

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust’s Board of Directors held in Public on
Tuesday 21 April 2020 at 11:30 in the Board Room, Doncaster Royal Infirmary via StarLeaf Video
Conferencing**

- Present:** Suzy Brain England OBE - Chair of the Board (In the Chair)
Mark Bailey – Non-Executive Director
Karen Barnard - Director of People and Organisational Development
Pat Drake - Non-Executive Director
Rebecca Joyce – Chief Operating Officer
Sheena McDonnell – Non-Executive Director
Richard Parker OBE – Chief Executive
David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals
Neil Rhodes – Non-Executive Director and Deputy Chair
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
Tim Noble - Medical Director
- In attendance:** Fiona Dunn – Acting Deputy Director Quality & Governance/Company Secretary
Marie Purdue – Director of Strategy and Transformation
Katie Shepherd – Corporate Governance Officer (Minutes)
- Public in attendance:** None
- Apologies:** Emma Shaheen – Head of Communications and Engagement

ACTION

P20/04/A1 Apologies for absence (Verbal)

The apologies for absence were noted.

Suzy Brain England welcomed those in attendance via StarLeaf videoconferencing. Hazel Brand, Lead Governor was welcomed on behalf of the members of the public and the Council of Governors, and confirmed she would share the best of the meeting with the Governors following the meeting.

Suzy Brain England highlighted what a magnificent job Team DBTH was doing in response to Covid-19, and thanked them for everything they have done to get us as well prepared as possible during the pandemic.

The Board of Directors paused to remember Kevin Smith, a Plaster Technician, who worked at DBTH for almost 40 years, whose passing was marked by staff with applause the previous week, a memorial book was available for signature to pass onto Kevin’s family. The Board’s thoughts were with Kevin’s wife and family, and wished to extend a thank you

for the lifetime devotion that Kevin contributed to Doncaster and Bassetlaw Teaching Hospitals.

Richard Parker informed the Board that there was a medical Consultant member of staff that was critically ill on ITU, and a further two inpatient members of staff being treated for Covid-19, and therefore sent their best wishes to those individuals.

Action: A message of thanks to all employees would be shared with Emma Shaheen and circulated as part of the daily communications. **ES**

P20/04/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.***

P20/04/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 - This item was not due until July 2020, however it was noted that progress had been made on this action due to many meetings taking place virtually throughout the Covid-19 period, and therefore Richard Parker was hopeful that the Trust would be in a better position to improve the Trust's system for streaming and conference calling between the three sites;

Action 2 – This item was note due until July 2020;

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

Action 4 – On the basis that this item was added to the Quality and Effectiveness Committee Work Plan, this item would be closed;

Action 5 – This item was not due until July 2020;

Action 6 - On the basis that a clear message had been added to the Trust website highlighting that meetings would take place virtually, this item would be closed.

The Board:

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

P20/04/C1 ICS Update (Enclosure C1)

The Board noted the performance report from the ICS, and talked through the key information:

PPE

- Nationally, regionally and locally, challenges had been presented with PPE, however advised there was a national system in place for delivery of PPE on a 'just

in time' basis, which had proven relatively successful to date. The Trust had experienced some pressure points however, work was being undertaken across the ICS region to ensure that a mutual aid process was in place for when Trusts were experiencing shortages of PPE;

- It was anticipated that as the number of Covid-19 positive patient's fall, the challenges with PPE would drop, however anticipate that these challenges may increase during the winter period;
- Discussions and testing of the repurposing of gowns had taken place, however this had not yet been implemented. A similar process would take place with fit masks.

Kath Smart noted that there had been positive feedback from staff on social media, however asked if there had been any other feedback from staff relating to PPE. Richard Parker advised that the feedback had been relatively positive to date. Communications had been circulated to staff to encourage maintaining gowns for a full shift, however feedback had not yet been received on this recent communication and was therefore expected that afternoon.

