



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 19 January 2021 at 09:30 via Star Leaf 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 Dr T J Noble - Medical Director Richard Parker OBE – Chief Executive David Purdue – Deputy Chief Executive and Chief Nurse Neil Rhodes – Non-Executive Director and Deputy Chair Jon Sargeant – Director of Finance Kath Smart – Non-Executive Director	
In attendance:	Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Marie Purdue – Director of Strategy and Transformation Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer (Minutes)	
Public in attendance:	Peter Abell – Public Governor – Bassetlaw Dennis Atkin – Public Governor – Doncaster (until item P21/01/B2) Hazel Brand – Lead Governor/Public Governor – Bassetlaw Mark Bright – Public Governor – Doncaster Gina Holmes – Staff Side Chair Lynne Logan – Public Governor - Doncaster Steven Marsh – Public Governor Bassetlaw Susan McCreadie – Public Governor – Doncaster	James McHale – Mölnlycke Health Care Sally Munro – Staff Governor Jodie Roberts – Deputy Chief Operating Officer Lynne Schuller – Public Governor – Bassetlaw Sue Shaw – Partner Governor (Item P21/01/B2 onwards) Jo Wright – General Manager – Clinical Specialities Division
Apologies:	None	

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

ACTION

The Chair advised that if members of the public and Governors in the audience had any questions arising in relation to the business of the meeting, which were not answered in the meeting, they could contact the Trust Board Office and all answers would be collated for tabling at a future CoG meeting.

P21/01/A1 Apologies for absence (Verbal)

There were no apologies for absence.

P21/01/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.***

P21/01/A3 Actions from Previous Meetings (Enclosure A3)

All actions outstanding from the previous meeting were closed, either actioned, to be discussed during the meeting or had been forwarded to the relevant Board committee for follow up.

In relation to Action 4 – Clinical Audit and Effectiveness Update, it was noted by Pat Drake that the target date for this action had been postponed to June 2021 to allow for a full 12-month report, however this had been reflected on the Quality and Effectiveness Committee work plan, and was therefore closed,

The Board:

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

P21/01/B1 Chief Nurse Update (Enclosure B1)

The Chief Nurse provided the highlights of key patient safety, quality and experience performance against the Trusts outcomes for December 2020, which included:

- Two serious incidents had been reported in month, one related to a potential missed diagnosis and one to a neonatal death in Theatre. This brought the total year-to-date figure to 19,
- A process was in place to ensure that any outlying patients were clearly documented with the patient movement to take place by 22:00 at the latest. It was noted that due to the Covid19 pandemic, the ability to transfer patients had been limited,
- 152 falls were reported in month. Work had been undertaken to identify that the Trust had seen a reduction in falls from 2015 to 2019, with a slight increase in-year, due to the visiting restrictions. The falls strategy was under review to focus on learning,
- The Trust reported five Covid19 outbreaks. Communications continued to promote the infection prevention and control guidance to staff,
- All wards were safely staffed throughout December 2020 and a robust process was in place for the management of wards and the movement of staff,
- Collaborative work was underway within the ICS and NHS Professionals to ensure that all Trusts have the same offer.

Pat Drake assured the public Board that hospital acquired pressure ulcers and safer staffing were high on the Quality and Effectiveness Committee agenda. Although a report on complaints was expected at the February Quality and Effectiveness Committee meeting, it

would be received in April 2021 due to the ongoing internal audit assessment. It was noted that trolley waits would be discussed at the Finance and Performance Committee on 26 January 2021.

In response to a question from Pat Drake, the Chief Nurse advised that there continued to be support for staff working in areas different to their speciality.

The Chief Nurse advised in response to a question from Pat Drake that a review of all hospital acquired pressure ulcers were undertaken via a tissue viability internal group. A report would be presented to the Quality and Effectiveness Committee in February 2021.

Following a comment from Pat Drake in relation to record keeping of falls, it was advised by the Chief Nurse that the Trust was reviewing how record keeping could be moved an electronic system.

