

APPROVED Minutes of the Public Board Meeting held on Thursday 6 May 2021 at 9:00 am via Microsoft Teams

PRESENT

Philip Lewer	Chair
Owen Williams	Chief Executive
Ellen Armistead	Director of Nursing/Deputy Chief Executive
Gary Boothby	Director of Finance
Suzanne Dunkley	Director of Workforce and Organisational Development
David Birkenhead	Medical Director
Helen Barker	Chief Operating Officer
Alastair Graham (AG)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Denise Sterling (DS)	Non-Executive Director
Richard Hopkin (RH)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director

IN ATTENDANCE

	Anna Basford	Director of Transformation and Partnerships
	Mandy Griffin	Managing Director, Digital Health
	Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
	Andrea McCourt	Company Secretary
	Amber Fox	Corporate Governance Manager
item 60/21	Neeraj Bhasin	Vascular Surgeon and Trust Clinical Lead for GIRFT
	Asifa Ali	Research and Innovation Lead and GIRFT Programme Support
	Nicola Bailey	Transformation Programme Manager / GIRFT Programme Manager
	Clare Vickers	Regional Head of Nursing and GIRFT Nursing Lead
item 65/21	Nicola Hosty	Assistant Director of Human Resources
	Jonathan Hammond	Director of Operations - Service Planning
	Clare Simpson	Operations Manager - Service Planning
	Leanne Grice	Clinical Educator – Education
	Rachel Newburn	Project Manager, THIS
	Mike Lucraft	Clinical System Support Administrator
	Joanne Fortune	Physiotherapist – Rehabilitation
	Rosaleen Sunderland	Therapy Assistant – Rehabilitation
	Sally Grose	Occupational Therapist – Rehabilitation
	Chris Roberts	General Manager - Service Planning
	Andrew Hardy	Consultant - Respiratory Medicine
	Vanessa Dickinson	Matron - Service Planning
	Andre Mitchell	Colleague Engagement Advisor
	Robert Dadzie	Environment Manager – Estates (for item 64/21)
Anu Rajgopal	Guardian of Safe Working Hours (for item 67/21)	

OBSERVERS

Alison Schofield	Public Elected Governor
Lynn Moore	Public Elected Governor

53/21 Welcome and Introductions

The Chair welcomed Neeraj Bhasin, Asifa Ali, Nicola Bailey and Clare Vickers to the meeting who were in attendance to present a staff story on the ‘Getting it Right First Time’ Programme.

The Chair informed the Board a number of colleagues will be joining for the Workforce and Organisational Development Strategy and Staff Survey results agenda item.

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.

54/21 Apologies for absence

Apologies were received from publicly elected governors Stephen Baines, Veronica Woollin, Sheila Taylor and Christine Mills.

55/21 Declaration of Interests

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

56/21 Minutes of the previous meeting held on 4 March 2021

The minutes of the previous meeting held on 4 March 2021 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 4 March 2021.

57/21 Action log and matters arising

The action log was reviewed with all actions complete.

58/21 Chair's Report

The Chair reported he is working across West Yorkshire and he is the current chair of the West Yorkshire Association of Acute Trusts. The Chair has attended sessions arranged by NHS Providers on the White Paper "*Integration and Innovation: working together to improve health and social care for all*" and currently attends monthly reference groups for the development of the Integrated Care System (ICS). The Chair meets with the leaders of the local authorities at the start of their municipal year and other NHS Trust Chairs across West Yorkshire.

The Chair informed the Board that Richard Hopkin has agreed to be the Well-Being Guardian.

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

59/21 Chief Executive's Report

The Chief Executive asked to formally record the Board of Directors thanks to our non-surgical oncology colleagues who have been working very hard with Mid-Yorkshire Hospitals Trust (MYHT) colleagues to ensure we look after MYHT cancer patients.

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

60/21 Staff Story - Getting it Right First Time (GIRFT) Annual Update

Neeraj Bhasin, the Trust's clinical lead for 'Getting it Right First Time' (GIRFT) Programme in CHFT presented the annual update and introduced Asifa, Clare and Nicola who together make up the Trust core GIRFT team.

