

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 16 February 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  
Jon Sargeant – Director of Finance  
Kath Smart – Non-Executive Director
- In attendance:** Fiona Dunn – Deputy Director Corporate Governance/Company Secretary  
Lois Mellor – Director of Midwifery (Item P20/12/B1)  
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  
Wendy Baird – Partner Governor – University of Sheffield  
Hazel Brand – Lead Governor/Public Governor – Bassetlaw  
Mark Bright – Public Governor – Doncaster  
Gina Holmes – Staff Side Chair (Item C1 onwards)  
David Goodhead – Public Governor - Doncaster  
Lynne Logan – Public Governor - Doncaster  
Steven Marsh – Public Governor Bassetlaw  
Pauline Riley – Public Governor - Doncaster  
Lynne Schuller – Public Governor – Bassetlaw  
Sue Shaw – Public Governor – Nottinghamshire County Council  
Mary Spencer – Public Governor  
Vivek Pannikar – Staff Governor – Medical and Dental  
Manuel Nohra - NHS Leadership, Consultancy and Interim (Badenoch and Clark)
- Apologies:** Neil Rhodes – Non-Executive Director and Deputy Chair **ACTION**

**P21/02/A1 Welcome, apologies for absence and declaration of interest (Verbal)**

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.

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.

The Chair noted the new format of the agenda and reports as part of the quality improvement process. Any comments to be sent to the Trust Board Office.

The apologies for absence were noted.

No declarations of interest were declared, pursuant to Section 30 of the Standing Orders.

#### **P21/02/A2 Actions from Previous Meetings (Enclosure A3)**

Actions 1 to 6 were closed. Action 7 was due in March 2021.

#### ***The Board:***

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

### **True North SA1 - QUALITY AND EFFECTIVENESS**

#### **P21/02/B1 Board Assurance Framework**

The Board received the up-to-date board assurance framework risks to the achievement of the Trust's strategic aim 1 – to provide outstanding care and improve patient experience.

The Chief Nurse noted that COVID-19 posed a risk to this strategic aim and on elective restoration, staff engagement and workforce planning. All risks had been reassessed, some of which had changed due to new ways of working as a result of the COVID-19 pandemic. The Medical Director had contributed to this review. National incentives were in place regarding discharge planning and patient safety. The Trust continued with the rollout of e-observations. There was greater collaborative working at Doncaster Place level. There had been a restructure with the Chief Nurse Office, which provided the opportunity for a focus on patient experience. A quality improvement project was underway on patient falls as a key priority for 2021. A workforce development plan would be in place to reduce vacancies down as close as possible to none. Gaps in assurance were related to the uncertainty of COVID-19 recovery outcomes and potential uncertainty due to upcoming ICS legislative changes.

It was requested by Sheena McDonnell that the board assurance framework be standardised, and that there be an understanding of what was meant by the measures listed and whether there was further work to be undertaken. It was noted by Sheena McDonnell that the risk rating score on the right-hand side did not add up correctly.

In response to a question by Sheena McDonnell regarding accessibility to all risks, it was noted by the Chief Nurse that this should be in place for April 2021, and that the purpose of the presentation of this paper was to provide assurance.

Following a question from Kath Smart regarding the risk appetite, the Chief Executive advised that the board assurance framework would be developed into a live document and would provide assurance would be provided on the delivery of the strategic aims. The breakthrough

objectives would determine the measure of success, so that the Board could be assured of progress.

Mark Bailey noted that the board assurance framework was helpful.

## **P21/02/B2 Chief Nurse Update (Enclosure B2)**

### Patient Safety Update

The Deputy Director of Nursing (Patient Safety) provided the Board with a comprehensive update on the Patient Safety Strategy 18-months on. The new patient safety incident management system would give the Trust the ability to report both negative and positive incidents so that learning can be taken from all incidents. A new patient safety incident response framework was in place which would reduce the need for a deep dive into each incident but provide the opportunity for a rapid review. The medical examiner process had allowed for greater communication with bereaved families and positive feedback had been received. The Trust would recruit Patient Safety Partners who would be advocates for patient safety aligned to the National Patient Safety Syllabus. Improvement programmes were in place to enable effective and sustainable changes in the most important areas. An example was the implementation of e-observations which was estimated to save 30 seconds per every observation.

