

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 16 June 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
Dr T J 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)
Emma Shaheen – Head of Communications and Engagement
Roselyn Wilson – Corporate Governance Officer
- Public in attendance:** Peter Abell – Public Governor – Bassetlaw
David Goodhead – Public Governor – Doncaster
Dr Mark Bright – Public Governor - Doncaster
Hazel Brand – Public Governor – Bassetlaw
Lynne Logan – Public Governor – Doncaster
Steve Marsh – Public Governor – Bassetlaw
- 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

P20/06/A1 Apologies for absence (Verbal)

No apologies for absence were noted.

P20/06/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.***

P20/06/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 – Council Motion on Climate and Biodiversity Emergency – This action was not due until July 2020 however it was noted that new information would be received during August 2020 and therefore it was suggested that the Action be postponed until September 2020. The Board were in agreement that this action would be postponed until September 2020.

Action 2 – Covid19 Recovery Plan – This item was added to the work plan to be delivered in July 2020 and would therefore be closed;

Action 3 – Strategic Director Review Workshop – This item was not due until July 2020 however an Update would be provided as part of Item C2 – Stabilisation and Recovery.

Action 4 – Deep Dive on Complaints – On the basis that this item had been added to the Quality and Effectiveness Committee work plan for July 2020 this action would be closed.

The Board:

- ***Agreed to postpone the due date of Action 1 – Council Motion on Climate and Biodiversity to September 2020;***
- ***Noted the updates and agreed which actions would be closed.***

P20/06/C1 ICS Update (Enclosure C1)

Richard Parker presented the points highlighted in the paper relating:

Richard Parker highlighted the key points that would be of focus over the coming months, including the impact of Test and Trace, PPE and the financial envelope.

Pat Drake asked if there had been any discussions of the clinical governance of the process to be outlined in relation to undertaking appointments virtually or via telephone. Richard Parker advised that there were two pieces of work being undertaken, and one of those was locally through the Stabilisation and Recovery Programme within the Trust and one through the ICS, and this was to ensure that there was a consistent message to patients, as there were many patients that have pathways that involve more than one Trust. Information sheets will be used for patients undergoing surgical procedures which will include the risks and potential complications relating to undergoing surgery. Dr Tim Noble advised that a patient safety information leaflet had been produced which includes the notification of the higher risks associated with surgery for patients testing positive for Covid19.

Sheena McDonnell noted that it was encouraging to see the support given to Care Homes and the Voluntary Sector. Sheena asked what the Trusts ask was in the capital plan submitted within the financial envelope that the ICS had received of £84.7m for 2020/21. It was confirmed that the Trust had submitted the capital plan following the review of it at the Finance and Performance Committee, and it included all the required capital for this year including the fire works, theatre upgrade and emergency capital bid. Prior to Covid19

there was a planned expenditure, and last month discussions took place with each Division to review the plans with a view to check what work could be undertaken over summer, factoring social distancing, in preparation for the winter period. Areas of work had been agreed that were guaranteed to be complete prior to the winter period and would commence soon. The Trust had submitted a reduced capital plan, which was aligned to meet the expectation of the organisation in what was feasible and deliverable this year. The exception to this was the upgrade to the HSDU which was a scheme that was put forward previously to the ICS that was initially rejected, and had now been submitted as part of the national bidding process.

All Phase 3 Covid19 bids need to be submitted by the 19 June 2020 and the process would be organised on a priority basis within the ICS. It was unknown what the criteria was for the priority.

Kath Smart noted that £84.7m didn't sound a lot of capital for the region, particularly as ours was £16m. Jon advised that prior to Covid19, all Trusts put their draft annual plans into the ICS, and these have been used to minus a 15% reduction for each Trust.

Neil Rhodes noted his support to the HSDU work and welcomed the Chief Executive's view on the Executive's commitment to it as it was essential for bed management. Richard Parker advised that the initial plan was put into place at the start of the Covid19 response and the Executive were in agreement that it was an essential element to the Trust's response to Covid19 and now in readiness for the potential second phase of Covid19 and winter pressures as it would allow for significant resilience and would be a good use of public money as it would have the flexibility of use as an enhanced recovery service or intensive care unit for many years. All Executives support and recommend this additional service to the Board of Directors and the Council of Governors.