Mark Bailey asked for a view on the position if the Trust was not in receipt of PPE delivery at this time. It was advised that it would depend on the particular item as PPE consisted of a range of five items. The most critical point had been for the general use surgical masks the previous day, which were not used directly with Covid-19 positive patients, and were only for use when moving patients through the corridors. As a Trust we were using approximately 4,000 per day, which was larger in comparison to other larger Trusts.

PPE champions had been introduced which was a key role implemented into patient areas to ensure that PPE was being used appropriately and to highlight where training was required if it wasn't being used correctly.

Sheena McDonnell noted the difficult situation the Trust was in and to be mindful to engage staff in the solution to some of the issues presented so they feel safe when on duty. Richard Parker advised considerations have been made when resolving issues relating to PPE and used the example that any changes to guidance had been implemented midweek when there were more senior staff on duty to assist with dissipating staff anxieties and training.

A discussion took place about medium and long-term plans and creating a new-normal. The challenges that would present during these timeframes would be as lockdown was lifted and the winter period, and how expectations for PPE would change through this time. Richard Parker advised that a resilient and robust plan would be produced to manage this effectively. This would include a local industry approach to PPE to ensure there was a productive infrastructure in place to deal with PPE demand in the future.

It was staff engagement was important. Karen Barnard highlighted that engagement with the Unions was key to responding to any issues, and good engagement had been kept with the Staff Side Chair who had an understanding of what the Trust was doing to provide support to employee wellbeing.

Key Worker Testing

- The Doncaster Sheffield Airport had been approved as a drive-through mass testing centre for key workers including healthcare, public service and social care staff. When the outbreak started there was limited capacity for testing which

included supply chain issues. The Trust now had its own testing platform which can cater for 100 tests per day for on-site staff. The Doncaster Sheffield Airport testing facility caters for 1,800 tests per day which would increase to 2,800 per day the following week;

- The Doncaster Sheffield Airport mass testing centre would be a drive-through only and therefore presented its challenges for those that do not drive;
- Antibody testing was not proving reliable at present and therefore was not in use;

Neil Rhodes asked for clarification for an understanding of the concept of testing, and referenced Germany as an example of good practice. Richard Parker advised that Germany was a country that produces one of the test kits and therefore had significantly bigger capacity to start testing earlier in a seek and destroy approach that would test those presenting with symptoms and anyone they had been in contact with. This was the initial approach in the UK however, there wasn't enough laboratory capacity initially to undertake this approach, and when the laboratory capacity had been increased to deal with it, the country was in a position of lockdown.

The process of testing for staff that were self-isolating was outlined by Karen Barnard. A daily return was submitted by managers to People and Organisational Development and the Swab and Book Team. This team then contact the staff member to check symptoms, and when they became symptomatic. Staff are then expected to attend the testing station at Doncaster or Bassetlaw for testing. Any patients that are confirmed positive for Covid-19 are contacted by Microbiology directly, and any members of staff that are negative are contacted via telephone by the People and Organisational Development team, with the aim to get them back to work. There was a similar approach for those that are self-isolating due to a household member being symptomatic. This was a drive-through process and therefore presents the issue of staff that are unable to drive, therefore a number of options were being reviewed to allow testing for these individuals in an alternative way.

It was noted that Suzy Brain England would continue to update the Non-Executive Directors of any updates via email following her telephone meeting that she had with Richard Parker.

The Board:

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

P20/04/D1 COVID-19 Update (Verbal)

Rebecca Joyce advised that a Command and Control Structure was fully implemented and all senior managers that are on the on-call rotas have received major incident training on the refreshed policy presented and also specifically in the management of Covid-19.

The number of deaths at Doncaster and Bassetlaw Teaching Hospitals had risen to 55 up to and including 19 April 2020. The organisation was behind the projected figures received for Infections, hospitalisations, critical care beds and projected deaths.

A plan had been published by NHS Providers which seems consistent with the plan in place at the Trust. It was noted that the organisation had undertaken many years' worth of transformation in two-to-three weeks and the whole team have worked extremely hard to get the plans into place effectively. Suzy Brain England noted the transformational

progress and highlighted that it was important to keep the best of the changes that have been implemented.

