

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 22 February 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
 - Pat Drake - Non-Executive Director
 - Sheena McDonnell - Non-Executive Director
 - Dr Tim Noble - Executive Medical Director
 - Richard Parker OBE - Chief Executive
 - David Purdue - Deputy Chief Executive and Chief Nurse
 - Marie Purdue - Director of Strategy & Improvement
 - Neil Rhodes - Non-Executive Director and Deputy Chair
 - Jon Sargeant – Interim Director of Recovery, Innovation & Transformation
 - Kath Smart - Non-Executive Director
- In attendance:**
- Dr Juan Ballesteros – Associate Medical Director for Clinical Safety (Agenda item B1)
 - Fiona Dunn - Deputy Director Corporate Governance/Company Secretary
 - Marie Hardacre - Head of Nursing for Corporate Services (Agenda item B1)
 - 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
 - Helen Best – Member of the Public
 - Hazel Brand – Public Governor Bassetlaw
 - Mark Bright - Public Governor Doncaster
 - Laura Brookshaw – Member of the Public
 - Laura Colby – Member of the Public
 - Jessica Coy – Member of the Public
 - Judith Green – Member of the Public
 - Lynne Logan - Public Governor Doncaster
 - Andrew Middleton – Member of the Public
 - Sally Munro – Staff Governor
 - Dave Northwood - Public Governor Doncaster
 - Vivek Panikkar – Staff Governor
 - Lynne Schuller - Public Governor Bassetlaw
 - Susan Shaw - Public Governor Bassetlaw
 - Clive Tattley – Partner Governor
 - Mandy Tyrell – Staff Governor
 - Sheila Walsh - Public Governor Bassetlaw

Apologies: Karen Barnard - Director of People and Organisational Development
Rebecca Joyce - Chief Operating Officer

P22/02/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 further declarations of interest were noted, pursuant to Section 30 of the Standing Orders.

P22/02/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 - Diagnostic Framework Self-Assessment – Board Leadership – action closed

Action 2 - Safeguarding Information to Board – an update would be provided at March'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.

The Board:

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

P22/02/B1 Patient Safety Presentation

The Chair welcomed to the meeting, Dr Juan Ballesteros and Marie Hardacre in their capacity as Patient Safety Specialists (PSS), co-presenting with the Chief Nurse.

Today's presentation enabled a dedicated board discussion involving two of the three Trust's Patient Safety Specialists, in response to a request from the National Director of Patient Safety, Dr Aidan Fowler. The remaining PSS for the Trust was confirmed as Nikki Severein-Kirk, Lead Nurse Patient Safety and Quality.

July 2019's NHS Patient Safety Strategy described the Patient Safety Incident Response Framework (PSIRF) as a foundation for change, creating an opportunity to think and respond differently when a patient safety incident occurred, with a focus on learning and sharing, rather than purely investigation. The PSIRF's strategic aims were:

- To improve the safety of the care we provide to patients.
- To improve the experience for patients, their families and carers wherever a patient safety incident or the need for a Patient Safety Incident Investigation (PSII) is identified.
- To improve the use of valuable healthcare resources.
- To improve the working environment for staff in relation to their experiences of patient safety incidents and investigations.

The Chief Nurse shared with Board the Trust's patient safety governance arrangements, the key skills and attributes and roles and responsibilities of the PSS. To date over 700 PSS have been identified nationally, their involvement included engagement in national meetings, safety alert matters, working groups and the creation of PSS networks.

Pat Drake welcomed the change in approach, particularly the active involvement of patients and shared an expectation that a patient safety report be received by the Quality & Effectiveness Committee as a standing agenda item, to include evidence of internal and ICS benchmarking.

Dr Ballesteros emphasised the refreshed focus on investigations which would identify learning to be embedded in practice and the provision of patient safety syllabus e-learning for all relevant staff.

In response to a question from Sheena McDonnell, the Chief Nurse acknowledged the importance of learning from positive experiences, recognising there remained room for improvement in the sharing and celebrating of what had gone well. The role of the Patient Safety Partner, which would be undertaken by patients and members of the public was a much-welcomed initiative, particularly in engaging with hard-to-reach groups.

In response to a question from Mark Bailey the Chief Nurse confirmed connections had already been made with PSS across the ICS, which would be further strengthened by the development of regional patient safety specialist networks. In addition, use of FutureNHS, a virtual collaboration platform would support cross organisation learning.