Pat Drake welcomed the report, however suggested that as there were many acronyms, it would be helpful to continue to use the full title in future reports. Pat Drake commented that whilst it was good to see that improvement projects were in place at a high level, receiving feedback from clinical areas and departments would support any changes required in areas such as the staff survey, patient feedback and friends and family test. The Deputy Director of Nursing (Patient Safety) advised that there were different tools for use for understanding quality and safety in areas.

Kath Smart noted that regardless of the system in place for reporting, the key point was to ensure that staff were trained correctly to be able to use the system to its potential. It was important to ensure that incidents were closed as part of the full process. It was noted that the new system would provide the opportunity to address the long-standing issues.

The Medical Director commended the Sharing How We Care newsletter as an important focus on positive outcomes and ensuring that learning could be taken from those instances, in addition to other incidents.

In response to a question from Mark Bailey regarding the triangulation of information, it was noted that intelligent information was provided from other organisations to assist in the identification of risks. The Healthcare Safety Investigation Branch had been set up to investigate healthcare incidents but also started to investigate other incidents such as never events.

The Director of People and Organisational Development reinforced the impact that sharing positive messages to colleagues has. Over the previous few years, there had been an emphasis to ensure that messages were shared of work that colleagues have undertaken positively, which does boost morale.

In response to a question from Sheena McDonnell regarding oversight of patient experience, it was noted that the Deputy Director of Nursing (Patient Safety) would take the lead with support from the Patient Safety Partners. There would be a framework in place that would help to guide how the process was followed.

Pat Drake asked that an update be provided on the implementation of the Patient Safety Partners to the Quality and Effectiveness Committee in August 2021.

It was noted that although the previous year had been a challenge, that there were some key messages to be proud of.

### Chief Nurse Report

The Chief Nurse provided the highlights of the report. There had been one never event in January 2021, an incident in Maternity Theatres. Assurance was provided that there had been a change in practice made since to ensure that this would not be repeated. There had been six serious incidents reported.

A deep dive took place at the Quality and Effectiveness Committee on 2 February 2021 on falls and hospital acquired pressure ulcers. A new Holistic Care Team had been launched which combined the falls prevention practitioner, lead dementia nurse, person centred care nurse and a pharmacist. The team were working with quality improvement to make sustainable reductions to inpatient falls, with an initial focus being on 10 wards with the greatest number of falls. Plans were in place to address the areas identified as a contributing factor to the increase in the numbers of falls.

The focus to reduce any nosocomial infection of COVID-19 continued. The NHSI/E high impact intervention had been assessed and the Trust was fully compliant against 12 of the 13 standards. The one exception related to positive care home beds in the Bassetlaw place, which was under the control of the CCG, however alternative placements out of area were available. One of the high impact interventions was to ensure that visitors and patients attending for clinics maintain social distancing and wear face coverings/visors, unless they had proof of a medical exemption. These messages continued to be repeated and communicated widely, with the expectation that if people did not comply, they would be asked to leave the premises. This had resulted in several complaints however a standard letter had been produced signed from the Chief Nurse outlining the reasons for the measures. The Infection Prevention and Control Team have been identified by the Chief Nursing Officer England for their work in supporting Care Homes across Doncaster during the pandemic.

There were three reported cases of Clostridium difficile in January 2021, which brought the year-to-date figure to 48 (noted the figure in the paper was incorrect).

Thirty-nine formal complaints were received in January 2021, an increase of 17 compared to December 2020. This brought the total year-to-date figure to 289. A new complaints tracker had been introduced which was reviewed on a weekly meeting.

The Trust's Facebook page had an overall rating of 4.4/5. There were 1782 negative reactions, but 112,767 positive reactions from 148 posts in month.

Patient and public involvement was a key element of the Trust's journey to outstanding and the Communications and Engagement Team were working closely with the Patient Advice and Liaison Team to develop a 12-month work plan of community partnership working.

