

APPROVED Minutes of the Public Board Meeting held on Thursday 13 January 2022 at 9:00 am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager
Lindsay Rudge	Deputy Chief Nurse
Devina Gogi	Guardian of Safe Working Hours (for item 16/22)
Karen Spencer	Associate Director of Nursing/ Head of Midwifery (for item 08/22)
Susan Bailey	Midwife – Home Birth Team (for item 08/22)
Kelly Tordoff	Patient (for item 08/22)
Anne Ward	Midwife – Home Birth Team (for item 08/22)
Kelly Brennan	Midwife – Home Birth Team (for item 08/22)
Amy Earnshaw	Midwife – Home Birth Team (for item 08/22)
Richard Hill	Head of Health and Safety (for item 14/22)
Nicola Hosty	Associate Director of Human Resources (for item 12/22)
Andrea Gillespie	Freedom to Speak Up Guardian (for item 13/22)

OBSERVERS

Christine Mills	Public Elected Governor
Robert Markless	Public Elected Governor
Nicola Whitworth	Public Elected Governor
Peter Bamber	Public Elected Governor
Gina Choy	Public Elected Governor
Nicola Seanor	Associate Non-Executive Director
Karen Huntley	Appointed Governor, Healthwatch
Alison Schofield	Public Elected Governor
Isaac Dziya	Public Elected Governor

01/22 Welcome and Introductions

The Chair welcomed everyone to the public Board of Directors meeting, in particular Brendan Brown and Jo Fawcus to their first Board meeting and the invited governors, Gina Choy, Robert Markless, Isaac Dziya and Nicola Whitworth.

The Chair also welcomed observers to the meeting, Karen Huntley from Healthwatch, Peter Bamber, Christine Mills, Alison Schofield and Nicola Seanor, Associate Non-Executive Director.

This Board meeting took place virtually and was not open to members of the public in light

of government restrictions. 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.

The Chair wished to formally record that Richard Hopkin, Non-Executive Director has joined the meeting from Florida where it is 3:50 am.

02/22 Apologies for absence

Apologies were received from Jim Rea and Denise Sterling.

03/22 Declaration of Interests

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

04/22 Minutes of the previous meeting held on 4 November 2021

The minutes of the previous meeting held on 4 November 2021 were approved as a correct record subject to the amendments below.

- Strategic Objectives - AN asked for an action to cross reference the 10 year strategy to the one year strategy with regards to fostering a learning culture and best practice
Action: Director of Transformation and Partnerships to contact AN to draft the additional objective into the one year strategy, cross referencing to the ten year strategy
- AN asked that a progress report is presented to the next Board meeting with clear outcome measures on the Strategic Objectives
Action: Director of Transformation and Partnerships to present a progress report with clear outcome measures to the next Board meeting on 3 March 2022

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 4 November 2021 subject to the amendments above.

05/22 Action log and matters arising

The action log was reviewed and updated accordingly.

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

06/22 Chair's Report

The Chair informed the Board he continues to attend the West Yorkshire Association of Acute Trusts (WYAAT) meetings on behalf of the Trust alongside the Chief Executive. He also reported that he continues to attend the Integrated Care System (ICS) Chair and Leaders Advice Group. This is likely to continue until the end of June as the Health and Care Bill establishing integrated care arrangements will not go before Parliament for a further three months, after 1 April 2022.

The Chair continues to attend meetings with NHS England and other Chairs. The last meeting was attended with the Director of Nursing where the Trust was asked by NHS England to look at its recovery plans and respond to the challenge of Covid, which the Trust continues to do.

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

07/22 Chief Executive's Report

The Acting Chief Executive expressed a heartfelt thank you to all colleagues working across the Trust for their continued efforts during a challenging December and new year.

The numbers of Covid patients have increased with a more detailed update from the Chief Operating Officer later in the agenda.

The Trust is actively supporting the development of the covid medicines delivery unit. These are units being set up nationally to administer new treatments for Covid patients. This will be a community-based service and the Trust are working in partnership with Locala and Mid Yorkshire NHS Hospitals Trust (MYHT).

The Trust continue to support Leeds Teaching Hospital NHS Trust (LTHT) in the development of the Nightingale facility in response to Covid-19.

The Trust are working closely with colleagues across WYAAT to continue to support the development of sustainable services for Non-Surgical Oncology.