Neeraj explained GIRFT is a significant national clinical quality improvement programme which is fully embedded nationally with government backing. GIRFT is a clinically led peer review with multi-professional involvement. The aims of the GIRFT Programme are to:

- Improve the quality of care through reducing unwarranted variation
- Improve patient outcomes and experience
- Cost improvement though the focus is on patient and clinical services

The key points to note were:

- Benchmarking of GIRFT takes place locally, regionally and nationally
- CHFT are working collaboratively with the GIRFT national team on the process designed at CHFT to create a national exemplar toolkit that will be launched nationally as the way to introduce GIRFT into an organisation
- Regionally, CHFT has liaised with two Trusts to help embed GIRFT into their organisation
- Lots of engagement has taken place within CHFT to embed the process and a total of 26 deep dives into specialties have taken place across 3 Divisions which has seen numerous positive service and patient care developments
- Future work includes the national report that has been received on improving the management of adult Covid-19 patients in secondary care. Whilst co-ordinating a response to this, CHFT had already implemented several the recommendations that came through in the report
- CHFT have now become fast followers for the National Consultant Information Programme which is a digital portal at consultant level of individualised benchmarking data which will be rolled out to 8 surgical specialties
- GIRFT action plan will be incorporated into the CQC assurance process.

The Director of Workforce and OD congratulated the team on being a national exemplar and fast follower which has been very successful. She asked if there was an opportunity to blend the Trust's 3 R's (result, reality and response) improvement methodology with the GIRFT methodology. Neeraj responded that they are very similar processes, a GIRFT deep dive is almost a 3 R's Working Together Get Results and GIRFT could form a facet of this work.

AG stated it is heartening to see how GIRFT is embedded at both organisational and national level. He asked how the patient voice is reflected through the GIRFT process. Neeraj responded that GIRFT is a metrics driven process which includes patient satisfaction studies, friends and family test (FFT) metrics for each specialty and patient reflections on how they receive information.

Nicola Bailey added in addition to metrics driven information and FFT data packs, through the engagement and action planning stage, they use local intelligence from the teams to incorporate the patient voice at different levels which can influence and inform the improvement actions using this evidence, e.g. feedback from patients on what doesn't work for them.

The Managing Director for Digital Health asked from a digital perspective if there is any learning from GIRFT to improve data quality regionally and nationally. Neeraj explained coding is essential and a clinical coder attends every deep dive and the link with THIS is strengthened. He explained coding may differ by Trust and standardising coding is important so that benchmarking and comparison is more accurate and effective. He added that regional visits take place and more services are undertaken across the Integrated Care System patch. Neeraj explained they have a GIRFT digital portal which updates information quarterly with the aim to get monthly data through direct linkage with the theatre management systems. There was a discussion about how CHFT could influence and drive the agenda on data quality by specialty or ICS level.

AN asked for examples of where the process has seen improved patient outcomes. Asifa provided examples where direct patient impact has been seen in stroke, cardiology, urology and radiology services, for example for stroke a new workforce model was implemented to support a stroke assessment bed in A&E at Calderdale which has led to 1 hour scans and enables direct admission to the stroke unit, with a similar process being worked up at HRI.

RH stated it is useful to hear specific examples which demonstrate the real benefits of the great programme and we should continue to facilitate the communication of these through Board Committees and other forums.

Clare Vickers explained the nursing engagement within GIRFT has excellent attendance from the clinical nurse specialists and the team are looking at more engagement from nurses in all areas, e.g. wards and outpatients.

The Chair thanked Neeraj and the GIRFT team for all their hard work embedding GIRFT into the organisation and their work nationally.

OUTCOME: The Board **NOTED** the staff story on the 'Getting it Right First Time' Programme.

61/21 Health Inequalities Group

The Director of Nursing presented the minutes of the Health Inequalities Group meeting held on 23 March 2021 and reported that health inequalities was brought in to focus during Covid-19. In recognition of the importance the Board places on health inequalities and disproportionate impact, a health inequalities group has been set up to provide oversight of key workstreams which is chaired by Peter Wilkinson.

NHS England/Improvement (NHS E/I) have made the agenda clear in relation to health inequalities which is being driven by the Chief Executive.

The key points to note were:

- Director of Transformation and Partnerships leads on the wider strategic community response and quality impact assessment, driving forward Business Better than Usual
- Chief Operating Officer leads on the clinical prioritisation and recovery plan
- Director of Nursing leads on the lived experience of external users with the focus starting on maternity
- Assistant Director of Workforce, Nikki Hosty is leading on the workforce agenda.

Next steps include:

- A formal report on the group's workplan to the July Board of Directors meeting
- A session on health inequalities scheduled for the joint Council of Governors and Board of Directors informal workshop next week
- Deep dive is scheduled at the June Board of Directors Development Workshop to ensure clarity on what success will look like in 12 months' time

PW added that a few meetings have taken place so far with lots of energy and enthusiasm. The meeting is focusing on the four areas described above, each led by a Director. He added that it has been impressive work to date.

