



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 21 September 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 Tim Noble – Executive Medical Director  
Richard Parker OBE – Chief Executive  
David Purdue – Deputy Chief Executive and Chief Nurse  
Marie Purdue – Director of Strategy & Improvement  
Neil Rhodes – Non-Executive Director and Deputy Chair  
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  
Angela O'Mara – PA to Chair & Chief Executive (Minutes)
- Public in attendance:** Peter Abell - Public Governor Bassetlaw  
Dennis Atkin – Public Governor Doncaster  
Hazel Brand – Public Governor Bassetlaw  
Gina Holmes – Staffside Chair  
Steve Marsh – Public Governor Bassetlaw  
Vivek Panikkar – Staff Governor  
Debbie Pook – Member of the Public  
Pauline Riley – Public Governor Doncaster  
Clive Tattley – Partner Governor  
Mandy Tyrell – Staff Governor
- Apologies:** None

**ACTION**

**P21/09/ A1 Welcome, apologies for absence and declaration of interest (Verbal)**

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and the member of public in attendance via the audience functionality. No apologies for absence were received.

As Senior Responsible Officer for the South Yorkshire & Bassetlaw (SY&B) Pathology Transformation Programme the Chief Executive declared an interest in respect of agenda item F1 (SY&B Pathology Transformation Outline Business Case). Should those in attendance be required to vote on this matter the Chief Executive would be unable to cast his vote. The Director of Strategy & Improvement would present the paper relating to the agenda item.

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

**P21/09/  
A2** **Actions from Previous Meetings (Enclosure A2)**

Action 1 – Escalation to Board – Job Planning Internal Audit Report – an update would be provided as part of today’s agenda by the Executive Medical Director.

Action 2 – Inpatient Survey Action Plan – an update would be provided as part of today’s agenda by the Chief Nurse, to include wider engagement of the public

Action 3 – Escalation to the Finance & Performance Committee – the action was closed

Action 4 - Diagnostic Framework Self-assessment Board Leadership - explicit inclusion in the People Strategy, due by the end of 2021. To be carried forward as an action.

Action 5 – Covid-19 Positive Colleagues - included in the Director of People & OD’s update

Action 6 - Mental Health Support – included in the Chief Nurse’s update

Action 7 - NHS Food Strategy Update - included in the Chief Nurse’s update

Action 8 - Safeguarding Information to Board - not due until November 2021

***The Board:***

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

**P21/09/  
C1** **Board Assurance Framework – SA1 (Enclosure C1)**

The Board received an updated Board Assurance Framework in respect of risks to the achievement of the Trust’s Strategic Aim 1 – To provide outstanding care and improve patient experience.

The following suggestions were made:

- **Controls / assurance (mitigation & evidence of making an impact)** – to add further work required on patient CQC action plans, details of which would be shared at the Quality & Effectiveness Committee.
- **Comments** – in response to a question from Pat Drake, the Chief Nurse confirmed the consolidation of maternity should remain on the list due to continuing staffing challenges and the suspension of continuity of care.
- **Measures** – Pat Drake suggested the inclusion of Perfect Ward. The Chief Nurse agreed that this would be updated on the next iteration for Inpatient Quality Assessment Tool (IQAT) and Department Quality Assessment Tool (DQAT)

**P21/09/ Chief Nurse Update (Enclosure C2)**  
**C2**

The Chief Nurse presented a comprehensive report, which provided supporting information and assurance on the following items:

- key deliverables for patient safety and experience
- outcome measures for Maternity Services
- safe staffing numbers for nursing and midwifery

In preparation for the introduction of the Patient Safety Incident Response Framework (PSIRF) next year, and in response to guidance issued by the national patient safety team, the Chief Nurse reported that the previous three year's data for patient safety incidents, serious incidents, moderate harms, complaints and inquests had been analysed and triangulated at a recent Trust workshop.

