

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 16 November 2021 at 09:30 via Star Leaf Video Conferencing**

- Present:** Suzy Brain England OBE - Chair of the Board (Chair)
Mark Bailey - Non-Executive Director
Karen Barnard - Director of People and Organisational Development
Alex Crickmar – Interim Director of Finance
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
Kath Smart - Non-Executive Director
- In attendance:** Sam Debbage – Deputy Director of Education & Research
Fiona Dunn - Deputy Director Corporate Governance/Company Secretary
Angela O'Mara - PA to Chair & Chief Executive (Minutes)
Adam Tingle – Senior Communications Manger
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Hazel Brand – Public Governor Bassetlaw
Richard Mangeolles – Member of the Public
Vivek Panikkar – Staff Governor
Pauline Riley – Public Governor Doncaster
Clive Tattley – Partner Governor
Mandy Tyrell – Staff Governor
Lynne Logan - Public Governor Doncaster
- Apologies:** Jon Sargeant – Interim Director of Recovery, Innovation & Transformation
Emma Shaheen – Head of Communications & Engagement

P21/11/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 members of public in attendance, via the audience functionality. The above apologies for absence were noted.

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

P21/11/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 - Escalation to Board – Job Planning Internal Audit Board – action closed

Action 2 - Diagnostic Framework Self-Assessment – Board Leadership – action not yet due

Action 3 - Safeguarding Information to Board – action not yet due, to be included in the Chief Nurse Update in January 2022 and quarterly thereafter

Action 4 - Civility Training – update included in the Our People Update

Action 5 - Nursing Budgets and Establishments - update included in the Chief Nurse Update

The Board:

- ***Noted the updates.***

P21/11/C1 Board Assurance Framework – SA1 (Enclosure C1)

The Board received an updated Board Assurance Framework (BAF) in respect of risks to the achievement of the Trust’s strategic aim 1 – To provide outstanding care and improve patient experience. The following additions had been incorporated:

- Risk to patient safety and poor patient experience relating to waits in the Emergency Department and ambulance handovers
- Gaps in registered workforce, pending completion of preceptorship for new registrants and international nurses
- High levels of bed occupancy (95%)
- In respect of the hyperlinks within the assurance element of the BAF Sheena McDonnell asked if this could be provided to Board members in an accessible format. **RJ/FD**
- Following the recent maternity safety meeting with the Chief Midwifery Office, Kath Smart requested inclusion of the maternity risk strategy, and also highlighted a typographical error on the initial risk rating to be corrected to 4 (C) x 5 (L) = 20 **DP**

P21/11/C2 Chief Nurse Update (Enclosure C2)

The Chief Nurse update provided information, outcomes, and assurance on the key deliverables for patient safety and experience, maternity services and safe staffing numbers for nursing and midwifery.

Safety Report

The following headlines were reported for October 2021:

	October	Year to Date
Serious Incident	1	22
Never event	1	1
After Action Review	4	10
Hospital Acquired Pressure Ulcers (HAPU)	69 (54 patients)	550 (447 patients)
Falls	132 104 no harm, 24 low harm, 2 moderate & 2 severe	

All associated learning had been shared and where appropriate, support had been provided to individuals. A great deal of work had been undertaken by the Skin Integrity Team to ensure early interventions for lower category HAPUs, in order to proactively manage further deterioration.

A summary of hospital acquired, and community onset infections was provided. All cases of Clostridium difficile were subject to a post infection review and no care issues had been identified.

A review of the number of complaints received by month and year to date showed an overall reduction when compared to 2020/21, trends and learning outcomes were also analysed and considering the pressures that clinical teams continued to work under the number of closed complaints was encouraging.

Maternity Report

The Board received the Maternity report, which provided an overview of:

- Findings of perinatal death reviews
- Healthcare Safety Investigation Branch (HSIB) referrals
- Training compliance
- Service user feedback
- Regulatory concerns
- Prevention from Future Death Reports
- Progress of achievement of Clinical Negligence Scheme for Trusts (CNST) 10

The Chief Nurse confirmed the Trust had met with the Chief Midwifery Office on 12 November, as part of the national campaign to discuss maternity safety matters, this was the first within the region and was reported to be a positive meeting.

