

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 23 May 2023 at 09:30
via MS Teams

- Present:** Mark Bailey - Non-executive Director
Hazel Brand - Non-executive Director
Mark Day - Non-executive Director
Karen Jessop - Chief Nurse
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 / Deputy Chair (Chair)
Denise Smith - Chief Operating Officer
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary
Cathy Hassell – Managing Director, South Yorkshire & Bassetlaw Acute Federation
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Dennis Atkin - Public Governor Doncaster
Lauren Bowden - Divisional Director of Operations (Specialty Medicine)
Mark Bright - Public Governor Doncaster
Gina Holmes - Staff Side
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Pauline Riley - Public Governor Doncaster
Andrea Squires - Divisional Director of Operations (Urgent & Emergency Care)
Mandy Tyrrell - Staff Governor
- Apologies:** Suzy Brain England OBE - Chair of the Board
Jo Gander - Non-executive Director
Dr Emyr Jones - Non-executive Director
Lynne Schuller - Public Governor Bassetlaw

P23/05/A1 **Welcome, apologies for absence and declaration of interest (Verbal)**

The Deputy Chair welcomed everyone to the virtual Board of Directors meeting, including governors and observers. The above apologies for absence were noted and no declarations were made.

P23/05/A2 Actions from Previous Meetings (Enclosure A2)

No active actions.

P23/05/B1 Executive Medical Director Update including Q3 2022/23 Learning from Deaths Report (Enclosure B1)

The Executive Medical Director's report provided an overview of the current programmes of work within his portfolio.

Non-executive Director, Emyr Jones had attended the Medical Advisory Committee this month and invitations would be extended to the remaining non-executive directors throughout the year.

In respect of the Hospital Standardised Mortality Ratio (HSMR) data, the provision of regional comparator data was noted, with a reduction seen in the Trust's overall and non-elective HSMR across the last three month's reports.

The Executive Medical Director confirmed that the scrutiny of adult deaths in the community had commenced with a small number of general practitioners, the national implementation had been paused pending the introduction of new legislation.

In response to a question from Non-executive Director, Lucy Nickson, the Executive Medical Director confirmed there was currently no evidence of harm arising from the junior doctors' industrial action. The impact on activity would be reported by the Chief Operating Officer at the Board's Finance & Performance Committee.

In respect of learning identified during the industrial action, the Executive Medical Director confirmed an increased consultant presence in the Emergency Department had positively supported the care pathway. Whilst learning would be considered in respect of a consultant delivered vs consultant led service, there was a need to take into consideration the impact on trainee learning opportunities.

Procurement of an online medical appraisal platform had commenced for a system replacement and was included within the 2023/24 capital plan.

Non-executive Director, Mark Bailey recognised the efforts to reduce the reliance on temporary medical workforce and enquired how the Trust would assess the effectiveness of its actions. The Executive Medical Director confirmed evidence would be seen through a reduction in agency spend. The Medical Director for Workforce & Specialty Development had explored a number of strategies at a specialty level to improve the Trust's ability to recruit and retain colleagues. Where posts remained difficult to recruit to nationally, alternative workforce models were being considered, such as the training programme for anaesthesia associates. The Chief Financial Officer noted the need to consider efficiencies which may arise from the national Getting it Right First Time Programme and Model Hospital through alternative operating models. Work to align job planning with capacity would be progressed throughout the year, with a view to embedding the practice into business as usual.

The Chief Executive confirmed the contractual requirement for an annual job planning discussion and acknowledged the cyclical process. There was a need to align the

consultant workforce with the provision of patient care and a movement from transactional to transformational conversations was expected.

The Q3 2022/23 Learning from Deaths summary report highlighted an increase in deaths as compared to the previous reporting period. In respect of inpatient deaths of adults with a learning disability, appropriate referrals had been made to the Learning Disability Mortality Review Programme. The Executive Medical Director confirmed that the national end of life care audit had been completed and feedback shared via workshops, with a quality improvement programme planned for Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) in June 2023.

In response to a question from Non-executive Director, Hazel Brand, the Executive Medical Director anticipated the full scrutiny of community deaths would commence later in the year and the Board's Quality & Effectiveness Committee would be kept apprised of developments.