During August 2021 the following were reported:

- Clostridium difficile – six cases, one Hospital Onset, Hospital Acquired (HOHA) and the remaining five Community Onset, Hospital Acquired (COHA). In view of the numbers reported work had been undertaken to consider geographical locations and establish any trends; no lapses in care had been identified and patients had been appropriately prescribed antibiotics.
- e-Coli Bacteraemia – five cases
- MRSA colonisations – two
- Nosocomial Covid – one ward area had reported an outbreak, which affected two patients. A Post Infection Review had been completed and no issues had been identified; rates continued to be closely monitored.

In response to a question from Kath Smart, the Chief Nurse confirmed appropriate reporting of nosocomial covid through the Clinical Governance and Quality and Effectiveness Committees.

In all of the above cases no lapses in care had been identified, Post Infection Reviews had been completed and all appropriate infection, prevention and control measures were in place. Where necessary, additional deep cleans had been commissioned.

In accordance with national guidance the Chief Nurse advised that the Trust had issued duty of candour letters to the relatives of 90 inpatients who had died of Covid-19 during the first wave of the pandemic. To date only three responses had been received to clarify issues.

Following a trust-wide learning needs analysis and linked to the recently published framework for involving patients in patient safety, e-learning modules would be made available in the Autumn via ESR, for completion by all trust staff, with a specific module for the Board of Directors.

An overview of patient experience was provided, including analysis of complaint/concern themes and compliance with internal timeframes. In response to a question from Sheena McDonnell, the Chief Nurse acknowledged there was a correlation between incidents of violence and aggression and complaints, which would be reported to the Quality & Effectiveness Committee.

A significant amount of negative feedback had been received from visitors and patients who had experienced difficulties navigating the site, due to the relocation of clinics/services and associated temporary signage. Following a site walk around a phased approach to address the concerns had been proposed, phase 1 would commence in September 2021 and once the site had stabilised, the final stage was expected to be completed in Spring 2022, which included a review of site maps. Sheena McDonnell welcomed the review of signage and suggested an opportunity to engage with the public and secure a digital solution would be favoured.

The Chief Nurse drew the Board's attention to the maternity update and the key learning and themes from the referrals to the Healthcare Safety Investigation Branch (HSIB). Sheena McDonnell asked for some context to be provided on the number of referrals, which the Chief Nurse advised did not cause concern when compared to the total number of births, the key factors for consideration by the Board should be the identification of themes and that appropriate actions had been taken.

The Royal College of Obstetricians and Gynaecologists (RCOG) had recently released a workforce report on the roles and responsibilities of the consultant, the recommendations from which had been reviewed, a gap analysis completed and an action plan developed. As Chair of the Quality & Effectiveness Committee Pat Drake requested these actions be reported into this committee.

DP/TN

It was reported that staffing in maternity had been particularly challenging during July and August and with the support of the Local Maternity and Neonatal System (LMNS) a decision to pause continuity of care until December 2021 had been taken, to allow staff to be hospital based. This decision was in line with other organisations and at a time when seasonally high birth rates were being seen.

The Nursing and Midwifery staffing report identified the planned vs actual staffing across July and August. New registrants were awaited, and discussions had taken place with the University to establish flexibility on proposed start dates. The impact of the incident in the Women's & Children's Hospital continued to affect all services, along with the need for staff to take annual leave, sickness absence and vacancy factors. Work on rotas to review effectiveness by a confirm and challenge process was being undertaken, overseen by the Director of Nursing and the Chief Nurse.

Pat Drake thanked the Chief Nurse for his report and for bringing Organ Donation Week to the attention of the Board, noting that the Regional Chair was due to visit the Trust shortly. A request was made for a glossary of acronyms to be included in the maternity paper. Pat also took the opportunity to feedback positively on the Trust's Sharing How We Care Conference which took place on 16 September. However, she did express concern at the category 4 hospital acquired pressure ulcer which had been reported in July, which would require investigation. In respect of the complaint theme "values and behaviours" (staff), it was noted that 50% of complaints related to the attitude of medical staff and assurance was sought that civility training was provided and that feedback be provided on this at the next Board. The Director of People & Organisation Development advised that civility and respect training was part of the Emergency Department Organisational Development Programme and consideration would be given as to how best to cascade this across the organisation.

