

BOARD OF DIRECTORS – PUBLIC MEETING

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

- Present:**
- Mark Bailey - Non-executive Director
  - Suzy Brain England OBE - Chair of the Board (Chair)
  - Hazel Brand - Non-executive Director
  - Alex Crickmar - Acting Director of Finance
  - Mark Day - Non-executive Director
  - Joanne Gander - Non-executive Director
  - George Briggs - Interim Chief Operating 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:**
- Kirsty Clarke - Acting Deputy Chief Nurse (agenda item B1)
  - Sam Debbage - Deputy Director of Education & Research (agenda item F2)
  - Fiona Dunn - Director of Corporate Affairs / Company Secretary
  - Kirsty Edmondson-Jones - Director of Innovation & Infrastructure (agenda item F3)
  - Anna Fawcett - Regional Associate Director – Operations, Archus (agenda item F3)
  - Mathew Gleadall - Acting Deputy Director of Estates & Facilities (agenda item E3)
  - Anouska Huggins - Associate Director, Archus
  - Jenny Hunt - Lead Professional Nurse Advocate (agenda item B1)
  - Anthony Jones - Deputy Director of People & Organisational Development
  - Lois Mellor - Director of Midwifery
  - Angela O'Mara - Deputy Company Secretary (Minutes)
  - Emma Shaheen - Director of Communications & Engagement
  - Tim Wilson - Deputy Director of Research & Innovation (agenda item F2)
- Public in attendance:**
- Peter Abell - Public Governor Bassetlaw
  - Dennis Atkin - Public Governor Doncaster
  - Mark Bright - Public Governor Doncaster
  - Georgina Holmes - Staff Side Chair
  - Jordan Howard - Member of the Public
  - Lynne Logan - Public Governor Doncaster
  - Richard Mangolles - Member of the Public
  - Paul Mapley - Efficiency Director (observer)
  - Andrew Middleton - Member of the Public
  - Dave Northwood - Public Governor Doncaster
  - Pauline Riley - Public Governor Doncaster
  - Lynne Schuller - Public Governor Bassetlaw
  - Lewis Swann - Member of the Public

Andy Tibbs – Member of the Public  
Sheila Walsh - Public Governor Bassetlaw  
John Williamson - Member of the Public

**Apologies:** Zoe Lintin, Chief People Officer

**P22/07/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 members of public in attendance. A warm welcome was extended to George Briggs, Interim Chief Operating Officer and Non-executive Directors, Hazel Brand and Joanne (Jo) Gander who join their first Board meeting following their appointment.

The above apology for absence was noted and no declarations were made.

**P22/07/A2 Actions from Previous Meetings (Enclosure A2)**

**Action 1 – Principles for 2022/2023**

The Corporate Objectives would be received at agenda item F1 for approval, a Q1 update had been incorporated within the paper for information and assurance.

***The Board:***

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

**P22/07/B1 The Professional Nurse Advocate (PNA) Presentation (Enclosure B1)**

The Chair of the Board welcomed the Lead Professional Nurse Advocate (PNA) to the meeting, as one of the first PNAs to qualify, she commenced in post in January 2022, on a joint secondment with the University of Sheffield. Leadership and collaborative working were key areas of focus and the Lead PNA worked closely with the Trust's Maternity Professional Advocate, raising their profile regionally and nationally and sharing good practice, academic work and learning. A total of 13 PNAs had qualified since January, who undertake their substantive posts on a sessional basis.

The presentation provided an insight into the role of a PNA, it's contribution to the Trust's vision, progress of implementation and the impact and benefits of the sessions taking place. To fully achieve its aims the project was expected to take up to three years to implement, Health Education England funding for the PNA programme was currently available until 2024. Going forwards a range of options to adopt PNAs within the Trust were suggested, subject to costing.

In response to a question from Neil Rhodes, with regards to the benefits that would be seen from a Trust and patient perspective, the Lead PNA envisaged the structured support and compassionate leadership would drive a reduction in sickness absence and improve resilience, which would improve recruitment and retention opportunities and impact positively on the level of care.

Mark Day acknowledged the focus on ensuring the most appropriate deployment of PNAs,

as required by the new NHS standard contract, in response to what partnership work was taking place, the Lead PNA confirmed her role on the regional group and connections across the Integrated Care System.