The building works are underway at the Huddersfield Royal Infirmary site on the new Accident and Emergency (A&E) build which is an exciting development and morale boost.

The Acting Chief Executive formally thanked the Board of Directors for their support and guidance during her short tenure as the interim Chief Executive.

The Chief Executive expressed a heartfelt thanks to colleagues for their warm welcome back to the Trust during a particularly challenging time in wave 4. He explained his focus is on our people, performance and the public. The Chief Executive stated he is impressed by the efforts of colleagues and acknowledged it will continue to be difficult for staff in a clinical or non-clinical setting as wave 4 has already surpassed the numbers seen in the first wave and the acuity and complexity of patients feels very different.

The Chief Executive explained he is keen to build on the communication process in place at the Trust and live briefings will be starting from next week, Wednesday 19 January, all colleagues are welcome to join. He thanked the Director of Transformation and Partnerships and the Communications team for their help in making this happen.

The Chief Executive handed over to the Chief Operating Officer for an update on the operational position as at 13 January 2022. The key headlines are below:

- Currently 167 covid inpatients, with 3 patients in the Intensive Care Unit (ICU)
- 26% of the bed base is currently occupied by Covid patients, this is presenting logistical challenges organising the bed base daily, including Covid contact patients
- In terms of our Operational escalation level, the Trust are at level 3 (OPEL) with level 4 being the highest
- The Trust have maintained level 3 despite the additional pressures which is a testament to the operational teams who are working hard keeping the Trust safe and steady
- The number of transfer of care patients remains at 98
- Approximately 45 care homes were shut to admissions though it is expected these will be opening within 14 days
- Staffing issues across the community and care homes means discharge will be slower
- The Nightingale facility in Leeds is currently under discussion, which will have 70 beds, of which, CHFT will gain around 5 beds; however, will need to contribute staff to use these beds
- Staffing absence levels are a concern both with the Trust and system partners

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

08/22 Patient Story – Home Birth Team

Karen Spencer, Associate Director of Nursing and Head of Midwifery introduced a patient story relating to Continuity of Carer in Maternity. Karen welcomed Kelly Tordoff and her baby, who was a patient that received her care from our home birth team and agreed to share her experience. Karen explained that midwives Susan Bailey, Amy Earnshaw, Anne Ward and Kelly Brennan were also present from the Home Birth team.

Kelly Tordoff started her story by explaining she is a service user living in Kirklees and is a Social Worker in Calderdale and has a six-week-old baby girl. Kelly wanted a home birth given that her previous birth experience at Calderdale was unpleasant, seeing at least four different midwives throughout her pregnancy. Following this experience, Kelly is now part of the Maternity Voices Partnership (MVP) to ensure no one has the same patient experience as she did.

Kelly learnt what continuity of carer meant when she met her midwife at her 16 week appointment, who explained she was her midwife, who the secondary midwife was and the midwives on the team. Kelly explained she felt able to share with her midwife details about her difficult past pregnancy experiences, and how invaluable it was knowing she only needed to share this once.

Kelly explained she had her midwives' contact details from the booking appointment and was made aware of annual leave arrangements, with the secondary midwife being the contact. This continuity was a big relief particularly during a pandemic. Kelly described how the home birth team visited her at home to familiarise themselves with the setting, met her husband, which made her feel safe and re-assured, and meant her labour and postpartum experience was much easier. Kelly expressed her heartfelt thanks to the home birth team (her home birth midwife, Susan Bailey, was in attendance) and stated the Trust should be proud of the team.

In response to Kelly encouraging the Trust to keep the home birth team, KH provided reassurance that the Trust have no intention of disbanding home birth team and that this story is a prime example of continuity of carer and what the Trust should aspire to.

Susan Bailey, Amy Earnshaw and Kelly Brennan thanked Kelly for sharing her powerful story and commented on the incredible support from her managers, matrons and Karen Spencer for allowing the team to work in this way.

The Deputy Chief Nurse formally thanked Kelly Tordoff and colleagues in midwifery for making this a lived experience which shows the impact of continuity of carer and what this means for women, babies and the team.

OUTCOME: The Board **NOTED** the patient story in relation to Continuity of Carer in Maternity.

09/22 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 noting key achievements to date.