The Chief Operating Officer explained in terms of prioritisation, focus is on the agreed priorities linked to health inequalities as part of the recovery framework. The Chief Operating Officer has shared the presentation nationally. Feedback from these national presentations are that the Trust's commitment to learning disability is evident and the

Board is commended for its bold and clear position statement that the recovery response be undertaken using a health inequalities lens.

The Chief Executive stated health inequalities is now a standing agenda item at the Board. He reported that West Yorkshire Acute Trusts and all other Trusts presented their position on backlog and waiting lists and it was disheartening to see the pattern of which groups of patients could be at a disadvantage, which is seen across other Trusts in the West Yorkshire region. The Chief Executive reported there is a learning disability awareness week in June and suggested some connectivity to the work the Trust are doing.

KH was very supportive of this and hopes it will make some progress.

Neeraj Bhasin provided an update on two business better than usual projects taking place which included:

- Social responsibility project – access to healthcare in disadvantaged individuals, a network has been developed in Calderdale and the next steps are looking at developing a network in Kirklees
- Working with the A&E department to make attendances into a more stable continuity of care working with Greenwood PCN collaboratively with Integrated Care System colleagues in an effort to reduce health inequalities.

The Chair thanked all colleagues who are actively involved in this work.

OUTCOME: The Board **NOTED** the Health Inequalities minutes and that a health inequalities report will be received at future Board meetings.

62/21 Annual Plan 2021/22

The Director of Finance presented the recovery framework and annual plan for 2021/22 which was deferred this year. The operational plan is linked to reducing inequalities.

The recovery framework, including the executive summary, was approved at the Finance and Performance Committee. This is a framework that will evolve over the next few months.

The key points to note were:

- New terminology, H1 means the first six months (half) of the year and H2 means the latter half of the year
- Detailed plans have been submitted for H1, not H2
- More clarity is needed on the funding regime for H2
- Set a balanced plan for H1
- The combined impact of these decisions in H1 2021/22 drives a requirement for a £3m efficiency in H1 to deliver a balanced budget, the Trust delivered £6m in efficiency last year
- Within the annual plan budgets have been set with budget holders with greater focus on budgetary control for 21/22
- Plan supported £4.5m of Covid expenditure pressures (out of an original £8m set aside)
- The balance of £3.5m remains held but will be redirected to elective activity recovery actions (Stage 3)
- £2.8m funding for developments was accepted to progress to business case stage for consideration at Commercial Investment Strategy Committee which is on top of the £2.2m of developments approved last year
- £5m of new ways of working and improvements – subject to business cases to the commercial investment group with KPI's identified
- Planning to deliver more activity within the first 6 months than the planning guidelines trajectory

- Additional funding becomes available if more activity is delivered
- There is potentially a further £2m of elective recovery fund income which is not built into the plans currently
- Agreed small financial risk for H1 now on the risk register
- There is significant financial challenge for H2 from October onwards as less funding appears to be available
- H2 requires a further £14m for efficiencies which is a greater scale than ever before and is consistent across West Yorkshire and this is driven by reduced funding support after September based on the current guidance
- H2 financial plan has a score of 20 on the risk register which was agreed at the Finance and Performance Committee on 5 May 2021

AN asked if there was an independent sector element to this. The Director of Finance explained it was agreed prior to understanding what the financial framework looked like and a sum has been committed to working with the independent sector however activity cannot all be delivered on in the first three months. The Trust are still working through other options to increase activity e.g. LLP partnership with orthopaedic colleagues and additional waiting list initiative work. There is further challenge with clinical colleagues around Covid and social distancing.

AN queried why a higher level of activity was not planned for April to September. The Director of Finance explained the volume of work undertaken last year from an outpatient point of view was 167,000 of outpatient interventions compared to 190,000 in a normal year. The Chief Operating Officer added it was a conscious decision to agree a core activity level and build up from it. The national GIRFT team attended the WYAAT meeting and provided clarity on the standardisation and theatre length which will help productivity.

The Medical Director explained the impact of Covid remains as the guidance around managing Covid infections and preventing the spread remains the same in terms of bed spacing, social distancing and low, medium and high groups. He explained there is still a relatively high rate of Covid in West Yorkshire; however, the number of patients has reduced significantly. There is an ongoing challenge in terms of efficiency.

AG recognised the huge challenge to deliver and achieve the savings and asked how the Trust will get the commitment from key staff to achieve this. The Director of Finance explained the scale of the challenge has not yet been communicated and there is nervousness around funding and the Covid restrictions in how the Trust operates.