Jo Gander welcomed the improvement opportunities afforded by the PNA role and enquired what metrics were in place to assess the impact on patient experience, the Lead PNA advised the focus was currently staff centric, but as the role developed, she expected the impact on the patient to be a programme outcome.

Kath Smart recognised the similarity to the supportive Stay & Thrive Matron post and enquired if support extended to other staff groups, such as Allied Health Professionals. The Lead PNA advised at present the remit did not extend to more specialised roles.

The Chair thanked the Lead Professional Nurse Advocate for the comprehensive update to Board.

### ***The Board***

- ***Noted the Professional Nurse Advocate Presentation***

### **P22/07/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 highlighted an increase to the risk rating of SA1 Covid as a result of increased levels of infection within the community and hospital setting. Despite an increase in the number of patients with Covid, very few required critical care. The continuation of the Covid Medicines Delivery Unit was noted, and the expected NHSE/I updates to the Infection, Prevention Control Board Assurance Framework had not yet been received.

In respect of SA1, the Acting Chief Nurse informed Board of the introduction of a Quality Steering Group which would be responsible for oversight of a range of quality matters including Tendable, Datix, the Quality Strategy and the Patient Safety Incident Response Framework.

Development of the Urgent & Emergency Care improvement programme continued, and the peer review of patient safety and clinical governance was expected by the end of the month. Once received this would be reviewed and adapted into practice.

Kath Smart suggested outcomes from the Quality & Effectiveness Committee, in respect of safer staffing and the audit reports for Data Quality and Medicines Management should be included in the corrective actions. The process of sharing learning via Sharing How We Care should also be referenced in the framework. There was a need to include risk appetite within the BAF, as stated in the Stage 2 Head of Internal Audit Opinion.

In respect of SA1 (Covid 19), Kath Smart recognised that whilst infection rates were not directly within the Trust's control, those mitigating actions taken by the Trust should be captured in the corrective actions. The Chief Executive confirmed that as we moved into a

phase of learning to live with Covid and away from a declared major incident thought would need to be given to circumstances which may present a higher than expected level of infection, such as the World Cup 2022.

In response to a question from Jo Gander, the Executive Medical Director agreed to include narrative in respect of benchmarking of Getting It Right First Time and CQC Insights into the BAF. Kath Smart advised the Board that CQC insights would be considered as part of September's Quality & Effectiveness Committee agenda and Getting it Right First Time was included within the 2022/23 Internal Audit Plan.

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Neil Rhodes recognised the challenge of delivering an elective recovery programme, whilst living with Covid, the Chief Executive acknowledged capacity was a key challenge, and there was a need to ensure a suitably staffed and experienced workforce to deliver a safe, sustainable, effective and efficient service. A need to explore all opportunities to innovate and transform service delivery, working at pace to drive forward a reduction in health inequalities.

***The Board:***

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

**P22/07/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 highlights were brought to the Board's attention

- Following the introduction of a quality improvement initiative, Mallard Ward had experienced no serious harm falls within a two-year period.
- Place assessments would recommence in September 2022 and patient representatives would be secured to support the work across the divisions.
- The Tendable accreditation application (previously known as Perfect Ward) had gone live and ward and departments were able to undertake audits on handheld devices. Staff engagement sessions would ensure evaluation and feedback was acted upon.

In response to a question from Jo Gander relating to the complaints data, the Acting Chief Nurse confirmed that the two main categories of complaints related to communication and staff attitude. A review of complaint descriptors was underway and was expected to be implemented in September. A more in-depth review of customer complaints took place at the Quality & Effectiveness Committee.

In respect of the quality improvement work which had positively impacted falls on Mallard ward, the Acting Chief Nurse informed Mark Day that the initiative would be shared via the holistic care team. In response to the wider implementation of the Allocate SafeCare Model it was confirmed this was expected to take place in September.

In response to a question from Hazel Brand, the Acting Chief Nurse confirmed that all patients who come into hospital have a falls assessment and the level of risk was then

appropriately aligned to the level of care provided. The use of yellow socks and blankets was recognised as a good visual aid to raise awareness of those at risk of a fall.

Mark Bailey welcomed the implementation of Tendable and looked forward to receiving further detail as the roll out of audits was extended. Together with Nerve Centre the Acting Chief Nurse reinforced the richer evidence base available by technological solutions.

