

Public Board of Directors

Schedule	Thursday 7 May 2020, 9:00 — 10:00 BST
Venue	Microsoft Teams
Organiser	Jacqueline Ryden

Agenda

9:00	1. Welcome and Introductions: To Note - Presented by Philip Lewer	1
9:01	2. Apologies for Absence To Note - Presented by Philip Lewer	2
9:02	3. Declaration of Interests To Note - Presented by Philip Lewer	3
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9:03	4. Minutes of the previous meeting held on 5 March 2020 To Approve - Presented by Philip Lewer	5
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9:08	5. Action log and matters arising For Review - Presented by Philip Lewer	17
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	Keeping the Base Safe	19
9:13	6. Update on COVID-19 - Presentation - Executive Team Presented by Helen Barker, Andrea McCourt and Stuart Sugarman	20

9:33	<p>7. Chair's Actions: 21</p> <p>To Ratify</p> <ul style="list-style-type: none"> • Standing Orders, Standing Financial Instructions, Scheme of Delegation <p style="padding-left: 40px;">Summary of Changes Required</p> <ul style="list-style-type: none"> • Establishment of Oversight Committee <p>Presented by Andrea McCourt</p> <p style="padding-left: 40px;"> APP C - Chair's Actions.docx 22</p>
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9:43	<p>8. Receipt of Minutes: 27</p> <p>Covid-19 Oversight Committee Meeting held on 15 April 2020</p> <p>To Note - Presented by Denise Sterling</p> <p style="padding-left: 40px;"> APP D - 150420 - Minutes of Covid-19 Oversight Committee.docx 28</p>
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9:48	<p>9. Governance: 31</p> <p>Delegation to Audit & Risk committee for Annual Accounts and Annual Report</p> <p>To Approve - Presented by Andrea McCourt</p> <p style="padding-left: 40px;"> APP E - Delegation to Audit & Risk committee for Annual Accounts and Annual Report.docx 32</p>
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9:53	<p>10. Board Attendance Register 37</p> <p>To Approve - Presented by Andrea McCourt</p> <p style="padding-left: 40px;"> APP F - Attendance Register 2019-2020.docx 38</p>
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9:58	<p>11. Verbal Update from sub-committees: 39</p> <ul style="list-style-type: none"> • Minutes of Finance & Performance Meetings held on 30.3.20 and 4.5.20 • Minutes of Joint Quality & Workforce meeting held on 4.5.20 • Minutes of COVID-19 Oversight Committee Meeting held on 6.5.20 <p>To Note - Presented by Richard Hopkin, Denise Sterling and Karen Heaton</p>
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	<p>Date and time of next public Board meeting 40</p> <p>Thursday 2July 2020</p> <p>Venue: Microsoft Teams</p>
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1. Welcome and Introductions:

To Note

Presented by Philip Lewer

2. Apologies for Absence

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Note

Presented by Philip Lewer

Standing Items

4. Minutes of the previous meeting held on 5 March 2020

To Approve

Presented by Philip Lewer

Draft Minutes of the Public Board Meeting held on Thursday 5 March 2020 at 9:00 am in the Large Training Room at Calderdale Royal Hospital

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
Helen Barker	Chief Operating Officer
Alastair Graham (AG)	Non-Executive Director
Karen Heaton (KH)	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

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Mandy Griffin	Managing Director, Digital Health
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd (CHS)
Cornelle Parker	Deputy Medical Director
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)
Lindsay Rudge	Deputy Director of Nursing
Cornelle Parker	Deputy Medical Director
Stephen Baines	Lead Governor
Paul Butterworth	Governor
Anita Devine	Member of the Royal College of Occupational Therapists (for Item 26/20)

OBSERVERS

Karen Kendall-Smith	Hempsons Solicitors
Louise Riby	Operations Manager, Family and Specialist Services (FSS) Division
Laura Colby	Member of the Public, Observer
Lesley Warner	Appointed Governor

19/20 Welcome and introductions

The Chair welcomed everyone to the Public Board of Directors meeting and confirmed how the agenda would be managed due to the volume of information. The Chair introduced Anita Devine, who was in attendance to present the patient story and Louise Riby, Operations Manager from FSS Division, shadowing the Chief Executive for the day.

20/20 Apologies for absence

Apologies were received from David Birkenhead.

21/20 Declaration of Interests

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

22/20 Minutes of the previous meeting held on 9 January 2020.

The minutes of the previous meeting held on 9 January 2020 were approved as a correct record subject to the following amendment:

Agenda Item 10/20 Health and Safety Review
AG requested that the fifth paragraph be amended to begin:

“The report suggested that the formation of CHS has resulted in the provision of operational health and safety support to CHFT but no independent strategic health and safety advice”.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 9 January 2020 subject to the above amendment.

23/20 Action log and matters arising

The action log was reviewed.

Item 09/20 Quarter 3 Guardian of Safe Working Report

The Managing Director, Digital Health confirmed that the action to look into the availability of desk top computers for junior doctors is in hand and arrangements are being made for this to happen.

The Chief Operating Officer confirmed that a process is now in place to provide overflow accommodation for the junior doctors.

The Deputy Medical Director confirmed that she has written to the Acting Post-Graduate Dean for Yorkshire and Humber to advise that CHFT has 5.8 middle grade gaps against a rota of 12. The Dean has offered one trainee and has logged the Trust’s concerns.

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

24/20 Chair’s Report

The Chair reported that he continues to meet with a range of people, both internally and externally and recently met with the Directors of Public Health for both Calderdale and Kirklees regarding the climate change agenda.

OUTCOME: The Board **NOTED** the Chair’s report.

25/20 Chief Executive’s Report

The Chief Executive expressed his congratulations to Locala for achieving a CQC rating of ‘good’ and added that this is important for both Locala and the residents in the context of reconfiguration and work across the system.

The Chief Operating Officer gave a presentation on COVID-19. She thanked the Deputy Director of Nursing for pulling the information together and reported that there had been a step increase in the number of cases in the last 48 hours in the UK, the bulk of which were in England. The Chief Operating Officer gave an update on both the national and the Trust picture including key actions that are being taken within Calderdale and Huddersfield Foundation Trust (CHFT) and the system response.

Testing at CHFT is currently done through a single assessment pod based at Huddersfield Royal Infirmary (HRI). Five patients have been tested with no positive results. A two-room pod has been ordered which will be based at Calderdale Royal Hospital (CRH).

The Chief Operating Officer explained that Phase 2 of the key actions involves all partners across the system participating in a rota system. An Integrated Care Service (ICS) co-ordination hub is being established with Local Care Direct as the main co-ordinator.

A list of actions has been produced with a granular level of planning detail. As the situation starts to escalate, the key risk will be around staff availability both in terms of staff who contact the virus and staff availability if schools are closed. A daily silver command meeting is in place and a weekly gold command meeting is to be established.