OUTCOME: The Board **APPROVED** the Recovery Framework and Annual Plan for 2021/22 and **APPROVED** the financial risk on the risk register for H1.

63/21 Month 12 Financial Summary

The Director of Finance presented the month 12 financial summary and highlighted the key points below:

- Control total basis delivered surplus of 360k in year, a favourable variance of £2.27m compared to plan – this is the second year in a row the Trust have delivered a surplus
- The Trust has incurred costs relating to Covid-19 of £33.54m
- External audit is working with the Trust on the accounts which will be presented to the Audit and Risk Committee in June 2021
- Accounts will show a deficit due to several technical items that fall below our control total
- Agency expenditure year to date is £4.51m, £0.28m below the revised planned level
- Underspent on capital due to externally funded schemes
- Good cash position linked to changes in the Cash regime

- Better Payment Practice code achievement
- Over 95% of invoices were paid within the due date
- CIP achieved for the year was £6M without much focus on delivery in year
- Use of Resources delivered a score of 2

OUTCOME: The Board **NOTED** the information provided in the Month 12 finance report and the financial position for the Trust as at 31 March 2021.

64/21 CHFT Green Plan (Climate Change)

The Managing Director for CHS presented the CHFT Green Plan. The key points to note were:

- Vision is on the climate and sustainability agenda
- Plan approved by the Transformation Programme Board
- Progress will be reviewed by the Board and the Green Planning Committee
Chaired by Andy Nelson
- Discussion with partners such as local councils are interested in learning what the Trust has done e.g. waste, transport etc.

The Managing Director for CHS thanked Rob Dadzie, Environment Manager who has developed this Green Plan with support from Andy Nelson.

Robert Dadzie, Environment Manager explained the Green Plan comes with an ambitious action plan with 10 key themes which are integrated with the Trusts key plans. The Green Plan is a mandatory document. It commits the Trust to significant reduction in carbon emissions across 5 years. We are working with the energy consultant to verify our emissions data and estimate a baseline.

Leaders have been identified on the sustainability action plan and support needed to monitor delivery. A travel plan has been produced and approved as part of the reconfiguration plan.

AN suggested the Trust needs to avoid this becoming a separate action plan as it progresses and evolves.

The Director of Transformation and Partnerships added the importance of this plan has been apparent over recent months and longer term with regard to the reconfiguration work. She explained partner organisations have been positive about the scope and ambition of the Green Plan and the Director of Transformation and Partnerships has been asked to inform key partner organisations of the outcomes at the Board meeting so that the CHFT Green Plan can be shared more widely.

The Chief Executive welcomed the work of colleagues that initiated this and endorsed the suggestion for the Board to incorporate sustainability into the standing report and cover sheet. He highlighted that additional training was required for the Board to learn how to embed the 'Equality Impact Assessment' into the cover sheet and training will be required to understand how it may apply.

The Environment Manager explained they received a proposal for carbon literacy training which can be rolled out to the Trust to help understand how this may be embedded for Board papers and report writers. The Environment Manager added there is also a requirement to embed sustainability into Business Cases and a discussion has taken place with the Associate Director of Finance and a draft paper will be shared to take this forward.

The Managing Director for CHS explained he is working with West Yorkshire colleagues as sustainability lead and is putting in a bid for funding for additional training.

The Chief Operating Officer highlighted the importance of recognising who needs to attend the training as many colleagues are involved in writing Board papers. She suggested the Board are mindful that there may be elements of this which have a financial consequence. The Chief Operating Officer asked if ISS are included as they deliver lots of services as she felt the plan was more focused on HRI and asked if community teams are included e.g. travel for community colleagues. The Managing Director for CHS confirmed the membership of the Green Planning Committee is being broadened to include unions, local authority, and ISS. The scope of the plan covers energy consumption across the Trust and is not HRI focused.

KH shared her support to include sustainability assessment in Board papers as it is important to understand the impact of sustainability on any decisions made. She was also supportive of the Green Champions which are key to taking this forward and ensuring ownership across the Trust.

AG stated the plan included ensuring all new builds achieve the 'good' rating as a minimum and thought the required rating was 'very good'. The Environment Manager confirmed the rating should state 'very good' at a minimum with an aspiration of 'excellent'.
Action: Environment Manager to update the target of new builds in the Green Plan

DS stated it is an excellent piece of work and highlighted the importance of using every opportunity to communicate and promote the plan to integrate into other work. She pointed out there was no lead in the action plan for sustainable care models and asked that this was addressed as soon as possible. The Environment Manager confirmed the actions to address this will be picked up and explained this is a working document which will be added to as progress is made.

