

APPROVED Minutes of the Public Board Meeting held on Thursday 3 March 2022 at 9:00 am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

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| Stuart Sugarman | Managing Director, Calderdale and Huddersfield Solutions Ltd (CHS) |
| Jim Rea | Managing Director, Digital Health |
| Andrea McCourt | Company Secretary |
| Amber Fox | Corporate Governance Manager (minutes) |
| Karen Spencer | Associate Director of Nursing / Head of Midwifery (for item 50/22) |
| Andrea Dauris | Associate Director of Quality and Safety (for items 45/22 and 46/22) |

OBSERVERS

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|-----------------|---------------------------------------|
| Christine Mills | Public Elected Governor |
| Gina Choy | Public Elected Governor |
| Nicola Seanor | Associate Non-Executive Director |
| Shahida Iqbal | Associate Non-Executive Director, CHS |
| Sarah Wallwork | Eye Clinic Service Manager |
| Karen Lord | Sister/Charge Nurse, Ophthalmology |
| Natalie Rice | Healthcare Assistant, Ophthalmology |

32/22 Welcome and Introductions

The Chair welcomed everyone to the public Board of Directors meeting, in particular Sarah Wallwork, Karen Lord and Natalie Rice from Ophthalmology who were in attendance to share a staff story.

The Chair also welcomed invited governors and observers to the meeting.

The Board meeting took place virtually and was not open to members of the public in light of NHS Infection Prevention and Control requirements in healthcare settings. The meeting was recorded, and the recording will be published on our website shortly after the meeting. The agenda and papers were made available on our website.

33/22 Apologies for absence

Apologies were received from Anna Basford.

34/22 Declaration of Interests

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

Alastair Graham, Stuart Sugarman and Shahida Iqbal declared an interest in Calderdale and Huddersfield Solutions Ltd (CHS).

35/22 Minutes of the previous meeting held on 13 January 2022

The minutes of the previous meeting held on 13 January 2022 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 13 January 2022.

36/22 Action log and matters arising

The action log was reviewed and updated accordingly, noting action 157/21, a Board session on the caring domain / patient experience was being arranged with the Board for June 2022.

Post meeting note: The session focused on the caring domain / patient experience has been arranged for Thursday 9 June 2022. Action closed.

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

37/22 Chair's Report

The Chair informed the Board that he continued to attend regular meetings of the Integrated Care System (ICS) on behalf of the Trust. The Chair offered 1-1 meetings outside of the meeting for anyone who would like an update on the ICS designate appointments. The Chair reported the statutory legislation for the ICS has not yet been approved by Parliament and is expected in July 2022.

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

38/22 Chief Executive's Report

The Chief Executive formally thanked communities for their tolerance and patience during the pandemic, adding that restrictions have been difficult and it's important to thank the community and colleagues for their support.

The Chief Executive reported the Trust are tackling the next stage of elective recovery, which includes outpatients. Further work is taking place with primary care colleagues to look at the impact and risks for our patients due to the backlog, he added the Trust remains agile in its leadership approach for this.

The Chief Executive informed the Board many positive conversations are taking place between Treasury and NHS England/Improvement (NHS E/I) regarding reconfiguration with lots of ongoing work taking this forward.

The Chief Executive acknowledged the efficiency and financial situation is incredibly challenging and our people, performance and the public pound remain a key focus.

The Chief Operating Officer updated the Board on the position regarding a boiler pipe incident on Tuesday 1 March 2022 at Huddersfield Royal Infirmary. The pressure in the boiler was high and five wards were smoothly and swiftly evacuated. She confirmed patients and staff were safe and the standing operating procedure was put into action. A debrief has taken place on what went well and learning. The Chief Operating Officer reassured the Board on the steps which took place with system partners and the fire service who were on site, with mutual aid offers from other hospitals. The incident was stood down within two hours and the Trust returned to business as usual. She explained this was a good test of escalation processes with a quick response. It was noted the incident was

publicised on social media quickly by the press; however, she confirmed there was no fire or explosion.

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

39/22 Staff Story – ‘Engage, Support, Reenergise - Our One Culture of Care Experience.... So Far!’

