

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 18 May 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 – Executive Medical Director
Neil Rhodes – Non-Executive Director and Deputy Chair
Richard Parker OBE – Chief Executive
David Purdue – Deputy Chief Executive and Chief Nurse
Marie Purdue – Director of Strategy and Transformation
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
- In attendance:** Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
Emma Shaheen – Head of Communications and Engagement
Katie Shepherd – Corporate Governance Officer (Minutes)
- Public in attendance:** Peter Abell – Public Governor
Dennis Atkin – Public Governor
Mark Bright – Public Governor (from item P21/05/C2)
Jayant Dugar – Guardian for Safe Working (Item P21/04/C3 to P21/05/D3)
Gina Holmes – Staff Side Chair
Lynne Logan – Public Governor
Steve Marsh – Public Governor
Bianca Mohammed – NHS Professionals
Dave Northwood – Public Governor
Anna Pryce – Consultant in Sexual Health (Item P21/05/D3)
Pauline Riley – Public Governor (until item P21/04/F1)
Lynne Schuller – Public Governor (until item P21/04/E4)

Apologies: None

ACTION

P21/05/ 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. There were no apologies for absence. No declarations of interest were declared, pursuant to Section 30 of the Standing Orders.

P21/05/ A2 Actions from Previous Meetings (Enclosure A3)

Action 1 – Committee Structures – The Medical Director advised that a further meeting would take place to finalise a programme of work to develop the Clinical Governance structures, and it would be presented visually for an easier display.

Action 2 – Service Changes – This was not completed; however, it was proposed that this be delegated to the Finance and Performance Committee for receipt. The Board agreed. The action was closed.

Action 4 – Glossary of Acronyms – The Lead Governor advised that there continued to be many acronyms used in Board papers and asked that the first time an acronym was used, that it was written in full first.

Action: The Head of Communications and Engagement would provide guidance to team on house style for reports. ES

The Board:

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

True North SA1 - QUALITY AND EFFECTIVENESS

P21/05/ Board Assurance Framework C1

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. There were no further updates, however, it would be updated in readiness for the next meeting.

P21/05/ Chief Nurse Update (Enclosure C2) C2

There was one serious incident in April 2021. This related to a patient undergoing spinal surgery who unexpectedly deteriorated. There were no serious incidents in maternity.

There were 113 inpatient falls in April. Of these, two resulted in severe harm (both on the Frailty Assessment Unit), and one resulted in moderate harm. The Falls Policy had been updated in March 2021. The quality improvement projects had commenced within Ward 16 and 17. A falls therapy assessment and treatment intervention would be undertaken for high risk/complex falls patients. Work had commenced on falls prevention and management within the Emergency Department at Doncaster. Mobility Champion Training had commenced on Ward 17 at DRI. Preceptorship, Foundations of Care and Therapy induction training had recommenced.

Improvement work was underway to reduce the numbers of hospital acquired pressure ulcers (HAPU) and included a review of the investigation process and a review of the Pressure Ulcer Policy For April 2021, there were 75 category 2 and two category 3 HAPUs reported. It was noted that there would be a change to how HAPU was reported from number of patients to number of ulcers. The Skin Integrity Team had commenced work to review and confirm category two pressure ulcers. There would be a relaunch of all skin integrity training.

There were five cases of Clostridium difficile in April. Four cases were Hospital onset Hospital Acquired (HOHA). One case was Community onset, Hospital Acquired. No lapses in care had been identified as yet, with patients appropriately being prescribed antibiotics.

An update was provided on the Digital Transformation Programme deployment to date, and it was advised that the Digital Transformation Team were progressing well with the development of a nurse assessment core risk bundle with a target date of June 2021.

Following an incident within the Women and Children's Hospital that led to an electrical fire on 27th April 2021 it was confirmed that the CQC had been informed and confirmation given that no patients had come to any harm and that the areas the patients were relocated to were suitable for their requirements, both in the short and medium term. A survey monkey would be sent to patients involved, to identify how they felt during the evacuation. Feedback would be provided to the Patient Experience Committee.

The Perinatal Maternity Dashboard which outlined the findings of the review of all cases eligible for referral to HSIB (Healthcare Safety Investigation Branch) was presented and outlined that the Trust had received one completed HSIB report back with three recommendations identified for the Trust to complete. An action plan would be developed to achieve this.

Anaesthetic staff had been rostered to attend PROMPT training, and it was reported that training compliance had increased in-month.

