Calderdale and Huddersfield NHS Foundation Trust

Minutes of the Public Board Meeting held on Thursday 6 July 2017 in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

PRESENT

Andrew Haigh	Chairman
Owen Williams	Chief Executive
Brendan Brown	Executive Director of Nursing and Acting Chief Executive
Dr David Anderson	Non-Executive Director
Helen Barker	Chief Operating Officer
Gary Boothby	Executive Director of Finance
Dr David Birkenhead	Medical Director
Karen Heaton	Non-Executive Director
Lesley Hill	Executive Director of Planning, Estates and Facilities
Richard Hopkin	Non-Executive Director
Dr Linda Patterson	Non-Executive Director
Prof Peter Roberts	Non-Executive Director
Jan Wilson	Non-Executive Director

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Kathy Bray	Board Secretary (minute taker)
Mandy Griffin	Director of The Health Informatics Service
Victoria Pickles	Company Secretary
Dr Julie O'Riordan	Divisional Director (for item 6)
Mary Hytch	Matron "
Jason Eddleston	Deputy Director of Workforce & OD (for item 18)

OBSERVER

Di Wharmby	Publicly Elected Membership Councillor
Kristina Rutherford	Director of Operations
Paul Cooney	Member of public

93/17 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

94/17 APOLOGIES FOR ABSENCE

Apologies were received from:
Phil Oldfield

95/17 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

96/17 MINUTES OF THE MEETING HELD ON 1 JUNE 2017

OUTCOME: The minutes of the meeting were approved as a correct record.

97/17 MATTERS ARISING FROM THE MINUTES / ACTION LOG

There were no matters arising which had not been actioned or included on the agenda.

98/17 **CQC UPDATE ON ACTION – CRITICAL CARE**

As agreed at a previous Board meeting Julie O'Riordan, Divisional Director and Matron Mary Hytch attended the meeting to update the Board on the progress with the CQC Action Plan around Critical Care Services.

The presentation highlighted the actions undertaken to address the the recommendations from the inspection, and actions for the future around the CQC domains:-

- Safe/Well-led: Nurse staffing/supportive and approachable management team
- Safe: Medical Staffing
- Effective: Post Registration Award in Critical Care Nursing and Intensive Care
- Effective: Pharmacy, Dietetics and Physiotherapy
- Responsive: Access and Flow
- Responsive: Meeting the needs of local people

The discussions concluded that:-

- Good progress had been made over the last 12 months
- Continue to build on achievements – aiming for Celebrating Success with the Critical Care Follow-up
- Have attracted critical care experienced nursing staff through external recruitment and hope to continue to build on reputation. This has also helped with the retention of staff.
- Continue to maintain high standards in relation to infection control performance.
- Low numbers of complaints.
- Welcome mock CQC inspection currently being organized.
- CQC relationship management team to visit department in August.

The Board thanked the team for attending and felt assured that the work undertaken to date had improved the patient experience and that a culture which treated scrutiny as normal business would ensure further improvements in the future.

The Board was reminded that it would receive a deep-dive into progress of the CQC Action plan in Paediatrics at the August Meeting.

OUTCOME: The Board RECEIVED and NOTED the progress with the Critical Care CQC Action Plan and welcomed an update from Paediatrics at the next meeting.

ACTION: BOD Agenda Item – August 2017.

99/17 **CHAIRMAN'S REPORT**

a. NHS Confederation Conference

Jan Wilson, Non-Executive Director/Deputy Chair updated the Board on her attendance at the NHS Confederation which she had attended on behalf of the Chair. Simon Stevens, NHS England Chief Executive and Secretary of State for Health Jeremy Hunt had attended and the items discussed included workforce, Brexit, acute care organisations, STPs, diversity and equality.

The Chief Executive reported that the Trust was hoping to hold anevent around diversity and equality to make this mainstream conversation.

b. Council of Governors – Chairs Meeting

The Chairman reported that the Council of Governor Chairs of the Divisional Reference Groups had met on the 3 July 2017 and the following issues had been discussed:-

- Staff turnover in Medicine

- Communication from professionals – getting it right, particularly around Mental Health
- Perinatal Tears – level 4 – need to address this to ensure reduced incidents.

