

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 19 May 2020 at 11:30 in the Board Room, Doncaster Royal Infirmary via StarLeaf Video Conferencing

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>Fiona Dunn – Acting Deputy Director Quality & Governance/Company Secretary</p> <p>Marie Purdue – Director of Strategy and Transformation</p> <p>Katie Shepherd – Corporate Governance Officer (Minutes)</p> <p>Emma Shaheen – Head of Communications and Engagement</p> <p>Rosalyn Wilson – Corporate Governance Officer</p>
Public in attendance:	<p>Peter Abell – Public Governor – Bassetlaw</p> <p>Ann-Louise Bayley – Public Governor – Doncaster</p> <p>David Cuckson – Public Governor – Rest of England & Wales</p> <p>Dr Mark Bright – Public Governor - Doncaster</p> <p>Hazel Brand – Public Governor – Bassetlaw</p> <p>Linda Espey – Public Governor – Doncaster</p> <p>Lynne Logan – Public Governor – Doncaster</p> <p>Susan McCreadie – Public Governor – Doncaster</p> <p>Cllr Susan Shaw – Partner Governor</p> <p>Mandy Tyrrell – Staff Governor</p>
Apologies:	None

The Chair of the Board welcomed all in attendance at the virtual Board of Directors meeting, and extended the welcome to the Governors in attendance via the audience functionality.

ACTION

P20/05/A1 Apologies for absence (Verbal)

No apologies for absence were noted.

P20/05/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.***

P20/05/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 – Virtual Meetings – It was agreed that this action would be closed on the basis that all Board and Board-Committee meetings were taking place virtually successfully;

Action 2 – Workforce Plan – This item was not expected until July 2020, however on the basis that this item would be added to the Board Work Plan, this action would be closed;

Action 3 – Council Motion on Climate and Biodiversity Emergency – It was agreed that Karen Barnard would liaise with Kirsty Edmondson-Jones to organise a Board Workshop on this topic;

Action 4 – Freedom to Speak Up Report – Karen Barnard had liaised with the Freedom to Speak Up Guardian, Paula Hill, who had confirmed that the anonymous reporter had not formally reported the hygiene concern to the Estates Service Desk prior to raising with the Freedom to Speak Up Guardian. Karen Barnard advised that as soon as it had been raised with the Freedom to Speak Up Guardian, the Estates Team had promptly responded. This action would be closed;

Action 5 – Board Level Meetings – On the basis that a clear message had been circulated that all Board and Board Committee meetings would take place virtually for the foreseeable future, this action would be closed;

Action 6 – Thank you to Team DBTH – On the basis that a thank you message had been included in the Team Brief, this action would be closed;

Action 7 – Governor Activity – On the basis that Fiona Dunn was working on the timetable of activity for Governors that would be issued soon, this action would be closed;

Action 8 – Virtual Meetings Capacity – The system allows for up to 100 attendees at any virtual Star Leaf meeting, and can be controlled centrally to make the meeting manageable. This action would be closed.

The Board:

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

P20/05/C1 ICS Update (Enclosure C1)

Richard Parker presented the points highlighted in the paper relating to Phase 1 of the Covid19 Pandemic response, including:

Care Homes

It was reiterated to the Board that in the early stages of the Covid19 pandemic response, and before there were any confirmed cases in the UK, it was a requirement to discharge any patients that were fit to be discharge in a planned manner, however many care homes did not have sufficient supplies of PPE and/or had received Infection Prevention and Control training and knowledge. It had been evidenced that a significant spread in Covid19 in care homes was as a result of temporary workers moving between care homes.

Finance Update

The System exceeded its financial plan for the year, which brought in £19m of cash support that would not otherwise had been available had the system not been in balance.

Next Steps

It was noted that, following the Prime Ministers announcement on Sunday 10 May 2020, regarding the plan of the lockdown exit strategy, that the next phase for the ICS and our Trust was to return the diagnostic and elective services to normal in a phased way, prioritising patients with a higher need.