Kath Smart suggested the potential for better use of clinical audits across divisions to identify improvements and raise the profile of patient safety matters. A divisional clinical audit lead would also be beneficial in focusing efforts.

The Chief Executive recognised the importance of doing things right first time, which supported delivery of an efficient service. There was a clear link with the Trust's vision and its direction of travel and he offered his support of the strategy and it's aims. As the ICS developed its statutory functions there would be increased opportunities to benchmark performance, share best practice and drive out inequalities.

The Chair of the Board thanked the Chief Nurse and Patient Safety Specialists for the presentation.

The Board:

- ***Noted and took assurance form the Patient Safety Presentation***

P22/02/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:

- Infection Prevention & Control Board Assurance Framework
- Safer Staffing Framework

Sheena McDonnell welcomed the new style format, with additional detail, in response to the recent internal audit opinion. She highlighted a number of areas which would benefit from a further review, including discrepancies relating to risk appetite, inclusion of internal audit opinions and clarity on risks and mitigating actions.

DP/TN

A copy of the internal audit opinion had been circulated to Board members.

Kath Smart acknowledged the changes already incorporated and reinforced the need to capture outcomes and assurance gained through the appropriate committees as part of the updates. In respect of internal assurance relating to the operational update/ delivery of elective restoration clarity on how this was captured was sought.

A review of risk management processes was being progressed by the Director of Recovery, Innovation & Transformation with the support of the Deputy Director of Corporate Governance/Company Secretary and the Director of Nursing. Discussions had taken place with the Trust's former internal auditors and a proposal was being worked up, consideration would be given to the need for an overarching risk committee as part of this work. Kath Smart offered her support, if required.

The Chair of the Board acknowledged the improvements to date, whilst recognising that the framework continued to be work in progress.

The Board:

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

P22/02/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 the month of January 2022:

Insights

- Serious Incidents - 4
- Falls – 155 - 98 of which resulted in no harm, 46 low harm, 8 moderate and 3 severe harm. Falls continued to be a key area of focus and a range of initiatives had been implemented including the use of yellow socks/blankets to alert colleagues to the risk and holistic care reviews at the time of the first fall.
- Hospital Acquired Pressure Ulcers (HAPU) – 90 HAPUs, affecting 68 patients. Following the launch of the Pressure Ulcer strategy in October 2021 24 wards have reported a reduction in numbers.
- Infection, Prevention and Control – 5 cases of Clostridium difficile, all of which were hospital onset, hospital acquired. Year to date - 42 against a trajectory of 48, an improved position from the previous year. Quality Improvement work was

noted to be continuing at place to manage across the hospital, social care and in the community.

- Complaints a total of 55 complaints had been received, the year-to-date total now stood at 517, a reduction from the previous year. The paper provided a breakdown of acknowledgment response rates, case closures and complaint themes. Patient representation for the Patient Experience and Trust Ethics Committees had been sought and work continued as part of health inequalities work on the accessible information standards. The Chief Nurse confirmed plans for all colleagues working on public receptions to be taught five British Sign Language phrases. The introduction of the Family Liaison and Personal Property Exchanges Services had been well received, the future of both would be subject to review in line with as visiting and Covid-19 restrictions.

Nursing / Midwifery Staffing

- Ongoing workforce challenges were reported due to the continuing Covid-19 pandemic, in respect of both sickness absence and self-isolation. Work to ensure effective rostering was in train but short notice absence and the subsequent recording on e-roster impacted on the overall view of staff utilisation.
- The Trust continued to recruit internationally, with the final cohort of nurses from the current campaign due to arrive at the end of February 2022. In addition, a bid had been submitted for a further 50 adult and 5 paediatric international nurses. To support the integration, development, and retention of the international nurses a pilot stay & thrive matron post had been recruited to.
- In respect of Health Care Support Workers the Trust continued to work closely with Doncaster College, where good use of the apprenticeship levy was reported.
- The challenges faced and continuing pressures were recognised to impact negatively upon staff morale and resilience and to offer support the Trust was actively engaged with the roll out of the national campaign to implement Professional Nurse Advocates (PNA) to provide restorative supervision, on a ratio of 1 PNA to 20 nurses/midwives.

The Chair of the Board recognised and welcomed the support offered to our international recruits and asked that consideration be given to any cultural support required and she would be happy to receive feedback on this in due course.