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

100/17 CHIEF EXECUTIVE'S REPORT

a. CQC 'Driving Improvement – Case studies from eight NHS Trusts'

The Chief Executive explained that the report had been circulated to highlight the CQC review of eight trusts which had made a significant improvement on their rating following inspection and to understand whether there were any common themes and what lessons could be learned and connectivity with the staff survey which was to be discussed later in the meeting.

The key issues highlighted included:
- Leadership to support staff and promote visibility to the wider organization
- Need to engage with staff to move cultural change
- Public and patient involvement
- CQC engagement on a regular basis rather than inspection regime.

The Executive Director of Nursing advised that a quality improvement strategy was being developed but it was noted that this was not one strategy to fit all and CHFT would be reviewing any gaps prior to the next CQC inspection.

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

101/17 HIGH LEVEL RISKS REGISTER

The Executive Director of Nursing reported the risks scoring 15 or above within the organisation. These had been discussed in detail at the Executive Board, Quality Committee and Risk and Compliance Group.

These were:-
6967 (25): Non delivery of 2017/18 financial plan
2827 (20): Over-reliance on locum middle grade doctors in A&E
6345 (20): Staffing risk, nursing and medical
6131 (20): Service reconfiguration
5806 (20): Urgent estates schemes not undertaken
6968 (20): Cash flow risk
6969 (20): Capital programme
6903 (20): Estates/ ICU risk, HRI

Risks with increased score
6967 Non delivery of 2017/18 financial plan has increased from 20 to 25.

Risks with reduced scores
There were no risks with reduced scores.

New risks
There has been one new risk added to the high level risk register in June following discussion at the Risk and Compliance Group on 20 June 2017.
This was a risk related to completion of mandatory training, risk 6977, scored at 16.

Closed risks
Risk 6503, previously scored at 20, delivery of Electronic Patient Record Programme, has been reduced to its target risk score of 5 following implementation and is proposed for closure.

It was noted that an additional item had been circulated regarding the fire risk following the advice received after the Grenfell Tower flats fire. The Executive Director of Planning, Estates and Facilities reported that an initial risk assessment of CHFT has been carried out on the 19 June 2017. The risk assessment established a number of CHFT building facades are fitted with cladding. However, the types of cladding were not deemed hazardous. On the 25th June 2017 the local operational West Yorkshire Fire and Rescue (WYFR) team visited HRI and were assured with the controls in place. They did not deem CHFT as having an urgent fire safety risk. It was noted that Capital works continues across CHFT with the ongoing fire alarm upgrade, fire compartmentation works and emergency lighting. It was agreed that the letter of assurance would be circulated to the Board along with further information as this is received.

ACTION: Executive Director of Planning, Estates & Facilities

It was noted that discussions had taken place at the last Quality Committee and Dr Linda Patterson reported that it had been agreed that an update on falls be brought to the August Board of Directors Meeting.

ACTION: BOD AGENDA ITEM – AUGUST 2017

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

102/17 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the Board Assurance Framework. The key issues following the updates which had been reflected in the paper were discussed.

For the next review the following risks would be considered for inclusion in the BAF:

- Whether the risks associated with IR 35 are sufficiently reflected in the current BAF
- The increasing importance being placed on Carter efficiencies by NHS Improvement
- The role of patient and public involvement and the requirements included in the new CQC well led inspection guidance.
- As it is two years since this version of the BAF was adopted by the Board, the Company Secretary and Head of Risk and Governance will be undertaking a review to ensure that it remains fit for purpose, working with colleagues from across West Yorkshire and Harrogate.

It was noted that this had been discussed at the last Finance and Performance Committee meeting and discussion took place regarding the ability for the Board to report the financial position in the same way as last year, in view of current capital risks. It was agreed that the description within the BAF would be reviewed. It was acknowledged that the Trust has strong robust governance arrangements in place. The document would be reviewed and returned to the Board in September.

ACTION: Company Secretary – BOD Agenda Item Sept 2017

OUTCOME: The Board **APPROVED** the updated Board Assurance Framework.

103/17 PROGRESS AGAINST THE ONE YEAR PLAN YEAR ENDING 2018

The Company Secretary reported that the paper described the progress made against each of the 20 objectives and identifies where the Board should expect to receive more detailed assurance of how the work is progressing.