In view of the continued workforce challenges and recent press coverage of safe staffing levels Kath Smart requested the Acting Chief Nurse incorporate measures taken to mitigate the risks for the next meeting of the Quality & Effectiveness Committee in September.

***The Board:***

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

**P22/07/C3 Maternity Update (Enclosure C3)**

The Board received the Maternity Update, which provided the findings of perinatal deaths, Health Safety Investigation Branch (HSIB) referrals, training compliance, service user voice feedback and compliance in respect of the Clinical Negligence Scheme for Trusts (CNST) 10.

The Director of Midwifery confirmed, in line with the national picture, a number of stillbirths, potentially linked to Covid 19 had been reported during quarter one. Along with Public Health, the Trust continued to promote the vaccination programme and for those presenting with Covid an enhanced pathway was provided. In addition, and in view of an increased risk of stillbirths, smoking cessation support was provided as part of antenatal care.

Three of the Clinical Negligence Scheme for Trusts safety actions were reported to be at risk and a meeting with the board level safety champion had been arranged to review plans.

In respect of the reported caesarean section rate on the perinatal surveillance report, the Director of Midwifery confirmed this was no longer monitored but received for information only.

In response to a question from Mark Bailey, the Director of Midwifery confirmed that training requirements were carefully managed to ensure the provision of a safe, effective and efficient service, recognising the picture on ESR did not always reflect the role specific requirements.

The Chief Executive confirmed the capacity of the senior leadership team in maternity services was under review, to ensure an appropriate structure to provide inspirational leadership over the coming years.

***The Board:***

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

**P22/07/C4**     **Executive Medical Director Update(Enclosure C4)**

The Executive Medical Director Update reported a continuing downward trend in the Hospital Standardised Mortality Ratio (HSMR) of 103.78 in March, as compared to 107.84 in the previous month.

Significant progress was reported in respect of the job planning audit, with 14 of the 20 actions implemented and 78% of all job plans were now held in the Allocate central repository. Short term funding for administrative support had been sourced and the post recruited to. In order to strengthen job planning capacity a training package had been incorporated as part of the Leading to Outstanding Programme and job planning sessions, led by the Medical Director for Workforce, had taken place with a further session planned in September with external facilitation.

The monthly Medical Advisory Committee continued its development. A planning committee had been established to develop a 12 month programme which would include external speakers, including GPs, to provide a positive engagement opportunity between primary and secondary care, and in addition recently appointed consultants would reflect on their experience of joining DBTH. Executive and non-executive colleagues were welcome to observe or contribute to the agenda.

At the end of quarter one, the 12 month rolling position indicated 77% of appraisals had been completed, the national measure would be reported as at 31 March and based on current completion rates was expected to be approximately 96%.

By way of an update to the report, the Executive Medical Director confirmed the appointment to the joint Public Health consultant post with Rotherham Doncaster & South Humber NHS FT; the successful candidate was expected to start in October 2022.

Neil Rhodes acknowledged the improved job planning position and welcomed this being embedded into business as usual, which signified a positive cultural shift. The Executive Medical Director identified there were a number of matters to be addressed due to service redesign which would require individual and team job planning to be assessed but expected all of the work to be completed by December 2022.

Kath Smart confirmed a detailed update had been provided to the Audit & Risk Committee earlier in the month and the Committee were appropriately assured on progress and plans going forwards. The Executive Medical Director had agreed to return to the October meeting of the Audit & Risk Committee to provide a further update.

In respect of the approach to addressing health inequalities and the Trusts duty to collaborate, the Trust would be working closely at place via the Public Health consultant, the Chief Executive confirmed emergency department performance and elective waits represented two areas of inequality and the Trust's ambition was to move this and diagnostic recovery to at least the NHS England average. In order to be safe, sustainable, effective and efficient there would be a need to move away from transactional process into transformational change.

***The Board:***

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

**P22/07/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 Deputy Director of People & Organisational Development shared the updates to the Board Assurance Framework for SA2, highlighted for ease of reference. The appraisal season was currently mid-cycle and completion of meaningful appraisals was considered as part of the Performance, Overview and Support meetings. As a top-down pyramid approach had been taken an increase in the percentage completed was expected in the latter part of the season.

Actions arising from the staff survey were also a focus of discussion at the Performance, Overview and Support meetings, to ensure outputs and action plans were in place and where required support was available and successes celebrated.