Pat Drake asked for assurance of the testing of patients being discharged to care homes. Richard Parker advised that the requirement was to test patients within two-days of discharge, however this would not impact on a patients discharge date if the patient was deemed medically fit. It was the requirement of the care homes to manage the patients effectively once discharged, utilising PPE and isolation until the results were received. David Purdue advised the Board that he was working with Council colleagues on the discharge pathway of patients and the Trust had been supporting local care homes with Infection Prevention and Control training and knowledge via videoconferencing, including advising on the set-up of the homes and whether they would be able to isolate patients.

Kath Smart asked what the plans were for the ICS for 2020/21. Richard Parker advised that block contracts were in place until at least 30 July 2020, however the Director of Finance was concentrated on this to ensure that running costs were covered. Until the Trust had a full understanding of the balance, there was no degree of certainty what the key issues may be. Jon Sargeant confirmed that it was not known if the block contract would be extended from 1 August 2020.

The Board:

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

P20/05/D1 COVID-19 Update (Verbal)

Rebecca Joyce provided an update on the Covid19 Pandemic, and highlighted:

- The number of inpatients at the time of the meeting were 97, with an additional six being treated on ITU;

- It was expected that the Trust would be in receipt of antibody tests and the point of care testing kits soon;
- The Silver Command Cell had been streamlined in response to the reduction in workload within the Operational Management response to Covid19, and therefore the management resource had been reduced whilst still maintaining 8:00 – 20:00 cover of the Major Incident Silver Room;
- Marie Purdue and Jon Sargeant had developed the Post Implementation Review process for Covid19 Plan which would highlight what had worked well, what lessons could be learned and what changes would be made in the future;
- Significant operational planning work was underway with Divisions for scaling up elective services, whilst liaising with partners across the ICS region and in the context of the national guidance;

Neil Rhodes asked, from the work that Jon Sargeant and Marie Purdue had been undertaking, what had been the emergent findings and would change the way the Trust operates in the future. Rebecca Joyce advised that she was the SRO for the Elective Work stream and in particular there were different models of care that had evaluated very well would be likely implemented that would be beneficial. Marie Purdue added that the use of digital technology had been identified both in clinical and corporate areas as something that would be used in the future more as it offers how we can change clinical practice. It was also highlighted that with many staff working from home, that this may change the future environment in contributing to our carbon footprint, and site segregation may impact services for the long-term with the need to segregate patients of Covid19.

Jon Sargeant added that the Trust had lost a significant amount of emergency activity that would have, in normal circumstances been expected, and this signifies that account must be taken of the gradual increase back to normal emergency activity.

The Chair asked when the Board would be in receipt of a thorough overview of the change due to the pandemic. Karen Barnard advised that work was being undertaken to identify what corporate function work would be undertaken on-site and off-site, which would include work place risk assessments and lessons learnt from home-working. This would also include a risk assessment of the canteen facilities.

It was noted that considerations would be taken on activity through the winter months and service configuration.

Richard Parker advised that a plan would be ready for presentation to the July 2020 Board of Directors meeting, which would encompass workforce plans, site plans and restoration of activity plans.

It was noted that there was only a two-day supply of sterile gowns in Yorkshire which were being preserved for emergency work, and therefore meant that a large scale up of activity would need to take these pressures into consideration.

A discussion took place about the implementation of digital technology during the pandemic and the positivity surrounding this, however the Board noted that considerations would need to be taken of whether the implementation of digital technology in the long-term would work for all.

Sheena McDonnell suggested that the Board hold a workshop to discuss the outputs of improvements from the interim changes made during the pandemic to identify any key

principals that might influence the strategic direction. It was agreed that the Board of Directors would hold a virtual workshop to discuss this.