DP

TN/DP

In respect of nurse staffing for the current level of patient acuity, the question was asked if there was a need to look at skill mix, staffing levels and budget, rather than making temporary fixes, as 30% of inpatients required enhanced care. A review of nurse establishments and

discussions with the Director and Deputy Director of Finance had taken place and it was agreed that work on the Safer Nursing Care Tool would be completed and budgets and establishments would be included in a future board report. DP

The Chief Executive acknowledged the challenges, and with the support of appropriate measures, and tools the Trust would ensure that necessary plans were in place, although as we approached winter it was acknowledged that this would be a bigger piece of work than previously seen. There was a need to support annual leave due to the pressures colleagues had faced over an extended period, although it was recognised this would in turn create additional pressures. The Chief Executive extended a huge thank you to staff for all their efforts, in what had been the most challenging period he had experienced.

The Chair of the Board noted that the Trust could not expect the same approach to Winter as in previous years, the Trust had lost beds due to Covid, as well as the impact of the incident in the Women's & Children's Hospital and we now needed to move forward with strength.

In response to a question from Pat Drake the Chief Nurse advised that arrangements for the Board Maternity Safety had been received from Professor Jacqueline Dunkley-Bent's office, an initial date of 12 November 2021 had been proposed.

In respect of enforcing visitor restrictions Kath Smart enquired of the level of difficulty and frequency of decision making. The Chief Nurse confirmed the primary aim of any decision was to protect staff and vulnerable patients, appropriately linked to guidance and to ensure system-wide consistency. The importance of appropriate communication to support changes in visiting was reinforced.

The renewed focus on food was welcomed by Kath Smart and in response to a question relating to pre-Covid food audits the Chief Nurse confirmed that delivery of the Trust Food and Drink Strategy would be monitored by the Nutritional Steering Committee as a sub-committee of the Clinical Governance Committee. All place assessments would be informed by national guidance.

***The Board:***

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

**P21/09/ C3 Executive Medical Director Update (Enclosure C3)**

The Board received the Executive Medical Director's report which provided the following updates:

- continued progress of risk stratification of the admitted referral to treatment active waiting list, which stood at 94% as of 8 September 2021.
- a Trust 12 month rolling Hospital Standardised Mortality Ratio of 105, which had stabilised after a period of reduction
- 100% scrutiny of all adult in-patient deaths, with continued work to include the scrutiny of paediatric and non-coronial deaths in the community by the Medical Examiner's office
- a summary of July and August 2021's Caldicott Guardian activity
- progress update on the clinical governance review, to be presented at October's meeting of the Quality & Effectiveness Committee

- finalised structure and appointment to the Executive Medical Director's Office. The following appointments were confirmed, with the Medical Directors to work alongside Deputy Medical Director, Ray Cuschieri in a phased handover
  - Dr Nick Mallaband, Medical Director Workforce & Speciality Development
  - Dr Joseph John, Medical Director of Stability and Optimisation
  - Dr Sudipto Gosh, Associate Medical Director - Revalidation & Professional Standards (12 month fixed term)
  - Dr Juan Ballesteros, Associate Medical Director - Clinical Safety (12 month fixed term)
  - Julie Butler, Senior Manager (secondment)

In response to a question from Pat Drake, the Executive Medical Director confirmed the newly appointed colleagues would be assigned to board sub-committees.

The Executive Medical Director confirmed that development of policy and procedures in respect of job planning was ongoing, an action plan was in place and KPMG were assured in line with NHSE expectations.

Pat Drake shared her appreciation of the work undertaken as part of the clinical governance review and requested that all assurance routes were sighted on the outcomes. She also sought assurance that the Medical Examiner's team would meet the deadline of scrutiny of all deaths by April 2022; the Executive Medical Director acknowledged the excellent work undertaken by the Medical Examiner team to date and shared positive feedback received but noted the deadline was a challenging one. He assured the Board that progress towards the deadline would be reported through the Quality and Effective Committee. Kath Smart acknowledged the strong appointments made to the Medical Examiner roles and stressed the importance of the interface between primary and secondary care.

Neil Rhodes congratulated the Executive Medical Director on the recruitment to his team, and looked forward to the realisation of business benefits, the Executive Medical Director's expectation was a proactive approach to ensure all specialities and disciplines were equipped to fully deliver services. All appointed Medical and Associate Medical Directors would be exposed to the board, with support and buddying arrangements in place.