In respect of the numbers of colleagues accessing the leadership development programme, it was noted this was reflective of the staffing challenges due to vacancies and sickness absence levels.

The Board Assurance Framework for SA3 identified the positive impact of the Freedom to Speak Up champions, which had seen good levels of engagement and the provision of training and support.

The RACE Code audit had now been completed and would be progressed through the Board sub-committees.

A downward trend was reported for sickness absence, the current absence rate stood at 7.39%, 1.89% of which related to Covid. In terms of reasons for absence, musculo skeletal and stress/anxiety continued to report the highest levels. An improvement to the occupational health referral process to facilitate e-referrals and a fast-track option was hoped to positively impact on long term absence levels.

No comments or questions were received.

***The Board:***

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

**P22/07/D2 People Update (Enclosure D2)**

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

Planning in respect of the 2022 staff survey had commenced to ensure that immediately the embargo was lifted in Spring 2023 active communication and engagement could begin. Efforts would be focused on celebrating success and understanding and responding to

those areas which required improvement. Where common themes were identified trust wide initiatives would take place.

In respect of the findings of the Messenger Review, many of the recommendations would be progressed as a national programme of work, to ensure consistency of standards with oversight arrangements yet to be confirmed. The Chief People Officer would be actively engaged through regional and national networks, consideration would be given to potential national changes and alignment to national resources when developing our approach to leadership and culture at the Trust.

Recommendations included: a simplified, national standard appraisal process, a new career and talent management function and effective recruitment & development of non-executive directors. Recognition of the difference first class leadership could make to both the staff and patient experience was noted, as well as the need to strengthen the culture of collaboration.

Following the government's decision to withdraw the national terms and conditions relating to Covid 19 sick pay, the People & Organisational Development team had been preparing for the change, ensuring clarity in communications and supporting colleagues with the impact of the change.

Mark Day welcomed the update and the work in progressing this. In response to his request for non-executive directors to be involved in the Reciprocal Mentoring Programme, the Deputy Director of People & Organisational Development confirmed this would be considered as part of the planning of the second cohort.

The Chief Executive acknowledged the learning from cohort one of the Reciprocal Mentoring Programme and the importance of senior management and board level representation in line with its community. The Chair of the Board highlighted the efforts taken to achieve an appropriately balanced board which had not translated to the required outcomes and in due course there may be a need to consider the reintroduction of an associate non-executive director programme. Kath Smart shared an example of a community-based recruitment approach, the benefits of which were recognised either at place or system level.

***The Board:***

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

**P22/07/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, highlighted for ease of reference, which reflected the revised deficit financial plan of £10m, the impact of inflationary pressures on capital projects, increasing utility costs and high temporary staffing spend. Delivery of the 4% CIP target would be challenging, elective performance standards which assumed elective recovery would be delivered was likely to be impacted by higher than planned Covid levels. The overall risk score remained at 16.



**Action:** In respect of the recently announced pay award, work would be undertaken to establish the costs and likely impact on the Trust's financial position once the funding had been established.

Finally, in respect of corrective actions, the Acting Director of Finance confirmed all audit recommendations had been implemented within the agreed deadline.

No comments or questions were received.

**The Board:**

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

**P22/07/E2 Finance Update (Enclosure E2)**

The Acting Director of Finance's report provided a high-level overview of the month three position. A deficit of £1.5m was reported, in line with plan, with a year-to-date position of £4.3m, £1.1m adverse to plan, this was largely driven by a pay overspend and operational pressures, including vacancy levels.

Agency spend remained high with an in month spend of £1.8m, an increase had been seen from the previous month and compared to pre-pandemic levels was approximately double. A single item agenda meeting of the Finance & Performance Committee would consider the background to this, mitigating actions and next steps.

Where a need for enhanced support had been identified, additional support meetings had been established, chaired by the Acting Director of Finance. These were in place for the Division of Medicine and Children & Families.

In respect of capital, an in month spend of £759K was reported against a plan of £2,802k; the year to date position was £2,114k against the £4,601K plan. Cases for both estates and IT were progressing through the Corporate Investment Group, business case dates and deadlines for submissions had been shared in respect of medical equipment requests. The memorandum of understanding for the preliminary Reinforced Autoclaved Aerated Concrete (RAAC) work had been signed off by Board and funding was expected this month.

The cash balance at the end of June 2022 was £27.7m, an increase of £1.1m from month two.