OUTCOME: The Board **NOTED** the Chief Executive’s update and the update on COVID-19.

26/20 Use of Tele-health in the Respiratory Team – A Patient Story

Anita Devine attended the Board to provide a patient and family perspective to Telecare in relation to her father Barrie Devine. Anita explained the background and history of her father leading up to the proposal, acceptance and installation of telecare as a way of monitoring her father's symptoms and enabling early intervention in the event of any infections. Anita explained that the installation of telecare had a huge impact both for Mr and Mrs Devine. It took away the fear for Mrs Devine and improved the quality of life for Mr Devine. Anita praised the respiratory team for their help and support and was of the firm belief that her father had an extra 15 months due to Telecare. Anita indicated that she firmly believes that Telecare is the way forward and that it needs to be more widely available and affordable.

The Chief Executive thanked Anita for her story and remarked that it was a perfect example of both how digitalisation can be life-changing for patients and their families, and how families need to be a part of the triangle in One Culture of Care.

The Chair thanked Anita for sharing her presentation and story.

OUTCOME: The Board **NOTED** the inspirational patient story presented by Anita Devine.

27/20 Nursing and Midwifery Strategy

The Director of Nursing presented a summary of the Nursing and Midwifery Strategy 2020-2021 which had been launched on 29 January 2020. In developing the strategy, feedback from colleagues for their ambition for the strategy was "to be able to give care like we used to" so a strategy was created to allow colleagues to spend as much time as possible with the patient. The strategy has been focussed around the four pillars as this is widely recognised by colleagues. Key milestones underpin all of the ambitions in the strategy.

The Chief Executive expressed the need to ensure that colleagues in the Community embrace and adhere to the strategy and feel part of it. The Director of Nursing explained that Community Division colleagues had been involved in setting the strategy and were on board with it. There is a clear workstream around the 'We Work Together to get Results' for creating integrated care.

DS commented that she has spoken to a range of nursing staff since the launch and confirmed there is a great deal of enthusiasm and excitement for implementation of the strategy. DS added that she is interested to see how other professions will engage with the strategy and the Director of Nursing replied that the Head of Therapies and the Associate Medical Director are addressing this.

OUTCOME: The Board **NOTED** the update on the Nursing and Midwifery Strategy.

28/20 Strategic Plan on a Page

The Director of Transformation and Partnerships presented the 10 Year Strategic Plan for approval and provided an update on progress to deliver the twenty objectives within the 2019/20 strategy. It is proposed that the One Year Plan for 2020/21 will be presented to Board in May subject to approval of the Ten Year Strategy.

AN and RH asked for clarification on the reference to use of natural resources in the Ten Year Strategy. The Director of Transformation and Partnerships confirmed that this related to carbon and that she will amend the term in line with the suggestion by the Managing Director Calderdale and Huddersfield Solutions (CHS) Limited to "reduce our carbon footprint".

Action: Director of Transformation and Partnerships to amend the Ten Year Strategy to reflect the comment noted above.

OUTCOME: The Board **APPROVED** the 10 Year Strategic Plan subject to the amendment above and **NOTED** the progress on delivery of the 2019-20 Strategic Plan.

29/20 Month 10 Financial Summary

The Director of Finance presented the month 10 2019/20 financial summary and key points in the paper which had been discussed on 2 March 2020 at the Finance and Performance Committee. The Director of Finance confirmed the financial position is on track at month 10 with a year to date deficit of £9.77m, a favourable variance from plan due to a gain on the disposal of property which is excluded for the purposes of allocation of Provider Sustainability Funding/ Financial Recovery Funding.

The Director of Finance noted there are some challenges with cost improvement plans in place. The risk related to achievement of the control total due to NHS Improvement and the Department of Health and Social Care not being able to complete Project Echo in year was noted with ongoing discussion with the regulators and ICS partners.

OUTCOME: The Board **NOTED** the Month 10 Financial Summary.

30/20 Annual Plan 2020/2021

The Director of Finance presented the 2020/21 Operational Plan including the timetable, challenges, performance requirements, current position and details of the approval process, noting the final plan due for submission on 29 April 2020 before the Board meeting on 7 May 2020.

The Director of Finance explained that the challenge from the regulators is to deliver a plan of a £27.5m deficit/ overspend, an increase from the previously agreed challenge of £26.1m due to additional clinical negligence scheme (CNST) charges not fully covered within tariff uplifts and the proposed policy change to write off historic revenue loans and replace with PDC (public dividend capital).

The Director of Finance outlined the impact of CHFT accepting or rejecting the £27.5m overspend and financial improvement trajectory (FIT). Accepting the £27.5m overspend and FIT would lead to a balanced revenue position next year, rejecting this would mean losing the £27.5m recovery fund and a further £6.1m marginal rate emergency tariff.

It was noted the scale of the challenge to deliver the 2019/20 CIP level and a further £4.5m is greater than any other Trust across West Yorkshire and the ICS.

The Director of Finance reported that CHFT is currently working with commissioners to agree whether to confirm its ability to deliver the operational requirements. A new performance requirement has been introduced to reduce bed occupancy to a maximum of 92% which neither CHFT nor any of the other Trusts in West Yorkshire have yet committed to deliver this challenge. The Trust plans to meet all other operational requirements.

It was noted that national changes proposed to debt regimes may adversely affect the Trust financial position in year.

The Director of Finance confirmed that the 2020/21 annual plan and CIP challenge had been discussed in detail at the Finance and Performance Committee meeting on 2 March 2020 and confirmed there is currently a £14.2m CIP challenge of which £10m has been identified to date, some of which is high risk, with a £4m gap which is yet to be identified. RH commented that the Finance and Performance Committee's view was that following normal processes will make the 2020/21 target of £14.2m difficult to achieve.

The Director of Finance confirmed that:

- The 2020/21 capital plan has been amended to reflect slippage on 2019/20 plans with a capital planning meeting held in November 2019 which prioritised internally funded plans within available resource.
- The plan still assumes the sale of Acre House.
- 2020/21 contracts with commissioners have not yet been agreed, with ongoing discussion on a further £2m funding.
- A robust process is in place in terms of cost pressures and developments, with £4.7m of pressures rejected for which risk assessment and mitigation is being undertaken. Contingency reserves remain in place (along with £2.5m allocation to cover additional activity growth and £1.5m of contingency including winter funding).

It is proposed to discuss further details at the 30 March 2020 Finance and Performance Committee meeting, with any material changes after the meeting agreed by the Chair and the Chair of Finance and Performance Committee for submission, with the final budget presented to 7 May 2020 Board meeting.

