



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 31 October 2023 at 09:30
via MS Teams

- Present:** Suzy Brain England OBE - Chair of the Board (Chair)
Hazel Brand - Non-executive Director
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Dr Emyr Jones - Non-executive Director
Zara Jones - Deputy Chief Executive
Zoe Lintin - Chief People Officer
Dr Nick Mallaband - Acting Executive Medical Director
Lucy Nickson - Non-executive Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director
Denise Smith - Chief Operating Officer
- In attendance:** Simon Brown – Deputy Chief Nurse
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Laura Brookshaw – 360 Assurance
Denise Carr - Public Governor Bassetlaw
Gina Holmes - Staff Side
Annette Johnson – Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Joseph Money – Staff Governor
Lynne Schuller - Public Governor Bassetlaw
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Mark Bailey - Non-executive Director
Fiona Dunn - Director of Corporate Affairs / Company Secretary
Karen Jessop - Chief Nurse

P23/10/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 observers. The above apologies were noted, and no declarations were made.

P23/10/A2 **Actions from Previous Meetings**

There were no active actions.

P23/10/B1 **Chair's Assurance Log – Quality & Effectiveness Committee (enclosure B1)**

Jo Gander, Chair of the Quality & Effectiveness Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

Work was ongoing in respect of the clinical governance structure and clinical audit, with a clinical audit deep dive scheduled for 20 November 2023. Compliance with safety action eight of the Clinical Negligence Scheme for Trusts (CNST) continued to be closely monitored by the Director of Midwifery, and Chief Nurse, to support the required training compliance of 90%. The Committee had approved the Patient Safety Incident Response Plan (PSIRP).

The Board:

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

P23/10/B2 **Maternity & Neonatal Update (Enclosure B2)**

The Director of Midwifery brought the key highlights of the report to the attention of Board members. Safety action eight continued to be the greatest risk in achieving Year 5 CNST standards, monitored via the CNST and Ockenden Oversight Committee. The challenges of meeting the compliance rate were recognised, impacted by August's junior doctor rotation. On a positive note, the Board welcomed the intake of 26 whole time equivalent (WTE) newly qualified midwives in mid-October.

The Chief Executive reflected on the challenges related to CNST safety action eight and highlighted the impact of industrial action throughout the year. In response to a question from the Acting Executive Medical Director, completion of in-year training had been considered by the Local Maternity & Neonatal System (LMNS), however, compliance with the standard required completion within the organisation. This matter had been raised at a regional level and was to be escalated nationally in support of partnership working. The wider impact on passporting arrangements was recognised.

In response to a question from Non-executive Director, Hazel Brand, the Director of Midwifery confirmed the need for pre-conception health education, raising awareness and addressing those health risks which had the potential to impact on pregnancy related outcomes. The Chair of the Board noted the need for effective partnership work to support this educational approach.

In response to a question from Non-executive Director, Lucy Nickson, the Director of Midwifery confirmed that the newly qualified midwives received extensive support, with pastoral care from a dedicated resource, including a Professional Midwifery Advocate. The skill mix of the workforce was considered, with mitigating actions to address identified risks. This support was recognised to be a critical part of recruitment and retention.

Non-executive Director, Jo Gander sought clarification on the SCORE survey and enquired how this work dovetailed with the Patient Safety Incident Response Framework and Just Culture. The Director of Midwifery confirmed this was a focused piece of cultural work in maternity services and how best to join this up with the Trust wide work would be discussed with the Chief People Officer.

The Chief Executive acknowledged the importance of system working, critical at times of high demand to ensure service provision, there was good evidence of collaborative working across the LMNS and the Chair of the Board confirmed the Trust's commitment to partnership with a purpose.

In response to a question from Kath Smart in respect of learning from complaints and incidents, the Deputy Chief Nurse confirmed that learning opportunities were taken across the organisation. The introduction of Patient Safety Incident Reporting Framework (PSIRF) was welcomed and would provide a rich source of learning across the NHS. Learning from immediate safety actions was addressed in a timely manner.

The Board:

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

P23/10/B3 Midwifery Workforce (Enclosure C2)

The Director of Midwifery's report provided a six-monthly update on the midwifery staffing position, utilising the national Birthrate Plus® tool, in conjunction with clinical judgement.