DP/AT

Sheena McDonnell suggested an increase in positive insight reporting in future reports, including a view of the number of compliments received. Whilst recognising the increase in the number of closed complaints in January a need to further improve performance in this area was noted. The Chief Nurse acknowledged this and confirmed that a number of changes to ensure a fully established team were in place, including the appointment of a new Team Manager.

In response to a question from Sheena McDonnell in respect of Health Care Assistant recruitment, the Chief Nurse confirmed that all vacancies had now been appointed to but had not yet commenced in post. Historically HCA recruitment had been completed as a cohort, on this occasion use of the apprenticeship levy had been explored where a lack of experience would have previously resulted in an application being declined. Following recruitment there would be a clear focus on retention, ensuring all opportunities to reward, support and develop colleagues were taken. The Chief Executive reinforced the importance of staff retention and where colleagues chose to leave, to understand the reasons for this.

The Acting Director of People & Organisational Development confirmed membership of the SY&B ICS strategic workforce group, which had specifically focused on recruitment of HCSWs and ensured the provision of an efficient end to end recruitment process. The Trust had also recently introduced an electronic exit interview questionnaire via ESR.

Pat Drake welcomed the introduction of the Family Liaison Service and the Professional Nurse Advocate. In respect of HAPU, a request was made to include internal benchmarking data. She also requested an update be provided at the next meeting of the Quality & Effectiveness Committee in relation to the patient survey reports to enable sign off and clarity on actions.

DP/AT

In response to a question from Pat Drake the Chief Nurse confirmed that no changes in respect of isolation were expected and the continued availability of lateral flow tests for staff was subject to discussion at an ICS level. In view of the vulnerabilities of a hospital site the Chief Executive confirmed the wearing of masks would continue to prevent nosocomial transmission. Good hand hygiene and other precautionary measures would remain and staff and public education would continue. The Interim Director of Recovery, Innovation & Transformation confirmed the Health Minister had confirmed funding for lateral flow tests, but that this may already have been received.

In response to a question from Kath Smart, the Chief Nurse confirmed that all complaints were RAG rated to ensure an appropriate response rate was determined. All learning was identified and recorded on Datix - learning applied to approximately 95% of cases. In relation to safe staffing, Kath Smart shared her appreciation of the mitigating actions and in response to her question regarding the findings of triangulating evidence the Chief Nurse identified a link between the incidence of falls and overnight staffing. As a result, rosters were risk assessed and informed decisions in respect of agency requirements.

To close, the Chair of the Board recognised the importance of the Family Liaison Service and offered her personal support and thanks. She suggested the potential for those on work experience to assist and gain an insight into healthcare.

DP/AT

The Board:

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

P22/02/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 progress in achievement of Clinical Negligence Scheme for Trusts (CNST) 10.

The Director of Midwifery highlighted the findings of perinatal deaths continued to indicate placental changes linked to Covid-19. The Trust continued to actively promote and support the vaccination of pregnant mothers.

Since the last update one draft HSIB report had been received which contained no recommendations and two referrals had been made and an independent review sought.

Work continued in respect of the combined Doncaster and Bassetlaw Maternity Voices Partnership (MVP). The Local Maternity & Neonatal System (LMNS) continued to offer support and assist with co-production of the service and the Clinical Commissioning Groups work with local groups to improve feedback from families.

A decision was expected next month following further submissions of evidence for Year 3 CNST. Year 4 remained on pause.

In response to a question from Pat Drake the Director of Midwifery confirmed that once the Clinical Commissioning Groups ceased to operate work in relation to the Maternity Voice Partnership was not expected to change significantly due to the involvement of the LMNS. The Communications & Engagement Team continued to develop the MVP website.

In respect of table 1.1 (stillbirths and later fetal loss > 22 weeks) Kath Smart enquired if inclusion of data over time to highlight themes and trends would provide an increased level of focus and assurance for the Board. The Director of Midwifery confirmed the production of an annual report, which could be shared, the Chief Nurse advised that consistency in reporting was being considered with the national team.

The Board:

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

P22/02/C4 Executive Medical Director Update & Q2 2021/22 Learning from Deaths Report (Enclosure C4)

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

- 98% of patients on the admitted referral to treatment active waiting list had been stratified in accordance with the Royal College of Surgeons' guidance.
- The successful implementation of the Trust's Covid Medicines Delivery Unit (CMDU) was acknowledged.
- Q2 2021/2022 Learning from Deaths report, previously reviewed at the Quality & Effectiveness Committee in December 2021, was received for information.

Kath Smart shared her appreciation of the detail within the Learning from Deaths report. The work of the Medical Examiners Team was acknowledged and opportunities to ensure development of colleagues in support of staff retention were highlighted.

In response to a question regarding the learning from structured Judgement Reviews, the Executive Medical Director confirmed that key messages in respect of learning were shared across the organisation via the Sharing How We Care newsletter, with more specific targeted learning directed as appropriate. In respect of a request to validate learning and

to ensure learning was embedded in practice, the Executive Medical Director confirmed the use of clinical audit would be considered.

In respect of learning disability deaths, item 7 within the report, Pat Drake confirmed that the issue of identifying autistic patients would be considered by the Learning Disability Committee with a view to establishing how this would be implemented and accommodated within care plans. She also requested that thought be given to compassionate/end of life of pathway visiting, which she recognised would be a significant event.

In respect of concerns raised by next of kin Pat Drake sought assurance on the issue of overnight transfers, which was understood to have occurred due to operational pressures during the pandemic.

The Executive Medical Director confirmed that access to System One remained a challenge, noting this was a national, rather than local issue. The Chief Executive confirmed that one of the requirements of the national planning guidance was an integrated care record by 2023/24. System interface difficulties were wider than System One and across the ICS work on the sharing and extract of data for central repositories remained work in progress.

The Board:

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

P22/02/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 Director of People & Organisational Development highlighted the following updates:

- A decision to delay the start date of the appraisal season, linked with the NHS Pay Progression scheme, to June 2022.
- Staff survey results were embargoed until the end of March, early indications would be considered by the People Committee and more meaningful benchmarking data would be shared in due course.
- Updated Learning & Development offer.
- Staff feedback, including the wellbeing offer, payroll services and celebratory events.

Sheena McDonnell welcomed the updated BAFs, a review of references to external assurance for internal measures and inclusion of the work of the Guardian of Safe Working were suggested.

AJ

Kath Smart requested further consideration of the full assurance rating of appraisal and staff survey, inclusion of the Health & Wellbeing award and of assurance received as part of audit reports. **AJ**

In respect of the documented difficulties in receiving feedback from Universities, the Acting Director of People & Organisational Development confirmed these had arisen during the pandemic, due to restricted educational provision. The Deputy Director of Research & Education continued to be actively engaged with the Universities in respect of educational opportunities, and placements and the Chief Nurse confirmed that both the University of Sheffield and Sheffield Hallam University were invited on a quarterly basis to review effective working arrangements and widening participation opportunities.

In response to a question from Mark Bailey, the Acting Director of People & Organisational Development confirmed that individual's understanding of their contribution to achieving the Trust's vision was identified through progress reviews and the annual appraisal process.

The Chief Executive acknowledged the importance of the learning and development offer, recognising the benefits of both organisational and service/division specific requirements.

As part of the health & well-being offer the Acting Director of People & Organisational Development advised of access to the long Covid pathway, implemented across SY&B ICS, in support of long-term sickness absence. Future benefits would be considered as we exited the pandemic.

The Board:

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

P22/02/D2 Our People Update (Enclosure D2)

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

In respect of mandatory vaccines as a condition of deployment (VCOD) it was reported that the outcome of the consultation on legislation was expected within the next seven days.

The Trust's comprehensive and well received health and well-being offer had been recognised and a silver award had been granted in the Be Well @ Work programme run by Councils across South Yorkshire. The Trust would continue to look to strengthen its offer, hopefully securing advanced accreditation in future years.

Sheena McDonnell shared her appreciation of the significant organisational wide efforts prior to the pause of VCOD. She also congratulated the team in securing a silver award in the Be Well @ Work and enquired of the Trust's plans and ambitions to secure a gold award, which it was confirmed would be pursued and managed through the Health & Wellbeing Committee.

The Board:

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

P22/02/D3 Report from the Guardian for Safe Working (Enclosure D3)

Dr Anna Pryce, Guardian of Safe Working, presented the quarterly report to Board in respect of trainee doctors safe working practices.

The report noted low levels of exception reporting throughout 2021, with an expected increase over winter months. During the last quarter some rota gaps were noted, compounded by sickness absence, reduced locum availability and seasonal increase in workload throughout the winter months.

Additional hours worked related to a delay in finish times where patients were acutely unwell and was not indicative of understaffing.

Sheena McDonnell thanked Dr Pryce for her report, in response to a question with regards to the low-level reporting Dr Pryce was satisfied of awareness and willingness to report, which was recognised as a positive. Most trainees were on rotation and would be aware of the protocol. Follow-up discussions by the Guardian indicated reporting was appropriate and self-initiated.

Attendance at the Junior Doctors Forum was reported to be low, this issue was not unique to the Trust and to encourage increased attendance meetings had been held face to face, virtually and across different days and times. Where colleagues were unable to attend, their input was sought ahead of the meeting.

Work on the doctors' mess had been completed at DRI and was nearing completion at Bassetlaw. Whilst the DRI facility was appreciated there remained an issue with regards its accessibility for those in the main ward block. The Interim Director of Recovery, Innovation & Transformation confirmed an additional location had been identified and plans were progressing for use of the space.

Pat Drake was pleased to see that no patient safety concerns had been raised by the junior doctors and acknowledged the pressures under which medical staff continued to work.

The Executive Medical Director recognised Dr Pryce's success in her role of Guardian of Safe Working and shared his appreciation of her continued efforts.

The Board:

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

P22/02/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.

2022/23 planning guidance had now been received and a first submission made.

Initial assessments indicated a significant reduction in income levels, as compared to pandemic levels and a focus on efficiencies and productivity would be paramount.

P22/11/E2 **Finance Update (Enclosure E2)**

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

- Month 10 position reported a surplus of £823k to plan, with a year-to-date surplus of £1.7m.
- Pay expenditure was £1.6m adverse to plan, due to the £200 thank you gift to staff and high agency spend.
- Non-pay expenditure was £0.5m adverse to plan, mainly due to pressures arising from utility price increases.
- The Trust expected to deliver a break-even year-end position, year-end forecasts had been submitted to NHSE/I based on a best and worst case scenario, £4.5m and £1.8m respectively.
- Month 10 capital expenditure was £3.4m, of which £1.5m related to medical equipment. As a result, the risk of non-delivery of this element of the plan had significantly reduced since Board's last report. Year to date expenditure was £0.2m behind plan.
- The cash position was £42.9m, an increase from the reported month 9 position, mainly due to capital cash outflow but some impact of the timing of payment runs. The year-end forecast was c.£34m, driven by the significant capital programme.

Neil Rhodes recognised the positive messages in the update but acknowledged the challenges that 2022/23 would bring. The meeting of the Finance & Performance Committee would take place later that week and the three key lines of enquiry would focus on increased productivity and the resultant delivery of performance targets, the removal of costs arising from Covid and agency spend, particularly the plan to reduce/withdraw from the use of premium agency rates and the engagement of colleagues in this plan.

The Acting Director of Finance acknowledged plans in development and external support sourced as part of the recovery, innovation and transformation programme. In relation to the agency spend he indicated areas of focus would include the bed plan, rota management and the management of sickness absence. As the use of premium agency rates was an issue beyond the Trust a system wide solution was required. The Chief Executive shared his view that improved efficiency and effectiveness would in turn drive cost reductions. The Interim Director of Recovery, Innovation & Transformation acknowledged the scale of the challenge, and with the plans in place to improve grip and control and governance recognised it would be difficult, but not impossible.

Kath Smart welcomed the opportunity to discuss in detail the financial plans. In respect of estates capital risks, the Acting Director of Finance agreed to review inclusion on the BAF. **AC**

The Board:

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

P22/02/E3 Operational Update – Looking Forward

The Deputy Chief Operating Officer's report noted continuing pressures arising from Covid-19 and high levels of emergency demand, which continued to impact on elective activity.

150 patients were currently in hospital due to Covid-19 (125 active cases). A peak in activity had been seen mid-January, but occupancy was now levelling with a reduced need for critical care beds. Bed occupancy remained high at c. 95%

The Acute Medical Delivery Unit (AMDU) was now operational, staffed by Acute Physicians, early indications showed a reduction in length of stays.

An emergency care improvement programme commenced in January, with the support of Real World Health, areas of focus to include emergency flow, ambulance handovers and red to green.

Neil Rhodes recognised the green shoots of improvement in ambulance handovers which would be discussed in more detail at this month's Finance & Performance committee. Visits to both the Emergency Department and AMDU had taken place to allow an insight into colleague's day to day experiences and received feedback first-hand.

The Chief Executive reported that at the outset of Covid-19 there was an opportunity within the Trust to utilise bed capacity, however as the pandemic continued elective waits increased and increased pressures arose. A need to balance operational and winter pressures alongside high bed occupancy was a challenge. Within the region South Yorkshire was performing well and had a platform on which to build, particularly with the recovery of diagnostics.

The Board:

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

P22/02/E4 Performance Update (Enclosure E4)

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

In response to a question with regards to the 12-hour breaches, the Deputy Chief Operating Officer confirmed that all patients with a wait in excess of eight hours were on a bed, as were all frail patients.

Work to improve safe discharge of patients continued, a weekly walkaround to identify those patients with protracted length of stays who were medically fit for discharge took place, to facilitate appropriate next steps and supporting arrangements with partners.

The Board:

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

P22/02/E5 Ambulance Handover Delays

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

NHSE/I guidance indicated a standard handover time of 15 minutes, during the month of January DRI reported 42.29% of handovers within this time, a decrease from the previous month due to increased bed occupancy and resultant flow/discharge issues. An improved position was seen at Bassetlaw. The Chief Executive reminded Board members that ambulance handover challenges were a system-wide issue.

The Trust continued to look at all opportunities to improve its performance in this area, working closely with both Yorkshire and East Midlands Ambulance Services and other acute providers.

In response to a question from Neil Rhodes, the Deputy Chief Operating Officer identified the two key areas which would make a difference to the performance would be the Real World Health's input and improvements to patient flow.

Kath Smart recognised the challenges but in view of the lack of improvements enquired if there was a trajectory aligned to the actions which could be presented to the Finance & Performance Committee. The Deputy Chief Operating Officer confirmed that a series of performance and smart KPIs were being worked through for all of the Real Health World work.

The Board:

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

P22/02/F1 Corporate Objectives Q3 2021/22 (Enclosure F1)

The Chief Executive's paper provided a summary of progress towards the delivery of the 2021/2022 True North and Breakthrough objectives. A paper would be brought to March's Board in respect of 2022/23 objectives which would support a continued focus on recovery, quality, safety, sustainability, and quality improvement.

Pat Drake suggested alignment between the Board Assurance Framework and Committee agendas and looked forward to completion of the quality framework. The Chief Executive confirmed that oversight of the objectives would be linked to the Board Committees as in 2021/22 .

Neil Rhodes acknowledged the high levels of confidence but recognised an area of development in relation to senior clinician buy in for business and service delivery. Development of a leadership development programme would support this and to ensure appropriate representation from the Executive Medical Director's office it was suggested that Dr John act as a link to achieve balance across finance, performance and quality.

Pat Drake welcomed the clinician involvement and suggested as nursing budgets were also considered as part of the Committee that thought be given to representation from the Chief Nurse's team.

The Board

- ***Noted and took assurance from the Q3 2021/22 Corporate Objectives***

P22/02/F2 Community Diagnostic Hub Business Case for NHSE/1 (Enclosure F2)

The Director of Strategy and Improvement shared with the Board the business case for phase 2 of the Community Diagnostic Hub (CDH) at Montagu Hospital. Board members were asked to review the case and approve its submission to the ICS for subsequent consideration by the national programme.

The concept of the CDH was a recommendation in Sir Mike Richard's review, Diagnostics: Recovery and Renewal published in October 2020 and oversight of the recommendation was part of a national Diagnostic Transformation Programme Board. Phase 1 of the CDH development at Montagu had already been implemented, phase 2 included continued phase 1 provision, with the addition of non-obstetric ultrasound, additional endoscopy capacity (including the potential for use across the ICS) and a training facility. The proposed phase 2 provision would contribute positively to elective recovery and faster diagnosis.

Kath Smart recognised the alignment of the CDH work with the Trust's strategic direction and welcomed provision of care closer to patient's home, but sought clarity on the revenue consequences, confirmation of the commissioners' support and plans for partnership working, including the sharing of any risk. The Director of Strategy & Improvement confirmed the funding for year 1 and that the Clinical Commissioning Group were sighted on the costs pressure which impacted each CDH work programme. In respect of working in partnership the programme of work was seen as a good test bed to work as a Provider Alliance.

In response to a question from Mark Bailey, the Director of Strategy & Improvement confirmed the CDH work was a national initiative, and the co-location of multiple diagnostic services would provide a significantly improved patient experience.

