

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 17 March 2020 at 09.15 in the Board Room, Montagu Hospital

Present:	<p>Suzy Brain England OBE - Chair of the Board (In the Chair)</p> <p>Mark Bailey – Non-Executive Director</p> <p>Karen Barnard - Director of People and Organisational Development</p> <p>Pat Drake - Non-Executive Director</p> <p>Rebecca Joyce – Chief Operating Officer</p> <p>Sheena McDonnell – Non-Executive Director</p> <p>Richard Parker OBE – Chief Executive</p> <p>David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals</p> <p>Neil Rhodes – Non-Executive Director and Deputy Chair</p> <p>Jon Sargeant – Director of Finance</p> <p>Kath Smart – Non-Executive Director</p> <p>Tim Noble - Medical Director</p>
In attendance:	<p>Emma Shaheen – Head of Communications and Engagement</p> <p>Katie Shepherd – Corporate Governance Officer (Minutes)</p> <p>Rosalyn Wilson – Corporate Governance Officer</p>
Public in attendance:	<p>Yvonne Butcher, Staff Side</p> <p>Gina Holmes, Staff Side Chair</p>
Apologies:	None

ACTION

P20/03/A2 Declaration of Interests (Verbal)

No declarations of interest were declared.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P20/03/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 – Virtual Meetings – It was noted that Ken Anderson was in the evaluation stage of the procurement exercise and expect to confirm the successful bidder by the end of March 2020;

Action 2 – Freedom to Speak Up – On the basis that this was included on the agenda, this action would be closed;

Action 3 – Workforce Plan – This item was not due until July 2020;

Action 4 – Council Motion of Climate and Biodiversity – This item was not due until May 2020;

Action 5 – Quality and Performance Report – On the basis that this action was added to the Finance and Performance Committee Work Plan for reporting in March 2020, this action would be closed;

Action 6 – Quality and Performance Report – On the basis that colleagues were advised on how to use the electronic version of the SET booklet, this action would be closed;

Action 7 – National Staff Survey Benchmarking Results – On the basis that the results were emailed to Governors on 24 February 2020 and included at the Governor Briefing Session 3 March 2020, this action would be closed;

Action 8 – Information Items / Board Work Plan – On the basis that the work plan was updated with year-end reporting requirements, this action would be closed;

Action 9 – Governor Questions – On the basis that future presenters would be advised to avoid the use of acronyms in their presentations, this action would be closed;

Action 10 – Governor Questions – On the basis that this was added to the forward topic plans for Governor Briefing Sessions, this action would be closed.

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P20/03/C1 ICS Update (Enclosure C1)

The Board noted the performance report from the ICS. Richard Parker advised that performance was unchanged.

The Board:

- ***Noted the update from the ICS.***

P20/03/D1 Quality and Performance Report (Enclosure D1)

The January 2020 data had been considered by the Finance and Performance Committee at the meeting on 25 February 2020.

The following points were highlighted to the Board:

Performance

- Four hour access performance was at 84.8%, which was slightly higher than the national average, although didn't meet the national target of 95%;

RTT

- The RTT position for January 2020 was 88.8% against a trajectory of 90%, however the Trust was on track to meet the target by 31 March 2020;

Diagnostics

- The performance for January 2020, was report as 95.4% against a target of 99%, however the Board noted that this position had recovered throughout February 2020;
- The reason for the drop in performance was connected to the 20% increase in MRI referrals;
- The Chief Operating Officer reminded Board members there were actions plans for these 3 areas (A&E, RTT and Diagnostics) all of which are reviewed by F&P Committee

Cancer Performance

- All nationally reported measures were achieved in Cancer performance for December 2019, with the exception of 62 day screening where we achieved 87.5%.

The Board noted that other Trust's in the region had not achieved their RTT trajectories as agreed at the start of the financial year, and therefore commended and congratulated the Trust on delivering the target as planned.

The concern against the increase in GP referrals at Minor Injuries at Montagu Hospital was noted by the Board in light of expected increase in patient flow due to Covid-19. Richard Parker advised the Board that all current emergency care plans will be superseded to manage Covid-19 at DRI, Bassetlaw and Montagu.