The latest assessment report, received in August 2022, reflected an increase in acuity since the previous assessment of 2019. Despite a very positive intake of newly qualified midwives the Trust's position remained below that recommended by Birthrate Plus® and the Board offered its support to continue to recruit up to the recommended levels.

In response to a question from the Chair of the Board, with regards to whether commissioner funding was in line with Birthrate Plus® recommendations, the Chief Executive confirmed funding was received from differing sources, via the LMNS on a pro-rata basis and as part of the baseline contract. The funding did not necessarily reflect the level of deprivation in the communities served, which was a factor for the Trust, however, funding to support delivery of a modern maternity service was recognised to be a national challenge.

The Board:

- ***Noted and took assurance from the Midwifery Workforce Report***

P23/10/C1 Chair's Assurance Log – Finance & Performance Committee (verbal)

Non-executive Director and Committee Chair, Mark Day, provided a verbal summary following yesterday's Finance & Performance Committee meeting.

The pace of delivery of the Urgent and Emergency Care Improvement Programme was a concern, a number of workstream highlight reports were difficult to take assurance from and in order to seek a Place view, the Executive Place Director had been invited to join the next meeting.

Whilst the Committee was assured by the framework supporting the Cost Improvement Programme, there was a need to review and recover savings against the plan.

A long-term financial forecast had been presented to the Committee which clearly articulated the ongoing financial challenges the Trust would face; the importance of partnership working was recognised, and it was recommended that the Board should consider how best to focus next steps. The Committee was assured by the understanding of the financial position and the in-year plan.

The Directorate of Recovery, Innovation & Transformation continued to progress significant schemes of work, an alternative workforce solution was being considered to support the planned opening of the Mexborough Elective Orthopaedic Centre in January 2024, pending substantive appointments.

In terms of decisions, the Committee had reviewed the Full Business Case for the South Yorkshire & Bassetlaw Pathology Target Operating Model and the Health Inequalities strategy. Both would be recommended to the Board for approval, it was suggested that measures to demonstrate progress of delivery against the strategy be determined.

The written Chair's assurance log would be submitted to the Trust Board Office for uploading to Team Engine.

The Board:

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

P23/10/C2 Finance Update (Enclosure C2)

The Chief Financial Officer reported a month six deficit of £4.1m, £23.9m deficit year to date and £1.4m adverse to plan. The variance to plan was driven by Elective Recovery Fund underperformance and the cost of industrial action.

The cash balance as at 30 September 2023 was £21.6m, an increase in month of £6.7m. The Trust received £13.4m in month through revenue and capital cash support, offset by the Trust's deficit position and the Public Dividend Capital revenue payment. An approved cash drawdown request of £14.9m was in place for Q3, £6.3m of which would be received in October.

The Trust had delivered £1.4m of savings in month, £0.4m adverse to plan.

A series of remedial actions to address the financial plan had been agreed, details of which would be communicated across the organisation later this week.

Whilst acknowledging the financial pressures, the Chief Executive recognised operational demand for urgent and emergency care, diagnostics and cancer service and workforce challenges and stressed the importance of a balanced approach to delivery of the financial plan, ensuring that public money was spent wisely.

At a system level there remained unidentified savings of £109m.

The Board:

- ***Noted the Finance Update***

P23/10/D1 True North, Breakthrough & Corporate Objectives Q2 2023/24 (Enclosure D1)

The Chief Executive provided the Q2 update on progress towards delivery of 2023/24 corporate objectives, aligned to the delivery of the Trust's strategic aims. The Board Assurance Framework (BAF) identified the risks to delivery of the strategic aims, appropriate gaps in controls and mitigating actions which could be triangulated with the True North and corporate objectives. The paper included an update on the Chief Executive's objectives, which would be reported via Monday.com going forwards.

The Chief People Officer confirmed the requirement for all Board members to have a SMART (specific, measurable, achievable, relevant, and timebound) equality, diversity, and inclusion (EDI) objective by March 2024. Due to the timing of appraisals this had already been incorporated into non-executive director objectives and would be included in the appraisal conversation for executive colleagues this year. The Trust's EDI plan supported this, demonstrating the organisation's commitment to EDI.

