

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 28 June 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  
Mark Day - Non-executive Director  
Zoe Lintin - Chief People Officer  
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
- In attendance:** Ruth Bruce - Doncaster Provider Alliance Lead (agenda item F1)  
Fiona Dunn - Deputy Director Corporate Governance/Company Secretary  
Anthony Fitzgerald - Director of Strategy and Delivery, Doncaster CCG (agenda item F1)  
Esther Lockwood - Falls Lead Practitioner & Holistic Care Team Lead (agenda item B1)  
Angela O'Mara - Deputy Company Secretary (Minutes)  
Debbie Pook - Deputy Chief Operating Officer – Non-Elective  
Adam Tingle, Senior Communications & Engagement Manager
- Public in attendance:** Henry Anderson - Member of the Public  
Dennis Atkin - Public Governor Doncaster  
Hazel Brand – Member of the Public  
Angela Chapman - Public Governor Doncaster  
Mark Bright - Public Governor Doncaster  
Lisa Gratton - Staff Governor  
George Kirk - Public Governor Doncaster  
Lynne Logan - Public Governor Doncaster  
Andrew Middleton - Public Governor Doncaster  
Vivek Panikkar - Staff Governor  
Pauline Riley - Public Governor Doncaster  
Lynne Schuller - Public Governor Bassetlaw
- Apologies:** George Briggs - Interim Chief Operating Officer  
Sheena McDonnell - Non-Executive Director  
Lois Mellor - Director of Midwifery  
Emma Shaheen - Head of Communications & Engagement

**P22/06/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 those members of public in attendance.

The above apologies for absence were noted, including those of Non-executive Director, Sheena McDonnell, who would leave the Trust on 30 June. The Chair of the Board acknowledged Sheena's contribution during her term of office and wished her well in her new role.

No declarations of interest were received, pursuant to Section 30 of the Trust's Constitution.

The Chief Executive extended his sincere condolences to the family, friends and colleagues of Harry Gration, who had sadly passed away last week. Harry had supported the Trust's annual Star Awards as a guest presenter for many years, devoting time to recognise individual and team contributions and a wider appreciation of the NHS. Harry's involvement in this important event had been very much welcomed by all and his wife, Helen and children were in our thoughts.

**P22/06/A2 Actions from Previous Meetings (Enclosure A2)**

**Action 1 - Safeguarding Information to Board**

This action had now been 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.***

**P22/06/B1 Falls Prevention Initiative (Enclosure B1)**

The Chair of the Board welcomed Esther Lockwood, Falls Lead Practitioner & Holistic Care Team Lead to the meeting.

Today's presentation would focus on the initiative "See yellow – think falls", where the use of yellow blankets and slipper socks had been trialled as part of the triage process in the emergency departments at Doncaster and Bassetlaw.

The use of slipper socks and blankets provided the benefit of non-slip footwear and a comforter for those with cognitive impairment, Importantly, they acted as a visual indicator of those at risk of a fall, rather than pure reliance upon system-based indicators.

At the present time the impact had been difficult to assess due to the increase in activity and workforce challenges. Appropriate training and education of colleagues was in place. As slipper socks and blankets had been available at a reduced cost during the trial there were some issues to resolve around recurrent cost and the matter of storage going forwards, but the benefits were recognised by both emergency departments (ED) and the receiving wards and an initial survey to assess impact had received positive feedback. As

there were embedded risk assessments in the receiving wards there was no plan to extend the use across the Trust, noting that the impact in areas such as the frailty ward would be reduced due to widespread use.

Kath Smart thanked the Falls Lead Practitioner for her presentation, which had been received at the Quality & Effectiveness Committee, as a quality improvement initiative. In respect of next steps and plans to validate the impact, the Chief Executive confirmed that due to the change in infection, prevention and control measures patients had not been escorted by family into the emergency department and once the system settled there would be an opportunity to analyse change over time, including the use of statistical process control charts.

Mark Bailey recognised the simplest ideas were often the best innovations and as safety was the primary concern, the cost of blankets and slipper socks should be considered against the hidden cost of falls.

The Executive Medical Director expressed his thanks to the Falls Lead Practitioner and confirmed that the work would be tracked through the Clinical Governance Committee and subsequently reported to the Quality & Effectiveness Committee.

