

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 29 March 2022 at 09:30
via MS Teams

- Present:** Suzy Brain England OBE - Chair of the Board (Chair)
Mark Bailey - Non-Executive Director
Alex Crickmar - Acting Director of Finance
Pat Drake - Non-Executive Director
Sheena McDonnell - Non-Executive Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Interim Director of Restoration, Innovation & Transformation
Kath Smart - Non-Executive Director
- In attendance:** Jayne Collingwood - Acting Deputy Director of People & Organisational Development
Fiona Dunn - Deputy Director Corporate Governance/Company Secretary
Dr Joseph John - Medical Director for Operational Stability and Optimisation
Gillian Marsden - Deputy Chief Operating Officer - Elective
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Debbie Pook - Deputy Chief Operating Officer – Non-Elective
Emma Shaheen - Head of Communications & Engagement
Abigail Trainer - Director of Nursing
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Dennis Atkin - Public Governor Doncaster
Mark Bright - Public Governor Doncaster
Laura Brookshaw - Member of the Public
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Member of the Public
Mick Muddiman - Public Governor Doncaster
Lynne Schuller - Public Governor Bassetlaw
Mandy Tyrell - Staff Governor
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Dr Tim Noble - Executive Medical Director
David Purdue - Deputy Chief Executive and Chief Nurse
Marie Purdue - Director of Strategy & Improvement
Neil Rhodes - Non-executive Director

P22/03/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. The above apologies for absence were noted.

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

P22/03/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 - Safeguarding Information to Board

Due to unforeseen circumstances, the Chair of the Board advised that Gill Wood, Safeguarding Lead, was unable to attend as planned. The agenda item would be carried forward to May's Board meeting.

The Chair offered assurance to Pat Drake that the presentation would be included on the agenda and as per minute P22/02/A2 a bi-annual report would be received at the Quality & Effectiveness Committee and an annual report at Board.

The Board:

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

P22/03/B1 Safeguarding Update

As per P22/03/A2 above, the item was postponed until 24 May 2022.

P22/03/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 and the BAF was considered in detail, in line with internal audit recommendations:

In view of rising Covid numbers, visitor restrictions had been reintroduced, an increase in Covid related staff absence had been seen and the resultant impact on service delivery and the elective recovery programme was noted. Enhanced operations meetings had been reinstated to closely monitor the position.

In response to a question from Pat Drake, the Director of Nursing confirmed that the external patient safety review was expected to be completed by 31 May 2022, recommendations would be shared through the most appropriate channels.

The Trust continued to work closely with Public Health to ensure clear messaging in respect of preventative measures, including the wearing of masks and social distancing. Where an outbreak was identified, the Director of Nursing confirmed a full review was undertaken, learning established and any corrective steps implemented. In view of the change in requirements to wear a mask, the Chair acknowledged the importance of raising public awareness of the need to continue to wear masks in a hospital setting.

In response to a question from Mark Bailey with regards to the Trust's approach to managing the increased impact of Covid, the Director of Nursing confirmed that a consistent approach was taken across South Yorkshire & Bassetlaw Integrated Care System (ICS). National guidance was expected and a meeting with Ruth May, Chief Nursing Officer for England was scheduled for later that week. The Chair of the Board suggested the Trust should be mindful of regional variations when considering the guidance and highlighted the importance of risk assessing guidance against our own geographic circumstances.

Sheena McDonnell welcomed the updated BAF, which demonstrated its value as a working tool. She highlighted the risk trend remained unchanged on all the Trust's strategic aims and urged colleagues to understand why and to determine what corrective action would be required to make a change. Development of the BAFs continued, and as they evolved further would facilitate more effective risk management across the organisation.

Kath Smart acknowledged the changes incorporated since last week's meeting of the Audit & Risk Committee and expressed her appreciation that additions/amends were now clearly identifiable. Kath also encouraged the need to consider corrective actions to enable a change in the risk trend. The BAF should drive the Committees and the Board agenda to ensure that the appropriate level of assurance was received. The inclusion of internal audit work was encouraged, and colleagues were reminded of the importance of the timely closure of audit recommendations.

