

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 16 March 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
Neil Rhodes – Non-Executive Director and Deputy Chair
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:** Ken Anderson (Interim Chief Information Officer (Item P21/03/B1)
Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services (Item P21/03/B1)
Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
Paul Hill – Freedom to Speak Up Guardian (Item P21/03/D4)
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
Hazel Brand – Lead Governor/Public Governor – Bassetlaw
Mark Bright – Public Governor – Doncaster
Gina Holmes – Staff Side Chair
Lynne Logan – Public Governor – Doncaster
Adele Marsh – NHS Professionals
Steven Marsh – Public Governor - Bassetlaw
Bianca Mohamed – NHS Professionals
Pauline Riley – Public Governor – Doncaster (until P21/03/D4)
Lynne Schuller – Public Governor – Bassetlaw
Clive Tattley – Partner Governor
Susan McCreadie – Public Governor - Doncaster
Ann-Louise Bayley – Public Governor - Doncaster
Sue Shaw – Public Governor – Nottinghamshire County Council
- Apologies:** Marie Purdue – Director of Strategy and Transformation
- P21/03/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 those present that sadly Cllr Nuala Fennelly, Lead Member for Children, Young People and School had passed away after a short illness. For those that knew Nuala would recall how passionate she was about children's services, and was an advocate for the borough, particularly in areas such as 'First 1,000 days' and gaining the most opportunities in life. Nuala was a very much respected colleague and Councillor, and leaves behind her husband, children and grandchildren. The Board's thoughts were with Nuala's family and colleagues at this sad time.

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 apologies for absence were noted.

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

The Chair and the Chief Executive attended the Doncaster Chamber Annual Award Event, in which for the first time four awards were dedicated to the NHS for all that had been achieved over the previous year. It was noted that the Trust had won the Outstanding Contribution Award, Dr Ken Agwuh, Director of Infection and Prevention and Control had won the Compassionate Care Award and Adam Tingle, Senior Communications and Engagement Manager had won the Unsung Hero Award. A video was shared with the Board and attendees as a tribute to the hard work undertaken by colleagues during the previous year.

P21/03/A2 Actions from Previous Meetings (Enclosure A3)

Actions 2 to 4 and 7 and 8 were closed.

Action 1 – Corporate Risk Register – There were some reviews still be logged on DATIX.

Action 5 – People Plan Priorities for 2021/22 would be presented to the Board in April 2021.

Action 6 was not due until April 2021.

The Board:

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

P21/03/B1 eObservations (Presentation)

Ken Anderson, Interim Chief Information Officer, and Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services provided the Board with a progress update on the roll out of eObservations within the Trust, the system used to facilitate the capture of patient's vital signs in real-time at the bedside. Automatic early warning score calculations were used to cascade escalations to clinical staff so they can monitor and attend deteriorating patients. The roll out programme had reached the half-way point, with a further 18-months to go. The

focus was very much on safety with clinician input into the configuration on an individual ward requirement basis, and full training and support was included in the roll-out process. Work had been undertaken to evaluate the outcomes, and a total of 500k e-observations had been undertaken between 8th October 2019 and 15th March 2021. It was expected that this would significantly increase once elective activity increased. A total of 776 colleagues had been trained on the use of the system. A key benefit of the system was that it provided the ability to monitor safety performance with the option to drill down to individual ward level and various parameters. Feedback had been collated from e-observation users with 90%+ agreeing that the use of the system was better than the use of paper. There had been no concerns raised from patients regarding the mobile device use of colleagues and feedback had been collated from patients and included comments such as *'gives more time for us'* and *'I think it was marvellous, I'm a big believer in technology'*.

Pat Drake commended the work undertaken to date and advised the Board that the Quality and Effectiveness Committee had received an update on the roll out of the programme. Following a question from Pat Drake regarding the timeline for full roll out, it was confirmed that roll out was in the final stages at Doncaster and Bassetlaw, then a focus would be taken on the roll out at Mexborough. It was expected that the programme would be rolled out fully within 18-months. Pat Drake added that the provision of support and direction to colleagues, would optimise the value of the system with a focus on patient care.