Sheena McDonnell asked what the longer term plans were for PPE. Richard Parker advised that the initial PPE challenges previously noted were mitigated by the Heads of Procurements in South Yorkshire who did a fantastic job with their normal supply chains and although there were pressure points at times, the Trust had not had any period of time where they weren't in some supply of a key product. As the Trust moves into Phase 2 a focus would be made to ensure that as Covid19 demand reduces, stocks are not completely depleted in preparation for a potential second surge of Covid19, winter pressures and Brexit on 31 December 2020, in which disruption to supply chain was already expected. A lot of work was being undertaken nationally to procure long-term contracts to mitigate this.

Pat Drake noted that a number of ICS regions had appointed an Independent Chair and asked if this had been considered by the South Yorkshire and Bassetlaw ICS. Richard Parker advised that the CEO had given the commitment to develop this model. Jon Sargeant noted that the next part of the financial regime will include a revenue total share between all organisations which would support the need for an Independent Chair to ensure transparency and the management of finances.

The Board:

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

P20/06/D2 Stabilisation and Recovery (Enclosure C2)

Marie Purdue presented the Stabilisation and Recovery paper which outlined the Trust's approach to planning for stabilisation, recovery and reset following the Covid19 pandemic. Marie Purdue highlighted that the aim was to protect patients and staff throughout this

challenging time. The planning had been undertaken to accommodate either an underlying level of Covid19 or a potential second surge of Covid19, in line with regional guidance on modelling. The Trust was awaiting further national guidance. The process had been managed using a number of work streams, each led by a Senior Responsible Officer. The implementation and delivery of the recovery process is in line with many of the pre-existing longer term organisational objectives.

The Governance process for managing the planning process consists of the Stabilisation and Recovery Group in which the Executive Team and Divisional Directors are members to provide a joined up clinically led approach to reinstate services.

The paper had been presented on the basis of changing environment and therefore the paper outlines an overview of the current plan as opposed to the detail, which is also being worked through.

Mark Bailey asked what level of capacity would be re-established. Marie Purdue advised that there was at least 10% reduction in productivity expected, however with increased infection prevention and control measures, any potential of a second surge of Covid19 and the winter period it was likely be a higher reduction and this would be monitored closely.

Pat Drake asked if the previous Theatres QI work had been factored in, along with the already received patient feedback. Marie Purdue advised that Qi methodology had been used to underpin the Post Implementation Review process to assess the many changes to practice many of which were substantial, such as digital transformation. Further refinement to and evaluation of changes would be required as the process had been undertaken quickly, however it was noted that local engagement wouldn't be lost. Richard Parker added that post-Covid19 presents significant changes with distancing rules and therefore means that there would be a reduction in the number of procedures a surgeon could carry out in one list due to cleaning and donning and doffing of PPE. This would result in the NHS overall being less productive against any measures it had previously seen and it was expected that any appointments that can be undertaken virtually will only slightly offset what cannot be undertaken on site and therefore the expectation of delivery would be set. Jon Sargeant added that the key issue currently for moving forward was the lack of a reliable point of care test; and that decisions are made to ensure the right outcomes for the patients.

Becky Joyce noted the caution in ensuring that the governance process and the outcomes were right but the main areas of transformation would be in outpatients which would be very different to any model undertaken previously. Testing and screening will be a large part of the transformation. Becky noted that it was heartening to see how teams were engaging with working in new and different ways.

Kath Smart asked about the safety aspect, and it was confirmed that the oversight of changes and process change would be monitored within the Ethical Framework and Governance work stream.

Richard Parker noted that in respect of all comments received, the changes that have been made have been equality impact assessed, and any future changes would undergo the same process. At the end of Covid19 the NHS would still be in a position of financial instability and therefore it was required that the model implemented was sustainable and would not incur huge costs that would present an issue for 2021/22. Thought would be taken on how public money would be spent to ensure sustainability and quality.

