



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 19 October 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
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 Improvement
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
- Public in attendance:** Hazel Brand – Public Governor Bassetlaw
Marc Bratcher – Public Governor Doncaster
Mark Bright – Public Governor Doncaster
Lynne Logan – Public Governor Doncaster
Mick Muddiman – Public Governor Doncaster
Vivek Panikkar – Staff Governor
Debbie Pook – Member of the Public
Pauline Riley – Public Governor Doncaster
Lynne Schuller– Public Governor Bassetlaw
Clive Tattley – Partner Governor
Mandy Tyrell – Staff Governor
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Jon Sargeant – Director of Finance

ACTION

P21/10/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.

Apologies for absence were noted from the Director of Finance.

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

P21/10/ A2 **Actions from Previous Meetings (Enclosure A2)**

Action 1 - Escalation to Board – Job Planning Internal Audit Report – on 12 October 2021 the Audit & Risk Committee (ARC) received an update, including a revised timeline, from the Executive Medical Director. It was agreed that ARC would continue to monitor progress and a further update would be timetabled in 2022. As a result, the Chair of ARC agreed it was appropriate for the Board action to be closed.

Action 2 - Inpatient Survey Action Plan - action closed

Action 3 - Diagnostic Framework Self-Assessment – Board Leadership - not yet due

Action 4 - COVID-19 Positive Colleagues - action closed

Action 5 - Mental Health Support - action closed

Action 6 - NHS Food Strategy Update - action closed

Action 7 - Safeguarding Information to Board - not yet due

Action 8 - Civility Training - not yet due

Action 9 - Nursing Budgets and Establishments - not yet due

Action 10 - To establish a task and finish group in respect of risks rated 15+ on Corporate Risk Register – on 12 October 2021 an update, which included progress against actions from KPMG’s 2020/2021 Risk Management Internal Audit Report, was provided to ARC by the Deputy Director of Corporate Governance / Company Secretary. It was agreed that the oversight of risks rated 15+ should take place at the Trust Executive Group and as a result the Board action could be closed. Kath Smart advised Board that audit recommendations which had been scheduled for action in 2022 would be reviewed to determine if earlier action was appropriate.

The Board:

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

P21/10/ B1 **Maternity Update (Enclosure B1)**

The Chief Nurse shared the following headlines from this month’s Maternity Update paper:

Perinatal Deaths – the findings of three cases were reported during the period 1 April to 30 June 2021.

Following some initial delays arising from the flooding incident in the Women’s & Children’s Hospital, an action to provide a bereavement facility on the Central Delivery Suite at DRI was now progressing. The work would be jointly funded from Charitable Funds and the fundraising efforts of Trust colleagues. The Chair of the Board asked that the Board’s appreciation be shared with those colleagues who had raised funds to improve the patient experience in their own time.

DP

Healthcare Safety Investigation Branch (HSIB) Referrals – a total of 17 referrals have been made, 4 notifications were rejected, and 10 completed investigations were reported. Recommendations have been received and the following key learning themes identified:

- senior review and oversight of care
- helicopter view of complex situations
- confirmation bias in decision making
- cardiotocography (CTG) interpretation and escalation

The Chief Nurse confirmed that *confirmation bias* training was supported through Practical Obstetric Multi-Professional Training (PROMPT), consideration was also being given to source external provision. It was recognised that the subject matter was complex and determining the point at which advocacy stopped and confirmation bias started was a challenging one. To better understand confirmation bias the Chair of the Board sought clarification from the Chief Nurse, who described confirmation bias as the tendency to process information/take action based on a pre-existing view or belief.

With regards to the reference to confirmation bias in the recently received Regulation 28 notice, the Chief Executive confirmed that the case in question had previously been reviewed by HSIB, with learning identified in respect of confirmation bias training and the need for a helicopter view of complex situations. The Trust had sought further information from the HSIB, Regional Chief Midwife, Royal College of Midwives and the Local Maternity and Neonatal System to support their understanding of how to measure and assess the expected outcomes of this training. The Trust recognised that the learning was not purely about the provision of training, which is in place but the need to ensure that the training outcomes met Her Majesty's Coroner's (HMC) expectations. Neil Rhodes suggested HMC's approach was based on a four-tier model where assurance was sought on an appropriate policy being in place, deployed and trained to, evaluated, and independently assessed. The Chief Nurse confirmed all of these steps would be fulfilled, with the Regional Midwife providing an objective view.

