

APPROVED Minutes of the Public Board Meeting held on Thursday 5 November 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
Lindsay Rudge	Deputy Director of Nursing
Jackie Ryden	Corporate Governance Manager (minutes)
Stephen Baines	Lead Governor
Christine Mills	Public Governor
Ryan Noone	Security Officer (for item 110/20)
Dr Anu Rajgopal	Guardian of Safe Working Hours (for item 121/20)

OBSERVING

103/20 Welcome and introductions

The Chair welcomed Ryan Noone, a Security Officer from Calderdale Royal Hospital who was attending to give his story on working during the Covid-19 pandemic

104/20 Apologies for absence

Apologies were received from governors Jude Goddard and John Gledhill.

105/20 Declaration of Interests

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

Stephen Baines declared an interest in Item 114/20 Calderdale Collaborative Partnership Agreement as a member of the Calderdale Health and Well-Being Board.

106/20 Minutes of the previous meeting held on 3 September 2020

The minutes of the previous meeting held on 3 September 2020 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 3 September 2020.

107/20 Action log and matters arising

There were no outstanding actions on the action log and no matters arising.

108/20 Chair's Report

The Chair reported that papers for the West Yorkshire Association of Acute Trusts Committee in Common meeting held on 27 October 2020 papers had been shared with Non-Executive Director (NED) colleagues.

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

109/20 Chief Executive's Report

The Chief Executive noted that the current second lockdown phase should have some impact on arresting the growth rate of the transmission of Covid-19. When transmission gets out of hand, this works through into the hospitals, criticality and loss of life as well as the people left with further issues as a result of the disease.

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

110/20 Patient/Staff Story – Working with Covid

The Chair introduced Ryan Noone, a Security Officer working at Calderdale Royal Hospital (CRH). Ryan described his work, how the Covid pandemic has impacted on his day to day routine in the Trust and how behaviours have changed as a result of the pandemic.

A number of the Non-Executive Directors and the Director of Nursing thanked Ryan and his colleagues on behalf of all colleagues at the Trust, in particular for acting as a 'comfort blanket' for healthcare staff when faced with violent or aggressive situations.

The Chair also thanked Ryan and welcomed the opportunity to spend some time with Ryan and his colleagues as soon as it is safe to do so.

The Chief Executive commented that the Board needs to continue to broaden the scope of patient and colleague stories in order to get insight from a broader range of colleagues.

OUTCOME: The Board **NOTED** the valued work carried out by Ryan and the Security Team to maintain patient and staff safety in the Trust.

111/20 2020-2021 Strategic Plan – Progress Report

The Director of Transformation and Partnerships provided an update on the progress made against the four goals described in the one-year plan for 2020-2021 which supports the delivery of the ten-year strategic plan. The report provided an overview assessment rating of progress against 19 key deliverables together with a summary narrative of the progress and details of the Board assurance route. Of the 19 deliverables 17 are rated green (on track) and two are rated as amber (off track but with a plan).

AG asked how the Trust will continue with the public consultation over the coming period given the second wave of the pandemic and wondered if there was an opportunity to tap into people's desire to help the NHS again. The Director of Transformation and Partnerships explained that previously extensive consultation on the configuration of the service models across the two sites was undertaken. The Trust is now at the pre-application stage in terms of plans for building development. As part of this process, the Trust is committed to involving people in the input and influencing the designs. Once the applications are formally submitted to the Councils, the Councils will undertake formal consultation on the building proposals.

The engagement methods will need to be different and will include the use of digital portals and digital mechanisms. In addition, subject to the restrictions, paper-based circulars and flyers will be distributed, targeting individual residences near to the two hospital sites.

Under the current restrictions, it will not be possible to hold large scale meetings or drop-in sessions. The Trust will continue to communicate with its wider partner organisations on the next steps and asking for their advice on how they can support the communication and ongoing involvement of the public.

AN asked about the goal to use population health data to inform actions to address health inequalities in the communities served. The Chief Executive, as the lead for this goal, explained that the oversight national piece of work he has been involved in has been extended to March 2021. The group meets every two months to monitor progress across England against the eight actions discussed at a recent Board Development session.

Locally the Integrated Care System (ICS) has a workstream as part of its strategy to ensure that it responds to the eight actions identified in August and also addresses areas of focus for West Yorkshire specifically. The System dashboard identified progress being made in tackling health inequalities, particularly in the context of Covid. Alongside that, there is more organisational specific work ongoing with local partners in Kirklees and Calderdale looking at some themes in relation to cancer and learning disabilities to define what the data shows around those groups and any other areas that are being impacted.