AG asked how the CIP target of £14.2m compares to the current year and if there is an opportunity to find any one-off projects. The Director of Finance explained that the current target is £11m, of which £9m has been delivered, with one-off projects being explored.

Following a query from AG regarding the performance target in A&E, the Chief Operating Officer explained that divisions will need to look at how to absorb the £4m pressure and added that A&E performance is lower than in 2018/19 and she would wish to deliver 4 hour A&E performance of 90% or above.

PL asked for clarification of the consequences of not achieving the £14.2m CIP and the Director of Finance outlined potential options for help and financial recovery at both a system level and from Commissioners.

OUTCOME: The Board **APPROVED** the proposal to delegate approval of the 2020/21 financial plan to the Finance and Performance Committee which is meeting on 30 March 2020 and any further material changes to be approved by the Chair and the Chair of Finance & Performance Committee with the full budget presented to the Board meeting on 7 May 2020. If required, and there are material changes there remains an opportunity to use the Board workshop on 2 April 2020 to further approve/debate.

31/20

Safer Staffing Report

The Director of Nursing reminded Board members of the importance of having oversight of safe staffing and any areas of risk. The Deputy Director of Nursing presented the Safe Staffing Report. The key points to note were:

- A six monthly review has been completed in line with guidance.
- The Registered Nurse vacancy position continues to be a risk within the workforce and remains on the risk register.
- The Trust has increased the number of training placements at CHFT.
- The Nursing Associate training programme continues to develop in line with the national plan.
- CHFT continue to utilise digital technology to support analysis of patient's dependency and acuity aligned to the workforce.
- The nurse staffing risk remains on the high level risk register with a score of 16.

There have been improvements in the NHS Improvement retention programme, Safecare Life and the expansion of the nursing associate role. Challenges remain around the Care Hours per Patient Day (CHPPD), the skill mix and the deployment of the workforce.

AG asked if the Trust had received national advice and guidance for unavailability of staff resulting from Coronavirus. The Director of Nursing responded that national advice is to

look to the retired workforce, creating more opportunities for volunteers and using the totality of our teams both clinical and non-clinical. EA added that operational and clinical teams will be focussing on Gold Command in advance to ensure that a full capacity plan is in place when required.

AG also asked whether the immigration points system will impact on recruitment and the Deputy Director of Nursing advised that the international recruitment programme is continuing and there is a global exchange programme ongoing within the ICS.

In terms of filling vacancies, KH shared that recent discussions at the Workforce Committee had focused on the need to be creative and pioneering regarding staffing, including looking at a different skill mix. KH also noted the challenge posed by the age demographic of the current workforce.

OUTCOME: The Board **APPROVED** the recommendations of the Safer Staffing Report.

32/20 Director of Infection Prevention Control Report (DIPC)

The Deputy Director of Nursing presented the quarterly Director of Infection Prevention Control Report (DIPC). The ceiling for 2019/20 for CHFT is for no more than 40 Trust attributable cases of Clostridium difficile and the current number of cases at the end of January is 20. Focus has been placed on reducing the number of avoidable Clostridium difficile cases and a deep clean and HPV of high-risk wards was undertaken between 1 June to 31 October 2019. Of the six preventable cases, it was identified that there were some antimicrobial prescribing issues, and these areas are being supported by the Microbiologists and Pharmacy to improve prescribing in line with guidance.

From 1 September all staff undertaking ANTT need to be re-assessed on a three yearly basis and this is now reflected in the overall compliance. Divisions are working hard to ensure staff are updated, with an aim of 75% compliance by end of March 2020.

OUTCOME: The Board **APPROVED** the quarterly Director of Infection Prevention Control (DIPC) report.

33/20 Care Quality Commission (CQC) and Use of Resources Update

The Director of Nursing gave a verbal update on the CQC and Use of Resources and explained that this will be presented as a written report for future meetings.

The CQC Response Group have been reviewing the recommendations made since the last inspection. The Director of Nursing advised that the Group needs to be more proactive and forward looking, and a recent interactive session had been very positive. The Group have reviewed the Trust's preparedness and are ensuring there is alignment between the CQC key lines of enquiry and the ward assurance that is already in place. A more rigorous approach is to be taken towards self-assessment in the divisions which will also include discussions around finance. The Deputy Director of Finance will be on the panel to review self-assessment.

The recent AQuA session at the Board workshop was well received and very useful and further meetings are scheduled.

RH commented that the Use of Resources had been discussed at the recent Finance and Performance Committee meeting when the Deputy Director of Finance reported that workgroups have been set up and that the Committee are still keen to see an external review of use of resources.

The Chair added that one of his key objectives is to keep a watchful eye on behalf of the Board on the CQC and how this links with the range of strategies in place.

OUTCOME: The Board **NOTED** the update on **Care Quality Commission (CQC) and Use of Resources Update.**

34/20 Quarter 3 Quality Report

The Director of Nursing presented the new style Quarter 3 2019/20 Quality Report. As part of the new approach, the CQC lead has set out priorities for the Trust for Quarter 4 with leads identified to drive the change.

The two 'must do' and three 'should do' are not yet embedded in the Trust and have resulted in actions for specific focus for the CQC Response Group. The two 'must do' actions remain incomplete pending further consideration of the quality and financial impact of the CQC actions. In relation to MD8, the staffing model in ICU (Intensive Care Unit) has now been approved. There is still a little more work to be done regarding staffing in the Emergency Department (ED) but there are mitigations in place. Going forwards the report will also include narrative around 'never events' or serious incidents.

The Chief Executive noted from the report that education and training and the use of a PUSH tool/safety huddles remains ad hoc and asked what the view of the Quality Committee was. The Director of Nursing responded that there is a missed opportunity in ensuring that items discussed corporately are mirrored at divisional level which will be addressed when reviewing the sub-structure of the Quality Committee.

The Deputy Medical Director explained that work is ongoing to work in a more joined up way in relation to quality and safety around pressure ulcers.

The Chief Operating Officer confirmed that the performance review meetings discuss regular non-compliance and where assurance is not provided, further detail is requested. The Chief Executive requested that all Directors who do not participate in the Quality Committee meetings assure themselves that progress is being made, and that if they are not assured, they should feed back to the Director of Nursing/Chief Operating Officer. The Director of Nursing advised that at the next meeting the Quality Committee will agree six quality priorities and will expect divisions to report on all of these.

OUTCOME: The Board **NOTED** the Q3 Quality Report and activities across the Trust to improve the quality and safety of patient care.