The key points to note from the workstreams were:

- External Environment - how we connect with our communities: Signposting to support services outside the organisation and pilot work taking place
- Pilot post in place in conjunction with mental health partners looking after high intensity service users to help them navigate the system
- Social value portal action plan is being progressed
- Lived experience – maternity services were the initial area of focus – 55% of women from a BAME background are on a continuity of carer pathway, the next

project will be service users in need of mental health support (with discovery interviews by the end of February and plan by the end of March 2022)

- Following service user feedback in discovery interviews letters have now been translated into different languages
- Funding has been received nationally to support smoking cessation services
- Next lived experience
- Learning disability waiting list systems are well embedded, despite the challenges, the Trust are able to clearly identify children with learning disabilities and are currently developing a dashboard for end of life
- Workforce – Virtual event on the equality delivery system (EDS2) took place in December 2021 and the Trust was found to be achieving in all areas and outstanding on one rating

AG stated he is pleased to see pace of work regarding high intensity users and asked if the Trust have information on addresses to understand if these service users live in areas of high deprivation. He stated that frequent users of the service often live close which could be supported by outreach work. The Director of Nursing explained work is ongoing around mental health and this will be picked up in the next lived experience project. The model used for maternity services will be adopted for mental health to understand if this maps across to the index of multiple deprivation (IMD) groups.

PW explained he chairs the monthly Health Inequalities Group which has great energy. He explained the Group are starting to see if there is any alignment with the leadership framework for Health Inequalities Improvement from NHS Confederation which looks at the most deprived 20% of the community plus five clinical areas.

In response to a question from Gina Choy on what “developing the dashboard” means, the Director of Nursing explained colleagues in the Health Informatics Service (THIS) have worked closely in getting information mapped across the IMD groups. The dashboard will give a view on waiting lists in terms of IMD and the next step is to undertake this work for mental health service users and other vulnerable groups.

Action: Director of Nursing to arrange a meeting with Gina Choy and THIS to discuss this further

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

10/22 Calderdale PLACE: Partnership Working and Governance

The Director of Transformation and Partnerships presented an update on progress to develop the place based partnership agreement in Calderdale. An earlier draft of the agreement was discussed at the Board Development workshop held on 2 December 2021.

Since 2 December, the partnership agreement document has been updated to incorporate comments from CHFT and other partners. The Board is now requested to formally confirm agreement to sign up to the Calderdale Cares partnership agreement which includes the establishment of a formal sub-committee of the West Yorkshire Integrated Care Board (ICB) from July 2022. The Director of Transformation and Partnerships explained nationally the arrangements have been deferred until July 2022 and will operate in shadow form until then, when they become a formal sub-committee of the ICB.

OUTCOME: The Board **APPROVED** that CHFT sign-up to the Calderdale Cares Partnership Agreement.

11/22 Month 8 Financial Summary 2021/22

The Director of Finance presented the month 8 financial summary and highlighted the key points below:

- On plan at month 8 and continue to forecast to deliver the full year financial plan
- Efficiency programmes that are required to be delivered are behind this year; however, alternative sources of income and alternative funding have been identified which allows a forecast to deliver the plan in year
- Currently only forecasting delivery of £3.3m efficiencies which is mainly non-recurrent efficiencies against the planned £6.7m for half two (last six months of this financial year), this is adding to the financial challenge for next year
- Currently underspent on the capital programme with lots of expenditure planned in year, now reached an agreement with the ICS and NHS England /Improvement (NHS E/I) and the Trust are planning to overspend on the capital commitment in this final quarter which relieves some of the pressure

AG asked for an update on the elective recovery fund which the Trust were unable to access. He stated the 95% threshold level seems high given pressures the Trust are currently under and asked if the rules to access this funding could change in future. The Director of Finance stated the rules could change again and the Trust benefited from this fund during the first half of the financial year. He added that the Trust are planning to deliver slightly above plan for the second half of the year and should be able to access some of this funding. He explained the total fund is allocated on an ICS level basis which requires the whole ICS to deliver, which is not currently being achieved. He added that the Trust have spent a lot on insourcing to deliver additional activity which is being delivered at a cost to the Trust without receiving the income for it. The Director of Finance clarified the scale is around £150-200k.