Following a query raised from Kath Smart regarding two risks on the Corporate Risk Register: Q&E13 – Initial ED BDGH triage assessment processes and Q&E14 – Staffing for registered children’s nurses in ED BDGH, it was agreed that a progress update would be provided at the next Board of Directors meeting. It was noted that staffing levels had improved in ED, however remained an issue in paediatrics. The Chief Executive advised that Q&E14 was identified as a risk following a change in standards. The Trust did not have an inpatient children’s service at Bassetlaw. Benchmarking data was expected on recruitment to registered nurse posts in smaller units to identify if this was a collective challenge, as opposed to a local one.

Sheena McDonnell noted that the number of complaints reported did not demonstrate a negative indication, and should be seen as a positive that the Trust welcomed feedback from patients and their families.

Action: A progress update would be provided on corporate risks Q&E13 – Initial ED BDGH triage assessment processes and Q&E14 – Staffing for registered children’s nurses in ED BDGH within the Chief Nurse report. DP

The Board:

- ***Noted and took assurance from the Chief Nurse Update.***

P21/01/B2 Medical Director Update (Enclosure B2)

The Medical Director provided an update for December 2020, which highlighted:

- There had been an increase in overall HSMR to 103.74 in line with the impact of the second wave of the COVID19 pandemic,
- Deaths continued to be scrutinised through the Medical Examiner process and any learning shared with the team had been shared more widely through the Sharing How We Care newsletter. Positive feedback had been received from families and teams involved in this process on the level of communication undertaken with them,
- Medical appraisals continued and included the opportunity for a wellbeing discussion,

- The Trust continued to undertake the revalidation process where able to,
- The Medical Director's office continued to provide pastoral support, advice and guidance to medical staff, and quarterly meetings with the General Medical Council Employer Liaison Advisor had continued through the pandemic,
- Compliance with the standards of business conduct and employees declaration of interest policy had increased to 81.4% from the reported figure in the papers of 72.1%,
- The clinical governance process review continued, and discussions had taken place to align the review to the National Patient Safety Learning Strategy,
- As the Caldicott Guardian, the Medical Director advised of the key achievements under the Information Governance Committee Assurance Framework. The Trust demonstrated full compliance with the Data Security & Protection Toolkit following an audit undertaken by KPMG.

Following a query from Pat Drake, it was agreed that the Quality and Effectiveness Committee would receive a timeline report on changes undertaken as part of the clinical governance review process. The Medical Director advised that progress had been made with the review and the outputs would be known later in the year, however would include an update in his report at the next Board meeting.

Neil Rhodes noted his appreciation in the improvement of Consultant compliance with the business conduct and employees declaration of interest policy.

Sheena McDonnell informed the Board that the People Committee had received assurance from the GMC survey, however noted that the response rate had been relatively low. There were few areas that require action. The Medical Director noted that the GMC survey provided the Trust with a good insight, and highlighted the positives also which included direct working with seniors and increased supervision.

Kath Smart asked that in relation to the risk management strategy review, that the Trust's claims, complaints and incidents all feature in the right forum at the right time and noted that the Corporate Risk Register was one way that the Board was able to have oversight of them. The Medical Director advised that these issues were reviewed at several meetings including that of Management Board in terms of overall progress. The Medical Director Office was working closely with the Deputy Director of Nursing for Patient Safety to align patient safety and risk management.

Kath Smart noted that the position on the corporate risk register had not moved over the previous quarter, and that there should be an active management of the corporate risk register, as opposed to the process of risk review and reporting. The Chief Executive advised that the report the Company Secretary would provide later in the meeting outlined the risk management process to manage risk actively from Board to ward in a way that demonstrate a consideration of each risk that would impact the Trust's achievement of its strategic aims and objectives.