35/20 Public Sector Equality Duty Annual Report (Equality and Inclusion) PSED

The Director of Workforce and Organisational Development (OD) presented the annual report for Public Sector Equality Duty (PSED). The key points to note were:

- The new leadership development programme and the management essential programme will both include an element of equality inclusion.
- The BAME network has been increased and includes representatives from all Band 7 and upwards.
- CHFT works with Calderdale Council and Calderdale College to provide real-life work experience combined with training in employability and independent-living skills to help young people with learning disabilities and autism spectrum conditions make successful transitions to productive adult life.
- LGBTQ Pledge - 450 colleagues have signed up to the LGBTQ pledge.
- A Colleague Disability Action Group has been developed to enable the Trust to identify issues that are faced by disadvantaged disabled colleagues and take positive action to create equitable change.
- The Trust has engaged a number of volunteers this year who promote all things inclusion.
- The Director of Nursing confirmed that there are plans for a post with a lead for patient experience which will also focus on unconscious bias.

KH commented that the Workforce Committee regularly monitors the work being done in this area and asked how this is reviewed by the executive team. The Director of Workforce and OD explained that equality, diversity and inclusion is an intrinsic part of many of the conversations that take place. The Chief Executive added that increasingly frequently this is being discussed in relation to both patients and colleagues, and that as a Trust we are influencing what is happening across the ICS footprint, which is a positive direction of travel.

RH asked if there was sufficient clarity for setting and measuring achievement against objectives. The Director of Workforce and OD advised that there is a five year strategy in the Cupboard, and this will be included in next year's report in order to link it up.

AG commented that some significant step changes have been made in the last 12 months and it is important to ensure that the Trust is inclusive in the context of reconfiguration. AG noted from the report that the number of grievance and disciplinary cases shows a high percentage of White Irish and asked if this was correct. The Director of Workforce and OD explained that the Trust only has a small number of cases but she will consider how this can be clarified in the report.

A discussion took place around the reasons that younger colleagues leave the Trust and it was noted that consideration for more career grade roles, for example building in a grade 5 role is taking place and there is a robust apprenticeship route.

OUTCOME: The Board **APPROVED** the Public Sector Equality Duty Annual Report (Equality and Inclusion)

36/20 Risk Management Strategy

The Director of Nursing presented the revised Risk Management Strategy. Work is on-going on the sub-structure group reporting in to the Quality Committee.

The Managing Director Digital Health pointed out that the chart showing the governance structure lists the Chief Information Officer as Chair of the Information, Governance and Risk Strategy Committee, but that this role does not exist in the Trust and should be amended to reflect this.

Action: Director of Nursing to amend to reflect that the Chair is the Managing Director Digital Health.

RH pointed out that the structure and flow chart does not include the role of the Finance and Performance Committee whereas the other Committees have a role defined. It was agreed that the Company Secretary will agree a consistent approach with AN outside of the meeting.

Action: Company Secretary/AN to agree on a consistent approach for the structure and flow chart.

OUTCOME: The Board **APPROVED** the Risk Management Strategy subject to the amendments noted above.

37/20 Board Assurance Framework

The Company Secretary presented the Board Assurance Framework (BAF). The key points noted were:

- The Trust has 16 risks on the BAF and all have been updated.
- 7 risks rated red with a risk score between 15 and 25
- 8 risks rated amber with a risk score between 8 and 12
- 1 risk rated green with a risk score between 1 and 6

- There has been some consolidation of the long term finance risk, with risk 7278 being closed on the High Level Risk Register. Risk ref 18/19 is the combined and refreshed long term financial risk on the BAF.

RH advised that following the Finance and Performance Committee review of the finance risks he understood the risk score for risk ref 18/19, long term finance to be 16 rather than 25.

AN commented that there is further work to be undertaken to broaden the EPR/digital risk via the Audit and Risk Committee. AN also noted that some of the risks show a misalignment between risk appetite and score. OW advised that he is meeting with Executive Directors with risks rated red. It was agreed that AN will send a note to OW to clarify his comment on misalignment to OW.

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

38/20 High Level Risk Register

The Director of Nursing presented the High Level Risk Register. The Trust has 24 risks as at 18 February 2020, an increase of three since the report to Board in January 2020. Six new risks have been added, three risks have been removed and two have been closed. Risk 6493, complaints management, had been reduced to 12 but this will increase following a recent discussion at the Quality Committee meeting and will remain on the High Level Risk Register.

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

39/20 Integrated Performance Report – January 2020

The Chief Operating Officer presented the key updates for January 2020. The following points were noted:

- The overall position remains positive with four domains remaining at Green. The Responsive domain is slightly improving.
- Emergency Care Standard 4 hours – there has been an improvement in performance to 85.88%. Although the department has continued to see high activity and acuity during January, flow out of the department has improved due to improved bed availability elsewhere in the hospital. The numbers of patients who were streamed also increased in month which will have contributed to this increased ECS performance.
- Echo is now achieving target. A trajectory has been agreed to clear the diagnostic backlog by 31 March 2020.
- Complaints is improving but is still only at 51%. Divisional senior management teams and corporate complaints team colleagues continue to work together to improve the quality and timeliness of complaint responses.
- Cancer performance continues to be extremely strong. The new standard will be introduced from 1 April 2020, this will be 28 days from referral to a patient being told they do or do not have cancer. The target will be 70% and the Trust is already at that level however one or two specialties need some focussed improvement.
- The Finance and Performance Committee have agreed that a deep dive will be carried out into a number of KPIs that have remained at red throughout the year.

OUTCOME: The Board **NOTED** the Integrated Performance Report and overall performance score for January 2020.

40/20 CHS Managing Director Report

The Managing Director presented a combined report for January and February 2020. He pointed out that the service formerly managed by OCS at Acre Mill had been transferred to CHS following their successful bid for the service.

The Managing Director CHS Ltd advised that an agreement has been signed to lease a property in Elland to house the equipment loan service and some of the THIS team. Work should be completed by the end of March, and there is potential for future expansion. A saving of £50k per annum will be made as well as a number of operational efficiencies.

The Chief Operating Officer advised that the scope for the Fire Strategy has been reviewed and Mott MacDonald are doing the final work to confirm it will be a CHFT strategy.

OUTCOME: The Board **NOTED** the CHS Managing Director Report for CHS Limited for January and February 2020.

41/20

Governance Report

The Company Secretary presented the Governance Report which included the following items to approve:

- Board of Directors Terms of Reference
- Nominations and Remunerations Committee (Board of Directors) Terms of Reference
- Quality Committee Terms of Reference
- Guidance on Matters Reserved for the private session of the Board
- Board workplan 2020/21

The Company Secretary outlined the reasons for the changes in the above documents for approval. She pointed out that the Board Workplan is a working document.

The Chief Operating Officer suggested that it would be more appropriate for the A&E Delivery Board to report into the Finance and Performance meeting.

Action: Company Secretary to review with the Chief Operating Officer reporting route for the A&E Delivery Board.