The Chief Operating Officer explained that using health inequalities data to influence decision-making is venturing into new territory, with new complexities when considering both the BAME perspective and the index of multiple deprivation (IMD) perspective, particularly when considering the ongoing clinical prioritisation.

The Director of Nursing advised that an internal working group has begun work on this, and a number of early actions have been identified. The group is engaging with staff to gain an understanding of the scale of the problem and is undertaking a set of discovery interviews with staff around their understanding of health inequalities. Views from service users and their carers will also be sought. The group will also look at complaints and serious incidents to explore whether any themes are being identified across to any protected characteristics.

The Chief Executive added that the data sets the Trust has are good, and these compare well to other Trusts in terms of the information available although there are challenges linked to geography as not all of the partners in the Place have the same sets of data, the common thread being the index of multiple deprivation.

OUTCOME: The Board **NOTED** the assessment of progress against the 2020-2021 strategic plan.

112/20 Reconfiguration Update

The Director of Transformation and Partnerships provided an update on the reconfiguration programme of work and timeline and the development of the estate design at both CRH and Huddersfield Royal Infirmary (HRI). The report also outlined the next steps to continue to involve members of the public and colleagues in the development of the plans.

Following approval of the Strategic Outline Case in January 2020, work has continued on planning for the programme of service reconfiguration and estate development. There will be a continuous process of communication and involvement of patients, families, carers, colleagues and stakeholders in the planning process. The planned programme timeline is to submit an Outline Business Case (OBC) for Calderdale Royal Hospital and a Full Business Case (FBC) for Huddersfield Royal Infirmary to NHS England and the Department of Health and Social Care for approval in June 2021. It is hoped to commence building work at HRI towards the end of 2021 with completion in 2023, with completion of the more expansive work at CRH by 2025.

A detailed programme plan and timescale was developed in March 2020 with input from members of the public and colleagues in the design. Further review was undertaken in light of the pandemic to seek the views of the members of the public. It is planned to submit formal planning applications to each Council in January 2021.

PW added that the Transformation Programme Board has been up and running for just over 12 months and he has been impressed with the way the team have continued with the programme despite the challenges of responding to Covid. The second wave will impact on the alignment of the programme but he is confident that overall timescales will be met.

OUTCOME: The Board **NOTED** the update on the reconfiguration programme of work and timeline and the development of the estate design at CRH and HRI and **NOTED** the next steps to continue to involve members of the public and colleagues in the development of the plans.

113/20 West Yorkshire Vascular Services Network – Implementation of Service Changes

The Chief Operating Officer gave an update on the implementation of the change to the number of hospitals in West Yorkshire providing complex vascular arterial surgery and inpatient vascular care.

In March 2020, following formal public consultation, NHS England's Regional Commissioning Committee for North East and Yorkshire approved proposals to have two specialised vascular centres instead of three in West Yorkshire, one at Leeds General Infirmary and the other at Bradford Royal Infirmary.

Operational plans to enable implementation of the change in vascular service provision from 16 November 2020 have been developed. The report went to the West Yorkshire Joint Scrutiny Committee earlier in the week, responses were provided for all outstanding queries and feedback was positive. The Steering Group meeting held on 9 November 2020 confirmed that reconfiguration is still on track for 16 November 2020. The Chief Operating Officer brought to the Board's attention that the financial impact of the recurrent reconfigured service is outside of the financial envelope and an external view from the finance lead of the ICS has been requested.

OUTCOME: The Board **NOTED** the planned implementation of changes to vascular service provision across West Yorkshire from 16 November 2020.

114/20 Calderdale Collaborative Community Partnership Agreement

The Director of Transformation and Partnerships presented a report to request the Board's approval for the Trust to sign up to the Collaborative Community Partnership Agreement.

The Partnership Agreement has been jointly developed and drafted by the partner organisations. The purpose of this approach is to strengthen partnership work and streamline governance, making it effective and simple, enabling timely decisions to be made. The Agreement is based on, and consistent with, the governance arrangements that have been agreed by the West Yorkshire and Harrogate ICS Committee in Common. The partner organisations to this Agreement are confirming a commitment to sign up to the agreement.

AG asked is there is a similar agreement in draft or already completed with Kirklees Council. The Director of Transformation and Partnerships advised that there are partnership arrangements in Kirklees around a leadership executive and an integrated board. Terms of reference are in place but there are no documents that exactly mirror the agreement, it is more an intent of working together.