Sarah Wallwork, Eye Clinic Service Manager, Karen Lord, Sister/Charge Nurse and Natalie Rice, Healthcare Assistant in Ophthalmology presented their ‘One Culture of Care Experience’ staff story.

Sarah Wallwork explained she joined the Eye Clinic in 2020 during the middle of the pandemic which had impacted on colleague experience. She shared details of work that has taken place to engage, support and re-energise the team, noting how this leads to a good experience for patients. As a new manager to the team, Sarah undertook engagement sessions with the team, including a Working Together to Get Results (WTGR) session with Nikki Hosty, Assistant Director of Human Resources. As a result of the WTGR session, the team reviewed the workforce model and restructured this to build in some absence assumption in the team. The team introduced a wobble room for staff and a weekly department newsletter with regular covid updates, a wellbeing and engagement item, shout outs to the team and a “meet our team” section to introduce newly recruited colleagues. She added the team participated in a listening event with Jill Palmer from the wellbeing team which was very encouraging.

It was noted the Department have a new sensory room to support patients with a learning disability which was funded through charitable funds.

Karen Lord shared her experience, having joined the eye clinic team 12 months ago. She explained the support is brilliant within the team who are all looking out for one another. The team are looking at undertaking Nursing Associate roles in the Department and staff training is being encouraged which has led to staff feeling more supported, valued, and progressing well. As a result, there has been an improvement in patient care and colleague absence and morale in the Department.

Natalie Rice, a technician in the eye clinic, joined the team for a better work life balance having had a healthcare issue last year. She noted that Sarah and Karen are Trust ambassadors for ‘One Culture of Care’ managers as this has been a real success story, as colleagues in the team gave her so much support during her phased return and showed her compassionate care.

KH thanked Ophthalmology colleagues for sharing their emotive personal story. and commented it is good to know there are strong leaders who expound ‘One Culture of Care’ naturally. She asked what the team are doing to ensure this continues and is not a short term solution. Natalie Rice responded that the team continue to support an open door policy and work through issues together as a team. She added it is important to use the services that the Trust offers. KH congratulated the team for their work.

The Director of Nursing echoed the comments and stated Sarah Wallwork and Karen Lord shine like stars, and she is very proud.

The Chair thanked the team for sharing their personal experience which was humbling to hear.

OUTCOME: The Board **NOTED** the staff story from Ophthalmology in relation to One Culture of Care.

40/22 Health Inequalities Progress Report

The Director of Nursing updated the Board of Directors on activity and progress in relation to the current workstreams that support the Trust's ambitions to tackle health inequalities and noted key achievements to date.

The key points noted from the workstreams were:

- External environment: how we connect with our communities – A nurse specialist for high intensity users and people who are homeless and users with mental health has progressed well with worked linked in with local authority colleagues. It was suggested that the nurse specialist be invited to talk about this work at a future meeting. The Trust are currently recruiting for a mental health consultant to focus on the needs of service users with mental health conditions
- The lived experience – At the end of December, 65% of women from a BAME background have been booked onto a Continuity of Carer pathway
- Overcoming language barriers – a number of workstreams are being progressed to support those whose first language is not English
- Smoking in pregnancy – clear link with Index of Multiple Deprivation (IMD) groups – a new 'Smokefree Pregnancy Pathway' has been introduced
- Obesity and diabetes are linked to deprivation and lots of work is being undertaken with women who are at a higher risk of developing diabetes
- A Health Inequalities dashboard is being further developed and a meeting with the Chief Operating Officer, Director of Nursing, the Health Informatics Services and public health colleagues took place to ensure mapping of elective waiting lists across to IMD and protected characteristic groups continues
- Diverse and Inclusive workforce – CHFT Pride Network has a new Executive Sponsor, Jo Fawcus, Chief Operating Officer
- A public health specialist registrar has commenced in post for a 6-12 months secondment and Peter Wilkinson, as Chair of the Health Inequalities Group will be meeting with the registrar in the next few weeks