The year-to-date CIP target was broadly on plan, an update was provided at this month's Finance & Performance Committee, where colleagues were adequately assured of the reporting and planning and a further update would be provided by the Efficiency Director at the September meeting.

Having considered the report and from discussions at the Finance & Performance Committee Neil Rhodes confirmed he was content with the capital and cash position. In respect of nursing agency spend, he acknowledged this was a cause for concern and would be considered at the extraordinary meeting on 12 August.

In response to a question from the Chair of the Board in respect of savings linked to reducing the length of stay, the Chief Executive acknowledged the increasing number of patients who were medically fit for discharge who had no care package within the community. This impacted upon the Trust's ability to deliver services and increased accommodation and staffing costs. The solution was a place and system matter and not solely under the control of the Trust.

In view of the current position and the plans being formulated by divisions, Hazel Brand asked if delivery of the plan was expected. The Acting Director of Finance noted the risk around the unidentified gap but reflected positively on the engagement and rigour in monitoring and oversight of the plans and welcomed the return of financial grip.

***The Board:***

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

**P22/07/E3 The Premises Assurance Model Assessment Report 2021/22 (Enclosure E3)**

The Board received the Premises Assurance Model Assessment Report 2021/22, a national assurance tool to report on those regulatory and statutory requirements linked to the Trust's estate and its related services, against five mandated domains.

The intention of the report was to provide assurance that appropriate systems and processes were in place to mitigate the risks associated with non-compliant infrastructure and major systems.

In response to a question from Kath Smart, the Acting Deputy Director of Estates & Facilities confirmed that the element rated as inadequate in **figure 1: Overall Summary Position of Self-Assessment Question Scores**, related to the lack of a policy/procedure in respect of air pollution, this was being addressed via one of the supporting workstreams for the Green Plan.

In response to a question from Mark Day, with regards to the cost consequences associated with the requirement to achieve planned preventative maintenance, the Acting Deputy Director of Estates & Facilities confirmed the Premises Assurance Model Assessment required a costed action plan to achieve a good rating which could be based on an estimate or quotation and as such this was a value, rather than a commitment to spend.

Board noted the information contained within the report and approved the submission of the report.

***The Board:***

- ***Approved the Premises Assurance Model Assessment Report 2021/22***

**P22/07/E4 Operational Update – Looking Forward (Enclosure E4)**

The Interim Chief Operating Officer's Operational Update noted increasing Covid levels through June, plans for a continued presence of the virus and a revised focus going forwards on living with Covid was noted. Despite increasing numbers, there continued to be a limited need for those requiring critical care support; a current focus of the Critical

Care Unit was on the timely discharge of patients no longer requiring intensive care to more appropriate facilities.

Attendances in the Emergency Department, both by ambulance and walk-ins continued to be high, due to high bed occupancy flow out of the department was challenging. A number of improvement initiatives to support activity were in place.

In respect of elective recovery, further improvement was required, and a refreshed plan would be developed.

Discussions with regards to winter planning had taken place with the Executive Medical Director and a briefing session for clinicians would be scheduled.

Neil Rhodes invited the Interim Chief Operating Officer to share his thoughts on elective recovery and looked forward to subsequent discussions at the Finance & Performance Committee. A need for an innovative approach across the divisions was required. The Interim Chief Operating Officer reflected on the current situation and acknowledged a change in what had worked well pre to post pandemic. Whilst regional performance was on plan, locally and nationally there remained continued challenges. There were a number of key areas of focus, including a sustainable reduction in outpatient numbers, to increase patient initiated follow up appointments and the reintroduction of weekly patient tracking list meeting. Alongside this, the Trust needed to work closely with the independent sector, with a marked improvement in elective recovery required from September /October.

The Chief Executive acknowledged that the challenge to recover had been much greater than expected. A clear focus on fit for purpose plans to drive recovery was required, including use of the independent sector. There was a need to work through issues including the use of theatres and outpatient delivery, in order to move towards at least the average national position, higher if possible.

The Interim Director of Recovery, Innovation & Transformation advised that elective recovery funding had been confirmed for the first half of the year. In order to support the Division of Surgery & Cancer enhanced support would be provided to develop recovery at pace.

In order to achieve a reduced length of stay across all three sites extensive support from partners would be required, to ensure care package availability. The situation would be reviewed on at least a fortnightly, possibly weekly basis.