At the last Board of Directors meeting it was noted that there were 900 staff self-isolating. This had reduced to 300 staff per-day on average which includes staff and/or household members are symptomatic.

Covid-19 related Sickness absence for March 2020 was reported at 2.5%. The first two weeks of April 2020 were higher however this had since reduced. In total there have been 1,800 staff self-isolate, 648 of which have been swabbed. 130 of those had tested positive for Covid-19.

Marie Purdue and Jon Sergeant's teams have been tasked with the planning process which would include lessons learned, capturing innovation, capturing risk and benefits and establishing which changes would be a benefit in the future. There would be triggers throughout the recovery phase when reviewing the impact of service changes. This would be a structured approach to capture the lessons learned.

Mark Bailey highlighted an interest in the behavioural change throughout Covid-19, as staff had adapted to change and innovation in a short space of time. Although this was not a priority at present, it would be helpful to include this in the review process. It was agreed that patient feedback should be included as part of the review process and what their expectations are in the future. Marie Purdue assured the Board that this would be part of the review process using Qi methodology. The draft management plan had been to Management Board earlier that week and would be shared with senior management later that week.

Richard Parker advised that many service changes were for the specific purpose of managing Covid-19, and these changes would form part of the review of ensuring that service delivery was in the patient's best interest, however the delivery of some services were contractual and therefore would return to normal practice after the management of Covid-19 had reduced. Mark Bailey noted that the expectations of society would change due to the pandemic and all of the scenario planning in the past may no longer be relevant. It was confirmed that strategic planning would take a focus on what the new normal would be.

Neil Rhodes noted it would be encouraging to see the lessons learned whilst heading towards a new normal. Rebecca Joyce advised that the Royal College of Surgeons had produced some guidance on the priority of elective surgery for use during the phased return to normal. Guidance had also been received on pre-admissions and pre-operative screening.

A discussion took place about the public anxiety of catching Covid-19 was stopping potentially ill patient from coming to hospital for treatment for fear of catching the virus. The Communications and Engagement Team was working with local media to promote that the hospital was open for business and if members of the public require emergency treatment, to come to hospital as normal.

It was advised that practical work was underway with Divisions to formulate a plan to scale elective activity up, however staffing issues would need to be accounted for in these plans.

The Board:

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

P20/04/D2 Operational Update (Enclosure D2)

Rebecca Joyce provided an operational update, including:

- The trust delivered 90.4% against the 92% trajectory during February 2020 and were on track pre COVID to deliver the 92% standard by year end. Following COVID routine elective activity has had to be scaled down;
- An achievement of 99.05% for diagnostic 6 week was reported against a target of 99% for February 2020 which presented an improvement from the January 2020 position;
- All 31-day nationally reported Cancer targets were achieved for January 2020, however none of the 62-day nationally reported measure were achieved;
- The Trust delivered 85.43% against a national target of 95% for 4-hour access during February 2020, which continued to be a challenge;
- A 17% decrease in ED activity had been noted for March 2020 reflecting the impact of COVID.

It was noted that the reconfiguration to Cancer Services throughout the pandemic was working well for patients. A protected facility at Park Hill Hospital was being utilised for protected inpatient elective work and cancer patients. To avoid these patients waiting in waiting areas, they contact reception when on site in their car, where their pathway into Park Hill Hospital was managed to avoid contact with others. Rebecca Joyce was meeting with the Cancer Management Team on a weekly basis to review this services for cancer patients throughout the pandemic. The main challenges presented were the achievement of the 62-day pathway, however this was due to the complex pathways of patients that require treatment from more than one organisations.

David Purdue noted that national guidance had been received on discharging of patients into social care. Changes had been made to allow for single point of access. To date there had been 104 patients discharged through the single point of access route, with only two patients being moved twice, therefore the changes were proving successful.

