

**APPROVED Minutes of the Public Board Meeting held on Thursday 2 July 2020 at 9:00 am via Microsoft Teams**

**PRESENT**

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

**IN ATTENDANCE**

Anna Basford	Director of Transformation and Partnerships
Mandy Griffin	Managing Director, Digital Health
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)
Stephen Baines	Lead Governor
Veronica Woollin	Public Governor
Lynn Moore	Public Governor
Anu Rajgopal (Item 73/20)	Guardian of Safe Working Hours
Cornelle Parker	Deputy Medical Director
Carol Gregson (Item 63/20)	Chief Nurse Information Officer
Caroline Winkley (Item 63/20)	Sister/Charge Nurse Intensive Care Unit (ICU)

**OBSERVING**

Andrea Dauris	Associate Director of Nursing for Quality & Safety
Lindsay Rudge	Deputy Director of Nursing

**55/20 Welcome and introductions**

The Chair welcomed everybody to the meeting and introduced Andrea Dauris and Lindsay Rudge who were shadowing the Board. He also introduced Carol Gregson and Caroline Winkley who were attending to give a presentation on virtual support for relatives and carers during the Covid-19 pandemic.

**56/20 Apologies for absence**

No apologies were received.

**57/20 Declaration of Interests**

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

**58/20 Minutes of the previous meeting held on 7 May 2020.**

The minutes of the previous meeting held on 7 May 2020 were approved as a correct record.

**OUTCOME:** The Board **APPROVED** the minutes from the previous meeting held 7 May 2020.

**59/20 Action log and matters arising**

The action log was reviewed and updated.

There was one outstanding item on the action log which was to share experience from 'back to the floor' week. This will be addressed through Business Better than Usual Governance.

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

**60/20 Chair's Report**

The Chair expressed his good wishes for the Chief Executive in his participation as Chair of a National Task and Finish Group which will focus on providing impetus to how NHS organisations across England seek to address health inequalities. This will be a rapid piece of work which will last until the end of July 2020.

**OUTCOME:** The Board **SUPPORTED** the Chief Executive's role as Chair of the National Task and Finish Group.

**61/20 Chief Executive's Report**

The Chief Executive asked the Board to reflect on the possibility in the future of the Board appointing a Director of Public Health or lead Consultant with public health responsibilities, and developing a Health Inequalities Sub-Committee.

**OUTCOME:** The Board **NOTED** the Chief Executive's report.

**63/20 Remote Visiting**

Carole Gregson and Caroline Winkley gave a presentation on virtual support for relatives and carers of patients during the Covid-19 pandemic.

Following the suspension of visiting at CHFT in line with NHS England guidelines in March 2020 the Trust set out to challenge itself to incorporate digital technology to enhance the patient and family experience during this time, in particular for the most vulnerable patients on the Intensive Care Units (ICU) and for those who were approaching end of life.

This service started in the ICU and follows a process which includes daily calls and bereavement calls. This was subsequently rolled out to the palliative care wards. Virtual support is provided, enabled through Microsoft Teams and allows face time contact for patients with up to three people. It is also used to connect clinicians, patients and relatives. The service has been extended to include a 'relatives line', 'letters to a loved one' and spiritual care.

Carole explained that the implementation of the service is the result of a team approach, including specialist teams, nursing and clinical teams, ICU, palliative care, hospices, the chaplaincy and the Communications team, all under-pinned by the excellent work from the IT team.

The Chair formally thanked Carole, Caroline and all of the teams who had supported them in the implementation and ongoing use of this service. These thanks were echoed by the Board and governors.

**OUTCOME:** The Board **NOTED** the virtual support being provided for relatives and carers or patients during the Covid-19 pandemic and the success of CHFT in improving the patient experience.

The Managing Director Digital Health presented a paper describing the proposed direction of travel of the CHFT Digital Strategy including an investment plan and governance and prioritisation process, and asked the Board for approval. A link to the full strategy had been circulated prior to the meeting with time offered to each of the Non-Executive Directors to talk through any queries. The Managing Director Digital Health thanked the Non-Executive Directors for their feedback and Andy Nelson for his involvement in the development of the strategy.