AG referred to the priorities outlined in the report and queried whether there should be a priority relating to the reduction in health inequalities, and whether there will be more specific actions around what partners will do around prevention and step down. The Director of Transformation and Partnerships advised that the priorities will need to be refreshed in particular to incorporate health inequalities, and she will take back to the group a request to refresh the priorities.

AN asked if the agreement provides extra rigour around partnership working. The Director of Transformation and Partnerships advised that this is a clear formal intent for organisations to move away from working individually towards their own objectives to working together for a common benefit and common gain for the population.

OUTCOME: The Board **SUPPORTED** the collaboration and **APPROVED** the signing up of the Trust as a partner to the Collaborative Community Partnership Agreement and **NOTED** that a request will be taken back to the Partnership Board for priorities to be refreshed to incorporate work on health inequalities.

115/20 CHFT Climate Change Update

The Managing Director Calderdale and Huddersfield Solutions Limited (CHS) gave an update on the report presented to Board on 9 January 2020 on the Climate Change and Sustainability agenda and introduced a plan and a set of initiatives for delivering carbon reduction across the Trust. This document builds upon the existing Sustainable Development Management Plan for the Trust, Andy Nelson and Alastair Graham have collaborated on drafting the plan and it has been approved recently by the CHS Board. The successful implementation of the initiatives will allow the Trust to meet obligations relating to climate change and net zero.

NHS England (NHS E) has recently announced a commitment to achieving carbon neutrality by 2040.

The Trust is well positioned to realise the aligned benefits that can be achieved between public health and carbon reduction. The Trust already has a sustainable development management plan and a sustainable development action plan. These documents which are currently live, need to be reviewed and transposed into a Trust-wide Green Plan by March 2021, which will enable the Trust to monitor progress against the carbon reduction target on an annual basis.

AN commented that this plan needs to be managed alongside the transformation programme and reconfiguration programme and suggested that the Transformation Programme Board would be the logical monitoring route.

RH referred to the figures in the report for recycling of clinical waste which is 10% at CRH and 18% at HRI against a target of 40%. He asked for an explanation of the disparity, whether CRH is an outlier, and if so, what can be done to achieve the target of 40%. The Managing Director CHS agreed that the figures were disappointing, and the low performance is in part due to education although more waste is currently being created due to Covid. The newly appointed Environment Manager is meeting with teams to educate them. A communication plan is being drafted and on-going work is being undertaken by the Sustainable Development Group on re-educating colleagues.

RH asked if any comparisons with other Trusts were available and the Managing Director CHS advised that this shows a mixed picture.

Action: Managing Director CHS to share with the Board benchmarking data on performance of recycling of clinical waste.

AG added that at the CHS Board it was agreed that once national targets are clarified, the aim would be to work towards more specific targets for CHFT which will enable progress to be monitored against the targets.

DS asked what the key messages were in terms of communications to ensure that it can be simplified in a way to engage staff. The Managing Director CHS advised that the communication plan will focus on re-use and re-cycling rather than buying new.

OUTCOME: The Board **AGREED** to adopt the national targets for net zero contained in the report for and **APPROVED** the proposed strategy for its delivery, including the adaptation plan. The Board **AGREED** that the oversight of the strategy will be through the Transformation Programme Board.

116/20 Month 6 Financial Summary

The Director of Finance presented the Month 6 Financial Summary and highlighted the following key points.

- Year to date the position is at breakeven after assumed receipt of £14.04m of retrospective top up funding: £11.66m has been approved for months 1-5, with a further £2.38m required for month 6.
- Year to date the Trust has incurred costs of £16.28m in relation to Covid-19.
- Whilst there is no national expectation of cost improvement (CIP) delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is £2.01m, £5.38m below plan
- The Trust is required by NHS Improvement (NHS I) to report a balanced position, but this does not include the potential impact of the Elective Incentive Scheme which remains a financial risk. Based on Month 6 activity compared to national targets, the impact of this penalty is estimated to be £0.44m.
- The cash position is holding strong driven by the new financial regime, allowing the Trust to pay 85% of suppliers within 30 days, which is beneficial for the local economy.

For the remainder of the year the Trust will be required to manage within the Integrated Care System (ICS) agreed financial envelope. The ICS has proposed to deliver a plan that exceeds the allocation by £63m. The overall system risk absorbed within Provider plans is £9.2m and a collective decision was taken at the West Yorkshire & Harrogate ICS Finance Forum that this level of risk should be manageable within a system financial envelope of £2.1bn.