Kath Smart noted that the continued roll out during the COVID-19 pandemic had been fantastic but asked if there were any benefits for areas such as the emergency department that would not use e-observations. It was advised that the Trust was looking for a separate software solution for use in the emergency department.

Neil Rhodes commended the team for their efforts.

Mark Bailey asked for further information on the ability to connect the e-observations system to other parts of the system. It was advised that the implementation of enterprise wide systems had both benefits and disadvantages, the most significant disadvantage being the cost implication. The Trust did have in place integrated engines between respective systems; however, this was not provided in a seamless way. Over the next 18-months further work would be undertaken to progress towards the digital transformation objectives which would include linking with existing contracts and suppliers to make improvements.

Sheena McDonnell noted that the progress seen was great and added that the biggest message taken from the presentation was that 90%+ colleagues using e-observations had agreed that its use was much better than the previous method using paper, and asked if this message had been shared more widely with colleagues. It was advised that it been in Buzz each week, presentations had been delivered in the Lecture Theatre prior to the COVID-19 pandemic, but since then, the benefits had been discussed amongst colleagues and areas where e-observations had not yet been rolled out in now wished to take part and embrace the change. Looking forward, the focus would be on integrating care across the community.

The Medical Director echoed the positive comments received and thanked those involved in the roll out for the remarkable efforts in a bid to make the delivery of care safer.

The Chief Nurse advised that the support from the digital nursing team had been fundamental to the programme's success.

The Chief Executive and the remaining Board members wished to thank all those involved in the roll out, and advised that the implementation of the programme was supported from a safety of care aspect to remove the potential for errors in calculations. Following the full implementation of the system, a focus would remain on the safety benefits.

The Board:

- ***Noted the update on eObservations.***

True North SA1 - QUALITY AND EFFECTIVENESS

P21/03/C1 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 advised that there had been no specific changes since the last Board meeting. The format of the Quality and Effectiveness Committee would change in line with the Board process. It was expected that the internal audit report on complaints would be received that week. Some risks had been downgraded from the corporate risk register.

Kath Smart asked if an addition could be made to the 'assurance' section to include the two-audit reported issued earlier that year on financial governance and remote working in the gold and silver command arrangements, as significant assurance was received.

Following a query from Kath Smart, it was agreed that under the 'assurance' section of the board assurance frameworks, a date would be added to inform of when assurance was provided to the Board committees.

Action: The two internal audit reports undertaken in-year on financial governance and remote working arrangements would be added under the 'assurance' section of the COVID-19 major incident board assurance framework. DP

Action: A date would be added to the 'assurances' within the board assurance framework inform of when assurance was provided to the Board committees. FD

P21/03/C2 Chief Nurse Update (Enclosure C2)

The format of the report was in line with national safety principles of performance and improvement. The national strategy translated into the high-level objectives for the safety culture and safety system strands into more tangible deliverables. The Safety Culture Index, a psychometrically-sound measure designed to assess the extend of shared attitudes, values and beliefs that support safety at work was available to health organisations on a commercial basis. Due to the new network of Patient Safety Specialists, this toll had been offered to DBTH free of charge. The first two test areas were confirmed (NNU and Main Theatres) to analyse how far cultural values influence safety at work. Results would be monitored through the Clinical Governance Committee and included in the Quality and Effectiveness Committee quarterly learning from patient safety report.

There was one serious incident reported in February 2021, which related to maternity. The brought the total number of serious incidents for care issues, year-to-date to 26. A piece of

work had been undertaken within the ICS in January 2021 using comparative data for January 2020, the biggest decrease in serious incidents being that of slips, trips and falls. For 2020/21 there had been 69 actions as a result of serious incident investigations, 45 of which had been completed, 24 still to be completed and would be followed up. The serious incident action themes included policy, education and training, reflection and documentation amongst others.