The Chair of the Board shared her appreciation of the presentation, which was a useful addition for the purpose of board members, governors and members of the public to demonstrate continued learning.

***The Board:***

- ***Noted and took assurance from the Falls Initiative Presentation***

**P22/06/C1 Maternity Update (Enclosure C1)**

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.

This month the Board also received a comprehensive workforce report and a Continuity of Carer update. The workforce paper highlighted the ongoing challenge of managing the vacancy position, which currently stood at 36 midwives and 15 midwifery support workers. All solutions were being actively pursued, including international recruitment, as expected midwives were in high demand and in addition to enhancements paid to existing staff to cover additional shifts, funding to support two agency midwives had been secured until the recruitment of the newly qualified midwives in October. The Chief Operating Officer was closely monitoring the situation, which was not exclusive to the Trust, via twice weekly review meetings.

From a continuity of carer perspective, provision had been paused at the Trust since July 2021, due to staffing levels. The situation was reviewed on a quarterly basis and plans for national recruitment support were in place. The service would not be provided until such time as staffing levels were safe and sustainable.

In response to a question from Mark Day, with regards to the availability of national support, the Director of Midwifery acknowledged the place-based work with the Local

Maternity and Neonatal System, alongside that of the national bodies. Recruitment of midwives was a national challenge and the Trust continued to be involved in the national programme to support both recruitment and retention. The Trust also worked closely with the Universities in order to attract an appropriate level of newly qualified recruits.

The Chief Executive acknowledged the steps taken to recruit, including international recruitment, but with an increase in colleagues taking full retirement, as compared to the retire and return option, there was a need to consider a longer-term solution. The workforce needs would be assessed, and opportunities explored to develop a strategy to support a safe and sustainable workforce solution, supported by a multi-disciplinary leadership team. Post 1 July, the legislative changes in respect of system working would encourage system thinking and approach across the integrated care systems.

The Acting Director of Finance (ADoF) confirmed the high vacancy rate continued to impact on finances, due to the significant staffing spend required to maintain a safe service. The ADoF also drew the BOD attention to the assumption, which had been included in the financial plan that the Trust would be compliant with the Clinical Negligence Scheme for Trusts (CNST) standards, additional resource to support delivery of the plan was now in place.

In his capacity as interim maternity safety champion NED, pending the appointment of the clinical NED, Mark Bailey recognised the efforts of the Director of Midwifery and the drive of the senior leadership team to improve training compliance levels. As compliance was reported on a monthly basis this would be closely tracked to ensure progress in line with the trajectory of 90% by December 2022. He welcomed the administrative support in respect of monitoring performance and compliance standards.

Kath Smart recognised the positive start of the Maternity Voices Partnership Chair who had developed an action plan for 2022/23 and was actively involved in meetings and activities. In response to a question seeking clarity on the assurance route for CNST and the referenced Prevention from Future Deaths Report (PFDR) the Director of Midwifery confirmed they would be presented to the Quality & Effectiveness Committee. A review of lessons learnt would be undertaken in respect of the PFDR, to include representative of the Quality & Effectiveness Committee and a non-executive director. There had been no matters of concern raised in respect of clinical practice.

Staffing levels on M1 and M2 were being closely monitored and a twice weekly review, meeting, supported by the Chief Operating Officer had been arranged. As the summer months approached, further pressure was anticipated due to annual leave ahead of the newly qualified practitioners and international recruits commencing in post. The provision of continuity of carer would only be taken when there was confidence in the team's ability to deliver appropriate levels of staffing to ensure delivery of safe and sustainable care.

The Chief Nurse confirmed the need for a system solution in respect of enhanced pay and agency rates, the Trust was working closely with partners and NHS Professionals to minimise the expenditure where possible. A reduction in the expected number of newly qualified midwifery colleagues was reported, down from 25 to 16. The recruitment midwife maintained weekly contact with the cohort, to ensure a good level of engagement and to facilitate a smooth transition.

***The Board:***

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

**P22/06/D1 Our People Update (Enclosure D1)**

The Chair of the Board welcomed the Chief People Officer to her first board meeting following her official start date of 6 June 2022.