The Trust has been allocated Covid and growth funding on a fair shares basis to cover the remainder of the year. Confirmed funding is insufficient to cover all forecast additional costs and the Trust is therefore planning a £24.92m deficit for the second half of the year. This position includes a £23m one off accounting adjustment that will not require cash funding, leaving an underlying unfunded gap of £1.92m.

This financial plan was submitted to NHSI on 22 October 2020 and is an improved position compared to the draft plan sent to the ICS earlier in the month. There is a £2.2m improvement following a review of divisional forecasts and in particular workforce plans. Some posts were not agreed to progress and a level of likely slippage on recruitment has been recognised. The balance of £1.4m is the combined gap across Calderdale and Greater Huddersfield Places and whilst included in the Trust's plan is recognised to be a system risk.

RH added that a lengthy discussion had taken place at Finance and Performance Committee and the Committee was comfortable with the basis of the submission and assume it will be accepted by NHSE/I and that the residual gap for the Trust is manageable.

AN asked what the assumption is in the forecast in relation to the timing of the second wave of the pandemic and the impact on elective work. The Director of Finance advised that the activity profile has already changed with Covid activity higher than assumed and elective activity lower. For the latter six months the plan had been to spend £12m more than the first six months with more planned elective work and some Covid activity, but the Director of Finance believes that spend should be lower than forecast with less elective activity now assumed.

OUTCOME: The Board **NOTED** the information provided in the Month 6 Financial Summary.

117/20 Colleague Health and Well-being

The Director of Workforce and Organisational Development gave a verbal update on the health and well-being of colleagues. The following key points were highlighted:

- Progress is being made on the Trust's specific Well-Being Strategy. A progress report on the Well-Being Hour, which forms part of the Strategy, will be presented to Board at the meeting in January 2021.
- Calls to the 24/7 helpline are becoming more complex and longer. The 24/7 helpline is the key support system that needs to continue, and external help is available should colleagues require this. This service is to be expanded.
- Bespoke support will be put in place for those areas most impacted by Covid.
- The approach to providing support is changing slightly to ensure the right balance is achieved between approaching teams directly or waiting for them to contact the support teams.

The Chair asked if other Trusts have any areas of good practice that can be shared. The Director of Workforce and Organisational Development advised that all good practice is being used and shared with colleagues but it is important to continue with the foundations of rest, regular breaks, facilities eg wobble rooms, sleep, CHFT briefings and physical and mental health. She added that the update report to be presented in January will look at the health inequalities of mental health.

AN referred to the well-being risk assessment and asked why this has not increased more and what could be done to improve uptake of the questionnaire. The Director of Workforce and Organisational Development advised that a discussion had taken place at the Weekly Executive Board (WEB) on whether to make the assessment mandatory. It had been decided to keep it voluntary with more targeted communication. As the second wave of the pandemic continues, consideration is being given to introducing a shorter, sharper mandatory physical assessment. However, uptake of completion of the risk assessment has increased since the discussion at WEB and is currently at around 50% of the workforce. The Director of Workforce and Organisational Development explained that in many cases colleagues who feel fine do not complete the risk assessment. There are also a number of colleagues who do not complete the risk assessment due to concerns that they may be pulled off the front line work. This needs to be taken into account when considering the next steps.

The Chair advised that he had recently met with Nikki Hosty, the Well-Being Lead, and was reassured to hear the same message regarding the continued progress with the activities to ensure the health and well-being of colleagues.

OUTCOME: The Board **NOTED** the verbal update on the Health and Well-being of colleagues.

118/20 Covid and Operational Update

The Chief Operating Officer gave a presentation compiled in conjunction with the Director of Workforce and Organisational Development, the Director of Nursing and the Medical Director to update the Board on Covid and recent operational developments.

Details of the current position on the Covid positive patients were provided for both the Trust and across the Integrated Care System (ICS). The numbers are rapidly changing but the Trust is not quite at the same level as the peak in Wave One. There is some variation across the ICS but in general the numbers are higher now than at the peak of Wave One of the pandemic although lower in the critical care element.

Staff absence remains high at 8.2%, which compares well with other Trusts in West Yorkshire, and there are a number of specific hotspots. The largest area of concern is around colleagues aged 20 and under. A breakdown is being carried out and work is focussing on getting colleagues back to work.

Covid positive numbers continue to increase with critical care demand also increasing.