In response to a question from Neil Rhodes, the Director of Strategy & Improvement confirmed approval had been sought prior to the Finance & Performance Committee due to the deadline for submission. The Interim Director of Recovery, Innovation & Transformation had been involved in the production and review of the case. The revenue consequences would be considered in detail at this week's Finance & Performance Committee.

The Chief Executive recognised the importance of system working and the potential opportunities within the CDH. In respect of the increased volume of diagnostic referrals the Interim Director of Recovery, Innovation & Transformation stressed the importance of understanding the reasons for, and subsequent impact on capacity.

The Board unanimously approved the business case for submission to the ICS.

The Board

- ***Approved the business case***

P22/02/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 111 risks rated 15+, 13 were monitored via the Corporate Risk Register.

An ongoing review of risks and identification of new or altering risks continued. Risks were linked to the strategic aims and evidence provided on the Board Assurance Frameworks.

In response to a question from Sheena McDonnell, the Deputy Director of Corporate Governance/Company Secretary confirmed that risks rated 15+ were reviewed at the Trust Executive Group. The relevant Executive Director lead would receive assurance from the Divisional Directors or consider escalation for inclusion on the Corporate Risk Register. A review of risks linked to strategic aim 2 and 3 was undertaken by the People Committee and Sheena McDonnell, as Chair, enquired if a comparable review was performed by the remaining Board sub-committees, including assessment/sense check where risks were downgraded. The Interim Director of Recovery, Innovation & Transformation shared the potential to develop a Risk Committee to ensure oversight of all risks.

In response to a question from Kath Smart, the Chief Executive confirmed his intention to have a relevant and appropriate risk register by the start of 2022/23 financial year. There remained a small number of risks dated pre-October 2021 where a refresh would be required.

Finally, in respect of the Stage 1 Head of Internal Audit Opinion it was noted that a number of risks had a target level which did not correspond with the rating in the heat map. The Deputy Director of Corporate Governance / Company Secretary confirmed this was where the risk was outside of the Trust's control, for example transport challenges arising from Brexit. Where this was the case it would be helpful to include the detail within the supporting explanation.

FD

The Board:

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

P22/02/G2 Use of Trust Seal (Enclosure G3)

The Board noted and approved the use of the Trust Seal by Richard Parker, Chief Executive and Alex Crickmar, Acting Director of Finance.

The Board:

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

P22/02/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 26 October 2021***
- ***H6 Minutes of the Quality and Effectiveness Committee 5 October & 7 December 2021***
- ***H7 Minutes of the Charitable Funds Committee 16 September 2021***
- ***H8 Minutes of the Trust Executive Group 8 November 2021***

P22/02/I1 Minutes of the meeting held on 25 January 2022 (Enclosure I1)

The Board:

- ***Approved the minutes of the meeting held on 25 January 2022.***

P22/02/I2 Governor Questions regarding the business of the meeting (10 minutes) *

Hazel Brand, Lead Governor shared the following governor question

Does the national guidance for risk stratification give the Trust sufficient information to inform individual patients of their position in the queue for procedures and the number of weeks they must expect to have to wait, as promised by the Secretary of State for Health & Social Care when launching My Planned Care?

Due to the fluidity of the waiting list the Executive Medical Director acknowledged identification of a specific position within the queue would be challenging and subject to change. The letter from the National Director of Elective Recovery had requested provider support in supplying specific clinical content by 31 March 2022 and the Interim Director of Recovery, Transformation & Innovation advised that the Head of Information was currently reviewing the requirements to ensure a best possible fit by that date. A generic email account would be in place and work would be undertaken iteratively.

Finally, the Lead Governor took the opportunity to convey congratulations on behalf of the Council of Governors in respect of the Be Well @ Work award, the success of the Covid Medicines Delivery Unit and the introduction of the cancer screening clinic by Mr Mark Watson, Ear, Nose & Throat Consultant.

The Board:

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

P22/02/I3 **Any other business (to be agreed with the Chair prior to the meeting)**

No items of any other business had been received.

P22/02/I4 **Date and time of next meeting (Verbal)**

Date: Tuesday 29 March 2022

Time: 09:30am

Venue: MS Teams

P22/02/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.***

P22/02/J **Close of meeting (Verbal)**

The meeting closed at 14:21



Suzy Brain England OBE
Chair of the Board