Kath smart asked whether Safer Staffing standards had been maintained during this period. David Purdue confirmed that external reporting had been temporarily stood down, however the organisation was better staffed than under normal circumstances, as two wards at DRI, and one ward at Bassetlaw Hospital had been closed These staff are redistributed to other areas on a daily basis. The current nurse to patient ratio was 1:1 or 1:2 in Critical Care.

Richard Parker advised that the Executive Team took a difficult decision to cancel all annual leave during April and May, however this would be reviewed by observing the number of patients and the predicted trends to ensure that areas are safely managed.

It was confirmed that the Trust was asked to send 19 staff members to the Nightingale Hospital: four medics, three ITU nurses, four general nurses, four healthcare assistants,

two radiographers, one physiotherapist, two pharmacy staff with the remaining being form HR Support and General Management. Fourteen had been for an induction at the Nightingale Hospital, however it had not yet been opened for patients. It may be required that more staff are released if the hospital was open, however there were no current plans for the hospital to open.

David Purdue noted that an issue raised by staff was the lack of visitors for end-of-life patients and therefore the restriction for these patients had been changed to one visitor permitted, with the exception of Covid-19 positive patients who were unable to have any visitors. Tablets/iPads had been given to staff to allow patients to video call relatives, and letters were being printed for patients to read. It was noted that staff were being innovative to find ways to support patients and their relatives at the end-of-life stage. It had been particularly hard on the staff. The Board collectively passed on their thank you to these members of staffing dealing with these challenges.

The Board:

- ***Noted the Operational Update.***

P20/04/F1 Finance Update 2019/20 (Enclosure F1)

Jon Sargeant provided an update on year-end, which highlighted:

- An amendment to enclosure F1, highlighting an expected surplus of £260k at year-end. A decision was taken at year-end to allow annual leave accrual into the new financial year which would be a loss of £637k. The organisation reported an adverse variance of £376k, which was a loss against a turnover of £408m. Jon Sargeant confirmed that the Trust had achieved the plan and would be paid the bonus, MRET and FRF;
- The Trust delivered £11.2 cost improvement versus a plan of £13.2, an under-delivery of £2 for the year 2019/20;
- The Trust delivered £1,919k CIP, against a plan of £1,911k, an overachievement of £8k in month;
- The cash balance at year-end was £30.8m;
- Capital expenditure was £741k behind forecast for year-end. This was a known circumstance due to Covid-19 where work had been postponed.

The Board commended the Finance Team in achieving the target at year-end.

The Board:

- ***Received and noted the Finance Update 2019/20***

P20/04/F2 Finance Update 2020/21 (Enclosure F1)

Jon Sargeant provided a financial update for 2020/21, which highlighted a significant number of national changes to financial arrangements and cost reimbursement for the period 1 April – 31 July, and included:

- Normal business was currently suspending, which would mean that Commissioners would have a block contract with NHS Providers for the period 1 April to 31 July, however it was expected that this may last the entire year;
- The first payment highlighted a significant gap of £695k per month, which would be challenged;
- The Trust had received a £15m limit for Covid-19 related expenses. Any Covid-19 related financial requests over £250k for any one scheme, would require a case put forward to a central team. A response would be received within 48-hours;
- The Trust received written guidance the previous week that all suppliers must be paid upon receipt of an invoice to support the economy;
- A Covid-19 budget plan would be produced for a period of four-months, which would be approved at the Finance and Performance Committee. Work was underway with Divisions to undertake a detailed forecast of the next four-months to understand what extra costs would be incurred;
- Capital spend had been approved at Executive Director Level for Covid-19 response items such as ventilators, oxygen and gowns.

Jon Sargeant noted that the Trust had gratefully received a donation of three-year old laptops from KPMG. The market value of the laptops was low and it was proposed that the detail be reported to the Finance and Performance Committee.

Richard Parker noted that the capital programme had been disrupted by the Covid-19 planning process. It was agreed that with immediate effect, Kirsty Edmondson-Jones, Director of Estates and Facilities and Ken Anderson, Chief Information Officer report directly to Jon Sargeant, Director of Finance as the majority of capital spend was linked to these two services.