AN recognised the £6.7m is not going to be achieved and asked whether a £5m technical adjustment needs to happen to break even. The Director of Finance reminded the Board that our plan for H2 of 21/22 was operationally to breakeven but for a £5m deficit related to a planned balance sheet transaction agreed with External Audit. If this transaction does not take place in 21/22, the overall position would be a £5m favourable variance, but relating to this technical balance sheet adjustment. This discussion has taken place at the Finance and Performance Committee. He confirmed as an ICS we are now forecasting an underspend and CHFT are the only organisation across the ICS that are struggling to achieve the breakeven position. Discussions are taking place regarding additional support from commissioners to identify funding to try and bridge the gap. Since December there is more confidence in achieving this forecast as some funding has now been agreed. He added that CHFT have been supporting MYHT in terms of non-surgical oncology which has come at an additional cost; however, MYHT have now confirmed the funding they will provide which bridges some of this gap. The Director of Finance explained the risk is that the majority of savings are non-recurrent.

OUTCOME: The Board **NOTED** the Month 8 Finance Report and the financial position for the Trust as at 30 November 2021.

12/22 Health and Wellbeing Update

The Director of Workforce and OD presented a report which updates the Board on the progress made with the wellbeing agenda, highlighting the challenges that lay ahead and asks the Board for their support to promote colleague wellbeing. She explained the Health and Wellbeing Strategy has been updated in response to the needs and wellbeing of colleagues.

KH provided assurance that health and wellbeing is discussed at the Workforce Committee, and she commended the Director of Workforce and OD, the Assistant Director of Human Resources and colleagues for all of their sustained hard work in this area.

AN asked for an update on the unusual behaviours in colleagues and if the huge pressures the Trust continue to face could see staff retiring earlier or resignations. The Director of Workforce and OD explained the Trust are witnessing behaviours like Post Traumatic

Stress Disorder from staff who are very tired and fatigued. She added that the Trust could see some uplift in retirements over the next 6-12 months and in response the Trust will need to increase succession planning and talent management.

RH stated the Trust should be looking to increase the number and coverage of wellbeing ambassadors as these seem to have a positive impact. He added the Wellbeing Leadership Programme should help to address some of the communication and management support issues that have been identified.

KH confirmed there was a national advert for recruitment and careers in the NHS and stated she is not clear what the impact of this has been locally. She added the national picture on workforce planning would be helpful, including looking at the types of roles in the NHS. The Director of Workforce and OD confirmed the Trust need the help of a national push to recruit colleagues to join the NHS.

OUTCOME: The Board **NOTED** the health and wellbeing update and supported the recommendations for 2022 activity.

13/22 **Freedom to Speak Up Mid-Year Review (Themes)**

The Director of Workforce and OD presented a report on Freedom to Speak Up (FTSU) activity in the Trust from 1 April 2021 to 30 September 2021. The Director of Workforce and OD introduced Andrea Gillespie, the Trust's new Freedom to Speak Up Guardian with a clinical background who started in September 2021.

KH confirmed the report has been to the Workforce Committee and highlighted that the numbers of concerns are increasing; however, raised her concern in that the majority are still anonymous which suggests people do not feel confident enough to raise these in their own name.

AN asked if the network of ambassadors covers all areas and what the trend has been over the last six months. Andrea Gillespie, Freedom to Speak Up Guardian confirmed all areas are covered, which also includes CHS; however, she is currently exploring whether CHS should have its own ambassador. She explained there are currently 26 active ambassadors from a variety of roles and areas of work across the Trust. Andrea Gillespie noted she was assured 26 is an acceptable number of ambassadors based on the number of concerns that are being received. She explained she has been impressed with the level of enthusiasm from the ambassadors to make this business as usual.

AN asked if the numbers have been rising over the last quarter. The Freedom to Speak Up Guardian explained the report includes numbers up to September 2021 and there have been 22 concerns since which shows a rise, though this could be due to increased promotion and visibility regarding Freedom to Speak Up, such as screensavers.

Robert Markless queried whether there are enough ambassadors from a range of ethnic minority backgrounds for staff to feel comfortable raising issues. The Freedom to Speak Up Guardian confirmed she had reviewed representation from each group and stated she was assured that there are enough ambassadors from different ethnic minorities.

OUTCOME: The Board **NOTED** Freedom to Speak Up activity from 1 April 2021 to 30 September 2021 and the work of the FTSU Guardian and Ambassadors.