An ongoing escalation policy was in place for non-compliance with CTG (Cardiotocography). The current midwifery workforce position held 18.08WTE vacancy against the current workforce model. Ongoing recruitment continued locally. The service was progressing international recruitment for European midwives within NHS Professionals.

The DATIX system had been updated to ensure that the right person would complete the right task. The timeframe of 90-working days had been reduced to 60-working days and any request for renegotiation was to be taken to the complaints panel for discussion and agreement. There had been a 37% reduction in the number of open complaints. Volunteers had been welcomed back into the organisation.

In terms of Safe Staffing levels it was confirmed that a number of areas had reduced to under 10% for their planned versus actual staffing data. Mitigations were in place to ensure that all departments were safe. Software would be implemented by the end of Q2 2021/22 to provide assurance from bedside to Board.

Pat Drake noted the improvements in place for falls, and advised that a presentation from the Holistic Care Team had been well received by the Council of Governors. Pat Drake noted that it was good to see the benefits that the use of digitalisation had on patient safety and intervention.

Pat Drake advised the Board that the Finance and Performance Committee had received a comprehensive presentation from the Cancer Services Team, where it was highlighted that there had been recruitment challenges for senior posts. The Chief Nurse advised that current senior roles out to advert had received a good level of interest.

Pat Drake noted that the vacancies within Maternity Services would need to be closely monitored as it could affect skill mix. The Chief Nurse advised that prior to the introduction of Birthrate plus the Trust had 156 WTE in post in Maternity, but with the introduction of specialist roles, the establishment had increased to 189 WTE, so whilst there were 18.08WTR vacancies, the unit was better staffed than previously.

The Chief Nurse advised the Board that the first cohort of international nurses from Kerala in India were due to commence in July 2021, however due to the challenges that the country had experienced with COVID-19, the national work was on hold. It would be reviewed at the end of May 2021. In response to a question from Kath Smart regarding previously identified issues with accommodation, it was advised that the Estates and Facilities Team had sourced suitable accommodation local to the area for the international nurses.

Kath Smart advised that the Audit and Risk Committee had received and considered the internal audit report undertaken on Complaints, and asked how contact with families was balanced with staffing pressures. The Chief Nurse advised that the lack of visiting during the COVID-19 had been a significant issue, however procedure had been reviewed throughout the pandemic, and compassionate visiting had recommenced during the second wave of COVID-19. The Chief Nurse advised that there had been three complaints, where, upon review, compassionate visiting should have been allowed. The identified learning had been discussed with the ward staff involved.

Following a question from Mark Bailey about post implementation reviews of e-Observations, it was advised that a number of reviews had taken place throughout the launch at Bassetlaw Hospital. Reviews would be undertaken for implementation at Doncaster to identify the effectiveness of the roll out and impact it had on patient safety. This would be reported to the Quality and Effectiveness Committee. In response to a question from Mark Bailey regarding the implementation of the Safer Care software, it was advised that the date for implementation was yet to be identified.

Sheena McDonnell noted the good progress seen within the report relating to volunteers and complaints. In response to a request from Sheena McDonnell, it was agreed that that Quality and Effectiveness Committee would review the challenges seen with the completion of the Friends and Family Test (FFT).

Following a request from Sheena McDonnell on the preparations that were in place prior to the incident within the Women and Children's Hospital on 27th April 2021, it was advised that as fire works had been taking place within the Women and Children's Hospital at the time of the incident, the evacuation routes were well marked. Horizontal evacuation was undertaken first, followed by vertical evacuation and all protocols were followed. Invaluable support have been received from key stakeholders to assist with the evacuation. The Chief Operating Officer advised that business continuity meetings were held monthly where divisional and speciality level plans were considered and approved. Fire and evacuation principles were included as part of induction and there was training available for specific major incidents. Following a further debrief there would be an incident action plan which would capture the learning points. The Chief Executive advised that a review was underway on the processes in place to triangulate lessons learned, how they have been adopted and adapted within the Trust and how they were embedded through an IT solution that would host the four main sources of learning: incidents, claims, concerns and complaints, and national learning. It had been agreed that a briefing would be provided at the Finance and Performance Committee once the root cause analysis had been undertaken.

It was noted by Sheena McDonnell that it was good to see the learning had been picked up, however, asked what steps were taken following a 'never event' to relaunch the standard operating procedures. The Chief Nurse advised that staff involved in incidents receive training on human factors to reflect and learn.

