

APPROVED Minutes of the Public Board Meeting held on Thursday 5 May 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
Denise Sterling (DS)	Non-Executive Director

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
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)
Jenny Dyson	Lead Nurse for High Intensity Users (for item 67/22)
Alistair Christie	Community Matron, District Nursing (for item 67/22)
Devina Gogi	Guardian of Safe Working Hours (for item 76/22)
Richard Hill	Head of Health and Safety (for item 77/22)

OBSERVERS

Veronica Woollin	Public Elected Governor
Isaac Dziya	Public Elected Governor
Nicola Whitworth	Public Elected Governor
Christine Mills	Public Elected Governor
John Gledhill	Public Elected Governor
Nicola Seanor	Associate Non-Executive Director
Helen Hirst	Chair Designate
Tim Busby	Incoming Non-Executive Director
Nigel Broadbent	Incoming Non-Executive Director

60/22 Welcome and Introductions

The Chair welcomed everyone to the public Board of Directors meeting, in particular Jenny Dyson and Alistair Christie 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 the Trust website.

The Chair formally recorded his admiration, appreciation and thanks on behalf of the Board for Alastair Graham as this was his last Board meeting, stating he is extremely grateful for his advice, guidance and leadership.

The Chair noted it was his last Board of Directors meeting as Chair before his retirement at the end of June 2022.

61/22 Apologies for absence

Apologies were received from Peter Bell, publicly elected governor.

62/22 Declaration of Interests

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

63/22 Minutes of the previous meeting held on 3 March 2022

The minutes of the previous meeting held on 3 March 2022 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held on 3 March 2022.

64/22 Action log and matters arising

There were no outstanding actions on the action log.

OUTCOME: The Board **NOTED** there were no outstanding actions on the action log.

65/22 Chair's Report

The Chair informed the Board he attended the West Yorkshire and Harrogate Chairs and Leaders Reference Group and will be attending a further meeting before his departure.

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

66/22 Chief Executive's Report

The Chief Executive reported the Board agenda reflected the focus over the past few months and for the future which remains challenging, and the conversation reflects our response to date.

The Chief Executive informed the Board that the Health and Care Bill has been passed which is the most significant change in health and social care legislation in over a decade. He explained this is about how health and social care is delivered, specifically in relation to health inequalities and how we safeguard women and children.

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

67/22 Patient/Staff Story – 'The High Intensity User Service and our impact on Patient Care'

Jenny Dyson, Lead Nurse for High Intensity Users and Alistair Christie, Matron presented a patient story which described the impact of the High Intensity User Service.

The High Intensity User Service (HIUS) is a multi-agency group which meet monthly to discuss service users who have either attended the Emergency Department (ED) five times or called 999 five times within a month.

There has been some form of HIUS within the Trust for many years; however, it has recently come into focus how impactful this service can be to some of CHFT's most vulnerable service users.

The High Intensity Unit at Calderdale Royal Hospital (CRH) is led by Jenny Dyson who previously worked as a Community Matron and the Huddersfield Royal Infirmary (HRI) HIU is led by Alistair Christie, a former ED Charge Nurse.

Jenny Dyson gave the background of how the service had developed, including governance, information sharing, performance monitoring and cost saving and shared patient stories from the HIUS which evidenced the positive impact the service is having on patients.

Jenny explained how the “Burnt Bridges” report, a thematic review into the deaths of five men living street based lives over a four month period during the winter of 2018/19 was an impetus for change within Calderdale. There are now fortnightly ‘Complex Lives’ multi-disciplinary teams (MDTs) where vulnerable people are discussed among professionals from various agencies. The HIUS has also recently started a clinic on Union Street, Halifax looking at engaging directly with this population and offering support.

Alistair Christie shared data from the dashboard which showed the total visits to ED for HIUS for the three months prior to intervention, visits to ED three months following the initial intervention and the impact this had in the reduction of visits to ED and the total cost. This dashboard allows the team to see the statistical and financial impact of the HIU involvement and allows the team to work more proactively.

