

APPROVED Minutes of the Public Board Meeting held on Thursday 7 May 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
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

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)
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)

OBSERVERS

Stephen Baines	Lead Governor
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44/20 Welcome and introductions

The Chair welcomed Stephen Baines to the Public Board of Directors meeting and outlined how the meeting would be managed. He explained that in light of Government and NHS restrictions on groups of people meeting, this Public Board meeting was taking place virtually and was not open to members of the public. The agenda was made available on the CHFT internet and in due course the minutes will also be published.

The Chair formally thanked the Executive Team and all of their colleagues on behalf of the Governors and Non-Executives for their hard work in response to the Covid-19 pandemic. He fed back that the daily briefings and video were well received across the Board.

45/20 Apologies for absence

Apologies were received from Karen Heaton.

46/20 Declaration of Interests

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

47/20 Minutes of the previous meeting held on 5 March 2020.

The minutes of the previous meeting held on 5 March 2020 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 5 March 2020.

48/20 Action log and matters arising

The action log was reviewed. It was agreed, with the agreement of the Chair of the Finance and Performance Committee, that the A&E Delivery Board will in future report into the Finance and Performance Committee.

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

49/20

Update on COVID-19

The Chief Operating Officer gave an update on COVID-19. The key points to note were as follows.

The current position shows an improved picture both in terms of the number of patients testing positive and from a staff perspective. The staff have been extremely flexible, positive and accommodating and the response has been a perfect example of One Culture of Care.

Outpatient activity has been constant at 10% of normal activity throughout the pandemic, and over the last week there has been an increase in the number of A&E attendances, which is up by approximately 100.

The provision of Personal Protective Equipment (PPE) has been a continual source of concern. The Director of Nursing reported that this has been the biggest cause of anxiety for colleagues. A dedicated PPE group meets daily and has representation from microbiology, infection control, procurement and stores. Current stock levels are adequate and there is a deployment strategy in place together with an escalation and risk management process if it should prove necessary. AN asked if the Trust now has more influence over central distribution of PPE, and the Director of Nursing explained that the Trust has regular contact and good links with the Centre but that the national supply can be inconsistent both in terms of quantity and quality. The Trust therefore continues to source suppliers in order to ensure that reliance is not solely placed on national supply. The West Yorkshire Association of Acute Trusts (WYAAT) is in the process of setting up a WYAAT-wide PPE group to ensure consistency in supply, quality of products and mutual aid.

The Trust is fortunate that testing can be carried out by the in-house pathology team. All non-elective admissions are now being tested including patients who are asymptomatic. A higher proportion of patients are from care homes and these admissions are now being placed into side rooms until test results are confirmed. A risk assessment is to be undertaken to determine the necessity of identifying zoned areas for patients awaiting results of tests. A high volume of care homes have both patients and staff who have tested positive for COVID-19, leading to increased staff absence in the care homes. Additional capacity has been put in place through the community teams to support the care homes and it is expected that this will continue after the plateau has passed.

RH asked if targets are in place for staff testing given that these numbers are still quite low. The Medical Director advised that CHFT is following national guidance which prioritises those members of staff where a result would enable a return to work. There is still capacity in-house to do the tests but it is possible to access other laboratories if that capacity is exhausted. The Trust is also commissioning a second testing platform which, subject to delivery of the test kits, will significantly increase capacity. There are no specific targets. There is some work on-going looking at testing asymptomatic staff but formal guidance is still awaited on this.

RH added that he would be interested to have details of the stepping up rate for staff testing. The Medical Director explained that in some cases the member of staff is absent because a family member has the symptoms. He is not aware of any metrics relating to this but consideration will be given to developing these.

The Director of Workforce and Organisation Development reported that the Trust has been liaising since mid-March with colleagues nationally and locally on a Health and Wellbeing Strategy to provide support for CHFT colleagues. The strategy covers three stages of: Prepare, Active and Recover. She advised that a counselling service has been in place on

a 24/7 basis since the start of the pandemic. Guides are available both for managers and for self-help.