AG commended the report and said it was positive to see work continuing in this field which shows CHFT as a leader. He added it was positive to see the sensory room in the staff story and pointed out it is important to incorporate these ideas in reconfiguration plans. AG highlighted the Trust are working with the ICS on this and the care navigator roles which could play an important part in tackling inequalities. He asked what the care navigators do and how their work will be assessed and appraised. The Director of Nursing responded there are two groups of co-ordinators, one for learning disability working with Amanda McKie, and the other care co-ordinator is working alongside high intensity user specialities i.e., mental health, vulnerable patients. The role of the care co-ordinators is about care management and a single point of contact. AG asked if more can be employed with other groups if successful and the Director of Nursing confirmed the work of the roles will be monitored before further roles are developed.

DS commended the work around continuity of carer and with 65% of patients on a continuity of carer pathway it shows the Trust are the highest performer in the Local Maternity System (LMS). She explained there is a high percentage of mistrust from the BAME community and asked what work the Trust are doing to increase dialogue and engagement with community and voluntary services. The Director of Nursing responded that part of the role of the public health midwife is engaging with local communities and the Trust continue with the discovery interviews with patients and staff.

KH stated it was a positive report, very important to measure the social value impact of the work (described in the paper) and commented that reconfiguration provides an opportunity to reduce health inequalities.

The Chief Executive explained the longevity to this work for our communities that should be considered in the forward plan, working in partnership.

AN asked about the uptake in the use of the patient portal and if the Trust are trying to improve this as a tool for patient initiated follow up. The Director of Nursing responded the patient initiated follow up is part of the elective recovery plans and 'My Planned Care' will work alongside the patient portal. The Trust are leading on digital access in conjunction with local authority colleagues as part of the work of the Health Inequalities Group.

The Chair stated he is proud of what the Trust has achieved and it's good to see the progress the Trust are making on this journey.

OUTCOME: The Board **NOTED** the progress in relation to CHFT's response to NHS expectations of providers in tackling health inequalities.

41/22 2021/22 Strategic Objectives Update

The Director of Nursing presented an update on progress to the annual strategic plan for the period ending February 2022.

In November 2021 the Trust Board approved an 'annual' strategic plan describing the key objectives to be progressed during the period November 2021 to March 2023 that will support delivery of the Trust's 10-year strategy. Each of the objectives has a named Director lead accountable and responsible for delivery.

This report highlights that of the 19 objectives:

- 0 are rated red
- 5 are rated amber
- 13 are rated green
- 1 have been fully completed

An update on the five areas rated amber was provided by the lead Director:

- Population health data to address health inequalities – linked to the Health Inequalities paper, work is ongoing to ensure there is granular detail around protected characteristics
- Stabilisation of delivery of services in response to the Covid-19 pandemic – to reflect the dynamic of non-elective demand and elective recovery
- Maintain the CQC rating of 'Good' overall – This has been rated cautiously as there has been a different level of scrutiny seen from the regulator, the Trust have introduced journey to outstanding (J2O) reviews and external assurance mechanisms
- Work with system partners to achieve key performance metrics for urgent and emergency care and elective recovery – processes are in place with partners, this is a significant challenge and there is further work to do to improve delayed transfers of care and support processes for new ways of working with our system partners moving forward
- Inclusive recruitment – extensive work taking place on inclusive recruitment panels and processes, including the gender and ethnicity balance of the Board and Senior Team, with the aim of having a Board reflective of the workforce and communities we serve. Further work on inclusive recruitment training and inclusive stories led by the wellbeing and engagement team is ongoing to ensure appropriate questions at interview

Discussion took place on the strategic objective regarding the CQC rating given operational pressures and it was noted there is ongoing work regarding leadership assurance. DS recognised the journey to outstanding reviews have been reinstated with a roll out plan and asked the Director of Nursing where she expects the Trust to be by the end of the year in terms of wards and departments. The Director of Nursing confirmed the Trust will stay on track with the reviews and she is confident most of the ward areas will have been undertaken in the next 12 months with local processes in place for key lines of

enquiry. She added the reviews will cover all areas such as the Emergency Departments, Elderly and Medical wards as there is rapid learning from the journey to outstanding reviews and best practice is shared with all other areas. The Director of Nursing clarified these reviews highlight areas for improvement and identify good practice.

