

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 15th June 2021 at 09:30 via Star Leaf Video Conferencing**

- Present:** Suzy Brain England OBE - Chair of the Board (In the Chair)
Mark Bailey – Non-Executive Director
Karen Barnard - Director of People and Organisational Development
Pat Drake - Non-Executive Director
Rebecca Joyce – Chief Operating Officer
Sheena McDonnell – Non-Executive Director
Dr T J Noble – Executive Medical Director
Neil Rhodes – Non-Executive Director and Deputy Chair
Richard Parker OBE – Chief Executive
David Purdue – Deputy Chief Executive and Chief Nurse
Marie Purdue – Director of Strategy and Transformation
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
- In attendance:** Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
Emma Shaheen – Head of Communications and Engagement
Katie Shepherd – Corporate Governance Officer (Minutes)
- Public in attendance:** Peter Abell – Public Governor
Hayley Findlow – Corporate Governance Officer
Maria Jackson-James – Public Governor
Dennis Atkin – Public Governor
Steve Marsh – Public Governor
Clive Tattley – Partner Governor
Mark Bright – Public Governor
Pauline Riley – Public Governor
Susan McCreadie – Public Governor

Apologies: None

ACTION

P21/06/ 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. There were no apologies for absence. No declarations of interest were declared, pursuant to Section 30 of the Standing Orders.

P21/06/ Actions from Previous Meetings (Enclosure A3)

A2

Updates were provided on actions:

Action 1 – Committee Structures – The Executive Medical Director advised that a meeting was planned to finalise the structure. An update would be provided at the next meeting. The target date was changed.

Action 4, 7 and 8 were not due until July 2021. Action 14 were not due until September 2021.

Actions closed: 2, 3, 5, 6, 9, 10, 11, 12 and 13.

The Board:

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

P21/06/ B1 **Maternity Update (Enclosure B1)**

Perinatal Dashboard

The Chief Nurse presented the Perinatal Maternity Dashboard which highlighted that during the quarter from 1st October 2021 to 31st December 2020 there were three stillbirths with gestation ranging from 22-weeks to post-term. Lessons learned had been discussed and shared at the Perinatal Mortality, Morbidity and Maternal Morbidity Meeting. Lessons learned had been circulated via the 'What's Hot Newsletter', a newsletter specific for colleagues within Maternity Services. There were three incidents that required a perinatal mortality review by the multidisciplinary team. The action plan for Q3 2020-21 was shared with the Board. A cold cot would be obtained for the purpose of parents being able to take their baby home.

Health Service Investigation Branch (HSIB) Cases

There were two recommendations:

- The Trust was to ensure that intermittent auscultation (IA) was carried out in line with national guidance ensuring early consideration was given to monitor a baby's heart rate by CTG when IA was not possible.
- The Trust was to ensure that guidance and training supports staff in recognising the immediate transfer of mothers from the birthing pool in emergency situations.

Both recommendations had been addressed prior to the receipt of the report as these were identified during the initial scoping before presentation to the SI panel. An email was sent to all midwives from the Director of Midwifery about immediate evacuation from the pool was a shoulder dystocia was identified when the scope identified this as an issue.

100% of Consultants had received PROMPT training, and 80.9% of SPRs and SHOs had received this training also. A plan was in place to reach 100% compliance for PROMPT training within a two-month period. There were two CTG Midwives and Lead Consultant who undertook the training for all Maternity colleagues. An action plan was in place to reach 100% compliance.

The Maternity Service User Voice Feedback Facebook page received a lot of positive feedback and active work was undertaken to answer any questions in a short turnaround period.

There were four open complaints and Matron's continued to work actively with complainants to improve the service for women and their families.

The Chair of Doncaster Maternity Voices Partnership (MVP) had stepped down. An interim plan was in place. There had been no meetings of the Doncaster MVP or Bassetlaw MVP since the last report to Board.

There were no concerns raised from HSIB, NHS Resolution or the CQC. There had been no Coroner Regulation 28 made directly to the Trust. Maternity Services were on target to achieve the ten safety actions as part of CNST.

The NE&Y Regional Perinatal Quality Oversight Group Highlight Report was shared, which outlined the standards that the Trust should achieve and an explanation of each. It was highlighted that there had been delays within induction of labour during May 2021. Work was underway to review how the process was undertaken. It was noted that at peak times there could be up to seven inductions per-days. A new standard operating procedure would be implemented to ensure that the management of the pathway was effective.

There were 20WTE vacancies in Maternity Services from an establishment of 189WTE. Work continued with NHS Professionals; however, job offers had been provided to 28.4 newly qualified midwives who would commence in October 2021.

The caesarean section rate at Bassetlaw remained high, due to a cohort of women with increased risk. There had been an 11% reduction from April to May 2021 in the number of women smoking at the time of delivery.

Through learning from incidents and reports, the Trust continued to focus on the key themes and address them. It was identified that there was a lack of infant feeding support, however it was noted that there were infant feeding leads at Bassetlaw and Doncaster. Work was ongoing with RDASH to further support the development of the team.