OUTCOME: The Board **APPROVED** the Terms of Reference for Board of Directors, Nominations and Remunerations Committee (Board of Directors) and Quality Committee, and the Guidance on Matters Reserved for the private session of the Board, and the Board Workplan for 2020/21. The Board **NOTED** the Fit and Proper Persons Self Declarations Register and the Board of Directors Declarations of Interest Register.

42/20

Update from sub-committees and receipt of minutes & papers

The minutes were received for the following meetings:

- Finance and Performance Committee – minutes from the meeting 29.11.19, Informal Notes from a meeting held on 31.12.19, and a meeting held on 03.02.20
RH, Chair of the Finance and Performance Committee, gave a verbal update on items reviewed by the Committee, over and above those already discussed by the Board, including radiology staffing which had significantly improved in terms of staffing and equipment, partly due to an excellent Working Together To Get Results initiative.
- Audit and Risk Committee – minutes from meeting held on 29.1.20
AN, Chair of the Audit and Risk committee, gave a verbal update. Key points to note were the trend of fewer internal audit reports with limited assurance and that a follow up audit on the Gosport report had received a limited assurance which DS and the Quality Committee should follow up.
- Quality Committee – minutes from the meetings held on 2.12.20, 6.1.20 and 5.2.20
DS, Chair of the Quality Committee, gave a verbal update. Key points to note were that a key risk had been identified around the lack of engagement from directorates with varied attendance at the Antimicrobial Management Team. Discussions had focussed on how learning was disseminated through divisional Patient Safety and Quality Boards and the internal Serious Review Group. It is proposed that sharing

learning is a quality priority for the next year. The internal audit network report is now being monitored by the Audit and Risk Committee rather than the Quality Committee. The February meeting received a detailed update on progress of delivery of outpatient improvement plan. The never event which occurred in December 2019 has been investigated.

- Charitable Funds Committee – minutes from the meeting held 26.2.20
- A&E Delivery Board – minutes from the meetings held on 10.12.19 and 7.1.20
- Organ Donation Committee – minutes of meeting held on 15.1.20
The challenge in getting our communities to donate organs was noted and OW advised that there is learning on this to share.
- Workforce Committee – minutes from the meetings held on 18.2.20
KH advised that the Education Committee terms of reference had been supported, there has been an increase in the number of staffing using the Freedom to Speak Up route to raise concerns, a deep dive on recruitment took place, an overview of the staff survey results had been received and workforce risks were reviewed.
- Council of Governors meeting held on 23.1.20
The Chair advised that he is focussing on listening and responding to governors. He meets with the Lead Governor on a regular basis. The discussions are noted and shared with the governors. There is also a governor forum meeting which the lead governor Stephen Baines attends and feeds back.

OUTCOME: The Board **NOTED** the minutes of the various sub-committees.

43/20 Any Other Business

The Chief Operating Officer advised that following the launch of the Unsung Hero Awards at CHFT in August 2019, the ceremony took place on Friday 28 February. CHFT had the highest number of nominations, four of which were shortlisted – the Procurement team from CHS, a housekeeper at CRH, a leader from Pathology, and Robert Cox who won the top IT and Digital Award. A raffle was held on the night which raised more than £2,000 for CHFT's chosen charity (half in donations and doubled by Barclays). SD added that Sam Lindl also won the 'Best Dressed Award' at the Unsung Heroes Awards night.

The Director of Finance reported that ISS has won an award for the Best Cleaned Premises of a Healthcare Establishment at the recent Gold Service Awards.

The Managing Director Digital Health reported that the team won an award at the recent Medilink North of England Healthcare Business Awards 2020. The award category was for Partnership with the NHS: Advances in Digital Healthcare Award, and this had been achieved jointly through a business partnership with Xlab Ltd who have developed NPex which is a lab to lab messaging system.

The Director of Workforce and Organisational Development advised that the new style CHuFT Awards 2020 have opened today. This is a new style of annual awards where colleagues are able to nominate each other.

Date and time of next meeting

Date: Thursday 7 May 2020

Time: 9:00 – 12:30 pm

Venue: Boardroom, Huddersfield Royal Infirmary

The Chair closed the meeting at 12.21pm

5. Action log and matters arising

For Review

Presented by Philip Lewer

ACTION LOG FOR BOARD OF DIRECTORS (PUBLIC)

Position as at: 7 May 2020

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

DATE DISCUSSED	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
7.11.19 129/19	AOB Experience from 'back to the floor' week to be shared at a future Board workshop	SD	Scheduled for 2 April 2020 Board Workshop but cancelled due to private Board meeting held for Covid-19 pandemic.	TBC		
09.01.20 09/20	Quarter 3 Guardian of Safe Working Hours Report MG to look into availability of desk top computers for junior doctors.	MG	Arrangements are being made for this to happen	January 2020		March 2020
05.03.20 28/20	Strategic Plan on a Page AB to amend the Ten Year Strategy to reflect the comments to change 'use of natural resources' to 'reduce our carbon footprint'.	AB	Completed. Plan amended and circulated.	May 2020		6 March 2020
05.03.20 36/20	Risk Management Strategy EA to amend the strategy to reflect that the Chair of the Information, Governance and Records Strategy Group is the Managing Director Digital Health.	EA	Strategy amended. Checks being made to ensure this amendment is on the version on the intranet	May 2020		
05.03.20 36/20	Risk Management Strategy AM/AN to agree on a consistent approach for the structure and flow chart.	AM/AN	Final checks to be completed	May 2020		
05.03.20 41/20	Governance Report AM to review with the Chief Operating Officer reporting route for the A&E Delivery Board.	AM/HB	Discussion to take place at appropriate time	May 2020		

Keeping the Base Safe

6. Update on COVID-19 - Presentation - Executive Team

Presented by Helen Barker, Andrea McCourt and
Stuart Sugarman

7. Chair's Actions:

To Ratify

- Standing Orders, Standing Financial Instructions, Scheme of Delegation

Summary of Changes Required

- Establishment of Oversight Committee

Presented by Andrea McCourt

Date of Meeting:	Thursday 7 May 2020
Meeting:	Board of Directors
Title:	Urgent Decisions
Author:	Andrea McCourt, Company Secretary
Sponsoring Director:	Owen Williams, Chief Executive
Previous Forums:	Oversight Committee
Actions Requested:	To ratify
Purpose of the Report	
This report details two Chair's actions taken on behalf of the Board which are presented for ratification by the Board of Directors.	
Key Points to Note	
<p>In response to the Covid-19 pandemic and revised leadership arrangements, urgent decisions are being made in line with the powers which the Board of Directors has retained to itself within the Standing Orders (SO 2.5).</p> <p>This decision-making process involves consideration of the decision by the Chair and Chief Executive, having consulted with at least two Non-Executive Directors not involved in recommending the decision. It is a requirement that the exercise of such powers by the Chief Executive and the Chair is reported to the next formal meeting of the Board of Directors for ratification.</p> <p>This report presents for ratification two urgent decisions that were taken in line with the provision of the Board of Directors Standing Orders for Urgent decisions in line with the Constitution of Calderdale and Huddersfield NHS Foundation Trust.</p> <p>The two items are:</p> <ol style="list-style-type: none"> 1. Approval of revisions to Standing Financial Instructions (SFI), Standing Orders (SO) and Scheme of Reservation and Delegation in response to the Covid-19 Pandemic 2. Establishment of a new Board Committee, the Oversight Committee to provide oversight of the decisions of the executive leadership arrangements during the Covid-19 pandemic. <p>Details relating to each decision are given in the enclosed papers.</p>	

Recommendation

The Board is asked to ratify the two urgent decisions as detailed in the paper.