Board members complemented the team on their focus on patients, partnership working, leadership, commitment and innovation.

Discussion took place on:

- the value of metrics to measure the impact of the service and the success of the scheme given the complexity of agency working and differing national approaches to HIUS, with most services run by a voluntary agency rather than nurses (Nicola Seanor)
- interest in hearing how the service progresses and potential for further clinics in different locations (Karen Heaton)
- next steps - the Managing Director for CHS shared details of a similar scheme in Lancashire that had been peer reviewed by the University and Council and offered to put the HIU team in contact with the leads
- how agency working had been achieved (Alastair Graham), noted to be by working at an individual patient level, for mutual benefit with close partnership working
- how to link this service with other homeless charities (AN) - it was noted the service has input with the MEAM (Making Every Adult Matter) Strategy Group and strong relationships with an alcohol and drug managers for Calderdale Council and the Mission homeless service at Kirklees

The Director of Nursing stated how proud she is of the team and the service which has many benefits, such as helping with operational pressures in A&E and patient experience, commitment to reducing health inequalities with a real value of community services working together, noting how nurses are at the forefront of this innovation.

OUTCOME: The Board **NOTED** the staff and patient story from the High Intensity User Service.

68/22 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 – continue to work with partners across Kirklees Council to look at inequalities that have arisen as a result of the pandemic

- Lived Experience– good progress in terms of smoking cessation, key driver of clinical outcomes for mums and babies
- Discovery interviews in maternity continue – most women are happy with the care, useful feedback received around visiting arrangements
- Public Health Registrar working with the Trust, cultural competency training package will be rolled out and health inequality dashboard being developed
- Mental Health Nurse Consultant for Midwifery has been appointed
- Continuity of Carer – 26 women booked onto a carer pathway and 76% of women from BAME background have been booked onto this
- National leader / public health registrar and colleagues from the Health Informatics Service are attending NHS Expo in June 2022 to talk about the great work being undertaken at CHFT on reducing health inequalities and future plans

Discussion took place on the following:

- Positive progress made and the need for the Board to hear from staff networks about their work (KH)
- Details of how the Mental Health Nurse Consultant role will support addressing health inequalities, in response to a question from RH given the risk on the risk register re: caring for young people with mental health issues
- Key actions that have reduced waiting time differentials (AG) - noted to be sharing data with clinicians and discussion with patients waiting a long time to refocus case management
- Future plans for lived experience work (AG) - it was noted the current focus of discovery interviews currently is maternity to improve the provision of culturally competent care
- Approaches to reduce DNA rates in more deprived areas (DS) - noted this was due to work commitments with a focus on giving enough notice or supporting people in those circumstances and communicating with the communities on the best use of resources in their area

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

69/22 Place Based Working in Kirklees

The Director of Transformation and Partnerships presented a paper to provide an update on progress to develop the place based partnership agreement in Kirklees and seek agreement to approve the Kirklees Place-Based Partnership Collaboration Agreement, for the Trust to be a member of the Kirklees Integrated Care Board.

The Director of Transformation and Partnerships explained the West Yorkshire Integrated Care System (WY ICS) has been progressing work to implement the Health and Care Bill which will see the ICS as a statutory body from July 2022. This is an important step for West Yorkshire and there will be a local Sub-Committee of the WY ICS that will make decisions about planning and spend going forward.

The Chair explained the Trust have a similar agreement with Calderdale.

OUTCOME: The Board **APPROVED** the Kirklees Place Based Partnership Collaboration Agreement.