Mark Bailey advised the Board that the Non-Executive Directors and Governors had received a briefing on e-Observations and digital transformation which highlighted the impact that the junior doctor changeover had on the increase in time it took to accept a task on e-Obs, and

asked if there were any way to during alleviate the pressure during those periods with staffing. The Medical Director advised that this takes place at the same time each year and many actions have been taken to mitigate the issues associated with it. The Trust had a good induction programme, with staggered rotations, but noted that the challenges were presented due to the environmental change that junior doctors face when rotation occurs. It was agreed that Mark Bailey and the Medical Director would discuss this item outside of the meeting to review the data presented. The Chief Executive noted that one of the many benefits of the introduction of the e-Observation system, it provided evidence on some challenges that were already known, but could be used to mitigate risks associated with it as it presented clear information as opposed to perceived information.

In response to a query from Mark Bailey, The Chief Nurse added that the patient safety, experience and clinical effectiveness strategies were to be merged into one, in line with the national quality strategy, which would include visual illustrations so that the strategy was easier to digest.

Action: The Quality and Effectiveness Committee would receive a timeline report on changes undertaken as part of the clinical governance review process. TN

Action: The Medical Director would include an update on the clinical governance review as part of the Medical Director Report. TN

Action: Mark Bailey and the Medical Director would discuss the data presented on e-Observations around the time of the junior doctor changeover in relation to the challenges that this may present. TN/MB

The Board:

- ***Noted and took assurance from the Medical Director Update.***

P21/01/C1 Our People Update (Enclosure C1)

The Director of People and Organisational Development provided an update on December 2020, which highlighted:

- COVID19 related absence remained significant at approximately , and included those self-isolating either due to having symptoms themselves or members of their household having symptoms, particularly children,
- The Trust continued to offer the staff COVID19 swabbing service at Bassetlaw, with a varying level of positive return rates,
- Approximately 4,000 colleagues were undertaking twice weekly lateral flow tests for COVID19. The positive return rate was 0.69%,
- The COVID19 vaccination programme for colleagues continued and the Board sent their thanks to those involved in the programme. Approximately 5,000 staff had received the vaccine, which included on-site staff of partners including Park Hill, Sodexo, Saba, NHS Professionals among others. A change of instruction had been received from NHSEI in relation to the provision of a second dose vaccine meaning that the Trust would commence second doses in March 2021. A short survey had

been sent to colleagues to understand why they had not yet booked to receive a vaccine,

- The Trust was a hospital hub for COVID19 vaccines, therefore efforts had been made to coordinate the vaccinations for over 15,000 colleagues from social care.

In response to a question from the Chair, in relation to the provision of schooling for key worker children, the Director of People and Organisational Development advised many colleagues had received schooling for their children during the lockdown, however was aware of some that had been encouraged to reduce the number of days their children attend school. The Trust continued to support colleagues through escalation to the council where schools had not been forthcoming in supporting colleagues.

Sheena McDonnell echoed the good work undertaken with the quick mobilisation of the vaccination hub. The Board wished to record their thanks to those involved in the vaccination programme.

The Trust was in receipt of the high-level data from the staff survey; however, this information was in draft format until the final report would be received in March. The People Committee had reviewed this data and had commenced action to identify areas for improvement.

The Board:

- ***Noted and took assurance from the 'our people' update.***

P21/01/D1 Covid19 Operational Update (Presentation)

The Chief Operating Officer presented an operational update which highlighted that there had been an increase in community infection rates of Covid19 since the Christmas period, which had reflected in a steady increase in hospital admissions. It was noted that the over 60 category accounted for over 80% of those admissions.

The total Covid19 bed occupancy was reported as 30.3%, with an active case occupancy of 21.5%. There was continued pressure within the intensive care units, although it had reduced slightly since the peak of wave 2. It was noted that the length of stay during wave 2 had reduced and the average mortality had decreased in comparison to wave 1.

Whilst the Trust continued to manage the Covid19 operational challenges, it had maintained all cancer and urgent elective activity throughout and had commenced plans to carefully increase elective activity. Long waiting routine activity would commence in February 2021 within the Park Hill facility. The Trust continued to provide mutual aid where required for urgent elective cases.