The Trust had purchased two hydrogen peroxide decontamination machines and two ultra-violet systems to increase the effectiveness of cleaning in ward and departmental areas.

The Maternity and Neonatal Safety Improvement Programme was undertaking a national review reduce the rate of still births, neonatal deaths and brain injury by 50% by 2025. This work was continuing with the Local Maternity System (LMS) in conjunction with other recent safety improvement recommendations. An element of focus for this year was medication errors and a sub-group of the Clinical Governance Committee would be formed. The findings of a review of all perinatal deaths using the real time data monitoring tool had been presented, and of those reviewed, there were no areas identified for improvement. One report received back from the Healthcare Safety Investigation Branch (HSIB) had raised concerns regarding neonatal equipment in the emergency department, however this had already been identified and actions put in place to address this. There were two outstanding HSIB report). Maternity statutory and essential training compliance was reported as 85.57%, however a concern was raised regarding prompt training due to high acuity and workload for anaesthetic staff in light of the COVID-19 pandemic. It was suggested that the Trust may not achieve 90% compliance in PROMPT for anaesthetic staff.

There were 13 WTE vacancies within the midwifery workforce, however five had been appointed, and group led recruitment would take place this year for newly qualified. There had been an overall reduction in maternity related complaints.

Pat Drake commended the report, however noted that an amendment was required to remove the terminology 'this year' be amended to date the financial year that it was referring to.

Following a question from Pat Drake regarding the ICS framework for complaints, it was confirmed that the Trust would adapt the criteria in terms of how the Trust categorised complaints.

Following a request from Pat Drake regarding a timeline for the implementation of safe care, the digital solution within Allocate, it was advised that the risk assessments were underway to be added to nerve centre and a pilot in areas would follow.

Pat Drake noted that there were some serious incident overdue actions by six-months. The Chief Nurse advised that the work to action these would be completed by 1st April 2021.

Following a request from Pat Drake it was agreed that the Medicine Safety Committee structure would be presented to the Quality and Effectiveness Committee. The Chief Nurse advised that there would be new terms of reference for the meetings and a change of title to a Patient Safety Board that would identify medicine committee on that.

In response to a question from Sheena McDonnell regarding the response rate of the Friends and Family Test (FFT) and any further action to be taken to improve it, it was advised that

whilst a good indicator, the FFT was only indicative of one question and therefore more in depth patient and public involvement would take place.

It was agreed following a request from Sheena McDonnell that feedback would be provided on the ReSPECT form which had replaced the DNACPR form, following a suggestion that the use of 'DNACPR' meant that progress hadn't been made. This would be picked up at the Quality and Effectiveness Committee.

Following a question from Mark Bailey it was confirmed that the patient safety index was part of the new national patient safety campaign, and that the organisation was one of twenty pilot sites for this.

Kath Smart asked in relation to falls prevention, if clinical audit had a role in the assurance aspect of falls management. The Chief Nurse advised that the quality improvement team were supporting a programme of work in the top ten wards with the highest number of falls. The process would ensure measures were in place and be auditable.

Action: The use of 'this year' within reports to Board would be changed to reflect the financial year being discussed (e.g. 2020/21). All

Action: Feedback would be provided on the ReSPECT form which had replaced the DNACPR form, following a suggestion that the use of 'DNACPR' meant that progress hadn't been made. DP

The Board:

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

P21/03/C3 Medical Director Update (Enclosure C3)

Overall the HSMR (rolling 12-months) continued to rise slightly, although compared with neighbouring Trust's, this remained at a reasonably expected level. A double peak was identified within the crude mortality data, reflective of the two waves of the COVID-19 pandemic. All deaths continued to be reviewed through the Medical Examiner function. There was an awareness of the difficulties that the use of HSMR brought, as the data lagged three-months behind, however assurance was provided that mortality was closely monitored through the Mortality Review Group.

