

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 20th July 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
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
Abigail Trainer – Director of Nursing
Emma Shaheen – Head of Communications and Engagement
Katie Shepherd – Corporate Governance Officer (Minutes)
Malcolm Veigas – Associate Non-Executive Director
- Public in attendance:** Peter Abell – Public Governor
Dennis Atkin – Public Governor
Mark Bright – Public Governor
Lynne Logan – Public Governor
Steve Marsh – Public Governor
Pauline Riley – Public Governor
Sue Shaw – Partner Governor
Vivek Pannikar – Staff Governor
Lynne Schuller – Public Governor (from P21/07/C3)
- Apologies:** Sheena McDonnell – Non-Executive Director
Marie Purdue – Director of Strategy and Transformation

ACTION

P21/07/ Welcome, apologies for absence and declaration of interest (Verbal)

A1

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.

P21/07/ Actions from Previous Meetings (Enclosure A3)

A2

Actions 1-5 were closed.

The Board:

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

**P21/07/
C1** **Board Assurance Framework – SA1 (Enclosure 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. This had been updated to include that the Trust submitted evidence to the Ockenden Report Portal on 1st July 2021 as per national guidance. The Safer Nursing Care Tool had been completed in June 2021 for all nursing areas. There had been additional risks added relating to COVID-19 which included a risk to the waiting list and the Ophthalmology plan.

**P21/07/
C2** **Chief Nurse Update (Enclosure C2)**

There had been three serious incidents reported in June 2021. All three were under investigation to identify any learning from them. 'After action reviews' continued as part of the National Safety Syllabus, which was used as a means of framing a structured facilitated discussion of an event that had occurred. Of the 123 reported falls in June 2021, five resulted in moderate harm. Learning had been collated and circulated to all Trust staff to raise awareness of key themes. The learning identified at the Falls Panel in June 2021 was focused upon early referral and assessment by physiotherapy, walking aid provision and implementing and maintaining the assessed level of supervision/utilising next best options if the assessed supervision cannot be achieved, and improving the knowledge and understanding of cohort and 1:1 Supervision for Trust staff and NHS Professionals/agency staff. There were no category three hospital acquired pressure ulcers (HAPU) reported in month. The skin integrity team were focusing on the support on wards to reduce the incidents of grade 2 pressure ulcers. Learning in month included documentation and prevention with the use of medical devices. An electronic risk assessment would be undertaken through Nerve Centre on falls and HAPU.

The Trust had followed the guidance by NHS England to identify patients who had subsequently died from probable hospital onset of COVID-19 and definite hospital onset of COVID-19 and report as a patient safety incident. A task and finish group had been formed to undertake this analysis. The recommendations and actions had been completed, and work to ensure that the Duty of Candour process was duly followed with bereaved families would commence in July 2021. There were two cases of Clostridium Difficile in June 2021, both of which were community onset, hospital acquired. There was no national target for the year, however the Trust was using the target of less than 44 set for 2020/21.

The framework for involving patients in patient safety was released in June and was split into two parts:

- Part A which would require the involvement of patients in their own safety
- Part B which requires the implementation of Patient Safety Partner involvement in organisational safety.

It was expected that the Patient Safety Partners would be in post by the end of Q1 2022/23.

The Trust was preparing to deliver phase 2 of the Digital Transformation Programme with the introduction of the Core Risk Bundle of Nursing Assessments. The roll out of E-Observations would be expanded to include Paediatrics, which was more complex due to the observation escalations for the three age categories within sepsis screening for paediatrics.

A new policy had been written in order to comply with the NHS England mandate to implement the National Safety Standards for Invasive Procedures (NatSSIPs). To improve the informed consent process, the EIDO library had been updated to the full library.

There were two outstanding actions following the review of all perinatal deaths using the real time data monitoring tool. One related to the sound proofing of rooms however a plan was in place to review the bereavement facilities. It was noted that this had been delayed due to the Women and Children's Hospital water leak incident that took place in April 2021. The second outstanding action related to CTG compliance however this had been escalated to the senior leadership team who would review the guidance.

There were no new HSIB reports for June 2021. It was reported that Consultants and Staff Grades were 100% compliant in PROMPT training, and the remaining Anaesthetist staff that required training had been rostered to attend the virtual training.

The Ockenden Report feedback was completed and was uploaded to the portal on 1st July 2021. Funding had been received for three additional Obstetricians as CTG Leads and one additional midwife. A further £44k had been received for maternity related training. It was noted that there had been only one red flag on the Maternity Dashboard in month relating to staffing due to COVID-19 isolation, which had impacted many services within the Trust.