14/22 **Health and Safety Annual Report**

The Director of Workforce and OD explained the Trust have been working on the foundations of health and safety over the past 18 months and several sub-committees have been set up and are now active. These sub-committees report through to the Audit and Risk Committee. The team are working very closely with the Chief Operating Officer's team on emergency planning, fire and violence and aggression. A 5 year strategy has

been developed which keeps the Trust in line with NHS workplace standards and is under a framework that the Trust may be assessed against.

KH acknowledged the very comprehensive report and asked if there are now sufficient fire aiders and fire marshals across both sites. Richard Hill, Head of Health and Safety confirmed there are sufficient first aiders with 45 additional qualified first aiders for non-clinical areas. KH further explained hybrid working can put pressure on the number of first aiders and fire marshals that are required. The Head of Health and Safety confirmed this has been considered and is factored in the numbers.

PW was pleased to see reference to the reconfiguration and building work in the 5 year strategy and stated one of the biggest risks is construction activity and expects discussions with staff to take place as construction begins.

The Chair recognised the progress with Health and Safety and stated he felt very reassured with the excellent progress.

OUTCOME: The Board **NOTED** the progress on Health and Safety in the Annual Report.

15/22 Director of Infection Prevention Control (DIPC) Q3 Report

The Medical Director presented the Healthcare Associated Infections (HCAIs) position of performance for Q3 from 1 October to 31 December 2021. The key points to note were:

- Remains a really challenging time for the infection prevention and control team
- Clostridium difficile remains a significant challenge partly related to covid, the patient population and the use of antimicrobials to manage potential respiratory tract infections
- Guidance continues to be updated regularly in relation to covid
- New guidance around FFP3 masks and Fit testing
- Relaxed guidance on when FFP3 masks can be used to allow staff to use them more frequently at their discretion following the national approach
- New Board Assurance Framework in relation to IPC and the outcome will be brought to a future Board meeting
- Audit activity continues with IPC to provide assurance, advice, and guidance to colleagues on the wards

AG highlighted that 5 c.difficile cases were deemed preventable and asked if there are any actions out of this to try reduce chances of this happening in future. The Medical Director responded each c.difficile case has a root cause of analysis to determine if they were potentially avoidable. These could be due to antimicrobials being prescribed for longer, or not being prescribed according to policy or issues around isolation. A report will be produced for broader learning in the organisation.

AN asked if there is anything new happening in terms of the recent increase in covid cases as the Trust are seeing more hospital-based infections. The Medical Director responded that the new Covid variant is more infectious than previous variants and hospital onset infections has reflected community transmission all the way through the pandemic. The Medical Director added there is a high number of people in the organisation who came through quickly and were difficult to cohort appropriately in the time period. The number of contacts has been difficult to manage. The Trust are getting into a place with cohort wards to isolate patients as necessary. The Medical Director explained the signs and symptoms are not as closely defined as previous waves and lots of patients are attending the hospital not suffering from Covid but have Covid identifiable symptoms and transmission may already have happened.

OUTCOME: The Board **NOTED** the performance against key Infection Prevention Control targets and **APPROVED** the Q3 report.

16/22 Guardian of Safe Working Hours Q3 Report, 2021-22

Devina Gogi, Guardian of Safe Working Hours presented the Guardian of Safe Working Hours Q3 report which covers the period of 1 October 2021 to 31 December 2021. The key points to note were:

- Decrease in the number of exception reports in this quarter, usually there are roughly 30 exception reports in quarter with only 10 in this quarter
- 80% fill rate of the junior doctors posts due to rota gaps from vacancies, sickness absence, and other unplanned absence across the Trust which has reduced compared to previous quarters which is usually 90% and is as anticipated due to absences
- Junior Doctor Form was cancelled in December 2021 due to insufficient attendees and is taking place on 20 January 2022

AG asked if the Trust are providing Junior Doctors adequate access to training and education facilities. The Guardian of Safe Working Hours confirmed a meeting took place on 12 January 2022 with the Deputy Medical Director and Medical Human Resources Manager with trainees to discuss these aspects. She added they have some funds from Health Education England to try ensuring Junior Doctors can get access to training facilities. The Guardian of Safe Working Hours added that from this money she has invested in a wet lab for Ophthalmology.

The Chair thanked the Guardian of Safe Working Hours for her report and all her efforts and energy.