RH highlighted the minimum recycling target of 40% has already been achieved by the Trust and asked if this was an ambitious enough target. The Environment Manager explained an order has been placed to increase recycle bins at the Trust which were delivered this week and will be rolled out. The target of 40% is the NHS target set by NHS E/I. He reported that some Trusts have achieved higher and the minimum is 40% with an aim to achieve more. RH suggested a more aggressive target is set for the Trust.
Action: Environment Manager to review the recycling target of the Trust

AN explained there was a proposal at the Green Planning Committee about how the Green Plan is shared and the Director of Workforce and OD suggested linking with the organisations the Trust work with by using 'The Cupboard'.

The Company Secretary asked if there was an indicative timeframe for incorporating sustainability into the Board front sheets, subject to the training. The Managing Director for CHS will keep the Company Secretary up to date on the training.
Action: MD for CHS to inform the Company Secretary when the sustainability training is available for Executives and key staff and will be incorporated into Board papers

OUTCOME: The Board **APPROVED** the CHFT Green Plan, **NOTED** the requirements within the accompanying Sustainability Action Plan and **APPROVED** the proposed amendments to Board papers, subject to training.

65/21

Workforce and Organisational Development Strategy including Staff Survey Results and Action Plan

Nikki Hosty, Assistant Director of Human Resources introduced the Workforce and Organisational Development Strategy which includes seven themes and the staff survey results and explained the alignment to the NHS People Plan is vital. A recent review

highlighted keeping the content fresh is crucial and also highlighted a number of gaps where a plan has been developed.

The staff survey results from Picker have been shared with Directors, Workforce Committee and the Executive Board. The data highlights a 50% response rate which is higher than the benchmark and the overall staff engagement score has improved by 1%.

The key points to note were:

- Organisation takes positive action on health and wellbeing, 10% increase from 22% to 32%
- Adequate equipment and materials to do my work has increased from 49% in to 58%
- I am not looking to leave this organisation rose from 58% in 2019 to 62% in 2020

The Assistant Director of Human Resources invited a number of colleagues to share the work that has undertaken on the staff survey results.

Johnathan Hammond, Director of Operations for Medicine who joined the Trust October 2020 explained the Medical Division Engagement Plan was shared which highlighted what the Trust are good at and the areas for improvement. The Division set some key actions which were presented to the weekly Executive Board developed by Divisional Management Teams. Lessons learned were shared from Directorates who had scored well. A Divisional Communication and Governance Strategy is being developed and implemented and Ian Kilroy is rolling out further training for areas with higher rates of violence.

Chris Roberts, General Manager for Integrated Medical Specialties (IMS) highlighted the following key points from the staff survey action plan:

- One culture of care came through in ward support throughout the pandemic from Nephrology and Rheumatology who stepped down activity to support the pandemic
- Embedded development and improvements within the urology team implementing a consultant of the week / Neurologist of the week rota
- Maintaining morale amongst staff has been difficult and IMS have been as visible as possible during the pandemic
- The lowlights included challenges relating to shielding during Covid, the longer term impact of fatigue amongst staff and the impact on morale and Neurology team engagement which has started to improve engagement with the rota
- The key actions from the staff survey results for IMS were shared

Rosaline Sunderland and Joanne Fortune, Physiotherapists and wellbeing champions who embrace one culture of care shared the work they had undertaken during the pandemic. They created a baby board, positivity tree, kindness calendar and star of the month to celebrate what had gone well. The team built together a positivity jigsaw during a socially distanced meeting which improved morale. Rosaline explained how they use their wellbeing hour on the Stroke Unit by using a whiteboard to share and promote ideas to inspire colleagues to try something different to reduce and manage stress. The team are organising a walking group and a tea trolley.

Leanne Grice, Clinical Educator shared the pastoral support that has been provided to learners which focused on health and wellbeing which included dedicated wellbeing sessions on MS Teams, introducing a 'CHuFT Board' to help increase staff morale, creating health and wellbeing packs for colleagues and introducing a quarterly team book club and celebratory team event.

Mike Lucraft, Chair of the colleague Disability Action Group explained how the life of colleagues has been changed and how the forum is used to collate and pass on information to disabled colleagues. This knowledge can be used to perceive how the

patient sees and interacts with care providers. This forum is for colleagues to air their issues and suggestions for real improvement through in house learning events. Anyone is welcome to join the group. There is a private safe place for colleagues to meet through Teams or the existing Cupboard. The Disability Action Group is here to make a difference and ensure one culture of care is applied to disabled colleagues.