Ahead of the Executive Medical Director's attendance at October's Audit and Risk Committee Kath Smart reinforced the need for a briefing on progress in respect of job planning, including any challenges and anticipated revisions to the timeframe.

***The Board:***

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

**P21/07/ D1 Board Assurance Framework – SA2 & 3 (Enclosure D1)**

The Board received an updated Board Assurance Framework, which included risks to the achievement of the Trust's strategic aim 2 – everybody knows their role in achieving the vision and strategic aim 3 - feedback from staff and learning in top 10% in UK.

Minor amendments had been incorporated but following discussions at this month's meeting of the People Committee it had been agreed that the Board Assurance Framework would be updated further to include the outcome of the internal audit reports.

**P21/09/ D2** **Our People Update (Enclosure D2)**

The Director of People & Organisational Development's report provided an extensive update across the following topics:

- Widening participation, including school's engagement, apprenticeships, work experience and partnership working. During Q1 an encouraging number of apprentices have commenced in post, the highest seen since the introduction of the apprenticeship levy
- Statutory and essential training – as of 31 July 2021 the trusts compliance stood at 85%
- Staff survey – the quarterly Pulse survey (previously known as the Staff Friends and Family test) had only achieved a 19% response rate. Plans to actively promote the full survey were in place, with a go live date of 4 October 2021
- Freedom to Speak Up activity, performance against the strategy, and learning and development
- RACE Code – the Trust has been awarded the Race Equality Code quality mark and significant progress against the RACE action plan had been reported via the People Committee
- Covid absence and staff testing data
- Covid and Flu vaccination programme

The Director of People & Organisational Development advised the refresh of the workforce strategy was ongoing, with discussions planned for October's Workforce Planning Meeting and November's People Committee.

As Chair of the People Committee Sheena McDonnell reported the positive progress of the widening participation agenda and excellent work in support of equality, diversity, and inclusion. In respect of an area of improvement a focused effort was required to increase the fire safety compliance level.

Neil Rhodes enquired what a reasonable expectation for level of completion would be for the quarterly survey and if it would be possible for the Trust to calibrate their response to that of other trusts. As this was the first Pulse survey the Director of People & Organisational Development was not yet sighted on how the benchmarking data would be received but acknowledged that when colleague's satisfaction was at a reasonable level this could result in a low completion rate. Thought would be given as to how completion rates could be increased and a reduction in neutral responses achieved.

The efforts in securing the RACE code quality mark were acknowledged by Pat Drake, however, it was recognised that much of the work to date had focused on staff and consideration should now be given from a patient's perspective. The Director of People & Organisational Development recognised further work was required in this area and would consider how Stacey Nutt, Deputy Director of Nursing – Patient Experience could link into the Equality Diversity and Inclusion Forum.

The flu vaccination programme would commence this week, with mobile vaccinators working across the site, the Covid booster was expected to be in place by mid-October but would be provided from a fixed location, due to the nature of the vaccine. It was noted that the level of Covid positive staff continued to increase, with 56 colleagues currently testing positive and a further 14 displaying symptoms.

**The Board:**

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

**P21/09/  
D3** **Report from Guardian for Safe Working (Enclosure D3)**

The Board received the first quarterly report, prepared by Dr Anna Pryce, Guardian of Safe Working. In summary the report identified a low level of exception reporting in the last quarter, with no specific areas of concern identified. The absence of educational exception reporting suggested good education opportunities for trainees. Where exception reports had been received in respect of working additional hours these were due to work pressures arising from colleague's absence rather than rota gaps. Previous reports relating to the lack of rest facilities had now been addressed by the provision of a junior doctor's mess room.

