

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trusts Board of Directors held in Public on
Tuesday 21 July 2020 at 09:15 via StarLeaf 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
 Richard Parker OBE – Chief Executive
 David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals (NMAHP)
 Neil Rhodes – Non-Executive Director and Deputy Chair
 Jon Sargeant – Director of Finance (From Item P20/07/G1)
 Kath Smart – Non-Executive Director
 Dr T J Noble - Medical Director
- In attendance:** Alex Crickmar – Deputy Director of Finance
 Fiona Dunn – Company Secretary
 Marie Purdue – Director of Strategy and Transformation
 Katie Shepherd – Corporate Governance Officer (Minutes)
 Emma Shaheen – Head of Communications and Engagement
 Rosalyn Wilson – Corporate Governance Officer
- Public in attendance:** Hazel Brand – Public Governor – Bassetlaw
 Dr Mark Bright – Member of the Public
 David Cuckson – Public Member
 David Northwood – Public Governor – Doncaster
 Clive Tattley – Partner Governor
- Apologies:** Jon Sargeant – Director of Finance (Until Item P20/07/G1)

The Chair of the Board welcomed all in attendance at the virtual Board of Directors meeting, and extended the welcome to Alex Crickmar, Deputy Director of Finance on behalf of the Director of Finance who would join the meeting later; and the Governors and members of the public in attendance via the audience functionality.

ACTION

P20/07/A1 Apologies for absence (Verbal)

No apologies for absence were noted.

P20/07/A2 Declaration of Interests (Verbal)

No declarations of interest were declared.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P20/07/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 - Council Motion on Climate and Biodiversity Emergency – This action was not due until September 2020;

Action 2 - Strategic Director Review Workshop – An update would be provided as part of Item C2;

Action 3 - True North / Breakthrough Objective – This item was added to the Quality and Effectiveness Committee work plan and was therefore closed;

Action 4 - Patient Experience - Item D3 includes a comprehensive update on patient experience, therefore this action was closed;

Action 5 - Clinical Governance Report – This item was added to the Quality and Effectiveness Committee work plan and was therefore closed;

Action 6 - HSMR Narrative – Narrative had been included in Item D4 – Medical Director Update. This action would be closed;

Action 7 - Review of Strategic Risks – A meeting was held on 10/07/2020 to align the strategic risks to the True North Objectives therefore this action would be closed;

Action 8 - Corporate Risk Register Heat Map Indicator – This had been included in the Corporate Risk Register and would therefore would closed;

Action 9 – Mitigation of Risks – This action was not due until August 2020.

The Board:

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

P20/07/C1 ICS Update (Enclosure C1)

The Chief Executive advised that the item is comprehensive and provided information on ICS work and asked the Board for any related questions.

Sheena McDonnell asked if there had been learning from the stress testing event that was undertaken. The Chief Executive advised that the exercise was run by the Army and involved limited teams of three. Each team was given a scenario where responses were formulated and stress tested. The outcome demonstrated that all Trusts are facing similar challenges in coming out of the Covid19 pandemic. Learning would be taken forward into the next phase of planning and would inform ICS plans once national guidance was received.

Kath Smart asked for clarification on the Covid testing centres that were introduced during lockdown, such as Doncaster Sheffield Airport. The Chief Executive advised that the testing

arrangements were under review as some of the initial choice of locations would need to change to ensure that there was a robust system in place for the winter period, particularly where outside testing facilities would not be an option. The current capacity for testing was 350,000 tests per day nationally but full testing capacity is not currently being utilised. The Programme Manager for the Pathology Transformation programme, Sarah Bayliss, has been acting as the incident director on the Chief Executives behalf.

Discussions have taken place at an ICS level that sites could recover from the impact of Covid19 quicker if the treatment of the virus could be contained to fewer sites. The Trust had confirmed support to this work when the transfer is in the patient's best interests, or to facilitate the treatment of additional non Covid patients.

The Medical Director noted that the movement of stable patients to a tertiary centre would not provide an enhanced treatment offer.

The Board:

- ***Noted the update from the ICS.***

P20/07/D2 Stabilisation and Recovery (Enclosure C2)

Marie Purdue provided an update on the stabilisation, recovery and reset planning phase, which highlighted that the planning inputs and enabling work streams had now been developed and included the ethical framework to guide decision making and the clinical modelling for each site. These had been used to develop a robust framework to guide the development of the detailed delivery plans for: Cancer; Elective and Day case; Emergency Pathways; Critical Care; Diagnostics; Outpatients and Maternity and Children's Services. Supporting governance structures had also been established.

The detailed delivery plans for outpatients, day case and elective, and diagnostics would be ready for implementation between 20 July and 3 August 2020.

Mark Bailey asked if there were any areas that had been difficult to reinstate. The Chief Executive advised that all areas would be difficult to reinstate due to the additional pressures such as the environmental risk assessments, workplace assessments, process flow, and distancing amongst other factors.

Kath Smart asked if it was felt that the communications plan was strong enough to manage the expectations between what the public and patients hear via national media and the pace of capacity and capability; and asked if as services are being reintroduced patient and staff feedback would be factored in. The Head of Communications and Engagement advised that this communications plans was equipped to deal with this, however as time moves on the plan may change as different challenges would be presented and therefore it would be adapted as required. Staff and patient feedback would be factored into the stabilisation, recovery and reset phase. There had been 2,200 responses received from the Staff Family and Friends Test which was based on the Covid19 pandemic. The Trust was awaiting the results of this however the results of this would be incorporated into the plan.

The Chief Executive advised that there had been the expectation amongst employees that services would return to the level of preCovid19 activity, however this would not be the case due to the difficulties of space being significantly reduced due to distancing and the need to ensure that operationally the environment was safe for staff and patients. Other

options such as virtual clinics and patient initiated follow ups were being taken forward to reduce the number of face to face appointments.

The Director of NMAHP noted that listening to staff and patients was a key factor, and advised that the Trust had reintroduced visiting where other Trusts hadn't and was the only Trust in the region that had introduced visiting within Maternity Services although the uptake had not been as expected. Positive comments had since been received on social media because of these changes, so the opportunity of using staff and patient feedback would be included in the planning of the reintroduction of services.

The Chief Operating Officer advised that the public had been engaged with on specific issues related to service reintroduction and Healthwatch Doncaster had been sourced to undertake a media survey which had over 170 responses which had evaluated well. Extensive liaison with both internal and external stakeholders had been undertaken including weekly meetings with Doncaster CCG and Bassetlaw CCG, and GP Leaders to ensure that communication was effective.

Pat Drake noted the amount of work that had been put into the recovery phase and advised that patients would have increased expectations as it had been portrayed in the media that business would return to normal. With the number of attendance and referrals increasing Pat sought assurance that there was a governance framework around clinical decision making.

The Medical Director advised that there was a governance framework in place for this and assurance of this would be provided to the Quality and Effectiveness Committee and to Board. Standard operating procedures were in place for the risk stratification of patients and the need to prioritise several months work of backlog in a sensible order of clinical priority. This would be undertaken at specialist level and weekly performance meetings would be held to assess progress. A Risk stratification and Assurance Group would meet fortnightly to review the scheme in which Deputy Medical Directors and Speciality Governance Leads be in attendance. If complex ethical issues arise, this would input into the Ethical Advisory Group.

The Chief Executive noted that the flow of prioritisation of patients would be the same as it had been since the start of the pandemic: emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral. The Medical Director would ensure that this flow was followed for the foreseeable future.

The Board:

- ***Noted the information received on the Stabilisation and Recovery process.***

P20/07/C3 UEC Procurement (Verbal)

Marie Purdue informed the Board that following the recent procurement for the Urgent and Emergency Care provision in Doncaster that the Doncaster Provider Collaborative tender had been successful and would continue to provide the front door assessment in conjunction with partners FCMS.

The Board:

- ***Noted the update provided on the procurement of Urgent and Emergency Care Services.***

P20/07/D1 Finance Update – June 2020 (Enclosure D1)

The Deputy Director of Finance presented the Finance Update for June 2020 which highlighted:

- The deficit for month 3 (June 2020) was £449k before the retrospective top up (the month 1-2 average financial position was a £286k deficit before retrospective top up). The main movement in month was an increase in pay costs relating to Covid19 for junior doctors, student nurses and enhancements for shielding staff;
- The year to date financial position was a £1,021k deficit before the retrospective top up;
- Challenges would be faced when delivery plans are implemented and as activity levels increase. Increases had been seen in elective surgery and in the Emergency Department which would continue into month 4. The Trust was waiting for further national guidance on the financial regime for the rest of 2020/21;
- Capital spend was on plan and the cash balance continued to remain high as the Trust had been paid upfront one-month in advance.

Neil Rhodes advised the Board that financial performance would be interrogated further at the Finance and Performance Committee to be held 28 July 2020, however noted that the indicators within the Finance Update Report were favourable due to the current climate and this could change. Neil Rhodes asked if the Trust had prepared for this change. The Deputy Director of Finance advised that this was the case and that it was expected that the block contract be extended for the remainder of the year via an ICS model of financial management. The Chief Executive advised that once further detailed guidance had been received budgets would be reissued to Divisions and Directorates.

The Board:

- ***Noted the Finance Update for June 2020.***

P20/07/D2 Performance Update – May 2020 (Enclosure D2)

The Chief Operating Officer informed the Board that the performance report would change over the coming months and new national indicators were expected soon.

An ongoing focus would be taken on the backlog of activity and also in areas like the 111 'talk before you walk' model which would move non-urgent care to a booked system which the Trust would pilot. A second area of focus would be the Covid19 operational measures to identify the key indicators to ensure patients are safe.

A decision had been taken to pilot a clinical advisory service in gastroenterology which would be a virtual assessment of patients which would commence at the end of July 2020. The Trust was utilising telephone and video for appointments and 54% of appointments had been undertaken virtually. It was expected that this model would continue however it may differ by specialty.

Restoration plans were in place for diagnostics, with all appointments face to face. There would be a roll out of drive-by phlebotomy services at Bassetlaw to protect vulnerable and immunocompromised patients.

There would be a step up of theatre capacity starting in September 2020, however it was noted that this would be less productive than pre-Covid19 activity due to the Covid issues already discussed.

It was noted that alternative pathways may be sought for long waiters with a consideration of how they could be managed by primary care.

There had been a 20% increase in demand for two-week wait cancer referrals. There was a new focus on 62-day and 104-day cancer waiters which was presenting issues that hadn't been previously faced. It was noted that the Trust was performing well against other providers in the ICS, but the waits still needed to be reduced.

Continued partnership working with Park Hill would be sought as this facility had been successfully utilised during since April 2020 for the use of cancer services and vulnerable patients.

Attendance within the Emergency Department was 20% below normal expected attendance but daily attendances are now rising to pre Covid levels.

The Chief Operating Officer presented the Performance Report for May 2020, which highlighted:

- The Trust achieved 94.64% against a national target of 95% for 4-hour access. The main drivers were the implementation of a new model for emergency assessment unit, including the support of Trauma and Orthopaedics who have managed the Minor Injuries Unit since the start of the Covid19 pandemic. Senior Leadership had also extended their presence to 10pm each evening;
- There were challenges in performance against ambulance handover in less than 15 minutes at Bassetlaw and therefore work was required in the pathway;
- An achievement of 72.3% against a national target of 92% for RTT;
- A reported figure of 28.37% performance in diagnostic tests within 6-weeks, with urodynamic diagnostics performing at 3.23% which was attributed to the redeployment of those staff to other urgent areas;
- All cancer performance targets were achieved with the exception of 62-day target, which was narrowly missed. The Chief Operating Officer commended the Cancer Services Team for this performance during a difficult period;
- The Trust achieved 62.9% against a national target of direct admission within 4 hours for Stroke performance of 75%.

The Board noted the hard work and focus on performance given the recent challenges. Sheena McDonnell asked for further information about the investment in culture change in the Emergency Department. Helpful organisational development work had been undertaken earlier in the year to understand the issues, work had been progressed but it was noted that further work is needed to ensure better team working is sustained.

The Board accepted that there would be further 52-week breaches due to the effect that Covid19 had on services but requested an understanding of the length of the 52-week wait

challenge split by speciality. This was to be presented to the Finance and Performance Committee. It was also requested that there be a spotlight on diagnostics for assurance on two-week waits.

Kath Smart advised that the referral to hospital (data quality) audit was considered as partially assured as reported at the Audit and Risk Committee on 16 July 2020, and asked if this had been reviewed. It was advised that this presented an opportunity whilst resetting services to give administrative teams the right level of training and understanding of the hospital access policy to ensure that the Trust was adhering to standards. The Chief Operating Officer advised that the outstanding admin programme was a major focus for the Trust, and improvements had been seen in the specialities this had been rolled out to be with feedback. The Trust was on top of the typing backlog previously reported to Board which was important for quality outcomes for patients.

The Chief Executive advised the Board that patients would be treated on a basis of priority of emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral and these expectation would be managed through the challenging times ahead.

Neil Rhodes shared that he had met with the Director of Finance and Head of Performance and advised that the amount of working taking place behind the scenes was very encouraging.

Action: An understanding of the length of the 52-week wait challenge split by speciality would be reported to the Finance and Performance Committee. RJ

Action: Assurance would be provided to the Finance and Performance Committee on diagnostic two-week waits due to underperformance due to Covid19. RJ

The Board:

- ***Noted the Performance Update.***

P20/07/D3 Nursing, Midwifery and Allied Health Professional Update, including Patient Survey Results (Enclosure D3)

The Director of Nursing, Midwifery and Allied Health Professional informed the Board that the report this month was slightly different to what had been previously received as it was now aligned to the Board Assurance Framework and True North Objectives.

Falls

Falls during Quarter 1 presented a disappointing picture and therefore the falls strategy would be reviewed later in the month due to some issues around a lack of encouragement of getting out of bed due to the environment and social distancing, however this had now been rectified. Face masks were also presenting as an issue as a communication barrier with patients. A small supply of transparent masks had been sought to assist with communication with dementia patients.

Clostridium Difficile

Six cases of clostridium difficile were recorded in June; five cases of hospital acquired and one case which was community onset. The high number of cases has, through the post

incident review process of Covid19, identified that the administration and stewardship of antibiotics had shown to be a theme related to the treatment of Covid19, and was one of the most common causes of clostridium difficile.

Nosocomial Infections

Guidance was updated on the 12 June 2020 relating to reducing infection rates within hospital settings. The guidance was in place across all sites. Any outbreaks involving five patients, or staff, are reported to Public Health England.

The outbreaks which had been recorded had related to both staff and patients and had occurred generally in the ward areas with the oldest environments. The learning from these outbreaks had been communicated across the Trust sites. The key message included:

- The need to maintain social distancing at all times
- The need to ensure that PPE is worn correctly
- The need to ensure hand hygiene compliance
- The need to reduce numbers in locations on the ward with visitors to the ward therapists etc.
- The need to ensure that equipment is subject to regular planned cleaning e.g. telephone, computers
- The need to reduce temporary staffing.

Mortality Rates from Day 8 Following Admission

The Trust had been identified as an outlier for patients who had died following an initial negative swab, and then became Covid19 positive whilst an inpatient. This was for deaths from the 1 May 2020 to 28 May 2020 and at a point where the Trust did not routinely swab all emergency admissions, therefore, although the patients were swabbed after admission, it was believed that some may have already been exposed to the virus before admission.

The Medical Director advised the Board that the report stating the Trust was an outlier for mortality rates from day 8 following admission had undergone a detailed review however was reassured that the Trust was not an outlier. The full report would go to the Quality and Effectiveness Committee on 28 July 2020.

CQC Compliance

The CQC were currently focusing on the compliance against the IPC Board Assurance Framework, which was launched by NHSE/I in May 2020. This document was reviewed in May 2020 by the Board. The CQC had reviewed the document and the supporting risk assessments and are meeting with the Trust on the 29 July 2020 to review our compliance.

Patient Experience

There had been 505 responses from DBTH inpatients to the 2019 CWC Adult Inpatient Survey, which was a response rate of 42.01%. The Trust achieved better results than most Trusts for one question, worse results than other Trusts for one question and were about the same as other Trusts for 61 questions.

National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey results had been published and the results for the Trust continued to demonstrate further improvement. This was the first year that Picker had conducted the survey on the Trusts behalf and therefore it was difficult to directly compare a lot of questions with previous ones. In the national league table by provider, DBTH ranked joint 42nd out of 145.

Pat Drake asked for comparative data for falls and hospital acquired pressure ulcers for last year. Data would be provided on which pressure ulcers were hospital acquired and which were not.

Face masks with a Perspex element to them had been piloted for use with deaf patients, however they steam up quickly and therefore other options were being reviewed.

It was noted that more complaints had been received in month which may be a catch up due to the reduction of complaints during the Covid19 pandemic. The process for monitoring complaints had changed to be managed via Datix and each would provide a learning aspect to it so that delivery of plans can be audited.

More work would be undertaken to engage patients in how the Trust plans its services and it was noted that the annual patient experience survey would be report to the Quality and Effectiveness Committee to understand what the focus would be.

Kath Smart asked for a reminder on the strategy for Covid19 testing of asymptomatic staff. It was advised that all staff had been tested in areas where there had been an outbreak. When this testing had been undertaken there had been between 11-12% of asymptomatic staff that had tested positive for Covid19.

Action: The Director of Nursing, Midwifery and Allied Health Professionals would provide comparative data on falls and hospital acquired pressure ulcers in the next report to Board, including that of which acquired pressure ulcers were hospital acquired or from a community setting. **DP**

The Board:

- ***Noted the information in the Nursing, Midwifery and Allied Health Professional Update;***
- ***Noted the patient survey results.***

P20/07/D4 Medical Director Update (Enclosure D4)

The Medical Director update focused on mortality and HSMR. The monthly HSMR for March which was in the early part of the Covid19 outbreak was at 100. The monthly HSMR was always three months behind in terms of its production by HED.

The crude mortality rate increased rapidly in March 2020 at the start of the Pandemic, peaking as would be expected in April and since then there had been a consistent downward trend. This reduction in crude mortality was reflected on both sites.

As expected there had been a significant change in overall Trust activity in part due to cancellation of elective work. It was recognised that the HSMR model was designed on the

basis of historical deaths over a ten-year period and therefore may not be fit for purpose in a situation where there was a sudden rise in deaths nationally.

However, it would still be beneficial to monitor the standard as a way of keeping a focus on mortality within the Trust, and in time a more accurate position would emerge.

DBTH was one of the few Trusts to maintain the medical examiner process throughout the Covid19 pandemic.

Trials had been undertaken with Coroners to appear via videoconference so that evidence can be given from the Trust. This would also offer the opportunity for teaching.

Revalidation had been pushed forward by a total of 12-months however it was noted that there would be two-years' worth of revalidation to undertaken over a 12-month period. The rules on this had been relaxed therefore Trusts could undertake revalidations should they wish to do so. It was noted that the Trust would undertake revalidations soon, along with medical appraisals.

The Trust Medical Committee would change to become a Medical Advisory Group to enhance engagement between Consultants and SAS doctors.

The Medical Director advised that Covid19 had been present since the beginning of his tenure and advised that his previous post of Deputy Medical Director had not yet been replaced. Models of the Medical Director Office at other Trusts were being reviewed to look at options before a decision was made on how the department would be structured.

Pat Drake congratulated the Medical Examiner Team as one of the few Trusts that continued to undertake this role through the Covid19 pandemic.

The Board:

- ***Noted the Medical Director Update***

P20/07/D5 People and Organisational Development Update (Enclosure D5)

Equality, Diversity and Inclusion

The Director of People and Organisational Development advised that recent events had brought to the forefront of our attention the important contribution all Trust colleagues make regardless of their gender, ethnicity, disability etc.

The staff survey results earlier this year continued to show disproportionate views of both BAME and disabled colleagues despite our overall improvements. Evidence during the Covid19 pandemic had indicated that there was a disproportionate impact of Covid19 on BAME colleagues together with males. The risk assessment process had been developed within the Trust to ensure that those with more risk factors are safe to work and to understand what level of PPE would be required. There was an expectation that the Trust was 100% compliant with the undertaking of risk assessments. Work was being undertaken to ensure that risk assessments would be carried out and support would be given to managers to do so.

A reciprocal mentoring scheme would be presented to the Executive Team which would provide the opportunity for junior BAME colleagues to undertake reciprocal mentoring to provide an opportunity to progress into more senior roles.

An Equality, Diversity and Inclusion Lead would be recruited.

It had proved difficult to instigate a BAME staff network, and therefore QI methodology would be used to demonstrate the Trusts commitment to take action to improve the working lives of BAME colleagues. A LGBTQ+ staff network would be re-launched in September 2020, amongst many other schemes being implemented to support equality, diversity and inclusion across the organisation.

Freedom to Speak Up

The Trust saw an increase in the FTSU index rating, moving from 76% to 78.7%. The average for Acute Trusts was 77.9% which the Trust benchmarks favourably against. Further detail would be provided to the Quality and Effectiveness Committee on 28 July 2020.

There were twelve cases raised during Quarter 1 compared with ten reported for Q4 of 2019/20. The twelve cases consisted of both single and multiple matters.

Absence

Risk assessments were being undertaken on a number of staff that had been shielding to identify if they could return to work.

Between 4th July and 14th July there had been no staff test positive for Covid19, however since then there had been two in separate areas.

There was an expectation that 100% of staff are vaccinated for flu. The Trust was awaiting confirmation of delivery of vaccinations.

There had been a 34% response rate from the Staff Friends and Family Test which took a focus on Covid19 and health and wellbeing. The response rate was higher than normal. The Trust was awaiting the results of the test.

The NHS Staff Survey would go ahead and the Trust was awaiting the questions which would be received at the end of August 2020.

A further survey had been disseminated to those staff that had worked from home during the pandemic to understand how they have felt during this time.

Various focus groups had been set up and advertised in Buzz aimed at targeting certain staff groups.

Reporting on SET had restarted and at the end of May 2020 SET was reported at approximately 80% compliant with Equality, Diversity and Inclusion reported at 98%. The Equality, Diversity and Inclusion training materials would be reviewed across the region to include patient stories. All SET training would be undertaken via eLearning with the exception of Resuscitation Training and Manual Handling Training, however an action plan would be implemented to ensure that the Trust retains compliance rates.

Appraisal season had been postponed however some areas had continued to undertake them throughout the pandemic. The appraisal process had been revised to a wellbeing appraisal to be undertaken by 1 October 2020 in readiness for winter pressures.

Pat Drake noted that the appointment of an Equality, Diversity and Inclusion Lead was required and a positive step. It was noted that the Trust should ensure it includes caring for patients in a cultural and diverse way, including religion. Pat Drake asked if feedback had been sought from the Pilipino nurses that had been recruited prior to Covid19. The Director of Nursing advised that the Pilipino nurses had continued to be supported and had sent personal messages to them to ensure that they were coping throughout the pandemic. It was noted that internal OSCEs had been undertaken as the national OSCE centre had closed during the pandemic. They had all passed and were being paid at band 3 level. There had been issues with accommodation and the understanding of social distancing as they lived as a family in the accommodation block resulting in them being relocated to a hotel to undertake self-isolation.

Mark Bailey advised it was good to see the FTSU data and asked if there had been any cases related to diversity and inclusion. The Director of People and Organisational Development advised that she couldn't recall the specific cases and therefore would provide this was further detail at the Quality and Effectiveness Committee on 28 July 2020. Mark Bailey found the listening events encouraging and supported an approach that would include all levels of the organisation to be involved to share experiences.

Sheena McDonnell noted that there was a danger that the Trust would get lost on the detail from the feedback from surveys and feedback sessions and advised that there were simple things that could be undertaken to improve the culture such as cultural awareness and unconscious bias training which with an expectation that people participate in the training. The Board should also participate in this.

The Chief Executive advised that the majority of BAME colleagues are the highest paid staff in clinical roles and therefore any action taken in request of equality, diversity and inclusion must reflect that of all levels of staff. It was acknowledged that the senior profile of the Trust had changed and was of a white British background, and therefore it was important that measures be implemented and the offer of two Associate Non-Executive Directors from a BAME or other protected characteristics background, to ensure that support was given to colleagues in their development.

The Chair noted that equality and fairness should be built into policies and procedures so that the Board can be assured that processes are in place and are being adhered to. There would be a role of the Audit and Risk Committee to ensure that policies in place would give the equality and fairness that the Trust seeks.

Action: Detail of if any of the FTSU cases related to diversity concerns during Quarter 1 would be reported to the Quality and Effectiveness Committee on 28 July 2020. KB

The Board:

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

P20/07/G1 Board Assurance Framework and Corporate Risk Register Update (Enclosure G1)

The Company Secretary presented to the Board an update on the Board Assurance Framework and Corporate Risk Register which included the refreshed risks aligned to the

True North Objectives. The proposed outline plan had been summarised in the paper which included examples of suggested layouts.

The work had been picked up with Strategy and Improvement on the Qi review of the Board process, which would incorporate a new pilot project of digital Board Leadership being facilitated by NHS Providers.

Kath Smart asked for the timescale on the three work streams presented. The Chief Executive advised that this work would be completed by the next Board meeting on 15 September 2020.

Neil Rhodes noted that the Company Secretary would require support to sustain the Board Assurance Framework following the refresh. The Chief Executive advised that the Trust Board Office now had more resource than at any point but that due to the impact of temporary posts, and Covid work needed to be undertaken to ensure that the changes were bedded in before it would be reasonable to conclude that further resource was needed.

The Director of Nursing, Midwifery and Allied Health Professionals advised that the work undertaken was a significant improvement, but more work was required on the risk appetite and a discussion would be required to discuss the Board Assurance Framework and CQC.

Sheena McDonnell noted that one area to be reviewed was how it links to outstanding care and improving patient experience as the CQC challenged the Trust on this and therefore the Board should ensure that this was reflected in the Board Assurance Framework. The Chief Executive advised that the appointment of Data Quality Officers would ensure that quality was demonstrated in data and would reflect the True North Objective statement.

Action: The refinement of the Board Assurance Framework would be fully complete for the next Board meeting on 15 September 2020. **FD**

The Board:

- ***Noted and were assured by the update on the Board Assurance Framework and Corporate Risk Register.***

P20/07/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)

Finance and Performance Committee – 30 June 2020

No questions were raised.

Charitable Funds Committee – 16 June 2020

No questions were raised.