OUTCOME: The Board **NOTED** and **APPROVED** the Guardian of Safe Working Hours Report for quarter 3.

17/22 Quality Report (inc. Maternity Services Update)

The Interim Chief Nurse 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 report contains a maternity services update, which includes an update on stillbirths following an action at the last Board meeting. A review of the 44 cases identified that 52% of women lived in areas of highest deprivation; smoking was a risk factor in women who identified as white at booking and whilst the majority of women (34%) had no identified antenatal problems, cumulatively access to care was the greatest risk factor for stillbirth (16%).

The Deputy Chief Nurse confirmed the Trust continue to progress with the quality priorities for the coming year and updates will be provided in future meetings.

AN highlighted the good progress with the interpreter service, that the volunteer programme is now past the pilot phase and is being embedded and the Observe and Act Programme is working well. He added complaints is still an area of concern with little evidence of learning. AN added it was good to see progress in terms of pressure ulcers. He asked if the electronic monitoring for medicines management is going to mitigate the issues and if nutrition and hydration continues to be a challenging area in terms of assessment.

The Interim Chief Nurse responded further work is taking place in the clinical documentation workstream to ensure nutrition and hydration is recorded correctly. The Chief Nursing Information Officer is focused on this and a future Board workshop on the

caring domain will pick up on these aspects. The Deputy Chief Nurse added that the electronic monitoring for medicines management should help mitigate these risks such as fridge monitoring; however, the issue is freeing up staff operationally for the training. The training plan will be re-visited to implement these digital solutions.

KH raised the importance of managing dementia screening which seems to be dropping and acknowledged more training is planned, particularly for new staff. The Deputy Chief Nurse agreed and confirmed they are focusing on assessment areas and a digital white board.

The Chief Executive asked for a view on maternity services and where we are with the Ockenden review of maternity services. The Deputy Chief Nurse responded there has been really good progress with a good position against Ockenden. An external review with the regional and national team around continuity of carer took place who were very supportive of our process, particularly around the new guidance issued. The Trust now have the funding to recruit additional midwives which has been impaired with the recruitment process and the Trust are pleased with the supportive approach and additional guidance around this. As part of the Journey to Outstanding (J2O) process, a review of maternity services is taking place going forward.

The Chief Executive asked if a combined report in response to Ockenden is completed with the Non-Executive Director champion for Maternity. The Chair clarified this is covered at every Board meeting within the Quality report. KH, Non-Executive Director with oversight of maternity services, added there is still a lot of work to do in response to the Ockenden report and the recruitment of midwives is broader than the Local Maternity System and a national issue.

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

18/22 Recovery Update

The Chief Operating Officer gave a presentation updating the Board on the recovery position.

AN highlighted the focus on elective recovery despite all the Covid pressures staff are under, stating this is a credit to everyone concerned. AN pointed out the capacity in theatres and the Trust are operating at roughly 85% than pre-covid levels. The Chief Operating Officer stated theatres should be undertaking roughly 120 lists a week if fully staffed and they are currently undertaking around 85. AN asked if this was still causing a backlog issue. The Chief Operating Officer responded the Trust are using external companies to work on this backlog, patients are also being seen in the private sector and CHFT, MYHT and LTHT are assisting each other with cohorts of patients. She added that the Trust are not seeing the same uptake in terms of bank and agency staff in theatres which is a national issue. She added there has been a recent successful recruitment campaign in Theatres which should start assisting.

AN asked if there is more the Trust can do; however, acknowledging staffing remains the key issue. The Chief Operating Officer responded that the Theatre Improvement Programme is a key for this year which includes start times, finish times, productivity, key factors for turnaround in theatre. Further updates will be provided to the Board on the Theatre Improvement Programme.

OUTCOME: The Board **NOTED** the Recovery presentation.

21/22 Integrated Performance Report (IPR) – November 2021

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

- Overall performance score for November at 62% has deteriorated, with a new key challenge being in the finance domain
- Safe and effective domains remain green
- Caring domain is amber
- Responsive domain is still amber with no change in month – A&E performance for the month is still a challenged position with long waits for patients waiting for beds
- Access to beds for stroke patients remains an issue
- Cancer performance has been positive, maintaining key cancer metrics
- Workforce – one culture of care and must do action plan in place

The Director of Finance noted the finance score deteriorated due to an in month adverse variance of £50k and confirmed this has been recovered for month 9.

