

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 26 April 2022 at 09:30
via MS Teams

- Present:** Suzy Brain England OBE - Chair of the Board (Chair)
Mark Bailey - Non-Executive Director
Alex Crickmar - Interim Director of Finance
Anthony Jones – Acting Director of People & Organisational Development
Sheena McDonnell - Non-Executive Director
Dr Tim Noble - Executive Medical Director
Richard Parker OBE - Chief Executive
David Purdue - Deputy Chief Executive and Chief Nurse
Neil Rhodes - Non-Executive Director and Deputy Chair
Jon Sargeant - Interim Director of Recovery, Innovation & Transformation
Kath Smart - Non-Executive Director
- In attendance:** Fiona Dunn - Deputy Director Corporate Governance/Company Secretary
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Emma Shaheen - Head of Communications & Engagement
Andrea Squires - Divisional Director of Operations for Urgent & Emergency Care
Abigail Trainer - Director of Nursing
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Dennis Atkin - Public Governor Doncaster
Mark Bright - Public Governor Doncaster
Lisa Gratton – Staff Governor
Clare Hermon - Member of the Public
Jordan Howard - Member of the Public
George Kirk - Public Governor Doncaster
Zoe Lintin – Member of the Public
Lynne Logan - Public Governor Doncaster
Andrew Middleton – Public Governor Bassetlaw
Lynne Schuller - Public Governor Bassetlaw
Andy Tibbs - Member of the Public
Sheila Walsh - Public Governor Bassetlaw
John Williamson – Member of the Public
- Apologies:** Gill Marsden - Deputy Chief Operating Officer - Elective
Debbie Pook – Deputy Chief Operating Officer – Non-Elective
Marie Purdue - Director of Strategy & Improvement
- P22/04/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. A warm welcome was extended to Zoe Lintin who joined today's meeting as an observer, prior to commencing in post as the Chief People Officer on 6 June 2022.

The above apologies for absence were noted.

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

The Chair of the Board noted the continuing impact of Covid 19 across South Yorkshire & Bassetlaw.

P22/04/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 - Safeguarding Information to Board – an update would be provided at May's Board of Directors meeting, subsequently a bi-annual report would be received at the Quality and Effectiveness Committee and an annual report at Board.

Action 2 – Principles for 2022/2023 – item D1 on today's agenda.

The Board:

- ***Noted the updates to the action log.***

P22/04/B1 Maternity Update (Enclosure B1)

The Board received the Maternity Update which provided the findings of perinatal deaths, Health Safety Investigation Branch (HSIB) referrals, training compliance, service user voice feedback and progress in achievement of Clinical Negligence Scheme for Trusts (CNST) 10. The Director of Midwifery invited colleagues to feedback on the amended report presentation.

A return to a more settled position was reported in respect of still births, following previous increases potentially linked to Covid 19.

Vacancy and sickness absence rates continued to limit training compliance levels, however, there remained a focus on the required improvements and a recovery trajectory to achieve the minimum compliance in respect of CNST had been agreed.

Recruitment of two practice development midwives had taken place, funded by Ockenden/CNST monies.

Year 4 CNST remained on pause and was unlikely to change prior to the publication of the East Kent maternity services paper, expected in June 2022.

Final Ockenden Report

The Board received a copy of the final Ockenden Report and supporting paper in which the Chief Nurse outlined the key learning, including the required immediate and essential actions.

A visit from the Local Maternity & Neonatal System would take place on 29 April 2022, to review the Trust's response to the seven immediate actions contained within the initial Ockenden report. In preparation, the Trust had undertaken a self-assessment, a series of colleague interviews would be conducted as part of the visit.

Following publication of the East Kent maternity services report an overarching maternity improvement plan would be implemented.

In response to a request from the Acting Director of Finance, the Board confirmed their unanimous support for the 2021/22 Ockenden funding to be ring fenced.

In response to a question from Kath Smart, the Director of Midwifery confirmed the decision for colleagues to complete only the competency assessment tool for K2 satisfied the key element of compliance required by the regulator.

The vacancy position remained unchanged, incentives and agency support continued to be offered; the staffing position was reported to be challenging but safe. Cohort recruitment of student midwives had taken place across the Integrated Care System, with a total of 54 applicants. Organisation's vacancy rates would inform the distribution of new recruits across the system.