Rachel Newburn, Project Manager for THIS explained she is chair of the LGBTQ forum with 25 members in the group. They are looking to increase membership by promoting the network. This forum gives colleagues a safe space and means of support. The forum are looking to develop the intranet to include terminology and hold learning at work events through shared experiences. It is recognised that staff may come to the network to support colleagues or family. This forum promotes one culture of care and the Trust as an inclusive employer and provides a great experience for colleagues.

Andre Mitchell, Colleague Engagement Advisor explained how CHFT supported him when applying for the Empower programme and was appointed to the position.

Sally Grose, Occupational Therapist explained how she used her clinical skills as an occupational therapist to support a colleague back to work following a period of sickness. She helps colleagues develop the coping strategies required to return to work and is very passionate about caring for each other.

KH thanked all colleagues who contributed today and recognised that staff have been working under very difficult conditions and still achieved a remarkable staff survey result. She recognised the longer term fatigue issue for staff and highlighted there has been lots of good practice during this time that can help towards the future.

RH stated he is the Non-Executive Director appointed as Wellbeing Guardian and is looking forward to working with the Assistant Director of Workforce, Director of Workforce and OD and the team to start this piece of work.

The Chair thanked the Assistant Director of Workforce and all colleagues in attendance for their inspiring examples of the work undertaken from the staff survey results. The Chair looks forward to the progress reported at a future Board meeting.

OUTCOME: The Board **NOTED** the update on the Workforce Strategy/2020 and Staff Survey results.

66/21 Director of Infection Prevention Control (DIPC) Report

The Medical Director presented the Director of Infection Prevention Control report which covers the period from December 2020 to March 2021 and is similar to previous years. The key points to note were:

- Infection control team and microbiologists focused on managing covid-19 safely throughout the pandemic
- Guidance on managing Covid-19 changed very frequently which was managed by Anu Rajgopal and her team
- Hospital onset covid infections (HOI) in the report relate to October to March 2021 and there is now greater control over this, an outbreak recently only involved 2 patients

The Chief Executive acknowledged the hard work undertaken by Andrea Dauris, Associate Director of Quality and Safety on PPE. He added that the PPE group has now been stood down which suggests how far the Trust has travelled. The Chief Executive reminded colleagues to remain vigilant as the national guidance changes and any signs of slippage needs to be recognised. A Board conversation will need to take place once the requirement of social distancing is removed.

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

67/21 Guardian of Safe Working Hours Q4 Report

Anu Rajgopal, Guardian of Safe Working Hours presented the Q4 report. The key points to note were included in the presentation and included information on exception reports, areas of unfilled locum shifts (Medicine), good engagement with the junior doctor's forum and equality impact. The flexibility of junior doctors with rotas was noted. Anu informed the Board the Guardian of Safe Working Hours annual report was available in the review room.

The Medical Director personally thanked Anu for all her hard work focusing on this piece of work and the improved engagement as a result with this group.

OUTCOME: The Board **NOTED** the Q4 Guardian of Safe Working Hours Report and **NOTED** that the Annual Report was circulated and available in the Review Room.

68/21 Health and Safety Policy

The Director of Workforce and OD presented the Health and Safety Policy which has previously been approved at the Health and Safety Committee and the Audit and Risk Committee.

The changes to the policy include reference to the five year strategy which will be brought to the Board on 1 July 2021 and Andy Nelson is the critical friend on this. The changes also include reference to the four pillars, staff wellbeing and a 'statement of intent' included in the policy.

OUTCOME: The Board **APPROVED** the updated Health and Safety Policy.

69/21 Quality Report

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:

- CHFT led the John Smiths Stadium Vaccination Centre and were commended for the strong partnership working by the CQC
- No guidance from NHSI/E yet on Use of Resources
- Lots of work has taken place on the risk mitigation from the outstanding action from the previous CQC inspections on emergency cover within ED
- Focus Support Framework – local CQC style inspections have been put on hold with the introduction of the Observe and Act model
- There is an improving picture around CAS Alerts
- Continuing challenge around pressure ulcers – steady increase in community and work is ongoing to understand this better
- Complaints – challenges continue in terms of response levels and more work to do in closing outstanding actions
- The number of incidents resulting in severe harm or death is starting to decline largely due to a significant reduction in the number of HOCl incidents
- A regular report into Board and a monthly report into Quality Committee with a maternity focus on Ockenden, which highlights obstetric staffing issues
- Excellent 1-1 performance on labour KPI's and safety indicators
- Quality priorities in the coming year include recognition and timely treatment for sepsis, reducing hospital acquired infections including Covid-19 and reducing waiting times for individuals attending the Emergency Department

AN highlighted there has been more traction on complaints and suggested more trend data around complaints and legal would be helpful in future reports. AN asked if a deep dive on falls had taken place. The Director of Nursing confirmed two deep dives take place at the Quality Committee for each focused priority with the relevant lead providing an update. There was a challenge to set targets on falls and raise awareness and more work is needed around risk assessment and documentation. The trend data was reviewed by Denise Sterling, Doriann Bailey and the Director of Nursing who agreed to include more trend data in future reports.