The People Update highlighted plans to introduce a more formal approach to organisational wide monthly board visits, jointly represented by executive and non-executive colleagues. This approach would ensure board members had the opportunity to see and hear first-hand the support provided to patients and service users (both internal and external). Colleagues would also be able to communicate in a more informal way with members of the Board on matters of importance to them.

In accordance with NHSE guidance “A new approach to non-executive director champion roles”, published in December 2021 the non-executive directors would continue to undertake agreed champion roles and once finalised this would be communicated to Board.

The Trust had recently been shortlisted in a prestigious national employee benefits award in recognition of its health and wellbeing offer and the Vivup programme. On this occasion the Trust had not been successful, but the recognition as a worthy finalist amongst significant multi-national companies was agreed to be a success in itself.

Finally, the Chief People Officer advised of a review in relation to mileage rates, arising due to the increasing cost of fuel and cost of living pressures. A proposed rate had been considered but to ensure a consistent approach across South Yorkshire Integrated Care System and the broader national position, agreement would be reached via the HR Directors Network.

The Chief Executive welcomed the proposed change to mileage rates, which if agreed, would bring the Trust back in line with Agenda for Change terms and conditions framework.

Mark Day acknowledged a return in line with agreed terms of condition was a positive step and in terms of the cost implication, he enquired of the associated budget pressures. As the approach was to be formalised across the system it was noted this would be a system pressure and ultimately would be dependent on the level of usage. As there remained some uncertainty re travel plans going forward, the impact of Covid and more flexibility to work remotely it was difficult to quantify, this would be monitored, and feedback provided via the Finance & Performance Committee.

Mark Bailey confirmed his commitment to the informal board visits, which would provide an excellent opportunity to both the visitors and those being visited, allowing colleagues to raise concerns in a safe environment where the board members can listen, respond and if required signpost across the organisation.

***The Board:***

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

**P22/06/E1**     **Ambulance Handover (Enclosure E1)**

The Board received the monthly ambulance handover report, the Deputy Chief Operating Officer highlighted that performance in May for patients waiting less than 15 minutes for ambulance handover remained extremely challenging but had improved slightly from 41.69% to 41.16%, with a decrease from 14.33% to 13.62% of patients waiting over 60 minutes. Doncaster Royal Infirmary was the third highest reporting Trust for 60-minute ambulance handover breaches in Yorkshire.

A number of actions had been implemented, including ambulance direct referrals, early senior assessment as part of triage and referrals to the same day emergency care centre. An improved position was noted in respect of cohorting with only two instances throughout the month.

Despite a wide range of implemented actions Neil Rhodes noted the Trust's largely static performance, as compared to its peers. The Chief Executive confirmed alongside the national focus there was a clear focus from the executive team and Board to provide the best possible service to our patients. Pre-covid performance had been much better and the impact on performance at this time was multi-factorial, there continued to be significant and sustained pressure on the emergency department, a complex pathway for patient flow due to the ongoing presence of Covid-19 and a higher than average sickness absence. An example of the pressure would be that attendances yesterday were the second highest ever recorded yesterday in the emergency Department at Bassetlaw. It was noted that we were seeing different patient attendance patterns, some of which could be linked to the backlog of patients built up during the pandemic and the slower than expected recovery of elective work, in addition to the public's perception of available healthcare services in the communities were also a likely factor. There are increasing challenges with patient flow because of patients remaining in hospital when medically fit and a system, rather than Trust solution was needed to improve and resolve the challenges ahead of the expected challenges of the autumn and winter months.

The Interim Director of Recovery, Innovation & Transformation recognised that the current plans had not delivered the required improvement and additional actions were in train including a bid to increase virtual ward bed capacity by December 2022. Internal work to improve site management and patient flow would also be progressed and a recent workshop to consider improved medical, surgical and clinical opinions to aid flow had taken place.

In view of the lack of a statistically significant change and following the review in 2021 of the Emergency Care Intensive Support Team, Kath Smart suggested it would be helpful for the Finance & Performance Committee to consider a deep dive into the refreshed improvement plans.

The Chief Executive acknowledged the necessary outcomes had not been seen from the plans, the Interim Chief Operating Officer would be able to review the approach with a fresh pair of eyes.

***The Board:***

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

**P22/06/E2 Estates Returns Information Collection 2021/22 (Enclosure E2)**

The Estates Return Information Collection (ERIC) formed the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the financial year ending 31st March 2022.

ERIC data provided the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and also supported work to improve efficiency.

An increase of £0.5m had been seen in the overall backlog maintenance. The information had been provided from the six-facet annual survey, undertaken by external provider, Oakleaf, and a desk top review by Estates management. The main factors which influenced this position were an annual increase in cost due to inflation and capital investment to support the backlog reduction.

No questions were received in relation to the paper.

***The Board:***

- ***Approved the Estates Returns Information Collection 2021/22***

**P22/06/F1 Integrating Care Update (Enclosure F1)**

Anthony Fitzgerald, Director of Strategy and Delivery at Doncaster Clinical Commissioning Group and Ruth Bruce, Doncaster Provider Alliance Lead were welcomed to the meeting.

Anthony would take up his appointment as Doncaster Place Director for NHS South Yorkshire Integrated Care Board with effect from 1 July 2022.

Anthony highlighted that partnership working in Doncaster was already well established and the purpose of the paper was to provide an update on the status and role of the Doncaster Integrating Care Partnership Board and the key proposed changes to the existing Place Agreement, and to seek the Trust Board's approval in principle of the terms of the revised Place Agreement, subject to further minor amendments to finalise the Place Agreement for signature.

There was a huge potential for change, with a genuine desire for open dialogue and the Chair of the Board signalled the Trust was a willing partner and would be actively engaged in sourcing system solutions.

The Chief Executive recognised place development plans were work in progress and there was a continued need to develop a place response to place challenges. The ability to develop place and system thinking would need to be addressed and would likely be supported by an organisational development piece of work, to be progressed by the HR directors, to ensure that maximum benefits and best value for money was achieved.

Considering the levels of deprivation at place the demand on the Trust's emergency departments would be expected to rise, as would subsequent discharges into the community. Addressing health inequalities would be a key piece of work.

Kath Smart recognised the move from competition to collaboration and in response to future tendering arrangements, Anthony Fitzgerald confirmed commissioning would be focused upon achieving the required outcomes and a move away from previous methodologies would be seen.

Neil Rhodes acknowledged that change was naturally challenging, however, it was incumbent upon all parties to make the legislative changes work and a change in mindset would be required. He offered his support to move forward, as proposed.

Board approved in principle the terms of the updated Place Agreement and agreed to delegate authority to the Chief Executive to agree any necessary inconsequential amendments to the final version, and to enter into the updated Place Agreement on behalf of the Trust.

The Chair of the Board thanked Anthony Fitzgerald and Ruth Bruce for attending today and confirmed the Trust's engagement and commitment to the new ways of working.

***The Board***

- ***Approved in principle the terms of the Doncaster Place Agreement***

**P22/06/G1 NHS Provider Licence Self-certification 2021/22 (Enclosure G1)**

Following consideration at the Audit & Risk Committee on 27 May 2022, the report was provided as a statutory requirement for annual self-certification against the Provider Licence provisions.

Following the revision of the Trust's deficit plan for 2022/23 the continuity of services condition 7 at 3C should be amended to read £10m, instead of £25m.

Subject to this change, approval was provided, and the amended final copy would be published on the Trust's website.

***The Board***

- ***Approved the NHS Provider Licence Self-certification 2021/22***

**P22/06/H1 *Governor Questions regarding the business of the meeting (10 minutes) \****

The following questions were received from governors, presented by the Lead Governor:

**Maternity Workforce - The report on page 27 of the bundle includes data on the maternity workforce, which is below the desired standard. The Ockenden Report links staffing levels to mother/baby safety. Would there be a sustainable increase in staffing levels and thus safety if all births were consolidated onto the DRI site, accepting that such a move would require capital investment?**

The Chief Executive confirmed that staffing levels were continually assessed to ensure the acuity and dependency of expectant mothers was matched to appropriate staffing



levels. In addition, proactive steps to improve recruitment and retention to manage the vacancy position were being taken. If, for safe staffing reasons, it was considered that the merger of the maternity units needed to be considered, the impact on expectant mothers, partners/family and staff would need to be considered as would factors like travel costs, system wide implications and the potential impact on recruitment and retention.