Quality and Safety

Serious Incidents

- A never event had been reported for February 2020 which was due to insulin being withdrawn from a pen device resulting in the patient receiving an accidental overdose of insulin. The patient was okay and the process for use of insulin pens had been improved, to ensure that this does not happen again.

Hospital Acquired Pressure Ulcers

- The business case for the purchasing of dynamic mattresses had now been approved, which had reduced the amount of patients waiting for the equipment. On 20 February 2020, it was reported that there were no patients on the waiting list for a dynamic mattress.

Sheena McDonnell advised that a deeper dive would be taken at the Quality and Effectiveness Committee on serious incidents and falls, with involvement from the Freedom to Speak Up Guardian and how those involved can be better supported throughout these instances.

Falls

- Learning from Falls would take a focus in the March Sharing How We Care Newsletter and David Purdue advised that action plans in relation to falls will be standardised across the Trust, integrating RAG rated key performance indicators, so that it is clear what action is to be taken. This will also include a learning aspect.

Workforce

- Sickness absence had reduced slightly in month ten to 4.97% from 5.06% the previous month;
- Key attention would be given to those on long-term sick to review their absence to see if they are able to return to work whilst the Trust undergoes expected pressures related to Covid-19;
- All training (including Statutory and Essential Training) would be paused with the exception of Covid-19 related training;
- Appraisal season would be postponed.

The Board noted the update from Richard Parker that the Trust had continually reported 87% compliance on Statutory and Essential Training for some time and therefore have confidence that Trust employees would continue to undertake their roles safely as per knowledge received through their training. The current priority was Covid-19 related training, and once the disrupted period was over, Statutory and Essential Training will start as normal again.

David Purdue advised the Board that the Preceptorship Programme would continue, and expected third year students would fulfil their placements at the Trust. The Trust would contact the 56 Third Year students and 11 Allied Health Professional students to assure them of the support they would receive in their final year of placement.

Sheena McDonnell raised concerns that although the overall Trust picture for Statutory and Essential Training compliance was good, there were some areas that were underperforming such as the Children and Families Division. Karen Barnard advised that where there were key gaps in training in resuscitation and safeguarding training that further work would be undertaken to achieve compliance.

The Board noted the update that the Trust was awaiting clarification on whether the Maternity CNST Scheme would continue through the Covid-19 period.

Pat Drake queried that given the national directive on how the Medical Examiner Role and underlying structure should be implemented by April 2021, were the Trust going to

ensure an independent separate reporting structure was in place and clear roles established. David Purdue advised that this was planned and would be reported into the Quality and Effectiveness Committee.

Action: Information on how the Trust would implement an independent separate reporting structure to be provided to the Quality and Effectiveness Committee.

DP

The Board:

- ***Received and noted the Quality Performance Report January 2020;***
- ***Noted the verbal update on February's 2020's performance;***
- ***Recorded thanks to staff for their hard work in achieving the 90% RTT target.***

P20/03/D2 COVID-19 Update (Enclosure D2)

The Board received a Covid-19 Update report that was written on the 11th March 2020. Since the report was written, there had been an increase in reported positive Covid-19 patients, and an increase in the number of deaths to 55.

It was noted that Doncaster and Bassetlaw were behind the national curve, and had reported two positive cases in Doncaster and 1 positive case in Bassetlaw. None of these three cases were being treated at hospital.

Management Approach

The Executive Team were planning for the expected cases of Covid-19, in line with the pandemic flu plan. A national and local management approach was underway and gold strategic command was being led by NHSI/E, with daily calls taking place with partners of DBTH.

Internally command and control arrangements had been put into place. The Chief Executive was chairing a week strategic (gold) meeting, however it was expected that this would become more frequent.

A daily tactical (silver) command meeting was in place and a central dedicated resource had been set up in the Major Incident Room, consisting of a planning team and operational team to support to response to Covid-19. Additional Resource would be put in place for normal working hours, with an on call arrangement in place for response out of normal working hours.

The Trust had undertaken significant work to create a plan and had identified key themes in the planning and response to the management of Covid-19:

- Medical Pathway and Surge Plans
- Critical Care and Theatres Plan
- Approach to Elective Work
- Approach to Testing
- Approach to Infection Prevention and Control - Training and FIT Testing
- Education and Training

- Supplies and Equipment
- People Plan
- Individual Departmental/Divisional Plans
- Communication Plan

Meetings had taken place with Corporate Directorates to outline the key themes, which areas were critical services and how support staff would assist in the event of a potential outbreak.