The Charity and Engagement teams have been working jointly to manage the large amount of donations that have been received. Wobble rooms are in place for colleagues together with specific wrap around support for those colleagues who are involved heavily in COVID-19 activity.

The 'Prepare, Active and Recover plan will now extend to re-set, and support and guides are to be made available to address the re-connect phase. Strategies have been developed for colleagues who will return to work as well as those colleagues who have been re-deployed and will need to be re-orientated. On a national level well-being champions have been implemented as part of the recovery plan, and these will be in place for each ward and department.

The Director of Workforce and Organisational Development gave an update on a meeting of the BAME network held on 6 May 2020. Attendance at the virtual meeting was good and there was a wide range of questions covered. At the meeting data on local population and colleague absence and testing was shared, looking at any patterns or any disproportionately affected groups either by gender, age or ethnicity. This is being used to determine any at risk groups, cross referencing by protected characteristic, staffing group or clinical/non-clinical. It was noted that CHFT's data does not necessarily follow the national data reported in the media.

The Managing Director of Calderdale and Huddersfield Solutions (CHS) Limited gave a brief update on input by CHS. He explained that there is a daily equipment meeting with a dedicated Trust-wide team working to ensure the right equipment is in the right location and that there are sufficient consumables available. The equipment pool identified a need for asset tracking and stage one of this asset tracking has now gone live. Once this has been fully rolled out it will enable all equipment to be tracked. The asset tracking system was purchased using national COVID capital and further roll out will be funded by Scan4Safety.

The Chief Operating Officer outlined the structure of the Incident Management Team meetings. There is a full team meeting daily and a tactical meeting twice daily. Data is reviewed on a daily basis, as well as any national guidance received, updates from the various workstreams, finance governance relating to COVID-19 expenditure, freedom to speak up reports, staff concerns and any incidents. The tactical meetings also consider on an on-going basis what learning can be implemented.

The Chief Operating Officer reported concerns about the backlog of appointments, for both new and follow-up patients as well as diagnostic appointments. GPs also have a list of patients waiting to be referred. A working group has been established with the CCGs, senior GPs and Divisional Directors to begin looking at the learning to see how care pathways can be improved. Some key principles and actions were agreed and the process will start to be tested. Some cancer activity is continuing based on three priority categories and the surgical and oncology teams are working closely together.

The Trust received notification regarding the second phase of the NHS response to COVID-19 to step up non-COVID-19 urgent services planning two weeks ago, with primary care encouraged to refer patients. Caution is needed as the Trust will need to manage the challenges of COVID pressures, activity backlog and winter demand, a greater challenge than planning for COVID-19. Flexibility will be required to be able to respond to potential surges. e.g. for cancer patients, allow all staff time to recover and work differently, manage risks going forward, eg social distancing, waiting areas and PPE requirements, helping with expected pressures in the community and with key measures being more outcomes focussed.

The Chief Operating Officer noted that the benefits of our Digital advancement exceeded our expectations.

The Managing Director Digital Health gave an update on the recent digital journey which has been a great success. The team worked at pace at the very beginning of the COVID-19 outbreak to ensure that working at home was available for a wide range of colleagues. The focus now needs to be on how to spring the success forward into future working arrangements whilst concentrating on patient and colleague experience. Lessons have been learned across the whole organisation and the challenge will be to translate those lessons and ensure that the technology is in place to continue with the areas identified as good practice.

The Managing Director Digital Health advised that due to the necessity to move at pace, we now need to revisit and reflect on information governance processes such as the digital impact assessment and check our compliance with these. It will be necessary to re-launch those projects that were paused, for example Voice Recognition software. Asset tracking will be going live imminently, having fast-tracked this project which will be taken into the future and expanded to include non-COVID equipment.

Future areas of focus will be capacity, skills and support, resource requirements, including an investment plan to continue to progress, in addition to the funding received from NHSX as a Digital Aspirant Trust and Scan4Safety.