The two main themes from complaints included poor communication and medical staff attitude. This was being addressed.

Virtual Safety Champion sessions were planned, and the Chief Nurse had visited all areas at both sites. A maternity quality and maternity strategy session had been undertaken with Consultants and Matrons in which positive feedback was received.

Following a request from Suzy Brain England, it was confirmed that CTG was cardiotocography, which was a small device that was placed on a woman's stomach to listen to the baby's heartbeat to give an interpretation of a CTG.

In response to a question from Suzy Brain England regarding the responsibility of ensuring that MVP were effective, it was advised that the MVP reported to the CCG and Place. There were strong partnerships in place at Bassetlaw, however a new Chair was required.

Following a comment from Suzy Brain England regarding the training compliance for Anaesthetists, it was advised that PROMPT training was virtual and therefore it was expected that training compliance would improve.

Following a request from Neil Rhodes, the Chief Nurse summarised that previously, the recruitment of newly qualified midwives was undertaken by respective Trusts which meant that on occasion midwives rejected their offer as they had received another offer elsewhere, however this year, local maternity services had joined to coordinate a joint recruitment

programme in which newly qualified midwives were required to submit their first and second choice locations, followed by interview and selection to avoid this taking place.

Kath Smart noted that the Board had received the same narrative regarding the need for a new Chair of the MVP and asked for further information on when this would be solved. The Chief Nurse advised that Doncaster had appointed a Chair, however meetings were yet to be organised. The Chief Nurse advised that there were no concerns with this.

Following a query from Kath Smart regarding the data lag, as the report was for Q3 2020/21, it was advised that there was a delay as the data was reviewed at the MDT meeting prior to Board reporting. The Board would review Q4 2020/21 at the July Board meeting.

Following a request from Kath Smart for further information on the caesarean section rate, the Chief Nurse advised that the rate of caesarean sections related to the population and the number of high risk pregnancies. It was noted that the Trust had the second lowest still birth rate in North East and Yorkshire.

Following a query from Sheena McDonnell regarding the dissemination of the 'What's Hot Newsletter', it was advised that the majority of discussions took place during staff meetings to ensure that the learning was portrayed correctly. The 'What's Hot Newsletter' was disseminated to all Maternity Services colleagues via email.

In response to a question from Mark Bailey regarding the myriad of requirements for maternity reporting, and how this was analysed effectively, it was advised by the Chief Nurse that the Trust used a system called K2 to collate all evidence. The Trust had an IT dedicated midwife who was responsible for inputting data into the K2 system.

Following a query from Mark Bailey regarding any future associated work within Maternity Services, it was advised that the actions from the Ockenden Report would be a priority and the action plan would require a multidisciplinary approach to it.

In response to a question from Mark Bailey regarding the wellbeing of the Maternity team, the Chief Nurse advised that the team were well. The Trust was expecting the East Kent Maternity Report early autumn, and part two of the Ockenden Report in December 2021. Work was underway with the Professional Midwifery Advocate to provide support to colleagues.

In response to a question by the Chair, it was advised that the Trust delivered in excess of 5k babies each year and noted the proportionality against the 13 cases referred to HSIB.

Pat Drake had visited the Maternity Services and noted that there seemed to be a great resilience and feeling of positivity amongst colleagues. Pat Drake advised the Board that Maternity Services featured high on the Quality and Effectiveness Committee agenda. It was noted that the national audit tool work with chairs of MVPs had not commenced yet as it was still not available nationally.

Following a question from Pat Drake regarding the lack of evidence to demonstrate that 90% of all staff groups had attended neonatal training, it was advised that there was a plan in place to ensure that compliance reached where it should be, however noted that a lack of space due to social distancing rules had factored into this. A thorough training needs analysis had been undertaken to ensure that there was capacity to deliver the training.

In response to a question from Pat Drake regarding the capital bid for maternity items such as cots, it was advised that it formed part of the capital plan for January 2022.

CNST

The service was on target to achieve the ten safety actions for upload by 15th July 2021. Further work was required to evidence that the Trust was compliant with the Anaesthesia Clinical Services Accreditation (ACSA) standards. The Trust was awaiting letters from the CCGs to confirm remuneration available for the chair and out of pocket expenses, and the MVP action plan would be sent with this. Final evidence would be the submission of minutes for oversight.

Sheena McDonnell noted that a discussion had taken place at the Quality and Effectiveness Committee on 14th June 2021 regarding the effective system of workforce planning to a required standard. Assurance was provided at the Quality and Effectiveness Committee regarding skills mix and asked for further information. The Chief Nurse advised that the Trust utilised Birthrate Plus, which was a tool in place to ensure that the Trust had the correct number of midwives. The maximum skill mix was a ratio of 90% midwives to 10% Midwifery Support Workers, however, an output from the Ockenden Report was a bid to change this to a 95%-to-5% ratio to allow for a higher rate of midwives. The Trust had a fully compliant plan, with the exception of requirement four of safety action no.7 which asked that 'Do you have a written confirmation from the service user chair that they were being remunerated for their work and that they and other service user members of the Committee were able to claim out of pocket expenses?'. It was agreed that an update would be provided at the next meeting on this.