Clinical Negligence Scheme for Trusts – the Trust's submission, which declared full compliance, was made on 20 July 2021 and feedback was awaited.

The following questions were asked by Pat Drake:

In respect of ***HSIB Recommendation – Action 1 – the Trust to ensure that the staffing model enables the labour ward co-ordinator to remain supernumerary at all time*** Pat Drake enquired of the scale of the problem, which the Chief Nurse confirmed that this tended not to be an issue on the Bassetlaw site but staffing challenges at Doncaster had seen some impact.

In respect of ***HSIB Recommendation 6 – the Trust to ensure essential equipment that may be required during birth is immediately available in the labour rooms*** the Chief Nurse confirmed that all such equipment was in situ.

In response to a question with regards to the number of vacancies, the Chief Nurse confirmed that once the current recruitment had been completed there would be six vacancies, against an establishment of 189.7. None of the vacancies related to senior posts.

With regards to progress against the Royal College of Obstetricians and Gynaecologists guidance on the roles and responsibilities of consultants, the Chief Nurse confirmed that a

meeting with consultants had taken place and that he would meet with the Executive Medical Director, Director of Midwifery and Divisional Director of Children & Families to review workforce requirements, demand and capacity and culture improvement work.

Following a recent visit to the Women's & Children's Hospital Pat Drake reported a sense of concern from the staff due to events and estate challenges. The Chief Nurse advised he visited the teams on a weekly basis and recognised the challenges of working in a difficult environment and also the pressures faced by colleagues when dealing with incidents and events, such as attendance at inquests. An extensive support package was available, and the Director of People & Organisational Development reminded Board of the benefits available to employees via Vivup, which included the provision of team wide support. The building challenges due to the aged estate were known, as was the impact on staff confidence and works were ongoing to improve the environment. The modular builds were now in situ and work was progressing well, towards a go live date in early December 2021. The Chief Executive reassured the Board that the more recent water ingress in the Women's & Children's Hospital was not connected to the incident earlier in the year and was believed to have been caused by accidental damage during building repairs.

The Chief Operating Officer had also extended an open invite to maternity colleagues to join her on a walkaround to understand the impact of the incident and identify any potential improvements.

In response to a question from Kath Smart with regards to **HSIB recommendation 2 – the Trust to ensure that junior staff and newly qualified clinicians have a personalised support plan in place to consolidate their skills and confidence**, the Chief Nurse advised that wider organisational support was available as part of the preceptorship programme.

Kath Smart shared her appreciation that the work to develop the bereavement provision was now progressing. She also brought to the Board's attention the support of the Stillbirth and Neonatal Death Charity (SANDS) in raising funds for the Trust.

In respect of the Trust's performance against the caesarean section rate Sheena McDonnell enquired of any underlying issue or learning that may be identified. The Chief Nurse confirmed that the performance was believed to be directly related to the Trust's demographics and the complexity and risk factors of our expectant mothers, for example obesity and smoking. In view of this the Trust was an outlier and the position was monitored through the Local Maternity System.

Finally, following a review by our Director of Infection, Prevention and Control the Chief Nurse confirmed that patients attending antenatal appointments could now be accompanied. With safe distancing measures reduced to one metre.

Action:

*To correct a typographical error on item 7. **Progress in achievement CNST 10** on the Maternity Board report to read "the Year 4 Incentive Scheme standards were released on Monday 8 August for submission by 2 June 2022 " **AO***

The Board:

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

P21/10/ C1 Annual Emergency Preparedness, Resilience and Response Core Standards Compliance

The Board received the Annual Emergency Preparedness, Resilience and Response Core Standards Compliance report, which was a statutory annual return to provide assurance to NHSE.

