/21 Update from sub-committees and receipt of minutes and papers

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

- Finance and Performance Committee meetings held 11.01.21 and 01.02.21
- Quality Committee meeting held 30.12.20 and 25.01.21
- Workforce Committee meeting held 08.02.21
- Covid-19 Oversight Committee meeting held 26.01.21
- Audit and Risk Committee meeting held 26.01.21
- Council of Governors meeting held 28.01.21

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

51/21 Items for Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update January 2021
- Council of Governors Election Timetable

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited (CHS) Managing Director Update for January 2021 and the Council of Governors Election Timetable.

52/21 Any Other Business

There was no other business.

Date and time of next meeting

Date: Thursday 6 May 2021

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams

The Chair closed the meeting at 12.27 pm.