70/22 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 key points to note from the financial plan and budget book were:

- Final financial plan submitted shows a £20.1m deficit plan for next year
- This is a £3m improvement from the previous plan proposed at draft stage
- This is after delivery of £20m of efficiency savings and £5m of covid cost savings (a 5% efficiency target)
- The financial plan incorporates additional expenditure in relation to the recovery of planned clinical activity in line with national expectations of achieving 104% of 2019/20 activity levels. It is assumed that Elective Recovery Funding will be secured in support of this, though this is dependent on ICS performance.
- Risks flagged: assumptions around the levels of covid activity, significant improvements on number of patients in beds who are fit for discharge (delayed transfers of care)
- Overall financial plans remain challenging with challenge by the ICS
- Number of deep dives are taking place
- Work will continue over the next few months to improve the financial plan
- Capital plan – intending to spend £39m on capital next year, £17m is internally generated funds, £22m on supporting reconfiguration and Scan for Safety

RH reiterated as Chair of the Finance and Performance Committee that this plan has been thoroughly reviewed in detail at the last few meetings. There will be a significant challenge for 2022/23 operationally and financially; however, both the operational and financial management teams are positive about the challenge and a good start has been made identifying and progressing efficiency savings through the Effective Use of Resources Group.

KH recognised the significant challenge where there are higher inflation costs and asked the Director of Finance if they are undertaking some modelling to look at the impact of the inflation on the deficit. The Director of Finance responded that certain assumptions have been made on the level of inflation running on higher rates. There is a challenge around energy prices being more than suggested uplifts. He explained the Finance and Performance Committee approved a paper regarding sterilisation contract costs and the Trust have been negotiating with suppliers where there will be a 13% inflationary uplift after negotiation.

AN highlighted the assumptions in the national guidance which looked challenging and asked if there is any guidance from the centre or Integrated Care System about how to treat this. He asked if the plan assumptions of 104% activity levels and delayed transfers of care at 70 will be achieved throughout the year or at a point. The Director of Finance responded the 104% is a cumulative position at year end and is a phased approach to gradually improve elective activity throughout the year. Each ICS has submitted its version of plans. There is further challenge such as inflationary costs and discussions remain ongoing.

The Chief Executive stated the NHS has had significant investment and the Trust financial position has been a problem for a significant period of time. There is a need to get to a break-even position and think about a pragmatic phased approach on how to achieve this by working in partnership. The Chief Executive explained a robust equality impact assessment (EQIA) system is in place which needs to continue going forward.

OUTCOME: The Board **APPROVED** the 2022/23 plan and associated budget book.

71/22 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:

- Ongoing work to do on P3 patients (waiting less than 3 months)

- Good progress has been made on P4s (waits over 3 months) and reducing pathways
- Significant progress on 104 week trajectory
- Echo and neurophysiology diagnostics still have significant problems, external companies are being used to support both diagnostic standards
- Positive recruitment into Echo posts going forward
- West Yorkshire review of neurophysiology and neurology will hopefully provide a medium to long term solution
- Significant progress is being made on the MRI trajectory and clearing the backlogs
- Follow up backlogs - numbers have started to reduce, lots of work remains across all services in the Trust
- Echo – work on Community diagnostic hubs
- Cardiac network involved in Echo are looking at echo solutions across the network

AN highlighted that more work is taking place on Knowledge Portal Plus (KP+, business intelligence system) with a detailed set of models to understand how to track to 104% which is great to see. He queried whether the Trust, having been an outlier on this, are now in line with trajectories set and asked if the P2 (waits less than one month) and P3 trajectories need to be re-set. The Chief Operating Officer confirmed the team will re-set the trajectories and look at these through a different lense. She noted regulators remain nervous across the whole system around the 104 week and 78 week position this year. She added the Trust are still seeing Covid sickness absence which impacts on loss of theatre capacity. A weekly meeting with NHS England / Improvement is taking place to look at the recovery position and backlogs and daily meetings take place to review patients on these trajectories with regular communication to the patient. The deadline for the 104 week wait is the end of June 2022.