The report highlighted that of the 20 deliverables:

- None were rated red
- Six were rated amber
- 14 were rated green
- None have been fully completed

It was noted that this was an expected position at this point in the year.

Arrangements had been made for the Plan to be discussed at the Board of Directors / Council of Governors workshop on 18 July 2017, following which the Board will receive quarterly updates on progress. Risks to the delivery of any of the objectives would be identified in the Board Assurance Framework and the risk register.

OUTCOME: The Board **NOTED** the progress against delivery of the one year plan for year ending 2018.

ACTION: BOD AGENDA ITEM – NOVEMBER 2017

104/17 CARE OF THE ACUTELY ILL PATIENT REPORT

The Executive Medical Director presented the updated Care of the Acutely Ill Patient Report and reminded the Board of the overall aim of the programme to reduce mortality. It was noted that this is divided into six themes:

1) Investigating causes of mortality and learning from findings
2) Reliability in clinical care
3) Early recognition and treatment of deteriorating patients.
4) End of life care
5) Caring for frail patients
6) Clinical coding

The Executive Medical Director reported that HSMR and SHMI continue to fall. It was noted that challenges of EPR had resulted in delayed mortality reviews but these were now getting on track and an update would be provided to the Board.

Following the discussions at previous meetings around care of patients with sepsis, the Executive Medical Director confirmed that a new sepsis management team had now been set up and work was underway to re-establish work in A/E and wards, although it was noted that the implementation of the EPR system would highlight Sepsis Patients to enable immediate care to commence.

The Chief Executive wished to thank all colleagues, particularly in MAU and would encourage all clinicians to use the EPR system to its full potential.

105/17 DIRECTOR OF INFECTION, PREVENTION AND CONTROL (DIPC) ANNUAL REPORT

The Executive Medical Director presented the DIPC Annual Report

It was noted that this year has seen a number of challenges with an increase in post 72-hour Clostridium difficile Toxin (CDT) positive cases and two MRSA bloodstream infections.

The key points from the report were noted:

- The Trust complies with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and associated guidance (updated 2015) and associated Care Quality Commission (CQC) guidance. Compliance is demonstrated through a self-assessed HCAI programme of work and audit for 2016/17 that includes the 10 criteria identified in the code.
- There were two trust apportioned Methicillin-Resistant Staphylococcus aureus (MRSA) bacteraemias reported against a ceiling target of zero.
- There were 32 trust apportioned Clostridium difficile toxin (CDT) positive cases this year against a ceiling target of 21. All were subject to Root Cause Analyses (RCA) – eight were identified as potentially avoidable owing to 'lapses in care' identified at RCA. Lapses in care principally related to antibiotic prescribing out with policy and poor documentation. Areas for improvement feed into the Trust and Divisional HCAI action plans.
- There were 13 Trust attributed Methicillin-sensitive Staphylococcus aureus

(MSSA) bacteraemias, which is an increase from 9 during 2015/16.

- The trust reported 48 E.coli bacteraemia infections demonstrating an increase on last year's performance of 25. Analysis of all cases has not demonstrated a common underlying cause. Detailed collaborative work within the health economy during the forthcoming year will be established.
- A parainfluenza outbreak on SCBU was investigated as a Serious Incident (SI).
- An MRSA cross transmission incident on Ward 11 HRI was investigated as an SI. There were 19 wards affected (either closed or restricted) with viral gastroenteritis, resulting in 264 bed days lost.
- Hand hygiene and bare below elbow (BBE) compliance was audited monthly by infection control link practitioners. The overall percentage of hand hygiene compliance for the year was 98.9%.
- The Trust participated in mandatory three month orthopaedic surgical site infection surveillance (SSIS), and extended this to six months for some procedures with post discharge surveillance.
- Two patients were identified as carrying Carbenpenemase-producing enterobacteriacae (CPE) via the Trust screening programme during 2016/17.
- All core policies, as required by the Hygiene Code 2008 (DH 2010), have been reviewed and have been published on the Trust Intranet and Internet sites.
- Nine policies have been approved at Executive Board during 2016/17.