Pat Drake commended the work undertaken with care homes and advised that this had been a national issue for the public. Pat Drake provided assurance to the Board that there had been a significant deep dive on falls and hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021. Measures were in place that would be reported to each committee meeting. Pat Drake advised that the digital solution of safe care from the Allocate system would provide a helpful method to manage safer staffing. Pat Drake pointed out that the five reported serious incidents in Maternity as reported, were during 2020 and not 2021.

Kath Smart advised that the Audit and Risk Committee on 29 January 2021 considered the data quality internal audit report which received substantial assurance, however raised a question that sepsis data wasn't reported to Board, however, was available in the organisation. Pat Drake noted that sepsis would be reported to the Quality and Effectiveness Committee. Kath Smart thanked the Chief Nurse for reporting the measures in place for challenging visitors and patients for non-compliance of mask wearing.

In response to a question from Kath Smart regarding learning from nosocomial infection of COVID-19, it was advised that no further evidence had been found from investigations and that it still appeared to be a lack of social distancing that was the root cause.

The Chief Nurse advised that volunteers would encourage patients in the emergency department to complete the Friends and Family Test. An alternative route for completion digitally following presentation would be sought.

Sheena McDonnell was assured by the positive outcomes and the data collection from Facebook in the report.

The Chief Executive advised that the visiting restrictions had resulted in an increase in falls, as it was known that they had supplemented the workforce for several years in the supervision of patients. It was important for the Board to commence preparations for winter 2021/22 considering reduced bed capacity and increase infection prevention and control measures., like in the patient safety agenda so that the Trust was prepared for winter in a similar context with an increased workload.

***Action: An update be provided on the implementation of the Patient Safety Partners to the Quality and Effectiveness Committee in August 2021.*** DP

***The Board:***

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

**P21/02/B3 Medical Director Update (Enclosure B3)**

There was a slight rise in October 2020 with an upward trend effect on HSMR, which was expected due to the second wave of the COVID-19 pandemic. This continued to be monitored.

The medical examiner continued to be successful and the team should be proud of the achievements to date. The top five causes of death included metastatic cancer which due to late presentation to general practitioners by patients due to the COVID-19 pandemic. Messages had remained in the public throughout the pandemic to encourage people to go to their general practitioners should they need to.

Medical appraisals continued where possible, and forty-five doctors had been recommended for revalidation year-to-date. This was against an expected position of none.

Compliance with standards of business conduct and employees' declaration of interest policy had reached 88.81%, with an expectation to reach 100% at year-end. The Board wished to formally thank all those involved in the achievement.

During the clinical governance review there had been identification of duplication in reporting lines. The next steps would include a review meeting terms of reference.

Non-essential clinical governance meetings had been stood down in March 2020 at the beginning of the COVID-19 pandemic, however since June 2020, they had been slowly re-introduced. During the period that meetings were stood down, cases were dealt with on a case-by-case basis to ensure that the clinical governance process continued.

Pat Drake reinforced the work undertaken by the medical examiner office and wished to pass on her thanks to the team for the difficult work that they undertake.

Pat Drake noted that an update would be provided at the quality and effectiveness committee on April 2021 on the clinical governance review. Pat Drake reinforced the message that patients should attend their general practitioners. It was noted that the Trust had performed well against the cancer standards throughout the pandemic, except for slight delays against the 62-day standard due to tertiary referrals and complexity.

Kath Smart commended the work that had gone into the declarations of interest however asked that the Medical Director and Company Secretary ensure that the process was streamlined in future years.

***Action: A formal thank you would be provided to those involved in the achievement of compliance against the standards of business conduct and employee's declaration of interest policy.*** TN

***The Board:***

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

## True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT

### P21/02/C1 Board Assurance Framework

The Board received the up-to-date board assurance framework risks to the achievement of the Trust's strategic aim 2 – everybody knows their role in achieving the vision and strategic aim 3 - feedback from staff and learning in top 10% in UK.