Nursing and Midwifery Staffing

The paper provided an overview of planned staffing hours as compared to actual hours worked for September and October 2021. Actions to fill rota gaps were proactively progressed through bank and agency and a process agreed to secure executive approval of tier two agency work. Divisional Directors of Nursing and Matrons were working closely with the e-Roster team to ensure that rotas were effective. The Chief Executive acknowledged the challenges of Covid 19, the recovery of diagnostic services and the elective workload

and suggested that as the Trust prepared to address these issues and to avoid inequalities some rebasing was required due to increased acuity.

The Acting Director of Finance confirmed that should the CNST standards in maternity be met the Trust should expect to receive a rebate, the impact of agency nursing would be covered in more detail in the finance paper later in the agenda.

Neil Rhodes acknowledged that agency spend was often considered purely from a financial perspective, however, there was a need to step back and look at what was required from a nursing/healthcare perspective and to plan the finances around this. The Chief Nurse confirmed that a workforce plan was in place and adverts for Healthcare Support Workers would go live in November 2021, via Indeed. In addition 25-35 registered nurses were expected to start in March and a further cohort of international nurse recruitment was planned. Once complete the Trust would then be over recruited against budgets, although natural loss and movement of colleagues would offset this. Increasingly nurses who would have once retired and returned at 55 were now simply retiring. It should be noted that as of September 2021, Doncaster College offered part time nursing courses, which provided a great opportunity for local residents, widening participation and access to a career in nursing. It was also noted that Sheffield Hallam University was oversubscribed for its nursing degree courses, placement of students was expected to extend to primary and social care.

In response to a question from Sheena McDonnell it was confirmed that feedback to improve customer experience was sourced from CQC patient surveys, cancer/chemotherapy service feedback and more recently via the strategy review listening exercise in addition to that received via concerns and complaints. Civility training was being undertaken and where issues arose which related to staff behaviours these were addressed promptly to avoid further instances or escalation.

In respect of the perinatal death reviews, and to provide some context, the Chief Nurse confirmed that the Trust delivered approx. 5,000 babies each year. A concern was shared in respect of those still births which noted a change to the placenta linked to Covid 19, the potential of an increased risk of still births had been the subject of a number of studies. The Trust was taking all steps to encourage vaccination in all groups including pregnant ladies.

In response to a question from Kath Smart, the Chief Nurse confirmed that work to ensure functionality of the Trust's local risk management system, Datix, had been undertaken. In order to ensure compliance with the Patient Safety Incident Response Framework colleagues were reminded there was a need to procure a replacement.

Pat Drake welcomed the rebasing of budgets and staffing which was acknowledged to be a significant but vital piece of work. Updates would be received at both the People and Quality & Effectiveness Committee.

In response to a question from Pat Drake in respect of ambulance waits, it was confirmed that where a patient was deteriorating, they would be brought into the department/resus area. All ambulance waits over one hour would be subject to a joint clinical review by the nurse in charge/medical colleague and a member of the ambulance crew, which would include consideration of the patient's personal hygiene and nutritional needs.

The Board:

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

P21/11/C3 Executive Medical Director Update & Q1 2021/22 Learning from Deaths Report (Enclosure C3)

The following headlines were noted from the Executive Medical Director Update:

- 97% of patients on the admitted referral to treatment (RTT) active waiting list had been stratified
- Summary Hospital Mortality Indicator (SHMI) was reported to be marginally above our selected comparator peer group. 1.13 for the period July 2020 - June 2021, as compared to 1.11 January – December 2020
- The Medical Examiner Team were now scrutinising all deaths in hospital and 90% of Medical Certificates of Cause of Death (MCCDs) had been completed within three days. Three additional Medical Examiners and a Medical Examiner Officer had been appointed with a view to rolling out scrutiny in the community
- A full review of clinical governance had been completed and the new structure would take effect from 1 April 2022. Terms of Reference for all committees were under review
- Compliance with the Medical Profession (Responsible Officers) Regulations 2010. The annual report was received by the People Committee on 2 November 2021
- Compliance with Human Tissue Authority guidance in respect of mortuary security

The Quarter 1 Learning from Deaths report, previously reviewed at the Quality & Effectiveness Committee, was received for information.

In response to a question from Neil Rhodes the Chief Executive and Chief Nurse shared their feedback on the modular units in situ on the Women & Children's site. The quality of the build was noted to be of a high standard, constructed off-site and to current Health Technical Memoranda (HTM) standards, and brought on site to allow final fix and fixtures to be completed. The facilities would support provision of modern standards of care for an extended life and offer flexibility in terms of mobility. The Chief Nurse had recently signed off the theatre for use and the official opening of the units was planned for 10 December.