Medical appraisals had continued throughout the pandemic where appropriate, and Medical Appraiser training would take place throughout April-to-June 2021 to increase the numbers of appraisers within the Trust. Positive feedback on the continuation of appraisals had been received from colleagues.

96.7% compliance was reported for the standards of business conduct, and the process would be reviewed to simplify it.

A lot of work had been undertaken throughout the Clinical Governance Review to align to the national patient safety strategy to redesign the meeting structure and terms of reference to avoid duplication to make effective use of time. The serious incident panel had continued throughout the COVID-19 pandemic.

Pat Drake asked if the Divisional Directors and Clinical Governance Leads had been engaged with over the Clinical Governance Review. The Medical Director advised that the Divisional Directors were aware of the review and further work would be undertaken to engage colleagues to understand the new structure.

It was agreed following a question from Mark Bailey regarding the Clinical Governance meeting structure, that work would be undertaken with the Communications and Engagement Team to devise a clear and understandable outline of the committee structure and each committees purpose. It was clarified that the new posts within the Medical Director team would be finalised and advertised shortly.

The first Medical Advisory Committee meeting took place the previous week, in which the Equality and Diversity Lead attended to present development work to be undertaken which was well received.

Action: Following the discussion of the Clinical Governance meeting structure, it was agreed that work would be undertaken with the Communications and Engagement Team to devise a clear and understandable outline of the committee structure and each committees purpose. TN / ES

The Board:

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

True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT

P21/03/D1 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. This would be reviewed in light of the staff survey results to ensure that the outcome aligned to the strategic risks. The question relating to appraisals was not part of the staff survey questions for 2020/21.

P21/03/D2 Our People Update (Enclosure C2)

A small rise had been seen in COVID-19 related absence in January 2021, however it was noted that non-COVID-19 related absence continued at a similar rate to previous years, with the usual seasonal rise. Further shielding letters had been sent to colleagues, issued nationally, which had impacted the number of staff absences, totalling approximately 2% of the workforce. Some were able to work from home, whilst others weren't.

Lateral flow testing continued, and many staff were now in receipt of their second kit. The positive return rate was low at 0.4%.

Second doses of the COVID-19 vaccinations were being administered to colleagues. Detailed work was underway to identify the proportion of staff that had taken up the COVID-19 vaccination, however it was noted that the information was from various sources, as there was no current central system in place to manage this. Early indication was that there had been 85% uptake from colleagues. Data had been sent to managers asking them to have conversations with individuals that it appeared had not had the COVID-19 vaccine to identify why and encourage them. In line with national data, BAME colleague uptake of the COVID-19 vaccination was lower than other ethnic groups and therefore efforts continued to encourage BAME colleagues to have the vaccine.

In response to a query from Kath Smart it was agreed that the total number of Positive Staff by Ethnicity would be reported to the People Committee.

It was clarified, in response to a question from Kath Smart regarding the health life assurance schemes in place for families of bereaved colleagues, that the Trust had supported the families of colleagues that had passed away due to COVID-19 and all three claims had been successful.

Following a question from Sheena McDonnell regarding the response rate of lateral flow testing for colleagues, it was confirmed that the highest response rate nationally was 49%, with the Trust slightly behind at 42%, the 9th best in the country. Efforts had been made to remind colleagues to report their test results, however it was noted that if positive, colleagues then go on to have a PCR test to confirm the result. Colleagues have been informed that the reporting of lateral flow test results was a statutory requirement and a Trust requirement and staff had signed to confirm that they would report the results as requested.

Neil Rhodes requested that the Board be sighted on vacancy levels within the Trust. The Director of People and Organisational Development advised that a recruitment plan would be devised for 2021/22 which would give a clear indication on how vacancies would be monitored. The recruitment strategy was under review.