Dr Tim Noble advised that currently the risk of Covid19 was high and therefore presents the compromise of not examining patients physically in all cases, however as the Trust

moves into the stabilisation and recovery phase, the Ethical Framework and Governance work stream will work to assess this on a speciality and condition basis. The risk and benefit of not assessing a patient face to face will vary from time to time dependant on the Covid19 situation. There was a backlog of work, however with the introduction of a point of care test, it would allow the Trust to operate in a different way.

Neil Rhodes noted the topic was important to discuss in the presence of Governor colleagues, to demonstrate how the Trust was responding to the pandemic and how it would learn from lessons. Neil noted that at the Finance and Performance Committee on 30 June 2020 a major review of this topic would be undertaken to unpick the emergent findings to contribute to ways of moving forward.

Sheena McDonnell asked for assurance that the objectives were reflective of what the Trusts objectives were as it seemed they were aimed at a shorter period of time, and some of the work outlined in the paper won't be doable without the assistance of partners and in collaboration with others. Marie Purdue assured the Board that a lot of work was being undertaken that was not in the paper, as previously mentioned the Stabilisation and Recovery process was a changing environment. Discussions had been undertaken with Place and the ICS regarding discharge of patients, and with the Provider Alliance regarding working with colleagues, and the plans have been shared with the Primary Care Network. Richard Parker noted that the ICS' role was the overall responsibility to ensure that services across South Yorkshire and Bassetlaw meet the needs of its residents. The ICS are looking at a coordinated effort in relation to the independent provision of surgery and diagnostics, along with a coordinated winter plan. An event will take place on 1st July 2020 to stress test the plans in place. Plans were being explored looking to make identified sites Covid19 light, and Bassetlaw could be one of those sites, alongside others in the region, potentially leading to the treatment of Covid19 positive patients at one site in the region.

The Board:

- ***Noted the information received on the Stabilisation and Recovery process.***

P20/06/C3 True North/Breakthrough Objectives (Enclosure C3)

Marie Purdue presented to the Board the revised True North objectives for 2020/21. The main change was Objective 1 which changed from "Achieve CQC Outstanding" to "Provide outstanding care and improve patient experience" to reflect the ambition to the provision of outstanding care first and foremost. A process was undertaken with Divisional Teams to develop the breakthrough objectives for 2020/21 towards achieving the True North.

Pat Drake advised that the achievement of the objectives would be embedded into the Quality and Effectiveness Committee terms of reference, and it was expected at the next Quality and Effectiveness Committee meeting that a discussion take place on how the achievement of the objectives will be measured.

Neil Rhodes warned that staff may not be focused on the performance picture post Covid19 and it would be required of every department to have a performance focused plan that links to the financial plan, because if performance measures aren't met, the Trust would be less likely to meet the financial plan to move towards a better recurrent surplus position. Neil Rhodes suggested an amendment to the financial objective to enforce this as it would provide a major focus at the Finance and Performance Committee.

Karen Barnard advised that the accountability meetings had been resurrected and KPIs had been set to cover a range of quality, performance and people, and within this was the

appraisal process which had been paused during Covid19, but would be picked up with a focus on priorities for teams and individuals going forward. This would link back to the Stabilisation and Recovery Plan. A range of offerings were being pulled together to engage staff and the Staff Family & Friends Test would be used to enquire how staff have felt during the pandemic.

Richard Parker added that one of the Trust's major successes with staff was their individual contributions to focusing on improvements to quality of their services and empowering staff as the ones who know and deliver the service, and where this was done it was successful. Finance and performance would not take a focus in isolation and therefore performance would link to each objective.

David Purdue echoed that performance and quality would be dispersed throughout the 5 Ps, and would therefore be monitored against the four breakthrough objectives.