RH highlighted the deterioration in month for pressure ulcers and asked if there were reasons behind this. The Director of Nursing responded the Trust are starting to see a reduction in the pressure ulcers per 1,000 bed days and other Trusts are experiencing the same. There was a steady increase in community looking at the data which could relate to deconditioning at home. A few pressure ulcers are related to incontinence which may relate to frailty. The Chief Operating Officer added the deconditioning is being seen in the Emergency Department (ED) which is also impacting on the ability to avoid admission. The Director of Nursing added there is renewed focus around pressure ulcers working closely with Judy Harper, Tissue Viability Specialist.

PW highlighted the recommendation by the Royal College of Emergency Medicine to meet 16 hours of consultant presence in ED. The Director of Nursing explained the Trust will not meet the 16 hours consultant presence in the department as there is still a gap due to a national shortage of ED consultants. This is also further challenged by having a two site model however mitigating actions are in place.

The Managing Director for Digital Health fed back on conversations with the Chief Executive about the complaints process and Datix system. She is researching NHS wide to improve and look at interoperability and EPR to help inform incidents. A conversation has taken place with Professor Felicity Astin at the Huddersfield University who has been made aware of funding that could become available for Trusts to improve their complaints process. This is being worked through and will be brought back to the Executive team to improve the process and patient experience.

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

70/21 High Level Risk Register

The Director of Nursing presented the high level risk register which has previously been through the Risk Group and Quality Committee. The Director of Nursing thanked the Company Secretary for her contribution to the report. The key points to note were:

- 6 new risks on the high level risk register – 4 of which are new risks
- 3 risks where the scores have reduced
- 1 risk where the score has increased
- All risks are discussed at Divisional Level and the Risk Group which has good Divisional representation
- 3 risks that were not reviewed in March will be picked up at the next Risk Group
- Evidence of a dynamic risk register with clear movement

OUTCOME: The Board **NOTED** the current risks on the high level risk register and **APPROVED** the high level risk register.

71/21 Integrated Performance Report – March 2021

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

- Positive end of the year with no red domains throughout the year of the pandemic
- Areas of concern – complaints, stroke, summary hospital-level mortality indicator (SHMI), backlogs as part of recovery and ED is very busy with significantly high attendances
- Success – cancer continues to be strong, approach in clinical prioritisation, follow up outpatient cohort are being clinically validated, positive approach to understanding patients at a higher risk from a performance perspective

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

72/21 Approval of the new Performance Accountability Framework

The Chief Operating Officer presented the new performance accountability framework which is a refresh from 2015. This has been widely consulted with Executives and reflects recommendations from the Aqua well-led review.

The current framework has been in place for 5 years and significantly contributed to the Trust's position nationally in relation to performance where it is one of the highest achievers across the regulatory standards and contributed to the movement from 'Requires Improvement' to 'Good' following the last CQC inspection. The Trust has continued to perform at the highest level in terms of its key metrics throughout the COVID pandemic and will endeavour to take this standard of excellence through the next stage of recovery and sustainability.

The framework was approved the Finance and Performance Committee on 5 May 2021

AN highlighted the other bodies referenced in section 6 'Roles and Responsibilities' and asked that the framework ensures non-executive roles on these bodies are fully and accurately reflected. He suggested there will be a challenge on triangulation of activity e.g. how ED drives other measures. The Chief Operating Officer explained this is built in a formal group of deputies who complete the work on the Integrated Performance Report together with activity being part of this conversation.

OUTCOME: The Board **APPROVED** the new Performance Accountability Framework.

73/21 Governance Report

The Company Secretary presented the governance items for approval and noting in May 2021. There are four items for approval.

a) Changes to the Trust's Constitution and Standing Orders of the Council of Governors

The Company Secretary highlighted the three material changes to the constitution which are the removal of the reserve register for governors, the introduction of a 'Rest of England' constituency to widen membership across the area and that governors who have completed their term can re-stand for election after a 2 year gap.