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

72/22 Month 12 Financial Summary 2021/22

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

- Delivered the overall year end position with a surplus of £40k, subject to audit
- Final accounts will show a £300k deficit due to technical adjustments re impairments etc.
- Overall strong financial position
- Cash levels are high
- Capital expenditure was higher than planned which is positive, more was spent on maintaining the estate and developing services as agreed during the year, this was not an overspend
- Use of Resources score of 2 – Finance and Performance (F&P) Committee continue to monitor this

PW assured the Board detail had been provided at F&P Committee this week which shows a positive position. He gave credit to the Director of Finance and finance team, particularly given the challenges over the last 12 months and ongoing challenge.

AG acknowledged that given the challenges with the second half of the year it is a great credit to the organisation to deliver a break even position. AG explained he was delighted to hear about the Capital Programme delivering much needed improvements.

Tim Busby asked for an update on the £5m adjustment referred to next year. The Director of Finance explained this is a complex technical adjustment relating to reconfiguration and potential write off.

Nigel Broadbent stated it is an enormous credit to bring it in within £40k of the plan which is an achievement. He asked if the additional funding that covered the shortfall in the efficiency savings requirement is an issue for the current year or if this year starts from scratch. The Director of Finance explained the efficiency challenge is a recurrent one each year and the Trust worked with partners as a system this year to achieve the required funding.

OUTCOME: The Board **NOTED** the Month 12 Finance Report and the financial position for the Trust as at 31 March 2022.

73/22 CHFT Green Plan (Climate Change)

The Managing Director for Calderdale and Huddersfield Solutions (CHS) presented the progress update relating to the Green Plan and accompanying Sustainability action plan. The key points to note were:

- Green Plan was approved March 2021 and progress is monitored via the Green Planning Sub-Committee chaired by AN and the plan has been approved at ICS level
- 110 out of 191 actions have been completed
- Audit Yorkshire feedback from an audit confirms that CHFT is demonstrating a commitment to minimising its adverse impacts on the environment.
- An application for Salix funding has been made which if successful would finance air source heat pumps, Solar PV and Low Loss Transformers across Huddersfield Royal Infirmary (HRI), Huddersfield Pharmacy Specials (HPS) and Calderdale Royal Hospital (CRH)
- Biodiversity action plan approved by Transformation Programme Board (TPB).
- LED lighting scheme due to commence at CRH in May 2022, already in place at HRI and is making energy savings
- CHS Managing Director designated as Net Zero Lead

AN highlighted the good story and positive progress made with 110 tasks completed. He stated the Green Plan aligns well with ICS plans. He explained further work is taking place on the carbon footprint dashboard to understand how the outcomes of these tasks are being measured i.e., seeing the carbon footprint reduce.

AG thanked the Managing Director for CHS and AN for the progress on this. He asked for an update on the bid for charitable funds for the landscaping where the old nursing block was demolished at HRI. The Managing Director for CHS responded the bid was successful for £80k and a biodiversity wellbeing area for staff to use is being created in this area.

The Managing Director for CHS stated there is a high level of ambition for this agenda, confirming that 94% of the Trust's fleet is electric or hybrid.

KH highlighted the great commitment to this agenda and congratulated the team on the progress. She explained it is important to demonstrate the difference and asked how staff are getting engaged and committed in this agenda. The Managing Director for CHS shared the variety of ways staff are engaged such as staff attending both sites to talk about waste, the benefits of using the correct waste stream and the financial savings. KH asked if there are local green champions which the Managing Director for CHS confirmed.

DS highlighted the positive advances being made since the last report and asked how much progress is being made looking at cleaning materials being used around the sites. The Managing Director for CHS responded the Trust are constantly monitoring cleaning products with the facilities team and the costs. In terms of weed control no chemicals are being used and the Trust are keen to go all electric for the shuttle bus; however, our ambitions are ahead of the market.

Tim Busby highlighted the impressive actions being taken and asked if the Green Plan focuses only internally at the Trust or extends to the supply chain. The Managing Director for CHS confirmed the plan also looks at the supply chain and links to procurement and catering and where the Trust can buy local.

OUTCOME: The Board **NOTED** the Green Plan progress in relation to the accompanying Sustainability Action Plan.