Action: The total number of Positive Staff by Ethnicity would be reported to the People Committee. KB

The Board:

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

P21/03/D3 Staff Survey Results (Enclosure C3)

The Trust had received the staff survey results benchmarked against 128 acute and acute community Trusts. The Trust had returned a 50% response rate, which was above the median of 45.4% for acute Trusts. Previously benchmarking had only been against other acute Trusts and not acute community Trusts. A 4% overall positive improvement was seen in people reporting that patient care was the organisations top priority, that they were happy with the standards of care provided, and they would recommend DBTH as a place to work. The results strongly suggest that people were positive advocates and ambassadors for the Trust. There was a statically significant improvement in the health and wellbeing domain, however there were no statically significant changes in the domains of equality, diversity and inclusion, immediate managers, morale, safe environment (bullying, harassment and violence), safety culture and staff engagement. Whilst there hadn't been the level of improvements as seen the previous year, the results have been maintained which indicated that there was the opportunity for further improvements over the coming year. The key priorities for the Trust in relation to people, was ensuring that the HR processes were robust and that there was strong leadership/development, talent management and organisational development offers. There had been a reduction in the percentage of both white and BAME colleagues reporting bullying or abuse from patients, relatives and the public in the previous 12-months. It was reported that the Trust had been one of ten most improved Trust's against a reduction in BAME discrimination by management. The Chief Executive confirmed that whilst the Trust was in the top ten most improved organisations, that it wasn't from an initial poor position.

Neil Rhodes commended that there was positive themes seen in the results and was a testament that whilst colleagues had worked under incredible pressure over the previous year, the Trust managed the situation well, and reflected that colleagues felt supported.

Following a request from the Chief Operating Officer it was agreed that an analysis would be undertaken on the 'free-text' comments received within the staff survey results. The general themes would be reported back to the Board in May 2021.

Action: An analysis would be undertaken on the 'free-text' comments received within the staff survey results. The general themes would be reported back to the Board in May 2021. KB
The Board:

- ***Noted and took assurance from the staff survey results.***

P21/03/D4 Freedom to Speak Up – Annual Report

Paula Hill, Freedom to Speak Up (FTSU) Guardian presented the freedom to speak up annual report which highlighted that there had been a focus on a partnership approach with the strategy to ensure that colleagues were sign-posted to the appropriate partner to support with their concern. A Champions Network had been introduced to increase staff awareness, reflected in the staff survey results. Education, learning and development plans had been revised to include the introduction of Health Education England's FTSU training to include the three levels of training; Level 1 – Speaking Up, Level 2 – Listening Up, and Level 3 – Following Up.

Positive outcomes had been seen from the self-assessment; however, this did not mean that further improvements weren't requirement. Of the 141 individuals, from 46 cases to date, who had been supported since April 2020, 36 cases had been successfully resolved. A number of cases remained open with outstanding issues that needed to be resolved before the cases could be closed.

The Trust had performed similarly to the previous year in regards to the FTSU index, however it was noted that the Trust had a robust approach to utilising the staff survey as a positive engagement tool.

Sheena McDonnell commented that it was good to see the work undertaken despite the COVID-19 pandemic and recognised that people felt comfortable in the culture to raise issues. In response to a question from Sheena McDonnell, it was advised that the FTSU data was shared with Staff Side as a representative of the FTSU forum, however it was suggested that it would be useful for it to be shared more widely with the BAME network and Equality, Diversity and Inclusion Group.

In response to a question from Neil Rhodes regarding the appropriateness of cases, it was confirmed that there were a couple of cases that were not appropriate for that FTSU route, but that individuals were always sign-posted to the most appropriate route. Work was underway with the Communications and Engagement Team to ensure that people could understand the different between FTSU and whistleblowing. The Director of People and Organisational Development noted that good progress had been made and different approaches to communications had been taken.