AN asked the Chief Operating Officer if the critical issue relating to delayed transfer of care is the support of partners. The Chief Operating Officer recognised the challenge through January and February was impacted by high levels of staff isolation due to covid and recruitment. The discharge teams are supporting wards in a different way by having conversations with families and there is focus internally to get patients onto different pathways based on the level of input they require. The Trust are also working with partners on how capacity is used and the urgent care response in the community.

The Director of Nursing asked for an update on the talent management launch in 2021. The Director of Workforce and OD stated she is pleased this work has continued and not been impacted by Covid-19. The Trust are supporting a leadership programme with succession planning of entry level roles into senior level roles in the Trust. This includes an exciting piece of work with Calderdale College on place based working.

In relation to the population health data strategic objective, PW stated that given the considerable work to date on population health data this objective could be rated green, and confirmed the amber rating is not because the Trust are behind plan, rather there is further work to do. The Director of Nursing highlighted the opportunity with having a public health specialist working with the Trust in terms of validation and fresh pair of eyes. PW confirmed the public health specialist attended the Health Inequalities Group and is already getting involved.

The Chair thanked the Executive team for assuring the Board on the sustainable progress against the 2021/23 annual strategic plan.

OUTCOME: The Board **NOTED** the assessment of progress against the 2021/23 annual strategic plan.

42/22 Operational and Financial Annual Plan 2022/23

The Director of Finance presented the draft operational and financial plans for 2022/23 for approval which had been reviewed by the Finance and Performance Committee. The Chair explained Chairs' approval processes may be required due to the timetable for submission.

The key points to note from the operational plan were:

- Zero waits over 104 weeks with a plan to achieve this by the end of March 2022
- The scale of challenge for the operational teams in terms of delays to patient care
- Delivery of 104% of 2019/20 elective and day case inpatient levels
- Further opportunity through changes to infection prevention and control guidelines
- The number of patients on the appointment slot issue (ASI) list
- Significant follow up backlog –the Trust are looking at how to undertake follow ups differently i.e., telephone appointments
- Plan to clear the MRI backlog by the end of May 2022, the demand for MRI is significant

The key points to note from the financial plan were:

- Risks regarding non pay inflation, Elective Recovery Funding flow (the Trust's share of ICS monies is £14m), enhanced pay and the Cost Improvement Programme (CIP) scale and acceptance of the plan
- No assumption for additional winter funding with £1m contingency, lower than previous years
- £43m challenge for 2022/23 of which £20m is an efficiency challenge (CIP), leaving a £23m deficit

The Chief Executive asked that anyone who has any concerns from a patient or service perspective on the backlog position to contact any of the Directors.

PW asked if the efficiency target position aligns with the plan. The Director of Finance explained an annual planning day took place on Tuesday 2 March 2022 and the Trust are currently in the process of collating the responses for efficiency. He noted this was a positive session which focused on where to eliminate waste in pathways. A total of 150 colleagues took part in the virtual annual planning day and Directors are collating ideas for the Efficiency Group by the end of the week.

In terms of the ICS position by provider AG commented that given the deficit position it was appropriate for CHFT to have the biggest CIP challenge. He added the Efficient and Effective Use of Resources Group has new governance arrangements and suggested it needs to think about the cultural impact, for example, star awards to staff who have made a contribution not only to patient care, but efficient use of resources.

In response to a comment from the Director of Finance regarding £50m additional spend over two years, KH queried whether this is related to the way the Trust have responded to the pandemic. The Director of Finance agreed and explained all Trusts are incurring greater costs and the NHS as a whole is costing more. KH suggested there is an opportunity to do things differently and more efficiently.

RH stated that the Finance and Performance Committee were supportive of the plan, encouraged the Board to not underestimate the challenge and confirmed the Chief Operating Officer and Director of Finance consider the challenge is achievable.