***The Board:***

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

**P22/07/E5**

**Performance Update (Enclosure E5)**

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

***The Board:***

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

**P22/07/E6**     **Ambulance Handover Delays (Enclosure E6)**

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

It was reported that Yorkshire Ambulance Services NHS FT would cohort patients to allow ambulances to leave the hospital site and return to the community. A review of processes to facilitate timely movement out of the emergency department was in train and included the use and location of the Same Day Emergency Care Centre, the introduction of an early senior assessment, extended opening hours of the discharge lounge and a review of the structure and function of the operational site team to ensure a more timely cascade of information.

The Chair of the Board thanked the Interim Chief Operating Officer for his knowledge and insight.

In response to a question from Mark Bailey with regards to working with neighbouring trusts, the Interim Chief Operating Office shared daily interactions with fellow Chief Operating Officer across both NHS South Yorkshire and Nottingham and Nottinghamshire to establish more effective ways of working, ensuring that Bassetlaw was firmly embedded into the new system. National pressures relating to ambulance handovers and waits would continue to remain a focus.

The Chief Executive considered the three-tiered approach, from a Trust perspective remaining committed to tackling internal issues with enthusiasm, supported by inspirational management and delivery of appropriate resource. To facilitate, at Place, the most appropriate admission and discharge opportunities and across the system to ensure appropriate conveyance and a focus on partners delivering their responsibilities.

In response to a question from Neil Rhodes regarding waits in the emergency department for doctors, the Interim Chief Operating recognised the challenged staffing position due to vacancies and rota gaps, arising from a reduced ability to fill gaps via additional sessions. Plans to address this would include development of middle grade doctors, through speciality training and consideration of a change to the consultants working pattern, to include cover beyond midnight.

***The Board:***

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

**P22/07/F1**     **2022/2023 True North, Breakthrough & Corporate Objectives, including Q1 Update (Enclosure F1)**

Following consideration at the relevant sub committees of Board, the corporate objectives were received by Board for final approval, along with a quarter one update.

Performance against the objectives would be monitored throughout the year and reported to Board on a quarterly basis.

In response to a question from Kath Smart in respect of the Executive Medical Director's objective *"Following the completion of the reviews of Corporate, Divisional and*

*Directorate Governance arrangements embed the clinical governance and risk management process changes” it was confirmed that the risk management element would be considered by the Executive Team and the Audit & Risk Committee.*

The Board noted the quarter one update and confirmed their approval of the corporate objectives.

### ***The Board***

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

### **P22/07/F2 Research Strategy (Enclosure F2)**

The Chair of the Board welcomed the Deputy Director of Education & Research and Jane Fearnside, Research Fellow to the meeting.

In 2017 the Trust secured Teaching Hospital status and held a clear commitment to deliver a quality, patient centred research programme, communicated in its Research & Development Strategy 2017-2022.

In order to continue to drive forward its commitment, a new Education & Research Directorate was established in 2020 and in 2021 a Teaching Hospital Board was formed to work closely with the Trust’s strategic partners in order to grow capacity and capability.

Recognising the key drivers for research and innovation, the areas of greatest need were identified, with a focus on reducing the widening health inequalities gap. A whole life, whole system approach would be followed, around starting well, living well and ageing well.

Currently research studies were led by other organisation with the Trust working in partnership and as such were not driven by the Trust’s strategic priorities. The Trust would work closely with its place partners and academic partners to ensure the research strategy would be closely aligned to the other Trust strategies.

Consultation with the public and stakeholders would take place in September/October, with the strategy developed ready for sign off at the Quality & Effectiveness Committee in December 2022.

A summary of the challenges and a review of the current strategic focus and strengths of the Trust and our academic partners, the University of Sheffield and Sheffield Hallam University were mapped out in respect of starting, living and ageing well.

Kath Smart welcomed the ambitious plans and provided feedback from consultant interviews of the interest expressed in participating in research and enquired how the specialities and divisions were engaged in research matters to strengthen the trust’s position as an employer of choice. The Deputy Director of Research and Education confirmed the close links with the Trust’s academic partners and internally via the Clinical Directors and Senior Nursing Teams. Whilst research was not remunerated in the same way as other professional activities, the Divisional Directors and Clinical Directors were supportive and offered the flexibility to allow colleagues involvement .

