

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 24 May 2022 at 09:30  
via MS Teams

<b>Present:</b>	Suzy Brain England OBE - Chair of the Board (Chair) Mark Bailey - Non-Executive Director Alex Crickmar - Acting Director of Finance Mark Day - Non-executive Director Sheena McDonnell - Non-Executive Director Dr Tim Noble – Executive Medical Director Richard Parker OBE - Chief Executive Neil Rhodes - Non-executive Director Jon Sargeant - Interim Director of Recovery, Innovation & Transformation Kath Smart - Non-Executive Director Abigail Trainer - Acting Chief Nurse
<b>In attendance:</b>	Fiona Dunn - Deputy Director Corporate Governance/Company Secretary Paula Hill, Freedom to Speak Up Guardian (agenda item D4) 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 Gillian Wood – Head of Safeguarding (agenda item B1)
<b>Public in attendance:</b>	Peter Abell - Public Governor Bassetlaw Angela Chapman – Public Governor Doncaster Lynne Logan - Public Governor Doncaster Andrew Middleton - Member of the Public Pauline Riley - Public Governor Doncaster Lynne Schuller - Public Governor Bassetlaw Sheila Walsh - Public Governor Bassetlaw John Williamson – Member of the Public
<b>Apologies:</b>	None

**P22/05/A1 Welcome, apologies for absence and declaration of interest (Verbal)**

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and the member of public in attendance. A warm welcome was extended to Non-executive Director, Mark Day, who commenced in post on 1 May 2022. No apologies for absence were received.

Following her appointment as Chair at Barnsley Hospitals NHS Foundation Trust, Sheena McDonnell declared her interest, pursuant to Section 30 of the Trust's Constitution.

The Chair of the Board reminded colleagues attending of agreed board protocol.

**P22/05/A2 Actions from Previous Meetings (Enclosure A2)**

**Action 1 - Safeguarding Information to Board**

The presentation was received as part of today's agenda and the action could be closed.

**Action 2 – Principles for 2022/2023**

Corporate Objectives would return to July's Board of Directors meeting following refinement and subsequent review at the sub-committees of Board.

***The Board:***

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

**P22/05/B1 Safeguarding Update**

Gill Wood, Head of Safeguarding, shared an overview of her work since her appointment in late 2021. A review of the service had been commissioned by the then Chief Nurse, which considered both internal and external focus and visibility. The Board were informed of the widespread involvement of the team in respect of both children and adult safeguarding matters, including proactive work to manage associated risks and the future development of the service.

Kath Smart shared her appreciation of the update to Board which had been requested by the recently retired clinical non-executive director and Chair of the Quality & Effectiveness Committee and confirmed that future updates would be received via the sub-committee of Board. In respect of training, the Head of Safeguarding confirmed that she was working closely with the training department and divisional directors of nursing to maximise opportunities for completion of role specific training.

In response to a question from Mark Bailey regarding the proactive involvement of the team, the Head of Safeguarding confirmed that support provided within the Emergency Department influenced the need for tier 4 beds, required by young people suffering extreme levels of distress. There was also active and ongoing participation in monitoring and support meetings in relation to social and emotional health at a local, system and regional level.

Sheena McDonnell acknowledged the provision of staff training and enquired what additional employee support was available. The Head of Safeguarding confirmed she worked closely with hospital staff on domestic abuse matters and a review of the policy to ensure appropriate links to colleagues would be undertaken.

The Acting Chief Nurse acknowledged the significant progress made by the Head of Safeguarding since her appointment and confirmed regular updates would be provided at the Quality & Effectiveness Committee.

The Chair thanked the Head of Safeguarding for her work and the update to Board.

**P22/05/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 BAF was considered in detail, in line with internal audit recommendations.

The Executive Medical Director confirmed all changes had been highlighted for ease of reference and largely related to measures in respect of living with Covid. Due to falling infection rates visiting restrictions and contact screening had ceased, however, the wearing of masks in clinical areas would remain in place. The external review of patient safety was ongoing and due for report out in June/July 2022.

The Acting Chief Nurse acknowledged the benefit gained by staff and patients as a result of the reintroduction of visiting and confirmed any change in infection rates would be closely monitored. In view of the changing prevalence of Covid within the hospital and community the risk rating for SA1 Covid 19 had been reduced.

In response to a question from Neil Rhodes, the Executive Medical Director acknowledged the change in Covid associated risk, current inpatient numbers were 68, with only one patient requiring critical care. The impact of the vaccine and change in the virulence of variants were noted, it was anticipated that ribotyping to identify new strains would continue.