74/22

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

The Director of Workforce and OD presented the 2021 staff survey results and action plan. It was noted that as the 2021 survey is now aligned with the NHS People Promise, making comparisons against 2020 survey data limited. Nationally, staff survey scores have deteriorated, they indicate colleague 'burn out'. The Trust had a 48% response rate (2% lower than in 2020, a similar position to other WY Acute Trusts except one) and a 6.7 engagement score (-0.2 from 2020). Detail was shared on the top and bottom five scores against benchmarking average, most improved and most declined scores. Key priorities and actions were shared, noting One Culture of Care is our guiding principle and drives the Trust response. Oversight of progress with actions is via the Workforce Committee and the Board response and leadership role was highlighted. It was noted that the Trust's People Strategy is being refreshed.

Discussion took place on:

- the results being as expected (KH) and noted the Board response was appropriate, offered her support and commented emphasis must be on leadership and managers at every level who are accountable for delivering this change and values and behaviours displayed which are not aligned with those of the Trust need addressing. DS supported this and was pleased to note this was part of the Board response.
- A need for a more systematic approach to leadership visibility is needed to make an impact (Chief Executive), which will be led by the Director of Corporate Affairs in partnership with the senior management teams.
- Recurrent themes in staff survey (AN) such as appraisals and asked what the continual mechanisms are for this and other themes. The Director of Workforce and OD responded the Freedom to Speak Up, disciplinary and grievance and people pulse are all mechanisms of ongoing surveys and noted the Trust are looking at changing the emphasis of appraisals so that they become the ownership of the employee. Impact of survey timing on results and difficulties of leader and manager visibility (AG)
- Trust actions to address staffing levels and burnout (Tim Busby) - the Director of Workforce and OD responded the turnover and vacancy rates are better than they have ever been, the complexity of covid inpatients and flow has made staffing availability far worse and colleagues feel comfortable to raise concerns, and nursing staffing levels are closely managed.

The Chief Executive stated this will be a collective responsibility of the Board and asked the Director of Workforce and OD how she will hold the Board to account.

OUTCOME: The Board **NOTED** the 2021 Staff Survey results and action plan.

75/22

Director of Infection, Prevention and Control Q4 Report

The Medical Director presented the Director of Infection, Prevention and Control report for Q4 from 1 January to 31 March 2022. The key points to note were:

- Covid-19 outbreaks on wards have been managed well
- Numbers of Covid-19 cases have been decreasing over the last month
- Challenge remains for Clostridium difficile (c diff) which exceeded the maximum objective of cases at year end and all organisations have seen an increase during the Covid-19 period relating to the use of antimicrobials in patients with respiratory infections, a mixture of hospital and community onset
- Isolated cases – control measures around spread of c diff remained effective during this time
- No MRSA cases have been seen within the hospital for the end of year position – this is positive and reflects the efforts all colleagues are making regarding infection prevention and control
- MRSA screening is at 87% which is a data quality issue to be rectified in the report, this is proving challenging
- Seen an occasional outbreak of norovirus during Q4
- Low influenza activity

AN asked how much Clostridium difficile is community onset compared to hospital onset and what unpreventable meant. The Medical Director responded that hospital onset is patients who have acquired c.diff within our care and community onset are patients who have been in hospital and get c.diff within 28 days of discharge. Each case is deemed preventable or unpreventable. He explained that 20-30% of people carry c.diff in their gut which can allow overgrowth in a hospital setting which the hospital try to prevent.

OUTCOME: The Board **APPROVED** the Director of Infection, Prevention and Control Q4 Report.