OUTCOME: The Boar**d RECEIVED** and **NOTED** the DIPC Report

106/17 GUARDIAN OF SAFE WORKING HOURS QUARTERLY REPORT

Miss Tamsyn Grey, Guardian of Safe Working Hours for the Trust presented the 2nd quarterly report as at May 2017. The key issues from the report were discussed:-

It was noted that there was still a significant problem with some supervisors not addressing exception reports despite reminders and offers of additional training

There was no admin support provided to the Guardian of Safe Working Hours with regard to managing the flow of exception reports. It was agreed that the Executive Medical Director and Tamsyn Grey would discuss this outside the meeting and bring an update to the Board in September.

ACTION: BOD AGENDA ITEM SEPTEMBER 2017

It was noted that among doctors on the contract so far, the majority of exception reports have fallen within the Surgery and Anaesthetics division. Three fines had been issued on the general/urology/vascular surgery F1 rota. In common with other Trusts, a significant number of vacancies were using agency locums to fill gaps.

It was noted that Tamsyn had resigned from the Guardian role and arrangements were being made to find a successor. The Board thanked Tamsyn for undertaking the role and appreciated the time commitments required to fulfil the role.

OUTCOME: The Boar**d RECEIVED** and **NOTED** the Guardian of Safe Working Hours quarterly report.

107/17 INTEGRATED PERFORMANCE REPORT

The Chief Operating Officer highlighted the key points of operational performance for May 2017. It was noted that this report had been discussed in detail at the Executive Board, Quality Committee and Finance and Performance Committee.

The key highlights from the report were noted:-

- May's Performance Score had fallen to 61% for the Trust.
- The SAFE domain remains GREEN although harm free care and pressure ulcers have deteriorated.

- The RESPONSIVE domain remains Amber failing to meet the Emergency Care Standard and the two week wait target which was missed for the first time in over 12 months.
- CARING had deteriorated to RED due to a number of Friends and Family Trust targets being missed.
- EPR had impacted on the provision of several indicators this month including 18 weeks admitted and non-admitted, VTE, coding and day case rates.

The Board acknowledged that this had been a challenging time due to EPR implementation, although it was noted that this was not the only cause of concern.

Concern was raised regarding the cancer waits. It was noted that targets had not been met due to EPR bookings and high volumes of agency staff leaving. Work was underway with the Divisions to look at pathways and a deep-dive was being undertaken within Executive Board.

OUTCOME: The Board **RECEIVED** the Integrated Board Report and **NOTED** the key areas of performance for May 2017.

108/17 MONTH 2 – 2017-2018 FINANCIAL NARRATIVE

The Executive Director of Finance presented the Month 2 Financial Narrative which had been submitted to NHS Improvement.

Key Issues:

The planned position is a deficit of £6.14m on a control total basis, including year to date Sustainability and Transformation funding (STF) of £1.01m.

The final planning submission made to NHSI on 30th March 2017 was an indicator of the Trust's commitment to do all within its power to deliver the £15.9m control total deficit. However, as was communicated from January when the control total was appealed, the Board had number of concerns regarding the scale of this challenge. Whilst appreciating the overall NHS Provider sector position, it was hoped that a revised control total could be considered. The key risks to delivery were outlined as the abnormal costs of implementation or short term loss of income as a result of EPR implementation and the scale of the CIP challenge at £20m, 5.3%.

At month 2 the Trust is able to report delivery of the financial plan but there are a number of assumptions with material value that are being made within this. These assumptions relate to clinical activity capture and coding in the Trust's new EPR system and therefore income recovery. Securing the reported income relies on a significant number of detailed actions being undertaken.

In addition the year to date position is reliant upon a number of non-recurrent income and expenditure benefits which cannot be replicated going forwards. Thus, in order to continue to forecast delivery of the financial plan, recovery actions are required.

Summary:

- Delivery of CIP of £1.31m against the planned level of £1.43m.
- Contingency reserves of £0.66m have been released against pressures.
- Capital expenditure of £3.08m, this is below the planned level of £3.66m.
- Cash balance of £1.90m as planned.
- Use of Resources score of level 3, in line with the plan.

OUTCOME: The Board NOTED the contents of the report.