It was reported that there had been a response rate of 17.7% from patients for the Friends and Family Test survey which demonstrated a good improvement. The Trust would work in partnership with St John's Ambulance in hosting 20 NHS Cadets between the ages of 16-18. The Trust was also partaking in a PACT research study with the aim of the research being to improve the safety and experience of care transitions for older people. The Trust would take over the management of the Bassetlaw Hospice and community palliative care service from 1st October 2021. The service would be added to the Trust's existing CQC remit and be part of the End-of-Life Service line when the Trust was inspected in the future. Over a 12-month period the Trust had seen a reduction of 10% under its planned versus actual safer staffing data.

Pat Drake wished to congratulate the work undertaken on falls with a particular focus on prevention. Pat Drake reported to the Board that the Quality and Effectiveness Committee would receive information relating to e-Observations, sepsis, NatSSIPs and Local Safety Standards for Invasive Procedures (LocSSIPs), and hospital acquired pressure ulcers on 3rd August 2021. A meet was planned with the Chair of the Maternity Voices Partnership at Doncaster and contact had been made to plan one for Bassetlaw. Pat Drake noted that it was good to see that Continuity of Care was established at Bassetlaw.

In response to a question from Pat Drake regarding risk assessments, the Chief Nurse advised that the inclusion of the risk core bundle in E-Observations would be rolled out from September 2021. It was noted that if the risk assessments weren't completed, the system would not allow for the continuation of the admission process for a patient, therefore they would not be missed. There was a similar mechanism in place for sepsis scoring within the Emergency Department to ensure that the process could not be missed.

In response to a question from Pat Drake regarding the benefits to the Trust in taking over the Bassetlaw Hospice, the Chief Nurse advised that the Trust would have an active role in the community and palliative care which would provide a good service to the Bassetlaw community. The specification of expectations had been reviewed. The Director of Finance advised that the due diligence process had been undertaken, however noted that there may

more staff to transfer over than initially advised of, and therefore noted the small risk however advised that the Trust would be required to legally transfer them.

In response to a question from Pat Drake regarding the rules for healthcare workers around isolation, it was advised that if a member of staff was 'pinged' by the NHS Track and Trace App, there would be an individual risk assessment undertaken to allow people to get back to work quicker. The Director of People and Organisational Development advised that new guidance was being devised for the risk assessment process, which would undergo the approval process by the Executive Team. Following a question from the Chair regarding the provision of twice-weekly lateral flow kits, and the need to ask colleagues to undertake daily lateral flow tests when required, it was advised that the Trust had a supply of approximately 1,000 further boxes, and once they had run out, colleagues would be required to order their kits via the Government website.

It was noted that whilst there had only be 38 applications for the newly qualified nurse posts which was lower than previous years, it was expected that this would increase slightly. The Workforce Matron post would be advertised shortly and would support the work to be undertaken to implement safer staffing within the Allocate system.

Following a question relating to national guidance on mask wearing in hospital, it was advised that the NHS Chief Nurse noted that it would be expected that all patients, staff, and visitors continue to wear face masks whilst in hospitals. The Audit and Risk Committee had reviewed the health and safety and security report, and action had been agreed to support colleagues in how they challenge or speak to members of the public with non-mask wearing. Saba reported the number of challenges they made with patients and visitors.

In response to a question from Kath Smart regarding the many recommendations that come from different sources and how the Trust tracked that, the Chief Nurse advised that the majority of this was tracked within the DATIX system, logged by theme and with action plans.

Kath Smart noted that there had been an increase in staff absence and the number of children from schools isolating in Doncaster as the COVID-19 cases increased; and asked for confirmation of the mitigations in place to manage this. The Chief Nurse advised that the daily review of staffing took place at the Operational Meeting, and where staffing was inappropriate this would be recorded on DATIX. There had only been one instance to date, and this coincided with the Euro Football Final.

Mark Bailey took assurance from the report that actions were being undertaken in relation to complaints and patient experience, following discussions at the Quality and Effectiveness Committee.

In response to a question from Mark Bailey regarding the introduction of E-Observations for sepsis management in paediatrics, it was advised by the Chief Nurse that work was ongoing with the clinical teams to implement this as soon as possible. The most recent audit undertaken for compliance of sepsis screening in paediatrics, the Trust achieved 100%.