Staff absence remained a challenge, and a link had been made within increased absence and the level of Covid19 cases.

The Trust had undertaken a scenario planning exercise using NHS England modelling and local data to identify expected Covid19 bed occupancy on a best case, middle case and worst-case basis. It was not expected that the Trust would reach the worst-case scenario.

The wave 2 plans had been refined in preparation for wave 3 and included working with Divisional teams to refine their plans, a refreshed elective plan for February onwards and refined emergency planning arrangements were in place.

Pat Drake commended the work undertaken to refine plans. In response to a question from Pat Drake, the Chief Operating Officer advised that active dialogue continued with primary care partners in relation to the levels of referrals seen. An increase in cancer referrals in most tumour groups had been seen which demonstrated genuine demand, as well as some areas where referral quality could be improved. The Chief Executive noted that GPs continued to provide primary care services and that they should be the first point of contact for non-urgent and non-emergency care.

Following a query from Kath Smart, it was confirmed that the Finance and Performance Committee on 26 January 2021 would receive a comprehensive update on the current elective position and would include a review of the Covid19 indicators including long waiters and a plan to address the challenges.

In response to a query from Mark Bailey regarding whether the Trust might see an impact of mutual aid requests from other Trusts, it was noted that there were clear regional and national operational plans in place for mutual aid requirements, and weekly regional mutual aids meetings were in place to support this. The Chief Executive advised that regional planning took place based on Covid19 rates, trends and the impact this may have on the provision of hospital services in the following weeks.

Following a question from Mark Bailey on the impact that the 111 service had had on the number of emergency department referrals, the Chief Operating Officer advised that it was too early to tell, however, the 'talk before you walk' system was in place and work continued with partners to monitor this.

The Chair noted that the presentation of the information in graph format was helpful.

The Board:

- ***Noted the information provided in the Covid19 Operational Update.***

Integrated Performance Report (Enclosure D2)

The Chief Operating Officer provided an update on performance for December 2020 which highlighted:

- The Trust did not meet its phase 3 elective activity standards due to Covid19 related pressures,
- 631 52-week breaches were reported due to Covid19 related delays, which exceeded the in-month plan of 406, however this continued to compare well to the position nationally,
- The Trust achieved 66.1% performance within 18-weeks in November 2020, below the 92% standard, however it was noted that this was over 15% ahead of peers when benchmarked,

- A slight improvement was seen in month on diagnostic performance at 61.85% against a target of 99%,
- Work continued in the emergency department on patient flow and leadership arrangements. There would be new emergency department standards in place from April which provided an opportunity to reset and refresh the associated processes,
- The Trust did not achieve any of the three nationally reported 62-day cancer measures for October 2020, however improvements had been seen since and excellent progress was being made on reducing the number of patients waiting a prolonged period.

Following a question from Pat Drake in relation to challenges seen with ambulance handovers, it was noted that the challenges remained however dialogue continued with YAS. Similar issues had been seen regionally. Challenges with the estate had contributed to this issue and work had been undertaken to reconfigure the space in the emergency department. It remained a focused piece of work.

In response to a query regarding patient safety from Pat Drake, the Chief Operating Officer confirmed that letters would be sent to all long-waiting patients to validate their position for further discussion with primary care. The Medical Director advised that a risk assessment was undertaken on an individual patient basis through the ethical framework process. This process had been audited, and the Trust had been externally commended on this work. In relation to the challenges seen with 62-day cancer performance, a comprehensive process was in place to review these patients. It was noted that there had been an increase in referrals and the Trust continued to see patients in the order as it had done throughout the pandemic, after clinical priorities had been managed.

It was confirmed by the Chief Nurse, following a question from Pat Drake regarding the discharge of patients in Bassetlaw, that these patients could be accepted into care homes in Doncaster and north Nottinghamshire to prevent delays.

Non-attendance at outpatient appointments remained high, however communications continued to be sent out to try to reduce this position.