In terms of nurse staffing, there is a significant difference between Wave One and Wave Two in the bed occupancy, which has increased from 45% in Wave One to over 90% in Wave Two. The Director of Nursing explained that the marked difference in the statistics around staff, together with the staff absence, is proving very challenging and has led to the need to think creatively around clinical models and patient care.

There has been a marked increase in care home outbreaks, particularly in Calderdale, which is posing staffing challenges in Community. Work is being undertaken with System partners and GPs to look at a different staffing model in terms of the care homes.

Demand for emergency services has reduced slightly on October numbers but transfer of care delays and the numbers for 'reason to reside' have increased despite focussed activity in these areas. Cancer pathways in October have been delivered to constitutional standards.

The team have been trying to simplify the messages and provide clarity to colleagues on the areas of focus based on a list of 'Must Dos'. These 'Must Dos' are split into two categories and relate to Covid secure actions which are mainly concerned with personal protective equipment, and Covid Effective relating to patient flow. The Director of Nursing added that it is important to keep the messages for staff simple, with clear and measurable actions. Each of the 'Must Dos' has an Executive lead, and the actions are monitored at Executive Team meetings.

The Chief Operating Officer outlined the priority actions detailed in the presentation. The Daily Incident Management Team (IMT) and associated governance structures have recommenced, as have the recently refocussed System 'Gold' meetings.

The Medical Director advised that an Infection Prevention Control (IPC) external review had been undertaken on 23 October 2020 at his request following a number of outbreaks, in order to ensure that the Trust is doing everything possible to contain any outbreaks amongst both patients and colleagues.

The report has been received and is largely supportive and positive about the approaches taken by the Trust. There is good compliance with PPE, social distancing in clinical areas and signage. The responsiveness of the Pathology Laboratory was also noted as a positive, although there were some challenges related to this in terms of the restriction of some of the reagents for some of the platforms, which did lead to some delays.

A small number of recommendations were made in the report including improving compliance with Day Five testing, ventilation in the HRI estate and the membership of the social distancing workstream.

The Chief Operating Officer gave details of future actions to be taken.

Following a query from AG regarding progress on the flu jabs, the Director of Workforce and Organisational Development explained that overall the Trust was ahead of last year's uptake at this point and is currently at 48% for front-line staff, although take up by the BAME group has reduced from 33% to 28%. A specific piece of work with colleagues is being undertaken to engage and explore the reasons for this. The plan is working well.

A small group has been pulled together to develop a plan to deliver a Covid vaccine, which will have a short shelf life, has complex storage requirements and will have a two-day schedule. Plans for this are to be in place by the end of November for delivery of the vaccine, although as yet no indication has been received as to when the vaccine will be available and in what quantities. It would be helpful to conclude the flu vaccination programme before beginning Covid vaccinations.

Following a query from RH regarding requirements in terms of volunteers, the Director of Workforce and Organisational Development advised that a list is being developed of roles that would be helpful for Clinically Extremely Vulnerable, corporate and non-clinical colleagues. Most of the volunteers wish to return but assessments are currently being undertaken for these. RH added that once the process is completed, the Non-Executive Directors may be able to provide some additional help using their different range of contacts.

DS had a number of queries regarding the flu vaccination and the Director of Workforce and Organisational Development advised that the team feel confident, (with the exception of BAME colleagues) that the target will be reached, noting that there was ongoing work looking at how to increase BAME uptake; colleagues working from home are booking appointments, and details can be added to the system when colleagues are receiving the vaccine from their GPs.

OUTCOME: The Board **NOTED** the update on Covid-19 and Phase 3.

119/20 Board Assurance Framework

The Company Secretary presented the Board Assurance Framework (BAF) for 2020/21, the second update for approval by the Board following the last presentation to Board on 3 September 2020.

Good progress has been made with strengthening the role of Board Committees in reviewing and scrutinising assurances relating to those risks for which Committees are responsible. A report to the Audit and Risk Committee on 21 October 2020 confirmed that each Board Committee has endorsed this approach and is reviewing risks, with confirmation that risk reviews are scheduled into Committee workplans.

Given the significant movement in the BAF in the report to the Board presented on 3 September 2020 there are no new risks and no changes to risk scores to report from this second update.

The Audit and Risk Committee has reviewed the BAF and recommends it to the Board for approval. Since the discussion by the Audit and Risk Committee there has been a change to risk 7/19 relating to compliance with NHS England / Improvement. This risk previously referenced both the Care Quality Commission (CQC) well-led framework and the Use of Resources assessment. Aspects relating to the CQC well-led framework have been

removed from risk 7/19 and added to risk 4/20 relating to the CQC ratings. Risk 7/19 now focuses on finance use of resources.