The Chief Executive recognised the size of the challenge and there is a level of confidence in that the Trust have been planning for this. He added it is important not to underestimate that the Trust are still in a global pandemic and it will remain challenging moving forward.

The Director of Finance sought support for the recommendations.

OUTCOME: The Board **APPROVED** the draft operational and financial plans for 2022/23 and **NOTED** the scale of potential efficiency requirement.

43/22 Recovery Update

The Chief Operating Officer provided an update to the Board on the recovery position which was discussed in detail at the Finance and Performance Committee. The key points to note were:

- On track to recover 104 week position
- Overall position on P2s (treated within 4 weeks) is good
- 18 week challenge – would be at 55% for target with average wait of 22 weeks
- Concerns regarding diagnostics with the biggest concern in MRI partly due to a delay in static scanners
- Back-up plan in mobile capacity and backlogs will be cleared by May 2022
- Significant backlog in Outpatients
- A different formal reporting process through to the Finance and Performance Committee every month to monitor recovery is being introduced via the Access Committee with terms of reference being developed
- Cancer Committee and Emergency Care Committee terms of reference are being revised and will formally report to the Finance and Performance Committee in the next financial year

OUTCOME: The Board **NOTED** the recovery update.

44/22 **Month 10 Financial Summary 2021/22**

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

- On plan at end of month 10
- Forecasting to deliver plan for year
- Expenditure is higher in month 10 linked to workforce challenges
- Additional pay enhancements in year was above plan
- Efficiency delivered this year tends to be non-recurrent, which is part of the challenge

OUTCOME: The Board **NOTED** the Month 10 Finance Report and the financial position for the Trust as at 31 January 2022.

45/22 **Safeguarding Bi-Annual Update: Adults and Children**

Andrea Dauris, Associate Director of Nursing gave a presentation detailing an overview of the national and local context of safeguarding and areas of best practice included in safeguarding across the Trust. Key achievements and priority areas were highlighted for Prevent, Safeguarding during Covid, Hidden Harms, Mental Capacity Act and Deprivation of Liberty / Liberty Protection Safeguards, Training Compliance, Adult Safeguarding, Children Safeguarding, Mental Health Act, Children Looked After, Maternity Safeguarding, The Trust continued to support the safeguarding agenda during the pandemic.

OUTCOME: The Board **NOTED** the key activity of the Safeguarding Team for the reporting period April 2021 – September 2021.

46/22 **Nursing and Midwifery Staffing Hard Truths Requirement**

Andrea Dauris, Associate Director of Nursing presented the Nursing and Midwifery Safer Staffing report which provided an overview of nursing and midwifery capacity and compliance with NICE Safe staffing, National Quality Board Standards and the NHS Improvement Workforce Safeguards guidance from August 2021 to January 2022.

It was noted that falls remained at their highest period during the months of August – October 2021 which reflects a challenging fill rate position which dropped to its lowest point in October to 84.5%. This is consistent with care hours per patient day with an ongoing shortfall between August – October 2021, followed by an additional dip in January 2022 which identified a further upward trend in falls in the same month. Andrea Dauris shared details of short term, medium and long term actions being undertaken in response which included a seven day senior nurse leadership rota, twice daily staffing reviews with escalation processes, an enhanced dashboard which gives clear visibility of the workforce position, success in recruitment to nursing and midwifery vacancies (reduced from 150 to 60 full time equivalent posts at January 2022), a robust and aspirational international nurse programme, development of internal career pathways and health and well-being support. It was noted that workforce establishment reviews focus on the recovery agenda, the staffing establishment and absence combined impact on unmet patient need and close monitoring of nurse sensitive indicators continues.

RH asked if the lower quartile position on care hours per patient day is a surprise and if the Trust is expecting the position to improve. The Director of Nursing confirmed the Trust anticipate an improvement given the plans in place which were scrutinised at Workforce Committee on 15 February 2022.