Neil Rhodes supported the discussions in relation to the challenge required for those that were not wearing face masks on the hospital site. The Chief Nurse advised that the Communications and Engagement Team were in the process of devising posters to advise visitors and patients of the rules surrounding mask wearing. Face-mask dispensers would be stationed at all entry points. To date there had been one reported incident within the Emergency Department

related to mask wearing. The Medical Director noted that there were very few that were exempt from mask wearing, many of which were respiratory patients, however it was reinforced to such patients that they were amongst the most vulnerable and visors were recommended.

The Board:

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

P21/07/ C3 Infection Prevention and Control Board Assurance Framework (Enclosure C3)

The Board received the updated Infection Prevention and Control (IPC) Board Assurance Framework. Research had been undertaken by Cambridge University regarding the use of FFP3 face masks. These had been introduced into the Emergency Department Resuscitation Unit and the COVID-19 section of the Respiratory Unit.

In response to an update request from Kath Smart in relation to the Infection Prevention and Control Team provided support to Place working within the care homes in Doncaster and the mitigating action reported being that PHE had provided equivalent funding for two Band 6 IPC nurses, the Chief Nurse advised that an initial meeting had been undertaken with RDASH and Public Health Doncaster. Both posts would be filled on a temporary basis.

The Board:

- ***Noted and took assurance from the Infection Prevention and Control Board Assurance Framework.***

P21/07/ C4 Executive Medical Director Update (Enclosure C4)

The Executive Medical Director advised that as of 12th July 2021, 95% of patients on the admitted RTT active waiting list had been stratified using the guidance issued by the Royal College of Surgeons. Further detail was expected on those with lower reported rates; however, a small data issue had been identified and rectified, and assured the Board that no patients had been missed.

As of 4th July 2021, there were 282 priority 2 patients that had been waiting for surgery for 4+weeks following the date of listing or priority 2 categorisation. Work continued to address this. The patient communication plan had ended in July 2021. Only a small number of patients wished to be discharged from the follow up process.

The Trust received additional national guidance for the prioritisation and management of long-waiting patients for diagnostics and a proposal was being written by the Department with recommendations for the most safe and effective process for managing the backlogs.

In May 2021 the Medical Examiner Team scrutinised 100% of all hospital deaths which was a credit to the team. Following the successful implementation of the Medical Examiner system, the Trust had been tasked with expanding the service to cover all deaths within the geographical area including that of community, hospices, and mental health trusts. The Trust had agreed to pilot this in a few areas, and it was noted that challenges to this included the need for space and resources.

Recent activity on the role of the Caldicott Guardian was shared, as the individual responsible for safeguarding patient confidential data and information.

The overall mortality rate continued to show an improvement at 111.2, particularly so in non-elective patients at 110.8. Crude mortality had flattened after a steep fall reflecting a more accurate position in relation to pre-COVID-19 pandemic levels.

The Medical Advisory Committee had become a fully established monthly meeting where presentations on a broad range of topics were received. The terms of reference were ratified at the Trust Executive Group and there would be a co-chair who would chair each alternate meeting.

The launch of the new clinical governance structure would take place in September 2021 and meetings were in place to undertake the final arrangements. Interviews had taken place for two Medical Director posts and offers had been made subject to pre-employment checks. The Senior Manager post had been advertised on a secondment basis and had attracted significant interest. Shortlisting was ongoing.

Pat Drake noted the good work undertaken as part of the patient communication plan and suggested that finding a modern way of communicating in this way would be beneficial. Pat Drake had observed the Mortality Group Meeting during July 2021 and noted the good work of the Medical Examiner Team in scrutinising 100% of deaths for the previous three months. Following a question from Pat Drake regarding the steps that would need to be taken to follow the process of scrutinising community deaths, it was advised by the Executive Medical Director that discussions had taken place with the Chief Information Officer on how the information gathering could be achieved, however noted the tight timescales for 100% scrutinised within the community by April 2022.

In response to a request from Neil Rhodes on how the balance of confidential patient information alongside the public health need for lots of data to be shared, it was advised by the Executive Medical Director that generally outline data required usually did not contain an identifiable information.

In response to a question from Mark Bailey regarding the scale of the increase in work for the Medical Examiner Team when including all community deaths, it was advised that this would be a doubling of numbers as half of all local death were outside of the hospital. There were plans in place to expand the team, and due to the sensitively surrounding the discussions that would take place with bereaved families, additional space was required. Following a question from the Chair regarding the financial support for this, the Director of Finance advised that it wasn't wholly clear however it was expected that there would be funding. It was agreed that this would be followed up by the Finance and Performance Committee.