Action: A Covid19 Recovery Plan would be presented to the Board July 2020 meeting which would include workforce plans, site plans and the restoration of activity plans. JS/MP

Action: The Board of Directors would hold a workshop during June 2020 to identify any key principals that might influence the strategic direction based on the initial findings provided by Marie Purdue and Jon Sargeant. JS/MP

The Board:

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

P20/05/D2 Quality and Performance Report (Enclosure D2)

Performance

Rebecca Joyce presented the highlights of the report including:

- The Trust achieved 87.8% for 4-hour access against a national target of 95% for March 2020;
- The 4-hour access position had remained a challenge, and there had been a 46% reduction in patients presenting in the Emergency Department throughout April 2020;
- All national cancer targets had been achieved, with the exception of the 62-day performance targets. A focus had been taken on Urology Cancer Services as the majority of breaches had been identified there.

Pat Drake noted that the year-end RTT position was a positive outcome and advised the Board that this would continue to be monitored at the Finance and Performance Committee to ensure that the position stayed on target. Pat Drake asked that the proposed task and finish group for Theatres would still go ahead to respond to the increasing numbers of cancellations of theatres.

Richard Parker suggested to the Board that the measures used for reporting prior to the Covid19 pandemic may not remain the same in the future due to the new normal following the pandemic. Neil Rhodes added that the reporting of data would require further detail, particularly when comparing with peers where there was still opportunity for improvement. Mark Bailey agreed and added that lessons learned from areas who were performing better should be taken and implemented into other areas. Jon Sargeant noted that whilst benchmarking was important, focus should be taken on what was right for the patient as opposed to having a singular focus on benchmarking against peers.

Workforce

Karen Barnard advised that the paper highlighted the verbal update on March 2020 provided at the last meeting. Karen presented the highlights of the Workforce Paper:

- At the time of the meeting, there had been 350 members of staff that had tested positive for Covid19;
- The 'bring back staff' campaign had offered the Trust 27-members of staff, in which only a small number were suitable;
- A system had been implemented to restrict agency/bank staff from working across Trust's, which includes substantive staff that work for NHSP, to minimise the risk of cross-Trust infection;
- The use of bank and agency staff had reduced due to the closure of some areas during the pandemic.

David Purdue added that there were still a number of wards that were closed. The biggest challenge was the number of Nursing and Midwifery staff that were shielding. Richard Parker advised that as part of the next phase, the Trust would examine as part of the winter plan the resilience of use of temporary workers, as there was a risk to spreading the virus further if it was unknown where temporary workers have worked.

Kath Smart asked for the Trust's position on BAME staff in relation to Covid19. Karen Barnard advised that NHS Employers had issued guidance in relation to BAME staff and a full risk assessment had been developed within the ICS. The review of the results were being finalised with Occupational Health Physicians who would pull the full revised guidance together for all staff. Karen advised further that managers had been informed that individual risk assessments already carried out would need to be reviewed in line with the new guidance.

Quality and Safety

- David Purdue advised that the Trust had a target of no more than 44 cases of Clostridium Difficile for 2019/20, however the Trust reported a total of 45 cases. A further three cases had been reported for 2020/21 and therefore advised that a deep clean annual plan had been agreed, which was taking place whilst there was less bed uptake. It was confirmed that 12 wards had already been deep cleaned, and Theatres would be the next priority.
- For 2019/20 the Trust reported two cases of MRSA bacteraemia for 2019/20, both of which had been fully investigated and highlighted there had been no lapse in care identified;
- The End of Life Team were commended on their support to patients and families during the pandemic. The visiting rules had changed to allow 1 relative to visit patients in the last stages of life.

Pat Drake noted that visiting at the last stages of life were not taking place in all other Trusts. Pat added that it would be useful to provide a benchmark against other Trusts in the reporting of falls. It was agreed that the report be changed for the next Board meeting to reflect this.

Mark Bailey noted the amazing work that the End of Life Team had undertaken during the pandemic, and it was noted that rainbow rooms had been set up for staff, and work had

been undertaken by Karen Barnard and Jayne Collingwood to ensure that staff were supported during difficult times.