The Deputy Chair enquired if the delayed implementation of community deaths would have any impact on the deceased's family. The Executive Medical Director did not foresee any issues, where a previous inpatient had been recently discharged and not seen by an alternative care practitioner the Executive Medical Director explained there may be a need for the Trust to issue the death certificate. The expectation was that this should be completed within five days, with an internal three day stretch target in place; the process had been subject to a quality improvement review.

The Board:

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

P23/05/B2 Chief Nurse Update (Enclosure B2)

The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers.

Good progress was noted with the implementation of the Patient Safety Incident Response Framework (PSIRF) ahead of September, full details of which would be reported to the Board's Quality & Effectiveness Committee. Good system engagement was reported and links made with early adopters.

A reported 37% reduction in category two and above hospital acquired pressure ulcers (HAPU) was reported for 2022/23, work would continue towards achieving a 50% reduction in 2023/24.

The Chief Nurse confirmed the 2023/24 national threshold for Clostridium difficile was 42, progress would be reported through the Clinical Governance Committee and for assurance to the Board's Quality & Effectiveness Committee.

30% of complaints were closed in a timely manner in March, targeted work to improve responsiveness would be progressed and a bespoke training solution had been procured for use across the divisions and with the Patient Liaison & Advice Service.

Lucy Nickson, Non-executive Director acknowledged the significant improvement in HAPU performance, in response to understanding the reason for change, the Chief Nurse

confirmed the Skin Integrity Team had developed a clear strategy and demonstrated a commitment and passion of an evidence-based approach with the clinical teams, with learning driving the required improvements.

In respect of the complaints closure rate, the Chief Nurse acknowledged the impact of winter pressures and the difficulties in recovering the backlog position. All complaints were now reviewed by her prior to sign off by the Chief Executive and this increased level of oversight, supported by the training was welcomed. A review of the complaints policy and compliance would be undertaken by the internal auditors in Q2 2023/24.

Non-executive Director, Hazel Brand reported that recent national press coverage indicated almost 20% of nurses were international recruits and enquired what local solutions were being explored by the Trust. The Chief Nurse confirmed activities included nursing degree apprenticeships, dialogue with higher education institutions and a series of staff retention activities.

The Executive Medical Director confirmed the refreshed infection, prevention and control thresholds had been discussed at the Clinical Governance Committee and were recognised to be challenging.

The Board:

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

P23/05/B3 Maternity & Neonatal Update (Enclosure B3)

The Board received the Maternity & Neonatal 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 that the Ockenden Oversight Committee continued to review training compliance, should no significant improvement be seen at the month end a deep dive would take place to understand the continued challenges.

In response to the reported redeployment red flags, the Director of Midwifery confirmed this was an indicator of temporary workforce moves from the usual place of work, to address peaks and troughs in activity. Moves were co-ordinated by the manager on call across both sites.

In response to a question from Mark Bailey, Non-executive Director, the Director of Midwifery acknowledged the continued national scrutiny of maternity services and the safety reviews undertaken to date. Despite this continued focus, the level of interest from student midwives, including those internationally educated, was encouraging and should all interest progress to recruitment, the Trust would be close to the Birthrate Plus® staffing requirements. The Trust had developed a reputation as an employer of choice, with strong pastoral provision. The positive engagement with the Maternity Voices Partnership was recognised, which provided a valuable insight of local families experience of the service.

In response to a question from the Deputy Chair with regards to learning from local maternity Care Quality Commission inspections, the Director of Midwifery confirmed

themes were as expected and focused on triage, midwifery staffing and the risk assessment of patients.

The Director of Midwifery advised Non-executive Director, Hazel Brand that feedback from a review of training compliance would be shared with the Board's Quality & Effectiveness Committee. There was a need to understand the factors preventing completion and agree an efficient and balanced approach between clinical and education needs.

Going forwards, the Chief Executive confirmed the need to focus on the single maternity delivery plan. Learning opportunities would be explored across the Local Maternity & Neonatal System to deliver against a set of national performance standards, to be benchmarked against peers. It was recognised that improvements to patient care would require delivery of an efficient and effective service, with the potential for a flexible workforce, to be supported by a shared understanding of technology across organisations.

The Board:

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

P23/05/C1 Chair's Assurance Log – People Committee (Enclosure C1)

Mark Bailey shared the key highlights from the People Committee's Chair's Assurance log, which detailed a wealth of positive assurance. Work in progress included the proposed monitoring of operational plans to support delivery of the People Strategy and development of a workforce plan.