76/22 Guardian of Safe Working Hours Annual Report (including Q4 Report)

Devina Gogi, Guardian of Safe Working Hours presented the Guardian of Safe Working Hours (GOSWH) Annual Report for 2021/22. The key points to note were:

- Overall decrease in the exception reports compared to previous years
- Increase in exception reports from within the Medical Division reflecting the higher clinical workload, increased patient acuity and staffing issues during recurring Covid peaks
- No exception reports logged for immediate safety concerns this year
- Rota gaps were efficiently filled by bank and agency locum
- Normal rotas have been in place since mid-March 2021
- Improved engagement by the Trust and GOSWH with the Junior Doctors, which was encouraged through successful Junior Doctors Forum meetings and Trust induction
- Two Junior Doctors Forums were held in 2021/22 – 30th September 2021 and 20th January 2022 with a further forum scheduled in May 2022
- Updated the Doctor Toolbox with important information to be a useful resource by junior doctors to carry out their routine clinical activities properly
- Dr Rob Moisey, Consultant Physician was invited to talk about Reconfiguration
- A new Junior Doctor lead for training recovery was appointed to focus on ways to improve training opportunities for Junior Doctors
- Exception reports – 74 in total (majority in Q2 and Q4 related to hours of working) with a considerable dip in Q3, of which the majority were closed off in time with time off in lieu or payment
- Maximum unfilled rota in the Medicine Division
- Junior Doctor Awards scheduled on 25 May 2022 with multiple categories – leadership, going the extra mile, compassionate care
- Approximately £60k was used in Health Education England (HEE) Training Recovery monies to fund training courses and a post for a training recovery lead and SIM lead and ultrasound lead

- HEE study leave underspent monies of approx. £24.5k due to more use of online learning opportunities by postgraduate trainees

KH asked if the decrease in exception reports is positive or negative. Devina responded they try to encourage more exception reports and most of the reports are coming from trainees, as more senior trainees are aware that they get the time off.

The Medical Director formally thanked Devina Gogi for taking on the GOSWH role during these particularly difficult times and supporting staff and noted that she will be a great loss to the Trust as the Guardian as she has resigned due to a move to a post closer to home.

OUTCOME: The Board **NOTED** the Guardian of Safe Working Hours Annual Report.

77/22 Health and Safety Update

Richard Hill, Head of Health and Safety presented an overview of the health and safety activities during 2021/22 and progress against the health and safety action plan.

KH stated it is good to see progress being made against the action plan and asked to see more data in the report to understand the types of health and safety injuries and the number, as it was noted there was a peak in the number of junior doctor sharp injuries.

AN highlighted there has been lots of encouraging progress and it would be good to see outcome data. He asked if the Trust benchmark against other Trusts to see how we compare and acknowledged more work is needed in terms of the violence and aggression piece.

The Head of Health and Safety responded the Trust are in a good place and leading the way in terms of NHS Workplace Health and Safety standards being implemented, compared to other Trusts. The Security and Resilience Group are assisting as much as possible for compliance in the safety of staff and a Task and Finish Group has been established with plans in place for the next 12 months which should see violence and aggression in a better place.

Nicola Seanor asked if the Trust has collaborated with social care colleagues who have personal safety requirements. The Head of Health and Safety responded the community members of staff share their approaches and important work has started in terms of lone working. Nicola stated she is keen to hear outcomes of this moving forward.

The Chair thanked the Head of Health and Safety for the update.

OUTCOME: The Board **NOTED** the progress made against the action plan presented and receive the Health and Safety Update.

78/22 CHFT Response to the Ockenden Review

The Director of Nursing detailed the background to the Ockenden report regarding maternity services and presented the CHFT response to the Ockenden 2 Report recommendations via a self-assessment.

The final Ockenden 2 report has been received and a formal response is due by the middle of June 2022. The Trust have been addressing the immediate and essential actions and they are all either partially or fully compliant. There are some red areas highlighted in the action plan where work is ongoing, or the Trust are awaiting national or regional guidance around some of these. The Trust remains on track to submit a formal response by mid-June 2022.

On 1 April 2022, Trusts received instruction to immediately assess the midwifery staffing position and make a decision about the continuation or suspension of Maternity Continuity

of Carer. The Director of Nursing confirmed a decision will be made on this in the private Board session.