109/17 2016 STAFF SURVEY ACTION PLAN

The Deputy Director of Workforce and OD presented the 2016 Staff Survey Action Plan.

The paper described the approach to responding to the colleague feedback provided through the 2016 staff survey. It was noted that this had been discussed in detail at the Workforce Well-Led Committee in June 2017.

An additional Workforce Race Equality Scheme action plan had been developed and this was being shared with the Workforce Well-Led Committee.

The response rate had been good and active consideration was being given to the 2017-18 approach to boost participation rates.

Two themes had emerged from the survey:-

1. Cultural barometer – work was underway within the Trust
2. Work with teams to look at impact of engagement – staff to have tools to help engagement.

Dr Linda Patterson reported that she was happy to help with this work and the Deputy Director of Workforce and OD agreed to include her in any discussions.

OUTCOME: The Board APPROVED the content of the response and supported the approach.

110/17 ELDERLY CARE STRATEGY

The Chief Operating Officer presented the Calderdale and Greater Huddersfield Five Year Strategy for Older and Frail People.

It was noted that following the Invited Service Review report into Elderly Care a series of workshops had been held with system partners. A strategy was developed that aligned with the principles of the Right Care, Right Time, Right Place with a focus on community care and consolidation of inpatient services that allows development of high quality assessment and inpatient care.

The vision for caring and supporting older or frail people in Calderdale and Greater Huddersfield Health and Social services is that they receive the right care, by the right person, in the rightplace and at the right time. Care will be accessible, coordinated, timely, compassionate, person centered and goal orientated

In order to achieve this we will focus on:

- Prevention: Ensure regular assessments of frail older people or people in care homes to detect deterioration in health status early
- Personalised: Support individuals to enable independent, satisfying, quality of life
- Integration: Develop multidisciplinary, integrated community ageing teams (ICAT) with trusted assessments and shared care plans to improve coordination of care and reduce the number of assessments needed
- Think Home First!: Support and care for people in their own home or environment and reduce referrals to hospital. Develop alternative assessment and care settings to hospital.
- Hospital without walls: When hospital care is needed patients will be seen and assessed by staff specialising in caring for older, frail people. In-hospital patients will be encouraged to maintain their usual levels of independence
- Avoid delays: Each delayed discharge from hospital will be treated as a system failure and managed through an integrated discharge team.

The Board agreed that this was a good piece of work and noted that this had been discussed at the March Quality Committee. It was suggested that the impact of the

voluntary sector might be explored further and Prof Roberts identified that he was happy to help with case studies.

OUTCOME: The Board APPROVED the Elderly Care Strategy

111/17 UPDATE FROM SUBCOMMITTEES AND RECEIPT OF MINUTES

The Board received an update from each of the sub-committees who had met prior to the Board meeting.

a. Quality Committee

Dr Linda Patterson, Chair of the Quality Committee reported on the items discussed at the meeting held on 3 July 2017 which had not been previously covered on the Board's agenda:-
Falls – update to August BoD Meeting
Sepsis – improvement noted.
Learning from serious incidents
Never event in surgery – action plan and learning in place

OUTCOME: The Board **RECEIVED** the minutes from the meeting held on 31.5.17 and the verbal update of the meeting held on 3.7.17.

b. Finance and Performance Committee

On behalf of Phil Oldfield, Chair of the Finance and Performance Committee, Richard Hopkin reported on the items discussed at the meeting held on 4 July 2017:-
Radiology presentation – capacity and reporting issues for 2018-19 and onwards
Community presentation – challenges due to complexity of services/budgets
EPR – benefits realisation programme – workshop arranged.

OUTCOME: The Board **RECEIVED** the verbal update from 4.7.17 and the minutes of the meeting held on 30.5.17.

c. Workforce Well-Led Committee

Karen Heaton, Chair of the Workforce Well-Led Committee reported on the items discussed at the meeting held 8 June 2017 and the minutes had been circulated with the agenda.

OUTCOME: The Board **RECEIVED** the minutes of the meeting held on 8 June 2017.

112/17 DATE AND TIME OF NEXT MEETING

The next meeting was confirmed as Thursday 3 August 2017 commencing at 9.00 am in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

The Chair closed the public meeting at 12:00pm.