It was recognised that over the summer months the position would be very challenging, until the newly registered colleagues commenced in post in October.

In terms of keeping up to date, a monthly maternity update was received at Board, governor observer reports from the Quality & Effectiveness Committee were accessible via the governor portal and the Chief Executive reassured governors that any change to provision would be communicated to Board and the Council of Governors.

**ICS Developments. The rationale for Integrated Care Systems and provider collaboratives is that joint working and shared commitment will lead to better use of resources and more effective services against the 4 overarching system aims. Could Richard Parker identify the system priorities against these aims, involving DBTH, to be driven by the ICS and Place Board, accepting that not all desired service improvements are achievable in the short term, and some require national action.**

The Chief Executive confirmed that the Trust was a partner in two ICS's, NHS Nottinghamshire, and NHS South Yorkshire, which become statutory organisations on the 1st of July 2022 and was also a partner in the two Place Boards, Bassetlaw, and Doncaster. The ICS's working arrangements, plans and objectives are available via their websites, as are the plans for the two Places.

**Amanda Pritchard has endorsed proposals by Dr Clair Fuller, from Surrey Heartlands, for better integration of secondary and primary care, in out-of-hospital settings - typically in neighbourhoods. Reportedly all 42 ICS CEOs support such developments. What are the priority pathways in the areas served by DBTH for such transformation, and are DBTH leaders involved in such discussions in both South Yorkshire and Nottinghamshire?**

The Chief Executive confirmed that the Trust was an active partner in the Nottinghamshire and South Yorkshire ICS's supporting the priorities set out in the plans for 2022/ 2023 which were available on the ICS's websites. DBTH was also a partner in the South Yorkshire and Bassetlaw and Nottinghamshire Acute Federations which have identified several priorities for 2022/ 2023 which were set out in the Acute Federations Annual Report, to be shared at July's Board of Directors.

**In relation to the Integrated Care Update: 'Is it intended that there will be a governor observer presence at the relevant Board/Committees once implementation of the systems are undertaken'**

It was confirmed there was no provision for governor observers at operational meetings. However, the board meeting of the South Yorkshire Integrated Care Board was a meeting held in public. The inaugural meeting had taken place on 1 July 2022 and this could be viewed at [www.southyorkshire.icb.nhs.uk](http://www.southyorkshire.icb.nhs.uk)

The Chair of the Board would continue to champion the role of governors and indicated there was the potential for a governor conference to be arranged by NHS South Yorkshire.

**The maternity report outlines information and staff attitude as the primary cause for complaint. What work has been undertaken to understand more fully what information and what about attitude is the problem - is there any thoughts that this links back to staffing issues (stress)?**

The reduction in the number of complaints remained a priority for all areas, considered by the Quality & Effectiveness Committee. A reduction had been evidenced as a result of concerted effort to effectively communicate, including the proactive sharing of information.

**In terms of the Nottinghamshire Integrated Care Board and Partnership Board do you assume that the establishment will be broadly similar?**

The Chief Executive confirmed that overall, the same architecture would be in place to improve health and social care outcomes for patients but that there were differences in the Governance and meeting structures which reflected the development of both systems. The core purposes of Integrated Care Systems were to:

- Improve outcomes in populations health and healthcare
- Tackle inequalities in outcomes, experienced and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The Chair of the Board thanked everyone for their contribution, including today's presentation which allowed those in attendance to see the actions taken to continue learn and improve practice.

***The Board***

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

**P22/06/H2** **Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

**P22/06/H3** **Minutes of the meeting held on 24 May 2022 (Enclosure H3)**

***The Board:***

- ***Approved the minutes of the meeting held on 24 May 2022.***

**P22/06/H4**     **Date and time of next meeting (Verbal)**

**Date:** Tuesday 26 July 2022

**Time:** 09:30am

**Venue:** MS Teams

**P22/06/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.***

**P22/06/J**     **Close of meeting (Verbal)**

The meeting closed at 11.31



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

26 July 2022