



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 25 April 2023 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
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
Emyr Jones - Non-executive Director
Zoe Lintin - Chief People Officer
Lucy Nickson - Non-executive Director
Dr Tim Noble - Executive Medical Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director
Denise Smith - Chief Operating Officer
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary
Angela O'Mara - Deputy Company Secretary (Minutes)
Lois Mellor - Director of Midwifery
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Dennis Atkin - Public Governor Doncaster
Mark Bright - Public Governor Doncaster
Gina Holmes - Staff Side
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Dave Northwood - Public Governor Doncaster
Vivek Panikkar - Staff Governor
Pauline Riley - Public Governor Doncaster
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Lynne Schuller - Public Governor Bassetlaw

P23/04/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 the public in attendance. The above apology for absence was noted.

P23/04/A2 Actions from Previous Meetings (Enclosure A2)

There were no active actions.

P23/04/B1 Chair's Assurance Log - Quality & Effectiveness Committee (Enclosure B1)

The Chair of the Quality & Effectiveness Committee shared the assurance log relating to April's Committee meeting. The Board's attention was drawn to the need to progress the review of risks through the Risk Management Board, including the completion of mitigating actions.

In response to a question from Hazel Brand, the Chief Executive confirmed that virtual wards, introduced as a national initiative in 2022, were expected to continue to provide opportunities to support care provision in the community and closer to home. Support across Place was a shared ambition and associated delivery risks would be shared across Place.

The Executive Medical Director recognised the importance of virtual wards and confirmed he and his team continued to work closely with the Chief Operating Officer to provide additional capacity.

The Board

- ***Noted and took assurance from the Chair's Assurance Log***

P23/04/B2 Maternity & Neonatal Update (Enclosure B2)

The Board received the Maternity & Neonatal Update, which provided an overview of perinatal and neonatal 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).

The Director of Midwifery summarised the key highlights and acknowledge the closer working arrangements of maternity and neonatal services to support delivery of the single plan, which would result in a subsequent change in reporting to the Board and its Committees.

Whilst an overall improvement in training compliance was reported, a need to improve study day compliance and Practical Obstetric Multi Professional Training (PROMPT) for NHS Professional midwives was noted. In response to a question from Emyr Jones, the Director of Midwifery confirmed the situation arose when midwives worked solely for NHS Professionals and did not hold a substantive trust contract. Training would be provided in line with that of trust colleagues.

High levels of 1:1 care in labour continued to be provided, with staffing levels closely managed and risks mitigated; the consultant workforce was fully recruited to.

In response to a question from Lucy Nickson, the Director of Midwifery confirmed the service continued to work closely with the Education Team to improve training compliance and she had a high level of confidence that the 90% standard would be met.

Following a recent visit to the fully refurbished Central Delivery Suite, Kath Smart was pleased to see the much-improved environment and recognised the positive engagement of the Maternity and Neonatal Voices Partnership. As the Patient Safety Incident Response Framework was implemented the Director of Midwifery confirmed incident reporting would include those low and no harm maternity and neonatal incidents.

In response to a question from Mark Bailey, the Director of Midwifery confirmed the three-year single delivery plan had now been published and was currently being reviewed by the Local Maternity & Neonatal System, to ensure a consistency in approach.

With the publication of the single delivery plan, a change in language was noted as providers moved away from referencing individual maternity safety reviews. The Chief Nurse confirmed the plan would be considered at the next maternity safety champions meeting and in due course assurance and oversight would be via the Board's Quality & Effectiveness Committee.

The Chief Executive asked the Board to note the extended period of disruption, and the commitment shown by colleagues following the internal incident in the Women & Children's Hospital in April 2021 and extended the Board's appreciation.

The Board:

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

P23/04/C1 Chair's Assurance Log – Finance & Performance Committee (Enclosure C1)

The Chair of the Finance & Performance Committee presented the assurance log from April's Committee meeting. Key discussions had focused on business and financial planning and the urgent and emergency care review, which would see the development of a Place improvement plan.

The Committee recognised the positive assurance received, particularly considering the challenges faced and the Chair formally acknowledged delivery of 2022/23's financial and capital plan and shared his appreciation with the teams.

The Board:

- ***Noted and took assurance from the Chair's Assurance Log***

P23/04/C2 Operational Update to include Ambulance Handover (Enclosure C2)

The Chief Operating Officer's report provided a summary of March 2023's operational performance. The Board's attention was drawn to the continued improvement in ambulance handovers within 15 minutes, whilst recognising there was still work to be done to improve the 30 and 60-minute standards, which had seen a decline in performance in the last month.