The Chair highlighted that her appraisal would take place on 17 June 2020 and as part of that process would be discussed how she assists in achieving the objectives of the Trust and this would be replicated in the Non-Executive Directors appraisal with the assistance of Governors.

Action: True North/Breakthrough Objective measures of achievement would be added to the Quality and Effectiveness Committee agenda for July 2020. DP/TN

The Board:

- ***Approved the amendments to the wording of the five year objectives developed for 2020/21.***

P20/06/D1 COVID-19 Update

Rebecca Joyce provided an update on the Covid19 Pandemic, and highlighted that the incident still remained a level 4 national incident and therefore the Trust would maintain the Incident Control Room, however over the last month the leadership resource had been reduced to reflect the needs to increase the divisional work.

Currently there were sixty Covid19 positive inpatients, two of which were on ICU. In total since the start of the pandemic, there had been a total of 59 treated on ITU, 402 discharged and a total of 205 had sadly passed away.

Pragmatic decisions had been made the previous week to scale up outpatient activity work, the majority of which was either telephone or video activity; and a decision was taken last week to scale up routine radiography work.

At the start of the pandemic all Endoscopy work had been paused with the exception of emergency, however over the past month the service provision had been increased for urgent and two-week wait scoping. It was important that the activity was increased as there was a backlog of 2,000.

The next key area of focus would be surgical pathways and the capacity. This would remain a particular area of focus for Becky Joyce.

Antibody testing was introduced on 28 May 2020 and in less than two-weeks 17,000 antibody tests had been undertaken. Key protocols had been introduced to keep elective patients safe.

Activity in the Emergency Department had increased however it still remained 40% lower than this time last year, however some analysis had been undertaken on majors activity which was showing similar levels to this time last year and therefore the key reduction was in minors and paediatrics.

David Purdue provided an update on nosocomial infections which are hospital acquired infections which presents the biggest challenge currently as research had shown that hospital workers are 20% more likely to contract Covid19. Guidance received regarding measures to implement included that all people must wear a face covering in a hospital setting, or a face mask in a clinical environment. The Trust implemented this on 10 June 2020, ahead of the mandatory date of 15 June 2020. Patients must wear a face covering when they come into the hospital and they will be provided with a face mask when they arrive at their appointment. All staff are to wear a face mask whilst at work, and if there was anyone that was unable to do so must have an individual risk assessment undertaken by their manager. This measure was key in the reduction of infection rates. There had been guidance posted on the intranet for staff to advise of how to apply/remove masks and guidance on eating and drinking.

Any member of staff that tests positive for Covid19 need to inform on who they have come into contact with, and this includes anyone that they have had face to face contact with of less than one-meter for more than fifteen-minutes. These individuals will need to self-isolate for fourteen-days. There had been eight-members of staff that had to self-isolate since the Track and Trace had been implemented. It had been identified that this was as a result of staff removing their face masks whilst on breaks in their break rooms. Chairs had been removed from break rooms to ensure that staff were undertaking distancing measures whilst on breaks.

Kath Smart advised that she had seen comments regarding the wearing of face masks and understands that this had impacted support staff that would not usually wear a mask. Kath asked if the Trust had enough masks to support the new guidance and what the general feedback was from staff that don't usually have to wear a face mask as part of their role. David Purdue advised that the Trust received a delivery of 28,000 face masks respectively on Friday, Saturday and Monday and therefore the Trust had ample supply. General feedback hadn't been as negative as anticipated, however it had been noted that those who were asthmatic had found them claustrophobic. Staff are not able to use desk fans or air-conditioning with these new measures and therefore it had been difficult in areas when it was hot.

The Board:

- ***Noted the information in the COVID-19 Update.***

P20/06/D2 Quality and Performance Report (Enclosure D2)

Performance

Rebecca Joyce presented the highlights of the report including:

- The Trust achieved 90.78% for 4-hour access in April against a national target of 95% and a local target of 90%, which demonstrated an improving picture, however this was in the context of reduced attendance;

- The Trust achieved 82.2% RTT against a national target of 92% and a local target of 80.1%;
- The Trust reported 10 x 52 week breaches, all of which were due to Covid19 related reasons;
- Cancer performance for March 2020 presented an overall good performance picture with the 62-day target being reached.