The Director of People and Organisational Development advised that due to the COVID-19 pandemic, reaching these objectives had been challenging and there had been limited factors. When reviewing the breakthrough objectives for 2021/22, a review would be undertaken on how the achievement of the strategic aims would be measured.

A review had been undertaken of the risks and aligned to the People Committee.

Internal discussions had taken place regarding the draft staff survey data received and the GMC survey results. The People Plan priorities for 2021/22 would include a focus on wellbeing, leadership development and organisational development. Quality improvement and patient safety would feed into that.

## **P21/02/C2 Our People Update (Enclosure C2)**

### RACE Equality Code

The Trust had signed up as an early adopter of the Race Equality Code and had undertaken the assessment. A draft action plan had been received. The Trust had been awarded a good level of compliance. The final action plan would be coproduced to ensure that there was Trust input also. It was confirmed that the Trust was eligible to use the quality mark following the diagnostic undertaken in relation to the RACE Equality Code.

DBTH was the first Trust to undertake this process which was positive news. A presentation would be delivered to the management board, extended senior leaders of the Trust, staff governors and staff side to engage in the code in March 2021.

It was noted that Karl George had commended the commitment of the Chair in this process had shined through. The final Race Equality Code action plan would be provided to Board in April 2021 and the People Committee in May 2021.

### People Plan

Within the People Plan the role of a Wellbeing Guardian was articulated, with the expectation that a Non-Executive Director would fulfil that role. Mark Bailey had taken on this role. A People Committee workshop took place to identify the Trust's people plan priorities for 2021/22. An update would be provided at the Board meeting in March 2021.

### COVID-19 Update

COVID-19 related absence increased for November 2021, however since then numbers had reduced. Several colleagues were still shielding and there was no indication when this would cease.

6,000+ colleagues had received their first COVID-19 vaccination. It was expected that second doses would commence mid-March 2021. Supplies would be in line with first dose numbers.

The Chief Executive informed the Board that the COVID-19 pandemic had highlighted where inequalities had emerged. A clear message was conveyed that the priorities for 2021/22 would be staff health, wellbeing, freedom to speak up, equality diversity and inclusion and training and development. This would include ensuring that the Race Equality Code was embedded in the Trust. The People Committee would oversee this work and ensure that all colleagues feel supported in an open and honest culture, underpinned by the Trust values.

Mark Bailey advised that he had attended a national meeting in his role as Wellbeing Guardian led by NHSE/I which covered all topics as outlined by the Chief Executive as priorities.

Kath Smart emphasised that colleague health and wellbeing issues would not disappear as the reported positive COVID-19 cases reduced and suggested this would be a long-term commitment. Following a question from Kath Smart regarding the actual percentage of Trust staff that had received their first COVID-19 vaccination, it was noted that 80%+ had been vaccinated. In response to a query from Kath Smart regarding recent media reports of low uptake of the COVID-19 vaccination from BAME NHS colleagues, it was advised that the uptake by BAME colleagues at the Trust was on par with other Trusts in the region. Encouraging messages continued to all colleagues regarding the importance of receiving the vaccination. Following a survey monkey to colleagues to identify reasons for non-uptake it was concluded that there were several reasons including pregnancy or had plans for pregnancy, and those who had to wait four-weeks following a positive COVID-19 test. If colleagues had not received their first dose on site, they would be able to access the mass vaccination centres for it.

The Chief Executive advised that a roving system would commence that week for the vaccinating of patients with an acute illness and where a clinician felt that it would be in the best interest of the patient.

Sheena McDonnell advised that wellbeing was high on the People Committee agenda and would continue to be. A People Plan workshop had taken place in which specific areas of focus were identified including compassionate leadership.

In response to a question from Pat Drake related to targeted communications to encourage colleagues to have the COVID-19 vaccine, the Head of Communications and Engagement advised that colleagues at place level were working on this, but locally, work was underway with the Equality, Diversity and Inclusion Lead to spread the message that colleagues were receiving the vaccine to address the myths. The Chief Executive advised that the messages would be reinforced, and reassurance was provided that this had been discussed as part of many clinical meetings to encourage colleagues to receive the vaccine.