Action: An update would be provided on the achievement and submission of CNST actions. DP

The Board:

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

P21/06/ C1 Minutes of the Meeting held on 18 May 2021 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 18 May 2021.***

P21/06/ C2 Any Other Business (Verbal)

P21/06/C 2i Executive Medical Director Office Recruitment

Following a request from the Chair, the Executive Medical Director advised that the advertisement for the two Medical Director posts had closed and had progressed to the shortlisting phase in which it had been identified there were both internal and external candidates. The Associated Medical Director post would be advertised shortly, and the General Manager post required final grading before advertisement. Plans were in place to interview for the Medical Director posts on July. There would be a partnership interview panel in addition to the main interview panel.

P21/06/C 2ii ED Attendance

The Chief Executive Officer advised that since the end of the national lockdown, the numbers seen in the Emergency Department and the wider Trust had continued to increase. A number of Trusts had seen record attendance in the Emergency Department. The Trust had seen 411 people at DRI on 14th June 2021, of which 64 required admission, which was noted as a low conversation rate. It was believed that there was some public confusion regarding availability of GP appointments. Bassetlaw had seen 203, with 24 requiring admission to site. Due to this the Trust was unable to see, treat and discharge patients within the four-hour target as it does not have the resource in place to support this, in addition to the social distancing measures in place. It was expected that attendance may continue to increase as the lockdown further eases, however this would further increase the difficulty in seeing and treating patients in a timely manner, which the Trust endeavours to do. In response to a question from the Chair regarding work with partners regarding the availability, it was advised that this was a key challenge and primary care were seeing 60% of patients face-to-face in comparison to pre-COVID-19 levels.

P21/06/C Bassetlaw Emergency Care Village
2iii

The Director of Finance advised that the Trust had received a letter from the Department for Health and Social Care agreeing to the £17.6m for the Bassetlaw Emergency Care Village scheme. Business cases would be submitted to get approval to commence the work. It was noted that this would not be adjusted for inflation and technical issues. A value analysis would be undertaken. The Board noted the positive news. The Chair advised that the timeline for completion was important in ensuring that colleagues were aware of the benefits that the Bassetlaw Emergency Care Village would provide, as a patient centred service.

P21/06/C Women and Children's
2iv

The Director of Finance advised that orders had been submitted for the modular buildings which would include a Theatre and recovery area and two wards totalling 32 beds in total. It was expected that the Theatre would be commissioned in August 2021 and the wards by October 2021. Further work was required within the Women and Children's Hospital to turn the electricity back on at an estimated cost of £2m. The cost for full repairs to the East Block of the building would be c.£39m, however, repair work for the whole of the Women and Children's Hospital building would be c.£50m. It was expected that any repair work would take in excess of 12-months.

The Chief Nurse advised that some ward moves were planned to increase the number of paediatric beds which would be completed within days.

P21/06/C Secondment Appointment of David Purdue, Chief Nurse as Regional Director of Nursing for Yorkshire and Humber, NHSE/I.
2v

The Chief Executive wished to inform the Board, and congratulate David Purdue on his successful appointment into a secondment role of Regional Director of Nursing for Yorkshire and Humber, NHSE/I.

The Board wished David Purdue the best of luck in the role.

P21/06/C Annual Members Lecture Series – 14th – 17th June 2021
2vi

The Chair advised that it was Annual Members Lecture week, in which a series of videos would be shared featuring a range of health professionals from within our organisation, each speaking

on a specific theme of topic. There had been 1,800 views per session to date, with Facebook viewing being the most popular.

Post Meeting Note: There had been approximately 30k views of the Annual Members Lecture Series.

P21/06/ C3 Governor Questions Regarding the Business of the Meeting (Verbal)

There was an issue in relation to a bereaved family being able to hear the cries of babies in their accommodation post-bereavement. A review of bereavement facilities had begun. After completion in November, can this be reported to governors with the next update on maternity services to governors?

It was agreed that this would be included as part of a Maternity Services update to Governors.

The paper shows a high rate of emergency C-sections, across both hospital sites though a little less at Bassetlaw Hospital. was there an explanation for this?

This had been discussed as part of item P21/06/B1.

Figures for multi-disciplinary training in neonatal resuscitation were below the 90% required. I'm sure there would be an action plan to address this, but I wonder if we can again have some explanation as to why the figures were low.

This had been discussed as part of item P21/06/B1.

The Board:

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

P21/06/ C4 Date and Time of Next meeting (Verbal)

Date: Tuesday 20 July 2021
Time: 09:30am
Venue: Star Leaf Videoconferencing

The Board:

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

P21/06/ C5 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P21/06/ D Close of meeting (Verbal)

The meeting closed at 10:30.



**Suzy Brain England
Chair of the Board**

**Date
20th July 2021**