In respect of the learning from deaths report, Mark Bailey asked how the effectiveness of the learning was assessed. The Executive Medical Director identified that learning, supported by an action plan, would be subsequently reviewed and audited to evidence the impact and ensure changes were embedded into practice. As many key points of learning were included within the Sharing How We Care newsletters Mark Bailey suggested this may also be a source to reflect on.

Kath Smart referenced concerns in the report relating to being unable to visit palliative care patients and difficulties making telephone contact with the ward. The Chief Nurse acknowledged there was a balance to be found between acting with compassion and protecting staff and patients. The Chief Executive accepted the challenges faced by visitor restrictions, the key driver being compliance with infection, prevention and control measures to safeguard the health and safety of staff, patients and visitors.

In response to a question from Pat Drake it was confirmed that the Medical Examiner's team now had full system access for medical records to support the review of deaths within the community.

The Chief Nurse confirmed that work with divisions in response to feedback around appropriate timing of end of life and special palliative care was in progress. It was also noted that the trust had been an early adopter of ReSPECT forms, which allowed a patient plan for care and treatment in an emergency situation to be taken out into the community.

The Board:

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

P21/11/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.

Both documents had been updated to reflect involvement in the strategy review listening exercise, internal audits, the impact of the international nurse recruitment and the Qi training approach.

The Board Assurance Framework was reviewed at the People Committee to ensure as full a picture as possible was captured.

P21/11/D2 Our People Update (Enclosure D2)

The following key headlines were noted from the Director of People & Organisational Development's report:

- Assurance that colleagues were taking appropriate levels of annual leave, the importance of which was noted from a health & well-being perspective during continued operational pressures
- An increase in covid and general sickness absence was reported from last month.
- Good progress had been made with the vaccination programme – 82% of eligible colleagues had received their covid booster and efforts to reach out to unvaccinated colleagues continued. 60% of colleagues had received their flu vaccination, the offer had been extended to Saba, Sodexo and NHSP colleagues working on site. Detailed guidance on the mandating of Covid 19 for frontline healthcare workers was expected in December. A task and finish group had been established which included medical, nursing, operational, HR and occupational health representatives. A consistent approach would be agreed across SY&B ICS.
- A marked increase in the use of the Employee Assistance Programme was noted, face to face counselling was now available at Bassetlaw and would be introduced at Montagu. Additional funding had been secured for complimentary therapies and for additional capacity to reach out to colleagues as part of the know your numbers

campaign – promoting aware of blood pressure, BMI and signposting to other health services

- The Workforce Plan and People & OD Strategy were currently being refreshed and would be taken to January 2022's meeting of the People Committee
- A new programme, Everyone Counts - Civility and Respect had been introduced to bring to life the "We Care" values and to support positive workplace cultures. The programme had been incorporated into the organisational development work within the Emergency Department and would support Trauma & Orthopaedic development plans too

In response to a question from Sheena McDonnell, the Chief Nurse and Executive Medical Director confirmed that the Trust adhered to the national NHSE guidance in respect of isolating when family members were Covid positive. The current number of staff affected was reported to be approx. 30. It was noted that some trusts had undertaken a risk assessment to determine the individual's ability to return to work, however, as this often involved minors there remained a responsibility on the staff member as carer.

In preparation for compulsory vaccinations work was underway to establish vaccination records for cross referencing to the electronic staff record, it was noted that there may be a need to verify vaccination through the NHS app.

In respect of the mandating of covid vaccines for front line healthcare workers Mark Bailey noted the potential impact on recruitment. Once detailed guidance had been received the Director of People & OD confirmed the trust would be better placed to understand the impact, a need to ensure the requirement and supporting arrangements were incorporated into recruitment procedure would be required.

The Board:

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

P21/11/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.

The Interim Director of Finance confirmed that those risks and opportunities identified as part of H2 planning guidance had been incorporated.

P21/11/E2 Finance Update (Enclosure E2)

The Interim Director of Finance's report identified the following key headlines:

- Month 7 position was a breakeven position, with a year to date surplus of 5k
- Pay spend continued to increase, agency spend was high and tier 2 agency was being utilised to fill 90% of shifts (£200k less if tier 1)

- Unidentified CIP of £2.6m in H2 plan, although the system underspend was currently offsetting this pressure, this may be subject to change
- Month 7 capital expenditure was £2.7m, £16.4m year to date against a planned £9.7m. The year to date variance to plan was mainly driven by the W&C Major Incident Works (£10.6m), offset by underspends on medical equipment, IT and estates.
- The cash balance at the end of October was £42.6m, an increase of nearly £9m from last month, due to funding received from commissioners for the back dated AfC pay award and advance monies received from Health Education England. The year-end forecast position was c.£15m, due to the significant capital programme.