***Action: The final Race Equality Code action plan would be provided to Board in April 2021 and the People Committee in May 2021.*** KB

***Action: The People Plan priorities for 2021/22 would be presented at the Board in March 2021.*** KB

**The Board:**

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

**True North SA4 - FINANCE AND PERFORMANCE**

**P21/02/D1 Board Assurance Framework**

The Board received the up-to-date board assurance framework risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care. A review of risks related to the achievement of this strategic aim had been reviewed and discussed at



the Finance and Performance Committee meeting on 26 January 2021. The recommended financial risks for the board assurance framework were:

- Lack of clarity regarding the future of NHS financial regime,
- Uncertainty with regards to the future of Commissioning arrangements,
- Culture risk due to the impact of COVID-19.

An updated paper would be presented to the Finance and Performance Committee on 23 February 2021 to outline the mitigating actions. Work on the annual plan was underway and a review of the underlying deficit would take place to identify the impact that COVID-19 had had and what the ongoing costs would be. Use of the patient level information costing system (PLICS) would assist in the identification of changes in activity and cost behaviours and would be used at a speciality level.

A Board workshop would take place to discuss the impact of the changes to commissioning arrangements.

A business case training programme would be implemented to refresh managers on financial processes.

#### **P21/02/D2 Performance Update – December2020 (Enclosure D2)**

The Chief Operating Officer provided the highlights of the performance report for December 2020. The Trust did not meet its phase 3 elective activity standards due to COVID-19 related pressures, with the exception of non-obstetric ultrasound and flexi-sigmoidoscopy. The 52-week position remained a challenge, with 986 breaches reported in month, against a plan of 477.

The Trust achieved 79.2% against a national target of 95% for 4-hour access, a slight improvement in performance. There were three main areas of focus on the Emergency Department which included team leadership and cultural work, a focus on patient flow from the department to acute medical units and wards, and general patient flow to avoid admission. Ambulance waits remained a challenge and performance against the standards reflected considerable issues in flow related to exception COVID-10 and occupancy pressures.

In cancer performance for November 2020, the Trust achieved 3 out of 3, 31-day nationally reported measures, and 1 out of 2, 62-day nationally reported measures. There had been consistent improvement in the volume of patients with open pathways over 104-days, with three reported in November 2020. It was anticipated that there would be ten breached in December 2020 due to an increase in complex pathways and delays due to patient choice. Performance remained the best in South Yorkshire and Bassetlaw.

Pat Drake noted the increase in stroke patients and how COVID-19 had impacted on bed pressures. It was expected that this would be reflected in performance month on month until the number of COVID-19 patients in hospital reduced. It had been pre-agreed that a deep dive would be presented to the Finance and Performance Committee in March 2021. Pat Drake wished to thank Stroke colleagues for how they have continued to manage the service given the pressures.

Pat Drake commended the work that had taken place with partners to improve the complex discharge pathways.

Kath Smart had supported the Emergency Department leadership programme to engage staff in solutions. The team faced challenges such as ongoing building work, computers and kit had been moved around and there had been challenges with patient pathways due to the COVID-19 pandemic. This was whilst engaging with the organisational development programme and, Kath commended the organisational development team on the support they had provided. The Chief Operating Officer advised that there had been good engagement and positive attendance at the daily meetings which focused on a different theme each week.

***The Board:***

- ***Noted and took assurance from the performance report for December 2020.***

**P21/02/D3 Finance Update – January 2021 (Enclosure D3)**

The Trust's surplus for month 10 (January 2020) was £292k, which was broadly in line with the month-9 financial position (£274k surplus in Month 9). The in-month financial position was c. £1.9m favourable to plan (£1.7m favourable to plan in month 9). The Trust's YTD position was a £545k surplus which was c. £6.5m favourable to plan. The Trust was currently not including any fines under the Elective Incentive Scheme within the position since it was understood the Trust and SY&B COVID-19 bed occupancy remained above the threshold (15% of General and Acute Beds). However, this would need to be reviewed over the next two months, if COVID-19 patient numbers began to reduce further.