Becky Joyce noted the changing performance picture and advised there would be a focus on governance, transformation and the reported metrics for going forward.

Sheena McDonnell noted that the exception report was clear and direct, however asked that a section be added on patient experience because although complaints was featured within the report, this isn't the only element of patient experience and asked that it be developed further to demonstrate the good things that are happening in relation to patients.

Sheena McDonnell queried the one reported serious incident for May 2020 in relation to the number of reported falls. David Purdue confirmed that one fall was still under investigation. It was anticipated that it would be reportable as a serious incident however until the investigation was complete it couldn't be reported as such. Once the investigation was complete, the report will be updated. David advised the Board that 'Sharing How We Care' would be changed to 'Learning How We Care' as it was important that the Trust changes the way that it works and incorporates learning from different issues.

Jon Sargeant advised that as part of the Audit and Risk Committee, quality elements will be added to the dashboard and David Purdue's team was supporting this.

Quality and Safety

Dr T J Noble advised the Board that in the future HSMR will look very different because of the Covid19 pandemic. The Charlson Index does not predict Covid19 mortality and the mortality models require three years' worth of data to produce predictive models. The mortality data would need to be interpreted in a whole new way.

Pat Drake advised that an update paragraph on nosocomial Covid19 infections be added to the Clinical Governance Report for the Quality and Effectiveness Committee.

Pat Drake advised that going forward information on Stabilisation and Recovery around clinical governance and outcomes associated with QPIAs would be received Pat asked that when reporting hospital acquired pressure ulcers to the Quality and Effectiveness Committee. Pat Drake asked that further information be received on hospital acquired pressure ulcers at the Quality and Effectiveness Committee going forward.

Kath Smart noted that the crude mortality spike had started to happen but there was no narrative in the report to support this in the public domain, and requested that it be added to future reports including the plans on how this would be measured in the future. Dr T J Noble confirmed that this would be received at the Quality and Effectiveness Committee in July 2020, followed by Board in September 2020.

David Purdue advised the Board that visiting guidance would be reviewed in line with an ICS led approach to ensure there was consistency across the region. This would be done in

a safe manner. The visiting rules are different for those patients at the end of life or with dementia and is based on an individual assessment by the ward at any one time.

Action: The Quality and Performance Report would be developed to integrate and report upon the positive aspects of patient experience. RJ/DP

Action: An update paragraph on nosocomial Covid19 infections be added to the Clinical Governance Report for the Quality and Effectiveness Committee. TN

Action: Associated narrative would be added to the Quality and Performance Report in relation to HSMR for further guidance and clarification on what the graphs received show. TN

The Board:

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

P20/06/E1 People and Organisational Development Covid19 Update (Enclosure E1)

Karen Barnard presented the People and Organisational Development Covid19 which highlighted:

Recruitment

The Bring Back Staff campaign had been disappointing for the Trust and across the ICS. The numbers that have been seen on a national level have not been translated locally. There would be a second phase of the scheme however this would be focused on supporting care homes and nursing homes.

The Trust hopes to retain those staff that have worked at the Trust during the Covid19 pandemic from NHS Professionals.

Health Education England would look into the return to practice scheme as it had been flagged that there was an improvement required within the ICS region.

Third-year students on placement at the Trust had been successful and a positive experience for them. Many will be moving in to the newly-qualified positions in September.

A key issue identified was that the Trust was not able to accommodate all of the Year-2 students that wished to undertake their placement at the Trust due to capacity.

Redeployment Update

There were still a number of staff in redeployed roles and key discussions were being undertaken to identify what activity could be stepped back up.

Staff Testing

Between 23 March 2020 and 8 June 2020, 1,935 DBTH staff have been swabbed for Covid19, 501 of which tested positive for Covid19 which amounts to around 20% of those that were swabbed.