Mark Bailey recognised the positive impact of education and research in the provision of safer patient care and commended the collaborative work of the education and research colleagues and academic partners. A timeline of actions over the remainder of the year would be helpful when communicating further with the Teaching Hospital Board or via other Board sub committees.

### ***The Board***

- ***Noted the Research Strategy***

### **P22/07/F3 Bassetlaw Emergency Village Outline Business Case (Enclosure F3)**

The Director of Innovation & Infrastructure, supported by consultants from Archus, were welcomed to the meeting to present the Bassetlaw Emergency Village Outline Business Case (OBC). The Finance & Performance Committee had scrutinised the OBC last week and had commended the business case to Board for approval.

The purpose of the Bassetlaw Emergency Village (BEV) project was to deliver a modern, fit-for-purpose emergency care facility at Bassetlaw Hospital, which delivered the paediatric model which had been subject to public consultation and an appropriately sized emergency department.

The project had involved an extensive programme of work to determine appropriate plans, based on activity, demand and capacity and input from clinical engagement sessions. An options appraisal identified four possible approaches: business as usual, do minimum, preferred way forward and a more ambitious way forward. Funding of £17.6m had been secured and considering the financial envelope the assessment and treatment centre and the fracture clinic work would not be incorporated into this business plan.

An economic appraisal had identified the preferred way forward as the best value for money. The cost of £17.98m would be largely covered by the funding and work to address the gap, through other schemes, or value engineering were being considered. The plan was affordable over the long term due to cash releasing benefits but was dependent upon the development of a workforce model to support this.

In terms of next steps and due to a change in leadership, there was a need to identify a clinical lead for the project, approval was sought for submission of the OBC to NHSE/I, which would be considered at its October Board meeting. Subject to its approval this would then proceed to full business case, the deadline for the funding to be spent was within the 2023/24 financial year.

In respect of the timetable contained in section 11 – Project Programme, the Chief Executive requested clarity on the dates assigned to stage 4 of the enabling/construction works which was prior to the approval of the full business case. The Interim Director of Recovery, Innovation & Transformation confirmed this would take place only via the support of a memorandum of understanding.

Hazel Brand welcomed the counselling and mental health facilities and in response to a question with regards to the needs to relocate services whilst the enabling work was underway the Director of Innovation & Infrastructure confirmed this was not required, although the re-provision of parking would need to be considered.

The Chair of the Board recognised the significant improvement to delivery of services at Bassetlaw and sought Board's approval for submission of the OBC, which received unanimous support.

Presenting colleagues were thanked for the work to date on the project, including today's presentation.

***The Board***

- ***Approved the Bassetlaw Emergency Village Outline Business Case***

**P22/07/G1 Corporate Risk Register (Enclosure G1)**

The Board received the Corporate Risk Register and supporting paper.

No new corporate risks, rated 15+ had been added to the register. The change to the rating of risk ID2472 – Covid had been increased from 15 to 20 due to increasing infection levels.

The independent review of the risk management system was reported within the action required and progress against the report recommendations would be monitored via software solution, Monday.com.

The key enabler for the implementation of the report recommendations would be the newly created Risk Management Board, to be chaired by the Executive Medical Director. The Terms of Reference for the board had been agreed by the Trust Executive Group.

In response to a question from Kath Smart with regards to when the impact would be seen on the Corporate Risk Register, the Company Secretary recognised the importance of this piece of work and the potential impact on the Head of Internal Audit Opinion, the terms of reference of the Risk Board had been agreed and the policy was in the process of being updated. The Executive Medical Director confirmed that a schedule of meeting dates would be discussed with the executive directors this week, with a view to starting in September and on a monthly basis thereafter. The work to assess the risk and mitigating actions could then commence, it was difficult to provide a completion date at this point until the scale of the task was known.

The Chair requested that an update be provided at the next board meeting to provide a timeline for the revised policy and plan of work.

**TN**

***The Board:***

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

**P22/07/G2 Trust Annual Report & Accounts 2021/22, including Annual Governance Statement Quality Accounts 2021/22 (Enclosure G2)**

The Annual Report & Accounts 2021/22 had been approved by the Audit & Risk Committee with delegated authority from the Board and were received today for completeness.

A final copy would be presented at the Trust's Annual Members Meeting on 29 September 2022.