Kath Smart noted that significant assurance had been received following the DSP Toolkit audit and noted the positive outcomes in data protection and security of information.

Following a question from Kath Smart regarding the Medical Examiner activity and the level of confidence in the data that supports the report, the Executive Medical Director noted his confidence in the data.

Action: The Finance and Performance Committee would take an action to follow up on the funding arrangements in place to support the expansion of the Medical Examiner function to include the scrutiny of all community deaths. JS

The Board:

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

P21/07/ D1 **Board Assurance Framework – SA2 & 3 (Enclosure 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. There had been no changes made. The board assurance framework would be reviewed prior to the next meeting.

P21/06/ D2 **Our People Update (Enclosure D2)**

The Director of People and Organisational Development provided the highlights of the report which included that in addition to the annual staff survey, there would be a national quarterly pulse survey which would be based on the staff engagement score of the annual staff survey. The first of its kind would be circulated to colleagues for completion during July 2021. The People Committee took place on 6th July 2021 and received comprehensive reports on Health and Wellbeing which included an update on the Diagnostic Framework Self-Assessment that the Trust undertook with support from the Wellbeing Guardian, Mark Bailey.

Whilst the planning process had commenced, the Trust was awaiting further guidance regarding the expectation of the vaccination programme for winter 2021, however the flu vaccines had been ordered for all colleagues. It was expected that the Trust would be required to simultaneously offer vaccinations to colleagues for both COVID-19 and flu.

The Chair noted that the results of the Diagnostic Framework Self-Assessment, Board Leadership achieved 67% and requested that further information be provided on what was analysed to determine that and what actions were required to achieve 100%.

Pat Drake noted that the work undertaken on Just Culture could not be underestimated and noted the good work on policy and procedure.

It was agreed, following a question from Pat Drake that the Director of People and Organisational Development would identify how many staff who had tested positive for COVID-19, had received the COVID-19 vaccination.

Pat Drake advised the Board that it was reported at the People Committee that there were 4.7% of staff on long-term sick leave and asked for further information on that. The Director of People and Organisational Development advised that a further detailed analysis was underway, and support had been sought from NHSE/I, but noted that the Trust was not an outlier.

Pat Drake noted that there was a concern regarding the lack of consistent pay rates for bank and agency within the ICS. The Chief Nurse noted the concern and advised that work was underway to improve this.

In response to a question from Pat Drake regarding the additional pastoral care that would be provided to the overseas nurses who would be arriving at a difficult time, it was advised by the Chief Nurse that work had been undertaken with the Infection Prevention and Control Team

and from an estates perspective to ensure that the transition was as smooth as possible. The Director of Nursing advised that pastoral support would be provided through the HR and Education Teams however the Director of Nursing would meet with the international recruits weekly ensure that they were welcomed and were provided with support.

Neil Rhodes complimented the comprehensive and thorough disciplinary policy that had been reviewed and noted that for many managers undertaking disciplinary proceedings was rare and therefore it was important that there were systems and process in place to support this.

In response to a comment from Mark Bailey regarding the concerns raised on the staff Facebook page regarding the hot weather expected and the use of PPE, the Chief Executive advised that similar concerns were raised each year, and there was a reliance on other means to control this such as ensuring that people drink water regularly. Whilst the Trust endeavoured to respond to all problems raised by colleagues, this was done in a practical way and through the use of Staff Side and agreed mechanisms. An external review had been undertaken to identify the main infrastructure issues but advise of the appropriateness of when the hospital required refurbishment or replacement.

Action: Action would be taken to determine the information provided to arrive at the outcome of the Diagnostic Framework Self-Assessment for Board Leadership and what steps would be required to make improvements. KB

Action: The Director of People and Organisational Development would identify of the number of staff that had tested positive for COVID-19, how many received the COVID-19 vaccination. KB

The Board:

- ***Noted and took assurance from the Our People Update.***

**P21/07/
E1** **Board Assurance Framework – SA4 (Enclosure E1)**

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 Director of Finance advised that there had been some additions to the board assurance framework, the majority of which were emerging and required further work. There were concerns regarding the clarity of workforce plans and rotas that were being used.

There had been a change in the Elective Recovery Fund guidance which meant that the Trust would not receive additional payment for activity undertaken as previously planned for. This would be backdated to 1st July 2021.

There was a risk to the delivery of the 2021/22 capital and revenue plan due to the water leak incident that took place in the Women and Children's Hospital in April 2021. The provision of the temporary ward and theatre area would cost £12.5m. Work had commenced as the Trust had received clearance to do so, however the funding source was not yet confirmed. The Trust had commissioned a series of specialist reports on backlog maintenance. An update would be provided to the Board at a future meeting.