The Managing Director Digital Health advised that following feedback from a large number of meetings and discussions undertaken in the last six weeks with a variety of stakeholders, the structure of the strategy has been changed. Much of the development work has focussed on the digital journey, which is now more consolidated, and an investment plan has now been included.

The investment plan describes the known current commitment on investment over the next five years, of £12.8m capital and £36.5m revenue. Critical decisions and due diligence will be required on the use of this money over the next five years. The necessary investment plans will need to be aligned to capital, revenue expenditure and resourcing plans to ensure the success of the Strategy. New investments will be prioritised. Initially high-level benefits criteria considered will include:

- Patient Outcomes
- Statutory Regulations
- Burning Platform
- Availability of Funding

The next steps will be to digitalise the strategy, produce bite-size versions, arrange a launch event and implement regular, annual reviews. Regular updates on progress of the strategy will be presented to Board.

RH congratulated the team and expressed his support for the strategy. He pointed out that in order to achieve benefits across the system, full interoperability would be required across primary care, the social care sector and other Trusts which will be challenging. The Managing Director Digital Health explained that this is addressed within the Strategy and that she sits on the Digital Board for Kirklees Council and discussions are also ongoing with Calderdale CCG on how to develop access to technology for citizens who currently do not have this, noting progress is slow.

RH also pointed out that in order to achieve the full benefit of digital inclusion and allow patients to manage their own health care, consideration needs to be given to the elderly and those who are economically disadvantaged and that there is work to be done in terms of the provision of equipment and education to ensure inclusion is achieved.

The Chief Executive suggested that this is an opportunity to highlight the analytical health inequalities work currently being undertaken. He added that there should not be an over-focus on clinical systems as it is also important to make progress on systems such as the electronic patient staffing record (ESR) and the IProc, CHFT's procurement system.

AN congratulated the team and commented that the Trust can be proud of progress with the Strategy. He acknowledged that there will be challenges to meet the ambitions in the Strategy and how the funds will be managed going forwards.

**OUTCOME:** The Board **APPROVED** the overall direction of the strategy and the governance arrangements and prioritisation process and **APPROVED** the investment plan.

## 65/20 2020/2021 Plan on a Page

The Director of Transformation and Partnerships presented the one-year strategic objectives for 2020/2021 that will support the delivery of the ten-year plan.

In March 2020 the Trust Board approved CHFT's ten-year strategic plan. Each of the objectives in the one year strategic plan has a named Director lead identified who will be accountable for delivery. The plan takes account of changes that are required as a result of the pandemic. Quarterly updates on progress will be provided at future Board meetings.

AN asked if some of the ten year targets should be set for five years, in particular the targets around sustainability. The Director of Transformation and Partnerships explained that the Board had approved the ten year strategy in March 2020 and that some of the strategies relate to five years but sit within the broad ten year approach.

RH pointed out that the plan still refers to a reduction in natural resources rather than carbon footprint. The Director of Transformation and Partnerships agreed to amend the wording.

**Action: AB to amend the wording in the Plan to 'carbon footprint'.**

AG asked why a target had been set for an increased number of internal promotions. The Director of Workforce and Organisational Development explained that all organisations have a ceiling which is difficult to break through, leading to colleagues leaving an organisation to seek promotion elsewhere. By including this target, it is hoped to retain talent, matched with succession planning, helping people to develop and learn within CHFT and minimise the ceilings. AG agreed that it is important to get the balance right in order to retain talent but also attract talent from elsewhere.

AN also asked if some of the targets could be more specific. The Director of Transformation and Partnerships explained that in previous years targets have been more specific but the current context of the pandemic means that issues are still being determined around capacity and the volume of activity going forwards and it is difficult to be overly specific at this stage in the year. The reference to the outcomes framework under Keeping the Base Safe allows for avoidance of specificity at this stage where there is still some ambiguity around capacity and level of demand as well as uncertainty around the financial framework.

The Chief Executive expressed his view that reconfiguration relates to the embedding of both the physical and digital model changes and it is probable that the digital strategy will be revisited several times prior to 2025. He added that the one year strategy is not tied to a point in time and can be revisited also if further clarity is received.

**OUTCOME:** The Board **APPROVED** the 2020/2021 annual Strategic Objectives subject to the amendment noted above regarding carbon footprint and **NOTED** that the One-Year Plan can be revisited if required.