The recently published provider and ICS segmentation for the NHS System Oversight Framework identified the Trust and SY&B ICS in support category 2. From a trust perspective this recognised plans that have the support of system partners in place to address areas of challenge, with the potential for targeted support to address specific identified issues. The offer would be flexible and include peer support, clinical network and the universal offer from NHSE/I. Alternatively, a bespoke package via one of the regional improvement hubs could be offered.

Neil Rhodes recognised the operational challenges and the difficulties in balancing these against financial pressures, including careful consideration of agency spend. In respect of the segmentation announcement, he enquired what opportunities there would be to learn from organisations within segment one. The Chief Executive recognised the Trust's segmentation was a strong position within the ICS, the focus on operational challenges would be to safely staff, whilst reinforcing improvements to work in an efficient, effective and sustainable manner. Staffing was a significant challenge and with increased levels of absence levels, the impact of the Women's and Children's incident and higher patient acuity the use of tier 2 agency had been necessary to keep services safe.

A consistent approach across the ICS was important to avoid loss of staff to those trusts within easy commutable distance, the Chief Nurse was working closely with his peers and NHS Professionals on this matter. Prior to August there had been minimal use of agency staff, as a result there was now a need to build relationships. Kath Smart asked that the use of medical agency be considered at the Finance & Performance Committee later that week.

The Board:

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

P21/11/E3 Operational Update – Looking Forward

The Chief Operating Officer's report and supporting presentation summarised the following:

- Operational trends
- H2 key planning expectations
- Progress on winter plans
- Operational Plan next steps
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In response to a question from Pat Drake the benefits of the vaccination programme continued to be actively promoted and all opportunities taken to maximise uptake. Communication from the Director of Public Health and the Chief Executive had recently been shared with the communities to confirm this message.

Kath Smart thanked the Chief Operating Officer for the comprehensive update and work on the winter plans, of particular interest was the wide ranging work to get the basics right, which the Chief Operating advised should be fully embedded by December 2021.

The Board:

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

P21/11/E4 Performance Update (Enclosure E4)

The Board received the Chief Operating Officer's Performance Report which provided the, performance headlines, operational context and next steps. Supporting performance appendices were included at H4 for information/review.

The Board:

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

P21/11/E5 Ambulance Waits

The Board received the Chief Operating Officer's report on ambulance handovers, which would be received on a monthly basis going forwards.

Both Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) had been operating under significant and sustained pressures over the summer months, similar to that seen in the severest of winters.

The report provided an overview of the current operational context, ambulance handover performance by site, the requirements of NHSE, set out in their letter to Trusts of 26 October, and the improvement plan developed as part of the Integrated Urgent and Emergency Care Transformation Programme.

In response to a question from Neil Rhodes the Chief Operating Officer confirmed that both YAS and EMAS were actively engaged in monthly partnership meetings. Changes to practice to support improvement were discussed as part of these meetings but also in day to day collaborations and through a presence in the site room. The Chief Executive reminded colleagues that flow was a place based and system issue, not solely attributable to the trust and therefore the focus was required on the end-to-end process from admission to discharge and not simply the reduction in ambulance waits.

Pat Drake enquired of the work being undertaken to reduce admissions and of the reporting of patients who were brought to hospital unnecessarily, it was confirmed the latter was reviewed as part of the monthly meeting.

P21/11/F1 Doncaster & Bassetlaw Teaching Hospitals Strategy Review Listening Exercise (Enclosure F1)

The Director of Strategy & Improvement's paper and supporting presentation provided a high level overview of the feedback sourced as part of the strategy review listening exercise, undertaken by Stand, an external partner. It also confirmed the intention to move forward with actions.

The response had been positive and provided a good insight to inform development of the strategy and short-medium and long term action plans. Ongoing engagement would be required and action plans would be progressed through the Quality & Effectiveness and People Committee.

In response to a question from Kath Smart, the Director of Strategy & Improvement confirmed that the translation of outputs to British Sign Language and Polish had been in response to a specific request and offered assurance that there would be a wider offer to match with the needs of local communities.

In response to a question from Mark Bailey the Director of Strategy & Improvement confirmed that much of the feedback was in line with expectations. The focus on carers was strongly represented in the exercise.