The Board:

- ***Noted and took assurance from the freedom to speak up annual report.***

True North SA4 - FINANCE AND PERFORMANCE

P21/03/E1 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. The framework was similar to that of the previous month, however had additional controls in place. It was noted that the risk profile relating to finance was not in relation to the current financial year, but future years due to a lack of clarity on financial regimes. No formal communication had been received on the funding streams yet which raised a concern on how the financial regime would be managed locally.

P21/03/E2 Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)

The Chief Operating Officer provided an operational update which highlighted that the number of COVID-19 admissions to the Trust were decreasing in line with the community infection rate. The vaccination programme had progressed well to date in Doncaster and Bassetlaw.

The COVID-19 occupancy rate continued to decrease at a faster rate, however it was noted that there had been an increase in the demand for non-COVID-19 emergency beds. Staff absence was reported as 7.4%, 42.3% of which was COVID-19 related.

Attendance in the emergency department had continued to increase, however was below the rates seen during summer 2020.

Pressure on the intensive care units had decreased, however, it was noted that rates were higher than pre-COVID-19 rates. Demand was still seen in the high dependency units.

National mutual aid arrangements had ceased in late February 2021.

The Trust had provided colorectal mutual aid to two Chesterfield patients in late February 2021, however not further requests had been received. The Trust continued to steadily increase elective work, and the 52-week wait challenge remained. Outsourcing/insourcing had taken place to support this with increase outpatient activity on site. Regional mutual aid continued.

The Trust would continue to step up the theatre plan throughout March and April 2021. There would be a further focus on outpatient throughput. A national contract on outsourcing was expected to continue into the new financial year. The Foureyes consultation would continue to establish strong capacity plans.

The validation of long-waiting patients commenced on 8th March 2021, through letters to each patient.

There would be a focus on return to business as usual, and include a focus on the patient tracking list, followed by a resulted focus on administrative processes, validation and training.

Colleagues would continue to be supported through the recovery phase. Collaborative work would continue at Place and ICS level.

In reference to the Elective Action Plan, Neil Rhodes asked the Chief Operating Officer what the critical success factors would be in the delivery of this action plan. The Chief Operating Officer advised of four things that were important to the achievement of the plan:

- Leadership gaps – recruitment to senior leadership posts was underway as they were critical to the delivery of plans. An appointment had been made to the post of

Deputy Chief Operating Officer that would commence in post in the new financial year,

- The basics of the process needed to be right including the booking process,
- Trajectories needed to be identified through the business planning process to understand how it could be achieved,
- An understanding of the funding envelope was required,
- Embedding different ways of working and transformation to work efficiently.

The Chief Executive added that an important consideration was the 10% loss of bed stock due to revised infection prevention and control measures due to COVID-19, meaning that the levels of work achieved prior to COVID-19 may not be achievable. Work was underway at local, regional and national level to identify the priorities for the Trust and the ICS. Whilst there had been capital works in the Emergency Department to create more space, increased attendance at record levels meant that the speed and timeliness seen prior to the COVID-19 pandemic were affected by the infection prevention and control measures. Clarity was required on expectations and deliverability, and until the planning guidance and financial framework was received, there was a level of uncertainty to this.

Following a query from Sheena McDonnell it was agreed that a report would be provided on the service changes made during the COVID-19 pandemic, and any fundamental changes that would form how services would be delivered in the future. Kath Smart provided assurance that the Finance and Performance Committee had been in receipt of such information.

Following a question from Kath Smart regarding the impact of COVID-19 and future arrangements of pathways, it was confirmed that the consultation work with Foureyes would establish demand and capacity plans in line with winter expectations and the bed base. In response to a query from Mark Bailey regarding the management of expectations of the wider community, it was noted that this would form part of the assessment following the consultation.

Pat Drake commented that performance should be aligned to the vacancy challenge seen in areas such as Anaesthetics, because plans would be undeliverable without the right amount of staff to provide care. The Chief Executive advised that part of the process would make certain what can be delivered to meet or exceed expectations. Workforce would form a significant consideration and include the support that workforce requirement following the COVID-19 pandemic.