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

47/22 Learning from Deaths Q3 Report

The Medical Director presented the Learning from Deaths report for Q3 from 1 October to 31 December 2021. The key points to note were:

- Work to modify the initial screening tool to be speciality specific
- 31% of all in-hospital deaths have been reviewed using the initial screening tool which is an improvement on previous months
- The majority of initial screening reviews are rated as good or excellent
- 24 structured judgement reviews in Q2 – six deemed to be poor or very poor care and three were referred to incident panels for further review
- Learning from reviews feed into the Trust's quality improvement programme – Care of the Acutely Ill Patient

AG welcomed the improving position and asked if deaths of people with a learning disability are all subject to an initial review or are included in the overall percentage. The Medical Director responded all patients should have a review and the team prioritise patients who are at an increased risk or have a protected characteristic, with deaths of people with learning disabilities going through the Learning Disability Mortality Review process.

AN asked what processes would be used to make sure learning from reviews is embedded. The Medical Director confirmed the initial clinician will share learning and a summary report is taken through Divisional Patient Safety Quality Boards (PSQB) and the quality improvement programme. The Medical Director added that newsletters are going out which summarise the key themes and ongoing work.

RH asked if the external review by Professor Mohammed in response to movements in mortality metrics (SHMI, summary hospital-level mortality indicator and HSMR, hospital standardised mortality rate) is still happening and the timescale for the findings. The Medical Director confirmed the first report from Professor Mohammed on community deaths within 28 days post discharge has been received and this report can be shared outside of the meeting. He explained the review indicated it is an artefact of where people are dying rather than a reflection of poor care. A further piece of work is taking place to understand why SHMI and HSMR is increasing (noting this has been seen across many organisations) which will be reported back at a future date.

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

48/22 Risk Management Strategy and Policy

The Director of Nursing presented the refreshed Risk Management Strategy and Policy for approval with the key changes described in the cover sheet, which has been reviewed by the Audit and Risk Committee.

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

49/22 Board Assurance Framework

The Company Secretary presented the third and final update of the Board Assurance for the 2021/22 financial year. The Board Assurance Framework was approved at the Audit and Risk Committee on 25 January 2022.

Further work has taken place to identify risks and actions and move the risk score towards the target score.

Lead Directors have identified a reduction in scores for three risks. Two risks with reduced scores have met their target scores, 03/20 and 14/19. One risk is proposed for removal, risk 03/20 Business Better Than Usual Service Transformation as it has met its target risk

score. This will be removed from the BAF in April 2022 as agreed by Directors. With this risk removed the total number of risks on the BAF will be 21. The capital funding (14/19) risk score has reduced from 16 to 12; however, it has been agreed this will remain on the BAF following discussion at the Finance and Performance Committee, as this has potential to increase. The third reduced risk is the 7/20 Health Inequalities risk with a reduced score from 16 to 12 reflecting the progress in this area which has been reported to the Board.

AN informed the Board he met with the Company Secretary to review the Board Assurance Framework in detail, thanked Directors and the Company Secretary for their work and confirmed the BAF is in good shape.

OUTCOME: The Board **APPROVED** the updated Board Assurance Framework as at 18 February 2022, the removal of risk 03/20 Business Better Than Usual and **NOTED** the movement in risk scores and areas of risk exposure.

50/22 Ockenden Review of Maternity Services – End of Year Progress Report

Karen Spencer, Head of Midwifery presented the Ockenden review of maternity services report. In June 2021 maternity services were asked to submit specific evidence to NHS E/I to provide assurance of compliance and received feedback in November 2021. The Head of Midwifery shared the action plan with the Board and confirmed the Trust are not an outlier.

The ensuing action plan has identified two areas for significant improvement, a coproduced work plan with the Maternity Voices Partnership (MVP) and ensuring that personal care and support plans are in place for each patient.

Close working with the Maternity Voices Partnership has proved challenging due to the Covid pandemic though there is a new Chair in place and regular meetings have been reinstated.

As part of the review, the service submitted workforce plans and the service remain committed to advertising and recruiting to all vacant posts when they become available; however, it acknowledged the difficulty recruiting midwives due to a shortage of midwives nationally.

The service does not currently have a Director of Midwifery; however, plans are in place for the role to replace the Head of Midwifery within the Families and Specialist Services Division from May 2022 onwards.