Suzy Brain England advised that since the last Board meeting the Trust had lost a second members of staff, Dr Atalla, to Covid19, and advised that the End of Life Team did their best to support Dr Atalla's family in Egypt during this time. The Board noted their care and concern for Dr Atalla's family. Richard Parker advised that this was a very sad loss to the team and the wider organisation. It was noted by the Board that Karen Lanaghan, Lead Nurse – End of Life Care Services, had been outstanding in her role during the pandemic, and in particular with the proactive nature she took with Dr Atalla's family in Egypt so that they could be a part of the funeral, albeit virtually.

Karen Barnard advised that a comprehensive action plan would be discussed at the Quality and Effectiveness Committee on 26 May 2020. There was an active network across the ICS region regarding the health and wellbeing of colleagues, including the next phase which would include ensuring that managers were supported and have the skills to be able to support their team members effectively.

Kath Smart commended staff that had shown such compassion and innovation with patients at the end of life. The Communications and Engagement Team had done an excellent role. Kath added that the HSMR would be discussed in more detail at the Quality and Effectiveness Committee to identify what lessons could be learned.

Sheena McDonnell advised that this was a key time to review what was taking place in the Trust and how by the use of quality improvement methods and listening to the expertise of those in challenging environments, an understanding could be made of the needs of patients and their families at this challenging time.

Sheena McDonnell noted that overdue complaints would be discussed at the Quality and Effectiveness Committee. David Purdue advised there had been a change in leadership in the PALS team and new pathways for complaints had been agreed. The backlog was in a much better position that it had been.

Pat Drake assured colleagues that a focus would be taken on complaints at the Quality and Effectiveness Committee on 26 May 2020, however asked that a deep dive on complaints be provided to the Committee in July 2020. David Purdue further advised that national guidance allowed Trust's to stop the complaints process during the pandemic, but the Trust had taken the decision to follow up any complaints during this time.

Dr Tim Noble echoed the praise for Karen Lanaghan and the support that she offered to Dr Atalla's family.

Dr Noble advised that in looking to the future it was difficult to construct what the services would be, particularly with the offer of wider testing of asymptomatic staff, and the unknown long-term impact that Covid-19 would have on survived patients in relation to respiratory problems. Dr Noble highlighted emerging data from 24 countries that demonstrated that post-operative mortality was up to 20% for those patients that had tested positive for Covid19 in an elective setting, this rose to 26% mortality for emergency surgery.

Pat Drake asked why there was a much higher number of patients admitted to the Trust at the end of life in comparison to other Trusts. Dr Noble advised that hospital was often the right place for people to be cared, specifically for pain medication at the end of life.

Richard Parker added that this had been reviewed by the Board and an update was received from Information Services. Richard advised further that work was being Board of Directors – Public Meeting – 19 May 2020 Page 8 of 15 undertaken to ensure that the end of life pathway were supported in the homes of patients. Dr Noble concluded that the reporting was dependent on coding rules and that local rules were also in place. Where the Trust was being benchmarked nationally, the data may appear different between organisations.

Action: Benchmarking against other Trust's in relation to the numbers of falls reported would be reflected in the Quality and Performance Report for the next Board meeting. DP

Action: A deep dive on Complaints would be provided to the Quality and Effectiveness Committee on 28 July 2020. DP

The Board:

- ***Noted the Quality and Performance Report.***

P20/05/D3 RTT Year End Position (Enclosure D3)

Rebecca Joyce presented to the Board, a summary report of the full RTT Year End Position report that was presented to the Finance and Performance Committee on 28 April 2020, which highlighted:

- Prior to the scale down of activity due to the Covid19 pandemic, as at 18 March 2020, a position of 91.7% had been achieved. Activity was scaled down from this point due to COVID. Without the impact of COVID, Information had modelled a position of 92.7% would have been achieved at year end, which was a very positive position and demonstrated the recovery plan would have been achieved.
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- The actual reported year-end position was reported as 90.1% due to the impact of Covid19 and the significant reduction in activity from 18 March 2020;
- The Actual Waiting List size (PTL) was reported at 26,700 at year-end, against a target of 31,199, linked to the recovery plan and significant validation work, and a reduction in referrals towards the end of March (COVID related)
- Comparatively against other Trusts, at end of March 2020 we achieved the best outcome in the region, and were within the top quartile of all Trusts nationally.