***The Board***

***- Noted the Trust Annual Report & Accounts 2021/22, including Annual Governance Statement & Quality Accounts 2021/22***

**P22/07/G3 Standing Financial Instructions, Standing Orders and Scheme of Delegation (Enclosure G3)**

The Board received the above policy documents for approval, which had been updated in line with best practice and previously considered by the Audit & Risk Committee.

The minor adjustments were highlighted within the report summary, in addition the introduction of new lease accounting standards was included within the Capital section and the procurement tendering limits updated, following harmonisation across the ICS.

In respect of 3.4 (b) and (c) of the Standing Orders, the Acting Director of Finance highlighted a correction that should read 7 non-executive directors and 7 executive directors respectively.

As the draft addendum had not yet been finalised following consultation by NHSE/I, the Company Secretary confirmed further updates would be required in due course.

Subject to the above change, the Board approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation.

***The Board***

***- Approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation***

**P22/07/G4 Audit & Risk Committee Annual Report (G4)**

The Audit & Risk Committee Annual Report was received for information, the Committee Chair brought the following highlights to the Board's attention:

External Auditors, Ernst & Young provided a clean opinion on the 2021/2022 accounts, recommendations contained within the ISA 260 progress would be reviewed in October 2022.

The Head of Internal Audit Opinion for 2021/2022 provided moderate assurance, which related to improvements required to strategic risk management and the follow up of audit actions.

The Chair of the Board thanked Kath Smart for her work as Chair of the Audit & Risk Committee.

***The Board***



- ***Noted and took assurance from the Audit & Risk Committee Annual Report***

**P22/07/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 25 April & 26 May 2022
- H5 Minutes of the People Committee 3 May 2022
- H6 Minutes of the Audit & Risk Committee 19 April & 27 May 2022
- H7 Minutes of the Trust Executive Group 14 March, 9 May & 13 June 2022
- H8 South Yorkshire & Bassetlaw Acute Federation Annual Report 2021/22

**P22/07/I1 Minutes of the meeting held on 26 April 2022 (Enclosure I1)**

***The Board:***

- ***Approved the minutes of the meeting held on 28 June 2022.***

**P22/07/I2 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

**P22/07/I3 Governor Questions regarding the business of the meeting (10 minutes) \***

The Lead Governor shared governors' congratulations with colleagues on Mallard Ward for achieving no serious harm falls within the last two years.

The following questions were shared on behalf of the governors:

**What resource provision is readily available in terms of addressing communication difficulties between staff and patients. How many staff have accessed training in British Sign Language and Makaton and how do we assess a person's need, accessing suitable communication?**

The Director of Communications and Engagement confirmed that the Deputy Director of Nursing (Patient Experience) had sourced an opportunity for patient facing colleagues to enrol on a British Sign Language workshop, 80 staff were currently registered with further spaces available. The Trust was also working closely with Doncaster Deaf Trust to understand further challenges around service provision.

In addition, the Acting Deputy Chief Nurse has developed a network of learning disability ambassadors, approximately 300 colleagues strong, the ambassadors act as advocates for patients with disabilities and their carers. Plans to raise awareness of support for patients with learning disabilities, via Oliver's Campaign was planned for the coming weeks.

**In relation to the Professional Nurse Associate presentation, 80% of colleagues surveyed felt that the initiative improved staff well-being. Do we explore the reasoning behind the 20% not feeling supported?**

As the Professional Nurse Advocate role develops and more learning can be shared it was agreed to run a briefing and development session for the governors to have an opportunity to understand more about the role and its impact.

**The presentation on the research strategy, identified plans to hold public and stakeholder consultations, would this be across place and could the consultation be widened?**

Stakeholder engagement would take place in the widest context, including the general public, academic partners and potentially Healthwatch. As the Deputy Director of Education and Research was no longer on the call should governors wish to receive further information a governor briefing and development session could be arranged.

The Lead Governor reflected on the recent governor workshop in which the draft addendum was considered and in view of the revision in respect of governors holding non-executives to account for the board's duty to collaborate, it was helpful for governor observers to observe board members identifying collaboration at place and system level.

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

***The Board:***

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

**P22/07/I4** **Date and time of next meeting (Verbal)**

**Date:** Tuesday 27 September 2022

**Time:** 09:30am

**Venue:** MS Teams

**P22/07/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.***

**P22/07/J** **Close of meeting (Verbal)**

The meeting closed at 13.47



**Suzy Brain England OBE**

Chair of the Board

27 September 2022