The Director of Nursing confirmed reviews are taking place internally to look at a number of indicators. KH, Maternity Safety Champion, highlighted she attends regular monthly surveillance meeting that involves external colleagues i.e., Local Maternity System which provided a good indication for where the Trust are. KH formally thanked Karen Spencer who has recently retired for her leadership for this.

The Director of Nursing and Medical Director have sent a letter to all colleagues in maternity services reminding them to speak out if they have any safety concerns.

DS confirmed the Quality Committee receive a maternity report on a monthly basis and was pleased to hear the letters have been issued to all staff members in maternity.

AN asked if an assessment will be undertaken with a RAG rating on the action plan with owners and dates. The Director of Nursing provided assurance that this is taking place and the Quality Committee will be reviewing an update on actions.

OUTCOME: The Board **NOTED** the CHFT Response to the Ockenden Review of Maternity Services.

79/22 Quality Report

The Director of Nursing presented the Quality Report which has previously been through the Quality Committee. The key updates are:

- CQC are undertaking system reviews across West Yorkshire around urgent and emergency pathways and CHFT have been on standby but have not been visited to date
- CQC are on site on 12 May 2022 to undertake a deep dive as part of their engagement
- Journey to Outstanding (J2O) reviews – full suite and timetable has been developed for all areas to be looked at with focused J2O reviews being introduced
- Dementia screening – further work required, the team are having a renewed focus in assessment areas with some early learning and rapid improvement from this
- Carers Strategy agreed at the Patient Experience Group – using volunteers to increase uptake of Friends and Family Tests and seeing how patients are feeling
- Continue to have challenges around complaints performance data – partly relating to sickness absence in the team
- Incidents – details of learning included in the report
- Quality priorities – some serious incident investigations resulting in harm due to falls
- Introduced a weekly review to look at high impact interventions
- Maternity Ockenden review – data shows a level of transparency
- Four cases with the HSIB (Healthcare Services Investigation Branch) into maternity services

AG highlighted the number of incidents was 755 in March 2022 which states is a decrease from 718 reported in February which should state it being an increase. He added the Board need to understand if incidents have increased, with 14 having resulted in serious harm. The Director of Nursing confirmed all incidents go through a Divisional incident panel and those red rated go to a Serious Incident (SI) Panel every week chaired by the Director of Nursing and Medical Director. She explained assurance is provided on rapid action having taken place and incident learning before a full review and some incidents are reported externally. An overview report of all SIs is presented to Quality Committee and if a theme is identified a deep dive will be commissioned. AG asked if there is any reason for the increase. The Director of Nursing clarified this is due to a variety of reasons.

RH highlighted the challenges in terms of achievement against the pressure ulcer and falls objectives and asked for assurance of the actions being taken to address these challenges. The Director of Nursing confirmed a weekly high impact action review has been introduced where a pressure ulcer or fall has taken place and a Band 7 and Matron is invited in with a plan of action to support the Division in making improvements. She acknowledged patient acuity has increased which affects this and a number of escalation areas are open at the moment which has affected staffing levels. The Trust are closely monitoring the impact of staffing to ensure areas are safely staffed. She added the re-introduction of visiting will have a positive impact and the Trust are looking at physiotherapy assistance on the wards.

DS asked if Inpatient Acute Palliative Care would move to seven day working from September 2023 or 2022. The Director of Nursing confirmed this will be starting in September 2022.

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

80/22 High Level Risk Register

The Director of Nursing presented the High Level Risk Register which has been presented at the Risk Group and Quality Committee. The key points to note were:

- No new risks proposed
- No increased risks
- Narrative of risks with a reduced score is included in the paper
- Medical Devices – need to be clearer on the narrative

AN highlighted a recent risk management deep dive took place at the Audit and Risk Committee presented by Kim Smith, Assistant Director for Quality and Safety and Lisa Cook, Risk and Compliance Manager and he was encouraged by the work in hand to improve the risk management process. He highlighted that most risks are up to date; however, a few require an update.