As Dr Pryce had been unable to attend today the Chair of the Board asked the Director of People and Organisational Development to convey the Board's appreciation for her report. KB

**The Board:**

- ***Noted and took assurance from the Guardian for Safe Working Report***

**P21/09/  
D4** **Workforce Race Equality Standard / Workforce Disability Equality Standard & Gender Pay Gap Report (Enclosure D4)**

The Board received the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and gender pay gap report, the data from which is submitted nationally against a set of key indicators. The Director of People & Organisation Development brought to the Board's attention the continued work required to address the disability disclosure rate and the recruitment of Black, Asian and Minority Ethnic (BAME) and disabled applicants. In respect of BAME disciplinary or capability matters it was noted the Trust performed well.

Due to a lack of BAME representation at Trust Board level the placement of an Associate Non-Executive Director had taken place to strengthen the BAME voice at Board level.

Pat Drake raised the matter of the international nurse recruits who were initially employed at Band 3 until the point at which they registered and queried if this should be reflected in the report.

Sheena McDonnell shared her view that the refresh of the Equality, Diversity and Inclusion strategy should include the Trust's ambition, rather than a pure focus on numbers.

**The Board:**

***Noted and took assurance from the Workforce Race Equality Standard / Workforce Disability Equality Standard Report/Gender Pay Gap Report***



**P21/09/ E1** **Board Assurance Framework – SA4 (Enclosure E1)**

The Board received an updated Board Assurance Framework which identified risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care.

**P21/09/ E2** **Finance Update (Enclosure E2)**

The Director of Finance brought the Board's attention to the following points:

- The increased pay spend, particularly nursing had impacted the Trust's financial position, discussions with the Chief Nurse had taken place in respect of H2 budgets and an increase was anticipated due to bank and agency spend. Grip and control meetings to review rotas and leave rates would be implemented by the Director of Nursing
- The £12.4m capital pressure arising from the Women's & Children's incident was expected to be taken as a system wide cost pressure. Each Director of Finance within SY&B ICS had agreed to support a £3m capital underspend and this would be discussed at the meeting of SY&B ICS Health & Care Management Team on 28 September. Proposals for the Trust's £3m contribution were likely to be supported by underspends in IT, Medical Equipment and Estates and would be considered at the Finance & Performance Committee on 24 September 2021,
- As yet financial arrangements for H2 were unknown, although guidance was expected by the end of next week and at this stage no significant change to the regime was anticipated. Under normal circumstances it was noted that the Trust would be expecting to receive information relating to next year's plans.
- A targeted investment fund to support restoration of elective pathways was expected and the Trust would bid against this for the modular theatre and additional ward.
- Whilst the Trust remained in surplus, it should be noted that for the second month running an in-month deficit position had been reported.

In response to a question from Neil Rhodes with regards to the public's perception of the challenges faced by Trusts working without an identified H2 budget the Director of Finance confirmed our approach was to continue to deliver services, making the best use of public money, building a strong skill base for delivery and caring for our staff. The Chief Executive recognised alongside the public's perception it was also important to consider that of our staff, reinforcing the need to ensure good housekeeping, doing the right things for the right reason and to achieve the right outcome, primarily for the benefit of the patient.

The Director of Finance provided assurance that the Trust was setting budgets on cost, the difference being at this point we didn't know the income. Whilst an increase in costs had been seen this would need to be well managed to ensure the Trust continued to maintain its CQC good rating for use of resources.

Kath Smart reinforced the importance of good systems, processes, and internal controls in managing the risks.

Neil Rhodes complimented the way in which the Women's & Children's issues had been handled both operationally and for the extensive work that had taken place behind the scenes.

***The Board:***

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

**P21/09/ E3 Operational Update – Looking Forward**

The Chief Operating Officer shared with the Board the following operational update:

A steady rise had been seen in Covid-19 infection rates, particularly in the over 60 age group, despite the rates of infection the number of inpatients remained steady around 45-50. Similar pressures were noted across South Yorkshire & Bassetlaw, with the rate of infection remaining higher than the Yorkshire & Humber average.

Covid bed occupancy stood at 8.2%, with active cases representing 6.7% of the bed base, the Trust currently had 10 Covid patients on critical care and surge capacity was being utilised. Critical Care remained under pressure with significant workforce challenges and support from the network had been sought.

Attendances in the Emergency Department remained high, particularly for minors and paediatrics and non-elective admissions exceeded pre-Covid levels and were anticipated to remain high into winter. These levels were being used to inform winter planning.