Kath Smart welcomed the increasing level of engagement in the Maternity Voices Partnership.

Sheena McDonnell recognised the work required to implement the recommendations of the maternity safety reviews on what was an already challenged workforce. In respect of timescales for the wider actions, the Chief Nurse confirmed no timeframe had been set, recruitment of an audit midwife would provide an additional resource to progress this work, and appropriate end to end system support was already in place. An overarching maternity improvement framework would support the necessary actions required to address improvements in maternity services

The Chief Executive confirmed discussions had taken place with senior colleagues to determine a future management structure for the service to provide the required capacity.

The Chair of the Board encouraged communication across the system to promote the Trust as an employer, the Director of Midwifery also confirmed local and national support to promote recruitment and retention within maternity services.

The Board:

- ***Noted and took assurance form the Maternity Update***

P22/04/C1 Business Plan & Budget Setting – 2022/2023 (Enclosure C1)

Budget Setting

The 2022/23 budget paper was presented to the Board following scrutiny at the Finance & Performance Committee. A shift back to a pre-pandemic financial regime was noted, with a significant loss of funding and local and national cost pressures. Extensive discussions had taken place across the South Yorkshire Integrated Care System in respect of its deficit position, as a national outlier a request to further reduce the Trust deficit of £29.7m had been received. A final proposal of a £25m deficit was agreed for submission, any further reduction was likely to impact on delivery of the national activity and quality requirement in the planning guidance. The system's proposed deficit position reduced from an initial £140.4m to £76.5m, despite this further challenge by NHSE/I could not be ruled out.

The Board's attention was drawn to the identified key risks to delivery of the financial plan, noting assumptions were based on low levels of Covid as seen in Summer 2021.

The Trust's Cost Improvement Programme (CIP) stood at circa 4% of its income, a challenging target when compared to delivery in previous years, although in line with national levels. The paper provided an overview of the schemes, £4.5m of the £19.3m CIP remained unidentified.

The Acting Director of Finance confirmed ongoing discussions between South Yorkshire and Nottingham & Nottinghamshire ICSs in respect of contract value, elective recovery funding and inter system arrangements. As they may not be resolved before submission the Acting Director of Finance agreed to keep the Board up to date on developments. **AC**

A significant capital plan was in place for 2022/23, based on £20.6m operational capital and £10.3m for reinforced autoclaved aerated concrete works. In addition, the Trust had submitted bids for £15m (over 3 year) for the elective hub at Montagu, £8.6m for phase 2 of the Community Diagnostic Centre and a business case was being written for a new electronic patient record (EPR) system.

In his capacity as Chair of the Finance & Performance Committee, Neil Rhodes commended the proposed income and expenditure budgets and capital plan to the Board. The plans had been considered at length by the Committee and whilst the proposed deficit was recognised, board members were reminded of the pre-pandemic challenge of underfunding. The Trust had demonstrated financial responsibility throughout the last four years and a further reduction in the deficit brought with it a greater degree of risk not appropriate to deliver the required service standards. The rationale and assumptions contained within the paper were fully supported and the work at a trust and system level acknowledged.

The Chief Executive acknowledged the return to pre-pandemic planning and offered assurance of appropriate assessment and approval of capital allocation across estates, IT and medical equipment by the Executive Team. Support for the budget and business plans was confirmed.

Business Planning – Activity & Performance

The Interim Director of Recovery, Innovation and Transformation's report provided an update on 2022/23 business planning and the final submission to the ICS in relation to activity and performance. The plan had been iteratively developed over the last two months from business planning outputs and bottom-up capacity planning across the divisions and scrutinised at the Finance & Performance Committee.

The report identified that the majority of plans would meet the national standards, where plans were at risk of not meeting the standard, they would be subject to in-year improvement plans. Significant colleague support and engagement was acknowledged to enable the plans to be developed.

The Chair of the Board recognised the challenges in diagnostics performance from her recent attendance at the Finance & Performance Committee and enquired what support was available from a recruitment, training and education perspective to address the shortage of sonographers. A range of workforce solutions, including use of locums,

international recruitment and apprenticeships had been explored, however this was a national rather than local issue. The Executive Medical Director highlighted the extensive training programme for the role and the impact of ultrasound being a real time assessment, unlike other diagnostic services. Demand for diagnostics services and possible pathway changes had been subject to review by the Medical Director for Operational Stability & Optimisation. The Chief Executive reinforced the need for system wide solutions to facilitate pathway and care model changes to ensure delivery of a safe and sustainable service.

Neil Rhodes highlighted the importance of clinical leadership involvement at the Finance & Performance Committee, to ensure all aspects of performance/activity could be considered alongside the financial aspect, the Executive Medical Director confirmed the support of his office.

The Chair of the Finance & Performance sought clarity on when the previously discussed change to meeting structures and governance arrangements would be implemented. The Chief Executive acknowledged that plans had not progressed as quickly as hoped, largely due to the continued impact of Covid 19 and high levels of urgent and emergency care activity. The Executive Team would finalise arrangements within the week.

In response to a question from Sheena McDonnell, with regards to the use of innovation, transformation and quality improvement (Qi), the Chief Executive confirmed the Trust continued to utilise Qi tools and techniques, for example in developing the drive through phlebotomy and Covid testing services. Trauma & Orthopaedics and theatres had also utilised quality improvement methodology. The Trust continued to be engaged in NHSI's Vital Signs Programme, which had been subject to change and now included the Virginia Mason Trusts. A need to re-energise larger scale projects at trust and system level was noted.

The Board was reminded that the Trust had not been commissioned to deliver the national standards on a recurrent basis and had received top-up non-recurrent funding. Therefore the 2019/20 reference point against which the Trust would be required to deliver 104% would be challenging. As the Trust exited the pandemic there was a need to understand capacity and an assessment of lost activity; currently the Trust was running at 73% of pre-pandemic capacity and significant work had taken place across the divisions to unpick this, with external support.

Mark Bailey acknowledged the importance of system working and enquired how this would be captured. The Chief Executive confirmed the development of the Acute Federation continued and shadow board arrangement would take place with effect from April. It was important that the work of the collective Acute Federation was greater than that of all the individual organisations, there was a clear need to identify those clinical services which were challenged, with a view to creating a system solution and identification of those services which could benefit from working in partnership.

In respect of the sourced external support, the Chief Executive and Interim Director of Recovery, Innovation and Transformation clarified that the work undertaken had been in conjunction with Trust clinicians and management, who had oversight of the work and held responsibility for the plans and would be appropriately skilled to take plans forward.

The Board:

- ***Noted and took assurance from the Business Plan & Budget Setting – 2022/2023***

P22/04/C2 Ambulance Handovers (Enclosure C2)

The Ambulance Handover report had been subject to scrutiny at the Finance & Performance Committee on 25 April. In order to provide a comparison across South Yorkshire, the Divisional Director of Operations for Urgent & Emergency Care presented an overview by organisation of the average number of patients attending by ambulance each day and the number of patients waiting more than 30 and 60 minutes to be handed over to A&E staff. Despite the difference in population, the average number of patients attending by ambulance for Doncaster and Sheffield were closely aligned which meant that the Trust's number of ambulances per head was significantly higher. In addition, the Chief Executive highlighted the bed base of the Trust was roughly half that of Sheffield, potentially impacting flow out of the department.

Work with both the Emergency Care Improvement Support Team and the Getting it Right First Time team continued to inform improvement plans. The Trust was also working closely with Real World Health to focus on a lean approach and to deliver quick wins at the front door. Processes were effective but reliant on flow out of the department, and at the busiest times there was a need to move one patient every twelve minutes. Further improvements were required in respect of assessment, flow and understanding exit blockers.

In response to a question from Sheena McDonnell, the Divisional Director of Operations for Urgent & Emergency Care noted that whilst the majority of the items on the action plan were completed this did not necessarily deliver a performance improvement, work to monitor and review the impact of actions continued, however, this was a complex and adaptive system and results were not driven solely by changes within the department.

The Chief Executive identified front door issues were not solely within the control of the Trust, increased attendances of up to 33% were being seen as compared to pre-pandemic levels. System improvements with partners were required, to take into account the end-to-end pathway, including discharge and education of the public with regards to appropriate usage of the Accident & Emergency Department. It was important to recognise that the action plan was iterative and via the plan, do, study act the Trust would be able to react to those lessons learnt and build on its improvement journey.

Kath Smart thanked the Divisional Director of Operations for Urgent & Emergency Care for the insight into attendances across the patch, which provided helpful context and encouraged a review of what was required next to support continued improvements.

The Board:

- ***Noted and took assurance from the Ambulance Handovers Update.***

P22/04/D1 **Corporate Objectives 2022/2023 (Enclosure D1)**

The paper provided an update to Board on the proposed approach to the True North and Breakthrough objectives and the specific work to be led by the Chief Executive and Executive Directors to deliver the Trust's strategy in 2022/23.

Despite the pandemic, the organisation's commitment to delivery of its True North objectives remained. Engagement with the workforce, supporting and re-energising the Trust's approach was vital to build on the progress to date.

The objectives identified senior responsible officers and alignment to the sub-committees of Board, where oversight and assurance would be gained. This included input from the Chief People Officer prior to her official start date in early June 2022.

Following a review at the relevant committee the confirmed objectives would come back to Board for final sign off, with subsequent quarterly updates provided throughout the year.

Kath Smart welcomed the inclusion of risk management, job planning and learning from incidents, complaints and claims but requested that consideration be given to expand the audit recommendation objective to explicitly reference the required increase to first response rates. Also, that an objective linked to clinical audit be considered by the Executive Medical Director. As clinical audit was an essential strand of governance the Executive Medical Director supported this request.

In respect of the revised meeting arrangements and introduction of the Risk Committee, Kath Smart enquired of the need to consider an objective focused on its deliverables.

Sheena McDonnell acknowledged the work to date, she reinforced the importance of colleague buy-in across the organisation, for the need of clearly defined success measures and for Trust values to be embedded. In respect of the Executive Medical Director's objectives, she enquired if a patient experience objective should be added.

The Chief Executive recognised the need for a unitary approach by the Executive Team, to support and help individual objectives to be achieved.

The Board:

- ***Noted and took assurance from the Corporate Objectives 2022/23***

P22/04/E1 **Minutes of the meeting held on 29 March 2022 (Enclosure E1)**

The Board:

- ***Approved the minutes of the meeting held on 29 March 2022.***

P22/04/E2 **Governor Questions regarding the business of the meeting (10 minutes) ***

The following questions were asked on behalf of the governors:

“The paper before today's meeting on Ockenden demonstrates a clear culture of reporting and actions on the quality and safety of maternity services at DBTH. Notwithstanding the attention and actions on this service, how concerned is the Board and Executive Leadership about the sustainability of maternity services which are

consistent with Ockenden expectations and best practice, particularly in respect of staffing levels, training compliance and clinical governance processes."

The Chair of the Board acknowledged the Trust's position had been broadly covered in the meeting but invited further comment. The Chief Executive advised the question of appropriate staffing levels, skills, protocols and system support were fundamental in the day-to-day operation of services. The delivery of a safe service was the Trust's number one priority. It was recognised that national reports, such as Ockenden, were a source of anxiety for patient and staff but significant efforts to formally respond to report recommendations would be taken in order to regain public confidence in maternity services.

"The Ambulance Handover report highlighted extended waits of 4+ hours at Doncaster Royal Infirmary and 3+ hours at Bassetlaw, what is the escalation process and what triage takes place whilst in the ambulance?"

The Chief Executive confirmed that a call prior to presentation would take place, followed by a clinical review involving the ambulance personnel. Where time critical action was required, for example cardiac or stroke presentation this would impact upon the prioritisation of the handover. Historically, delays had not been seen at Bassetlaw, but system pressures were now impacting both sites. The data provided in the handover report highlighted the need for improvements at a Trust, Place and system level and informed the Urgent & Emergency Care Action Plan.

The Board:

- ***Noted the governor question and feedback provided.***

P22/02/E3 Any other business (to be agreed with the Chair prior to the meeting)

No items of any other business were received.

To close, the Chair of the Board shared her personal thanks and those of the Board with Marie and David Purdue who were leaving the organisation to take up opportunities with the South Yorkshire Mental Health, Learning Disability and Autism Alliance and NHSE/I respectively. Both colleagues were wished the very best in their new roles and the Trust looked forward to continuing to work in partnership with them in their new organisations.

P22/02/E4 Date and time of next meeting (Verbal)

Date: Tuesday 24 May 2022

Time: 09:30am

Venue: MS Teams

P22/02/F Close of meeting (Verbal)

The meeting closed at 11.34

A handwritten signature in black ink that reads "Suzy Brain OBE". The signature is fluid and cursive, with a long horizontal stroke at the end.

Suzy Brain England OBE
Chair of the Board