The staff swabbing strategy would be revisited to align with that of the asymptomatic screening programme and antibody testing. A pilot was underway on Ward A4 where regular testing was taking place as a test to keep the area Covid19 free.

As mentioned in the media and from Public Health England there were a number of risk factors associated with the severity of the illness such as ethnicity, gender and the range of co-morbidities an individual has. A risk assessment process was in place for staff with risk factors.

Absence

There had been a rise in Covid19 related Absence during April 2020 which included those staff that were shielding, self-isolating, carers and positive with Covid19. It was noted that there had been a reduction during May 2020 and that data would be received at the Finance and Performance Committee on 30 June 2020.

A piece of work was being undertaken to ensure that there was a comprehensive record of all staff that are shielding and whether they are able to work from home. There are 97 staff that are unable to work from home so a review was being undertaken to identify what was preventing them from working from home and to explore how the Trust can engage with them.

Further guidance from the Government was expected soon for what will happen in relation to shielding post June 2020.

Health and Wellbeing

The Quality and Effectiveness Committee received a detailed paper regarding the Trust's approach to health and wellbeing in order to support our people. The Talk Listen Care service had been successful so far, as it was in its infancy pre-Covid19.

Vivup was the platform where all wellbeing material was held along with the financial saving incentive scheme and there had been an increase in registrations on the system.

There had been a rise in the usage of the employee assistance scheme. The appointments were taking place via telephone and not face-to-face.

Information on the support available for managers in supporting their staff was published on The Hive and in Buzz this week which included coaching and mentoring programmes.

Sheena McDonnell noted that the support for leaders was critical during these difficult times. The message reflects that the organisation's approach was one of compassion and care, and reflects the values of how we should treat one another.

Sheena McDonnell noted that there had been a huge interest in the antibody testing and equated nearly to the whole workforce at in excess of 6,000.

Richard Parker advised that there had been a huge demand both across the South Yorkshire region and across the workforce. The initial results demonstrated approximately 7-8% tested positive for the Covid19 antibody, however it was noted that this was not guaranteed to offer those any more protection, and therefore all measures must still be maintained. The platform for antibody testing had increased

Kath Smart asked for assurance on the members of staff that were on the higher agenda for change pay grades and therefore not eligible for recompense for overtime worked, who were involved in the stepping down of services and would be heavily involved in the stepping up of activity and how this would be managed. Karen Barnard advised that within the terms and conditions, staff banded 8a and above were not entitled to an overtime rate, however advised that it had been agreed at the beginning of the pandemic that those staff graded Band 8a would receive additional hours, however it had been encouraged that staff take the time back that they have over-worked during the pandemic. Staff who were at grades Band 8b and above were encouraged to manage their time effectively to avoid working excessive hours.

Any staff working weekends and bank holiday were entitled to enhancements and some departments had introduced 7-day working or on call systems.

Kath Smart noted that it was positive that people were accessing the counselling services on offer and asked if the offer included specialist counselling in light of the pandemic that may have been a trigger for some clinicians and managers across the Trust. Karen Barnard advised that the provider had been changed at the end of 2019 and this now included access to a much improved psychological support system, which included onsite presence, although this had since been moved to telephone due to the pandemic.

The Board:

- ***Noted the information in the People and Organisational Development Covid19 Update***

P20/06/F1 Finance Report – May 2020 (Enclosure F1)

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

The Trust's deficit for month 2 (May 2020) was £119k before the retrospective top up. However, in line with national guidance the Trust had accrued a central retrospective top up payment of £119k in order to report a break even financial position.

It was expected that expenditure will start to increase in the following months as the Trust moves into the next phase of COVID response and activity starts to increase. It should also be noted that the Trust was yet to receive planning guidance for financial arrangements post July.

Deloitte's had been engaged by NHSI/E to audit all NHS Trusts Covid19 submissions to ensure that they have been appropriate and managed effectively. Feedback would be expected in July 2020, although a report would not be received by the Trust, only by NHSI/E. Jon Sargeant advised the Board that the Trust had a robust process in place to manage the Covid19 submission and spend.