The Board:

- ***Received and noted the Finance Update 2020/21;***
- ***Agreed that the report on donated laptops be received at the Finance and Performance Committee.***

P20/04/F2 Going Update (Enclosure F3)

Jon Sargeant informed the Board that this item had been presented to the Finance and Performance Committee meeting on 31 March 2020.

International Accounting Standard (IAS) 1 requires the management of all entities to assess, as part of the accounts preparation process, the bodies' ability to continue as a going concern. This was further enforced by Department of Health requirements to review the trust's going concern basis on an annual basis. The going concern principle being the assumption that an entity would remain in business for the foreseeable future.

This was to facilitate the accounting basis to be used in the preparation of the Trust's annual accounts. Should an assessment be made that an entity was not a going concern then the year-end balance sheet should be prepared on a 'disposals' basis.

Jon Sargeant recommended that the Board of Directors agreed to produce the accounts on a going concern basis. The principal was approved at the Finance and Performance

meeting, however the draft accounts would be presented to the Audit and Risk Committee Year-End meeting early June 2020.

The Board:

- ***Supported the recommendation to produce the annual accounts on a going concern basis;***
- ***Noted the information in the Going Concern paper.***

P20/04/G1 Major Incident Plan Policy Update (Enclosure G1)

Rebecca Joyce presented to the board an updated Major Incident Plan policy to be formally ratified. Major changes include the reference to Care Groups, which changed to Divisions approximately 12-months ago.

Training had taken place with senior colleagues on the updated plan that are within the Command and Control Structure in response to Covid-19.

It was clarified that further amendments wouldn't be made based on lessons learned from the Covid-19 pandemic as this was a broad plan of management principals in place to cover a range of potential major incidents.

Specific plans in response to a major incident would be adopted accordingly.

Kath Smart noted that on page 16 of the page, it stated 'There was a requirement for the AEO to be supported by a non-executive director,' and asked for clarification on who this was. It was confirmed that this was Neil Rhodes. Neil advised that he had reviewed the major incident plan in depth when it was last updated several years ago.

Richard Parker added that during a major incident rapid decisions are required and therefore these are managed through the specific plan produced during a major incident. It would not be expected that staff relearn or change the way they work. The Major Incident Plan was the overarching framework. Lessons learned would be identified throughout the review process that Marie Purdue and Jon Sargeant were undertaking, and would include structural and operational changes, risk management and lessons to be learned.

The Board:

- ***Formally ratified the updated Major Incident Plan Policy.***

P20/04/G2 Business Continuity Terms of Reference (Enclosure G2)

Fiona Dunn presented the Business Continuity Terms of Reference for approval, following the agreement at the previous Board of Directors meeting to suspend the Trusts current standing orders relating to Board and Board Sub-Committee meetings normal terms of reference, with a proposal to invoke section 6.2 of the standing orders emergency powers. A focus was taken on section 5.4 of the standing order which sets out the requirements of suspending any standing orders.

It was noted that the Business Continuity Terms of Reference do not replace, but would add as an addendum to the current standing orders.

The Board:

- ***Approved the Business Continuity Terms of Reference.***

P20/04/G3 Chairs' Assurance Logs for Board Committees (Enclosure G3)

Finance and Performance Committee – 31 March 2020

The Chairs Assurance Log for the Finance and Performance Committee was received by the Board.

Quality and Effectiveness Committee – 31 March 2020

Pat Drake advised that the meeting for 31 March 2020 was stood down due to clinical Executive's involvement with the response to Covid-19, however a number of papers were collated to support the Assurance Log. Any items planned for the 31 March 2020 meeting had been deferred on the work plan.

There was one paper received that had been highlighted as red: Complaints Update, as Pat Drake was not assured due to key gaps. Pat Drake had liaised with David Purdue regarding this paper. David Purdue had taken over as lead on the issue and noted that a simplified process had been introduced within the Patient Advice and Liaison Team during the pandemic. National guidance stated that response to complaints could be stood down for three-months however the Trust had decided not to follow this guidance in the interest of patients. The interim process continues the management of complaints made to the Trust.