Kath Smart noted the difficult position that the changes to the Elective Recovery Fund provided the Trust and asked for further information. The Director of Finance advised that this was an issue and work was ongoing to establish what this would mean, however guidance had not been received for H2 2021/22 (Months 7-12). The Chair noted that whilst the changes to the

financial regime were not helpful, work would be undertaken with ICS partners to establish how this would affect the Trusts. Neil Rhodes noted that the Finance and Performance Committee would review the implications of the changes to the Elective Recovery Fund guidance.

P21/07/ Finance Update (Enclosure E2)

E2

The Trust's surplus for month 3 (June 2021) was £596k, which was £615k favourable to plan. The Trust's Year to Date (YTD) surplus was £1,287k, which was £1,049k favourable to plan. The favourable variance against plan YTD was mainly driven by a favourable position on Elective Recovery Fund, which was £0.8m favourable to plan. Pay spend however continues to increase on previous months with pay spend increasing by £644k since April (£435k from May to June). The increase in spend over the previous months was due to bank and agency spend increasing, especially in Nursing.

As part of a national update on potential funding arrangements for H2 2021/22 (Months 7 -12), the Trust had been informed that the ERF thresholds have now been increased from 85% in Q2 to 95%. This causes a significant risk to delivery of the Trusts financial plan as the Elective Recovery Fund would now be significantly lower than previously expected. This change in financial arrangements and also other potential changes in H2 2021/22 (Months 7 -12) were being reviewed by the Trust, with an initial impact assessment being presented to Finance and Performance Committee in July.

Capital expenditure spend in month 3 was £3.9m. Year-to-date capital expenditure was £6.0m against the plan of £2.7m. Year-to-date capital expenditure was £3.3m ahead of the plan, mainly due to the Women's & Children's modular costs (£3.3m) and donated assets.

The cash balance at the end of June was £38m (May: £44.5m). Cash had reduced by c.£6.5m as a result of the Trust paying capital invoices totalling £3m in month, as well as non-NHS revenue spend of £3m. Some of this cash spend relates to expenses relating to previous periods (e.g., Sodexo). A review of the increase in cash spend in month was being undertaken as part of updating the cash flow cash forecast which would help to determine whether any of the increase in the cash spend was recurrent.

The Board:

- ***Noted and took assurance from the Finance Update.***

P21/07/ Estates Returns Information Collection (ERIC) Return (Enclosure E3)

E3

This Estates Return Information Collection (ERIC) forms the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31st March 2021. ERIC data provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and also supports work to improve efficiency. The key issues were highlighted which included that there had been an increase in backlog maintenance from c.£81k to c.£149k, delivering an overall increase of 82.91%. The last survey was undertaken for year 2014/15. The report highlighted that there was a lot of space that did not meet the required standard, however it was advised that this did not mean that the space was not safe. The report had provided the Trust a good baseline to work with and to support the new build bid.

It was reported that there had been a decrease in facilities management costs on all three Trust sites due to a revised categorisation of Director and Senior management positions and other

management costs associated with individual services re-aligned. There had been an overall increase of £0.2m in waste management distribution of costs and volumes due primarily to the COVID-19 pandemic.

The Chair noted the comment relating to the required standard and level of safety and asked for assurance that the Trust was able to undertake planned maintenance safely. The Director of Finance provided assurance on this and advised that as the hospital ages it was reasonable to expect more issues arise and therefore systems were required to identify potential issues and introduce contingency plans for them. There was a defined standard that advises of the things required to meet that standard, however it was reiterated that this did not make the building unsafe for use.

Neil Rhodes noted the report however advised it would have been helpful to receive the level of analysis undertaken.

The Board:

- ***Approved the Estates Return information Collection submission.***

**P21/07/
E4** **Premise Assurance Report (Enclosure E4)**

The Board received the Premise Assurance Report. The Director of Finance advised that there were a number of different definitions from the ERIC Report and noted that the reported high and significant backlog maintenance within this report was c.£124.4m. This was known as critical infrastructure risk and excludes the cost of reconfiguration. The Director Estates and Facilities would work through the two reports to ensure that the Trust was clear on the definitions within them.

Due to the COVID-19 pandemic the Trust was not able to participate in the Patient Led Assessment of the Clinical Environment (PLACE) programme due to service delivery pressure and patient safety, leading to the Trust requiring minimal improvement in all 4 PLACE related self-assessment questionnaire elements within the Patient Experience domain.