Work to improve compliance with the Violence Prevention and Reduction Standard was noted for Q1 2023/24.

The Board

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

P23/05/C2 People Update to include the DBTH Way (Enclosure C2)

The People Update provided an overview of activities to develop colleague engagement and experience. The Chief People Officer advised that the non-medical appraisal season was underway, the completion rate currently stood at 14.5%, with appraisals due for completion by 31 July 2023.

The final draft of "The DBTH Way" framework was received for review and approval. Following a review of alternative frameworks extensive engagement had taken place, the draft framework had been scrutinised at the Board's People Committee and agreed by the Trust Executive Group.

The Deputy Chair recognised the importance of a quality appraisal discussion and encouraged colleagues to make the necessary arrangements.

In response to a question from the Deputy Chair with regards to the development of workforce planning, the Chief People Officer acknowledged a maturing approach, linked to business planning, with improved processes and systems in place. The benefits of the

deep dive workshops were acknowledged and the future use of the workforce planning tool would be a valuable resource.

The Board:

- ***Noted and took assurance from the People Update and approved The DBTH Way framework***

P23/05/D1 Chair's Assurance Log – Finance & Performance (Enclosure D1)

As Chair of the Finance & Performance Committee, Non-executive Director, Mark Day presented the Chair's Assurance Log. The level of cost improvement required to support delivery of 2023/24 business planning was at an unprecedented level and the continued development of plans was required at pace. A focused single agenda item meeting would be convened to include non-executive Committee members, the Efficiency Director and Chief Financial Officer.

In respect of the Urgent & Emergency Care Improvement Plan, the sign off across Place was welcomed and a need to swiftly agree measurable targets and milestone was required to track delivery of benefits in system capacity and flow.

The Board:

- ***Noted and took assurance from the Chair's Assurance Log – Finance & Performance Committee***

P23/05/D2 Finance Update (Enclosure D2)

The Chief Financial Officer provided an overview of the financial position for month one, the Trust reported a deficit of £3.7m, which was in line with the plan. The position assumed that the elective recovery funding (ERF) received in month one would not be clawed back due to the industrial action; if ERF was excluded the position would have been £1.5m adverse to plan.

The cash position had reduced in line with expectations, the Trust expected to require cash support during Q2 2023/24.

In respect of capital, the spend in month was £0.3m against a plan of £2.4m, the underspend was largely related to the Mexborough Elective Orthopaedic Centre and a review of the expected cash flow for the project was underway.

There remained a continued focus on the development of cost improvement plans, in month one savings were £100k adverse to plan.

In response to a question from Non-executive Director, Lucy Nickson, the Chief Financial Officer confirmed month one ERF was not expected to be clawed back in view of the impact of industrial action on activity levels. However, going forwards payment for 2023/24 would be based on meeting 103% or above of 2019/20's baseline activity.

The Board:

- ***Noted the Finance Update***

P23/05/D3 Going Concern (Enclosure D3)

As part of the annual accounts preparation there was a requirement to assess the status of the Trust as a going concern. The Finance & Performance Committee had been involved in extensive scrutiny of the draft accounts and cash position and was sighted on the need for central cash support and the internal processes in place to manage this, as previously shared with the Board of Directors. The Trust was expected to continue to provide NHS services and had no conditions restricting its licence to operate, and as such the recommendation was that the accounts be prepared on a going concern basis

The Chair of the Finance & Performance Committee confirmed he was assured by the level of understanding, sound planning and effective, transparent internal and external communication in respect of the financial position and supported the recommendation.

The Chief Executive acknowledged the return to post Covid financial arrangements and welcomed NHSE's support and shared his support of preparing the accounts on a going concern basis. He reiterated the need to spend wisely to reduce the deficit over time to move towards a balanced position.

In response to a question from Hazel Brand, Non-executive Director, the Chief Financial Officer confirmed the Nottingham & Nottinghamshire Integrated Care System continued to be engaged in a recovery support programme. In the South Yorkshire Integrated Care System, the Trust's deficit was the largest of all the providers, and as result a review by the national team had taken place, an action plan had been agreed, against which progress was being made.