## 66/20 Month 2 Financial Summary

The Month 2 Financial Summary was available in the Review Room. The Director of Finance highlighted the following key points.

- The Trust's own financial plan for 2020/21 has been replaced by an NHS Improvement (NHS I) derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively.

- The Trust has over-spent in the first two months by £5.8m and has applied for top-ups for this amount. Month 1 has been funded and it is expected that Month 2 will also be funded.
- Year to date the Trust has incurred £6.82m in relation to Covid-19, of which £2.36m relates to gowns which were purchased by the Trust on behalf of the region. The underlying cost of Covid-19 from a Trust perspective is therefore £4.46m.
- The Trust is broadly in line with other Trusts across West Yorkshire.
- Funding has also been received of £900k for capital costs over and above the plan in relation to Covid-19.
- The rules are not clear in terms of the finance regime for the remainder of the year. The Trust has recently made a submission on the funding it is expected will be required for the rest of the year based on a number of possible scenarios.

RH added that the Finance & Performance Committee reviewed the finance position in detail at the meeting on 29 June 2020.

**OUTCOME:** The Board **NOTED** the Month 2 Financial Summary.

## **67/20 Staff Survey Results and Action Plan**

The Director of Workforce and Organisational Development presented the results of the Staff Survey for 2019 and the engagement plan and actions prioritised to improve the engagement of colleagues as a result of Covid-19. The national plans for the 2020 Staff Survey were also shared with the Board.

The Plan had been prepared for the Board in April 2020 but during the last 16 weeks a review has been undertaken of the detailed plans to improve colleague engagement. Key points to note were:

- Understanding of One Culture of Care has improved
- Amazing examples of good leadership and management styles have been seen
- Some gaps in behaviours and capabilities have been identified.
- This has provided an opportunity to look at the health and well-being offer to match with Covid-19 and ensure this continues into the future.

Four key actions have been identified from the original action plan which will give the most improvement:

- Time for wellbeing and engagement activities to be built into diaries/rosters
- Launch of three interconnecting programmes of development – Leading One Culture of Care, Management Essentials and the Empower programme
- Fund and support a continuing 24/7 health and engagement and wellbeing service, including trained counselling support, and appoint Wellbeing Champions to each ward/department/service.
- All managers to have a 'people' related objective to create one culture of care and achieve key workforce targets

KH expressed her support of the final bullet point and the inclusion of this in all appraisals and added that she would be keen to see how progress can be monitored on these actions when the Workforce Committee re-commences standard business. The Director of Workforce and Organisational Development confirmed that there are key performance indicators in place for this.

The Director of Finance asked if funding had been agreed to support and continue 24/7 health and engagement and wellbeing service, and the Director of Workforce and Organisational Development explained that this will be subject to a business case once

approval from the Board is received to continue with the service. This will be presented to the Commercial and Investment Strategy Group for approval.

**OUTCOME:** The Board **NOTED** the staff survey results and **APPROVED** the actions to improve staff engagement.

## 68/20 Covid-19 Update and Key Messages

The Director of Nursing gave an update on Covid-19. The key points to note were as follows:

- There have been 152 deaths
- 366 patients have been discharged well
- Absence numbers for staff are reducing
- The workstreams set up to manage the emergency response have been extended as part of the Incident Management Team and are developing well to address stabilisation and re-set. Clear governance is in place for these but they will be kept under continuous review.
- The Supergreen area is now live for patients requiring surgery, and positive feedback has been received.
- Angiography, Yorkshire Fertility and Plain Film X-Ray have been re-instated as Phase 1. If there was a need to re-escalate into emergency response, these would need to be stood down.
- Outpatient activity is increasing
- Re-set plans have a clear re-escalation protocol
- Equality Impact Assessments (EQIAs), have been completed for all stabilisation and re-set proposals
- Antibody testing is going well, the number of positive patients is around 15%, in line with the national picture
- Overall new referral backlog has slightly reduced
- The clinical prioritisation process is in development, which is the top safety and quality priority currently
- Local hotspots are being monitored
- The risk profile has remained largely static since the end of May 2020, with two new risks added relating to the Personal Protective Equipment (PPE) supply chain and out-patient appointment waits
- Cancer is performing well.