The significant impact from the Women's & Children's incident continued to be felt, with a loss of 19 surgical adult beds and 23 paediatric beds. Mutual aid continued to be required.

Going into winter, pressures were expected to increase significantly with the potential for a doubling of Covid-19 and critical care requirements. Flu season was also expected to have a greater impact and with an earlier onset. In paediatrics a surge of 25-50% of Respiratory Syncytial Virus (RSV) was anticipated, with the peak expected in November. This would be challenging in view of reduced bed capacity, as the modular paediatric wards were not expected to arrive until early December 2021.

A significant amount of time had been devoted to winter planning, to include different models of delivery, change in flow and improvements to processes and systems. Partnership plans were being worked up alongside internal discussions and redeployment of colleagues was expected.

Bed capacity and staffing challenges had impacted upon elective delivery and although the Trust's performance benchmarked well with others it had achieved 85% and 82% in July and August respectively against the target of 95% of 2019/2020 value.

The focus had been on Emergency, P2, long waiters and cancer patients, with ongoing insourcing work undertaken in ophthalmology, oral and endoscopy.

The 52 week wait position had improved but progress was noted to be slowing due to pressures, and further work was required on the diagnostic position, with a specific focus required on radiology waits.

Good progress continued to be reported with cancer performance, with a reduction in <62 day waiters, continued improvements in 2 week waits and an improving position in the faster diagnosis standard.

In response to a question from the Chair of the Board the Chief Operating Officer confirmed the Trust continued to work closely with Park Hill, where an average of 30 cases a week were undertaken.

Having considered the Chief Operating Officer's update and in recognition of the Board's interest in colleagues' health and well-being Neil Rhodes enquired of the impact on staff morale and resilience. The Executive Team were well sighted on colleague's fatigue levels; the Chief Executive acknowledged that often the impact on front line colleagues was more obvious but the impact on those working behind the scenes should not go unrecognised. On behalf of the Board thanks were shared with all colleagues who continued to support delivery of all services. The challenges this winter were expected to have a significant impact on our partners and at both place and system level their involvement would be critical to success.

In response to a question from Pat Drake the importance of partnership working with social care and community providers could not be underestimated, to ensure appropriate support for admission avoidance and effective discharge. Proactive in-reach support from RDaSH would be stepped up to a higher level for winter and dialogue with Doncaster MBC would support clear and active solutions. The recently appointed joint post of Director of Allied Health Professionals would support a range of initiatives including red to green and Home First. The priority during this time would be to ensure existing practices worked well, rather than looking to reinvent the wheel.

The biggest challenge for diagnostics continued to be non-obstetric ultrasound and although investment had been made in providing additional capacity backlogs had built up throughout the pandemic due to staffing challenges. The Chief Operating Officer advised Pat Drake that further work was required to understand capacity and demand for the diagnostic modalities.

The Chief Executive acknowledged that the Trust was likely to exit winter with significant workforce challenges, with a need to understand capacity and demand and appropriate workforce solutions.

Kath Smart recognised the enormously challenging position, which was not underestimated. Whilst there was noise in the system about Primary Care it appeared that the number of attendances were increasing in general practice, which would hopefully support a reduction in ED attendances, with more work required on 111 streaming routes and the creation of hot primary care centres. At an introductory meeting with Gill Marsden, Deputy Chief Operating Officer – Elective plans were shared for the medium and long term and Kath Smart enquired about short term solutions. The Chief Operating Officer confirmed the focus would be on P1, P2 and cancer, with winter plans focused on day cases and mutual aid to provide additional capacity.

***The Board:***

- ***Noted and took assurance from the Operational Update – Looking Forward***

**P21/09/ Performance Update (Enclosure E4)  
E4**

The Board received the Chief Operating Officer's Integrated Quality and Performance Report (IQPR) which provided assurance that appropriate actions were being taken to support operational performance across the Trust in terms of recovery and a return to business as usual.

The IQPR provided:

- at a glance charts, showing performance against a set of key indicators
- performance exception report
- speciality level activity against % value of 2019/2020, in line with Elective Recovery Fund requirements

For elective and cancer performance the next key steps of the restoration strategy were to improve access to radiology and other key enablers to the elective pathways. From an emergency perspective to develop bed and capacity plans and ensure effective internal systems and processes, alongside strong partnership plans.