It was noted that the Trust had undertaken additional planned preventative maintenance, in addition to the normal process to monitor pipe work. Normal procedures don't the removal of pipe lagging, however this had been undertaken following the water leak in the Women and Children's Hospital.

The Board:

- ***Approved the Premise Assurance Report.***

**P21/07/
E5** **COVID-19 Update/Recovery of Elective Work – Looking Forward (Verbal)**

The vaccination programme had progressed well in Doncaster and Bassetlaw which had weakened the link between community cases and hospital admissions, however the Trust had admitted patients, the majority of which were not fully vaccinated. Total COVID-19 occupancy equated to 2.8%. The active COVID-19 case occupancy was 0.2%. The Delta variant remained a significant concern and national modelling indicated that there would be an increase in COVID-19 hospital occupancy to 35 by the end of July 2021. There were significant COVID-19 pressures across South Yorkshire and Bassetlaw, and a further concern regarding greater

pressure following the lockdown lifting on 19th July 2021. It was expected that this would impact on critical care, general beds, and elective care. Other providers within the North West and South Yorkshire and Bassetlaw were under pressure.

There continued to be a high level of emergency department attendance, particularly with minors and paediatrics. Many days had seen close to, or record attendance, with a 25% increase in attendances in June 2021 compared to June 2020. Higher acuity had been reported resulting in a longer length of stay for patients. There had been an increase across all Urgent and Emergency Care sites with Mexborough seeing a significant increase in patients from surrounding CCGs. Action had been taken to mitigate pressures within the department and wider partnership discussions would continue to consider the root cause of the increase in attendance and further action to be taken. Challenges had been seen with bed flow. Culture and organisational development work continued with the Emergency Department and remained key with forward planning. The Trust was formulating its H2 (Months 7-12 2021/22) bed plan.

Within Critical Care there had been variability with demand. The network was under pressure and there had been few non-clinical transfers from other regions.

The Trust had delivered 83% of its theatre activity. 17% had been lost due to incident in the Women and Children's Hospital, however the Women's Theatre would be in use from 31st August, therefore theatre activity would increase to 100%. Theatre staffing remained a challenge.

There was a need to increase paediatric capacity whilst ensuring that elective capacity and medical beds were safeguarded. The H1 (Months 1-6 2021/22) plan had been agreed and implemented to support paediatrics.

Planning for winter was underway and bed modelling had taken place in the form of six scenarios. There would be additional capacity plans and a focus on improving processes in place. This was being progressed by the Weekly Winter Delivery Cell. Work would continue with partners to refresh and improve escalation plans, build on COVID-19 plans and improve information flow.

Performance against the activity plan and elective incentive fund were shared for June 2021 which demonstrated that the Trust achieved 99.1% for new Outpatients. There was an achievement of 103.3% of activity for Outpatient follow-ups, 114.9% achievement for elective activity and 81.5% for day case activity.

There continued to be good progress made within Cancer Services and the patients waiting over 62-days continued to reduce. The breast two-week-wait position was reported as 93% for June 2021 which demonstrated an excellent recovery. The Faster Diagnosis Standard was reported as 73% against a 75% target which had shown an improvement. The 62-day position was improving in line with the trajectory with an expectation that it would recover to an achievement of over 85% by September 2021. There were a small number of patients that had waited over 104-days however these had been managed at patient level.

The 52-week position continued to improve with 1,221 patients waiting over 52-weeks as of 12th July 2021. It was reported that the Trust had a more improved position than most within the North East and Yorkshire region. There was an ongoing focus on priority-two patients and the use of the independent sector carpal tunnel procedures would help.

The Chair noted the proud position that the Trust was in during a difficult period. The Chair noted that prior to the COVID-19 pandemic there was usually a slight reprieve during the summer months prior to the busier winter months, however this had not happened due to ongoing pressures. There were concerns nationally with the increased emergency department attendance with many areas reporting record attendance. In response to a question from the Chair regarding plans regionally and nationally to consider partnership working for a solution with the challenges seen, the Chief Operating Officer advised that partnership discussions were taking place. The Chief Nurse advised that the emergency standards had changed and therefore would change the perception. The 4-hour access target had been removed. The Trust was working with partners within PLACE to establish plans to change attendance at the emergency department. The Bassetlaw Front Door model would allow for the clinical triage of patients and referral back to GP within the need to undertake lots of diagnostics. It was confirmed that a different approach was required.