Action: The review undertaken on the implementation of e-Observations would be reported to the Quality and Effectiveness Committee. DP

Action: It was agreed that that Quality and Effectiveness Committee would review the challenges seen with the completion of the Friends and Family Test (FFT). DP

The Board:

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

P21/05/ C3 Medical Director Update (Enclosure C3)

The risk stratification of patients on the admitted RTT active waiting list continued. The Trust was awaiting further information on data inclusion of the risk stratification process. It was noted that only 29% of patients had been risk stratified within Cardiology as there were very few patients waiting at any length of time and therefore didn't seem necessary to risk stratify them. As of 4th April 2021, there were 6262 priority 2 patients waiting and these include those patients who had been re-reviewed and been upgraded from a category 3 or 4 to a category 2.

The patient communication plan commenced on 8th March 2021 which saw 6k+ letters sent to patients to acknowledge the delay and provide assurance, and to ask if they wish to remain on the waiting list for treatment. Only small numbers expressed a wish to no longer be on the waiting list.

Crude mortality had reduced, and it was anticipated that overall mortality would return to pre-COVID-19 levels by early 2022. Whilst elective deaths appeared high, assurance was provided that all deaths had been reviewed.

The Medical Advisory Committee continued to meet and had received many presentations of a broader interest. All were well received. A plan was in place to develop a survey to identify further broad topics for discussion. An advert was out for a co-chair who would chair every second meeting and as required when the chair was unavailable.

Whilst the annual audit of medical appraisal for 2020/21 was cancelled due to the COVID-19 pandemic, the Trust had undertaken 68% of medical appraisal, ahead of peer benchmarking. Medical appraisal training continued.

The Trust reported 99% compliance against standards of business conduct on 31 March 2021. The process would be reviewed to make it as easy as possible for the information to be collected.

The Medical Director reported that two posts for Medical Directors were out to national advert, open to Consultants and SAS doctors to apply. The General Manager post was to be finalised prior to national advertising.

Neil Rhodes noted the high number of priority-two patients waiting which had been discussed at length and the Finance and Performance Committee, however asked that as the Trust moves back to normal levels of service delivery, what assessment had been undertaken on the energy and capacity of key people to undertake the required activity that was high. The Medical Director advised that colleagues were tired from the response to the COVID-19 pandemic, however noted that capacity levels would be balanced with this, and a discussion took place regarding the use of the independent sector. There was a challenge with Theatre staffing. Work was underway within Trauma and Orthopaedics to ensure that patients had been classified

correctly in line with other providers. The Chief Executive noted that the impact of staff during the COVID-19 pandemic had been significant and therefore the Trusts would work collectively across the ICS to achieve activity targets.

The Medical Director would review the National Medical Examiners report, which would include a review of the cases scrutinised by the Medical Examiner, to identify how this could be reported as a key performance indicator in future reports.

Following a question from Sheena McDonnell regarding the way in which completions of appraisals was reported, it was advised by the Medical Director that they were reported as percentages as opposed to by numbers to complete, because medical appraisals were undertaken during the year specific to the medic. Following a question from Sheena McDonnell regarding the quality of medical appraisals, it was advised that a system was in place by which the lead appraiser quality assesses a proportion of the completed appraisal form. All appraisers were expected to attend training.

Sheena McDonnell noted the progress made with the Medical Advisory Committee, and requested an update on engagement within the medical workforce. The Medical Director advised that the Medical Advisory Committee had improved engagement with the medical workforce, and a good presentation had been received from different departments including the Leadership team, Procurement team and pay services. Following a request from the Chair, it was agreed that future Medical Director reports to Board would include an update on culture and communication with the medical workforce.

Pat Drake noted that whilst there was a staffing challenge, due to the COVID-19 pandemic, there would be patients with a higher dependency. Pat Drake noted the good work with the patient letters sent to those on the waiting list for treatment and care, however asked if the implementation of a patient communication strategy would be beneficial, to provide a more modern way of communicating. The Medical Director advised that the system DrDr was used to communicate with patients that have a mobile phone. The DrDr platform would be expanded, but it isn't at maturity stage yet.

Action: The Medical Director would review the National Medical Examiners report, which would include a review of the cases scrutinised by the Medical Examiner, to identify how this could be reported as a key performance indicator in future reports. TN

Action: It was agreed that future Medical Director reports to Board would include an update on culture and communication with the medical workforce. TN

The Board:

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

**P21/05/
C4** **Ockenden Report (Enclosure C4)**

This was discussed as part of item P21/05/C2.