The Committee commended the work that had been undertaken to achieve 91.7% pre COVID on 18 March and 90.1% at March end. It was noted that the Trust would be in a challenging position for the elective activity due to the Covid19 pandemic, however a significant amount of work went into the recovery of RTT and the experience gained throughout the recovery period would be used to ensure that the position could be recovered when safe to do so. Some learning points were also outlined in the paper to strengthen the future approach.

Jon Sargeant advised that there had been a lot of validation work carried out over the year, this meant that the size of the overall PTL reduced. In the latter part of the year the validation programme ran out from validations at 14 week waits to 18 week waits. This

would have helped the performance figure, but needs to be refocused to 14-weeks as the Trust moved forwards.

The Board:

- ***Noted the RTT Year End Position.***

P20/05/F1 Finance Report – April 2020 (Enclosure F1)

Jon Sargeant, presented to the Board, the Finance Report for April 2020, highlighting:

- The clinical income position reported at Month 1 was aligned to the national block arrangements in place as previously set out to the Board, which was in place until 31 July 2020. It was not known what would happen after this time, however it was expected that the block contract be extended;
- The Trust's deficit for month 1 (April 2020) was £445k before any retrospective top up. However, in line with national guidance the Trust had accrued a central retrospective top up payment of £445k in order to report a break even financial position at Month 1;
- Clinical income for Month 1 was aligned to the national block arrangements in place, however in comparison to the monthly average for 2019/20, elective activity was reported as - 76.99%; non-elective was reported as -42.36% and outpatient activity was reported between 79 – 87% reduction;
- The Trust's financial position also included revenue costs of £1.3m relating to Covid19, of which £0.6m related to pay costs and £0.7m to non-pay costs;
- The cash balance as of 30 April 2020 was £62.4m. The increase in cash was as a result of the Trust receiving two-month' worth of the block income in April;
- Steps had been taken to renegotiate the block contract with the central team and NHSI/E;
- A draft paper would be presented to the Executive Team to demonstrate what the expected capital spend would be post Covid19. This would take into account social distancing and access to wards and clinical areas, and work would recommence in some areas soon prior to the winter period.

Neil Rhodes noted the confidence in the negotiations due to the significant gap in the block contract. Jon Sargeant advised that this would be discussed in further detail at the Finance and Performance Committee meeting on 26 May 2020, however was expecting that the block contract would be realigned as per the response Jon had sent to the ICS.

Neil Rhodes asked for further information on the future of the HSDU Unit as it was an opportunity for the Trust. It was advised that the HSDU Unit work would be completed in time for the winter period at would consist of 17 additional beds at a cost of £2.8m. The Trust spent £450k in April in preparation for the bid. The Unit could be used as either Enhanced Care or Intensive Care. Jon Sargeant advised that £4.7m had been moved from last year's capital plan to this years for the phase 1 Fire Works in Women's & Children Hospital and other areas. The Fire Officers had confirmed that this money must be spent

during 2020/21. Estates and Facilities were working through the HSE rules around safe working through the pandemic to ensure that there was clinical access to areas to maintain care.

Neil Rhodes noted that although the Trust was in unusual times, it was important that the Trust didn't lose the cost improvement culture. Jon Sargeant and Marie Purdue were leading on the Stabilisation and Recovery work which includes the review of patient pathways and service delivery to ensure that they were being delivered efficiently and that they were beneficial. Jon Sargeant advised that the Efficiency and Effectiveness Team were looking at the electronic job planning system linked to Allocate for Medical Staff.