In response to a question from the Chief Financial Officer, the Board confirmed authority be devolved to the Audit & Risk Committee to approve the finalised accounts post audit.

The Board:

- ***Supported the accounts being prepared on a Going Concern basis and agreed to devolve authority to approve the finalised accounts post audit to the Audit & Risk Committee.***

P23/05/D4 Operational Performance Update (verbal)

The Chief Operating Officer provided a verbal update in respect of the Trust's current operational performance and agreed to circulate the paper post meeting. **DS**

An improved position was noted in April across all ambulance handovers, with 57% taking place in 15 minutes, 85% in 30 minutes and 96% in 60 minutes.

An improvement was reported against all urgent and emergency care metrics, the Trust delivered 68% performance against the four hour access standard. In April 3.3% of patients

waited in the Emergency Department for longer than 12 hours from the time of arrival, a reduction from the previous month's performance of 4.7%

A deep dive into diagnostic performance was scheduled for the next Finance & Performance Committee.

In terms of cancer standards, the Trust reported 85% of two week wait referrals had been seen in a timely manner in March, an increase in the number of referrals was noted and a minor impact on performance had been seen due to individual patient choice. A performance of 60% was reported against the 85% standard for the 62 day referral to treatment, an increase in the number of treatments had been seen from 80 in February to 113 in March. The Faster Diagnosis Standard had been achieved.

In response to a question from Non-executive Director, Lucy Nickson, the Chief Operating Officer confirmed that the improved performance in urgent and emergency standards had been seen due to increased grip and control, as yet there had been no pathway changes made.

The Board:

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

P23/05/D5 Directorate of Recovery, Innovation & Transformation Update (Enclosure D5)

The Chief Financial Officer provided an insight into the Directorate of Recovery, Innovation & Transformation's work, including changes to the structure, the launch of NHS Impact and the progress of capital projects.

Non-executive Director, Mark Bailey, welcomed the introduction of a standardised quality improvement approach and the links to the development of cost improvement plans.

The Board:

- ***Noted and took assurance from the Directorate of Recovery, Innovation & Transformation Update***

P23/05/D6 Digital Maturity Assessment (Enclosure D6)

The Chief Financial Officer shared with the Board the submission of the Digital Maturity Assessment. Alongside the self-assessment, the Trust had undertaken a peer review which indicated the Trust's preparedness was consistent with the assessment undertaken as part of the Digital Aspirant Plus Programme related to funding for the Electronic Patient Record.

In response to a question from Non-executive Director, Hazel Brand, the Chief Financial Officer welcomed the intelligence which supported planning of the Trust's digital development. The ongoing debate around system interoperability was noted.

The Board:

- ***Noted the Annual Digital Maturity Assessment***

P23/05/E1 South Yorkshire Acute Federation Clinical Strategy (Enclosure E1)

The Chief Executive welcomed the Managing Director of South Yorkshire & Bassetlaw Acute Federation to the meeting to share with the Board the Acute Federation Clinical Strategy 2023-28. The Managing Director was attending provider Trust Board Meetings to share the commitment of the Acute Federation to utilise the collective expertise and resource to provide access to high quality healthcare for the served population.

The strategy provided a framework to support clinical collaboration, develop a resilient and sustainable workforce and maximise interoperability across providers in respect of models of care that optimise technology and estates.

The strategy had been subject to extensive engagement and aligned with and supported the Integrated Care Board five year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy. The Board's attention was drawn to page 15 of the strategy and the eligibility criteria.

The strategy had been well received to date, further clinical engagement was ongoing and the Board's support and endorsement of the strategy was sought and confirmed.

In due course, the strategy would be publicly available to staff and patients via the website and covered as part of colleague briefings, to highlight the benefits and opportunities to work collaboratively where there was value to be added.

In response to a question from Mark Bailey the sharing of developments and positive news stories would be well publicised and an Annual Report for the South Yorkshire & Bassetlaw Acute Federation would showcase examples of collaborative working.

The Executive Medical Director welcomed the strategy which actively supported the duty to collaborate, and recognised the opportunity provided to be involved with Medical Directors at a system level and the national paediatric innovator project.

In response to a question from Non-executive Director, Hazel Brand, the Chief Executive confirmed the wider collaboratives, including the mental health, learning disabilities and autism and primary care collaboratives came together with the acute providers for matters of joint interest. The maturity and pace of change across the two systems of South Yorkshire and Nottingham and Nottinghamshire was noted.