The Company Secretary highlighted the changes to the Standing Orders of the Council of Governors which included confirmation that a governor who has been terminated is not eligible to re-stand for a period of 2 years from the date of removal from office.

The changes to both the Trust's Constitution and Standing Orders of the Council of Governors were approved by the Council of Governors on 22 April 2021.

OUTCOME: The Board **APPROVED** the changes the Trust's Constitution and Standing Orders of the Council of Governors.

b) Compliance with Licence Conditions

The Company Secretary explained the self-certification schedules for 2020/21 relate to governance and compliance with the NHS Provider licence. Compliance with condition FT4 (8), systems and processes for good governance and condition G6(3), effective systems to ensure compliance with the conditions of the NHS provider licence, was confirmed. For condition S7 (CoS7(3) relating to continuity of service and availability of resources for the next 12 months the Trust has declared that it has a reasonable expectation that the required resources will be available (declaration 3b) with an explanatory narrative from the Director of Finance.

OUTCOME: The Board **APPROVED** the content of the self-certification documents for the signature of declarations.

c) Delegation of 2020/21 annual accounts and annual report approval to the Audit and Risk Committee

The Company Secretary explained the proposal which was supported by the Audit and Risk Committee is for the Board to delegate approval of the sign off processes to the Audit and Risk Committee at the meeting arranged on 10 June 2021.

OUTCOME: The Board **APPROVED** the delegation of authority to the Audit and Risk Committee to approve on behalf of the Board, at its meeting of 10 June 2021, the 2020/21 audited annual accounts and annual report.

d) External Development Review of Leadership and Governance

The Company Secretary reported the well-led development review of governance had now been completed and further discussion will take place at a Board Development session in June 2021.

OUTCOME: The Board is **NOTED** the completion of the external well-led development governance review.

e) Board of Directors Attendance Register – for the Annual Report and Accounts 2020/21

The Board of Directors attendance register was shared which will be published in the Annual Report and Accounts in June 2021. The Board are asked to advise of any discrepancies.

OUTCOME: The Board **NOTED** the Board of Directors Attendance Register which will be published in the Annual Report and Accounts 2020/21 and advise of any discrepancies.

f) Standing Orders/Standing Financial Instructions and Scheme of Delegation

The Audit and Risk Committee on 26 January 2021 agreed changes to the Standing Orders, Standing Financial Instructions and Scheme of Delegation. These changes were presented to the Board for approval.

OUTCOME: The Board **APPROVED** the changes to the Standing Orders, Standing Financial Instructions and Scheme of Delegation.

g) Board of Directors Workplan 2021/22

The Board of Directors workplan for 2021/22 was shared for information.

OUTCOME: The Board **NOTED** the Board Workplan for 2021/22 and will advise the Corporate Governance Manager should there be any further items or amendments to the workplan.

h) Use of Trust Seal

The Trust Seal has not been used since the last report to the Board on 5 November 2020.

OUTCOME: The Board **NOTED** that there has been no use of the Trust Seal since the last meeting on 5 November 2020.

i) Council of Governors – Staff Vacancies and Election Timetable

The Company Secretary reported the process of elections to the Council of Governors is underway and there are 12 public governor vacancies and 4 staff governor vacancies.

OUTCOME: The Board **NOTED** the staff governor vacancies and timeline for governor elections.

74/21 Review of Sub-Committee Terms of Reference

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

- Finance and Performance Committee Terms of Reference
- Transformation Programme Board Terms of Reference

OUTCOME: The Board **APPROVED** the terms of reference for the Finance and Performance Committee and Transformation Programme Board.

75/21 Board Sub-Committee Chair Highlight Reports

The following Chair Highlight reports were received which will be on every agenda following a recommendation from the AqUA review.

- Finance and Performance Committee
- Workforce Committee
- Quality Committee
- Covid-19 Oversight Committee
- Audit and Risk Committee

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

76/21 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., 1.02.21 and 1.03.21.
- Quality Committee meeting held 25.01.21., 22.02.21. and 22.03.21.
- Workforce Committee meeting held 8.2.21. and 8.03.21.
- Covid-19 Oversight Committee meeting held 26.03.21.
- Audit and Risk Committee meeting held 12.04.21
- Charitable Funds Committee held 23.02.21

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

77/21 Items for Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update March 2021
- Guardian of Safe Working Hours Annual Report

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited (CHS) Managing Director Update for March 2021.

78/21 Any Other Business

There was no other business.

Date and time of next meeting

Date: Thursday 1 July 2021

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams

The Chair closed the meeting at approximately 12.03 pm.