The Board:

- ***Received and noted the Trust's deficit for month 1 (April 2020), however in line with national guidance the Trust had accrued a central prospective top up payment in order to report a break even financial position at month 1;***
- ***Noted the information in the Finance Report for April 2020.***

P20/05/G1 Use of Trust Seal (Enclosure G1)

The Board approved the use of the Trust Seal.

The Board:

- ***Approved the use of the Trust Seal for Seal No. 120 – Community Health Partnership Ltd and DBTH, Under lease for part of Sandringham Road Health Centre;***
- ***Approved the use of the Trust Seal for Seal No. 121 – Community Health Partnership Ltd and DBTH agreement for Grant of ULPA, Part of Sandringham Road Health Centre.***

P20/05/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)

Finance and Performance Committee – 28 April 2020

No questions or comments were raised.

The Board:

- ***Noted the update from the:***

Finance and Performance Committee on 28 April 2020

P20/05/G3 Infection Prevention and Control Board Assurance Framework (Enclosure G3)

David Purdue presented the Infection Prevention and Control Board Assurance Framework which had been completed in the response to Covid19 via the Infection Prevention and Control Team. It was a comprehensive framework which supported the strategic direction by identifying areas of good practice and actions undertaken to mitigate any gaps.

A discussion took place regarding compliance with the national guidance around the discharge transfer of Covid19 positive patients. David Purdue advised that discharge

should take place within three-hours, however this had not been taking place due to care homes not accepting Covid19 positive patients back due to the anxiety around the risk of transmission. A letter had been circulated to all care homes and improvements were being seen with the discharge of patients back to care homes.

Kath Smart highlighted two gaps in assurance, one of which was a reference to cleaning in the document and the capacity to undertake it. David Purdue advised that deep cleans were taking place and a total of 12 wards had been deep cleaned and theatres would be next. All yellow areas were cleaned every four-hours, and the Estates and Facilities Team had a robust cleaning schedule, with agency staff working at weekends to undertake the deep cleans.

The Board:

- ***Noted the information in the Infection Prevention and Control Board Assurance Framework.***

P20/05/G4 Appointment of the Post of Director of Learning Opportunities and Skills (DCS) (Verbal)

Richard Parker advised the Board of the appointment of Riana Nelson to the post of Director of Learning Opportunities and Skills, following the appointment of Damien Allen as Chief Executive of Doncaster Metropolitan Borough Council.

The Board:

- ***Noted the appointment of the post of Director of Learning Opportunities and Skills.***

P20/05/G5 Caldicott Guardian (Verbal)

The Board:

- ***Noted the change of the Caldicott Guardian to Tim Noble, Medical Director.***

**P20/05/H1 Information Items (Enclosures H1 – H4)
-H5**

The Board:

- ***Noted the minutes of the Finance and Performance Committee meeting held on 31 March 2020;***
- ***Noted the Letter of Thanks from the Yorkshire Organ Donation Service Team;***
- ***Noted the Board work plan;***
- ***Noted the Minutes of the Council of Governors – 30 October 2019 and 30 January 2020;***
- ***Notes the Minutes of the Management Board – 18 November 2019, 20 January 2020, 10 February 2020, 9 March 2020 and 20 April 2020.***

P20/05/I1 Minutes of the Meeting held on 21 April 2020 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 21 April 2020.***

P20/05/12 Any Other Business (Verbal)

No other items of business were raised.

P20/05/13 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/05/13(i) Hazel Brand

Hazel Brand expressed her thanks on behalf of the Governors for the ongoing hard work and dedication across all disciplines through the challenging times.

Hazel Brand advised that she had contacted Governors prior to the Board meeting to collate any specific questions or comments relating to the Board Papers to raise at the meeting on their behalf. Hazel had five questions in total. Two were asked at the meeting:

Questions

1. Can the Board confirm that every patient leaving hospital would be tested for COVID-19 before they go out into the community, and that every elderly patient leaving care, who would be tested, would not go to a care home with COVID-19 on the premises, if they were negative? How would that be administered and who would oversee the process?