Nationally there is a requirement for more Consultant Midwives. The service does not currently have a Consultant Midwife; however, there is a joint post in conjunction with Huddersfield University of a Professor of Midwifery Practice. This helps bridge the gap translating research into practice and helps operational teams deliver research into care.

In terms of leadership development all Band 7 Midwives and above have access to CHFT's online Leadership Development Programme.

The Head of Midwifery shared the phase two results of the audit action plan, from December 2021 to March 2022 which evidenced ongoing work. The areas highlighted in red and amber are still being worked on and some relate to work ongoing across the maternity network and region wide pathways.

The action plan will be shared through the Maternity Forum and Quality Committee and circulated to the Board. The Head of Midwifery informed the Board the CQC report into East Kent's maternity services is due to be released.

KH, Maternity Board Safety Champion congratulated the Head of Midwifery and the midwifery team for the tremendous work, sustained during the pandemic and strong team approach.

DS stated a useful update on the audits being undertaken on personal care and support plans was provided to the Quality Committee. The Head of Midwifery confirmed she will continue to include these reports as appendices for Quality Committee.

OUTCOME: The Board **NOTED** the update on the Ockenden Review of Maternity Services.

51/22 Quality Report

The Director of Nursing presented the Quality Report. The key updates are:

- Journey 2 Outstanding Reviews (J2O) full review programme has relaunched
- Dementia care and screening – CHFT has been working closely with colleagues in Bradford to develop comprehensive care plans for patients with a diagnosis of dementia. There has been a decline in dementia screening compliance; therefore, this has been added onto the risk register. The Medical Director added it was disappointing to see the figures reduce from October 2021 (44%) and targeted work took place between September and November regarding the importance of undertaking dementia screening. The Medical Director re-assured the Board the dementia scores are better than captured due to free text boxes being used in Cerner which is not captured in the electronic audits. This remains a challenge and is discussed at Induction and during doctors changeover in August and February. An MPage (customised page) has been developed for medical and nursing tasks in the admission documentation to make it clear dementia screening needs to be completed. This will hopefully improve the position. Whiteboards are also being introduced which will make it clearer when dementia screens have not been completed. These actions will hope to improve the position; however, as a final resolution, this can become a mandatory field in EPR; however, this comes with risks and would need to be a joint agreement with Bradford Teaching Hospitals NHS Trust.
- Making Complaints Count collaborative work continues actively addressing the backlog and reporting arrangements in Divisions has been strengthened
- Acting Head of Legal Services is progressing work with the Coroner's Office and agree a more productive and efficient relationship moving forward
- Incorporated learning from the Getting it Right First Time Programme (GIRFT)
- Incidents – increase in total incidents reported in January 2022
- Medication Safety and Compliance Group (MSCG) continue to raise awareness of the importance of safe storage, prescribing and administration of medication and active monitoring of fridges, the terms of reference of this group are being reviewed
- Currently six open Healthcare Safety Investigation Branch (HSIB) investigations relating to maternity services, the service is awaiting the final reports from these
- Staffing remains challenging in maternity; however, CHFT compares favourably with other Local Maternity System (LMS) maternity services
- Figures for one to one care in labour have been maintained
- Quality priorities – regular round of deep dive reviews has taken place into each of these priorities
- Reduction in the incidence of hospital-acquired pressure ulcers from November – December 2021, the Tissue Viability Nurse has been tasked to review pressure ulcer actions to address the high numbers of patients with pressure ulcers during December 2021
- Clinical documentation – driving improvements around this with the Medical Director and the Managing Director of Digital Health, the Chief Nursing Information Officer and Graham Walsh as medical clinical lead
- Improvement in terms of sepsis identification

DS recognised the challenge in dementia screening and asked if the multi-disciplinary team and other members such as Allied Healthcare Professionals, Occupational Therapists could provide additional capacity to support the completion of this screening. The Medical Director responded that it does not take long to complete the screen and is more about highlighting the importance of it.