The favourable variance against plan continued to be driven by activity being lower than previous Divisional plans to reinstate activity, continued unfilled vacancies, underspend against the winter plan and non-clinical income being above plan. The Trust also continued to benefit from the cash advance received earlier in the year (to support COVID-19) having yet to be clawed back centrally by NHSI/E (expected in March 2021).

It was expected that the Trust would break-even at year-end.

The Trust's month-10 financial position included revenue costs of c. £1m related to COVID-19 (£11.2m YTD). The position also included a provision for outsourcing of £1.5m (awaiting final guidance from NHSI/E) and a provision for annual leave of £2.5m relating to the expectation that the Trust would have increased liability relating to carried forward leave as a result of COVID-19. A further review of the annual leave position was ongoing, with Divisions in the process of collecting information regarding this, as presented to the Finance and Performance Committee last month.

Capital expenditure spend in month 10 was £3.3m. This was £1.0m behind the original £4.3m plan and £0.3m behind the forecast. Year-to-date capital expenditure spend was £19.5m, including COVID-19 capital spend of £1.5m.

This was £6.0m behind the £25.5m plan but was £0.2m ahead of the forecast. Estates were £366k behind the year-to-date forecast whilst Medical Equipment and IT were £297k and £276k ahead of the year-to-date forecast respectively.

The cash balance as of 16 February 2021 was £102m which was the operating cash in the bank. This provided the Trust with a level of security. The Chair noted that the Board were assured of this.

Following a comment from Kath Smart regarding how the Trust would account for the mutual aid provision for non-COVID-19 elective patients outside of the region, the Director of Finance advised that when the rules were put into place, it included an incentivised element to it, however following the second wave of COVID-19, it was realised that restoration of elective services wouldn't be achieved at the levels planned. Kath Smart noted that guidance

on going concern had not been received and advised that it had been escalated to through the external auditors as it was unknown how Trusts would respond with no forthcoming contracts in place. The Chief Operating Officer noted that the numbers reported on general and acute beds did not include critical care beds and therefore did not demonstrate fully the pressures in critical care.

Following an update request from Pat Drake regarding the fire protection works, the Director of Finance advised that following the visit from the Fire Department earlier in the year, the work required this year had been completed. It was known what works were required in 2021/22. The Fire Department would return to undertake a review soon.

The Board was reminded that the Director of Estates and Facilities was reviewing all building work priorities, as the Trust had not been allocated funds for a new build site. The Chief Executive advised that the organisation would proactively record any issues with the site so that estates issues could be addressed via the Finance and Performance Committee and Quality and Effectiveness Committee.

A comprehensive discussion took place regarding the elective incentive scheme, and the Director of Finance advised that he continued to raise this as a potential risk from the start of the second wave of COVID-19, as the fines had been incurred by several Trusts at that time.

It was noted that internal auditors KPMG had reviewed the financial regime to deal with the COVID-19 pandemic and were assured that the Trust had managed the financial arrangements well during this time.

***The Board:***

- ***Noted and took assurance from the finance update for January 2021.***

**P21/02/D4 Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)**

The Chief Operating Officer presented an operational update which highlighted that growth in community infections had continued to steadily decrease since the Christmas period, resulting in the number of COVID-19 related admissions to fall slowly within the Trust. The occupancy of COVID-19 beds continued to reduce, with a total COVID-19 occupancy reported as 20.4% and 14.4% reported as active COVID-19 occupancy. Demand for emergency non-COVID-19 had been seen. Staff absence remained a challenge, however had improved to 6.8%, 32.2% of which was COVID-19 related.

It was noted that there was continued high pressures within the intensive care units, some of which was driven by the provision of mutual aid for surgical and COVID-19 support. Pressure also continued within the respiratory wards.

The Trust had maintained cancer and urgent elective activity throughout the pandemic and continued to play a role in supporting mutual aid across the region for urgent elective cases. Elective activity had increased in partnership with the private sector and ward S10 had reopening from February for category 2 elective, whilst Park Hill focused on category 3 and 4 work.