The Director of Workforce and Organisational Development reported that 1600 responses have been received to date for the health and well-being assessments, the majority from clinical colleagues. The first wave of colleagues responding were very anxious, with mental health predominantly the biggest issue. A wider 24/7 mental health support mechanism has been put in place. The biggest group causing concern centres around those colleagues working from home followed by colleagues who have been redeployed. A number of themes have been identified and engagement is ongoing. The real value of the risk assessments will come from actions resulting from the findings. Work is ongoing but the immediate action is the implementation of the 24/7 support mechanism for mental health.

**OUTCOME:** The Board **NOTED** the update on Covid-19.

## 69/20 Infection Prevention

### **Infection Prevention Control Board Assurance Framework**

The Medical Director presented the Infection Prevention and Control (IPC) Board Assurance Framework. NHS England and NHS Improvement provided NHS Trusts with an infection prevention and control (IPC) board assurance framework on 4 May 2020 as a

non-mandatory tool. The framework is structured based on the existing ten criteria set out in the Code of Practice on the Prevent and Control of Infection. The Trust commissioned an independent review of IPC assurance through an assessment against the board assurance framework conducted by two independent nurse consultants specialising in IPC. The review found good levels of assurance overall with good systems and processes in place that are able to recognise and manage the risks associated with Covid-19 in a co-ordinated way. An action plan will be developed which will be monitored by the Quality Committee. Assessments will be carried out on an on-going basis in order to provide assurance. The review will be submitted to the Care Quality Commission (CQC) as part of the infection control assessment process.

**OUTCOME:** The Board **NOTED** the positive assurance in the independent review of the Infection Prevention Control report and **APPROVED** the recommendations in the report.

### **Director of Infection Prevention Control Report (DIPC) Quarter 1**

The Medical Director presented for approval the quarterly Director of Infection Prevention Control report (DIPC).

The impact of Covid-19 has dominated infection control discussions over the last quarter and has taken up much time. The Medical Director acknowledged the efforts of the infection control team, in particular Jean Robinson, Senior Infection Control Nurse and Dr Anu Rajgopal. There have been significant challenges around the use of side rooms.

There have been a couple of incidents of *Serratia marcescans* on ICU and a small number of *C.difficile* cases on a medical ward. Both of these incidents were managed in accordance with infection control policies and good practice and are now closed. There has also been a presentation of Norovirus but the team managed to prevent any significant spread. Other significant challenges for infection control have been around the supply and management of personal protective equipment (PPE), in particular the fit testing of FP3 masks. The Medical Director pointed out that the Trust has not run out of any PPE at any time, and have managed to maintain stocks throughout. The capacity of the team will remain a challenge for some time, particularly around re-set. Work also needs to begin on plans for reconfiguration.

It was not possible to produce the usual IPC annual report at this time due to workload priorities, but some details on the overall performance for last year have been included as an appendix to the quarter one report. The Medical Director pointed out that there has been a significant reduction of *E.coli* bacteraemia cases.

OW thanked the Medical Director and his colleagues for the covering report, in particular the equality impact assessment. A discussion took place around the difficulties encountered in relation to advice on facial hair and masks relating to faith. The Chief Executive noted the importance of awareness that there is a particular vulnerability around BAME colleagues, and that this is linked to the well-being risk assessments being carried out. The Medical Director confirmed that going forwards there will be plans in place to support colleagues with requirements of dress.

There followed a discussion on the national guidance on relaxing social distancing. It was agreed that the position of the Trust will continue to be that hand-washing is crucial, social distancing of 2 metres will remain and the wearing of face masks on all occasions on NHS grounds will be mandatory. These messages are to be re-affirmed.

AN asked if there had been any cases at CHFT of Covid generated in the hospital. The Medical Director confirmed this is being monitored in accordance with national definitions but that no evidence is being seen of this within the hospital environment for patients. However, given the incubation period, many patients and visitors may develop Covid-19 in

the community. There have been one or two cases where there is evidence of hospital transmitted infection but this is not a significant issue.

AN asked if Aseptic Non-Touch Technique (ANTT) training for medics continues to be an issue and how can this be resolved. The Medical Director explained there is a continuing rotation of doctors but efforts will continue to ensure that doctors are compliant. Doctors have often already had training outside of CHFT. Any issues are escalated to divisions for follow-up when necessary.