Calderdale and Huddersfield Trust- Urgent Decisions on behalf of the BOARD of DIRECTORS

The Board of Directors Standing Orders, as Annexe 8 of the constitution of Calderdale and Huddersfield Foundation Trust, allows for urgent decisions to be made on behalf of the Board where it is not possible for the Board to meet. These state:

Arrangements for Urgent Decisions (Section 3.1 Standing Orders)

The powers which the Board of Directors has retained to itself within the Standing Orders (SO 2.5) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two non-executive directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board of Directors for ratification.

To ensure independence and objectivity, consultation with two Non-Executive Directors (NEDS) must be with NEDs who have not been involved in proposing the recommendation or decision – eg if the recommendation is from a Board Committee, consultation should be with two NEDS who are **not** members of that Committee.

Evidence of consultation with the NEDS should be shared by the person undertaking the consultation with the Company Secretary who will retain these records.

The template attached should be completed for all urgent decisions and the completed form returned to the Company Secretary who will arrange for the decision to be added to the next public Board meeting for ratification.

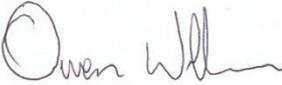
Advice on urgent decisions and the use of this template can be sought from the Company Secretary. Advice on the reference number should be sought from the Company Secretary who will retain all records relating to urgent decisions.

URGENT DECISION

This urgent decision is being taken in line with the provision of the Board of Directors Standing Orders for Urgent decisions in line with the Constitution of Calderdale and Huddersfield NHS Foundation Trust.

This decision must be approved by the following, having consulted with at least two Non-Executive Directors not involved in recommending the decision:

- Chair
- Chief Executive

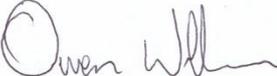
REFERENCE	01/20			
MATTER FOR URGENT DECISION:	Approval of revisions to Standing Financial Instructions (SFI) and Standing Orders (SO) in response to the Covid-19 Pandemic			
REASON FOR URGENT DECISION	Revisions to SFIs and SOs were discussed and approved at the Audit and Risk Committee on 7 April 2020. These need to be implemented immediately to respond to the Covid-19 pandemic prior to the public Board meeting on 7 May 2020.			
PREVIOUS FORUMS (incl outcome of discussion)	Audit and Risk Committee 7 April 2020 Approved recommendation of changes to SFIs and SOs			
KEY RELATED DOCUMENTS	Audit and Risk Committee paper of 7 April  APP C - Standing Orders, Standing Fir			
DURATION OF DECISION:	The revisions to the SFIs and SOs will remain in place for the duration of the Covid-19 pandemic.			
DECISION:	APPROVED			
DATE OF DECISION:	17 April 2020			
CHIEF EXECUTIVE	Name: Owen Williams  Signature: Date: 17 April 2020			
CHAIR	Name: Philip Lewer  Signature: Date: 17 April 2020			
CONSULTATION WITH 2 NON-EXECUTIVE DIRECTORS	<table border="1" style="width: 100%;"> <tr> <td>Name: Peter Wilkinson Date: 15 April 2020</td> <td>Name: Karen Heaton Date: 8 April 2020</td> </tr> </table> Consultation by: Chair		Name: Peter Wilkinson Date: 15 April 2020	Name: Karen Heaton Date: 8 April 2020
Name: Peter Wilkinson Date: 15 April 2020	Name: Karen Heaton Date: 8 April 2020			
DATE REPORTED TO TRUST BOARD	7 MAY 2020			

URGENT DECISION

This urgent decision is being taken in line with the provision of the Board of Directors Standing Orders for Urgent decisions in line with the Constitution of Calderdale and Huddersfield NHS Foundation Trust.

This decision must be approved by the following, having consulted with at least two Non-Executive Directors not involved in recommending the decision:

- Chair
- Chief Executive

REFERENCE	02/20	
MATTER FOR URGENT DECISION:	Establishment of Oversight Committee	
REASON FOR URGENT DECISION	With streamlined governance arrangements this Board Committee has been established to provide oversight of the decisions of the executive leadership arrangements during the Covid-19 pandemic.	
PREVIOUS FORUMS (incl outcome of discussion)	First meeting of Oversight Committee 15 April 2020	
KEY RELATED DOCUMENTS	 final COVID19 Oversight Committee Terms of Reference of Oversight Committee	
DURATION OF DECISION:	Duration of Covid-19 pandemic	
DECISION:	APPROVED / NOT APPROVED	
DATE OF DECISION:	17 April 2020	
CHIEF EXECUTIVE	Name: Owen Williams  Signature: Date: 17 April 2020	
CHAIR	Name: Philip Lewer  Signature: Date: 17 April 2020	
CONSULTATION WITH 2 NON-EXECUTIVE DIRECTORS	Name: Richard Hopkin Date: 15 April 2020	Name: Alastair Graham Date: 15 April 2020
	Consultation by: Chair	
DATE REPORTED TO TRUST BOARD	7 May 2020	

8. Receipt of Minutes:

Covid-19 Oversight Committee Meeting
held on 15 April 2020

To Note

Presented by Denise Sterling

Minutes of the Covid-19 Oversight Committee Wednesday 15 April 2020 - 1.30 – 2.30 pm

PRESENT

Denise Sterling – Chair (DS)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director

IN ATTENDANCE

Anna Basford (AB)	Director of Transformation and Partnerships
Andrea McCourt (AM)	Company Secretary
Linda Cordingley (LC)	Minutes

01/20 APOLOGIES FOR ABSENCE

There were no apologies for absence.

02/20 TERMS OF REFERENCE

The terms of reference for the Covid-19 Oversight Committee were received. The Committee was being established as an interim arrangement to ensure governance arrangements were in place to review decisions made by the executive leadership team during the Covid-19 pandemic, by reviewing the decisions of the Outer Core and Inner Core of Directors. The terms of reference were **AGREED** with the following amendment:

2.3 – to be explicit that these were decisions made by the Outer Core.