Action: A report would be provided on the service changes made during the COVID-19 pandemic, and any fundamental changes that would form how services would be delivered in the future. RJ

The Board:

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

P21/03/E3 Performance Update – December2020 (Enclosure E3)

The Chief Operating Officer summarised the areas of performance for elective, emergency and cancer services which highlighted that performance across all metrics had been impacted by COVID-19. The Trust's focused recovery restoration plan would outline

refreshed trajectories for all areas and key recovery metrics, which would enable Board to review more tailored performance monitoring.

Elective

For January 2021, the Trust did not meet its phase 3 elective activity standards due to COVID-19 related pressures. The Trust reported 1635 52-week breaches due to COVID-19 related delays, a continued challenge comparable of other SYB providers. The Trust delivered 62.5% for RTT against a target of 92%. The Trust achieved 56.06% against a target of 99% in diagnostics.

Emergency

The Trust delivered 80.7% against a national target of 95% for 4-hour access, showing an improvement compared to the previous month, however slightly below peer benchmarking, but above the national average. A wide-ranging action plan was in place. There were continued challenged on ambulance delays related to COVID-19 pressures. Similar challenges had been seen in other North East and Yorkshire Trusts. A join action plan was in place for DBTH and the Yorkshire Ambulance Service. The Finance and Performance Committee had undertaken a deep dive on this at the last meeting.

Cancer

In December 2020, the Trust achieved 3 out of 3 31-day nationally reported measures, 1 out of 2 62-days nationally reported measures, and the number of open pathways over 104-days had been reduced for January 2021 to 6 declared breaches. Performance remained the best for SYB.

Pat Drake noted that there had been super stranded patients not medically fit for discharge and asked if this would likely affect the bed base in the future. The Chief Nurse advised that there had been some delays due to COVID-19 testing and retesting however good work had been undertaken with partners and a group had been set up to look at assessments. There was a need to re-embed good practice systems and processes in relation to length of stay.

Action: The Finance and Performance Committee would receive a deep dive into cancer services. RJ

The Board:

- ***Noted and took assurance from the performance report for January 2021.***

P21/03/E4 Finance Update – January 2021 (Enclosure E4)

The Trust's deficit for month 11 (February 2020) was £452k, which was c. £1.1m favourable to plan (£1.9m favourable to plan in month 10). The Trust's year to date position was a £107k surplus which was c. £7.7m favourable to plan. The Trust had not included any fines under the Elective Incentive Scheme within the position since NHSI/E had confirmed the scheme had been suspended for the rest of the year. 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, lower PDC (due to the cash advance) and non-clinical income being above plan. In month 11, additional income of c£1.3m had been received from NHS England which had been provided to support Trusts who have achieved lower levels of non-clinical income in year compared with historical levels as a result of COVID. The Trust was forecasting a break-even financial position for year-end;

however, this was subject to several outstanding national funding arrangements being confirmed including annual leave, Flowers, outsourcing clawback and non-clinical income. It was noted that the Flowers case had been settled and the Trust was waiting for guidance. £4.5m had been received to cover the annual leave position, however it was not clear if this could be counted as income or cash to help with the position.

Capital expenditure spend in month 11 was £5.8m. This was £1m ahead of the original £4.8m plan and £1.5m ahead of the forecast. Year to date capital expenditure spend was £25.3m, including COVID-19 capital spend of £1.5m. This was £5.1m behind the £30.4m plan and £1.7m ahead of the forecast. Estates were £686k ahead of the YTD forecast and Medical Equipment and IT were £185k and £801k ahead of the YTD forecast respectively. The Trust was currently forecasting to deliver its revised capital plan at year end.

The Chair noted that throughout the following financial year there would be continued focus on savings whilst dealing with the underlying deficit.