The early senior assessment model would be introduced at Bassetlaw Hospital to increase the handover capacity within the department and at Doncaster, the opening of the minor injuries modular unit in early May 2023 would provide additional capacity, continued improvements were expected.

The Chair of the Board recognised the contribution of the Interim Deputy Chief Operating Officer at this month's Finance & Performance Committee and extended her thanks.

The Board:

- ***Noted the Operational Update***

P23/04/D1 True North, Breakthrough and Corporate Objective Outcomes for 2022/23 and 2023/24 Proposals (Enclosure D1)

The Chief Executive's report presented the outcome of the work towards delivery of 2022/23 corporate and breakthrough objectives, minor revision to the breakthrough objectives for 2023/24 and proposed corporate objectives to accurately reflect the journey to the Trust's True North.

A good performance was reported against 2022/23 objectives despite higher than expected levels of Covid-19, influenza and workforce challenges. The proposed objectives for 2023/24 were aligned to the executive director portfolios to support delivery of the strategic objectives and required the full support of the executive team.

Recruitment of a substantive Deputy Chief Executive post was in train, with final interviews taking place this week.

Lucy Nickson enquired of individual directors' responsibilities in relation to partnership and collaborative working. The Chief Executive acknowledged this was an integral part of the director's role and an underlying principle of all the objectives, reflecting the statutory duty to collaborate. South Yorkshire and Nottingham & Nottinghamshire Provider Collaboratives supported delivery of joined up quality service provision in a safe and sustainable way.

In response to a question from Kath Smart with regards to risk management, the Chief Executive confirmed the inclusion of the timely closure of internal and external audit recommendations was an objective of the Deputy Chief Executive. A broader inclusion in the Chief Executive's objectives was expected.

In response to a question from Hazel Brand with regards to how productivity was captured in 2023/24 objectives, the Chief Executive recognised the need to support delivery of a balanced financial plan alongside delivery of improved care and outcomes. Growing the capacity and capability for improvements to demonstrate compliance with NHS Impact was an objective for the Director of Recovery, Innovation & Transformation. Efficiencies would be informed via activities including the Getting It Right First Time Programme, Model Hospital analysis, corporate benchmarking and the Estates Return Information Collection. Opportunities to explore transformational change would be progressed and the importance of delivering this at a Place and system level noted.

Emyr Jones emphasised the need to ensure productivity did not adversely impact quality and the delivery of a safe and efficient service. The Chief Executive recognised the importance of achieving this critical balance. Progress made pre-pandemic in achieving service efficiencies through the Trust's involvement in NHS Improvement's Vital Signs Programme had been significantly reduced and would be refreshed as part of the NHS Impact framework.

The Board:

- ***Noted the outcomes of the 2022/23 objectives and approved 2023/24 objectives***

P23/04/E1 Chair's Assurance Log – Audit & Risk Committee (Enclosure E)

The Chair of the Audit & Risk Committee presented the assurance log from April's Committee meeting, the matters of concern were brought to the Board's attention. A key role of the Audit & Risk Committee was to be assured of the delivery of the risk management strategy, on behalf of the Board. The Committee had considered two reports which provided less assurance than the Committee would expect, each with a number of actions. The dates for some of these actions had slipped repeatedly throughout 2022/23, especially the inclusion of risk mitigations/actions for those higher graded risks of 15+ and the latest agreed date of 31 March 2023 had not been met. It was important that the Board was sighted on these actions in order that it could hold to account for delivery of the improvements. The Chair of the Audit & Risk Committee urged the Board to not accept any further extensions to timescale. The Committee had asked for periodic reporting to provide additional evidence of progress, including regular reporting to the Trust Executive Group. The Chair of the Audit & Risk Committee confirmed she had shared some metrics with the Executive Medical Director as suggestions for measurement and evidencing of progress. The Committee was not fully assured, the Head of Internal Audit Opinion was moderate and the Divisional Risk Management Report had a split opinion, the lowest being limited assurance and it was felt that the Trust could and should do better to support improvement. There was agreed work to address and close the audit recommendations which need to be delivered to time.

The Chief Executive recognised the need to improve the closure rate of internal audit recommendations and urged the respective leads to ensure that well informed timeframes were agreed, in the event of an unavoidable change in circumstances it was reasonable to agree with the auditors an appropriate revision.

The Chief Financial Officer highlighted some of the overdue actions related to the Trust's previous internal audit reports and if those longstanding issues were excluded the closure rate appeared to improve.