In response to a question from Kath Smart regarding the rise in staff absence and the impact this would have on governance systems in response to the increase in COVID-19 cases, the Chief Operating Officer advised that there was a deliberate measured approach during wave 1 of the pandemic, however this required further consideration of the enhanced operational support required in the future. The Chief Executive advised that the management of winter would be based on good planning and what could reasonably be predicted such as a COVID-19, flu and norovirus being in circulation at the same time, and plan accordingly to respond to that. Further work was required to establish a new relationship with patients regarding visits to the emergency department as the messaging had become confused over the previous months. More communications were required to outline that the Trust was unable to deliver services within a four-hour period as previously expected. Neil Rhodes supported this noted the high-quality report and presentation. The Chief Operating Officer noted that it was important for the Trust to help the public to understand the difference between elective and emergency services through health promotion messages. There would be a deep dive at the Finance and Performance Committee on 26 July 2021 into capacity planning. Pat Drake added that it may be sensible to consider the inclusion of a primary care facility within the potential new build site to assist in the flow of patients into primary care.

In response to a question from Pat Drake regarding challenges in radiology and the impact this had on other pathways, the Chief Operating Officer advised that there had been an impact, mainly on routine pathway. Plans were in plan for additional MRI, CT, and non-obstetric ultrasounds to take place.

The Board:

- ***Noted and took assurance from the Operational Update.***

P21/07/ Performance Update (Enclosure E6)

E6

There had been a steady decline in the number of patients waiting over 52-weeks and it was noted that there were challenges within diagnostics.

A discussion had taken place within item P21/07/E5 regarding the change to standards as part of the Emergency Care Bundle. Work continued to embed this. There continued to be a challenge with 4-hour access, however noted that for May 2021 the Trust saw 80.28% during the period where the highest attendance had been seen. Discussions with ambulance Trusts continued to improve the ambulance handover. Work was ongoing to put plans into place to improve the direct admission to stroke unit target. There remained some challenges within Cancer Services.

It was noted that there were key plans in place as part of the restoration strategy for elective and cancer performance. There had been a significant step up of activity since April 2021. There had been a focus on getting the basics right, and there was a clear focus on recovering the radiology position and improving timely access for patients.

There would be a further focus on emergency flow and planning for winter which would include developing the bed and capacity plan for September onwards, planning for the unpredictable context for emergency flow and emergency attendance, working to improve key metrics such as ambulance handover and the forthcoming Emergency Care Bundle standards, and balancing elective recovery with improving resilience and capacity for emergency flow.

The Board:

- ***Noted and took assurance from the Performance Update.***

P21/07/ G1 Corporate Risk Register (Enclosure G1)

There were no new corporate risks added or escalated from the Trust Executive Group. It was noted that the majority of updates were provided through the reports at the meeting specifically relating to COVID-19 and the Women and Children's Hospital Water Leak Incident.

The final report from KPMG on the Risk Management audit had been received. The audit had reviewed the design of the risk management framework and sampled its operating effectiveness. There were medium and low-level recommendations.

Kath Smart noted that she had reviewed the internal audit report on Risk Management and advised the Board that this would be presented to the Audit and Risk Committee on 12th October 2021. It had been discussed in great detail at the previous meeting, and the revised position following the receipt of the audit recommendations would be discussed in October 2021.

The Board:

- ***Noted the Corporate Risk Register.***

P21/07/ G2 Terms of Reference for the Trust Executive Group (Enclosure G2)

The Board received the terms of reference for the Trust Executive Group, which was previously known as Management Board.

The Board:

- ***Approved the Terms of Reference for the Trust Executive Group.***

P21/07/ G3 Trust Annual Report 2020/21 including Annual Governance Statement, and Annual Accounts 2020/21 (Enclosure G3)

The Trust's Annual Report had been presented to the Audit and Risk Committee on 21st May 2021 by the Chief Executive. The Annual Accounts had been presented to the Audit and Risk Committee on 9th June 2021 by the Director of Finance.

The Board:

- **Approved the Trust Annual Report including the Annual Governance Statement for 2020/21.**
- **Noted the Annual Accounts for 2020/21.**

P21/07/ G4 Standing Financial Instructions, Standing Orders and Scheme of Delegation (Enclosure G4)

The Director of Finance presented the revised Standing Financial Instructions, Standing Orders and Scheme of Delegation to the Audit and Risk Committee on 15th July 2021. The Audit and Risk Committee recommend the Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers for approval by the Board of Directors.