Increased Capacity Plan

An Increased Capacity Plan had been created, which outlined:

- A 100% increase in critical care provision. This would include an increase in staffing in these areas at a ratio of 1:2, critical care nurse to general nurse;
- An increase in the ability to provide CPAP and HIPAP to those that wouldn't require ventilators,
- How the High Dependency Unit would be supported;
- A reduction in elective work to free up ventilators;
- A coordinated response to safely provide 100% expansion in medicine beds that require oxygen support;
- A well-managed and controlled expansion if there was a high-demand;

PPE

It was noted by the Board, that Covid-19 was a large droplet virus, and was not airborne therefore a face mask and apron would suffice. More PPE would only be required if ventilation was required, or where there was a risk of droplets being dispersed. The Trust has all the equipment available to manage this and training was underway to ensure staff are effectively trained.

Testing

A prioritisation process would be set up for the testing of self-isolating employees.

Richard Parker highlighted that current test results were taking up to 48-hours to be received as the test centre was at Sheffield, however the Trust was in the final stages of setting up a test centre at DRI to allow for flexibility and speed when testing. The Trust would take part in the point-of-care-testing once available, which would produce results within an hour of testing. This would allow for better management of beds.

Neil Rhodes observed that with the preparations in place, DBTH was in the best position it could be in response to a potential outbreak. The Executive Team were commended on their approach to planning and responded.

It was noted that the Trust would meet with Park Hill Hospital to discuss support they could provide, and discussions would take place with third-party private sector organisations as part of the resilience plan, including identification of whether catering services could be provided closer to the teams.

The Board:

- ***Noted the update on COVID-19.***

P20/03/E1 Freedom to Speak Up (Enclosure E1)

It was noted that the introduction of an Independent Freedom to Speak Up Guardian was proving a positive step for the Trust.

Kath Smart agreed with this, however noted that it was negative that staff had been required to use this route to highlight the lack of feminine hygiene disposal facilities in the toilets, particularly in the main reception at Bassetlaw Hospital. Karen Barnard advised that management development training would take place to ensure that managers are confident in dealing with queries from staff members. Suzy Brain England advised that it wasn't clear from the paper if staff had raised this initially before raising through this route. It was agreed that further investigation would be undertaken into the reasons for escalation of hygiene issues to the FTSU guardian.

A discussion took place regarding the Freedom to Speak Up index results from the 2019 Annual Staff Survey, which presented a 2.4% increase. Sheena McDonnell and Mark Bailey had asked for further staff survey detail, to present to the Quality and Effectiveness Committee to highlight which areas should be focused on for improvement.

Richard Parker advised the Board that he didn't expect that a Staff Survey would be circulated for 2020 as normal in October due to the expected outbreak of Covid-19, however as a Trust, it must be understood that the key issues were, so that once the Trust was through this disrupted period, it could focus on these areas for improvement.

A discussion took place regarding the clinical areas that had been raised as too cold in winter and too hot in summer. Richard Parker advised the Board that the hospital didn't have a sophisticated enough heating system, and therefore it would need to be decided how support could be provided to staff in these areas. It was noted that a better explanation should be offered to staff on the heating system.

Action: Further investigation would be undertaken into the reasons for escalation of hygiene issues to the FTSU guardian. KB/KEJ

The Board:

- ***Noted the update on Freedom to Speak Up.***

P20/03/E2 Annual Report from the Guardian for Safe Working (Enclosure E2)

The Chair highlighted the need for an update of the rest facilities, on call rooms and Doctors Mess as stated in the paper. Karen Barnard advised that the tender exercise had been completed to turn the old Silks Restaurant into a new Doctors Mess facility. All of the

tenders received are over the allocated budget, and therefore work was being undertaken to bring them in line with the budget.

Karen Barnard highlighted that this was the annual report, and not the usual quarterly report that was received by the Board.

Sheena McDonell commended the Trust on the low numbers of exception reports in comparison to other organisations.