Neil Rhodes noted that financial leadership was required from budget holders and Divisional Directors in the year ahead to ensure that a focused remained on elective pathways. The Chief Executive added that there was a training gap to reduce in relation to ensuring that at each level, colleagues have the skills and abilities to undertake different functions. A focus would remain on the training and development offer. A revised management meeting structure had also been agreed. Delivery plans would be monitored through the Programme Management Office.

Following a question from Karen Barnard regarding the £4.5m received for annual leave, it was confirmed that it was to cover the annual leave accrual work completed, however the Trust was awaiting full guidance on this.

Following a question from Kath Smart regarding identified surplus at CCG level, it was confirmed that all providers were working to manage the year-end in preparedness for the following financial year.

The Board:

- ***Noted and took assurance from the finance report for February 2021.***

P21/03/G1 Proposal of Committee Effectiveness Review Framework (Enclosure G1)

A new committee effectiveness review framework was proposed as there was no effective procedure in place for assessing the effectiveness and functioning of all Board committees in a standardised way. The standardised approach had previously been used for the Audit and Risk Committee. If approved the framework would run between April and May 2021, with an aim to start on an annual cycle in January 2021. If approved the checklists would be set up as an electronic survey.

Following a comment from Kath Smart it was agreed that the Committee Effectiveness Review Framework would be updated to include feedback from members and attendees of Committees.

Action: The Committee Effectiveness Review Framework would be updated to include feedback from members and attendees of Committees. FD

The Board:

- ***Considered and approved the committee effectiveness review framework.***

P21/03/G2 Corporate Risk Register (Enclosure G2)

One new corporate risk had been added, escalated from the Management Board: Risk ID 2644 – Consultant Staffing Shortage on DCC. A robust action plan would be developed to address risk mitigations. The Medical Director was the lead for this risk, with the Divisional Director for Clinical Specialities.

The Board:

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

P21/03/G3 Charitable Funds Committee Annual Report (Enclosure G3)

The Board:

- ***Noted the Charitable Funds Committee Annual Report.***

P21/03/H1 Information Items (Enclosures G1 – G7)

-H6

The Board noted:

- ***H1 Chair and NEDs Report***
- ***H2 Chief Executives Report***
- ***H3 ICS Update***
- ***H4 Minutes of the People Committee – 12 January 2021***
- ***H5 Minutes of the Charitable Funds Committee – 16 June 2021***
- ***H6 Minutes of the Management Board Meeting – 8 February 2021***

P21/03/I1 Minutes of the Meeting held on 16 February 2021 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 16 February 2021.***

P21/03/I2 Any Other Business (Verbal)

There were no other items of business.

P21/03/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P21/03/I3(i) The Lead Governor wished to congratulate those who had received a Doncaster Chamber award, and proceeded to ask questions relating to the business of the meeting on behalf of the Council of Governors:

The vaccination take-up by staff was 85%, which may not be an accurate figure, but there were probably some staff that were hesitant, and the question relates to why this might be? Do you agree that staff have a professional duty to be vaccinated?

It was advised that vaccinations were not mandated, however efforts have been put into encouraging colleagues to have the vaccination, recognising that some colleagues do have good reasons why they don't wish to have it at this time. The Chief Nurse advised that there was a national debate regarding this topic regarding whether certain staff groups should be required to have the vaccination such as students who rotate or bank staff who work across different sites, which would be reviewed within the ICS.

Upon review of the Freedom to Speak Up data, it shows that during quarter 1 of 2020/21, there was a significant increase in concerns raised. Can this be explained?

The Director of People and Organisational Development advised that the significant increase relates to the same concern raised by a number of staff within the Emergency Department. The figures relate to the number of individuals that have raised a concern, as opposed to the number of individual concerns raised.

The Board:

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

P21/03/I4 Date and Time of Next meeting (Verbal)

Date: Tuesday 20 April 2021.

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

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

P21/03/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.***

P21/03/J Close of meeting (Verbal)

The meeting closed at 12:45.



**Suzy Brain England
Chair of the Board**

**Date
20 April 2021**