The Board:

- ***Noted and took assurance from Ockenden Report Action Plan.***

P21/05/ Board Assurance Framework

D1

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 measures had been updated to reflect the updated breakthrough objectives for 2021/22. The ongoing impact of the restoration of services post-COVID-19 was highlighted as a risk to the achievement of the measures.

P21/05/ Our People Update (Enclosure C2)

D2

There continued to be regular updates to the People Committee on the Emergency Department Organisational Development programme. The programme was underpinned by six pillars developed through engagement with colleagues to form 30, 60- and 90-day action plans. Weekly team huddles continued to engage with colleagues that were not directly involved in the development of the six pillars.

The reciprocal mentoring programme had commenced with pairs identified following the first workshop which was held. The next workshop would take place in June 2021. The mentoring relationship would last one-year, and a steering group would be commenced to monitor progress. Regular updates would be provided to the People Committee.

The Equality, Diversity and Inclusion Forum terms of reference had been updated to reflect the adoption of the RACE Equality Code. An update would be provided at the People Committee. The Trust had established networks in relation to BAME and LGBTQ+ colleagues and a new network with focus on dyslexia and long-term conditions was to commence at the end of May with good interest coming forward. Future networks planned were Women's and Men's Wellbeing.

The Trust had agreed to host an Associate Non-Executive Director through Gatenby Sanderson's Insight programme for two six-month periods, commencing in June 2021. The Trust continued to explore a programme run by NHSE/I which was being considering with the ICS.

The new Leadership Prospectus had been launched with a continued focus on the Develop Belong Thrive Here model, with an addition of 'Everyone Counts'.

Colleagues continued to undertake twice-weekly lateral flow testing, with 0.31% returning a positive test. The report included the number of positive COVID-19 tests by staff group, demonstrating that the Nursing and Midwifery workforce saw the highest positive tests results. The Trusts COVID-19 vaccination programme had concluded, however colleagues that had not yet had the vaccine could do so through the mass vaccination programme and their GPs.

The Chair noted that there were regular updates regarding the Emergency Department Organisational Development programme in BUZZ, on the Trust's website and staff Facebook page, however asked for assurance that all colleagues within the Emergency Department were aware of the programme, the work being undertaken, and how they could contribute. The Director of People and Organisational Development advised that there were various other routes that colleagues could get involved which included a specific Emergency Department

Facebook page and website page. The six pillars had been launched within the Emergency Department and a further survey would be circulated to receive further detail from colleagues. Sheena McDonnell advised that she and Kath Smart had met with the Emergency Department General Manager to receive additional assurance.

In response to a question from Pat Drake regarding whether objectives regarding leadership behaviours could be incorporated into the appraisal process, it was advised that the True North and Breakthrough Objectives form part of the appraisal process and objectives were set based on these for achievement that year. The Chief Executive advised that the True North and Breakthrough objectives were underpinned by the values of the organisation, which were the expected behaviours of all colleagues.

Following a request from Pat Drake regarding the expected numbers of COVID-19 absence that would lead to long-term absence, it was agreed that a report would be provided to the People Committee of the number of colleagues on long-term sickness absence specifically related to COVID-19 related absence.

Following a request from Kath Smart, it was agreed that assurance was to be provided on the tangible differences and benefits which have been created throughout the Emergency Department Organisational Development Programme.

In response to a question by Kath Smart regarding the uptake of the COVID-19 vaccination by colleagues and the risk for the organisation and how the Trust benchmarked, it was advised that as there were many ways that colleagues could now receive the vaccination, it was difficult to report a final figure, due to the different recording systems in place. It had been estimated based on the data the Trust had and what colleagues had advised the Trust of, that 90% of colleagues had received the vaccination. The Trust benchmarked well in relation to other providers in the ICS. The Chair advised that the Board was supportive of members receiving the COVID-19 vaccination if able to do so. Assurance to be provided to the People Committee that colleagues who were unable to access the COVID-19 vaccination as part of the Trust's vaccination programme were aware of how to access the COVID-19 vaccination should they wish to have it. The Director of People and Organisational Development advised that a thank you had been posted in the Buzz magazine to all colleagues involved in the vaccination programme and to those that had received their vaccination.

Action: The number of colleagues on long-term sickness absence would be reviewed at the People Committee with a consideration of those with COVID-19 related absence. KB

Action: Assurance was to be provided to the People Committee on the tangible differences and benefits which have been created throughout the Emergency Department Organisational Development Programme. KB

Action: Assurance to be provided to the People Committee that colleagues who were unable to access the COVID-19 vaccination as part of the Trust's vaccination programme were aware of how to access the COVID-19 vaccination should they wish to have it. KB

The Board:

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

P21/05/ D3 **Annual Report from the Guardian for Safe Working (Enclosure C3)**

The Board welcomed Mr Dugar, the current Guardian for Safe Working and Anna Pryce, who would take over Mr Dugar in the role as Guardian for Safe Working within the next month. The Board wished to thank Mr Dugar for his years of service in the role.

Mr Dugar thanked the Board and the Junior Doctors who had put in their service to the Trust during the previous year. Mr Dugar also thanked the Director of People and Organisational Development for her support.

The total numbers of exception reports were lower than the previous year due to the change in work schedule this year, due to the COVID-19 pandemic. It was reported that the number of exception reports in the Medicine Division were higher than other areas, however, the Medicine Division was significantly affected during the COVID-19 pandemic and therefore this was expected. There had been strong interaction with junior doctors, with over two-hundred junior doctor forums took place between December and April with successful attendance. At a recent Junior Doctor Forum it was brought to notice that doctors were being asked not to exception report in the Emergency Department, however, this leads to under reporting of shift overruns, therefore a suggestion of logging the overrun with an exception report and claiming hours on existing basis had been put forward at JDF.

There had been some concern raised by junior doctors regarding rest/working space which was shared by a large number of colleagues. This had been deemed an urgent problem. There would be some further improvement with the new doctor's mess room. There had also been concern regarding the poor quality of on call rooms, however money had been allocated to rectify the issues. The works to renovate the Silks restaurant into a junior doctor's mess was complete. The importance there being a rest facility for junior doctors in the main tower block at DRI was noted.

The Director of People and Organisational Developed advised that open sessions were held so that trainees could influence what would be included in the new junior doctor's mess room. £290k had been utilised to make improvements to accommodation the previous year, with a further £125k identified for further improvements to be made this year. The Director of Estates and Facilities would provide an update at the People Committee in July 2021. In response to a request for assurance from Sheena McDonnell on the concerns raised in the report, it was advised that this would be included in the report to the People Committee in July 2021.

The Medical Director wished to thank Mr Dugar for his contributions whilst in the role of the Guardian for Safe Working and welcomed Anna Pryce into the role.

The Board:

- ***Noted and took assurance from the Annual Report from the Guardian for Safe Working.***

True North SA4 - FINANCE AND PERFORMANCE

P21/05/ 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. Two new risks had been added:

- Significant theatre staffing issues were not foreseen by the Division within the workforce plan, leading to expensive agency spend and presents a risk to the delivery of activity plans.
- Impact of major incident at Women and Children's Hospital on delivery of 21/22 capital and revenue plan.

Agency staff would be contracted for a period of 6-months to ensure that the Trust could maintain its services.

The major incident in the Women and Children's Hospital would have a significant financial impact, and work was underway to identify what repair work would be required. A modular building would be used as an interim solution.

P21/05/ Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)

E2

The vaccination programme had progressed well in Doncaster and Bassetlaw. The link between the number of community cases and hospital admissions had further distanced. The total COVID-19 occupancy was reported as 0.9%, and the active case occupancy was 0.3% demonstrating a significant reduction. There were no COVID-19 patients within the intensive care units. There was national modelling work underway in line with the Delta variant of COVID-19 which was a significant area of concern.

There was continued high attendance at the Emergency Departments, mostly minor injury/illness demand and paediatrics. There were ongoing discussions with the primary care networks and CCGs regarding this high attendance following feedback from patients regarding accessibility to GPs.

The Theatre step up plan had commenced, with 68% of sessions undertaken on 19th April 2021 and 100% on 1st May 2021 at Doncaster and Bassetlaw. It was expected that theatre activity would reach 100% at Montagu by 1st June 2021. The independent sector continued to provide support and would undertake 30 cases per-month from 1st May 2021 for six-months.

The Trust was reported as best in the region for day case procedures, and average for outpatient's activity.

The 52-week position had continued to improve over an 8-week period, however, modelling for this was yet to be finalised and the trajectories for the year were unclear. The PTL (patient tracking list) continued to grow with over 35k patients waiting. The Trust had seen an improved position on priority 2 patients dated within 28-days, however further work was required.

The key risks were outlined and included theatre staffing challenges which were a risk to both activity and finance. An options paper was in development to review the bed plan. There was a risk to patients due to the backlog and unknown clinical risk. Efforts would continue to ensure that oversight and governance arrangements were robust.

Next steps included the implementation of a one-meter social distancing rule to increase throughput within outpatients. Further escalation meetings would take place to resolve the theatre staffing pressures. The 52-week trajectories were to be finalised and 'confirm and challenge' events on the annual plan would commence at the end of May 2021.

An update was provided on the water leak incident that took place within the Women and Children's Hospital at DRI on 27th April 2021. There had been a need to stand down routine elective operating which saw a loss of seven half-day lists within the April position. There had been a loss of routine outpatients in gynaecology for six days, however this had recommenced on 6th May 2021. In addition to this there had been a loss of some routine paediatric surgery. A divert was in place for maternity from 28th April to 31st April 2021. Obstetric emergencies had moved to the main theatres at DRI, however had since returned to the restored Women's Theatre since 1st May 2021. Additional workforce plans were in place to support the changes.

The incident had affected capacity and the neonatal unit were down to 11 cots from 18. The temporary paediatric ward had 13 beds and there were some issues with the environment, a reduction from 18 pre-incident, and 30 pre-fire works. There were no capacity changes within maternity.

A number of children had been transferred to partners and a standard operating procedure was in place for transfer and divert. Further capacity was required and the interim bed plan for H1 was under discussion. There was a concern regarding the anticipated level of paediatric respiratory admissions looking forward to autumn and winter. A hot debrief had taken place, with an in depth debrief would take place and include the refinement of emergency planning.

The Chair noted the comprehensive presentation.

Neil Rhodes noted the comprehensive planning that had been undertaken under challenging circumstances. Pat Drake echoed the comments and asked for clarification on the confidence that the diagnostic service would be able to deliver and support the outlined trajectories. The Chief Operating Officer advised that there were some challenges in some modalities, however this had been a key area of focus and a plan would be created on how diagnostics would support the plan. Following a question from Pat Drake regarding the bed plan, it was agreed that this would be reported to the Finance and Performance Committee.

Kath Smart informed the Board that the KPMG had undertaken an audit on capacity and demand, the report had been concluded. There were some helpful recommendations in the report relating to the standardisation of the annual cycle of capacity modelling and being consistent in the training of staff. The report would be received at the Audit and Risk Committee in due course.

In response to a question from Mark Bailey regarding pathway management to use collective capacity better, it was advised by the Chief Executive that historically, if patients declined two reasonable offers of care, they would be referred back to their GP.

Neil Rhodes advised that the Finance and Performance Committee received a comprehensive presentation from the Cancer Services Team, who raised concerns regarding late presentation of patients with cancer due to the COVID-19 pandemic. Assurance was provided on the plans in place to action this, however asked for assurance from the Chief Operating Officer on the Trust's ability to deliver. The Chief Operating Officer advised that the Cancer Services Team had a good grip on their plans, and whilst this was a challenging position, the trajectories had been thoroughly thought out for the different tumour groups.

Action: The bed plan would be presented at the Finance and Performance Committee.

RJ

The Board:

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

P21/05/ Performance Update (Verbal)

E3

The Integrated Performance Report was not ready in time for the meeting; therefore, the Chief Operating Officer provided a verbal update on performance for March 2021. There were 1,864 patients waiting over 52-weeks, which was a reduction on the previous month. Further focused work was required within diagnostics as the Trust was not performing well against peer benchmarking.

The Board:

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

P21/05/ Finance Update (Enclosure E4)

E4

The Trust's surplus for month 1 (April 2021) was £366k, which was c. £116k favourable to budget. Capital expenditure in month 1 was £0.8m, which was in line with the plan. There were no significant variances to report. However, it should be noted that the incident at the Women's and Children's block that occurred on the 27th April was a risk to the delivery of the capital (and revenue plans if additional funding and capital allocation was not provided). The cash balance at the end of April was £44m (March 2021: £51.7m). Cash had reduced by c. £7.7m as a result of the Trust paying capital invoices totalling £8m in month. These were within capital creditors at year-end.

There remained no guidance for the second half of the year with regards to financial arrangements. Thereby there remains the significant risk that the potential that system top up funding received under current arrangements was removed causing a potential significant deficit in the second half of the year.

The annual accounts for 20/21 were due within the next month for signing, post review by external audit. Therefore, it was requested in line with previous years that the Board approves delegated authority for the Audit and Risk Committee to sign off the accounts, the annual governance statement and the annual report for 20/21.

The Director of Finance wished to thank the Finance Team for the production of the final accounts aligned to pre-COVID-10 timetables, whilst producing the month-1 accounts and the budget planning.

The clinical income position reported at month-1 was aligned to the national block arrangements for H1 (month-1-6). In month the Trust had a favourable income variance of £86k relating to specialist excluded drugs which were not part of block arrangements. The clinical income position included income related to the Elective Recovery Fund (ERF). In month 1 the estimated ERF position was £985k, which was £360k favourable to plan.

Neil Rhodes noted the report and endorsed the comments discussed at the Finance and Performance Committee regarding the work that the Finance Team had undertaken to meet deadlines.

In response to a question from Kath Smart regarding the Committee at which the Quality Accounts would be sighted on, it was confirmed that the Quality and Effectiveness Committee would receive them.

Action: The Quality and Effectiveness Committee would receive the Quality Accounts.

FD

The Board:

- ***Noted and took assurance from the finance report***
- ***Approved the delegated authority request for the Audit and Risk Committee to sign off the accounts, the annual governance statement and the annual report for 2020/21.***

P21/05/ Strategy and Improvement Update (Enclosure F1)

F1

The Director of Strategy and Improvement provided an update on the work undertaken to develop the new Trust Strategy, national changes that had impacted the strategic direction and the quality improvement work undertaken to refocus on the restoration of services. The Service Line Review process had progressed according to the planned timeline, however there was a risk that this would slip later in the year due to expected changes to the team structure over the forthcoming months. A concurrent listening exercise was underway to inform the development of the Trust's new strategy. A series of engagement events had taken place with stakeholders and public and staff surveys were due to go live in June 2021. Work on the strategy ran concurrently with strategic developments underway in the SYB ICS and at Doncaster and Bassetlaw place level. Work was underway at Place level to understand the implications of the Health and Social Care Bill 2022. The Quality Improvement Team had been impacted by the COVID-19 pandemic as were required to undertake the vaccination programme and lateral flow testing roll out, however, all staff had been returned to their normal roles and were able to plan for the year ahead.

The Chair advised that the Board would attend a workshop the following week on the development of the clinical strategy.

The Board:

- ***Noted and took assurance from the Strategy and Improvement Update.***

P21/05/ Corporate Risk Register (Enclosure G1)

G1

There were no new corporate risks added or escalated from the Trust Executive Group (previously called Management Board). There were 122 risks logged rated 15+ within the Trust, fourteen of which were monitored via the Corporate Risk Register. KPMG had undertaken an internal audit on two areas of the risk management system and the final report would be received in due course.

The Board:

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

P21/05/ Quality and Effectiveness Committee Annual Report (Enclosure G2)

G2

The Board:

- ***Noted and took assurance from the Quality and Effectiveness Committee Annual Report.***

**P21/05/
G3** **NHS Providers License Self-Assessment/Certification (Enclosure G3)**

The Board received and agreed with the submitted NHS Providers License Self-Assessment/Certification.

The Board:

- ***Noted the NHS Providers License Self-Assessment/Certification***

**P21/05/
G4** **Board of Directors Meeting Dates (Enclosure G4)**

The Chief Executive advised the Board that in line with partner organisations in SYB ICS, that it was proposed that the frequency of the Board of Directors meeting would change to bi-monthly, with a shorter meeting to take place each month in-between to receive items that were required at Board monthly such as the Ockenden Report action plan and the Perinatal Mortality Dashboard. This would allow the Board the time and opportunity to undertake strategic planning and other significant discussions. It was proposed that the June 2021 meeting be the shorter meeting, followed by a full meeting in July 2021. The Board agreed the change to the meeting pattern.

The Board:

- ***Approved the change to Board of Director meeting dates for the remainder of 2021.***

**P21/05/
H1-H8** **Information Items (Enclosures H1 – H8)**

The Board noted:

- ***H1 Chair and NEDs Report***
- ***H2 Chief Executives Report***
- ***H3 ICS Update***
- ***H4 Minutes of Finance and Performance Committee – 22 March 2021***
- ***H5 Minutes of the Management Board Meeting – 12 April 2021***
- ***H6 Minutes of the People Committee – 02 March 2021***
- ***H7 – Minutes of the Council of Governors – 28 January 2021***
- ***H8 – Doncaster and Bassetlaw Healthcare Services Annual Performance***

**P21/05/
I1** **Minutes of the Meeting held on 20 April 2021 (Enclosure I1)**

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 20 April 2021.***

**P21/05/
I2** **Any Other Business (Verbal)**

Major Incident in the Women and Children's Hospital

The Director of Finance advised the Board that work was underway to identify how the issue could be rectified as soon as possible. The Director of Estates and Facilities was in liaison with a company that provide modular ward and theatre buildings as part of an interim plan. The total costs of the repair work was unknown. This would have a significant impact on the capital plan and therefore discussions had taken place with NHSEI and the ICS regarding this. The Director of Finance advised that he required approval from the Finance and Performance Committee on 17 May 2021 to proceed with the ground works and enabling works for the modular buildings, and to confirm a slot in the factory to build the modular buildings. The Committee had agreed for the Director of Finance to proceed with the modular buildings. It was noted that the urgency for approval was due to a 5-6 month wait until the modular buildings would be received.

Funding discussions had taken place with NHSEI and the SYB ICS, however nothing had yet been confirmed. It was noted that the Trust had an unsuccessful bid to undertake estate work within the Women and Children's Hospital in 2018. The Trust had standard NHS insurance which would not cover the costs of the repair work.

The Chief Executive advised that the loss of capacity in the Women and Children's Hospital due to the major incident, would impact the winter plan, and noted that the Trust provided resilience in winter to other Trust's in South Yorkshire and North Lincolnshire. This would be a risk to the ICS and provide uncertainty relating to the financial implications. Neil Rhodes noted that the Finance and Performance Committee had received a comprehensive update on the matter.

P21/05/ I3 Governor Questions Regarding the Business of the Meeting (Verbal)

I3

P21/05/13

(i)

The Lead Governor asked questions on the behalf the Council of Governors:

In reference to the Chief Nurse Report and digital transformation, the Council of Governors received a briefing on the roll out of e-observations in January 2021, therefore a further update would be welcomed early 2022. How does e-observations and Nerve Centre work together and how does it flag up if any e-observations have not been completed?

The Chief Nurse advised that the system, Nerve Centre was the system that e-observations were conducted on, and this flags up if there were any e-observations that have not been completed in time. There were key performance indicators in place to manage this, and each Ward had an 'at a glance' board which the use of Nerve Centre feeds into.

The Chair noted that public Governor, Peter Abell had advised the NHS Providers Governor Advisory Committee of the Trust's successful use of the Nerve Centre system. It was suggested and agreed that the digital transformation team would be invited to showcase the implementation and use of Nerve Centre at a national committee such as the Governor Advisory Committee.

Could you advise further on vacancies as it was referred to a lot in the reports?

The Chair advised that through the COVID-19 pandemic, the NHS had proved to be a stable working environment and noted that the Trust had jobs to offer. The Trust worked hard at school level to encourage young people into careers in the NHS and international recruitment

programmes continued. The Chief Executive advised that the overall vacancy rate wasn't higher than it had been in previous years, however noted the different circumstances including an increased sickness absence rate and that the demand on staff was different due to the increased number of patient pathways and the visiting restrictions that had been in place. It was noted that the wellbeing of the workforce was a focus.

The Chief Nurse provided assurance that the Trust had a comprehensive workforce plan for the nursing, midwifery and allied health professional's workforce. New registrants would commence in September 2021, overseas recruitment would continue and a consideration of how the local population can gain access to training were included as part of the workforce plan. The Director of People and Organisational Development advised that this would be discussed in detail at the People Committee in July 2021.

Action: The digital transformation team would be invited to showcase the implementation and use of Nerve Centre at a national committee such as the Governor Advisory Committee. FD

The Board:

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

P21/04/ **Date and Time of Next meeting (Verbal)**
14

Date: Tuesday 15th June 2021

Time: 09:30am

Venue: Star Leaf Videoconferencing

The Board:

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

P21/04/ **Withdrawal of Press and Public (Verbal)**
15

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.***

P21/04/ **Close of meeting (Verbal)**
J

The meeting closed at 13.00.



Suzy Brain England
Chair of the Board

Date
15 June 2021