Following a question from Neil Rhodes regarding the principal strands of work underway, the Chief Operating Officer advised that a Covid19 framework had been in place since the beginning of the pandemic which included indicators which identified issues relating to activity, back log and patient safety. This allowed the Trust to assess its position regularly. An update on these measures, benchmarked against regional and national data would be reviewed at the Finance and Performance Committee in January. The Chief Executive advised that external support had been commissioned to support the recovery plans to ensure that the right outcomes would be achieved.

Kath Smart noted that a consultation document had been circulated to Trusts about the emergency department standards to commence from 1st April 2021 and asked for an update on the Trust's position on this. The Chief Operating Officer advised that the Trust would submit a response, working with partners across SYB, however this was still to be completed. The measures had to be considered in the Covid19 context, where different pathways were required, and increased infection prevention and control measures were in place.

The Board:

- ***Noted and took assurance from the Performance Update – November 2020.***

P21/01/B2 Finance Update – December 2020 (Enclosure B2)

The Trust reported a surplus position for December 2020 of £274k, following a £138k deficit the previous month. The in-month financial position WAS c. £1.7m favourable to plan. The Trust's YTD position was £253k surplus and the YTD position was c. £4.5m favourable to plan, with a forecast that the Trust would break even at year-end. Based on communications received in month from NHSI/E and the ICS, the Trust and the SY&B system does not expect to incur any fines under the Elective Incentive Scheme (and thereby no fines have been included in the position).

The Finance and Performance Committee would receive a report on 26 January 2021 on the risk associated with the carry forward of annual leave over year-end.

Capital expenditure in-month was £3.0m, which was £0.6m behind the original £3.6m plan. Year-to-date capital expenditure was £16.3m, which included Covid19 capital spend of £1.5m. There had been challenges with schemes commencing however, it was anticipated that they would commence in March 2021.

The cash balance at 31 December 2020 was £64.2m.

The Director of Finance advised the Board that the Trust had received notification that the current financial regime would continue through the first quarter of 2021-22, with an expectation that planning guidance would be received during that quarter. This meant that the block contract would remain until 30 June 2021.

ICS Wide Partnership Business Case

The Director of Finance advised the Board that an ICS wide business case would require sign off within the week, however information had not been received in time for the Board meeting, and would require rapid approval. The two businesses cases related to a computer system for diagnostic services and a pathology information system. A request was made for delegated authority to be assigned to the Chief Executive Officer, Director of Finance and Chair of the Finance and Performance Committee to review and approve the business cases once received due to the short turn around time.

A discussion took place regarding the concerns associated with short turn around times on the approval of system wide business cases and governance processes. It was agreed that the Chief Executive Officer would raise this centrally as the Trust required time to respond to such business cases in a systematic way to ensure that financial implications were mitigated. The Board supported the opinion that whilst supportive of transformation projects, they should form part of longer-term strategic planning and robust governance processes were required.

Kath Smart noted that it was pleasing to see that the elective incentive fines had been removed, and asked for further information on the year-end ICS financial position projections. It was noted that a meeting was planned for that afternoon to discuss that matter, however it was expected that all partners would be ahead of plan or be in a position to break-even.

Action: Delegated authority was assigned to the Director of Finance, Chief Executive Officer and Chair of the Finance and Performance Committee to review and approve the ICS wide business cases related to computer system for diagnostic services and a pathology information system. An update would be provided at the next Board meeting. JS

The Board:

- ***Noted and took assurance from the finance update for December 2020.***

P21/01/D4 EU Exit Update (Enclosure D4)

The Chief Operating Officer advised that there had been no disruption to the Trust in the UKs transition from the EU. The Trust would continue to monitor any potential impact. It was agreed, following a request from Mark Bailey that an update be provided to the public Board in six-months on the EU exit.

Action: An update would be provided to the public Board in six-months on the EU exit and any associated risk. RJ

The Board:

- ***Noted the information provided in the EU exit update.***

P21/01/E1 Chairs' Assurance Logs for Board Committees (Enclosure E1)

There were no comments.