In response to a question from AN regarding how practically the Oversight Committee could ensure the executive leadership arrangements were working effectively, AB suggested that information about the level of operational preparedness and capacity to meet the Covid-19 demand is provided in the daily bulletin and video from the Chief Operating Officer and the Chief Executive. Real-time monitoring of Covid-related admissions, recoveries and deaths in the Trust is collated and trends in this could also be used to indicate the operational capacity and demand for services over time. AB agreed to clarify if Covid-19 related activity information could be shared with members of the Committee without this requiring additional work to generate a new report.

AM confirmed she would initiate Chair's action to approve the terms of reference.

03/20 INNER CORE AND OUTER CORE WORKING ARRANGEMENTS

AB presented a paper detailing the Covid-19 working arrangements for the executive leadership team. These described that an Inner Core of Directors was leading the operational responses required to prepare and mobilise the necessary

capacity (equipment, beds, workforce) during the pandemic focusing on minimising loss of life and protecting colleague safety. An Outer Core of Directors was providing pastoral support for Inner Core colleagues and would consider issues and recommendations referred from the Inner Core that require objective assessment and decision making.

It was agreed that the paper would be updated to reference the establishment of the Oversight Committee and the Clinical Ethics Panel, once the latter was confirmed by the Medical Director. The arrangements were **AGREED** subject to the additions noted.

04/20 OUTER CORE REGISTER OF DECISIONS

The Register of Decisions from the Outer Core was received and the two decisions made to date, detailed below, were reviewed by members, considering the background, evidence reviewed when making each decision and discussion points. This register would be updated following Outer Core meetings.

05/20 PPE – 25 MARCH 2020

AB gave an overview of the decision made by the Outer Core on 25 March 2020 to make the disposable PPE supplied nationally available for staff use. This decision had been made on the basis of assurances from NHS England / Improvement that the PPE equipment supplied to the Trust was safe to use. The decision enabled the Trust to discharge its obligation to protect staff and control the risk of exposure.

The Committee **SUPPORTED** the PPE decision made by the Outer Core.

AB updated the Committee that further national guidance had been issued to Trusts on the type of PPE to be used in different care settings and in response to a question raised agreed she would request confirmation for the next meeting of the Trust's approach to fit testing/fit checking.

06/20 BOWEL CANCER SCREENING

AB gave an overview of the decision made by the Outer Core on 2 April 2020 to stop non-emergency endoscopic procedures, based on the evidence received from the recognised professional bodies. The need for sensitive communication of this decision to patients had been highlighted to the Inner Core by the Outer Core and AB agreed to confirm how communication to patients regarding this pause in their pathway was undertaken. It was noted that the decision to suspend the service would be reviewed at the end of May 2020.

The Committee **SUPPORTED** the Bowel Cancer Screening decision made by the Outer Core.

In response to a question by KH as to whether the decision was consistent with other screening services, AB advised that other Trusts in West Yorkshire had taken the same decision to suspend non-emergency endoscopic procedures.

Information was currently being collated on service changes that had been made to enable the Trust to manage capacity for Covid-19 and the implications for services, patients and the workforce. Once completed this will be shared with wider stakeholders and Board members.

07/20 REVIEW OF THE MEETING

In response to the Chair's question on the effectiveness of the meeting, all members and AB confirmed the meeting had worked well in enabling Outer Core decisions to be reviewed and an opportunity for additional/follow-up information to be requested.

Due to the volume and pace of work in relation to Covid-19 it was agreed that in principle the Committee would not request information that would require collation specifically for the purposes of the Committee.

AN requested that the Covid-19 risk register be shared with the Committee for context. AM advised this would be reviewed by the Board on 7 May 2020 and therefore would be shared at the meeting on 6 May 2020. It was **AGREED** that the current Covid-19 risk register be available at future meetings of this Committee.

08/20 DATE AND TIME OF NEXT MEETING

The next meeting would be held on Wednesday 6 May 2020 at 3.00 pm. AN agreed to upload the meeting papers via MS Teams during meetings.

9. Governance:

Delegation to Audit & Risk committee for
Annual Accounts and Annual Report

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 7 May 2020
Meeting:	Board of Directors
Title:	Delegation to Audit & Risk committee for Annual Accounts and Annual Report
Author:	Andrea McCourt, Company Secretary
Sponsoring Director:	Owen Williams, Chief Executive
Previous Forums:	N/A
Actions Requested: To approve.	
Purpose of the Report	
To seek approval for the delegation of authority to the Audit and Risk Committee to approve the 2019/20 Annual Accounts and Annual Report and related self-certification document on behalf of the Board.	
Key Points to Note	
<p>Changes to national deadlines for the 2019/20 annual accounts and annual reporting arising in response to the Covid-19 pandemic require a change to the agreed plan for Board approval of these.</p> <p>The extra-ordinary Board meeting to approve the audited accounts and annual report scheduled for 20 May 2020 has been cancelled due to the later national timeline.</p> <p>This paper proposes an alternative route for sign off for the 2019/20 audited accounts, annual report and self-certification via delegation to the Audit and Risk Committee for the 2019/20 accounts on behalf of the Board based on the revised deadlines. This is consistent with national advice to streamline governance arrangements during the Covid-19 pandemic and permitted within our Scheme of Delegation.</p>	
EQIA – Equality Impact Assessment	
No impact identified	
Recommendation	
The Board is asked to delegate authority to the Audit and Risk Committee to approve on behalf of the Board, at its meeting of 16 June 2020, the 2019/20 audited annual accounts and annual report and the content of the self-certification documents to confirm arrangements for the signature of declarations	

1. ANNUAL REPORT AND ACCOUNTS 2019/20

The Audit and Risk Committee approved a timetable for the completion and submission of the Annual Report and Accounts at its 29 January 2020 meeting, with a plan for an extraordinary Board meeting to be held on 20 May 2020 to sign off the 2019/20 annual report and accounts.

Due to changes to the annual accounts and reporting timeline in response to the Covid-19 pandemic revised national guidance from NHS England and NHS Improvement led to a revised schedule for the 2019/20 annual accounts and reporting process. A paper detailing these changes was presented to the Audit and Risk Committee on 7 April 2020. The key changes to note for the Board are:

- New deadline date for 2019/20 audited annual accounts and annual report of 25 June 2020, formerly 29 May 2020
- Removal of quality account from 2019/20 annual report and expected removal of submission date of quality account of 30 June 2020

Given the streamlined governance arrangements in place to respond to the Covid-19 pandemic, the Audit and Risk Committee supported a recommendation to request the Trust Board to delegate the end of year sign off processes to the Audit and Risk Committee for sign off of:

- 2019/20 audited annual accounts
- 2019/20 annual report.