Learning had been taken from Bassetlaw Perfect Week that took place week commencing 25 January 2021, and further partnership collaboration work had taken place to improve patient flow. The vaccination programme would reach the end of the provision of the first dose, and

colleagues wellbeing remained a focus. Efforts would be turned towards recovery and restoration.

Following a question from Pat Drake regarding the communication with long-waiting patients, it was confirmed that the draft letter had been received at the patient safety review group where helpful feedback had been provided. It was confirmed that this would not be a one-off exercise, but a rolling programme that would take place on a cohort basis of waiters. The aim of this exercise was to validate the position of patients on the waiting list. Regular communications with patients continued.

Following a question from Mark Bailey regarding absence, it was advised that key action had been undertaken to review bed numbers against acuity and the staffing position. The Director of People and Organisational Development had advised that as COVID-19 related absence reduced, a consideration would need to be taken on colleagues that had shielding during the pandemic. Assistance for PTSD had been sought for colleagues. The Chief Executive advised that the identification of capacity for services to be delivered, staff wellbeing would form part of the consideration, with a comprehensive wellbeing offer for colleagues. Although the planning guidance would not be received until April, the Trust would put in place a plan that was achievable and would align to national plans once received. The Chief Nurse advised that annual leave that not been taken this year had been accounted for in the capacity planning exercise. Mark Bailey suggested that maintaining that balance would be challenging. The Chief Executive advised that the Trust would restore its elective position following the same process it had throughout the pandemic in the order of emergency care, urgent and cancer care, followed by absolute dates so that the restoration process would be as fair and reasonable as possible.

***The Board:***

- ***Noted and took assurance from the information provided in the Covid19 Update/ Recovery of Elective Work – Looking Forward presentation***

**P21/02/E1 Chairs' Assurance Logs for Board Committees (Enclosure E1)**

Quality and Effectiveness Committee – 2 February 2021

Pat Drake advised the Board that the Quality Accounts were presented to the committee and were available for Governors on the Governor Portal.

Finance and Performance Committee – 26 January 2021

No comments.

Audit and Risk Committee – 29 January 2021

Kath Smart advised that three audit reports had been received at the committee. The Clinical and Quality Governance: Waiting List Prioritisation internal audit report had received significant assurance and was a good outcome for the Trust as assurance was received on the governance process in place for the prioritisation of patients on the waiting list.

Assurance was received on the Data Quality Report.

Kath Smart noted that the Internal Audit Follow Up report highlighted gaps where management responses had not been received. It was recognised that the Trust had

priorities due to the pandemic, however, requested that in readiness for the next committee meeting that responses be provided.

The Chief Nurse advised that the Ockenden Report was submitted the previous day with all actions completed.

***The Board noted the update from the:***

- ***Quality and Effectiveness Committee – 2 February 2021***
- ***Finance and Performance Committee – 26 January 2021***
- ***Audit and Risk Committee – 29 January 2021***

**P21/02/F1 Corporate Risk Register (Enclosure F1)**

The corporate risk register was presented. No new risks had been escalated from the management board. To process to review all corporate risks continued. The trial of the new board assurance framework received at the meeting provided a positive step forward and demonstrated risk management. It was noted that internal auditors KPMG were due to start an audit on risks within DATIX rated 15+.

TRUST seal – ONE ITEM - APPROVED

***The Board:***

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

**P21/02/F2 Use of Trust Seal (Enclosure F2)**

The Trust Seal had been used in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors for WH Smith Hospital Limited, WH Smith Hospitals Holding Limited and Doncaster and Bassetlaw Teaching Hospitals renewal lease by reference to an existing lease, using seal number 124.