The Chief Executive acknowledged the continuing challenges faced by the Trust in respect of Covid, locally this was the fifth major wave and Covid numbers were now close to the previous peak in October 2021, with staff sickness absence at 11%. The preventative measures implemented were two-fold, to protect our vulnerable patients and staff members; hands, space, face and ventilation continued to be as important as ever. The main strategic risk for the previous two years had been service provision in view of the pandemic. He noted the BAF had been iteratively improved to identify the Trust's journey towards the True North objectives and the Interim Director of Restoration, Innovation & Transformation would talk through some of the major work programmes later in the meeting.

It was agreed that additional time should be allocated for this agenda item at future meetings.

The Board:

- ***Noted and took assurance from the Board Assurance Framework***

P22/03/C2 Chief Nurse Update (Enclosure C2)

The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers.

The following key headlines were reported for February 2022 by the Director of Nursing:

Serious Incidents – 3

Falls – 120 (breakdown as per the report). Falls continued to be a key area of focus, with learning assessed and shared with colleagues in order to raise awareness and drive improvement.

Hospital Acquired Pressure Ulcers (HAPU) – 65 affecting 51 patients. Quality improvement work to aid early assessment and intervention continued to have a positive impact.

Infection, Prevention and Control – the total number of Clostridium difficile cases year to date was reported at 42, against a trajectory of 48. Covid-19 remained the greatest risk from an IPC perspective and significant work to minimise and support outbreaks continued.

Complaints – a total of 66 complaints had been received. A targeted piece of work was underway to manage patient experience within the organisation to understand how it feels to be a patient.

An external review of patient experience, safety and clinical governance had been commissioned by the Interim Director of Restoration, Innovation & Transformation, with the support of a CQC outstanding trust.

The increase in sickness absence had impacted on staffing levels and this was reviewed on an ongoing basis to minimise risks and ensure safe staffing. The additional bed capacity provided over winter, would be closed at the end of March 2022.

Assessment of agency usage continued, alongside the identification of different ways of working. 50 international nurses were now in place and funding for a further 55 international nurses had been secured, which included 5 paediatric nurses.

There had been a noticeable reduction in the level of interest in Health Care Assistant (HCA) recruitment both locally and nationally. The Trust continued to work closely with local colleges to ensure a feeder stream of health and social care students, alongside development of the Trust's reputation as an employer of choice.

Sheena McDonnell thanked the Director of Nursing for the comprehensive report and expressed her appreciation of the nursing workforce. In respect of the focus on HCA recruitment, the Director of Nursing confirmed the Trust continued to work with the national team to achieve zero HCA vacancies. 100 new recruits had commenced in post and funding from Charitable Funds had been committed to provide appropriate support to aid colleague retention. A continued need to communicate opportunities, through a range of media and events, was required to compete effectively with other local employers. In addition, where there was a lack of experience which would normally prevent recruitment, apprenticeship opportunities were being explored.

In response to a question from Sheena McDonnell with regards to the mitigation of staffing levels and the focus on discharge, the Director of Nursing confirmed that Heads of Nursing and Band 7 colleagues were leading on the red to green initiative and a decline had been seen in right to reside numbers.

In respect of safe staffing, Kath Smart enquired of the support available to staff charged with making difficult decisions. Where a judgement call was required, the Director of Nursing confirmed that this would be taken by the most senior nurse, with the support of the senior manager on call. Decision making was currently manually documented, but the introduction of SafeCare in April 2022 would enable decisions to be recorded electronically.

As Chair of the Audit & Risk Committee, Kath Smart requested the Director of Nursing provide her and the Acting Director of Finance with an update on the delay to the audit of the Patient Safety Incident Response Framework outside of the meeting.

AT

Pat Drake thanked the Director of Nursing for the update and requested consideration be given to the inclusion of benchmarking data going forwards. As the effective date of the clinical governance review was 1 April 2022, Pat encouraged the external patient safety review be finalised as a priority, the Director of Nursing confirmed this would be finalised by 31 May 2022.