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

81/22 Integrated Performance Report (IPR) – March 2022

The Chief Operating Officer presented the performance position for the month of March 2022 with an overall performance score of 63.7%, highlighting the key points which were:

- All domains for March 2022 are amber
- Continue to see a rise in attendances to A&E
- Surges of Covid-19 cases continue
- Achieving the Stroke standard is a continuing challenge – noted rise in stroke admissions which continues an upward trend
- All cancer standards were achieved in March which is a great achievement and celebration for staff and patients
- Transfers of Care patients– average of 100 – lots of focus internally
- Continued focus on One Culture of Care and Health and Wellbeing in terms of recovery for the year ahead

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

82/22 Governance Report

The Company Secretary presented the governance items for approval in May 2022.

a) Compliance with the Trust's provider licence conditions

Each year NHS England / Improvement (NHS E/I) requires all Foundation Trusts to complete self-certifications to provide assurance that the Trust is compliant with the conditions of their NHS provider licence or provide explanatory text where this is not the case. The self-assessment is signed off by the Chair and the Chief Executive.

b) Request for delegation of 2021/22 Quality Accounts approval to the Quality Committee

The Quality Committee has a meeting scheduled for 20 June 2022 where it would review the Quality Accounts with a view to approving these to enable approval and submission within the deadline date and publication of the Quality Accounts on the Trust website by 30 June 2022.

It is recommended that the Trust Board agree delegation of authority to the Quality Committee for the approval of the 2021/22 Quality Accounts.

c) Update on Non-Executive Director Appointments

It was noted that Tim Busby and Nigel Broadbent have been appointed as Non-Executive Directors and the inductions are underway.

d) Board of Director Attendance Register 2021/22

The attendance of Directors at Board of Directors meetings during 2021/22 is detailed within the annual report for 2021/22.

e) Board of Directors 2022-2023 Workplan

The Board workplan provides the basis for the preparation of Board agendas for the coming year. Ad-hoc items and reports will be included on meeting agendas as necessary.

OUTCOME: The Board **APPROVED** the content of the self-certification documents for the signature of declarations, delegation of authority to the Quality Committee to approve on behalf of the Board, at its meeting of 20 June 2022, the 2021/22 Quality Account, **NOTED** the update on the Non-Executive Director recruitment and **APPROVED** the Board of Directors Attendance Register for 2021/22 and Workplan for 2022/23.

83/22 Review of Board Sub-Committee Terms of Reference

a) Finance and Performance Committee

RH explained the terms of reference have been updated to allow for more flexibility for replacement of Non-Executive Directors if one could not attend for quoracy which was approved by the Committee in November 2021.

b) Transformation Programme Board

As per the paper.

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

84/22 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.

85/22 Items for Review Room

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

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

- Finance and Performance Committee minutes of the meetings held 28 February 2022 and 4 April 2022
- Quality Committee minutes of the meeting held 21 February 2022 and 21 March 2022
- Workforce Committee minutes of the meeting held on 15 February 2022

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

86/22 Any Other Business

The Chair formally thanked Ellen Armistead, Director of Nursing for her contribution to the Board and the challenge to him as Chair, acknowledging her retirement at the end of June 2022.

The Chair who retires at the end of June thanked all colleagues for their patience with him, stating how much he has enjoyed being Chair of CHFT and will miss all colleagues.

The Chief Executive formally recorded a thanks to Philip Lewer, Ellen Armistead and Alastair Graham who shortly depart the Trust.

The Chief Executive thanked the Chair for his stewardship, leadership, good grace, and the way he has led the organisation in the last year, he recognised how much the Chair has done for CHFT and he leaves behind a strong legacy. A heartfelt thank you was expressed to Philip Lewer on behalf of the Board, Council of Governors and colleagues.

The Chair formally thanked the Board of Directors, colleagues and governors for their attendance and closed the meeting at approximately 12:20 pm.

87/22 Date and time of next meeting

Date: Thursday 7 July 2022

Time: 9:00 – 12:00 pm

Venue: Microsoft Teams