Risk 9/19 relates to the Trust's current and future estate and had two responsible Committees for risk oversight identified, the Quality Committee and the Joint Liaison Committee, which reports to the Finance and Performance Committee. It is a long standing risk on the BAF. Following discussion at the Joint Liaison Committee on 7 October 2020 and a further meeting with the Director of Nursing, Director of Finance, Managing Director for Calderdale Huddersfield Solutions and Company Secretary, it has been agreed to remove the Quality Committee as one of the two responsible Committees for risk 9/19, and confirm that Finance and Performance Committee is the Board oversight Committee for the risk. Further work is to be led by the Managing Director for CHS Limited to redefine the risk. It is expected that this risk will be removed from the next update of the BAF to the Board and a new risk added.

Action: Managing Director CHS to redefine Risk 9/19 relating to the Trust's current and future estate.

The report highlights known areas of risk exposure where the risk score exceeds the risk appetite. Consideration needs to be given to whether any other actions are required to reduce or mitigate the risk and to confirm if the target score matches the risk appetite.

AN noted the improved process of reviewing the risks. Some further work is required to confirm that target risk scores match the risk appetite and where there are gaps to define actions required.

OUTCOME: The Board **APPROVED** the updated Board Assurance Framework, **NOTED** the further work to be undertaken in relation to identification of the risk relating to the Trust estate, and **SUPPORTED** a focus on identification of gaps in control and actions to mitigate risks towards the target score by risk owners and Board Committees.

120/20 High Level Risk Register

The Director of Nursing presented the high-level risk register (HLRR). The key points to note were:

- The Risk Group met in August, September and October and are actively reviewing all of the high-level risks.
- This Group was formerly the Risk and Compliance Group but the terms of reference have been reviewed to re-focus the group on scrutiny and challenge of high-level risks with the remit for compliance being taken up by the CQC Response Group.
- Risk owners will be subject to a deep dive on one of the long-standing Trust-wide high-level risks to be presented to the Risk Group which will then be reported back through the Quality Committee and Trust Board.
- All divisions have been asked to review all of the risk registers, work on this is underway.
- The high-level risks are detailed in the paper. The Director of Nursing is to request a more formal review of the radiology risk to be presented at the next Risk Group.
- A number of risks have been reduced and these were also detailed in the paper.

The Director of Nursing advised that improvements have been made but there is work still required to ensure the high-level risk register is an active document.

AG commented that it was reassuring to see that the risks are being dealt with proactively and that it is being used as a tool to add value. He noted that there were no risks with an increased score despite being in the second wave of Covid. The Director of Nursing advised that the next update of the HLRR will show a different picture and will probably show increased risk scores for nurse and medical staffing and isolation capacity.

OUTCOME: The Board **CONFIRMED** that potential significant risks within the High-Level Risk Register are being managed appropriately and **APPROVED** the current risks on the High-Level Risk Register and **NOTED** that the next presentation of the High-Level Risk Register will include more up-to-date information.

121/20 Guardian of Safe Working Hours Quarter 2 Report

Dr Anu Rajgopal, Guardian of Safe Working Hours presented the Q2 report from 23 June to 30 September 2020.

Seventeen exception reports have been received in quarter two, an increase of just over 50% from quarter one. The majority of these are from the Medical Division, with three from Ophthalmology due to over-running clinics. There is an even split between the grades of doctors. The exception reports in the Medical Division largely due to delayed ward rounds have been escalated to the clinical leads.

Areas of concern related to the high number of registrar gaps in Paediatrics and Accident and Emergency. Extra registrar cover has been put in place in Medicine and a new rota put in place in Orthopaedics which will be reviewed every six months.

A Junior Doctor Forum was held in September 2020. A new process of payment for compensation has been put in place and a process to access post-shift rest facilities at CHFT has been agreed. The Doctors Mess has now been refurbished and is open and is Covid secure on both sites. A junior doctor forum survey has recently been completed with a number of areas identified for improvement, and extremely positive feedback was received from trainees and supervisors on the junior doctor awards.

The Medical Director thanked the Guardian of Safe Working Hours for her hard work over the last couple of years in this area as well as Infection Prevention and Control and pointed out that it was a remarkable achievement to receive just 17 exception reports.