**The Board:**

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

**P21/09/ F1 SY&B Pathology Transformation Outline Business Case (Enclosure F1)**

The Board received the detailed Outline Business Case (OBC) prepared by the SY&B Pathology Transformation Team, through consultation with SY&B ICS providers and led by Richard Parker, as Senior Responsible Officer. In view of the Chief Executive's previously declared interest the paper was presented by the Director of Strategy & Improvement.

The OBC described the recommendations to transform pathology services across South Yorkshire and Bassetlaw and approval was sought from the Board to proceed and develop a Full Business Case (FBC) that would further assess and finalise proposals for the configuration of pathology services. A decision from the Trust Boards of Barnsley, Rotherham, Sheffield Teaching and Sheffield Children's Hospitals would also be sought.

The recommendations noted were that:

- the formation of the pathology network was configured as described in the economic case as the recommended Target Operating Model.
- the SY&B Pathology Service was established between the five partner Trusts as a Hosted Network, operating as a single service, with Sheffield Teaching Hospitals FT as the Host Organisation
- a Pathology Partnership Board and Operational Team should be appointed to lead delivery of the substantial reconfiguration of services as described in the recommended target operating model of this OBC.

In response to a question from the Chair of the Board the location of services was not felt to impact on delivery and as the Trust had been identified as the base for the mini-CSL (Central Service Laboratory) this offered a degree of resilience.

Kath Smart confirmed she was pleased to see that no redundancies were planned as part of the service transformation and enquired how colleagues had been engaged in the process to date. In answer to a direct question about the programme the Chief Executive advised that communications across the Trusts had been ongoing for some time and would continue for some time to come. The Director of Strategy and Improvement confirmed that key personnel, including colleagues from DBTH also attended the Pathology Programme Operational Board. The fact that the Trust had been chosen as the site for the mini-CSL was a positive reassurance, although it was recognised that there would be an impact on the histopathologist over the coming years with their future base being Sheffield. The Board were informed that three network posts would be going out to competitive recruitment, and if successful appointments could not be made would be advertised externally. It had also been determined that the Chair of the Network Board would not be from the host organisation.

Neil Rhodes offered his support to progress, as did Mark Bailey who recognised the significant amount of work involved to progress the programme to this point, noting the financial benefits and the need for innovation.

The Chief Executive acknowledged the need to embrace the benefits of the network for our patients and population and develop a culture to support this.

#### ***The Board***

- ***Approved the Pathology Transformation OBC and agreed to proceed to the FBC.***

#### **P21/09/ Collaborative Working with RDaSH (Enclosure F2) F2**

The Director of Strategy and Improvement shared with the Board a short briefing paper on discussions to further develop collaborative working with Rotherham Doncaster and South Humber NHS FT (RDaSH). Allowing both Trusts the opportunity to consider efficiencies for underutilised or duplicated services.

Following previous Board approval to proceed with exploring opportunities a Design Group had been established with representation from both organisations including Chairs, Chief Executives, Non-Executive Directors and Directors of Strategy. The next step would involve scoping of opportunities and an external partner would be engaged to carry out this work.

No questions were raised, and it was agreed that a periodic update would be received.

#### ***The Board***

- ***Noted the Collaborative Working with RDaSH Update***

#### **P21/09/ Teaching Hospital Board Update (Enclosure F3) F3**

The Board received a brief update on the focus of the newly formed Teaching Hospital Board. In his capacity as Chair of the Board Mark Bailey acknowledged the positive start and active engagement of place-based partners, schools, higher education institutes and Public Health.

#### ***The Board***

- ***Noted and took assurance from the Teaching Hospital Board Update***

**P21/09/ G1** **Corporate Risk Register (Enclosure G1)**

No new corporate risks had been added or escalated from the Trust Executive Group.

Sheena McDonnell enquired of the progress with those risks rated 15+ on the Corporate Risk Register. The Deputy Director of Governance/Company Secretary confirmed they continued to be monitored via the Trust Executive Group, where Divisional Directors were in attendance and at the Executive Team meetings. The rating of risks had also been considered at the Clinical Governance Committee.