The Non-Executive Directors echoed the comments made by the Chair at the start of the meeting and expressed their support and appreciation to the Executive Team and all of their colleagues and noted the benefits of digital working in terms of both home working and real time data.

AG suggested that it would be useful for the Board to receive an update on the research projects which are currently being carried out.

AN asked how the private hospitals have been utilised to help with the COVID-19 pandemic. The Chief Operating Officer explained that a national contract with private providers (BMI and Spire) is in place until the end of June 2020, and to date approximately 30 patients have been cared for at the two local private hospitals, which are now undertaking endoscopies and cancer work.

The Chief Operating Officer gave an update on the COVID risk profile as at 3 May 2020 and movement of risk scores. She advised that the Incident Management Team receive daily updates on the risks and formally review them on a weekly basis. A comprehensive review was recently undertaken and a number of the scores were reduced but these will continue to be kept under review. A breakdown was provided of the divisional risks and it was noted that there are, as would be expected, a number of risks in the Family & Specialist Services division related to maternity pathways and guidance, and also in the Community Healthcare Division which are linked to the wider social care issues.

There are currently seven Covid-19 related red risks, 57 amber and 22 green across the Trust. The Chief Operating Officer provided details of the seven red risks which have a risk score over 15:

- Risk 7685 relates to the responsiveness of the supply chain affecting the availability of essential PPE which means the Trust has no control over supplies received from the Centre.
- Risk 7709 Limited supply of critical care medication including sedation and dialysis – this has a score of 16 as the Trust is not fully assured on this.

- 7683 Lack of isolation capacity. The score has been increased from 12 to 16 due to the plan for testing of all admissions included asymptomatic patients and this is limited by the number of side rooms.
- 7687 Maintenance of blood transfusion service due to reduced staffing which was already a risk as this is a small staff group.
- 7778 Staff becoming infected with the virus. This new risk has been added due to recognition both regionally and nationally of staff being infected and deaths of some healthcare workers.
- 7689 Deterioration in patient condition due to cancellations for those patients waiting for outpatient appointments, admission, diagnostics or operations.

AN asked for further details regarding the change of pathway from invasive to non-invasive treatment, risk 7717 for which the risk score had been reduced. The Medical Director explained that initial guidance had been received to ventilate patients early, but as time passed it could be seen that non-invasive ventilation led to better outcomes, and therefore the practice changed as the evidence accrued. The Chief Executive asked the Chief Operating Officer to ensure that this change in the pathway is recorded and, following implementation, information will be shared with the Board regarding the impact.

The Managing Director Digital Health updated the Board on recent developments with the National Pathology Exchange (NPex), a laboratory to laboratory messaging solution that is hosted by The Health Informatics Service (THIS), which NHS England (NHSE) requested THIS to scale up to all NHS laboratories including the Nightingale centres and testing hubs. Work on this has been undertaken over the last four weeks and great progress has been made. Whilst the connections have been progressing, the teams have also been working on a solution that will allow tests carried out locally to be captured automatically within NPex (currently the solution only captures send-away tests for tracking purposes). This solution was successfully tested earlier in the week at CHFT, the first Trust to do this. This is a crucial piece of work and will provide data to NHS England around COVID testing for the whole of the NHS including immunity testing when and if it is introduced. As well as supporting the NHS nationally it will generate additional on-going income for THIS and the Trust. As a result of this request, funding has been received from NHSE to support acceleration of the infrastructure to ensure resilience and robustness. This will allow more tests to be processed and improve turnaround times. In addition, it will enhance the performance of the network across the Trust and THIS customers.

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

50/20 Chair's Actions

The Company Secretary presented a report detailing two actions taken on behalf of the Board in line with the provision of the Board of Directors Standing Orders for Urgent Decision in accordance with the constitution of Calderdale and Huddersfield NHS Foundation Trust. The Company Secretary confirmed that this decision making process involved consideration by the Chair and Chief Executive, having consulted with at least two Non-Executive Directors not involved in recommending the decision.