The Board:

- **Approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation.**

P21/07/ G5 Audit and Risk Committee Annual Report (Enclosure G5)

There were no questions or comments.

The Board:

- **Noted the Audit and Risk Committee Annual Report.**

P21/07/ G6 Terms of Reference for Finance and Performance Committee (Enclosure G6)

There were no questions or comments.

The Board:

- **Approved the Terms of Reference Finance and Performance Committee.**

P21/07/ G7 Terms of Reference for Quality and Effectiveness Committee (Enclosure G7)

There were no questions or comments.

The Board:

- **Approved the Terms of Reference for the Quality and Effectiveness Committee.**

P21/07/ G8 Terms of Reference for the Charitable Funds Committee (Enclosure G8)

There were no questions or comments.

The Board:

- *Approved the Terms of Reference for the Charitable Funds Committee.*

P21/07/ H1- Information Items (Enclosure H1 – H11)

The Board noted:

- *H1 Chair and NEDs Report*
- *H2 Chief Executives Report*
- *H3 ICS Update*
- *H4 SYB ICS Acute Federation – Digital Transformation Strategy*
- *H5 Minutes of the Finance and Performance Committee 15 April 2021 and 17 May 2021*
- *H6 Minutes of the Audit and Risk Committee 25 March 2021, 21 May 2021, and 09 June 2021*
- *H7 – Minutes of the Quality and Effectiveness Committee 06 April 2021*
- *H8 – Minutes of the Charitable Funds Committee 11 February 2021*
- *H9 Minutes of the Trust Executive Group 10 May 2021 and 07 June 2021*
- *H10 Minutes of the People Committee 04 May 2021*
- *H11 Minutes of the Council of Governors 29 April 2021*

P21/07/ I1 Minutes of the meeting held on 15th June 2021 (Enclosure I1)

The Board:

- *Approved the minutes of the meeting held on 15th June 2021.*

P21/07/ I2 Any other business (to be agreed with the Chair prior to the meeting)

There were no items of any other business.

P21/07/ I3 Governor Questions regarding the business of the meeting (10 minutes) *

Hazel Brand, Lead Governors asked the following questions on behalf of the Council of Governors:

In relation to the External Audit Report, and the difficulties seen in collating documentation for starters and leavers may leave the Trust vulnerable if there was a dispute. How would this be monitored so not to put the Trust at risk?

The Director of Finance advised that contracts of employment were managed and monitored through the TRAC recruitment system. The issue identified within the External Audit Report relate to lack of centralised recruitment within the Trust which means that some recruitment was managed locally within departments. There was assurance receive within the audit, however this was a long-standing recommendation that would mean a significant change for the Trust. It was discussed at the Audit and Risk Committee in detail where it was advised that this was a challenge in most NHS Trust's. Kath Smart noted that the Audit and Risk Committee would follow up on all ISA260 recommendation at the meeting on 12th October 2021.

There was a concern regarding the high number of complaints relating to ‘values and behaviours’. was this the same as ‘staff attitude and behaviour’ as a category previously reported?

The Chief Nurse advised that it was the same. The Trust was actively tackling these challenges in a number of areas and additional training would be provided where required.

Hazel Brand observed that this meeting was the first opportunity that the Governors had seen the Annual Report and Accounts, and the External Auditor Annual Report. Hazel Brand advised that it was statutory that the Trust present the reports to the Council of Governors formally at the Annual Members Meeting, and whilst Governors have the opportunity to comment, they do not have the scope to make changes.

Hazel Brand noted that in her role as a Bassetlaw District Councillor she had received many complaints form from constituents in regard to access to primary care and dentistry. Hazel advised that she had referred this to the Council’s Overview and Scrutiny Committee, and many colleagues had done the same. It was suggested that this was a significant cause of the increase in emergency department attendance. The Chief Executive advised that primary care and other community facilities have faced similar challenges seen in acute care over the previous 18-months and noted that patient and public perception hasn’t necessarily changes as quickly. Ongoing work with the communications to patients was required as it was unlikely that services such as the use of virtual and telephone for appointments, would return to pre-COVID-19 levels for some time.

The Chair wished to thank Governors for their attendance at the Board.

The Board:

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

P21/07/ Date and time of next meeting (Verbal)

14

Date: Tuesday 21st September 2021.

Time: 09:30am

Venue: Star Leaf Videoconferencing

P21/07/ 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.***

P21/07/ Close of meeting (Verbal) _____ The meeting closed at 12:20

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**Suzy Brain England
Chair of the Board**

**Date
20th July 2021**