RH referred to the registrar gaps identified in Paediatrics and Accident and Emergency and asked what actions can be taken to resolve this situation. The Guardian of Safe Working Hours explained that Allied Health Professions (AHPs) and bank locums are being used while continuing with recruitment of new registrars. The Medical Director added that representation has been made to the Deanery who appoint to the posts but there are always gaps in the organisation as the registrars move from speciality to speciality. It is important to use the wider medical workforce to support the junior doctors where there are rota gaps.

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

122/20 Learning From Deaths Quarter 1/ Quarter 2 Report

The Medical Director presented the Learning from Deaths quarterly report for Q1 and Q2 2020/21.

Headline details were provided for the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI). There had been concern that these have been increasing over the last year but they now seem to have stabilised a little. There has been a small reduction, particularly with SHMI, and both remained below 100. Crude mortality has remained relatively constant, which is another important indicator. The reasons why HSMR and SHMI have increased are being carefully considered; this may be linked to coding of palliative care.

Through the Covid pandemic the focus of clinical staff on caring for very complex patients has been impacted and the team have been catching up on some of those over the summer. The Structured Judgement review process has continued as before Covid, and the report detailed some of the results the outcomes of those reviews in high level terms. In comparison with previous reports there are common themes around communication and adequate record keeping. A more focussed piece of work on more consistent use of the Electronic Patient Record system (EPR) is to be undertaken to ensure that colleagues are collecting the right information from the right areas and recording it correctly on EPR. The quality of care scores for the majority of patients reviewed was found to still be very high, with a minority which have significant issues in relation to the care offered.

AN asked if the 50% target for in-patient deaths to be subject to Initial Screening Review by June 2021 is achievable. The Medical Director advised the initial target was for all deaths to be screened. It is felt that 50% is ambitious and that 25% is sufficient to obtain a view of what is happening with the quality of care. It is important to note that it is not just about the numbers of those reviewed, but also the output and what is done with the information it shows.

AN asked how the learning from the reviews is progressing and the Medical Director explained that a constantly moving medical workforce poses challenges but it is important to keep good communication to the broader clinical workforce.

OUTCOME: The Board **NOTED** the Learning from Deaths Report for Q1 and Q2 and the recommendations included in the report.

123/20 Quality Report

The Director of Nursing presented the Quality Report for the period August to September 2020 to provide the Trust with ongoing oversight of the Quality agenda and the emerging issues that need to be considered. The following points were of note:

- It is hoped to close down, by the end of November, the outstanding actions from previous inspections with some assurance around the mitigations in place to manage some of the risks.
- The Focused Support Framework process has been reviewed and now maps more closely across to the CQC. The first panel took place this week and worked really well. It is a much more supportive framework and provides clinical areas with more opportunities to make improvements. Plans are in place to make these more multi-professional.
- Some resource is now in place for the Central Alert System (CAS) process to improve performance within the Trust.
- The Trust is currently non-compliant with the Facing the Future Standards For Children In Emergency Care settings, but a focussed piece of work with the Paediatric and Emergency Department teams has been carried out and the Trust is now in a stronger position in managing the associated risks.
- The first 'CQC First' visit has taken place; this is the CQC's response to the normal programme around Winter and the Emergency Department (ED). It was largely a table-top review and interviews with both corporate and ED staff. The visit is not rated or reported, but the Trust was able to reassure the CQC who described the work in managing the Emergency Department and patient flow as impressive.
- There has been an increase in the number of contacts to the Patient Advice and Liaison Service (PALS), some of which relates to restrictions on visiting patients and some relating to general concerns on standards of care. A comprehensive review of the complaints service is underway.
- Work is to begin on a more detailed review of patient stories at both divisional and corporate level to understand how it feels to be a user of our services, commencing

with a 'patient experience' video on how to be a user in our services/incorporating interviews from complainants discussing their experiences at the Trust.

- Work pressures are impacting on meeting reporting timeframes, and some of the clinically extremely vulnerable colleagues who are working from home will be assisting in reviewing some of the complaints and incidents.
- There has been national talk regarding re-instigating a pause on complaints handling but the Director of Nursing would like to avoid this if possible, but this may change depending on operational pressures.

The Director of Nursing advised that this report should be read in conjunction with the Integrated Performance Report and the two teams are working together to improve the quality indicators and reduce duplication

AN asked if the Trust had any benchmarking data with other Acute Trusts for claims, serious incidents, clinical negligence claims and complaints. The Director of Nursing advised that it is difficult to obtain comparisons with other Trusts, but that CHFT is a high reporter of incidents which is seen as a good indicator of a strong safety culture.