**OUTCOME:** The Board NOTED the performance against key IPC targets and the response to Covid-19 and the prioritisation of Covid-19 positive patients for isolation facilities and NOTED the general impact of Covid-19 in relation to PPE use and enhanced cleaning. The Board **APPROVED** the quarterly Director of Infection Prevention Control (DIPC) report.

The Board **ENDORSED** the maintaining of the 2 metre social distancing rule on Trust property.

## 70/20 Learning from Deaths Report

The Deputy Medical Director presented the Learning from Deaths Annual Report covering an 11 month period. The report also incorporates an early review of mortality in relation to the Covid-19 pandemic from 23 March 2020 to 19 May 2020. The key points were:

- There is a continued trend towards improvement in crude mortality.
- CHFT remains a positive outlier for hospital standardised mortality (HSMR)
- There is evidence of divisional assurance around the number of structured judgement reviews (SJR) and strong assurance of review and related learning within divisions.
- The report has also reviewed this year whether the profile of deaths examined in mortality reviews was representative of all mortality, and strong assurance was found for this. The gender and ethnicity distribution across Level 1 and Level 2 mortality reviews approximates to the gender and ethnicity distribution across all our deaths.
- A greater proportion of deaths in younger patients are subject to SJR. This is likely to reflect the potential for avoidability in younger patients.

The Deputy Medical Director reported that the Covid-19 mortality review shows an increase of 31% in the overall number of deaths at CHFT (both Covid-19 positive and non-Covid-19) during the Covid-19 pandemic. During March to May 2020 there were a total of 348 inpatient deaths, of which 140 were Covid-19 positive patients and 208 non Covid-19 patients.

There were fewer non Covid-19 deaths than for the same three month period historically, which may be due to reluctance of patients to attend hospital during the pandemic.

Those patients that died from Covid-19 were twice as likely to be male, tended to be older, in 80-90 year age band, and to have multiple co-morbidities. These findings all agree with the national profile on Covid-19 mortality. In contrast to the national picture there were fewer deaths in Black and Minority Ethnic, (BAME) patients than might be expected when compared with our overall treated population. This matches the pattern outside of Covid-19 but is slightly at odds with the national picture.

RH asked how CHFT's mortality rate compares with other similar trusts. The Deputy Medical Director explained that it is difficult to get local mortality figures for individual organisations but would like to look at this in the future.

AN asked for an explanation of the HSMR increase. The Deputy Medical Director explained that this had looked like an upward trend, although still within acceptable

parameters. However crude mortality had declined over that period. Investigations revealed the issues to be related to coding.

OW asked about the likelihood of keeping SHMI below 100 as the crude mortality for April was abnormally high at 223 but May and June were looking comparatively low against the historic monthly position. The Medical Director explained this may not be possible. The time lag for reporting on SHMI is three months so this is not yet known. A discussion took place regarding the data provided in the Knowledge Portal and whether this includes community deaths. The Medical Director will check whether this is the case.

RH asked if the target of 50% for Initial Screening Reviews (ISR) is realistic and what is being done to achieve this. The Deputy Medical Director explained that it is not known what the next 12 months will bring but the target should be achievable if there is a level playing field.

**OUTCOME:** The Board **APPROVED** the Learning from Deaths Annual Report and the recommendations included in the report.

## **71/20 High Level Risk Register**

The Director of Nursing presented the High-Level Risk Register. She explained that the Trust Risk and Compliance Group had been stood down during the pandemic but will soon be re-instated. Risk Leads have continued to work with the Senior Risk Manager to provide updates to the Trust High Level Risk Register, and the Director of Nursing thanked Maxine Travis for her work on this.

The Covid-19 Incident Management Team (IMT) was established in response to the pandemic and has had oversight of risks associated with the pandemic throughout. In total 90 new Covid-19 related risks have been logged during quarter one with seven being recommended for inclusion on the High-Level Risk Register. These were:

- 7685 (20): PPE Supply Chain
- 7689 (20): Waits for outpatient appointments, diagnostics and operations
- 7778 (16): Risk of staff being infected with Covid-19
- 7783 (16): Unable to achieve national requirement for social distancing due to environmental constraints
- 7796 (16): Impact on whole teams of self-isolation required by Track and Trace
- 7797 (16): Variable IPC compliance resulting in infection outbreaks
- 7683 (16): Not having sufficient isolation facilities (side rooms)

As the Trust Risk and Compliance Group did not meet in May 2020 there have not been any high-level risks agreed for reduction or for closure.