RH asked if there are specific initiatives being taken to address current absence rate. The Director of Workforce and OD responded to confirm there are and as of 13 January 2022, the Trust are back down to 9.1% absence with 50% related to covid absence and isolations. A more detailed update on the action plan including the Availability Strategy will be provided to the Finance and Performance Committee on 31 January 2022.

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

22/22 High Level Risk Register

The Interim Chief Nurse presented the High Level Risk Register. The key points to note during this period are the increased risk score in relation to nursing staff, fractured neck of femur and meeting the four hour emergency standards.

AN commented it was a helpful report which explained the movements and why the high risks are on the risk register. He pointed out the more recent risk relating to ICU staffing with a score of 20 is not on the matrix or in the main paper.

Action: Deputy Chief Nurse to update the High Level Risk Register report

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

24/22 Governance Report

The Company Secretary presented the governance items for approval and noting in January 2022.

The one item for approval in the paper is a proposed change to the Trust constitution. The Board were asked to approve an extension of the geographical eligibility criteria for Non-Executive Director recruitment to give the Trust the best chance for recruiting into these roles, given the demand in the system. The Company Secretary confirmed other Trusts have a wider geographical eligibility criteria. This change was supported by the Council of Governors.

AG highlighted that all candidates must be able to demonstrate a commitment to the Trust area or communities it serves, not just those candidates from North Yorkshire or South Yorkshire.

The Chief Executive acknowledged candidates applying from outside of the area can work remotely and it is important to understand how they invest and truly represent the communities the Trust are serving. The Chief Executive supported the change to the geographical area in the Trust constitution to test the market.

The Director of Finance asked if this could be described as a distance instead as opposed to a county boundary. The Chair explained this was debated at the Council of Governors in December and the compromise was the county; however, the points raised are valid. The Chair added that a further Council of Governors meeting is taking place this month if this needs to be brought back for debate.

The Company Secretary asked the Board to agree the geographical change in principle to be broader than West Yorkshire and Harrogate given the imminent Non-Executive Director recruitment process and agreed to share revised wording.

Nicola Whitworth expressed her support for the geographical change.

Action: Company Secretary to share the revised wording for the Trust constitution geographical eligibility criteria for Non-Executive Director recruitment for agreement.

OUTCOME: The Board **APPROVED** the amendment to section 25.4 of the Trust constitution subject to the wording being approved outside of the meeting, **NOTED** the update on the Associate Non-Executive Director appointment, extension of the Risk Management Strategy and Policy, the calendar of Board and Committee dates and membership and the Board workplan for 2022.

26/22 Board Sub-Committee Chair Highlight Reports

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

- Finance and Performance Committee
- Quality Committee
- Workforce Committee

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

27/22 Board Sub-Committee Terms of Reference

The updated terms of reference for the Organ Donation Committee were approved by the Board.

OUTCOME: The Board **APPROVED** the updated Organ Donation Committee Terms of Reference.

28/22 Annual / Bi-Annual Reports

The following annual report was available in the Review Room on Convene:

1. Charitable Funds Annual Report and Accounts 2020-2021

OUTCOME: The Board **RECEIVED** the Charitable Funds Annual Report and Accounts for 2020-2021.

29/22 Items for Review Room

- Emergency Preparedness Resilience and Response (EPRR) Core Standards Submission
- Calderdale and Huddersfield Solutions Ltd – Managing Director Update December 2021

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

- Finance and Performance Committee minutes of the meetings held 04.10.21, 01.11.21 and 29.11.21
- Quality Committee minutes of the meetings held 11.10.21, 08.11.21 and 06.12.21
- Workforce Committee minutes of the meetings held 08.11.21 and 06.12.21
- Charitable Funds Committee minutes of the meeting held 22.11.21

OUTCOME: The Board **RECEIVED** the Emergency Preparedness Resilience and Response (EPRR) Core Standards Submission, the Calderdale and Huddersfield Solutions Limited (CHS) Managing Director Update for December 2021 and the minutes of the above sub-committees.

30/22 Any Other Business

The Chair formally thanked the Board of Directors, colleagues and governors for their attendance and closed the meeting at approximately 11:08 am.

31/22 Date and time of next meeting

Date: Thursday 3 March 2022

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams