

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 20 April 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
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 (until item P21/04/E3)
Dennis Atkin – Public Governor
Hazel Brand – Lead Governor
Marc Goddard - Healthcare Development Manager, Wound & Infusion Care UKI, ConvaTec (until item P21/04/E3)
Gina Holmes – Staff Side Chair
Ian Johnson - Business Development Manager, IMS MAXIMS (until item P21/04/E3)
Steve Marsh – Public Governor
Susan McCreddie – Public Governor (until item P21/04/E3)
Vivek Pannikar – Staff Governor (until item P21/04/E3)
Clive Tattley – Partner Governor (until item P21/04/F1)
- Apologies:** Marie Purdue – Director of Strategy and Transformation

P21/04/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 apologies for absence were noted.

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

P21/04/A2 Actions from Previous Meetings (Enclosure A3)

Actions 1 – 7, 9, 10, 12-13 were closed.

The Board:

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

P21/04/B1 Quality Framework Strategy (Presentation)

The Chief Nurse presented the Quality Framework Strategy which would include an organisational approach to improvement. A consideration would be made on the overlap of committees for supporting elements include leadership, culture and performance. The long-term process would include a continual improvement underpinned by quality management systems. The elevator pitch includes the following questions and considerations:

- Where are we going? Formed from the True North and breakthrough objectives,
- How are we going to get there? As part of the Quality and Delivery Frameworks,
- How would we know that we've arrived? Through embedding ownership and assurance.

Each Division and Directorate would form an action plan against the delivery of each of the True North objectives against the four quality metrics: quality planning, quality control, quality improvement and quality assurance. The Quality Framework Strategy had been reported to the Quality and Effectiveness Committee and the Management Board for discussion and consideration. The Chair of the Quality and Effectiveness Committee confirmed this and was supportive of the framework.

It was noted by the Director of People and Organisational Development that it was crucial that further work be undertaken to identify how the framework would translate into the Divisions and Directorates and where accountability would be. In response to a question from Mark Bailey regarding Divisional engagement, it was confirmed that the performance and assurance framework was under review to identify where accountability sits at differing levels. Following the discussions at the Management Board meeting, work was underway in small teams to translate the strategy into reality for each Division and Directorate and to ensure that work was standardised. The Medical Director noted that culture was important throughout this work to enable new ways of working.

There was a general consensus that the framework should be simplified as it appeared to be complex. Using a simpler language would ensure that the framework was more adoptive.

Following a comment from Kath Smart regarding the inclusion of risk management, risk assessment and risk awareness in the relevant boxes of the framework relating to process and leadership culture, it was agreed that this would form part of that.

Kath Smart suggested that forms of assurance were listed in the matrix to make it clear where they fit into the quality management process and used the CQC as an example.

It was noted that the communications regarding the Quality and Framework Strategy was key to the successful implementation of it.

Neil Rhodes was supportive of the approach and urged colleagues to think about how the framework would work alongside the breakthrough objectives. The Chief Executive advised that there were three strands involved in the delivery of the objectives: financial

sustainability and the delivery of the financial plan, performance delivery and quality and communication.

The Board:

- **Approved the Quality Framework Strategy.**

True North SA1 - QUALITY AND EFFECTIVENESS

P21/04/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 measures had been updated and there were no new risks identified. Dates were added to the assurance section.

P21/04/C2 Chief Nurse Update (Enclosure C2)

An in depth review was undertaken at the Quality and Effectiveness Committee on falls, as there had been an increase seen since the previous year. It was noted however that there had been a 28.2% reduction seen in those falls causing moderate and severe harm. The now established 'Learning from Falls' panel is extracting learning from these cases, which is sent out to all ward managers, matrons and divisional directors of nursing as soon after the falls as possible. A year end collation of themes will be also shared across the Trust so the falls accreditation can be based around local learning. Quality improvement work had commenced in Ward 26 and Ward 17, and would be rolled out to the ten wards with the highest falls over the remainder of the year.

Whilst there had been a reduction in the number of hospital acquired pressure ulcers in 2020/21, there had been a 9.1% increase in the number of category 4 ulcers. The now established 'Learning from HAPU' panel is extracting learning from these cases, which is sent out to all ward managers, matrons and divisional directors of nursing as live as possible.

Recent guidance had been released how to report hospital onset probable or definite healthcare associated COVID-19. While all hospital onset COVID-19 infections had been reported to the daily and weekly Hospital Onset COVID-19 Infection (HOCl) SitRep, the COVID-19 Patient Notification System (CPNS) has been used to report hospital acquired COVID-19 deaths. Trusts were now advised, for cases of definite and probably hospital onset COVID-19 should be collated to establish if they resulted in death, moderate or severe harm and to follow the definition of a patient safety incident. This work had now commenced to establish how many patients this has affected, linked to ward outbreaks and whether the next of kin has received information, an apology and relevant support. A further update would be provided at the next meeting.

The ongoing work to implement eObservations, fluid balance and sepsis, via nerve centre has continued at pace. This work is essential for improvements on deterioration management tools such as NEWS2. Nursing assessments are currently being developed, along with preparations for the Nervecentre system upgrade that will bring additional functionality, fixes and ground work for future developments in the system.

There would be an upgrade to the current Electronic Prescribing and Medicines Administration (EPMA) in the early hours of 17 May 2021. Although all the functionality of the current system for prescribing and medicines administration would be available on the new version, it was being created as a web based system that will have a different look to it. Medical and Nursing staff who use the current system will need to complete an online training package available via ESR. This will also enable symphony to work with the system to improve prescribing in the Emergency Department.

An update was provided on maternity initiatives which included that the Maternity and Neonatal Safety Improvement Programme Team (MatNeoSIP) has been working with colleagues across the NHS to address the variation and care issues highlighted by the Ockenden report.

A weekly Complaints Panel would commence that week chaired by the Chief Nurse to review all ongoing complaints.

COVID-19 hospital restrictions would be eased in line with the Government's road map.

A report of the progress of the Magnet4Europe study would be received at the Quality and Effectiveness Committee.

Following a question from Pat Drake relating to the guidance received for the reporting of hospital onset of COVID-19 and duty of candour, it was confirmed that a review was underway of all cases to identify what was probable and definite.

It was requested that a glossary of acronyms be included as part of the maternity report.

Following a question from Kath Smart regarding how learning from falls and hospital acquired pressure ulcers was monitored, it was confirmed that monthly monitoring of data was undertaken to ensure that there was learning from incidents. The iQAT (inpatient quality accreditation tool) would be relaunched.

A discussion took place regarding the nursing leadership restructure to each include a head of nursing for each division and a matron for workforce. This restructure would enhance development and improve patient care in the Trust.

In response to a question from Sheena McDonnell regarding complaints reported in month, it was confirmed that there had been an improvement in the number of open cases in month and efforts had been made to close cases. There had been a big reduction in the feedback received from the Friends and Family Test, due to the wrong information given to patients, however assurance was provided that this had been rectified.

A discussion took place regarding the number resignations seen in the midwifery workforce, and it was confirmed that the resignations were due to many reasons including staff relocation, achievement of other role elsewhere, retirement and the continuity of carer mandate had impacted, as a change to how midwifery services would be delivered in the future. There was a pilot underway across the ICS to recruit third year midwife students as a collaborative. There may be an opportunity to recruit midwives from Ireland.

Action: A report of the progress of the Magnet4Europe study would be received at the Quality and Effectiveness Committee. DP

Action: A glossary of acronyms would be used in the maternity report.

DP

The Board:

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

P21/04/C3 Medical Director Update (Enclosure C3)

95% of patients on the admitted RTT active waiting list (excluding planned waiters and diagnostics) had been stratified using the guidance issued by the Royal College of Surgeons. A large number of letters had been sent to patients to verify their position, only 1% of which returned a choice to remove themselves from the waiting list.

The Medical Advisory Committee has been established and a number of key issues were evolving to steer the agenda. The average uptake for Medical appraisals during 2020/21 was 64.94%. The compliance for response to Declarations of Interest for medical staff increased to 99%.

Crude mortality demonstrated a reduction had been seen from December 2020 to March 2021.

A request had been made by the Trust Medical Committee to create the Medical Advisory Committee. Two meetings had taken place to date and provided the opportunity for collaborative discussions regarding wider and general matters. A survey had been sent to all Consultants and SAS Doctors to advise of areas they would wish to be discussed. The proposed work plan included IT, education, research and training, patient safety, quality improvement, ICS impact of changes and more. It was noted by Pat Drake that this would be a productive process.

Final discussions were required to complete the clinical governance structure with a review of the terms of reference for each of the key committees to be undertaken over the coming month.

An update was provided on the Medical Director Office restructure and it was expected that the General Manager role would be advertised shortly.

Following a question from Pat Drake regarding issues relating to a lack of patient ID bracelets upon admission, it was confirmed that this had been an isolated issue, however the documentation would be reviewed to amalgamate to the electronic system.

Pat Drake noted that metastatic cancer was still reported as of the top five causes of death, and advised the Board that the Quality and Effectiveness Committee would be in receipt of a deep dive in August 2021.

The Chief Executive advised the Board that the two new posts within the Medical Director Office would be titled Medical Directors, and the currently Medical Director post would be renamed Executive Medical Director with immediate effect.

Sheena McDonnell reflected on complaints themes and how families had found it difficult to contact wards. The Chief Nurse advised that there were ward liaison managers in place. During the COVID-19 pandemic it had been difficult as there were many volunteers unable to come to site. Efforts would be made to recruit volunteers from a wide range of age groups. The Chief Executive advised that due to the COVID-19 pandemic, patient relative interaction had changed significantly with the wards because they weren't able to come to site, this communication moved to telephone contact.

The Board:

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

P21/04/C4 Ockenden Report (Enclosure C4)

The Trust was waiting for the Senior Advocate Role job description, therefore couldn't recruit to the post. Significant development of the DBTH maternity website was still required.

Pat Drake, in her role as non-executive director support to the Maternity Voices Partnership (MVP) advised that the indicator remained amber for the required monthly meetings to take place they had not been set up as yet by the CCGs, and the chair of one MVP had resigned. An update would be provided to the Quality and Effectiveness Committee on progress of the MVPs as agreed by the Board in April 2021.

The Board:

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

Kath Smart and Jon Sargeant left the meeting.

True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT

P21/04/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.

There were no changes this month. A plan was in place update the board assurance framework to reflect the staff survey results and refreshed break through objectives.

P21/04/D2 Our People Update (Enclosure C2)

COVID-19 related absences saw a reduction in February 2021 but a small increase in March 2021 with a further reduction in staff requiring a COVID-19 swab and subsequently testing positive. Colleagues who were shielding mostly returned to work. With regard to lateral flow testing c.0.31% of staff testing were reporting a positive result.

The Trust had completed the first phase of the COVID-19 vaccination programme with second dose programme underway. The campaign was expected to be completed at the end of April 2021. In excess of 6000 colleagues working on Trust sites had been vaccinated with ci.88% of Trust colleagues vaccinated. The Trust was working with Place partners to continue to offer the first dose to those who now wish to or are able to have the vaccine.

The 2021 appraisal season with refreshed paperwork combining the wellbeing conversation with the standard appraisal documentation had been launched. Through the recognition of the importance of the wellbeing conversation, the Trust had taken the decision to continue with a 4-month appraisal season (April to July) to ensure those conversations take place. The Trust would also continue with the approach of either maintenance or developmental appraisals.

Kath Smart and Jon Sargeant returned to the meeting.

Following a question from Sheena McDonnell regarding the lateral flow and colleagues not vaccinated, the Director of People and Organisational Development advised that the majority of colleagues had been vaccinated, however managers had been encouraged to discuss with those who hadn't undertaken the vaccine to identify reasons why or if they had received it elsewhere. Many trying to families or who were pregnant were reluctant. There would be a booster vaccination alongside the flu vaccination. There was no national guidance to indication that it would be mandated. The Chief Executive noted that a focus would remain for winter on infection prevention and control measures, when it was expected that more positive COVID-19 tests would be returned. Policies would be updated to reflect the changes in agile working relating to health and safety, sickness absence and working hours.

Following a question from Mark Bailey regarding the health and wellbeing offer, it was confirmed that the access to the Vivup employee assistance programme had been reviewed. Efforts were underway to implement enhanced on-site hubs for colleague as a rest room. The ICS had received funding for health and wellbeing. Update would be provided to the People Committee. The Chair noted that the health and wellbeing offer was comprehensively covered in the weekly Buzz magazine to colleagues. It was noted that the update of reiki was high, and there had been feedback from colleagues from the department for critical care that the psychological support was valuable.

Kath Smart suggested that whilst there were multiple good health and wellbeing offers, it would be beneficial to review those that had the best and most impact on colleagues and the appraisal would be a good place to evaluate this. The Director of People and Organisational Development advised that many health and wellbeing apps had been made available to NHS colleagues during the pandemic which were due to come to an end and therefore feedback from a national and regional level to the impact that the offer of those apps had would assist in forming a conclusion.

The Board:

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

P21/04/D3 Staff Survey Action Plan/People Plan Priorities (Enclosure C3)

A workshop had taken place with People Committee members to discuss the people plan priorities for the organisation. The themes had been agreed, however the key priorities for the themes were still to be determined. A focus would be taken on managing issues in a timely manner, regular communication with colleagues, learning, and the leadership, development and talent management offer. Wellbeing conversations would continue to form part of the appraisal process. A new DBTH leadership programme prospectus would be available soon with an additional strand 'everyone counts'. A leading to outstanding programme would commence in September 2021, delayed due to the COVID-19 pandemic.

Following the success of the emergency department organisational development programme, similar work would be undertaken in trauma and orthopaedics.

A new quarterly staff survey would be introduced, consisting of the nine questions asked in the annual staff survey relating to the staff engagement score. It was anticipated that this would replace the staff friends and family test.

Neil Rhodes advised the Board that he had chaired a briefing session to Governors on the staff survey results which provided Governors with a comprehensive update which was very well received.

Sheena McDonnell noted that following the workshop to identify the Trust's people plan priorities, there were six key areas of focus identified. The Chief Executive advised that the Management Board would change to a Trust Executive Group meeting which the Divisional Directors will form part of. The Executive Team meetings would change to allow for time for six senior leadership meetings per year with the wider leadership teams to discuss development, the future strategy and other matters.

The Board:

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

P21/04/D4 RACE Equality Code Action Plan (Enclosure D4)

A report was provided on the update of the RACE equality code action plan. The assessment report confirmed that the Trust completed all the required stages of the assessment and demonstrated a good level of compliance. Completion of stages 2 and 3 of the assessment process provided confidence that based on the discussions that took place, and the evidence provided at stage one, the Trust had applied the principles of the RACE equality code. The RACE equality code action plan had highlighted 71 actions in total that the Trust needs to complete. The Equality, Diversity and Inclusion Forum would be tasked with ensuring that actions were completed. The reciprocal mentoring programme had commenced in April 2021.

The statutory and essential training offer would be reviewed to ensure that it was fit for purpose and clearly included equality, diversity and inclusion issues in relation to the Recruitment and Selection Policy. The Fair Treatment for All policy would be refreshed to ensure that it was fit for purpose. Efforts would be made to recruit Associate Non-Executive Directors, and the Shadow Board programme would recommence to provide a development opportunity for colleagues to experience Board and Board committee meetings.

Pat Drake complimented the work undertaken to date, and asked if the membership of the Equality, Diversity and Inclusion forum would be reviewed as there had not been a good uptake from Divisions prior to the COVID-19 pandemic. It was noted that it would form part of the accountability framework to ensure that Divisions understood the important of the work.

The Board:

- ***Noted and took assurance from the RACE Equality Code Action Plan.***

True North SA4 - FINANCE AND PERFORMANCE

P21/04/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. Additional risks included:

- Robust plans required for the delivery of operational activity requirements in H1 of 21/22 to meet 85% required standards for H1 of 21/22 within baseline resource and funding,
- Delivery of ERF,
- Lack of clarity in terms of the Trust's bed plan and therefore costs of workforce plans,
- H2 – currently there is no guidance for the second half of the year with the potential that system top up funding is removed causing a potential significant deficit in the second half of the year for the Trust of c. £14m.

P21/04/E2 Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)

The vaccination programme progressed well in Doncaster and Bassetlaw. Attendance in the Emergency Department (ED) had increased rapidly with a specific increase seen in paediatric cases, in line with schools reopening. An analysis had been undertaken on the increase in ED attendance and it was evident that a small number of GP practices have seen significant changes in patient behaviour, however there had also been a significant rise in patients advising that they were unable to access the GP. These issues had been escalated to Doncaster CCG, Bassetlaw CCG and Wakefield and Barnsley. COVID-19 occupancy had reduced, the total COVID-19 occupancy was 3.6%, the active case occupancy reported at 2.2%. A rise had been seen in the demand for non-COVID-19 emergency beds. Pressures had reduced in the intensive care unit (ITU). This had allowed for the Trust to move Theatre staff working in ITU. Key elective issues included the 52-week wait position, with 2,394 reported at 31st March 2021. There was a growing focus by NHSE/I on the delivery of P2 patients within 28-days, which was an important metric for urgent patients. The Cancer Team continued to perform well in comparison to partner organisations. There was a small number of patients waiting 104-days.

The national planning guidance had been received and advised that there must be a phase return of elective activity from 70% in April 2021 to 85% from July 2021 onwards as a percentage of value of the activity undertaken in 2019/20. It was noted that there was access to the elective incentive fund via the ICS, and not on an organisational level. Action would be taken to restore the full operation of cancer services, with no more patients waiting over 62-days by March 2022.

The ongoing utilisation of Park Hill Hospital had been agreed at 30-cases per week from 1st May 2021 for a six-month period, undertaken at financial risk. The bed plan had been agreed for Doncaster and Bassetlaw, based on a 20% length of stay increase seen.

A full set of risks and mitigations had been considered by the Finance and Performance Committee, which highlighted that there was a significant level of uncertainty, risk and challenge. A focus of elective recovery was the governance of elective processes and the approach to the administration processes. The Integrated Performance Report would be refreshed. A deep dive into the cancer plan and urgent emergency plan would take a focus at the Finance and Performance Committee in May 2021.

Neil Rhodes advised the Board that the Finance and Performance Committee undertook a comprehensive discussion regarding this item in April 2021. The quality of work undertaken by the Chief Operating Officer, Director of Finance and their teams were to be commended. An important feature of the successful would be to monitor progress carefully via the Finance and Performance Committee.

A discussion took place regarding the change in behaviours of patients and the increase in attendance seen in the Emergency Department. The Chief Operating Officer would follow up on discussions with CCGs.

Kath Smart noted that there needed to be a balance the tension between staff taking their annual leave and the achievement of the 85% of elective activity by July 2021.

The Board:

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

P21/04/E3 Performance Update (Verbal)

This was discussed as part of item P21/04/E1.

Action: As the Integrated Performance Report was not available in time for the meeting, it would be circulated once available. RJ

The Board:

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

P21/04/E4 Finance Update (Enclosure E4)

The Trust's surplus for month 12 (March 2020) was £4.3m (excluding donated assets), which was c. £5.2m favourable to plan. The Trust's year-to-date position was a £4.1m surplus excluding donated assets (£5.5m including donated assets). Therefore, the Trust achieved its forecast required financial performance for the year which was a break-even position. The favourable variance against the breakeven forecast, was driven in by the Trust receiving c£4m of additional funding from NHSE/I relating to the additional costs of increased annual leave (due to increase in carried forward leave due to COVID).

The annual leave accrual funding (notified in month 12) and 'lost' NHS income (received in month 11) is subject to change post submission of the Trust's key data return on the 19th April. Therefore, this position is draft and is subject to change. The other key area under review is a potential staff pay issue that we have been made aware of and is being assessed by P&OD.

Capital expenditure in month 12 was £11.0m, with annual capital expenditure being £36.3m, including COVID-19 capital spend of £1.5m and donated asset spend of £1.9m. This was £1.0m behind the £37.4m original plan but was £0.1m ahead of the forecast (excluding donated assets). Thereby the Trust achieved its revised capital plan.

The cash balance at the end of March was £51.7m (February: £77.1m). Cash had fallen as a result of the Trust not receiving Block income in the month, reversing that the Trust received two months' worth of the block income in April 2020 as a cash advance (which was the same for all Trust's nationally). The Trust also received £10.1m of PDC Dividend for capital schemes in month, and there were capital creditors of £11.6m at March 2021.

The Trust accounts would be audited in the last week of April 2021.

Neil Rhodes noted that the Trust would exit the year ended 31st March 2021 in a good position and had made good use of public money.

Kath Smart noted that the key messages to staff when the Trust was in a surplus position at year end would need to include a management of expectations, particularly with the challenging year ahead and the underlying deficit. The Director of Finance advised that the

position previously described was the year-end position for the year, however noted that there was an underlying deficit of £31m.

The Chief Executive advised that during the first half of 2020/21 many governance processes were managed differently due to the pace at which change was required due to the COVID-19 pandemic, and with the clarity on H1 (first six months) of 2021/22, the Trust would ensure that it remained within the governance framework and ensure that this was communicated more widely to colleagues.

The Chair commended the year-end report and noted that the annual accounts would be presented at the Annual Members Meeting in September 2021.

The Board:

- ***Noted and took assurance from the finance report for the year-end 31 March 2021.***

P21/04/E5 Going Concern (Enclosure E5)

International Accounting Standard (IAS) 1 requires the management of all entities to assess, as part of the accounts preparation process, the bodies' ability to continue as a going concern. This was further enforced by Department of Health requirements to review the trust's going concern basis on an annual basis. The going concern principle being the assumption that an entity will remain in business for the foreseeable future. This is to facilitate the accounting basis to be used in the preparation of the Trust's annual accounts. It had been recommended to the previous Finance and Performance Committee that Trust produce its accounts on the basis of being a going concern who supported this. The Board considered and approved that the Trust would produce its annual accounts on the basis of it being a going concern. The annual report would clearly state this assessment whilst outlining the risks facing the Trust.

The Board:

- ***Considered and approved that the Trust would produce its annual accounts on the basis of it being a going concern.***

P21/04/E5 Capital Plan 2021/22 (Enclosure E6)

The Trusts capital delegated expenditure limit (CDEL) for 21/22 is £18.9m which will be self-funded by the Trust through depreciation £11.3m, and cash reserve of £7.6m (which was net of repayment of the capital loan in year £2.0m).

The capital sub-committees (Estates, Medical Equipment, and IT) along with engagement from the Divisions/Corporate Directorates have collated the capital priorities for the Trust over the next 12 months. On this basis the groups have recommended the capital programme as detailed in the paper which was in line with the initial allocation splits agreed by the Executive Team which was affordable within the Trusts allocated CDEL for 21/22. The Executive team have also reviewed the priorities and agreed the capital plan for 21/22.

The recommended capital programme delivers the key priorities over the next 12 months including:

- Continuation with eradicating the high Critical Infrastructure Risk
- Continuation of the Fire Safety works, and Electrical Enhancement programmes
- Replacement of high risk Medical Equipment

- Replacement and Upgrade of high risk IT equipment and systems

Unlike in previous years the capital allocation had been set at an ICS/system level with SYB ICS allocated c. £105m. SYB ICS, following discussions with leads from each organisation has agreed the organisational level split in which DBTH would receive £18.9m as the capital allocation. The Chief Executive advised that the position had been negotiated with the ICS and the Director of Finance had secured the capital to continue the fire works. It was confirmed that shortly after the approval, the Fire Service had undertaken a review and the fire improvement notices in place had been rescinded. This was a good outcome for the Trust and would provide the opportunity for further improvement.

The Board:

- ***Noted and took assurance from the Capital Plan for 2021/22.***

P21/04/F1 Annual Objectives (Enclosure F1)

The Chief Executive outlined the minor changes to the Breakthrough objectives for 2021/22, which reflected the impact of, and lessons learnt from, the COVID-10 pandemic:

- Achieve measurable improvement in our quality standards and patient experience
- At least 90% of colleagues have an appraisal linked to the Trust Values and feel able to contribute to the delivery of the Trust vision
- Team DBTH feel valued and feedback from staff and learners in top 10%
- The Trust is in recurrent surplus to invest in improving patient care

The Board reviewed the updated corporate objectives, progress updates would be provided on a quarterly basis.

The Board:

- ***Considered and approved the corporate objectives for 2021/22,***
- ***Considered and approved the Breakthrough objectives for 2021/22.***

P21/04/G1 Corporate Risk Register (Enclosure G1)

There were no new corporate risks escalated from the Management board. There were 109 risks logged 15+ within the Trust, fourteen of which were monitored via the corporate risk register. Risk ID 1412 – Risk of fire to Estate had been reduced from a rating of 20 to 15. South Yorkshire Fire and Rescue Service wrote to the Chief Executive on 1st April 2021 to rescind the fire safety notices for the East Ward Block and Women and Children’s Hospital, both of which were replaced with action planned to be complied with.

KPMG continued their internal audit to sample risks rated 15+ from the risk log for compliance with the risk management policy.

Further action was required to continue to review existing risk, identify new risk or alter risk through the improvement process. Efforts would be made to embed the risk management process through refreshed training and education.

The Board:

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

P21/04/G2 Terms of Reference of the Audit and Risk Committee

The Board reviewed the revised terms of reference of the Audit and Risk Committee to include the People Committee within the Board meeting structure. Kath Smart, as Chair of the Audit and Risk Committee commended the terms of reference for approval.

The Board:

- ***Approved the revised terms of reference of the Audit and Risk Committee***

P21/04/G3 COVID-19 Business Continuity Terms of Reference – Trust’s SO’s (Enclosure G3)

The Company Secretary proposed an extension to the COVID-19 Business Continuity Terms of Reference – Trust Board and Sub Committees as there was a clear organisational need to continue the response to the COVID-19 pandemic with all available efforts, whilst continuing to have an overview on the safety of all DBTH patients and the wellbeing of staff, during the pandemic.

It was agreed at the Board on 21st March 2020 to suspend certain elements of the Trust current standing orders (SO’s) relating to Board and its sub-committee meetings normal terms of reference. It had been agreed to invoke section 6.2 of the SO’s Emergency powers.

Following a discussion regarding the matter, it was agreed that when the Standing Orders are reviewed in July 2021, the addendum would be removed.

Sheena McDonnell noted that the People Committee would need to be included in the Standing Orders.

Action: When the Standing Orders are reviewed in July 2021, the COVID-19 Business Continuity Terms of Reference addendum would be removed. FD

The Board:

- ***Approved the COVID-19 Business Continuity Terms of Reference – Trust’s SO’s.***

P21/04/G4 Finance and Performance Committee Annual Report (Enclosure G4)

The Chair commended the Finance and Performance Committee annual report to the Board.

The Board:

- ***Noted and took assurance from the Finance and Performance Committee Annual Report.***

P21/04/H1 Information Items (Enclosures H1 – H9)

-H9

The Board noted:

- ***H1 Chair and NEDs Report***
- ***H2 Chief Executives Report***
- ***H3 ICS Update***
- ***H4 Minutes of Audit and Risk Committee – 29 January 2021***
- ***H5 Minutes of the Finance and Performance Committee – 26 January 2021***

- **H6 Minutes of the Management Board Meeting – 8 March 2021**
- **H7 – Minutes of the Quality and Effectiveness Committee – 2 February 2021**

Pat Drake provided assurance that all actions had been completed or had been included as part of the forward work plan. Pat Drake advised the Board that she had made a request to Executive Director colleagues to ensure that any concerns raised are reflected in their reports to Board.

- **H8 – Infection Prevention and Control Board Assurance Framework**
- **H9 – Minutes of the Acute Federation Chairs and Chief Executives 1 February 2021 and 1 March 2021**

P21/04/I1 Minutes of the Meeting held on 16 March 2021 (Enclosure I1)

A request was made for an amendment to page 15, Section P21/03/I3(i)

From:

It was advised that vaccinations were 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.

To:

*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.*

The Board:

- **Received and Approved the Minutes of the Public Meeting held on 16 March 2021 subject to the above amendments.**

P21/04/I2 Any Other Business (Verbal)

There were no other items of business.

P21/04/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P21/04/I3(i) The Lead Governor advised that that a Governor had been involved with the £4k raised by a local Muslim community and expressed on the Governor's behalf how proud she was of them for it.

It was noted that the Governors had an interest in quality, with an upcoming briefing session to be held on the Quality Accounts, and suggested that the Governors should have an explicit

role built into the Quality Framework Strategy as a formal role was required in relation to quality. There was no response given.

Hazel some other questions answered.

In reference to the Falls paper C2 page 21, there has been a 19.3% increase in falls in 2020/21 compared to the previous year although the severity of these falls has reduced. Governors have long been concerned about falls and have been told that there is a correlation between this increase and COVID-19, particularly relating to the restriction on visitors. How can staff address this to prevent a further increase in falls if/when we experience a further wave of COVID-19 restrictions? And can governors be appraised of the work of the 'Learning from Falls' panel in due course?

It was noted by the Lead Governor that the majority had been discussed as part of the business of the meeting and that there was a planned briefing session to Governors by the Holistic Care Team. The Chief Nurse added that the Falls Practitioner was part of the Holistic Care Team, and learning would be taken from the quality improvement work underway. If a fourth COVID-19 wave was to occur it would depend on the severity and how the pandemic would be nationally mandated. A further discussion would take place at the Governor Briefing delivered by the Holistic Care Team. It was requested that the Governors be appraised of the learning from falls panel. It was agreed that this would be included in the Holistic Care Team presentation.

In reference to page 61 of the papers, I see that there will be new quarterly staff survey. Are staff expected to fill these extra surveys in during their working hours? How do they contribute to the annual staff survey – if at all?

The Director of People and Organisational Development advised that it was expected that the quarterly staff survey would run three times per-year, with the annual staff survey to take place in the fourth quarter. It was known that the quarterly staff survey questions would be the nine staff engagement questions as asked in the annual staff survey however it was unknown whether there would be any flexibility to add further questions.

The Chair noted the efforts of the Muslim community in raising £4k worth of equipment and treats for local hospitals.

The Board:

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

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

The Chair advised the Board and its attendees that a review would be undertaken of the frequency of the Board meetings, following a discussion and suggestion throughout the quality improvement work that they be amended to alternative months. If agreed, on that basis the next Board meeting would be on Tuesday 15th June 2021.

Date: Tuesday 18 May 2021

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- *Noted the date of the next meeting.*

P21/04/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.*

P21/04/J Close of meeting (Verbal)

The meeting closed at 13.00.



**Suzy Brain England
Chair of the Board**

**Date
18 May 2021**