The two items were:

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.

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

OUTCOME: The Board **RATIFIED** the two urgent decisions outlined above.

51/20 Receipt of Minutes – COVID-19 Oversight Committee

The Minutes of the COVID-19 Oversight Committee meeting held on 15 April 2020 were received.

The key points to note were:

- Terms of reference were approved.
- The Committee discussed and supported the two decisions which had been approved by the Outer Core relating to the use of disposable PPE which had been supplied from the Centre and the agreement to stop non-emergency endoscopic procedures and the Bowel Cancer Screening Service.
- The Committee had requested that the COVID-19 risk register was shared with the Committee for context and details of the 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, which was to be provided for the next meeting.

OUTCOME: The Board **NOTED** the Minutes of the COVID-19 Oversight Committee meeting held on 15 April 2020.

52/20 Delegation to the Audit & Risk Committee for Annual Accounts and Annual Report

The Company Secretary presented a paper 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.

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. The Extra-ordinary Board meeting to approve the audited accounts and annual report scheduled for 20 May 2020 has been cancelled due to the late national timeline.

The Company Secretary proposed 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 the Trust's Scheme of Delegation.

The Company Secretary also requested approval for the delegation of authority to the Quality Committee for approval of the quality accounts. Changes to national deadlines mean that the quality accounts are to be submitted by mid-October. This had been discussed with the Chair of the Quality Committee who is supportive of this request.

The Director of Finance confirmed that the draft accounts were submitted on time and are currently being audited. The Chief Executive congratulated the Finance Team for the timely submission of the accounts, which was particularly noteworthy given the difficulties of working at home. RH commented that, as discussed at Finance & Performance Committee, we were not expecting any major areas of contention with KPMG in this year's audit.

OUTCOME: The Board **APPROVED** the delegation of 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 and **APPROVED** the delegation of authority to the Quality Committee to approve on behalf of the Board the 2019/20 Quality Accounts.

53/20 Board Attendance Register

The Company Secretary presented the Board of Attendance register for the period 1 April 2019 to 31 March 2020.

OUTCOME: The Board **APPROVED** the Board of Attendance register for the period 1 April 2019 to 31 March 2020.

54/20 Verbal Update of Meetings

Finance & Performance Meeting held on 30 March 2020

RH, Chair of the Finance & Performance Committee, gave a verbal update of the meeting held on 30 March 2020. The meeting had focussed on the impact of the COVID-19 pandemic, including the internal response to ensure continuity of the finance function, incorporating home working, and the external funding arrangements implemented. From 1 April 2020 a block contract was put in place for four months. COVID-19 costs are being collated and it is expected that these will be fully reimbursed. Discussions around CIP have been suspended.

Finance & Performance Meeting held on 4 May 2020

RH, Chair of the Finance & Performance Committee, gave a verbal update of the meeting held on 4 May 2020. Key points to note were:

- The month 12 and full year financial report were reviewed including the achievement of control total of c £10m deficit, resulting in an overall surplus of £50k due to additional Financial Recovery Funding (FRF), also reflecting a surplus across the ICS. The CIP target of £11m was achieved and agency costs were well below plan.
- There was a detailed review of the 2020/21 Budget Book approval (on a 'business as usual' basis) incorporating an underlying deficit of £27.5m offset by equivalent FRF to produce an overall breakeven position, CIP requirement of £14.8m, capital expenditure plan of £16.2m and conversion of c £130m of existing debt to Public Dividend Capital (thereby returning the overall net asset position to c £80m positive).
- Assessment of current 2020/21 financial performance risk at 12 and cash risk at 8, although both will be kept under close scrutiny with the impact of COVID-19.
- Abbreviated Integrated Performance Report which showed a March 2020 performance score of 71.3% (over 73% without COVID-19 impact), with all domains in amber or green, concluding a consistently strong overall performance in 2019/20. This was further demonstrated by a ranking of 3 out of 115 acute trusts on two key indicators – Emergency Care 4 hour Standard and 62 day Cancer targets. Work is now being carried out to determine the appropriate key measures (particularly around outcomes) during the COVID-19 pandemic.