It was noted by the Board that sickness absence for Doctors in Training was rising. Divisions are improving sickness absence reporting.

The number of vacancies in the training grade rotation was discussed. Karen Barnard advised that the areas which highlighted vacancies were in line with national gaps in these areas. The Quality and Effectiveness Committee would receive a report on the GMC Training Action Plan.

Richard Parker clarified that these weren't Trust vacancies, but HEE appointment vacancies and therefore was out of our control.

The Board:

- ***Noted the Annual Report from the Guardian of Safe Working***

P20/03/F1 Finance Report – February 2020 (Enclosure F1)

The Board noted that,

At the end of month eleven:

- The Trust reported an in month financial position of £274k favourable to forecast;
- The Trust's deficit was £219k favourable against a plan of £400k;
- Activity patterns had changed over the previous weeks and a higher number of DNA's had been reported;
- CIP savings of £1.2m were reported, against a plan of £1.9m, an underachievement of £727k in month;
- Capital expenditure was £7.3m behind budget YTD;
- The PSF money hadn't been received, however it was expected that week;
- A meeting would take place with Doncaster CCG to discuss the first three-months for 2020/21.

The Chair noted the increase in DNA's was linked to the potential outbreak of Covid-19.

The Board:

- ***Received and noted the Finance Report for February 2020;***

P20/03/G1 Chairs' Assurance Logs for Board Committees (Enclosure G1)

P19/03/G1(i) Finance and Performance Committee – 25 February 2020

Neil Rhodes advised that the Chair's Assurance Log for the Finance and Performance Committee that took place was slightly outdated, however it captured effectively the discussions and key actions from the meeting that took place on 25 February 2020.

No questions were raised.

No other matters were highlighted for the Board's attention.

The Board:

- ***Noted the update from the Finance and Performance Committee meeting held on 25 February 2020.***

P20/03/G2 Terms of Reference for Board Committees (Enclosure G2)

The Terms of Reference for Board Committees had been reviewed by the Committees respectively.

The Chair of the following Committees were asked to recommend the Terms of Reference for each Committee:

- Audit and Risk Committee;
- Finance and Performance Committee;
- Quality and Effectiveness Committee.

The Board noted the recommendations and approved the Board Committee Terms of Reference.

The Board:

- ***Received and noted the Terms of Reference for Board Committees.***

P20/03/H1 Information Items (Enclosures H1 – H6)

-H4

The Board:

- ***Noted the Chair and NEDs Report;***
- ***Noted the Chief Executive's Report;***
The Chief Executive highlighted that the Chequer Road Clinic services would move at the end of the month, and would be communicated well;
- ***Noted the minutes of the Finance and Performance Committee meeting held on 28 January 2020;***

- ***Noted the Board work plan;***

The Chief Executive advised the Board that this would be revised in light of the current Covid-19 situation. Key meetings would be had via teleconference for the foreseeable future to manage the risk of infection across key senior staff.

Action: Suzy Brain England would liaise with the Trust Board Office to ensure that a clear message was circulated regarding the temporary changes to Board and Board Committee meetings.

P20/03/11 Minutes of the Meeting held on 18 February 2020 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 18 February 2020.***

P20/03/12 Any Other Business (Verbal)

No other items of business were raised.

P20/03/13 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/03/13(i) Hazel Brand

All Governor activity had been stood down due to Covid-19, however Hazel Brand proposed to send a regular message to Governors to keep them informed of the situation. Hazel Brand asked the Board for confirmation of how long Governor activity would be stepped down for. The Chief Executive advised an assumption should be taken that it is for 16-weeks, however it could be further extended. Arrangements will be reviewed regularly, and all will be communicated when it is sensible and reasonable to return to normal working.

It was noted that if Governors has any queries they should directly email Suzy Brain England or Hazel Brand.

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/03/14 Date and Time of Next meeting (Verbal)

The Board:

- ***Noted the date and time of the next meeting was to be confirmed.***

- *Noted that the next three proposed dates: 21 April 2020, 19 May 2020 and 16 June 2020 would not take place in the normal format however all are to assume that it would take place via telephone.*

P20/03/15 Withdrawal of Press and Public (Verbal)

The Board:

- *Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.*

P20/03/J Close of meeting (Verbal)

The meeting closed at 11:40