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

52/22 Integrated Performance Report (IPR) – January 2022

The Chief Operating Officer presented the performance position for the month of January 2022 highlighting the key points which were:

- Performance dropped to 64% in January – responsive and workforce domain were red
- Safe was the only green domain
- Complaints dipped again following improvement last month
- Effective domain was amber – SHMI and HSMI and neck of femur targets missed
- Main challenges are the stroke indicators alongside the underperformance in the main planned access indicators and the Emergency Department
- Cancer - CHFT was second out of 127 Trusts for performance which is fantastic news for patients
- Emergency Care Standard – CHFT was 14th nationally of 111 Trusts
- Electives – Emergency Department numbers have increased throughout January

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance for January 2022.

53/22 Non-Executive Director Champion Roles

The Company Secretary presented a paper which detailed the new approach to Board oversight by Non-Executive Director champion roles following guidance issued from NHSE/I in December 2021.

The guidance recommends that five NED champion roles be retained because they are either a statutory requirement, the function requires a named individual to discharge or NHS E/I consider that having an individual NED is the most effective way of delivering the changes that are needed.

The five core Non-Executive Director champion roles are:

1. Maternity Board Safety Champion – Karen Heaton
2. Wellbeing Guardian – Richard Hopkin
3. Freedom to Speak Up – Karen Heaton
4. Doctors Disciplinary – All Non-Executive Directors
5. Security Management – Andy Nelson

The rationale for each of these roles was noted. The Company Secretary highlighted it will be made clear in the relevant minutes who is the NED Champion for these roles.

There are 13 other roles referenced in the guidance and as the Quality Committee takes on the highest number of these roles, the terms of reference for the Quality Committee are proposed for change.

AN explained the cyber security piece reports through to the Audit and Risk Committee who will escalate to the Board if required. AM agreed that she would amend the paper to reflect cyber security reporting to the Audit and Risk Committee.

OUTCOME: The Board **NOTED** the new approach to Board oversight by Non-Executive Director Champion roles and **APPROVED** the changes to the Quality Committee Terms of Reference at section 4.8 in line with national guidance.

54/22 Governance Report

The Company Secretary presented the governance items for approval and noted the March 2022 year end processes.

The Company Secretary explained the Board of Directors Terms of Reference, Standing Orders and Trust Constitution are presented for approval which have been updated to include the new pilot Associate Non-Executive Director role.

The Board were asked for delegation for the sign off of the 2021/22 Annual Report and Accounts to the Audit and Risk Committee which has been managed this way for the previous two years due to the national timeframe to sign these off in June which does not align with Board meeting dates.

OUTCOME: The Board **APPROVED** the Board of Directors Terms of Reference, Workplan for 2022/23, Standing Orders, Constitution additions and the delegation to the Audit and Risk Committee for the approval of the 2021/22 Annual Report and Accounts.

OUTCOME: The Board **NOTED** the Declarations of Interest Register, Fit and Proper Persons Self-Declaration Register and the recruitment process for the Chair and two Non-Executive Directors.

55/22 Annual / Bi-Annual Reports

Public Sector Equality Duty (PSED) Annual Report

The Director of Workforce and OD presented the Public Sector Equality Duty (PSED) Annual Report for approval which provides evidence of positive joint working across the Place with good outcomes.

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

56/22 Board Sub-Committee Chair Highlight Reports

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

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

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

57/22 Items for Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update January 2022

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

- Finance and Performance Committee minutes of the meetings held 06.01.22 and 31.01.22
- Quality Committee minutes of the meeting held 05.01.22
- Audit and Risk Committee minutes of the meeting held 25.01.22
- Charitable Funds Committee minutes of the meeting held 22.11.21 and 08.02.22

- Council of Governors minutes of the meeting held 27.01.22
- Organ Donation Committee minutes of the meeting held 05.01.22 – The Chair reported the Organ Donation Committee has performed brilliantly during the pandemic and he is very proud of the staff.

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited (CHS) Managing Director Update for January 2022 and the minutes of the above sub-committees.

58/22 Any Other Business

The Chair formally thanked the Board of Directors, colleagues and governors for their attendance and closed the meeting at approximately 12:01 pm.

59/22 Date and time of next meeting

Date: Thursday 5 May 2022

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams