



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 15 September 2020 at 09:15 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
Richard Parker OBE – Chief Executive
David Purdue – Deputy CE and Director of Nursing & Allied Clinical Health Professionals (NMAHP)
Neil Rhodes – Non-Executive Director and Deputy Chair
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
Dr T J Noble - Medical Director
- In attendance:** Fiona Dunn – Company Secretary
Marie Purdue – Director of Strategy and Transformation
Katie Shepherd – Corporate Governance Officer (Minutes)
Emma Shaheen – Head of Communications and Engagement
- Public in attendance:** Alexis Johnson – Partner Governor (Item P20/09/B1)
Raj McNab – Public Member
Daniel Fell – CEO – Doncaster Chambers – Public Member (Item P20/09/B1)
Sue Shaw – Partner Governor (Item P20/09/B1)
Steven Marsh - Governor
Hazel Brand – Public Governor – Bassetlaw
Ann-louise Bayley – Partner Governor (Item P20/09/B1)
Clive Tattley – Partner Governor (Item P20/09/B1)
Heather Boyce – CEO – Age UK – Public Member (Item P20/09/B1)
- Apologies:** None

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.

ACTION

P20/09/A1 Apologies for absence (Verbal)

No apologies for absence were noted.

P20/09/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.***

P20/09/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 - Council Motion on Climate and Biodiversity Emergency – It had been agreed that this action would be further deferred until November 2020;

Action 2 – Strategic Director Review Workshop – Jon Sargeant and Marie Purdue had a meeting on 11/09/2020 to progress this.

Action 3 to 8 were complete and would be closed.

The Board:

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

P20/09/B1 Race Equality Code – Karl George, Managing Director of The Governance Forum

The Chair welcomed Karl George, Managing Director of The Governance Forum who was in attendance to present work which he has been progressing on a Race Equality Code. Karl presented the outline of the new proposed code which included the process for the code to become endorsed via The Chartered Governance Institute. The code would take a “apply and explain” model which would be underpinned by four key principles; reporting, action, composition and education (RACE), which would drive the change which is urgently required.

Reporting would include a clear commitment to be transparent which would include the disclosure of required and concise information on progress of RACE initiatives within the organisation. A list of the measurable actions and outcomes that contribute and enable actions to address inequalities would form part of the adoption of the code. This would include the identification of key indicators that would make a long-term impact.

Finally, it would include the development of a robust education framework that developed the ethical and moral reasoning behind a programme of development for each organisation.

It was proposed that the Trust become an early adopter of the diagnostic analysis which would provide a benefit to the Trust and the Governance Forum by contributing towards the creation of the ‘musts, shoulds and coulds’ that would form part of the codes recommendations.

Pat Drake noted that education was a key principle and would be beneficial that young people were informed of this during education, prior to employment. Karl George agreed and advised that he had meetings with a university to discuss this.

It was noted that there were 375 recommendations relating to race equality from various reports that have been reviewed, however work would be undertaken to align these so that the recommendations are focused.

Karl George informed the public Board that an example of good practice that he used in other sectors was of the workforce race equality standards within the NHS.

The Chief Executive advised that a code and diagnostic tool would include a significant input from Governors, and it was agreed that the Governors would need to be provided with a workshop on the Race Equality Code.

The Chair noted that it would be the role of the People Committee, following approval at Board, to take the lead of equality, diversity and inclusion.

Action: If the Trust's involvement in the further development of the RACE Code is supported by the Board of Directors a workshop would be organised for Governors on the Race Equality Code once more details available. KB/FD

The Board:

- ***Thanked Karl George for the presentation to the Board of Directors,***
- ***Noted the presentation on the Race Equality Code.***

P20/09/C1 ICS Update (Enclosure C1)

Pat Drake noted that prior to the Covid19 pandemic there had been challenges relating to vacancies and the provision of services across the ICS, specifically childrens surgery, vascular surgery and histopathology provision, and asked if there had been any movement on the hospital service review. The Chief Executive advised the Board that the vascular team at DBTH was stable and the Management Board had approved the recruitment of an Interventional Radiologist that would provide further support to the Vascular Team.

Recruitment to Histopathology Consultants posts had also been approved at Management Team and the Trust was committed to the creation a business case for the formation of a Pathology Partnership, with the host Trust identified as Sheffield Teaching Hospitals.

During the 1st wave of the pandemic, the Trust was supported by Sheffield Children's Hospital (SCH) to provide a resilient out-of-hours service for emergency surgery for children. The ambition still remains to strengthen the Trust's Children's Service through Hosted Network arrangements with SCH.

It was noted the ICS Update identified the impact of the halt to the retrospective top up by where providers and commissioners received additional funding to bring them to a break-even point, would be discussed in further detail at the Finance and Performance Committee on 29 September 2020.

The update also outlined the scenario testing workshop for the restoration of services and the potential for a further wave of the pandemic. Four scenarios that would be tested and the Trust would plan for the worst case scenario in terms of utilising business resilience during the winter period to ensure that the long-wait list does not deteriorate.

It was noted that most financial revenue and capital funding allocation was now managed at the ICS level and South Yorkshire and Bassetlaw had been awarded £5m from the regional capital panel as part of a bid for Covid19 diagnostic money.

One of the biggest challenges that the Trust had faced and could face during the winter period and a potential second surge of Covid19 patients was not having the ITU capacity which would be needed. The Trust's early decisions to increase ITU capacity to deal with level 2 and 3 patients had helped this as had the business case for the provision of a 2nd Oxygen VIE for the DRI site .

The workforce challenges faced in the winter period is a significant concern as the additional pressures that the Trust faced due to Covid19 are likely to reoccur. Additional measures to mitigate the risks are being developed.

Work would be undertaken at the ICS level for the management of Covid19/non-Covid19 patient pathways and the impact on patients if they unable to attend the geographical closest hospital to them is being considered to ensure that the winter plans provide the most resilient and safest services possible.

The Board:

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

P20/09/D2 Stabilisation and Recovery (Verbal)

The Trust was working through plans to restore activity in all areas. The next phase would include the implementation of the winter pressure plan and how it would be managed alongside Covid19.

There was a potential that an ICS ethical framework would be devised. The Trust's Ethical Committee had reviewed this and would continue to review performance reports to ensure that patients had/would be treated fairly across specialities.

Testing

An issue had been identified with the Lighthouse Covid19 testing capacity which was a system run by the Health and Safety Executive. The Trust had enough capacity for patients and current staff testing programme. However, it was noted that if the system came under pressure, patients and critical staff would be prioritised. The reinstatement of the drive through facility was being reviewed due to the increase in demand for staff testing, which was currently being undertaken via a courier service. The Trust had been asked to facilitate testing and teaching for all Care homes and therefore urgent work would take place to identify if and how this could be undertaken.

Activity

The Trust was making progress on the reinstatement of services however there was still some way to go to return to a level of pre-Covid19 activity. Good progress had been made in diagnostics, cancer and outpatients. An immediate area of focus would include the development of a 52-week breach reduction plan.

A programme of outpatient redesign was being undertaken jointly with primary care as the move to virtual clinical delivery is a significant change and is currently accounting for approximately 50% of appointments. The ethical decisions, had been, and would continue to be made at a speciality level to consider the appropriate model for the type of activity. The Medical Director advised that there was an assurance body set up on a weekly basis to review the progress of the outpatient restoration. Individual specialities and clinicians

make the decisions based on a balance of risk and benefits with oversight from the Medical Director.

Joint reviews would be undertaken with primary care to discuss whether alternative pathways are an option for long waiting patient, with involvement from the Medical Director, Chief Operating Officer and Director of Strategy and Improvement.

It was noted that the governance reporting system would be scrutinised at the Finance and Performance Committee on 29 September 2020.

The Board:

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

P20/09/D1 Finance Update – August 2020 (Enclosure D1)

The Director of Finance provided the Finance Update for month 5 which included:

- The Trust's deficit for month 5 was £616k before the retrospective top up;
- The cash balance at the end of August was £60.1m, a reduction of £3.5m from July. The decrease of cash in month was mainly as a result of paying capital invoices in month, with cash remaining high due to the Trust being in receipt of two months' worth of the block income in April;
- Capital expenditure was reported as £1.5m in month, which was £0.2m behind plan;
- The new financial regime for months 7 – 12 had not been received at the time of BOD;
- The Trust was in receipt of £1.3m to procure CT scanners and a new MRI scanner for Bassetlaw Hospital; but not received £1.5m of phase 1 Covid19 expenditure. The Trust was in receipt of £1.86m for the extension of the Emergency Department waiting area and had received £2.25m of the £2.8m bid for the HSDU area works.
- The guidance on the month 7 -12 financial framework would be crucial to understanding the full year financial plan and whether the potential deficit of £28.1m would be mitigated by national and ICS actions.

There had been no Finance and Performance Committee during August 2020 however financial performance had been circulated to the Committee in preparation for an extended pre-meet that took place on 8th September 2020.

It was noted that until the financial planning guidance was received, that accurate financial planning could not take place, and all NHS organisations were presented with similar challenges. Internally the Trust was undertaking measures to ensure that financial control was in place in a safe and transparent way.

The Chief Executive summarised that from the outset of the Covid19 response, the Trust's mission was to ensure it spent public money wisely to support patient care and safety. The Trust must emerge from 2020/ 2021 in as good a position as it can so that it can continue to perform well during 2021/22.

In previous years when the deficit for year-end was estimated the Board had been in receipt of an effective recovery plan to understand income and to highlight where the challenges would be. It was noted that the Finance and Performance Committee would discuss and consider this at the meeting on 29 September 2020.

The Board:

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

P20/09/D2 Performance Update – July 2020 (Enclosure D2)

The Chief Operating Officer provided the highlights of the performance report for July 2020:

- An achievement of 91.7% for 4-hour access against a national target of 95%;
- An increase in patient attendance at ED had presented a challenge with a particularly high attendance of 377 patients reported on 13th September 2020. Public communications had been sent out regarding GP access and there had been good collaborative work undertaken with the Clinical Commissioning Groups;
- RTT performance had been reported as 49.2% in July 2020 against the national target of 92%. Recovery plans were monitored via the Performance Assurance Framework through weekly service level performance meetings and Divisional Accountability Meetings;
- 157 52-week breaches had been reported for July 2020 due to the impact of Covid19 and the cumulative effect of a breach. It was expected that this would increase significantly over the coming months. An approach had been agreed to recover the position and the Chief Operating Officer would hold weekly review meetings with the most challenged areas;
- A figure of 50.04% had been reported against Diagnostic activity in month 4, which demonstrated a 14.9% improvement in performance from the previous month;
- A positive performance within Cancer Services with all two-week targets met for June 2020;
- The Stroke Unit had been awarded 'A' grade for Stroke Sentinel National Audit

It was noted that the Communications and Engagement Team do a good job in informing the public of updates, however, there is a perception that the NHS had returned to pre-Covid19 levels of activity and although there are strong signs of recovery this isn't currently the case. Elective recovery was a national challenge due to the enhanced IPC guidance around social distancing and the requirement for additional downtime between procedures. The activity plan would be strengthened so that the Trust could run through winter as sustainably as possible.

Qi methodology had been used to review discharge pathways from hospital and admission avoidance services in Doncaster. The national Hospital Discharge Service Policy and Operating Model had been published on 21 August 2020, and from this there was urgent actions required and all parties involved were working hard to implement the return of the Integrated Discharge Teams social care staff to the ward at Bassetlaw. It was noted that there had been social workers on site at Doncaster throughout the Covid19 pandemic, although in a reduced capacity.

The Board:

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

P20/09/D3 Nursing, Midwifery and Allied Health Professional Update (Enclosure D3)

The Director of NMAHPs provided an update, which highlighted:

- The Falls Strategy was under review with one new initiative to be implemented to provide additional training for bank and agency colleagues on the needs of patients who require additional supervision;
- In August, one category-4 hospital acquired pressure ulcer was reported. It was noted that work had been undertaken with the ward staff in response to this;
- There were eight reported cases of clostridium difficile in August 2020, six of which were hospital associated/acquired. No lapses in care were identified and patients had been appropriately prescribed antibiotics. A number of actions had been identified and undertaken as part of the post infection review meeting;
- Twenty-two formal complaints had been received in August 2020, one of which related to Covid19. The new complaints process had commenced in July 2020 and would be reviewed at the Quality and Performance Committee on 29 September 2020;
- As part of the improvement work, a number of model wards would be launched based upon work which had been initially piloted on the Children Ward. The aim of the programme was to improve wards by providing meaningful information for ward teams to monitor their progress, create constructive conversations to enhance team work around improvement, and to recognise and reward success;
- The CQC visited the Trust on 24 July 2020 to assess compliance with the Board Assurance Framework for Infection Prevention and Control which identified compliance against all eleven of the criteria and no areas for improvement were identified. Since the report had been received the Chief Nurse for England's Office had contacted the Trust and would highlight the Trust in the Shared Governance National Report with specific reference to be made in relation to the work the Trust had undertaken with care homes, Public Health England and the Clinical Commissioning Groups;
- There had been learning identified through the ward accreditation audit;
- A review had been undertaken on how Allied Health Professionals had been supported during Covid19 as staff members that had moved to different areas. A support mechanism would be put into place for this;

The ward accreditation programme had re-commenced and discussions had been held with senior teams to ensure that it continued to be fit for purpose. Initial feedback identified that it was difficult to undertake but it was important for the Director of NMAHP to triangulate the information for the purpose of patient care, safety and experience. The Chair noted that Non-Executive Directors and Governors had assisted in the past with iQAT assessments and asked for an update on how in a virtual world this could be undertaken. The Director of NMAHP advised that a proposal to align the Non-Executive Directors to Divisions had been devised which would link Governors to their designated Non-Executive Director buddy. This would include a virtual walk around.

The Chief Executive advised that during the Covid19 response that wards became different areas in relation to what was reported prior to the pandemic and therefore should be taken with a degree of caution until they were more balanced with clinical acuity, the response to Covid19 and the use of PPE.

The Board:

- ***Noted the information in the Nursing, Midwifery and Allied Health Professional Update.***

P20/09/D4 Medical Director Update (Enclosure D4)

The Medical Director provided an update to the Board which highlighted:

- The crude mortality rate increased rapidly in March 2020 at the start of the pandemic reaching a peak in April 2020 when the full impact of Covid on deaths occurred. It had reduced during July 2020;
- There had been a significant change in overall Trust activity during the Covid19 period mostly 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 helpful in a situation where there was a sudden rise in deaths nationally;
- During the pandemic the Medical Examiner process, which had been vital in ensuring oversight of the quality of care delivered, was maintained;
- A Trust acute physician had commissioned his daughter to paint a portrait of Dr Medhat Atalla who sadly passed away due to Covid19, which had been presented to the Trust and provided a fitting tribute from a colleague who had worked with Dr Medhat Atalla for many years;
- An in house prescribing app was being developed to provide an opportunity to prescribe to patients following telephone consultations;
- The August Junior Doctors induction was a successful event;
- Medical recruitment had recommenced with a number of posts to recruit to in areas such as histopathology, anaesthetics, paediatrics and respiratory;
- An expectation that there would be a Covid19 vaccination available in quarter 3, however this is not confirmed;
- Routine activity had increased in the safest possible way for both patients and staff with an acceptance that there would be challenges to the return to higher levels of activity.

It was noted that in light of the national rise of Covid19 infections that care homes in the Doncaster and Bassetlaw area the Infection Prevention and Control Team had provided a robust training programme to some care homes.

It was requested that an outline of the proposed Medical Director Office structure be provided at the next Board meeting.

A discussion took place regarding the engagement of senior and middle grade medical colleagues in the understanding of the NHS business systems/models which would provide a resolution to the understanding of grip and control. It was noted that the Non-Executive Directors would be happy to provide coaching/mentoring in support of senior leadership and development.

Action: The Medical Director would include the proposed new structure of the Medical Director Office during the Medical Director Update Report for October 2020. TN

The Board:

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

P20/09/D5 People and Organisational Development Update (Enclosure D5)

Workforce Report

The Director of People and Organisational Development presented the Workforce Report for month 4 which highlighted:

- Normal reporting for statutory and essential training had resumed and the Trust was maximising the amount of training that could be undertaken electronically. Resuscitation and Manual Handling Training would continue to be face-to-face delivery;
- The reporting of appraisals would commence in September in line with the introduction of a wellbeing appraisal;
- The number of staff and staff household members requiring Covid 19 tests had increased. At the time of the meeting there had been 2 positive cases. Further detail would be provided at the Finance and Performance Committee and the Quality and Effectiveness Committee on 29 September 2020;
- The flu vaccination programme would commence on 21 September 2020 for all Trust, bank and agency colleagues and learners, moving to all colleagues as soon as possible;
- A flu vaccination pathway had been agreed for maternity staff to administer vaccine as part of antenatal care, however a plan for opportunist vaccinations of patients had not been confirmed as there were other factors to consider as part of the process including how GPs were informed of the vaccination, the quantity of vaccinations orders and who would administer the vaccinations.

It was noted that a further submission had been made to NHSI/E in respect of the number of Covid19 risk assessments undertaken. The Trust had reported that 95% of all staff had been offered a risk assessment through the personal circumstances form, 97% of staff of a higher risk had a risk assessment undertaken, and 96% of BAME staff had a risk assessment undertaken. Some staff had chosen not to complete the proforma as it couldn't be made a requirement to do so, however it was noted that discussions would be undertaken with staff through the wellbeing appraisal.

People Plan Update

The interim NHS People Plan had been published in July 2020, and it reflected the clear impact that Covid19 had had, and therefore provided NHS organisations with a workforce strategy for the following 18-months as opposed to the original planned five-year plan. This would be published during 2021.

The interim NHS People Plan had four chapters of focus:

- Looking after our people including the NHS People Promise,
- Belonging to the NHS,
- New ways for working and delivering care,
- Growing for the future.

A discussion had taken place at the Management Board on 14 September 2020 regarding a refresh of the organisational values and the general sense was that they should remain as 'We Care' as this resonates with staff. The CQC also made positive reference to the Trust's values during their most recent report. However, it was noted by the Management Board that the 'We Care' statements could be made shorter so that they were more memorable by staff and therefore further work would be undertaken.

It was noted that the staff survey would morph into the headers as outlined within the NHS People Promise and would therefore present a slight change in staff survey for 2020.

The Trust would also reframe the “Develop Belong Thrive Here” offer to ensure that there was context across the range of people priorities.

The Chief Executive noted that historically that there had been two Board sub-committees that had oversight of the workforce agenda: Finance and Performance Committee and the Quality and Effectiveness Committee, and therefore the People Committee proposal (later on the agenda) would provide an opportunity to focus on the people offer.

It was noted that these changes would form discussions within the newly proposed People Committee and in line with a refresh People Strategy which would be an easy to read document for staff and potential colleagues of the Trust’s offer.

The Board:

- ***Noted the information in the People and Organisational Development Update***

P20/09/D5 Safer Nursing Care Tool Update (Enclosure D6)

The Board received the update on the nursing workforce for adult inpatient areas report.

The skills mix for inpatient areas (excluding the department of critical care) was noted as 54% for registered nurses against 46% for healthcare assistants, which against a national level was benchmarked as lower. The Director of NMAHPs advised that a review was underway on the skill mix ratio to ensure that there were the right staff in the right areas. The Chief Executive noted that no ward should slip to a ratio of 55% registered nurses against 45% healthcare assistants as this would mean that medicines could not be administered in line with policy.

The ward accreditation tool was under review to identify the effectiveness of it, and the Safer Nursing Care Tool would underpin this to that the Board could be assured of the process.

The Board:

- ***Noted the Safer Nursing Care Tool Update.***

P20/09/E1 People Committee (Enclosure E1)

It was proposed that there be a creation of a new Board sub-committee that would, on behalf of the Board, have a clear focus on the assurance issues related to the Trust’s workforce, including the creation and delivery of the Trust’s People Plan which would include, but was not limited to:

- The delivery of the Human Resource services – ‘Pay and Rations.’ and new ways of working;
- Equality, Diversity and Inclusion;
- Belonging to DBTH - staff feedback and survey results;
- People and organisational development; succession planning, stronger teams, effective management, living and learning;
- The health and wellbeing support offer – Freedom to Speak Up.

The Chair advised the Board that Sheena McDonnell would chair the People Committee and Mark Bailey would take over as chair of the Charitable Funds Committee.

The Director of Finance noted that Executive Directors were member of all Committees with the exception of the Audit and Risk Committee. It was agreed that this would be consistent in the implementation of the People Committee.

The Board:

- ***Approved the introduction of a People Committee.***

P20/09/E2 Associate Non-Executive Director Role (Enclosure E2)

The Workforce Race and Disability Equality Standards included an analysis of the proportion of our Board who were from a BAME background and who have a disability. The data related to 31 March 2020 was included in a separate report to the Board this month in readiness for publication. Members would note a lack of representation of Board members from those two protected characteristics, although there was some information missing from staff' records. You would note in that report a range of actions have commenced in order to improve representation across all levels of the organisation.

In order to build capacity at Non-Executive Director level from diverse groups it was proposed that the role of an Associate Non-Executive Director be introduced. This would be a non-voting developmental role and would be required to ensure the role was distinguishable from the Non-Executive Director colleagues at Board and Committee meetings in order to ensure they don't de facto become Board members. It was proposed that appointees would receive an honorarium to cover expenses of up to £3,000 rather than a level of remuneration. Appointees would have access to a development plan to support any aspirations they may have to become a Non-Executive Director at a future time. It was noted that an appointment as an Associate NED does not give any preferential access to a future NED role.

The Board were asked to approve the introduction of the role of Associate Non-Executive Director in order that the recruitment process can commence. The Board approved this.

The Board:

- ***Approved the introduction of an Associate Non-Executive Director role.***

P20/09/E3 Workforce Race Equality Standard / Workforce Disability Equality Standard (Enclosure E3)

The Standard NHS Contract mandates that all NHS provider organisations implement the Workforce Race Equality Standards (WRES) and the Workforce Disability Standards (WDES) which were clearly linked to patient care and safety. All NHS providers were expected to show progress against a number of indicators of workforce equality and disability.

The key messages from our DBTH WRES and WDES data are:

- BAME colleagues were less likely to enter formal conduct process compared to white colleagues;
- Within non-clinical roles the highest numbers of BAME colleagues were in pay bands 1 and 2. In Clinical roles the majority of BAME colleagues sit in Bands 2 and Band 5. This would suggest Health Care Assistant roles and Band 5 Registered Nurses roles.

- Consultant and Non Consultant career grade doctors had a much higher representation of BAME colleagues.
- There were low numbers of applicants shortlisted for jobs from both BAME (142 applicants) and people with a disability (51 applicants)
- Disabled applicants had a 0.33 chance of successful appointment from shortlisting (17 shortlisted applicants in total) compare to 0.77 for non-disabled people.
- BAME applicants had a 27.5% chance of successful appointment from shortlisting. This was a slight improvement as compared to 2019. There was also a rise in the number of applicants shortlisted (107 in 2019 compared to 142 shortlisted applicants in 2020)
- White colleagues were 1.28 times more likely to be appointed compared to BAME colleagues
- Across the organisation 93.6% of disabled people were in Band 1 – 7 roles. With 83% of disabled colleagues in non-clinical roles in bands 1-4 and 90.76% of disabled clinical colleagues sitting were in bands 2-6.
- Disabled colleagues were not more likely to capability process compared to non-disabled colleagues.
- There were no disabled colleagues in formal capability processes.

A high level action plan which captured the proactive work the Trust would focus on in the next 12 months were to make positive strides on this agenda. It was important to note that the '**We were the NHS: People Plan 2020/21 action for us all**' would be a key enabler for this work with its strong focus on Looking after our people, Belonging to the NHS, New ways of working and delivering care and Growing for the future.

The key areas within the action plan were:

- the appointment of an Equality, Diversity and Inclusion lead with interviews scheduled for 2 October;
- the introduction of staff networks - first meeting of the LGBTQ+ network held in September and discussions held with senior BAME staff in August and the identification of a chair for that network;
- improvement of the data held on colleagues;
- refresh of Equality, Diversity and Inclusion training for colleagues and managers;
- implementation of the reciprocal mentoring programme and moving forward programme;
- review of the absence policy,
- The introduction of the Associate NED role.

It was noted that the staff survey would act as an indicator to highlight what areas would need to be addressed.

The Board:

- ***Noted the information in the Workforce Race Equality Standard / Workforce Disability Equality Standard submission.***

P20/09/F1 Estates Returns Information Collection (ERIC) Return (Enclosure F1)

There were no additional comments from the Board.

The Board:

- ***Approved the Estates Return Information Collection Return 2019-20.***

P20/09/F2 Award Recommendation Report (Enclosure F2)

There were no comments.

The Board:

- ***Noted the Award Recommendation Report.***

P20/09/G1 Director Register of Interest (Enclosure G1)

The Company Secretary presented the Director Register of Interests which was required at Board on an annual basis.

Sheena McDonnell noted that she had an additional interest to declare and would email it to the Trust Board Office.

Kath Smart advised that the declaration of interest report was reported to the Audit and Risk Committee and noted that there were specific areas in the organisation that have not met compliance for this. The Company Secretary would provide an update report at the Audit and Risk Committee on 22 October 2020 on the progress of medical staff declarations.

The Chief Executive advised that the Medical Director had written to senior medical staff to emphasise the importance of declarations and information on the requirements had also been circulated.

The Board:

- ***Noted the information in the Director Register of Interest.***

P20/09/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)

Finance and Performance Committee – 21 July 2020

No questions were raised.

Quality and Effectiveness Committee – 21 July 2020

No questions were raised.

The Board noted the update from the:

- ***Finance and Performance Committee on 21 July 2020***
- ***Quality and Effectiveness Committee on 21 July 2020***

P20/09/G3 Finance and Performance Committee Annual Report (Enclosure G3)

There were no comments.

The Board:

- ***Noted the information in the Finance and Performance Committee Annual Report***

P20/09/G4 Quality and Effectiveness Committee (Enclosure G4)

There were no comments.

The Board:

- ***Noted the information in the Quality and Effectiveness Committee Annual Report.***

P20/09/G5 Trust Constitution (Enclosure G5)

The Trust is required to have a constitution which sets out how it was constituted, how it made decisions and to whom it was accountable. It was based on NHSE/I core constitution statutory guidance issued in 2014. Some of the provisions were required by law while some were discretionary.

The Constitution is required to be reviewed in full every three years. The last review was in January 2018.

Since then, a number of changes had been discussed in various fora including informal and formal governors meetings.

The key changes to the documents were:

- “He” being changed to “s/he” throughout the documents,
- “board of Governors” changed to “Council of Governors”,
- Incorrect “section” cross references amended,
- Deletion of repeated paragraphs where applicable.

There were no changes made to roles, powers or duties and it there does not require ratification at the Annual Members Meeting.

The revised Trust Constitution had been circulated to the Board of Directors and the Council of Governors to review and for comments.

Neil Rhodes noted an amendment to be made to Page 12, Paragraph 14.1.4 to include ‘reference to 2.5. in Annex 5’.

The Board:

- ***Approved the revised Trust Constitution subject to the amendment to be made to Page 12, Paragraph 14.1.4.***

P20/09/H1 -H9 Information Items (Enclosures H1 – H6)

The Board noted:

- *The Chair and NEDs Report;*
- *The Chief Executives Report;*
- *Minutes of the Finance and Performance Committee – 30 June 2020;*
- *Minutes of the Quality and Effectiveness Committee – 26 May 2020;*
- *Minutes of the Management Board Meeting – 13 July 2020;*
- *Minutes of the Public Council of Governor Meeting – 13 May 2020.*

P20/09/I1 Minutes of the Meeting held on 21 July 2020 (Enclosure I1)

The Board:

- *Received and Approved the Minutes of the Public Meeting held on 21 July 2020.*

P20/09/I2 Any Other Business (Verbal)

None

P20/09/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/09/I3(i) Hazel Brand

The Lead Governor asked on behalf of the Council of Governors

1. Share Race Equality Code (item B1) with governors and great to hear that governors can be part of an early adopter, if the Board decides to pursue this.

It was agreed that a presentation would be arranged for Governors to receive the information on the Race Equality Code.

2. Kath Smart raised the point about public perceptions. Comment from a governor, who had been impressed with all the training and online communication; I've also been impressed with communications out to the public. She would like to see more communication about how we were getting through waiting lists now, similar style to the numbers used for COVID patients. I think it would instil confidence to the public, particularly on Facebook.

This was noted.

3. Richard and Jon have commented on Pathology, and it's in the ICS report. In the media Test & Trace had been called a shambles, and there were reports of insufficient supplies of the necessary reagent to carry out the tests. What was the situation for patients from Doncaster and Bassetlaw? Can they get a test if required?

The Chief Executive advised that the testing described in the media was lighthouse testing in which members of the public can receive a test off site, following a telephone call to a central organiser. It had been identified as problematic due to structure and support being diverted to other areas that required it. The NHS lab provision for testing had performed well throughout the pandemic with significant increases in capacity and the CEO and BOD formally record our thanks to the staff involved.

4. Becky had given some figures on the return to normal – could these figures be included in the minutes or sent to governors? Against various measures in the Performance Exception Report, performance was below expected targets – for obvious reasons. How do these performance levels compare with other FTs? In other words, these were national issues and DBTH patients were not unduly disadvantaged.

It was confirmed that the performance figures were included within the Integrate Quality and Performance Report to Board on a monthly basis.

5. Very clear paper and accompanying slides on the NHS People Plan but could this be a topic of a briefings for governors at some point. Also on the role of the Medical Examiner?

It was agreed that a presentation would be arranged for Governors to receive the information on the NHS People Plan.

6. People Sub-committee – there was no mention of having a governor (or 2) as observers, although the Chair and I had discussed this in our online meeting last week. Can we have confirmation that governors would be involved?

It was noted that there would be Governor representation at the People Committee.

7. Was there an upper limit on the number of Associate NEDs?

It was noted that there would 2 positions recruited to.

The Board:

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

P20/09/I4 Date and Time of Next meeting (Verbal)

Date: Friday 23 October 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

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

P20/09/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.***

P20/09/J Close of meeting (Verbal)

The meeting closed at 13:15.



Suzy Brain England
Chair of the Board

Date
9th October 2020