The challenge received from the internal auditors and the Audit & Risk Committee was welcomed.

As Chair of the Risk Management Board the Executive Medical Director confirmed he was confident that the risks had been assessed and graded appropriately, overarching and dependent risks had been identified, thematic analysis undertaken and plans to implement training were in hand. In respect of the timeframe to include the mitigating actions this had been based upon advice from the internal auditors to ensure sufficient time to capture the additional evidence. An assurance report from the Risk Management Board would be developed to provide evidence to validate assurance to the Audit & Risk Committee.

The Board:

- ***Noted and took assurance from the Chair's Assurance Log***

P23/04/F1 Information Item (Enclosure F1)

The Board noted:

- *Nottingham & Nottinghamshire Provider Collaborative Update*

P23/04/G1 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were raised.

P23/04/G2 Governor Questions regarding the business of the meeting (10 minutes) *

The Deputy Lead Governor posed the following questions on behalf of governors:

Why are there persisting long waiting times for non-obstetric diagnostics, particularly ultrasound? Is there an imbalance between supply and demand requiring a strategic solution to address the situation of eleven of the diagnostic tests performing at below national standards.

The Chief Operating Officer acknowledged that performance was not where the Trust would want it to be. A deep dive into diagnostic performance had been undertaken and would be presented to the Board's Finance & Performance Committee. An improvement trajectory by diagnostic test had been agreed to achieve the 95% standard by March 2024. In respect of non-obstetric ultrasound performance four members of the team were currently in training and a review of the current skill mix was required, discussions would take place with the Chief Nurse and Director of Midwifery.

The maternity and neonatal update paper refers to the persisting risk (ID16) of insufficiency of staff to ensure right skills for operational need. a). Does this risk apply equally to both delivery sites? And b). to what extent does this staffing reality compromise sustainable achievement of CNST/Ockenden/East Kent standards at both sites (now covered by the Single Delivery Plan).

The Chief Nurse confirmed the risk applied across the Trust, staffing levels were reviewed regularly throughout the day and mitigating actions implemented, including cross site movement of staff. Despite these challenges the level of 'one to one care in labour was high. The shortage of midwives was a national issue and not unique to the Trust; on a positive, expressions of interest from newly qualified midwives was encouraging.

As Chair of the Local Maternity & Neonatal System, the Chief Executive confirmed that staffing levels for the two largest maternity units (the Trust and Sheffield Teaching Hospitals) remained challenged, with more complex presentations seen across its population.

Nottingham & Nottinghamshire Provider Collaborative - this paper provides helpful detail on the intent and modus operandi of the Nottinghamshire System provider collaborative. Should there be a role for governors in the planned developments, in view of their key new responsibility as governors to be assured of effective system collaboration? (This issue is currently the subject of debate and correspondence between governors within the National Lead Governors Association).

The Chair of the Board was proactively engaged with both integrated care systems in championing the governor role, with large scale governor events having taken place and invitations extended to Partner Assembly events. Public meetings, including citizen panels were advertised via the respective Integrated Care System websites, available via the governor portal.

What assurances is the Board able to provide should co-ordinated strike action (between Royal College of Nursing and British Medical Association members and/or ambulance staff) be voted for?

The Chief Operating Officer provided assurance that whilst a safe service could be maintained, she could only offer limited assurance with regards to delivery of an elective service. This situation would not be unique to the Trust, with a co-ordinated approach expected to be extremely difficult for all providers.

The Chief Executive reminded colleagues that the Royal College of Nursing ballot locally had not reached the required threshold. Board members were informed that the consultant workforce would be balloted shortly and the Chief People Officer confirmed that ballots for wider professional bodies were outstanding. Co-ordinated industrial action by nurses, junior doctors and consultants would be unlikely due to probable intervention by the Secretary of State for Health. A negotiated settlement would be welcomed for the benefit of patients and staff.

The Chair encouraged proactive public messaging to raise awareness of alternate healthcare provisions and reminded the public to continue to attend appointments, unless advised otherwise.

The Board:

- ***Noted the governor questions.***

P23/04/G3 Minutes of the meeting held on 28 March 2023 (Enclosure G3)

The Board:

- ***Approved the minutes of the meeting held on 28 March 2023***

P23/04/G4 Date and time of next meeting (Verbal)

Date: Tuesday 23 May 2023

Time: 09:30am

Venue: MS Teams

P23/04/G5 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.***

P23/04/H Close of meeting (Verbal)

The meeting closed at 10.50



Kath Smart
Deputy Chair
23 May 2023