The Chair of the Board identified the owner of the action in respect of the nMABs service should be changed from the Deputy Chief Executive to the Executive Medical Director. In view of the request to extend provision by six months, the Executive Medical Director confirmed a need to assess the sustainability of the service.

Kath Smart suggested corrective actions be populated on the BAF to reflect the commentary and to support the assessment and understanding of the move towards the target risk rating. Consideration should also be given to the level of risk appetite and associated impact on the grading of risk.

**AT/TN  
& FD**

***The Board:***

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

**P22/05/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. NHSE Guidance in respect of the Patient Safety Incident Response Framework (PSIRF) was expected in June 2022, transition to the framework would be implemented over a twelve-month period. The Trust's Patient Safety Specialist training programme had commenced

and work with the education team was ongoing for the launch of the Patient Safety Syllabus.

The roll out of Tendable, formerly Perfect Ward, would commence in June 2022, a working group had been formed to support its introduction.

Staffing data collection, via the Safer Nursing Care Tool, had taken place over the last month, a full analysis of which would be brought to July's Board meeting.

In response to a question from Kath Smart, the Acting Chief Nurse confirmed that learning was currently shared via the Sharing How We Care newsletter, opportunities to refresh and renew communications to ensure learning was shared and understood from ward to board was being considered.

Following attendance at a recent quality improvement event for falls, Kath Smart sought the Acting Chief Nurse's view on the relaxation of visiting and the expected impact. The Acting Chief Nurse acknowledged a link between falls and the visitor/patient ratio, the presence of family and friends who support and understand the patient's mobility was recognised to have a positive impact.

Mark Bailey acknowledged the improved performance in complaint acknowledgements and sought assurance on plans to improve closure rates. The Acting Chief Nurse recognised further work was required in this area and confirmed that Simon Brown, Acting Deputy Chief Nurse would work closely with the Deputy Director of Nursing for Patient Experience to review and strengthen processes.

Mark Bailey welcomed the introduction of Tendable as a digital solution for nursing audits, the Acting Chief Nurse acknowledged the benefits of using the app to support a more efficient and effective means of data collection and analysis to identify themes and improvements to care.

Sheena McDonnell acknowledged the significant improvement in the inpatient friends and family response rate in April and the continuing work with Doncaster College to secure a feeder stream for health and social care students. In respect of Healthcare Assistant (HCA) recruitment, the Acting Chief Nurse confirmed that over one hundred HCAs had been recruited, however, with a number of local employers offering more attractive salary packages there continued to be competing opportunities and promotional work with local schools, colleges and targeted radio campaigns continued.

In response to a question from Mark Day, the Acting Chief Nurse confirmed those complaints categorised as values and behaviours related to concerns in respect of staff attitude. Although defined, standards of communication should be subject to continued focus in order to embed the trust's values in all day-to-day interactions and activities.

Mark Day was encouraged by the success of the Trust's international nurse recruitment and enquired how effectively recruits were retained. The Chief Nurse advised that retention of the initial cohort, some years ago, had been more challenging, however, subsequent campaigns had seen an increase in recruits being joined by their families, which supported a more settled position. In addition, a significant amount of work to develop dedicated pastoral and educational support had been undertaken and as part of

the Stay & Thrive initiative a Stay & Thrive Matron had been appointed to oversee and address areas of concern, which further strengthened the offer.

Practice Educators were also utilised to support wards where retention issues had been highlighted, working alongside unregistered and registered colleagues.

The Chief Executive reinforced the importance of colleague retention. Over time a change had been noted in colleagues choosing full retirement over the retire and return option and going forwards it would be critical to consider what flexibility could be offered to support retention.

***The Board:***

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

**P22/05/C3 Infection, Prevention & Control Board Assurance Framework (Enclosure C3)**

The Infection Prevention & Control Board Assurance Framework provided a comprehensive overview of the trust's IPC actions against the guidance issued in December 2021, an update to which was expected imminently.

Going forwards, the Chief Executive indicated that the use of technology should be considered to support education and training relating to fit mask testing.

In order to maintain current enhanced cleaning standards a cost pressure had been agreed.

The Chair of the Board shared her appreciation with the IPC team for their contribution throughout the pandemic.

***The Board:***

- ***Noted and took assurance from the Infection, Prevention & Control Board Assurance Framework***

**P22/05/C4 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.

In addition to the standard reports, the Director of Midwifery provided the Healthcare Safety Investigation Branch Quarterly Review Meeting Presentation from April 2022, Kath Smart welcomed the regional and national data, which provided helpful context. A summary of themes since the inception of HSIB investigations in 2019 was also provided, along with service responses.

Year 4 standards for the Clinical Negligence Scheme for Trusts had commenced on 7 May 2022, a number of changes were noted, and benchmarking was currently being undertaken. Submissions would be required by 5 January 2023.

Highlight reports for the regional Perinatal Quality Oversight Group were provided for the periods, January – March and April – June 2022. In view of the vacancy rate continuity of carer continued to be paused and in light of the Ockenden Report recommendation there was currently no plan to change this, until staffing levels were sufficient to support. The target date for implementation was March 2024.

Feedback from the Local Maternity & Neonatal System visit on 29 April, to assess progress against the initial Ockenden actions, was positive. The work to date was recognised and the Director of Midwifery's leadership skills and candour were praised.

Refurbishment of the Central Delivery Suite was due to commence imminently, with the modular build being utilised during the improvement works.

In response to a question from Sheena McDonnell with regards to the appropriateness of the highlight report measures in respect of caesarean section rate and continuity of carer, the Director of Midwifery confirmed they were national reporting requirements. A further update in respect of continuity of carer would be provided at June's Board meeting.

In respect of Doncaster's seemingly high delays in the induction of labour, the Director of Midwifery confirmed the number of inductions were high in comparison to other units, due to the volume of women in the high-risk category. All delays were appropriately risk-assessed on a 4 hourly basis.

***The Board:***

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

**P22/05/C5**

**Executive Medical Director Update**

The Executive Medical Director shared the Quarter 3 2021-22 Learning from Deaths Report, previously considered by the Clinical Governance and Quality & Effectiveness Committees.

An increase in the number of deaths was noted, as compared to Q2, with 100 extra deaths scrutinised by the Medical Examiners Team. The team continued to perform well and were now piloting scrutiny of non-acute deaths, although interface issues with primary care IT was proving to be a challenge.

The overall rolling Hospital Standardised Mortality Ratio was noted to be 103.

Mark Bailey recognised the outstanding work of the Medical Examiners Team and sought assurance that current standards of scrutiny could be maintained when undertaking community deaths, the Executive Medical Director confirmed the team were appropriately resourced to support the work.

Sheena McDonnell suggested it would be helpful to highlight any change in performance within the report's executive summary. Where benefits had been realised during the pandemic, such as the facilitation of virtual family/patient contact and alternative means of communicating with the ward, it was important that such options be considered going forwards to provide flexibility.

In response to a question from Mark Day in respect of illegible handwriting referenced in the report, the Executive Medical Director confirmed colleagues understood the importance of clearly documented notes and where appropriate use of capital letters was encouraged, the introduction of e-systems would eliminate such issues.

***The Board:***

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

**P22/05/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 confirmed the appraisal season would commence on 1 June 2022 and run for a period of 4 months. Support for both the appraisee and the line manager had been developed and the paperwork refreshed.

In respect of the previously identified risk relating to an increase in the number of staff retiring, the Acting Director of People & Organisational Development confirmed more detailed analysis would be considered by the People Committee to understand the impact and subsequently the true risk and mitigating actions would be reflected within the BAF.

Analysis of the payroll survey had been undertaken and a draft paper would be finalised and presented for consideration by the People Committee.

***The Board:***

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

**P22/05/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.

An updated sickness absence position was provided. Since the report had been written, the overall absence rate now stood at 6.77%, 1.86% of which related to Covid. Regionally the Trust was noted to be an outlier in respect of continuing high levels of Covid related absence, which reflected the position within the local community. In respect of non-Covid absence rates the Trust was reported to be mid-range. The Board was asked to note the overall reduction in absence from 9% in mid-March to the current 6.77% and the continued efforts to effectively manage and offer support including the provision of employee testing facilities and health and well-being support.

The Trust's health and wellbeing offer had been recognised through the Be Well @ Work scheme, for which a silver award had been granted. The Trust had also been nominated for two further independent employee benefit awards, where we were in competition with international employers, such as Aldi and Sky.

The Chair of the Board acknowledged the comprehensive health and wellbeing offer, including the recent introduction of on-site cervical screening campaign.

As Chair of the People Committee, Sheena McDonnell confirmed that detailed scrutiny of absence and health and wellbeing was undertaken as part of routine committee business. She offered her support of the actions and progress to date and welcomed the nominations secured by the trust in respect of its employee benefit schemes.

In response to a question from Mark Bailey, regarding the capacity to plan and support training, the Acting Director of People & Organisational Development confirmed that a range of options were utilised to maximise training opportunities, including a blended approach, use of sound bite sessions and for leadership training a review to determine mandated completion. The Chief Executive confirmed the need to achieve a balance between safe staffing numbers and appropriate minimum numbers of trained clinical colleagues. The Chair of the Board emphasised the importance of the Trust being a learning organisation and reinforced the need to explore all opportunities, including the use of artificial intelligence.

***The Board:***

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

**P22/05/D3 Staff Survey Results 2021 (Enclosure D3)**

The paper provided a high-level overview of the 2021 staff survey results, including system and national benchmarking data, the results would be subject to a deep dive at the next meeting of the People Committee.

The Trust response rate of 63% was encouraging, and whilst further work to increase completion rates would continue the response rate compared favourably to the national response rate of 48% and that of the South Yorkshire & Bassetlaw Integrated Care System at 53%.

A change in the design and wording of questions to align to the NHS People Promise had been made, and whilst the overall response rate had not been affected by the pandemic, a deterioration had been seen in the results as compared to 2020. Despite this the Trust had held an average position overall and it was pleasing to see that 74% of responses indicated that the care of patients and service users was the organisation's top priority. A helpful executive summary also highlighted the top and bottom five scores as compared to the Picker average and the most improved and declined Trust scores.

In terms of next steps, action plans would be worked up with the divisions and directorates to address areas of improvement.

Sheena McDonnell confirmed initial early discussions had taken place at the People Committee and whilst the deterioration was disappointing, it was not unexpected, considering the challenges faced over the last two years. Critical next steps were to harness the prospects to improve, a reinvigoration of quality improvement methodology would be helpful to progress at pace.

Neil Rhodes confirmed he was encouraged by the strong response and looked forward to having sight of the detailed action plan. In respect of question 11D, he suggested it would be helpful to revisit the wording to ensure clarity and determine what good looks like. The



Acting Director of People & Organisational Development confirmed this question had been subject to debate at a regional and national level and there may be a need to understand the local response.

In terms of actions Mark Bailey suggested we should be mindful of what had worked well in the past and do more of it.

Kath Smart welcomed a fresh perspective when the new Chief People Officer commenced in post at the beginning of June, recognising that more of the same may not necessarily generate the required result. Where scores in divisions and directorates were low this would be subject to further analysis to understand the position and ensure that appropriate action plans were agreed and implemented. It was recognised that some of the locality descriptors may not provide a clear picture of those surveyed, for example not all colleagues in the Chief Executive Directorate were direct reports of the Chief Executive.

The Chief Executive highlighted the infographic of the pandemic timeline may be more reflective of London and the South, whereas the North had seen five distinct waves, including peaks at times which may have had an impact on the staff's feedback. In terms of next steps and required improvements to influence the staff resurvey results, he welcomed the direction and shared learning that the Chief People Officer would be able to share from prior organisations.

***The Board:***

- ***Noted and took assurance from the Staff Survey Results 2021.***

**P22/05/D4**

**Freedom to Speak Up Annual Report 2021/2022 (Enclosure D4)**

The Chair of the Board welcomed Paula Hill, Freedom to Speak Up (FTSU) Guardian, to the meeting to present the Freedom to Speak Up Annual Report. A summary of the report was shared, which included an overview of national guidance, trust activity, capacity and demand challenges and NHS contractual requirements.

A sustained increase in the use of the service had been seen in 2021/22, although a change in those staff groups choosing to speak up was noted and now included non-clinical staff groups. There had not been a major change in identified themes, although there had been a significant number of colleagues who had raised concerns in respect of the government's directive in respect of vaccination as a condition of deployment. The Acting Director of People & Organisational Development recognised the impact of the national directive on the FTSU Guardian's workload and shared his appreciation of the support provided, including that of the Chief Executive, in managing what was a difficult situation, outside of the Trust's control.

In respect of training and education the roll out of Health Education England's three tier FTSU training continued. For senior leaders follow up training would be delivered as part of the leadership and development offer and for Board members as part of a Board development session.

Sheena McDonnell thanked the Freedom to Speak Up Guardian for her contribution throughout the last twelve months, recognising the dual role she had undertaken in Occupational Health throughout the pandemic. In her capacity as People Committee Chair, Sheena McDonnell also recognised the ongoing support and feedback provided in

respect of the Emergency Department and Trauma & Orthopaedic project. Capacity was recognised to be a widespread challenge and Sheena suggested the potential use of other resources to hear colleagues' concerns, including line managers, health & wellbeing champions and professional nurse advocates.

The Board noted the recommendations. It was agreed that action two and three would be considered outside of the meeting by the Company Secretary and progressed when further evidence was provided as part of the FTSU annual self-assessment.

FD

The Chair of the Board thanked the FTSU Guardian for her support and contribution.

***The Board:***

- ***Noted and took assurance from the Freedom to Speak Up Annual Report 2021/2022.***

**P22/05/E1**

**Board Assurance Framework – SA4 (Enclosure E1)**

The Board received an updated Board Assurance Framework (BAF) 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 summarised the changes to the BAF which reflected the draft financial accounts submitted to the Audit & Risk Committee and the risks pertaining to 2022/23, as the financial regime returned to pre-pandemic practice. A national financial plan resubmission process was expected to take place in May/June 2022, and in view of the Trusts position further challenge was anticipated to reduce its deficit plan.

Additional national funding had been announced, in respect of general inflation pressures, non-pay, commissioner nursing care, Better Care Fund and ambulance trusts. Discussions with regards to the allocation for South Yorkshire Integrated Care System were ongoing and were expected to be subject to conditions including a balanced system plan and the monitoring of agency spend. The current deficit plan for South Yorkshire was £76.7m, following receipt of the additional funding a deficit of £40m was expected.

As the deadline for submission of 2022/23 financial plans was prior to June's Board meeting an appropriate governance process would be required.

Neil Rhodes acknowledged that to be at month three with no finalised ICB budgets was challenging and whilst the Trust continued to perform well, he appreciated there would be several difficult conversations ahead and further scrutiny would take place at the Finance & Performance Committee later that week. The Acting Director of Finance recognised the challenges but confirmed that budgets had been set across the organisation. He recognised there was further work to do, both at an organisational and system level and recognised the difficulties of entering into system working in a financially challenged position.

Kath Smart confirmed that members of the Audit & Risk Committee had taken the opportunity to meet with the Acting Director of Finance for a walkthrough of last year's accounts. She recognised the challenge in achieving a balance between being safely resourced and managing the financial impact of this and enquired of the plans for a joined-up approach to achieving such a balance and reducing agency spend. The Chief Executive

confirmed a need to return to good housekeeping, ensuring efficient and effective use of resources, agreement of a hierarchy for cover and adherence to spending caps to ensure the best use of public money. It was important that a system wide solution for agency usage was agreed to ensure a safe and sustainable service could be offered. Allocation of resources should now be considered across the Integrated Care System.

The Chief Executive confirmed that the Trust was the only organisation at Place to be setting a deficit budget, the impact of maintaining services and with restricted flow out of the hospital had clearly impacted the Trust's position and the need to deliver effective services in partnership across Place was critical.

The Acting Chief Nurse acknowledged a significant piece of work was required to address these challenges in the coming months, with the support of NHS Professionals, appropriate rosters and authorisations via the auditable approval system a return to pre-pandemic business as usual could be facilitated.

***The Board:***

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

**P22/05/E2 Finance Update (Enclosure E2)**

The Acting Director of Finance's report provided a high-level overview of the month one position, including any identified risk to the delivery of the Trust's financial plan. Board noted a £2.6m deficit, £258k adverse to plan. Full reporting to NHSE/I and the Integrated Care Board were not required until month two.

Capital expenditure was broadly on plan and the medical equipment capital plan had now been signed off. The cash balance at the end of April was £33.4m.

The Board agreed to delegate authority to the Audit & Risk Committee to sign off the audited accounts, annual report and governance statement, as in previous years and approved the medical equipment capital plan.

***The Board:***

- ***Noted and took assurance from the Finance Update and approved the above delegated authority request and the medical equipment capital plan.***

**P22/05/E3 Annual Accounts – Going Concern (Enclosure E3)**

The Board received an assessment of the Trust's going concern status, in accordance with annual reporting requirements. An update to the previous initial assessment had been undertaken and the presented paper shared with the Trust's external auditors.

Whilst the Trust was expected to report a surplus position for 2021/22, with a considerable cash position as at 31 March 2022, planning for 2022/23 indicated a significant deficit position. The paper outlined the cash profile, which was expected to remain positive throughout the year, this would be subject to review by the Cash Committee on an ongoing basis.

The Board accepted the recommendations within the paper, which confirmed the Trust should be considered as a going concern for account preparation and the annual accounts for 2020/21 would be prepared on this basis.

***The Board:***

- ***Noted and took assurance from the Annual Accounts – Going Concern***

**P22/05/E4 Operational Update – Looking Forward**

The Deputy Chief Operating Officer's report noted high Covid levels through April 2022. Elective recovery had been impacted but the reinstatement of the full theatre timetable supported delivery of 90% of planned elective surgery. There had been some cancellations arising from an international procurement challenge, but the Trust was working closely with the North East & Yorkshire Procurement Cell on this matter.

System wide improvement work was noted as part of the Elective Oversight Group, with a specific focus on ophthalmology and ENT, in order to establish a system solution to address the backlogs and share learning.

A summary of next steps for the elective programme and covid was provided in order to recover the in-year assumptions.

Neil Rhodes sought clarity on the plans required to live with covid as business as usual, particularly in respect of maintaining elective recovery. The Deputy Chief Operating Officer confirmed that day to day management of Covid patients would continue, with consideration given to cohorting and/or segregation. The impact of the vaccination programme was evident, with a significant reduction in patients requiring critical care, in addition the introduction of treatments, such as antivirals and neutralising monoclonal antibodies had been seen.

The Chief Executive highlighted the learning throughout the pandemic and subsequent change in practice including the implementation of virtual/hybrid clinics and the establishment of an elective/emergency bed base. Enhanced infection, prevention and control measures had been seen to affect the spread of flu and norovirus during the pandemic and would remain in place. The typical winter plan would be superseded by a strong all year-round plan and use of artificial intelligence and robotic process automation would be developed over time. The introduction of virtual wards would assist with improved flow and subsequent capacity.

***The Board:***

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

**P22/05/E5 Performance Update (Enclosure E4)**

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

In view of high covid levels in April staffing levels had been challenging with a peak of 9.5% absence and bed occupancy remained high at 96%. A decrease in Emergency Department (ED) attendances had been seen, although attendance levels were higher than those seen in the previous four years. The new metric relating to 12 hour waits in ED had been reported for the first time, the metric reflects the time from the point of arrival to decision to admit/discharge, in April a total of 577 (3.6%) patients stayed in the department for longer than 12 hours

In respect of ambulance attendances, April had been a challenging month, with an increase in attendances as compared to the previous month. A slight improvement had been seen in those patients waiting less than 15 minutes for handover, although the number of patients waiting for more than 60 minutes had increased slightly. Doncaster Royal Infirmary was noted to be the third highest reporting Trust in Yorkshire for 60 minutes handover breaches. Work as part of the Urgent and Emergency Care Recovery and Transformation Programme continued around pathways, including direct referrals from the ambulance to Same Day Emergency Care, use of Consultant Connect to facilitate direct referrals to the speciality and the red to green initiative, to reduce the length of stay and aid flow.

In response to a question from Sheena McDonnell with regards to Place solutions to reduce ED attendances, the Deputy Chief Operating Officer advised of partnership working to ensure an active, up to date directory to signpost alternative providers, such as General Practice and Urgent Treatment Centres. Work with the national team to implement new pathways later in the year was also in train.

In respect of the data on health inequalities Sheena McDonnell noted 20% of those on the waiting list were in the most deprived category of the index of multiple deprivation and enquired if there was any correlation with ED attendances. The Deputy Chief Operating Officer confirmed elective attendances at ED were usually due to a deterioration of the condition and whilst they were subject to monitoring from a health inequalities perspective the information provided was currently limited.

In relation to ambulance handovers and noting the trust's position, Kath Smart suggested it would be helpful to set an improvement trajectory. With regards to learning identified through the involvement of NHSE/I's Emergency Care Intensive Support Team, the Deputy Chief Operating Officer confirmed that feedback received had been largely positive, further areas for consideration included the Same Day Emergence Care pathway and the apparent high proportion of conveyance as a percentage of the population. A step change in the pace of improvement was required. Kath Smart asked that NHSE/I's written report be provided to provide external assurance.

GM

The Chief Executive recognised a need to engage with and educate the public on the range of health service providers in order to facilitate an informed choice. The challenges faced were not under the Trust's sole control and an urgent need to triangulate plans at Place was required.

***The Board:***

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

**P22/05/E6**     **Ambulance Handover Delays**

The Board received the Deputy Chief Operating Officer's mandated monthly report on ambulance handovers, commentary from which was included in E5 – Performance Update.

***The Board:***

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

**P22/05/E7**     **Recovery, Innovation & Transformation Update**

The Interim Director of Recovery, Innovation & Transformation's report provided an update on the directorate structure, including the continued secondment of Kirsty Edmondson-Jones, Director of Innovation, and Infrastructure, with a refreshed portfolio as his interim deputy and the appointment of Laura Fawcett-Hall as the Head of Performance. A series of away days had been arranged to create the solid foundations for a fit for purpose directorate. Also included was an update on the revised governance structure, an initial view on performance and project management, the clinical strategy/service line review and the Mexborough Elective Orthopaedic Centre, which would be progressed via a joint bid for elective recovery funding, by Barnsley Hospital NHS FT, The Rotherham NHS FT and Doncaster & Bassetlaw Teaching Hospitals NHS FT. A project steering group was in place and updates provided via the Board's Finance & Performance sub-committee.

Neil Rhodes welcomed the update in respect of the governance structure, the progress of which had been raised at the previous Board.

***The Board:***

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

**P22/05/F1**     **2021/2022 Corporate Objective Outcome**

The report presented a year-end update on delivery of the 2021/22 corporate objectives.

Progress against 2022/23 objectives would be shared via the appropriate Board sub-committees and reported on a quarterly basis to the Board of Directors, the Recovery, Innovation & Transformation directorate would support data/evidence provision. Those sub-committees assigned oversight and assurance would be reviewed before finalised.

***The Board***

- ***Noted the 2021/2022 Corporate Objective Outcome***

**P22/05/F2**     **South Yorkshire Pathology Partnership Agreement (Enclosure F2)**

The paper presented to Board was the final draft of the South Yorkshire & Bassetlaw Partnership Agreement, the framework by which the following trusts would work together to deliver a single pathology service across South Yorkshire and Bassetlaw as part of the national initiative:

(Hub/Host): Sheffield Teaching Hospitals NHS Foundation Trust

(Spokes): Barnsley Hospital NHS Foundation Trust  
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust  
The Rotherham NHS Foundation Trust  
Sheffield Children's NHS Foundation Trust

The Partnership Agreement had been developed with support from DAC Beachcroft, in consultation with the Pathology Programme Board, however, following independent legal advice sought by the host on the specific issues related to the host, it had become apparent that further advice may be required.

The Chief Executive asked Board members if they were sufficiently assured by the agreement and their approval was sought and confirmed. The Chair of the Board recognised the benefits and potential savings, due to his role as Chair of the Programme Board the Chief Executive offered no comment. No other concerns or comments were raised for feedback to the Pathology Executive Steering Board. The Chief Executive advised that should any material changes be required to the agreement it would need to return for subsequent review/approval by the Board.

***The Board***

- ***Approved the South Yorkshire Pathology Partnership Agreement***

**P22/05/F3** ***Nottingham & Nottinghamshire Integrated Care Board Provider Representative (Enclosure F3)***

The paper summarised the approach to appoint partner members to the Nottingham & Nottinghamshire Integrated Care Board. The nominations in respect of urgent and emergency hospital care was Paul Robinson, Chief Executive of Sherwood Forest NHS FT and for mental health, intellectual disability and community service, Dr John Brewin, Chief Executive of Nottinghamshire Healthcare NHS FT.

The Board supported the recommendations, written confirmation of which would be submitted to the Chair of the Nottingham & Nottinghamshire Integrated Care Board.

In addition to this request, the Chair of the Board confirmed that the Chair Designate of South Yorkshire Integrated Care Board had sought partner representatives from an acute and mental health, learning disabilities and autism perspective for the South Yorkshire Integrated Care Board. Richard Parker would be nominated as the acute representative, which would provide an excellent opportunity for the Chief Executive to add value to the Integrated Care Board and our own organisation.

***The Board***

- ***Noted the Nottingham & Nottinghamshire and South Yorkshire Integrated Care Board Partner Representative & supported the nominations.***

**P22/05/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 94 risks rated 15+, 12 were monitored via the Corporate Risk Register.

Risk ID 2472 – Covid-19 had been updated and the risk rating reduced from 20 to 15, supporting detail had been incorporated in the Strategic Aim 1 Covid 19 Board Assurance Framework.

A proactive external review of risk management had been commissioned, to be undertaken by KPMG. An initial draft report had been received, recommendations would be considered, and outcomes shared and monitored via the new governance structure.

***The Board:***

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

**P22/05/G2 Use of Trust Seal (Enclosure G2)**

The Board noted and approved the use of the Trust Seal by Richard Parker, Chief Executive and Alex Crickmar, Acting Director of Finance in respect of the adult's weight management service.

***The Board***

- ***Noted the Use of Trust Seal***

**P22/05/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 19 January, 24 February & 23 March 2022
- H5 Minutes of the People Committee 1 March 2022
- H6 Minutes of the Audit & Risk Committee 24 March 2022
- H7 Minutes of the Trust Executive Group 13 December 2021 & 14 February 2022

**P22/05/I1 Minutes of the meeting held on 26 April 2022 (Enclosure I1)**

***The Board:***

- ***Approved the minutes of the meeting held on 26 April 2022.***

**P22/05/I2 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.



**Governor Questions regarding the business of the meeting (10 minutes) \***

As the Lead Governor had left the meeting it was agreed the questions received from governors and the supporting answer would be included in the minutes of the meeting.

**“What arrangements are in place in terms of safeguarding to accommodate those patients who may be in transition from child to adult services provision and in particular those who are regarded to be vulnerable by reason of having learning difficulties or subject to special education needs and or disability (SEND) ?”**

The green paper “SEND REVIEW 2022” “Right support Right Place Right Time “  
The green paper “Transforming Children and Young Peoples Mental Health Provision”

At place, health and care providers understand the types of medical alternative provision and how they will support those children and young people who are unable to attend a mainstream, special school, or college because of health needs. This will include expectations of how schools, local authorities and health and care providers will work together to address these health needs whilst delivering high-quality education.

The Trust was represented through this process at strategic level within Team Doncaster alongside the Doncaster Children and Young Peoples Mental Health Strategy by the Designated Medical Doctor to influence national, regional and local provision and identify any gaps in provision in transition to adulthood. Working alongside the Clinical Commissioning Group who are currently recruiting a Strategic Designated Clinical Officer to work across the health system. Children and young people identified through the SEMH (Social & Emotional Health Group) are safeguarded through the proactive and monitoring support if waiting for a diagnosis. Diagnosed children and young people are proactively monitored and supported by the CETR process (Care and Treatment Review).

Health and Care partners will be part of a truly integrated SEND and alternative provision system, using the opportunity presented by the creation of Integrated Care Boards (ICBs) to enable effective joint working and commissioning of local services. ICBs will have a duty to cooperate with local authorities and will proactively provide input and shape local strategic planning and be responsible for funding and delivery of local health provision to meet the needs of children and young people with SEND with a clear focus on transition. The Trust will work alongside Team Doncaster to shape services moving forward.

**“ Does the DBTHFT’s response to domestic abuse align itself with the strategy being developed and implemented by the Doncaster Domestic and Sexual Abuse Theme Group or does this create difficulty, with the Bassetlaw site being located in a different unitary authority area which may have a different approach to addressing the issues and providing support mechanisms?”**

The Trust does align with the Doncaster Domestic and Sexual Abuse Theme Group , the Head of Safeguarding sits on the Domestic Abuse Board for Doncaster to provide assurances from the Trust. Staff within the team attend the Multi Agency Risk Assessment Conferences (MARAC) and provide information as required.

The Head of Safeguarding attends the Nottinghamshire Domestic Abuse Local Partnership Board and staff from the team attend the MARAC steering group. To provide assurance to governors there may be differences due to serving populations, however, the

safeguarding team provide support to both sites with referral responses / pathways that may differ. From a strategic level, bidding for the independent domestic violence advisors (IDVA) if successful will only serve Doncaster Royal Infirmary, as it is a South Yorkshire Crime Commissioning funded post, however, to provide further assurance from being on the board if future opportunities arise the Head of Safeguarding will be proactive in this area. Opportunities also arise to share good practice in both areas.

The Chair of the Board shared her appreciation for the continued governor contribution and engagement and thanked those in attendance today for the reports, presentations and ongoing contribution.

***The Board:***

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

**P22/05/I3 Any other business (to be agreed with the Chair prior to the meeting)**

No items of any other business had been received.

**P22/05/I4 Date and time of next meeting (Verbal)**

**Date:** Tuesday 28 June 2022

**Time:** 09:30am

**Venue:** MS Teams

**P22/05/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.***

**P22/05/J Close of meeting (Verbal)**

The meeting closed at 13:39



Suzy Brain England OBE  
Chair of the Board