Quality and Workforce Meeting held on 4 May 2020

DS, as Chair of the Quality Committee, gave a verbal update. Key points to note were:

- A Never Event in the Surgical division was recorded. Further information will be provided at the next meeting. The Commissioners and Care Quality Commission (CQC) have been informed.
- An improving position on complaints has been evidenced.
- There is still work to be done across serious incidents and complaints to share any learning, commonalities and joint training is required.
- An audit is to be carried out of 15 complaints over the past two or three years to check that the resultant learning was embedded and the actions have been completed.
- The IPR report was not discussed at the meeting due to the need to investigate further a number of inaccuracies in the data provided.
- The COVID-19 Health and Wellbeing Strategy was presented by the Director of Workforce & Organisational Development.
- The Chief Operating Officer gave an update on COVID-19 issues.

DS pointed out that there has already been an accumulation of deferred agenda items for the Quality Committee and it is assumed that this is also the case for other Board Sub-Committees. It was agreed that this needs to be included in recovery planning to ensure that there is compliance with governance processes and structures. The Company Secretary advised that a log is being compiled of meetings that have been deferred together with any decisions that have been made outside of the meetings. These will be incorporated into a report and discussions will be held with the Chairs of the Sub-committees and the Lead Executive to agree on what is to be carried forward and what is no longer relevant.

Action: Company Secretary to provide report for discussions with Board and Board Committee Chairs

Oversight Committee Meeting held on 6 May 2020

DS gave a verbal update on the meeting held on 6 May 2020. Key points to note were:

- The Committee discussed and supported the three decisions which had been approved by the Outer Core relating to the temporary re-location of services of the Ambulatory Assessment Unit and the MacMillan Unit and the potential temporary closure of the Huddersfield Birthing Centre.
- It had been noted that these decisions had been made retrospectively due to the pace but that structures were now in place to reduce similar scenarios happening in the future.

Audit and Risk Committee meeting held on 7 April 2020

AN, as Chair of the Audit & Risk Committee, gave a verbal update on the meeting held on 7 April 2020. Key points to note were:

- The Committee approved a temporary addendum to the Standing Financial Instructions and the Scheme of Delegation
- The Committee noted the changes to the annual report and accounts timetable for 2019/20.
- The Committee reviewed the draft annual governance statement and supported the recommendation to declare a significant control issue as a result of COVID-19.
- The internal audit plan and the counter fraud annual plan for 2020/21 were approved.

Actions:

- **The Minutes of the Finance & Performance Meeting held on 30 March 2020 and the Audit & Risk Meeting held on 7 April 2020 are to be uploaded to the Review Room on Convene.**
- **The Minutes of the Finance & Performance Meeting held on 4.5.20 and the Quality & Workforce meeting held on 4.5.20 together with the Minutes of the CHS meetings held on 25.2.20 and 24.3.20 will be presented at the Public Board Meeting on 2 July 2020.**

54/20

Any Other Business

The Chair advised that he had telephone discussions with each of the publicly elected governors during March and April 2020. He thanked Stephen Baines for attending the meeting and invited comments or observations.

Stephen Baines thanked the Chair for the opportunity to represent the governors at the Board meeting. He expressed his appreciation for the Trust across the board and that recognition is given to all staff groups. He added his appreciation that the Non-Executive Directors continue to provide challenge to the Executive Directors.

The Chief Executive, on behalf of the Executive Directors, thanked the Non-Executive Directors and the Chair for the support given to the Executive Team and added that the creation and adherence to the established leadership principles has been welcome. He also thanked the Company Secretary for her work and support.

Date and time of next meeting

Date: Thursday 2 July 2020

Time: 9:00 – 12:30 pm

Venue: To be confirmed

The Chair closed the meeting at 10.40