The Board noted the update from the:

- ***People Committee – 12 January 2021***

P21/01/F1 Corporate Risk Register and Board Assurance Framework (Enclosure F1)

The Deputy Director Corporate Governance/Company Secretary advised there were no new risks to report, however highlighted that the risk related to Covid19 was ongoing and the formal position of the EU Exit had been formalised onto the corporate risk register.

Work continued to embed the risk management process, and training would take place on how to access and navigate the live dashboard.

Sheena McDonnell reiterated the need for the active management of risk, and asked for assurance on the mitigation of actions, related to several risks that had not been reviewed for some time. The Company Secretary advised that each risk owner was responsible for the review and mitigation process, and advised that risk would be reviewed at the Board sub-committees, where further information can be requested for assurance.

Kath Smart added that the Audit and Risk Committee would take place on 29 January 2021 where KPMG would discuss the audit they intend to undertake on the risk register.

The Board:

- ***Considered and noted the information in the Corporate Risk Register.***

P21/01/F2 Board Effectiveness Review Update (Enclosure F2)

The Company Secretary advised that the policy was yet to be written, however the process had moved forward and would include an annual review of the effectiveness of all Board

committees, which would mirror the process undertaken on the review of the Audit and Effectiveness Committee. The policy would be presented in draft format for comments in March 2021, which approval and roll out in April 2021.

The Board:

- ***Noted the update provided on the Board effectiveness review.***

P21/01/G1 Information Items (Enclosures G1 – G7)
-G7

The Board noted:

- ***Chair and NEDs Report,***
- ***Chief Executives Report,***
- ***ICS Update,***
- ***Minutes of the People Committee – 03/11/2020 and 01/12/2020,***
- ***Minutes of the Management Board Meeting – 09/11/2020 and 14/12/2020.***

P21/01/H1 Minutes of the Meeting held on 15 December 2020 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 15 December 2020.***

P21/01/H2 Any Other Business (Verbal)

There were no other items of business.

P21/01/H3 Governor Questions Regarding the Business of the Meeting (Verbal)

P21/01/H3(i) The Lead Governor wished to thank on behalf of the Council of Governors for their ongoing work throughout the Covid19 pandemic. The Lead Governor asked on behalf of the Council of Governors:

When contacting patients waiting for elective surgery, was there any additional; support provided, in addition to the phone call or letter?

The Chief Operating Officer advised that there were many groups availability that patients could access for support such as cancer support groups. The Chief Executive advised that any additional support required would be sourced from a patient's general practitioner on the basis that the Trust would only provide care for the matter that they have been referred for.

A further question related to complaints however had been answered during the course of the meeting.

Had the Trust seen an impact on the number of complaints received during the Covid19 pandemic, in comparison to pre Covid19 levels?

The Chief Nurse advised that there had not been a significant impact on the number of complaints, however noted that Covid19 related complaints had been received and were categorised as such, due to cancellation of appointments or a delay in treatment.

How many staff had refused the Covid19 vaccination, if any?

The Director of People and Organisational Development advised that this was not known, however noted that there have been small numbers of colleagues that had booked to have their vaccine but were unable to have it at that time. The Trust was not collating refusals, however noted that a survey had been sent to colleagues to identify reasons why they hadn't yet accessed the vaccine. It was expected that some colleagues had not accessed the vaccine due to uncertainty about the potential impact on their individual circumstances. The vaccination programme still continued.

The Chair advised the Board that all questions raised by Governors had been collated into a spread sheet that would be presented to the Council of Governors on 28 January 2021.

The Board:

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

P20/12/H4 Date and Time of Next meeting (Verbal)

Date: Tuesday 16 February 2021

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- *Noted the date of the next meeting.*

P20/12/H5 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.*

P20/12/J Close of meeting (Verbal)

The meeting closed at 12:05.



Suzy Brain England
Chair of the Board

Date
16 February 2021