Capital expenditure spend in month 2 was £0.9m, including COVID-19 capital spend of £0.3m. This was £0.4m ahead of plan, due to Estates (£0.1m ahead of plan), IT (£0.1m ahead of plan) and COVID-19 (£0.1m ahead of plan). Year to date capital expenditure spend was £2.5m, including COVID-19 capital spend of £1.4m. A revised capital plan submission to the ICS and NHSI/E had been made as set out to the Finance and Performance Committee. The ICS had not submitted the HSDU case as part of an agreed budget for the Trust, however it had requested that the Trust makes a phase 3 Covid19 capital bid for the funding. The Director of Finance had declined to note the scheme as an ICS priority until a full process had been undertaken to agree all priorities across the ICS. There was no clear

process to do this at the current time. The Trust had commissioned this work, however to ensure that the facility can be used in the event of a second wave of corona virus later in the year, and to provide resilience for the flu alongside Covid19 in the coming winter.

The Board:

- ***Noted the information in the Finance Report for May 2020.***

P20/06/G1 Corporate Risk Register (Enclosure G1)

Fiona Dunn presented the Corporate Risk Register which demonstrated the heat map which shows the 31 risks that can be seen to impact on the Trust's strategic aims of which 19 are logged separately on the Corporate Risk Register within the Datix.

It was noted that risk ID1245 F&P5 Risk of failing to address the effects of medical agency gap had been downgraded and therefore removed from the Corporate Risk Register.

The Covid19 pandemic had had an impact on the reviewing of the risk management process and existing risks that are on the Corporate Risk Register, and Fiona suggested that a focus now be taken on a full review in the light of the impact Covid19 had had on the current risks as some may no longer be relevant. A review would be undertaken to identify the strategic risks that link to the True North Objectives via a task and finish group made up of the responsible Executives for the risks.

Neil Rhodes welcomed the new focus and the heat map, however asked that on the heat map there be an indicator of the risk as opposed to just the numerical reference, to avoid a cross reference to Appendix 1.

Kath Smart noted the improvements in the Corporate Risk Register however added that further improvement was required. The Board and Committee would need to see the mitigated actions. Neil Rhodes welcomed this and added that mitigating risks relevant to a particular Committee should be received in more detail.

Action: A review of the Corporate Risk Register would be undertaken to identify the strategic risks that link to the True North Objectives via a task and finish group made up of the responsible Executives for the risks. FD / EXECs

Action: A written indicator would be added to the numerical indicator on the heat map of the Corporate Risk Register to identify what each risk is, without having to cross reference to the full report (appendix 1). FD

Action: The mitigation of risks relevant to each Committee would be received in further detail at the respective Committee's. FD

The Board:

- ***Noted the information in the Corporate Risk Register.***

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

Finance and Performance Committee – 26 May 2020

No questions were raised.

Quality and Effectiveness Committee – 26 May 2020

Pat Drake advised that a focus on patient and staff safety relating to Covid19 at the 28 July 2020.

Audit and Risk Committee Year-End – 04 June 2020

No questions were raised.

The Board:

- ***Noted the update from the:***
- ***Finance and Performance Committee on 28 April 2020***
- ***Quality and Effectiveness Committee – 26 May 2020***
- ***Audit and Risk Committee Year-End – 04 June 2020***

P20/06/G3 Audit and Risk Committee Annual Report (Enclosure G3)

Kath Smart advised that the year-end meeting took place on 04 June 2020 which was focused on the annual accounts process. Kath Smart commended the Finance Team and Management Team for the positive outcome and read out the quote from Ernst Young:

“no organisation who has got itself into such a pickle has got out of it in such a positive way”.

The Board of Directors took this as a huge pat on the back for the work that the Finance and Management Team had undertaken to get to this point.

The Board:

- ***Was assured by the Audit and Risk Committee Annual Report***

P20/06/G4 NHS Providers License Self-Assessment/Certification (Enclosure G4)

No questions were raised.