The Board:

- ***Noted the South Yorkshire Acute Federation Clinical Strategy***

P23/05/F1 Board Assurance Framework – Review 2023/24 (Enclosure F1)

The Company Secretary highlighted the ongoing development of the Board Assurance Framework, in line with internal audit recommendations. The next stage would be to refresh the risks linked to delivery of the strategic aims and a Board workshop would take place in June to progress this, including a review of the risk appetite.

The Chief Executive acknowledged the corporate objectives as key drivers of the strategic aims. Each quarter a progress update was provided to the Board of Directors, with the Q1 update scheduled for July 2023.

The Board:

- ***Discussed the Board Assurance Framework – Review 2023/24***

P23/05/F2 Corporate Risk Register (Enclosure F2)

The Board received the updated Corporate Risk Register, one corporate risk rated 15+ had been escalated from the Trust Executive Group, the mitigations were subject to review by the Chief Nurse and Executive Medical Director. A total of 93 risks were rated 15+, with 14 monitored via the Corporate Risk Register.

The Board:

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

P23/05/F3 Terms of Reference – Finance & Performance Committee (Enclosure F3)

The Board:

- ***Approved the Terms of Reference – Finance & Performance Committee***

P23/05/F4 Terms of Reference – Audit & Risk Committee (Enclosure F4)

The Chief People Officer identified that the People Committee had been omitted from the relationship to other Committees chart, the Company Secretary agreed to incorporate the change post meeting.

FD

The Board:

- ***Approved the Terms of Reference – Audit & Risk Committee, subject to the above change***

P23/05/G Information Items (Enclosure F1 – F9)

The Board noted:

- G1 Chair and NEDs Report
- G2 Chief Executives Report
- G3 South Yorkshire & Bassetlaw Acute Federation Mutual Aid
- G4 Integrated Quality & Performance Report
- G5 Minutes of the Finance and Performance Committee 27 February & 23 March 2023
- G6 Minutes of the People Committee 7 March 2023
- G7 Minutes of the Quality & Effectiveness Committee 7 February 2023
- G8 Minutes of the Audit & Risk Committee 27 January 2023
- G9 Minutes of the Trust Executive Group 9 January, 22 March & 3 April 2023

P23/05/H1 Minutes of the meeting held on 25 April 2023 (Enclosure H1)

The Board:

- ***Approved the minutes of the meeting held on 25 April 2023.***

P23/05/H2 Any other business (to be agreed with the Chair prior to the meeting)

Following on from the discussions with regards to the work of the South Yorkshire Acute Federation and in order to deliver the national care standards by the end of the year, there would be a significant focus on being a provider and recipient of mutual aid, which would be subject to extensive board discussion.

P23/05/H3 Governor Questions regarding the business of the meeting (10 minutes) *

The Deputy Lead Governor asked the following question on behalf of the governors:

"When will the Board receive a workforce plan for the new facilities at Mexborough (MEOC and CDC) to provide assurance of sustainable services without diverting staffing from DRI, Bassetlaw, Rotherham and Barnsley Hospitals".

The Chief Financial Officer confirmed the project plan assumed that the workforce would be required prior to Christmas 2023. It was proposed that a dedicated anaesthetist would support the Centre, nursing colleagues would be internationally recruited and medical colleagues sourced via the partner organisations. The Deputy Chair highlighted an opportunity to recruit an additional surgeon had been taken as part of an earlier recruitment campaign. Whilst recruitment of clinical colleagues was identified as a potential risk, the prospect of working in the Elective Orthopaedic Centre was expected to be an attractive opportunity. The clinical model had been progressed and agreement to use a standardised prosthesis reached. The project was supported by appropriate internal processes and delivery of the plan would be the responsibility of the executive directors and their wider leadership teams. Should there be any areas of concern, and the Board Committees felt appropriate assurance was not available they would be able to escalate to the Board.

The Board:

- ***Noted the governor question***

P23/05/H4 Date and time of next meeting (Verbal)

Date: Tuesday 27 June 2023

Time: 09:30am

Venue: MS Teams

P23/05/I Close of meeting (Verbal)

The meeting closed at 12.16



Suzy Brain England OBE
Chair of the Board

27 June 2023