The Board

- ***Noted the update and supported the progression of action plans through the relevant sub-committees of Board***

P21/11/F2 Bassetlaw Children's Services Engagement (Enclosure F2)

The Director of Strategy and Improvement shared with the Board a briefing paper which outlined the steps to seek a permanent solution for the provision of urgent and emergency care for the children of Bassetlaw.

The comprehensive paper detailed the background, case for change and the development of options, which would be considered at the Nottinghamshire Health Scrutiny Committee (HSC); the need for consultation and engagement would be determined at the HSC meeting.

Neil Rhodes confirmed it was appropriate to receive this ahead of HSC, it was suggested that a more detailed oversight, as part of the major schemes update, would be received at the Finance & Performance Committee, with safety and governance arrangements reported through the Quality & Effectiveness Committee.

Pat Drake confirmed plans for the item to be discussed at the meeting of Quality & Effectiveness on 7 December, when senior management of the Children & Families division would be in attendance. The proposal was a real positive for the Trust and the people of Bassetlaw.

The Board Noted the Bassetlaw Children's Services Engagement Update.

P21/11/F3 True North, Breakthrough & Corporate Objectives 2021/22 Q2 Update (Enclosure F3)

The Chief Executive shared with the Board a progress update in respect of the directors' contribution to delivery of the breakthrough objectives up to and including Quarter 2 2021/2022.

Assurance on the delivery of the specific elements of the objectives and on the delivery of the Trust's performance was sought via the sub-committees of Board and the information available would be strengthened through the provision of refreshed business intelligence.

Measures and actions to mitigate the risks and restore the Trust's progress towards the 'True North' were being taken forward through the creation of a new Directorate, Recovery, Innovation and Transformation, which would focus on those key elements likely to have the greatest impact on quality, safety and sustainability, namely:

- Strategy and Improvement
- Digital information
- Information and informatics
- Programme management; and
- Contracting and planning

This would then enable the Trust's operational teams to concentrate on the delivery of the operational and winter plans.

Jon Sargeant would take on the role of Interim Director of Recovery, Innovation, Information and Transformation. The achievement of the directorate would be assessed in approximately six months and if successful the appointment would go out to national recruitment.

The Board

- ***Approved and took assurance from the update***

P21/11/G1 Corporate Risk Register (Enclosure G1)

No 15+ risks had been escalated, monitoring would continue alongside increased scrutiny at Board sub-committees and the Trust Executive Group.

Following discussions at October's Audit & Risk Committee Kath Smart had hoped for a more comprehensive update, Fiona Dunn confirmed this would be brought to the next meeting. Updates to Estates & Facilities risks relating to the Grainger report would be required.

FD

The Board:

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

P21/11/G2 Use of Trust Seal (Enclosure G3)

The Board noted and approved the use of the Trust Seal by Richard Parker, Chief Executive and Jon Sargeant, Director of Finance.

The Board:

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

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

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/I1 Minutes of the meeting held on 19 October 2021 (Enclosure I1)

The Board:

- ***Approved the minutes of the meeting held on 19 October 2021.***

P21/09/I2 Any other business (to be agreed with the Chair prior to the meeting)

There were no items of any other business.

P21/07/I3 Governor Questions regarding the business of the meeting (10 minutes) *

Hazel Brand, Lead Governor shared the following governor questions

What are the difficulties in discharging to social care settings and the resultant impact on families?

The Chief Nurse confirmed a national discharge policy was in place where the criteria to reside was not met. Issues within social care setting were known and system wide work to improve discharge was in place, six discharge beds had recently been purchased to facilitate discharge from hospital.

In view of the need to recover elective surgery was there an additional money to facilitate use of the private sector?

Throughout the pandemic the Trust had continued to work closely with the on-site independent sector provider to maintain delivery of urgent services and to provide additional capacity. All opportunities to explore insourcing and outsourcing had been pursued and bids for all available funding, including the Targeted Investment Fund submitted. In addition the development of the Community Diagnostic Centre/Hub would provide additional MRI/CT capacity on a non-acute site.

The Chair of the Board thanked governors for their continued engagement.

The Board:

- ***Noted the comments raised.***

P21/11/I4 **Date and time of next meeting (Verbal)**

Date: Tuesday 21 December 2021.
Time: 09:30am
Venue: StarLeaf Videoconferencing

P21/11/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.***

P21/11/J **Close of meeting (Verbal)**

The meeting closed at 12:50



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

**Date
21 December 2021**