The Board:

- ***Approved the NHS Providers License Self-Assessment/Certification.***

P20/06/H1 Information Items (Enclosures H1 – H8) **-H8**

The Board:

- ***Noted the minutes of the Finance and Performance Committee meeting held on 28 April 2020;***
- ***Minutes of the Quality and Effectiveness Committee held on 28 January 2020;***

- ***Minutes of the Audit and Risk Committee held on 23 March 2020;***
- ***Minutes of the Management Board meeting held on 11 May 2020;***
- ***Noted the Board work plan;***
- ***Noted the Trust Annual Report 2019/20 including the Annual Governance Statement;***

Richard Parker advised that there was a legal requirement to produce an annual report and accounts however it had been undertaken in a less comprehensive way. The Quality Report was not complete however this would be added. The annual report demonstrates a summary of activities from the Trust during 2019/20, the financial performance of the trust and an indication of the Trust's delivery and obligation to the public that it serves. It will be presented in full at the Annual Members Meeting on 24 September 2020. The External Audit Report received was positive and was mirrored by the Trust's objectives. All four objectives for 2019/20 were achieved.

- ***Noted the Annual Accounts 2019/20;***

Jon Sargeant thanked the Finance Team for the work they have put into the development of the Annual Accounts for 2019/20.

- ***Noted the ISA 260.***

Jon Sargeant informed the Board that the ISA260 was a formal document from the Auditors that sets out the responsibilities in the audit and describes the process in identifying risks and how they assess them for assurance. Kath Smart added that the Quality Accounts would usually have been audited however there was no legal requirement to audit them and a revised timetable had been agreed for the production of them. The Quality Accounts would be received at the Annual Members' Meeting on 24 September 2020 and by the Board of Directors by August 2020.

P20/06/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 19 May 2020.***

P20/06/I2 Any Other Business (Verbal)

Freedom to Speak Up Update

Sheena McDonnell advised the Board that the National Guardian's Office had released a report on the findings from a review of the Whittington Health NHS Trust, which outlined a series of recommendations that all Trusts must adhere to. A number of these practices are already undertaken by the Trust but there are others that will be worked through by Paula Hill. Sheena McDonnell noted that she would be the Non-Executive Director Freedom to Speak Up Champion.

Karen Barnard advised that during Covid19 eleven concerns had been raised, four of which were received from more than one person. These will be added to the next Freedom to Speak Up Report received at Board.

P20/06/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/06/I3(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 thanked David Cuckson for his nine-year service as a Public Governor for the Rest of England and Wales; and also noted the thanks for other Governors that were at the end of their term of office, Lorraine Robinson, Staff Governor, Duncan Carratt, Staff Governor, Karl Bower, Staff Governor, Lynne Logan, Public Governor, Peter Abell, Public Governor, Mark Bright, Public Governor and Sheila Walsh, Public Governor.

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 one question in total.

Question: With reference to the Integrated Quality & Performance Report, which asks Is the Trust providing a quality service for the patients? and the COVID-19 update... If an operation has been delayed due to the current crisis, how does the patient get advice if they feel that their problem has worsened? Should, as a matter of course, the Trust be giving advice and updates to people whose procedures have been delayed?

Richard Parker advised that when a patient is listed for a procedure, it doesn't detract from the primary care support to admission or pre-operative assessment, and therefore if the condition changes or worsened, the first port of call for a patient would be their primary care physician. All services remain as normal. The Trust does not offer advice or guidance on the procedures that have been delayed. Dr T J Noble added that patients do frequently contact the Consultant Secretaries and advice is always given if asked for.

The Board:

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

P20/06/I4 Date and Time of Next meeting (Verbal)

Date: Tuesday 21 July 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

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

P20/06/I5 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.***

P20/06/J Close of meeting (Verbal)

The meeting closed at 12:10.

A handwritten signature in black ink, appearing to read 'Suzy Brain England', with a stylized flourish at the end.

**Suzy Brain England
Chair of the Board**

**Date
06 July 2020**