AT

Pat Drake commended the significant contribution and resilience shown by staff throughout the pandemic. The ongoing recruitment challenges were noted and feedback in respect of delays linked to the vacancy control process remained of concern. In response to the reliance on high-cost bank and agency, Pat sought assurance that this was only being utilised where absolutely necessary, which the Director of Nursing confirmed related to staffing where a patient safety risk existed.

Where staff have been relocated to address operational pressures, plans to return them to their areas of specialism were in place. International recruits would be supported by the designated Stay & Thrive Matron to support, develop and retain these colleagues.

Reflecting on discussions, the Chief Executive confirmed that the use of high-cost agency, had not been an issue pre-pandemic. There remained a responsibility to spend public money in the best way to ensure delivery of a safe, sustainable service. The Trust was very aware of the financial impact of high-cost agency, as well as the impact on staff morale. Recruitment and retention remained a key area of focus and establishing the organisation as an employer of choice was vital to attract and retain new recruits.

In respect of the vacancy control process, the Chief Executive highlighted the potential for delays in planning to be perceived as a fault in the process and stressed the importance of a clear understanding of the vacancy position and timely action to avoid future shortfalls.

The Board:

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

P22/03/C3 Maternity Update (Enclosure C3)

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 compliance in respect of the Clinical Negligence Scheme for Trusts (CNST) 10.

The Director of Midwifery highlighted the following elements of the report:

Perinatal deaths - the report provided a comparison of still births from 2018/19 to date, including benchmarked data for Yorkshire & the Humber. As mothers had now been vaccinated prior to pregnancy and increased surveillance introduced, a more settled position was seen in the number of still births in 2021/22.

HSIB – no referrals had been made, one report had been received, with no recommendations to care.

Training compliance – the educator vacancy had now been filled. Ongoing challenges due to vacancy levels were noted, an interim trajectory to achieve 90% compliance had been set, as required by CNST.

The inquest scheduled for w/c 28 February had been suspended and would be reconvened on 3 May 2022, support for staff continued.

CNST – partial compliance had been confirmed for Year 3 standards 3,5,6 & 8. An action plan had been submitted and the Trust had been awarded funding to recruit an Audit Midwife and administrative support for the Year 4 CNST standards. Year 4 standards remained on pause.

The Acting Director of Finance confirmed CNST compliance was worth £600k to the Trust, an increase had been seen in CNST spend and the Trust was noted to be an outlier in this respect.

Correspondence from the Local Maternity & Neonatal System (LMNS), relating to progress against Ockenden immediate and essential actions had been shared with the Board. The review showed significant progress against actions. The regional team were to undertake an onsite progress review on 29 April 2022.

Part 2 of the Ockenden review was expected to be published on 30 March and as a result continued interest in the press and public domain was expected. The Acting Director of Finance confirmed that discussions relating to Ockenden funding for 2022/23 were ongoing.

In response to a question from Pat Drake with regards to the reinstatement of Continuity of Carer, the Director of Midwifery confirmed the number of vacancies remained too high to support its safe introduction.

The perinatal quality highlight report indicated a total of 50 delays in commencing or continuing the induction of labour, the Director of Midwifery confirmed that this was managed carefully across both sites and was subject to a risk assessment by the senior midwife on call. In addition to cross site support, options were explored within the LMNS and regionally.

The Director of Midwifery confirmed the number of surgically assisted 3rd and 4th degree tears was monitored on an ongoing basis, including the identification of themes or trends. In respect of the RAG rating for Bassetlaw it was noted that small numbers impacted on the overall % rate.

Kath Smart shared the Director of Midwifery's disappointment with the outcome of year 3 CNST but emphasised the need to maintain a focus on continued improvement to ensure the Trust achieved its full potential. The Director of Midwifery confirmed the volume of work and the required resource to complete both CNST and Ockenden should not be underestimated, a simplified approach and tracking system would be beneficial. Both pieces of work would be included in the 2022/23 internal audit plan and action plans would continue to be monitored through the Quality & Effectiveness Committee.

In response to a question from Kath Smart, with regards to local learning opportunities to reduce still births, the Director of Midwifery confirmed opportunities within the Trust and across the LMNS were explored with learning shared internally and at a system level. Kicks Count and Tommy's national promotional material was utilised, in line with recommendations.

The Chief Executive acknowledged the challenging staffing position in maternity services and reminded colleague of the complexities of a double site service, impacted by 2021's major incident. In respect of CNST, he confirmed across the North, 8 trusts, 3 of which were within South Yorkshire were not fully compliant. The effort in collating the submissions was commendable, and he agreed a smarter, joined up approach was required

In response to a question from Mark Bailey, with regards to demands on midwives outside of their traditional role, the Director of Midwifery acknowledged an increased level of specialist requests and at a recent meeting with the Chief Executive, Chief Nurse, Executive Medical Director and the Divisional Director of Children & Families they had considered how such requests could be facilitated outside of the service.

The Chair thanked the Director of Midwifery and her team for their continued hard work.

The Board:

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

P22/03/C4 Executive Medical Director Update

The following headlines were noted from the Executive Medical Director Update, presented by the Medical Director for Operational Stability and Optimisation:

The Medical Advisory Committee (MAC, established in 2021, continued to meet regularly to provide a forum for engagement with the senior medical workforce, attendance levels continued to increase and collaborative agenda planning allowed effective input from front line colleagues to inform strategic planning and safe and efficient patient services.

Due to the impact of Covid 19 the annual audit of medical appraisal compliance had been paused for a second year. Despite this, the Trust's completion rate of 72% was above average when compared to its peers across the South Yorkshire & Bassetlaw Integrated Care System. It was anticipated this would increase further by the end of Summer 2022.

The overall Hospital Standardised Mortality Ratio (HSMR) continued to fall, as at December 2021 it stood at 102, with a decline in both elective and non-elective numbers. It was noted the monthly figure for December 2021 had risen slightly, which reflected the peak in crude mortality.

Sheena McDonnell welcomed the strategic focus of MAC. In respect of the revalidation process where an appraisal had not been completed the Medical Director confirmed there would be a requirement that four satisfactory appraisals had been undertaken over the last five years and confirmation that no concerns were held by the Responsible Officer.

Pat Drake acknowledged and welcomed the continued fall in HSMR. In respect of the Medical Advisory Committee, she enquired on the need to continue to host the Trust Medical Committee alongside this. The Medical Director and Chief Executive confirmed this decision would be for the consultant body to take. The Chief Executive suggested it may be appropriate for the Executive Medical Director to consult on a more modern approach, to include partners/ICS and to avoid unnecessary overlap. He welcomed the focus on patient safety and the development of a trust and mutual respect culture.

TN

The Board:

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

P22/03/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.

The Acting Deputy Director of People & Organisational Development highlighted the following updates:

- appraisal season soundbite sessions
- the launch of the leadership development prospectus, including the senior doctor programme
- satisfaction survey relating to the Trust's new payroll provider, Victoria Pay Services (results yet to be collated)
- recruitment of speak up champions

Kath Smart suggested the Deputy Director of People & Organisational Development incorporated the work undertaken as part of the health and wellbeing agenda and from an audit perspective, staff retention (sickness absence and leavers) and (onboarding) from 2022/23's internal audit plan.

JC/AJ

The Board:

- ***Noted and took assurance from the Board Assurance Framework***

P22/03/D2 Our People Update (Enclosure D2)

The Board received the Our People Update, the content of which was summarised by the Acting Deputy Director of People & Organisational Development.

Staffing levels remained challenging with absence levels having increased from 7.5% in early March to current levels in excess of 10%, over 50% of which related to Covid.

Large volumes of staff were reported to be accessing the Abbott testing facility, 25% of which were returning positive results, despite being asymptomatic. The Trust continued to promote vaccination opportunities to those colleagues who were not fully vaccinated.

The Trust continued to reach out to support Russian and Ukrainian colleagues and in response to feedback on mental health support, availability of face-to-face counselling had been introduced on the Doncaster site. A successful bid, via Charitable Funds, would allow provision of an outdoor space, away from the work environment. The Trust remained committed to improve the health and wellbeing offer and would work towards the gold standards for the Be Well @ Work accreditation.

Sheena McDonnell confirmed a deep dive in respect of sickness absence would be undertaken at the next People Committee and highlighted it would be good to consider the slight increase in non-covid absence as part of this discussion. In response to a question with regards to access to lateral flow testing, it was confirmed this would continue, at no cost, for NHS staff and stock was readily available. The Head of Communications & Engagement confirmed a clear message would be issued to this effect.

JC/AJ

The Chief Executive endorsed the continued twice weekly lateral flow testing, whilst it was acknowledged the test was not sensitive, in that it would not identify low levels of infection, it was specific and use over time would provide a result. Discussions with regards to the removal of Covid costs from budgets was ongoing and the Interim Director of Finance would provide an update in due course.

In response to a question from Mark Bailey in respect of plans to reassure colleagues from a health and wellbeing perspective what to expect over the next few months, the Acting Deputy Director of People & Organisational Development confirmed the importance of regular dialogue between team leaders/managers and their teams, to understand challenges and to ensure effective local and central communication.

The Chief Executive confirmed that Zoe Lintin would start in post as the Chief People Officer in early June, as an existing HR Director Zoe had a strong background to build on the Trust's existing strengths and would ensure that effective HR systems and processes were in place. The impact of Covid 19 on the workforce was clear, colleagues had reassessed their work-life balance and where they may have worked longer or retired and returned in pre-pandemic times, they were now retiring earlier and full retirement was a more popular option. Training, development, recruitment and retention would remain priorities of the Trust to address the workforce challenges.

The Board:

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

P22/03/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 Acting Director of Finance highlighted the following points:

- Low risk to delivery of 2021/22 year end position, including the capital programme.

- Decreased productivity beyond pre-pandemic levels, despite static or increased resources.
- Very significant financial challenge expected in 2022/23, income allocations to be significantly reduced, including loss of non-recurrent commissioners funding.
- Draft plan for 2022/23 showed a deficit of c£34m, following an assumption of 3% CIPs.
- A need to focus on financial discipline and rigour.
- Challenge how we can remove covid costs, such as increased cleaning costs (Infection, Prevention & Control) and associated sickness absence.
- Reliance on high agency spend to be reduced.
- Financial plan to be aligned to business planning and to be finalised in April 2022.
- Limited capital funding, mainly driven by backlog maintenance.

Kath Smart recognised the challenges of 2022/23, which had been discussed in detail at the Finance & Performance Committee, including the significant gap following cost improvement plans.

Sheena McDonnell thanked the Interim Director of Finance for the comprehensive update, as a non-member of the Finance & Performance Committee it would be helpful to see the corrective action included in the BAF.

In response to a question from Mark Bailey, with regards to controls and corrective actions, the Chief Executive acknowledged a need to refocus and return to pre-pandemic practices, efficiencies, system process and rigour. To think creatively about high quality, safe, service provision across the system.

The Interim Director of Restoration, Innovation & Transformation acknowledged that in order to manage the extreme challenges throughout the pandemic a shift from routine decision-making processes had occurred. The Board of Directors were reminded that the Trust had been rated good in the effective use of resources assessment, as part of the Care Quality Commission inspection of 2019. A need to reset practices and to consider how best to engage and communicate the financial challenges of 2022/23 across the organisation was required.

P22/03/E2 Finance Update (Enclosure E2)

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

The Trust's reported financial position for month 11 was a surplus of £792k, which was £630k favourable to plan.

Year to date, the Trust reported a £2.5m surplus, £2.4m favourable to plan. The surplus financial position continued to be driven by the underspend of winter, accelerator and elective recovery funding.

Clinical income was £0.9m favourable to plan, non-clinical income was £0.6m adverse to plan, impacted by non-receipt of insurance monies relating to the Women & Children's incident expected to have been received in Q4 2021/22 and now not expected until the new financial year.

The £0.3m adverse variance on pay was driven by the underspend on winter plans.

Agency spend remained static at £1.3m per month, £400k higher than pre-pandemic levels.

Capital expenditure in month 11 was £2.7m, with a year-to-date expenditure of £27.2m, against a plan of £24.7m, driven by the Women & Children's modular costs. The Trust expected to deliver its capital plan in full by the year-end.

The cash balance at the end of February 2022 was £51.8m, with a year-end forecast of £45m, due to the significant capital programme.

The Board noted the update, and no questions were asked.

The Board:

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

P22/03/E3 Operational Update – Looking Forward

The Deputy Chief Operating Officer's report noted continuing pressures due to high levels of emergency demand, with an impact on elective activity. Significant planning and implementation of a programme of elective recovery work was ongoing.

With support from Real World Health (RWH) the Trust had established an urgent and emergency care improvement programme to drive forward improvements across the pathway, working with partners.

An increase in rising Covid 19 numbers had been seen in March, capacity levels currently stood at 96% and Opel levels 3 and 4 had been declared at both Doncaster and Bassetlaw throughout the month. Despite the increase in Covid numbers, those requiring critical care support remained low and as a result elective access could be accommodated .

Initiatives to support flow at the front door continued and access into Same Day Emergency Care Services for ambulances would be expanded in April.

The Deputy Chief Operating Officer – Elective acknowledged the impact of the latest wave of Covid, progress with elective recovery had been seen in February, with fewer cancellations required. Decisions to cancel were now being taken on a daily basis, personal patient contact was maintained with those at risk of cancellation, recognising the disappointment to the patient and the Trust. The impact of the Women & Children's incident continued to impact on the surgical elective programme and the increased demand for CT scans was subject to scrutiny, including correlation with emergency surgical bed usage.

The Deputy Chief Operating Officer - Elective paid tribute to nursing and medical colleagues whose resilience and support for each other through these challenging times had been second to none, leaders were also recognised for their caring and compassionate approach.

The following elective programme next steps for 2022/23 were summarised:

Workstreams to implement opportunities identified by KPMG in outpatients and theatres.

Active colleague engagement in business planning to maximise elective activity.

Following the return of G5 to the Women & Children's hospital, plans to increase the elective bed base were being progressed in Ward 19 and the modular unit.

Newton Europe had been engaged by the ICS to conduct a system wide waiting list review, the output of which was awaited.

The potential for non-delivery of year-end targets for non-obstetric ultrasound and CT had been raised as a risk and a request for mutual aid to be considered.

Support from the Getting it Right First Time team had been sought to enable a return to business as usual.

Board was informed of a change to oncology support across the patch, with new and follow-up breast appointments to be delivered from Breathing Spaces at Rotherham. Recruitment continued to a challenge, locally and nationally and the Chief Executive confirmed the situation was being carefully managed by the Cancer Alliance in consultation with the Trust.

Pat Drake acknowledged the great work that was in progress, despite the continuing pressures. In respect of the data reported to the Finance & Performance Committee, Pat asked if it was possible to differentiate between those who came into the hospital with Covid, as compared to those who subsequently tested positive. Also, for the number of attendances in the Acute Medical Delivery Unit and the Same Day Emergency Care Centre to be provided.

In response to a question from Pat Drake in respect of the outcome of the System Perfect Week for discharge, it was confirmed that some learning had been identified, with alternative solutions explored for those with the longest waits who had no right to reside, issues with year-end funding arrangements for partners had been identified and confirmation that a proposal was being prepared for an integrated care hub.

The Board:

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

P22/03/E4 **Performance Update (Enclosure E4)**

The Board received the Deputy Chief Operating Officer's Performance Update which provided performance headlines from January 2022, operational context and next steps. Supporting performance appendices were included at H3 for information/review.

The Board:

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

P22/03/E5 **Ambulance Handover Delays**

The Board received the Deputy Chief Operating Officer's mandated monthly report on ambulance handovers.

Pat Drake acknowledged the improving position but sought assurance that plans were working and sustainable, she raised a concern with regards to the number of ambulances waiting outside DRI's emergency department whilst on site recently. The Deputy Chief Operating Officer assured Pat that the plans were effective and could be sustained but did not provide an immediate standalone solution.

The Chief Executive reminded colleagues that the number of ambulances outside was not necessarily indicative of delays. Internal processes had been implemented to track the handover process and to ensure accurate reporting. Use of the emergency department as a replacement/alternative to general practice continued to be of concern, as seen by the significant increases in attendance at both the Doncaster and Bassetlaw sites. A system review and response would be required to address this.

The Board:

- ***Noted and took assurance from the Ambulance Handover Delays Report***

P22/03/E6 **Wholly Owned Subsidiary Update**

The Interim Director of Restoration, Innovation & Transformation presented the Wholly Owned Subsidiary (WOS) report which provided the annual trading update for Doncaster and Bassetlaw Healthcare Services Limited and an insight into its business and strategic development opportunities.

In response to a question from Sheena McDonnell in relation to a failure to report performance against key performance indicators (KPIs) to the Trust Board, as per the recommendation in the Medicines Management internal audit report, the Director of Restoration, Innovation & Transformation confirmed his understanding that this was about the WOS being monitored as a supplier and following discussion at the Audit & Risk Committee it was confirmed that the appropriate place for this to be considered was the Quality & Effectiveness Committee, as a sub-committee of Board. Prior to Covid the Chief Pharmacist had reported performance against the three KPIs, however, this had been paused and subsequently not restarted.

The Board:

- ***Noted and took assurance from the Wholly Owned Subsidiary Update.***

P22/03/E7 Restoration, Innovation & Transformation Update

Board received the Interim Director of Restoration, Innovation & Transformation's update, which provided an overview of work in progress, which included:

- Urgent and Emergency Care (UEC)
- Elective Care and Outpatients
- Clinical Governance and Risk
- Strategy Update and Service Line Reviews
- Major Capital Schemes (including, DRI new build, Bassetlaw Emergency Village & Mexborough Elective Centre)
- Recruitment
- Management Structure/Scheme of Delegation

The Chief Executive noted the need to progress the change to meeting/governance structure through the Trust Executive Group.

Mark Bailey was encouraged by the joined-up planning evidenced in the paper and welcomed the power behind this collaborative approach.

Sheena McDonnell shared her enthusiasm of the dashboard access, which would provide an increased level of visibility and tailored options to drill down to the detail, where required. In response to a question with regards to the People elements of the internal audit plan 2022/23, the Interim Director of Recovery, Innovation & Transformation confirmed there was no impact on the scheduled work by any of the above programmes of work.

In respect of the remodelling of the UEC triage process, the Deputy Chief Operating Officer acknowledged that learning had been identified, but not yet addressed due to the current focus on improving ambulance handover delays. A review against the national standard triage process and a move towards a senior decision-making process would be progressed in due course.

Pat Drake acknowledged the positive movement in these key strategic workstreams. In respect of Datix, as this remained the primary tool to record patient risk, Pat Drake sought assurance in respect of its continued use. The Interim Director of Restoration, Innovation & Transformation acknowledged the differing views of the system and recognised that customisation previously accommodated had not always been helpful, however, the system continued to be supported operationally and work to understand what was required and to determine options available within the market was being progressed by the Director of Nursing.

In response to a question from Mark Bailey as to how success would be measured, the Interim Director of Restoration, Innovation & Transformation confirmed that evidence would be seen through performance data. A return to rigour, good practice and performance supported by data confirmed outcomes. ICS and national benchmarking would also evidence success and once the programme of works were in place and embedded would become business as usual.

A regular Restoration, Innovation & Transformation update would be provided to Board going forwards.

The Board:

- ***Noted and took assurance from the Restoration, Innovation & Transformation Update.***

P22/03/F1 Principles for 2022/2023

The Chief Executive confirmed the True North and Breakthrough objectives would continue with minor amends only. Corporate objectives linked to these would focus on delivering improvements in quality, patient safety and sustainable efficient and effective services.

An update would be provided at April's meeting of the Board of Directors.

RP

The Board

- ***Noted the Principles for 2022/2023 update***

P22/03/G1 Corporate Risk Register (Enclosure G1)

The Board received the Corporate Risk Register and supporting paper. No new corporate risks had been added or escalated via the Trust Executive Group, of the 106 risks rated 15+, 11 were monitored via the Corporate Risk Register. Detailed discussions had taken place at the Board sub-committees and feedback provided to users.

To progress operational risk management, KPMG had been commissioned to undertake a review; completion was expected in April 2022 and feedback would be provided to the Board in due course.