The Director of Nursing confirmed that a robust process has been in place to monitor Covid-19 related risks and that these are now incorporated into the High-Level Risk Register.

AG asked if the fire risk score should be increased given the increased use of oxygen, moving of staff and equipment storage. The Director of Nursing explained that it is not a high-level risk due to the mitigation plans in place. The Chief Operating Officer added that a dedicated Fire Committee has undertaken a full review.

AN asked if the Covid-19 risks related to non-invasive equipment and the blood transfusion service should be on the High-Level Risk Register. The Director of Nursing explained that the Trust does not have a shortage of non-invasive equipment. The mitigations for both of these risks are sufficient that the risk score does not require the risks to be on the High-Level Risk Register.

DS asked if national guidance had been received yet regarding risk of infection to colleagues and related RIDDOR reporting. The Director of Workforce and Organisational Development advised that guidance has been received stating that an absence is not RIDDOR reportable as it cannot be proved that the infection has been contracted within the hospital.

DS remarked that there are still insufficient investigators for serious incidents and asked if there is anything more that can be done to bring the timeline for investigations back in line. The Director of Nursing acknowledged that this is an ongoing issue. She is working with the Senior Risk Manager on a proposal to be presented to the Quality Committee to find an alternative to the problem. Following the presentation of the proposal at the Quality Committee it may be necessary to add this as a risk.

**OUTCOME:** The Board was **ASSURED** that potential significant risks within the High-Level Risk Register are being appropriately managed and **APPROVED** the current risks on the High-Level Risk Register.

## 72/20 Quality Report

The Director of Nursing presented the Q1 Quality Report. The following points were of note:

- In response to the Covid-19 pandemic the Trust had to make a significant adjustment to how it operates in order to ensure resources were channelled into the emergency response.
- The report provides a high-level overview and differs from previous Board reports and reflects the operating model during this time. The Board can expect to see a return to the previously agreed format going forward.
- The Trust quality priorities which have been reset to reflect ongoing challenges and those more specific to operating in a post pandemic context. The Quality Committee are due to define the actions and reporting arrangements for these going forward. These will be reviewed at the end of quarter four.
- Complaints remain a concern for the Trust and will be a key part of the stabilisation and reset workstreams.
- The CQC switched to an Emergency Support Framework (ESF) in order to ensure that no extra burden was placed on providers and also to minimise infection control issues. They have continued to inspect areas of high risk throughout this period.
- The Trust's CQC Response group have continued to meet and the focus going forwards will be on infection prevention control board assurance. A deterioration in response to CAS alerts and the serious investigations timeline has been seen which reflects the pressures of responding to the pandemic. An action plan has been set to bring these back into compliance.
- Successful appointments have been made to the roles of Assistant Director Patient Experience and Assistant Director for Patient Safety which significantly strengthens capacity and capability.

**OUTCOME:** The Board **NOTED** the Q1 Quality Report and the systems and processes in place during the emergency response phase of Covid-19 to ensure continued oversight of the quality and safety of patient care. The Board **NOTED** the CQC approach to regulation during and post Covid-19 emergency response.

## 73/20 Guardian of Safe Working Hours Report Quarter 1

Dr Anu Rajgopal, Guardian of Safe Working Hours presented the Q1 report from October to December 2019. There has been a decrease in the number of exception reports by 20% annually and by 50% in quarter one. The process of exception reporting remained open during the pandemic. There has been a substantial increase in the number of

exception reports from Paediatrics which reflects the significant rota gaps. There were a series of exception reports from Ophthalmology, which related to one emergency clinic, and these issues have been resolved.

There have been improved rota gaps both in the medical and surgical divisions, and improved attendance at the junior doctor forums. Transition to and from the Covid-19 rotas was successfully completed and work is on track to be fully compliant with the revised terms and conditions for junior doctors by the required date of August 2020. Refurbishment of the doctors' mess is nearly complete, although it is not yet ready to open pending some further alterations to make it Covid-19 compliant.