Audit and Risk Committee Year-End – 16 July 2020

No questions were raised.

The Board:

- ***Noted the update from the:***
- ***Finance and Performance Committee on 30 June 2020***
- ***Quality and Effectiveness Committee – 16 June 2020***
- ***Audit and Risk Committee Year-End – 16 July 2020***

P20/07/G3 Standing Financial Instructions, Standing Orders and Scheme of Delegation (Enclosure G3)

The Standing Financial Instructions, Standing Orders and Scheme of Delegation had been reviewed and updated in line with best practice and up to date practices in the Trust. A summary of these changes include:

- An update to names for Committees and Corporate Structures;
- Reference to Prudential Borrowing Limit removed (PBL removed April 2013);
- Update in legislation references to include post Brexit legislation;
- Update in references to “Estate code”(now “The efficient management of healthcare estates and facilities”);
- Update references to NHSLA (now “NHS Resolution”);
- Updating references to NHSI/NHSE.

The documents were reviewed at Audit & Risk Committee on 16th July 2020 and were recommended to the Board.

The Board:

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

P20/07/G4 Information Governance Assurance Framework (IGAF) (Enclosure G4)

The Acting Chief Information Officer joined the meeting to present the updated Information Governance Assurance Framework to include the legal requirements of GDPR 2019 and Data Protection Act 2018. This would be implemented over the following 12-months to be included in governance training and that there was an awareness of information and business continuity plans to ensure that the Trust was compliant with the NHS Digital Data Protection Toolkit which would be revised on 30 September 2020.

The Board:

- ***Approved the Information Governance Assurance Framework.***

**P20/07/H1 Information Items (Enclosures H1 – H8)
-H9**

The Board noted:

- *The Chair and NEDs Report;*
- *The Chief Executives Report;*
- *Minutes of the Finance and Performance Committee – 26 May 2020;*
- *Minutes of the Charitable Funds Committee – 17 March 2020;*
- *Minutes of the Management Board Meeting – 8 June 2020;*
- *SYB Integrated Care Partnership Bulletin;*
- *Healthwatch Doncaster Annual Report 2019-20;*
- *Noted the Board work plan;*
- *Noted the Minutes of the Audit and Risk Committee Year-End Meeting – 4 June 2020.*

P20/07/I1 Minutes of the Meeting held on 16 June 2020 (Enclosure I1)

The Board:

- *Received and Approved the Minutes of the Public Meeting held on 16 June 2020.*

P20/07/I2 Any Other Business (Verbal)

None

P20/07/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/07/I3(i) Hazel Brand

The Lead Governor asked, on behalf of the Council of Governors what the timeframe was to improve the waiting list figures as they were below the national target and could the Non-Executive Directors be closely involved with the monitoring of this data provide assurance that every effort was made to improve on these figures.

The Chief Executive advised that no Trusts would reach the national performance standards for waiting lists for some time and added that the same process for recording these figures would not likely continue. It was important that Governors understood that the size of the waiting list was affected because during the pandemic there were very minimal referrals to the Trust, resulting in a spike in referrals since the end of lockdown. This would be the same for other performance measures such as 4-hour access and diagnostics. It was reiterated that patients would be seen in the order of emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral.

The Chair advised that assurance would be provided to Governors through the presentations delivered at the Council of Governors meeting to take place on 23 July 2020.

It was agreed that the Governor Briefing and Development session to be delivered to provide an update on the complaints process would include an update on when things don't go to plan with complaints.

Action: The Governor Briefing and Development Session – Update on Complaints would include information on what happens when things don't go as planned. DP

The Board:

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

P20/07/I4 Date and Time of Next meeting (Verbal)

Date: Tuesday 15 September 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

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

P20/07/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.***

P20/07/J Close of meeting (Verbal)

The meeting closed at 11:55.



**Suzy Brain England
Chair of the Board**

**Date
17 August 2020**