Kath Smart confirmed the risk register had been subject to extensive discussion at the Audit and Risk Committee, where concern had been shared with regards to out-of-date risks. The need for these to be challenged at other sub-committees of Board and through the Trust Executive Group was reinforced. The need to include mitigating actions would be confirmed in the Head of Internal Audit opinion.

The Deputy Director of Corporate Governance / Company Secretary confirmed that those risks below 15 would be managed in the division/corporate teams and updated as appropriate on Datix. Risks to be escalated for inclusion in the Corporate Risk Register, rated 15+, would be subject to scrutiny at the Trust Executive Group attended by the wider executive team and divisional directors. A recent change in approach presented the risks by division/corporate area for ease of review.

The Board:

- *Noted the Corporate Risk Register.*

P22/03/H1- Information Items (Enclosure H1 – H7)

The Board noted:

- *H1 Chair and NEDs Report*
- *H2 Chief Executives Report*
- *H3 Performance Update Appendices*
- *H4 Minutes of the Finance and Performance Committee 18 November & 17 December 2021*
- *H5 Minutes of the People Committee 2 November 2021*
- *H6 Minutes of the Audit & Risk Committee 12 October 2021*
- *H7 Minutes of the Trust Executive Group 13 December 2021 & 14 February 2022*

P22/03/I1 Minutes of the meeting held on 22 February 2022 (Enclosure I1)

The Board:

- *Approved the minutes of the meeting held on 22 February 2022.*

P22/03/I2 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were raised.

P22/03/I3 Governor Questions regarding the business of the meeting (10 minutes) *

Hazel Brand, Lead Governor shared the following governor observations:

A reminder to report authors to observe good practice in respect of the use of acronyms, to spell out in full for the first usage, with the acronym annotated for future use.

It would be helpful for the impact of the various maternity reviews, Ockenden, East Kent, Nottingham to be presented to governors, at a briefing/development session.

FD/LM

In respect of the structural review referenced in E7 - the Director of Restoration, Innovation & Transformation Update, whilst understanding the operational aspect, a request was made to include the role of governors in the governance process.

The following governor questions were raised:

“As we will be living with Covid going forwards the reintroduction of visitor restrictions in March was unexpected, what is the long-term plan in terms of approach, particularly to allow carer engagement and support for mental health and wellbeing. Is there any guidance on patient and visitor testing prior to visiting”?

The Chief Executive acknowledged the value of receiving/and or being a visitor, which was recognised to impact positively on the incidence of falls and patient hydration and nutrition, however, there was a balance to be found in terms of managing the increased

risk of infection. Each ward had vulnerable patients and it was important to protect them, as well as Trust staff. In respect of enforcing testing and considering the recent change to availability of free of charge lateral flow testing it was acknowledged this would be difficult to enforce.

The Director of Nursing confirmed that decisions were not taken in isolation but in accordance with guidance and through consultation across South Yorkshire & Bassetlaw ICS. As always special arrangements for end of life and extenuating circumstances would be risk assessed for consideration.

The Director of Midwifery acknowledged that no significant change had been seen in respect of maternity services, with the continuation of testing for birthing partners.

“ Feedback had been received of an 80-year-old patient discharged in the early hours of the morning, to a carer also in their late 80s. Is there a process/procedure to prevent this from happening”?

The Deputy Chief Operating Officer confirmed that it would be unusual to discharge in such circumstances, as this related to a specific patient, the patient details were requested in order that this may be investigated, with support of the Director of Nursing.

Special thanks were shared with the Lead Governor, Hazel Brand, her maximum nine-year term of office ended on 31 March and Pat Drake, Non-executive Director, who was retiring from the NHS after an outstanding 52 years of service.

The Board:

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

P22/03/13 Any other business (to be agreed with the Chair prior to the meeting)

No items of any other business had been received.

P22/03/14 Date and time of next meeting (Verbal)

Date: Tuesday 26 April 2022

Time: 09:30am

Venue: MS Teams

P22/02/15 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.***

P22/02/1 Close of meeting (Verbal)

The meeting closed at 13:32

A handwritten signature in black ink, reading "Suzy Brain England". The signature is written in a cursive, flowing style.

Suzy Brain England OBE

Chair of the Board