The Guardian of Safe Working Hours asked the Board to acknowledge the commitment and hard work of all trainees, the medical human resources team, medical education and divisional teams who have successfully managed to support changes to the junior doctor rota over the pandemic.

**OUTCOME:** The Board **NOTED** and **APPROVED** the recommendations outlined in the Guardian of Safe Working Hours Quarterly Report.

#### **74/20 Integrated Performance Report – May 2020**

The Chief Operating Officer provided the Board with the performance position for the month of May and changes to IPR content. The Chief Operating Officer asked the Board to note the current level of performance, recognising the impact of Covid-19 on several key performance indicators (KPIs) and the work in progress in relation to developing a more outcome focussed IPR, and to acknowledge the position on several KPIs where there is an impact as a result of prioritisation based on clinical need.

The Chief Operating Officer reported that performance was good in May, with both Cancer and Emergency Care performing well. It is important to keep good flow and two Emergency Departments on each site are being retained currently. There will be additional resources this weekend (4 -5 July 2020) due to the easing of lockdown restrictions. It is planned to move to a more 'outcomes focussed' IPR by the end of August/beginning of September.

**OUTCOME:** The Board **NOTED** the Integrated Performance Report and current level of performance, recognising the impact of Covid-19 on several key performance indicators, and **ACKNOWLEDGED** the position on several key performance indicators where there is an impact as a result of prioritisation based on clinical need.

#### **75/20 Delegation of Approval of Freedom to Speak up Annual Report**

The Director of Workforce and Organisational Development presented a paper to seek approval for the delegation of authority to the Workforce Committee of the Freedom to Speak Up Annual Report 2019/20 in order that the report can be submitted to the National Guardians Office before September 2020. The Freedom to Speak Up Annual Report requires approval from the Guardian, and, due to an increased workload in response to Covid-19, it has not been possible to complete this in time for the Board meeting.

**OUTCOME:** The Board **APPROVED** the delegation of authority for the approval of the Freedom to Speak Up Annual Report to the Workforce Committee at an Extraordinary Meeting on behalf of the Board.

#### **76/20 Annual Reports**

The Guardian of Safe Working Hours Annual Report was provided by the Guardian of Safe Working Hours for assurance.

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

An update on the Fire Safety Action Plan was provided by the Chief Operating Officer for assurance.

**OUTCOME:** The Board **RECEIVED** the update on the Fire Safety Action Plan.

#### **77/20 Governance Report**

The Governance Report was provided for information by the Company Secretary.

**OUTCOME:** The Board **RECEIVED** the Governance Report.

#### **78/20 Receipt of Minutes of Meetings**

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

- Finance and Performance Committee – minutes from meeting held 4.5.20 and 1.6.20
- Audit and Risk Committee – minutes from meeting held 16 June 2020
- Quality & Workforce Committee – minutes from meetings held 4.5.20 and 1.6.20
- Covid-19 Oversight Committee – minutes from meeting held 6.5.20, 26.5.20 and 5.6.20

No questions were raised.

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

#### **79/20 Items for Board Assurance in the Review Room**

The following documents were provided for assurance.

Calderdale and Huddersfield Solutions Limited – One Year Business Plan 2020/21

The Calderdale and Huddersfield Solutions Limited – One Year Business Plan 2020/21 was provided for assurance. No questions were raised.

**OUTCOME:** The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited – One Year Business Plan 2020/2021

Complaints Policy

Following a full review of the complaints handling policy, version 3 of the policy was available in the Review Room. It was noted that this had been reviewed and approved by the Patient Experience Caring Group and the Weekly Executive Board.

No questions were raised.

**OUTCOME:** The Board **APPROVED** the Complaints Handling Policy.

#### **80/20 Any Other Business**

- The Lead Governor thanked the Board and all colleagues at CHFT for their excellent work. He added that the Chief Executive's appointment to the Task and Finish Group was a great achievement for himself and for the Trust.
- The Chair thanked the attending governors for their participation.

**Date and time of next meeting**

**Date:** Thursday 3 September 2020

**Time:** 9:00 – 12:30 pm

**Venue:** Microsoft Teams

The Chair closed the meeting at 11.03am.