Charitable Funds Committee – 17 March 2020

The Chairs Assurance Log for the Charitable Funds Committee was received by the Board.

Audit and Risk Committee – 23 March 2020

Kath Smart advised that KMPG had given the Head of Internal Audit draft year end assurance as "Significant Assurance with improvements required" which was a good outcome for the Trust, although this was taken in the context there were still audits with only partial assurance which have action plans. The two recent Internal Audit Reports – a) WHO Checklist and b) Referral to Access reports had not yet been finalised, although their outcomes were only Partial Assurance. They had not been finalised due to Covid-19 preparations.

The Declaration of Interests, Gifts and Hospitality issue had been flagged as amber, and a further update was due mid-year.

The Board:

- ***Noted, and were assured by the update from the:***

Finance and Performance Committee on 31 March 2020

Quality and Effectiveness Committee on 31 March 2020

Charitable Funds Committee on 17 March 2020

Audit and Risk Committee on 23 March 2020

P20/04/G4 Charitable Funds Terms of Reference

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:

- Charitable Funds Committee

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

The Board:

- ***Received and noted the Terms of Reference for the Charitable Funds Committee.***

**P20/04/H1 Information Items (Enclosures H1 – H4)
-H4**

The Board:

- ***Noted the minutes of the Finance and Performance Committee meeting held on 25 February 2020;***
- ***Noted the minutes of the Charitable Funds Committee meeting held on 17 December 2019;***
- ***Noted the minutes of the Audit and Risk Committee meeting held on 6 February 2020;***
- ***Noted the Board work plan.***

P20/04/I1 Minutes of the Meeting held on 17 March 2020 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 17 March 2020***

P20/04/I2 Any Other Business (Verbal)

No other items of business were raised.

P20/04/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/04/I3(i) Hazel Brand

Hazel Brand extended her thanks on behalf of the Governors to all within Team DBTH for their remarkable efforts.

A question was raised that there was no mention about a communications strategy within the updated Major Incident Plan, in particularly in keeping Governors and others informed of what had happened.

Post Meeting Note:

The Communications and Engagement Department confirmed that sharing information with employees and Governors formed part of their departmental response to major incidents. A specific communication plan for COVID-19 had been produced and was in use, which included that regular contact be made with the Council of Governors to keep them informed of events.

Hazel Brand also referenced Operation London Bridge which was an operation that would be activated in the event of a member of the monarch passing away as this would have implications on the health service with an expected outpouring of grief.

All Governor activity was stood down during the Covid-19 Pandemic, and Hazel Brand asked if the return to Governor meetings would be a gradual one. It was noted that the pre-organised timetable would be reviewed, however it was agreed that Governors should not assume that the current timetable was in use going forward, and a communication would be sent once a timetable had been confirmed.

A discussion took place about the potential of holding the Council of Governor meetings virtually, however it wasn't known what the required bandwidth was for the software and what the maximum number of people could dial into one meeting. Jon Sargeant would liaise with Ken Anderson to identify if it was a possibility for a large number of people to dial into one meeting.

Action: Governors would be informed of a timetable of meetings once they have been agreed, once normal business resumes. **FD**

Action: Jon Sargeant would liaise with Ken Anderson to identify if it would be possible for a large number of people to dial into one meeting for the Council of Governors meetings. **FD**

The Board:

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

P20/04/14 Date and Time of Next meeting (Verbal)

Date: Tuesday 19 May 2020

Time: TBC

Venue: TBC

The Board:

- ***Noted that the time and venue would be confirmed prior to the meeting on 29 May 2020.***

P20/04/15 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.***

P20/04/J **Close of meeting (Verbal)**

The meeting closed at 13:30.

A handwritten signature in black ink, appearing to read 'SBE', written over a horizontal line. A vertical line is positioned to the right of the signature.

Suzy Brain England
Chair of the Board

Date
12 May 2020