Kath Smart reinforced the need to ensure that the challenges faced were appropriately recorded on the Corporate Risk Register. It was suggested that a task and finish group to consider the issue be set up to include Kath Smart, Sheena McDonnell and the Deputy Director of Corporate Governance/Company Secretary. Identified areas for review included PE01, PE02, feedback from the Granger Report and the findings from KPMG's internal audit.

**FD**

The Chief Executive acknowledged the positive change in the reporting of the Board Assurance but recognised that the Trust needed to return to good housekeeping standards on the administration and management of the risk register. It was acknowledged that the issue was wider than clinical governance matters.

***The Board:***

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

**P21/09/ G2** **Trust Board Annual Declaration of Interests (Enclosure G2)**

The annual report offered assurance on the Board's statutory and regulatory requirements in respect of Director interests.

***The Board:***

- ***Noted and approved the Trust Board Annual Declaration of Interests.***

**P21/09/ G3** **Use of Trust Seal (Enclosure G3)**

The Board noted and approved the use of the Trust Seal (Number 125) - WH Smith Hospital Limited, WH Smith Hospitals Holding Limited and Doncaster and Bassetlaw Teaching Hospitals renewal lease by reference to an existing lease. Sealed on 8 September 2021 by Richard Parker OBE, Chief Executive and Jon Sargeant, Director of Finance.

***The Board:***

- ***Approved the use of the Trust Seal***

**P21/09/ G4** **Internal Audit Report Status: Job Planning (Enclosure G4)**

The update relating to this agenda item was provided in agenda item C3 – Executive Medical Director Update.

**P21/09/ Information Items (Enclosure H1 – H9)**

**H1-**

***The Board noted:***

- ***H1 Chair and NEDs Report***
- ***H2 Chief Executives Report***
- ***H3 ICS Update***
- ***H4 Performance Update Appendices***
- ***H5 Minutes of the Finance and Performance Committee 17 June 2021***
- ***H6 Minutes of the Quality and Effectiveness Committee 14 June 2021***
- ***H7 Minutes of the People Committee 6 July 2021***
- ***H8 Minutes of the Trust Executive Group 12 July 2021 and 9 August 2021***
- ***H9 Minutes of the Teaching Hospital Board 11 June***

**P21/09/ Minutes of the meeting held on 20 July 2021 (Enclosure I1)**

**I1**

***The Board:***

- ***Approved the minutes of the meeting held on 20 July 2021.***

**P21/09/ Any other business (to be agreed with the Chair prior to the meeting)**

**I2**

There were no items of any other business.

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

**I3**

On behalf of the Council of Governors Hazel Brand echoed the Chief Executive's words of appreciation for the continued efforts of staff in these challenging times and hoped that those able to attend the thank event at the Yorkshire Wildlife Park on Saturday enjoyed their day.

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

In respect of Hospital Acquired Pressure Ulcers (HAPU) the governors shared their appreciation of the excellent briefing and development session recently delivered by the Skin Integrity Team, but shared their disappointment of the reporting of a Category 4 HAPU and would welcome a better understating of the categories

Staffing – with reference to being under staffed and under pressure, a likely result would be an increase in staff absence, it would be good to hear of the mitigating actions put in place.

The use of plain English would be welcomed in reports, acronyms should be written in full, or supported by a glossary.

Page 200 of today's meeting papers references the implications of the boundary changes could this be shared with governors please.

The Chair thanked Governors for their attendance at the Board and for their vigilance in reviewing the papers.

**The Board:**

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

**P21/09/ Date and time of next meeting (Verbal)**

**I4**

**Date:** Tuesday 16 November 2021.

**Time:** 09:30am

**Venue:** StarLeaf Videoconferencing

**P21/09/ Withdrawal of Press and Public (Verbal)**

**I5**

**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.*

**P21/09/ Close of meeting (Verbal)**

**J**

The meeting closed at 13:00



**Suzy Brain England OBE  
Chair of the Board**

**Date  
19 October 2021**