The revised 2019/20 annual report and accounts timeline is enclosed as an Appendix with the key date being 16 June 2020 for the Audit and Risk Committee approval of the audited annual accounts, annual report and self-certification declarations, subject to Board approval to delegate this.

Foundation Trust Licence Conditions

As part of the annual reporting arrangements the Trust is required to self-certify regarding its compliance against the conditions below, stating whether the Trust “confirms” they comply with the condition or providing explanatory text where this is not the case.

NHS Improvement has not yet issued guidance or deadline dates for 2019/20, which Trusts would have been expected to receive in March 2020. It is planned that the work preparing these self-certification schedules continues to the same deadlines as those for the annual account and annual report timescales as in previous years. The areas of self-certification are listed below:

- *Compliance with provider licence* - condition G6 (3) relates to effective systems to ensure compliance with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, the Health and Social Care Act 2012 and have regard to the NHS Constitution)

- *Compliance with governance requirements* - condition FT4 (8) relates to compliance with systems and processes for good governance and forward compliance with the governance condition for the 2020/21 financial year and any risks.
- *Available resources if providing commissioner requested services* - condition S7 (CoS7 (3)) relates to continuity of Service and having the required resources available for the next 12 months.

Despite an improved financial position at the time of writing, the Trust remained in breach of its licence. For the availability of resources certification (CoS7) the Trust would expect to declare that it has a reasonable expectation to have the required resources available (declaration 3b) and the factors relating to this would be stated in the return. This would be consistent with the response that the Trust has given over the previous financial years whilst in breach of the licence.

Subject to receipt of further national guidance, the self-assessment and identification of evidence to support this will be undertaken by the Company Secretary and Deputy Director of Finance during May 2020 and the output will be discussed with the Director of Finance.

Recommendation

The Board is asked to delegate authority to the Audit and Risk Committee to review and approve on behalf of the Board, at its meeting of 16 June 2020, the 2019/20 annual accounts and annual report and the content of the self-certification documents.

Andrea McCourt

Company Secretary

30 April 2020

Revised Annual Account and Reporting Timetable – Update 30 April 2020

ACTION	DEADLINE	RESPONSIBLE	NOTES
Quality Account			
Requirement for inclusion in annual account removed by NHS England/Improvement	N/A	Assistant Director Quality & Safety	Quality account drafted. Need to consider alternative arrangements for sharing of quality account information.
Quality Account assurance documents to NHS Improvement	30 June 2020	Assistant Director of Quality & Safety	National deadline for submission date of 30 June 2020 expected to be removed - tbc by NHS England / Improvement
Annual Governance Statement			
Audit and Risk Committee and Chief Executive review	30 April 2020	Company Secretary	
Draft AGS to External Audit and Internal Audit to review	4 May 2020	Company Secretary	
Annual Accounts			
Draft accounts submitted to External Audit	27 April 2020	Director of Finance	
Annual Report			
Draft Annual Report text to External Audit for review	4 May 2020	Company Secretary	
Annual Report and Accounts			
Draft text to designers	11 May 2020	Company Secretary	
Page turn review of accounts with key board members	Week commencing 8 June 2020	Director of Finance	

Final documents sent to Audit and Risk Committee review	12 June 2020	Corporate Governance Manager	
CHS accounts to be approved by CHS Board	16 June 2020	Company Secretary / CHS Company Secretary	CHS accounts to be approved by CHS Board
Annual Report, Audited Accounts and self-certification declarations reviewed and approved at Audit and Risk Committee on behalf of Trust Board	16 June 2020	Company Secretary /Corporate Governance Manager	Chair of CHS invited to Audit and Risk Committee
Final artwork (PDF) for annual report and accounts to Parliamentary Clerk approval for approval	TBC	Corporate Governance Manager	Deadline not in advance of the summer recess
Audited Annual Reports and Accounts submitted to NHSI	Noon on 25 June 2020	Company Secretary /Corporate Governance Manager	
Publication of Annual Report and Accounts on Trust website	TBC	Communications Manager	NHSE/I confirmation awaited
Reply to NHSI letter regarding events after the reporting date.	TBC	Company Secretary	
Laying of Annual Report and Accounts before Parliament	TBC	Corporate Governance Manager	NHSE/I confirmation awaited – will not be in advance of summer recess
Annual General Meeting	Autumn 2020	Company Secretary	Date and format tbc once date accounts are laid before Parliament confirmed (after summer recess)

10. Board Attendance Register

To Approve

Presented by Andrea McCourt

ATTENDANCE REGISTER – PUBLIC BOARD OF DIRECTORS 1 APRIL 2019 – 31 MARCH 2020

Attendance	✓	Apologies	✗
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DIRECTOR	2.5.19	4.7.19	17.7.19 AGM	5.9.19	7.11.19	9.1.20	5.3.20	TOTAL
Philip Lewer (Chair)	✓	✓	✓	✓	✓	✓	✓	7/7
Alastair Graham	✓	✓	✗	✓	✓	✓	✓	6/7
Andy Nelson	✓	✓	✓	✓	✓	✓	✓	7/7
David Birkenhead	✓	✓	✓	✓	✓	✓	✗ Rep	6/7
Denise Sterling (from 1.10.19)					✓	✓	✓	3/3
Ellen Armistead (from 1.7.19)		✓	✓	✓	✓	✓	✓	6/6
Gary Boothby	✓	✓	✓	✗ Rep	✗ Rep	✓	✓	5/7
Helen Barker	✓	✓	✓	✓	✗ Rep	✓	✓	6/7
Karen Heaton	✓	✓	✗	✗	✓	✓	✓	5/7
Kirsty Archer (Interim DoF)					✓			1/1
Owen Williams	✓	✓	✓	✓	✓	✓	✓	7/7
Peter Wilkinson (from 1.10.19)					✓	✓	✓	3/3
Richard Hopkin	✓	✓	✓	✓	✓	✗	✓	6/7
Suzanne Dunkley	✓	✓	✓	✓	✓	✗ Rep	✓	6/7
Anna Basford	✓	✓	✓	✓	✗	✓	✓	6/7
Mandy Griffin	✓	✓	✓	✗	✗	✓	✓	5/7
Stuart Sugarman					✓	✓	✓	3/3

11. Verbal Update from sub-committees:

- Minutes of Finance & Performance Meetings held on 30.3.20 and 4.5.20
- Minutes of Joint Quality & Workforce meeting held on 4.5.20
- Minutes of COVID-19 Oversight Committee Meeting held on 6.5.20

To Note

Presented by Richard Hopkin, Denise Sterling and Karen Heaton

Date and time of next public Board meeting

Thursday 2 July 2020

Venue: Microsoft Teams