***The Board:***

- ***Approved the use of the Trust seal.***

**P21/02/G1 Information Items (Enclosures G1 – G7)**

**-G7**

***The Board noted:***

- ***G1 Chair and NEDs Report***
- ***G2 Chief Executives Report***

**ICS Consultation**

The Chief Executive provided an update, that the Trust was in receipt of the white paper, following the NHSE/I led Consultation of the ICS. The white paper referred to the coterminosity of CCGs with local authority so that ICS boundaries were aligned and coterminous. This would affect a small number of CCGs in the country, including Bassetlaw CCG who were not coterminous with Nottinghamshire County Council. It was understood that the following process would include a consultation to take place on how things would

move forward considering these changes. It was noted that the Trust's services form part of SYB ICS and that wouldn't change as the white paper states that the changes relate to the commissioning function and not the provider function. From 1<sup>st</sup> April 2022, commissioning would move from CCGs to the ICS, however this was not expected to affect hospital services. Discussion would take place with Bassetlaw CCG and Nottinghamshire County Council on a way forward. The Board would attend a workshop to understand the outcome of the white paper and further information would be provided following this in March 2021.

#### Ward B3, Bassetlaw Hospital

The Chief Executive advised that Ward B3 at Bassetlaw Hospital was a mental health facility leased from the Trust, situated next to the emergency department. Over the previous two-to-three years planning had taken place for the redevelopment of this area, known as the Bassetlaw Emergency Care Village and a consultation with Nottinghamshire Healthcare had been taking place for some time on the mental health facility they currently lease and how this would fit into the future redevelopment.

- **G3 ICS Update**
- **G4 Minutes of the Finance and Performance Committee – 24 November 2020**
- **G5 Minutes of the Quality and Effectiveness Committee – 24 November 2020**
- **G6 Minutes of the Audit and Risk Committee – 22 October 2020**
- **G7 Minutes of the Council of Governors – 11 November 2020**
- **G8 Minutes of the Management Board Meeting – 11 January 2021**

#### **P21/02/H1 Minutes of the Meeting held on 19 January 2021 (Enclosure I1)**

##### ***The Board:***

- ***Received and Approved the Minutes of the Public Meeting held on 19 January 2021***

#### **P21/02/H2 Any Other Business (Verbal)**

There were no other items of business.

#### **P21/02/H3 Governor Questions Regarding the Business of the Meeting (Verbal)**

P21/01/H3(i) Hazel Brand, Lead Governor asked on behalf of the Council of Governors:

Governors would welcome an update on outcome of the ICS Consultation, requiring that ICSs be coterminous with local authority.

Governors would welcome an update on the Bassetlaw Emergency Care Village.

Governors would welcome a briefing on the patient safety.

A question was raised that non-COVID19 related absence reported at 6% seemed high during a winter with no seasonal flu and was there an explanation for this?

The Director of People and Organisational Development advised that although there was a lower proportion of coughs and colds this winter, there had been an increase in stress,

anxiety and depression related absences which cannot be recorded as COVID-19 related absence. The People Committee would investigate the data further. The Chief Executive advised that the NHS absence data was not reflective of previous years.

Have the Stroke Unit bed capacity pressures eased during this quarter in comparison to quarter 3? And what reasons have been identified why more people were having strokes during wave 2 of the COVID-19 pandemic as opposed to wave 1 of the COVID-19 pandemic?

The Medical Director advised that there were no known reasons for the increase in strokes. The Chief Executive advised that the change in data may be as a result of patients presenting themselves with secondary illnesses as opposed to ambulance presentation. The Chief Operating Officer advised that a deep dive into Stroke performance would be undertaken at the Finance and Performance Committee in March 2021.

**Action: Governors would receive an update on the outcome of the white paper following NSHE/I ICS Consultation.** FD

**Action: Governor would receive an update on the Bassetlaw Emergency Care Village.** FD

**Action: Governor would receive a briefing on patient safety.** FD

**The Board:**

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

**P21/02/H4 Date and Time of Next meeting (Verbal)**

**Date:** Tuesday 16 March 2021.

**Time:** TBC

**Venue:** Star Leaf Videoconferencing

**The Board:**

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

**P21/02/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.***

**P21/02/I Close of meeting (Verbal)**

The meeting closed at 12:30.



**Suzy Brain England  
Chair of the Board**

**Date  
16 March 2021**