The assessment against 46 standards, reported 80% compliance (37 standards) and an action plan to address non-compliant standards had been put in place. The Chief Operating Officer confirmed the three main areas of improvement related to:

- refresh of business continuity plans
- practical learning
- risk planning for the aged estate with the regional team

The paper had been subject to scrutiny at both the Audit and Risk Committee and the Trust Executive Group and a full and final copy was provided for the Boards consideration and approval. The Chief Operating Officer acknowledged the significant work which had been undertaken as part of the review, which Neil Rhodes supported as proportionate and practical plans.

The Chair of the Board asked that her thanks be shared with all contributors.

RJ

The Board

- ***Noted and took assurance from the self-assessment process undertaken for 2021-2022***
- ***Approved the statement of compliance at Appendix A for submission to NHS England (Yorkshire and the Humber).***
- ***Approved the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).***

P21/10/ D1 Progression of Governance Arrangements for the Integrated Care System

The Board received an update on the development of governance arrangements in support of the establishment of statutory Integrated Care Systems with effect from 1 April 2022. This report would be received by all South Yorkshire Trust Boards for information. It identified key decisions to be made following the appointment of the Chief Executive designate and the supporting senior team.

The Chief Executive advised that interviews for the Chief Executive designate had taken place on 11 October 2021 and the Chair of the Board had sat on the interview panel. Whilst it was understood that a preferred candidate had been identified, this may not be made public until the closure of the national recruitment programme on 15 November 2021.

Interviews for the Nottingham and Nottinghamshire ICS Chief Executive designate would take place on 20 October and the Chief Executive had been invited to join a stakeholder panel.

In response to a question from Kath Smart with regards to the impact on place-based work, the Chief Executive confirmed this had been progressed through the Provider Alliance, further development of plans to agree a place-based model was required.

The Board:

- ***Noted the Progression of Governance Arrangements for the Integrated Care System Update***

P21/10/ E1 Minutes of the Meeting held on 21 September 2021

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 21 September 2021.***

P21/10/ E2 Any Other Business (Verbal)

No items were received.

P21/10/ E3 Governor Questions Regarding the Business of the Meeting (Verbal)

Hazel Brand, Lead Governor shared the following observation and questions:

Lynne Schuller, Public Governor Bassetlaw shared her positive feedback from the Wave of Light ceremony at Harworth All Saints church during Baby Loss Awareness Week. The service supported by the Trust's bereavement midwives and chaplain provided the bereaved time to reflect, a space to grieve and a safe environment in which to celebrate their babies. Lynne shared a special thank you for colleague's involvement in the ceremony and for all they do on a daily basis.

The governors enquired if there was an action plan to improve the following measures and if there were any associated risks due to the low levels of completion:

- PROMPT compliance for HCA/MSWs @ 49.2%
- CTG compliance <80% across all roles
- 10 steps to safety - multi-professional training @ 76%

The actions to address the above were largely covered in the Maternity Update report. Governors should continue to monitor performance and governor observers at the Quality & Effectiveness Committee should seek assurance and report back on plans to improve the uptake of training in the next governor report.

There is an increase in emergency caesarean sections at Bassetlaw – 18.7% in July and 22.7% in August. This might be just one or two deliveries – can this be put into perspective and is this due to an increase in high-risk mothers?

The Executive Medical Director stressed the key consideration was the appropriateness of the c-section, he also drew governor's attention to the fact that as the caesarean section rate goes up evidence suggest that the still birth rate goes down, and as such there was a balance to be

found. The Chief Executive suggested it would be helpful to include the actual numbers of births and caesarean sections in future reports in support of the effect of small number statistics

DP

The Chair of the Board thanked governors for their attendance and scrutiny of papers.

The Board:

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

P21/10/ Date and Time of Next meeting (Verbal)

E4

Date: Tuesday 16 November 2021

Time: 09:30am

Venue: Star Leaf Videoconferencing

The Board:

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

P21/10/ Close of meeting (Verbal)

F

The meeting closed at 10:30



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

**Date
16 November 2021**