David Purdue response: The Trust follows the PHE guidance on swabbing patients. We swab all patients on admission and if negative, again between day 5 and 7. We then re-swab all positive patients at day 14. We have worked with public health to ensure pathways to care homes were safe. We were also supporting a number of care homes with IPC training and review of practices.

2. How were supplies of PPE in reserve now? As last week there were two days' supply of the equipment, and when can the Board be confident they can begin to start routine procedures?

David Purdue response: There were daily updates on PPE availability reported to the Silver Cell (pandemic control centre) every day including the weekend. We also undertake daily stocktakes in all the clinical areas. There were National shortages of PPE at different times of different stock but currently our levels were sufficient. We would plan to commence elective work when directed from the National bodies.

Post Meeting Note

The below questions were answered following the meeting:

3. What was currently happening for cancer patients, who were waiting for in-hospital treatment? When were they going to start getting it routinely and do we know the numbers that were put on hold for chemotherapy, etc.?

Rebecca Joyce response: During Covid19, all suspected cancer pathway work the 2week-wait clinics and medical imaging (where appropriate) continued, but only emergency and urgent operations continued. Most cancer patients fall into the urgent category. For

some specialties such as gynaecology, many cancer patients were brought forward and treated whilst the Trust was preparing for Covid19 and before elective operating was scaled down significantly. This enabled the focus on the most urgent patients during the peak of the Covid19 outbreak to keep all patients safe. Only emergency endoscopic procedures proceeded during Covid19 as they were aerosol generating procedures.

All cancer tumour groups review the referrals coming in and the patients held on waiting list to ensure we were seeing the most clinically urgent patients and to keep a regular check on the patients waiting. Site specific teams have adopted national guidance and there were local standard operating procedures on how to manage patients in accordance with risk stratification. For example, CNS teams have maintained contact with patients to ensure their well-being was regularly monitored and risks managed. There were information reports which help our clinical teams manage the deferred patients.

In terms of inpatient chemotherapy on Ward 18 this had not been affected by Covid19. Patients requiring day case haematology procedures on Chatsfield have been assessed and in some cases chemotherapy regimens adjusted by clinicians in line with risk assessments and national guidance on management during Covid19.

The Trust was increasing the volume of routine outpatient work it does and currently planning this with divisions. Additional urgent endoscopy work was planned for early June. We were also planning how we scale up routine diagnostic and surgical work. There was some emerging evidence regarding increased mortality risk if COVID was contracted pre or post operatively. Hence we don't have a clear date for increased routine operating but were working hard to develop safe and consistent plans internally and with partners.

4. With the lower than average attendance at ED, was it possible to say how many absences were for serious illnesses and how many for what might be termed inappropriate attendances (including weekend drinkers the worse for wear, etc.)?

David Purdue Response: The patients attending ED were generally via ambulances for patients who require to attend. There was an overall reduction in patients attending and we have taken part in a number of campaigns to encourage people primarily, with heart, stroke, gastro conditions and children to attend if they have an urgent need.

5. In the return to normal, was there a timetable for re-instating services at their original location, e.g. maternity services back to Bassetlaw Hospital? Might some of the 'emergency' changes become permanent?

David Purdue Response: We were currently undertaking reviews of the decisions we made as a result of Covid19 and when it was feasible to return to the previous way of working. A decision like moving maternity services cannot be just made permanent and would require public consultation by the CCG.

The Board:

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

P20/05/14 Date and Time of Next meeting (Verbal)

Date: Tuesday 16 June 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- ***Noted the date of the next meeting.***

P20/05/15 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.***

P20/05/J Close of meeting (Verbal)

The meeting closed at 11:20.



**Suzy Brain England
Chair of the Board**

**Date
04 June 2020**