AN asked if the Trust should be concerned about the number of actions from serious incidents that are over six months old. The Director of Nursing advised that the Assistant Director for Patient Safety is currently doing a piece of work to ascertain why they have not been shut down.

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

124/20 Integrated Performance Report – September 2020

The Chief Operating Officer provided the Board with the performance position for the month of September 2020, which shows a slightly improving position. She pointed out that there will be a lag on the Responsiveness domain due to the second wave of Covid. Work is ongoing to incorporate the quality element into the report with a view to making it more outcome focussed.

AG commented that it was impressive to see that all domains were rated as green or amber and that this was a huge credit to the staff at CHFT.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance and **NOTED** the ongoing activity across the Trust.

125/20 Governance Report

The Company Secretary presented a report to inform the Board on the use of the Trust Seal since 6 July 2020 and to inform the Board of the reappointment of two Non-Executive Directors and the involvement of Non-Executive Directors in Trust meetings with staff.

The Trust Seal has been used twice since the last report to the Board on 6 July 2020 for the following items:

- 08/20 Lease agreement for Ainleys Industrial Estate, Elland
- 09/20 Sale of freehold land Acre House

The Nominations and Remuneration Committee of the Council of Governors at its meeting on 8 September 2020 agreed that Andy Nelson and Alastair Graham would be re-appointed as Non-Executive Directors for a further term of three years until 30 September 2023 and 30 November 2023 respectively. This decision was ratified at the Council of Governors meeting on 22 October 2020.

With remote working by Non-Executive Directors (NEDs) in response to Covid-19 there has been previous discussion with Board members about how NEDs can engage with a range of Trust staff whilst unable to visit staff on site. A programme of visits of NEDs to existing Trust meetings has been agreed which include virtual visits to the following meetings during October, November and December: weekly leadership meetings with managers, weekly meetings with Directors of Operations, Nursing Huddle, Business Better than Usual, bi-weekly meetings with doctors and Friday nursing briefings.

The Chair remarked that both he and the Non-Executive Directors welcomed the opportunity to attend the existing Trust meetings which they found very informative, and the Chief Operating Officer thanked the Non-Executive Directors on behalf of the Executive Directors for their interest and attendance at the meetings.

OUTCOME: The Board **NOTED** the use of the Trust Seal detailed in the paper, **NOTED** the reappointment of two Non-Executive Directors and **NOTED** the actions of Non-Executive Directors to increase their engagement with staff.

126/20 Annual/Bi-annual Reports

The Winter Plan was provided by the Chief Operating Officer for assurance.

OUTCOME: The Board **RECEIVED** the Winter Plan

The Emergency Preparedness and Security Annual Report was provided by the Chief Operating Officer for assurance.

OUTCOME: The Board **RECEIVED** the Emergency Preparedness and Security Annual Report

The Medical Revalidation and Appraisal Annual Report was provided by the Medical Director for Assurance.

OUTCOME: The Board **RECEIVED** the Medical Revalidation and Appraisal Annual Report

The Annual Self Assessment Report for Health Education England was provided by the Medical Director for Assurance.

OUTCOME: The Board **RECEIVED** the Annual Self Assessment Report for Health Education England.

127/20 Receipt of Minutes of Meetings

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

- Finance and Performance Committee meetings held 1.9.20 and 28.9.20
- Quality Committee meetings held 2.9.20 and 28.9.20
- Workforce Committee meetings held 19.10.20
- CHFT Annual General Meeting 7.10.20
- Charitable Funds Committee meeting held 26.8.2020
- Audit and Risk Committee held 21.10.20
- Council of Governors meeting held 22.10.20

No questions were raised.

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

128/20 Items for Board Assurance in the Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update October 2020

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited Managing Director Update.

- WYAAT(West Yorkshire Association of Acute Trusts) Collaborative Programme Report September 2020
- West Yorkshire & Harrogate (WY&H) Healthcare Partnership Report September 2020
- WY&H Healthcare Partnership Monthly Update

OUTCOME: The Board **RECEIVED** the WYAAT Collaborative Programme Report for September 2020, the WY&H Healthcare Partnership Report for September 2020 and the WY&H Healthcare Partnership Monthly Update.

129/20 Any Other Business

There was no other business.

Date and time of next meeting

Date: Thursday 14 January 2021

Time: 9:00 – 12:30 pm

Venue: Microsoft Teams

The Chair closed the meeting at 11.40am