In response to a question from Non-executive Director, Lucy Nickson, the Chief Operating Officer confirmed that the final winter plans would be presented to the Trust Executive Group and Finance & Performance Committee in November 2023. Learning from previous winter plans had been identified and acted upon and the need for a partnership approach acknowledged.

Non-executive Director, Kath Smart identified the majority of the objectives remained in progress, which was not unexpected at Q2. The oversight at Board Committees was welcomed, recognising not all elements were entirely within the Trust's control. As the year progressed the Chief Executive recognised that there may well be some elements which stall, particularly as we enter the winter months, and progress would require internal focus, alongside partner collaboration, ensuring that virtual ward opportunities were maximised to support flow through the hospital and timely and safe discharge of those patients who were medically fit.

The Chief People Officer reflected on her objectives related to the delivery of multi-year strategies which she would not expect to be delivered mid-year.

The Chair of the Board confirmed a change of meeting structures would see Chairs join the bi-monthly Doncaster Place Partnership Forum with effect from December 2023.

The Board:

- ***Discussed the Q2 Update of the Corporate Objectives***

P23/10/D2 Board Assurance Framework (Risks 1-7) & Trust Risk Register (Enclosure B2)

Following a review by the Board Committees, the updated Board Assurance Framework was introduced by the Deputy Chief Executive. The framework had been iteratively developed to meet the recommendations of the Head of Internal Audit Opinion in articulating the risks to delivery of the strategic aims. There would be further refinement over time to ensure actions and controls were SMART and ultimately the Board Assurance Framework would be used to drive the agendas and work plans of the Board Committees. The Deputy Chief Executive highlighted the connection to the corporate objectives and whilst each risk stood alone, recognised the interconnectivity between them.

The supporting Trust Risk Register was provided, the work of the Risk Management Board was recognised in progressing this and further development and analysis would continue.

In response to a question from Non-executive Director, Jo Gander, the Chief Executive encouraged active discussion and challenge at Board Committees to influence the content, scoring and delivery. The Board Assurance Frameworks were live documents, updated on an ongoing basis. In respect of the clinical governance processes referenced in BAF1, the Acting Executive Medical Director was aware of the need to progress this work and was doing so with the support of the Chief Nurse. A fresh eyes review of organisational governance would be completed by the Deputy Chief Executive.

Reflecting on the topics of discussion at today's Board, the Chief Executive noted that all seven strategic risks had been referenced which validated their appropriateness.

In respect of strategic risk three, Non-executive Director, Kath Smart suggested a review of the current risk rating of 12 in view of current capacity, inclusion of the waiting list clinical prioritisation internal audit report was recommended as a control to close the gap and the lack of any linked operational risks highlighted. The Chief Operating Officer confirmed she was currently reviewing the operational risks and would reflect on the suggestions made.

Following recent press coverage, Non-executive Director, Hazel Brand enquired if the Trust's risk register included a risk linked to the use of artificial intelligence (AI). Failure to protect against a cyber-attack was included and whilst there was the potential for technology to be exploited, this was likely to be the subject of a national directive. The Chief Executive recognised the potential for AI to assist healthcare provision, e.g. the use of robotics and a business case would be received at a future Charitable Funds Committee, further opportunities to explore AI may be the subject of a board workshop.

The Board:

- ***Noted and took assurance from the Board Assurance Framework & Trust Risk Register***

P23/10/D3 Chair's Assurance Log – Audit & Risk Committee (Enclosure D3)

Kath Smart shared the key highlights from the Audit & Risk Committee's assurance log, which had been adapted to include levels of assurance for areas of concern and positive assurance. This approach would be adopted by the remaining Board Committees in future reports.

The limited and moderate assurance internal audit reports had been referred to the relevant Board Committee and further clarification had been sought on the use of lone worker devices.

The Emergency Preparedness, Resilience and Response annual assurance process had returned an initial self-assessment of 66% compliance, which resulted in an overall rating of non-compliant. Feedback on the initial submission was awaited.

The Committee recommended the refreshed Risk Management Policy for Board approval.

The Board:

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

P23/10/D4 Chair's Assurance Log – Charitable Funds Committee (Enclosure D4)

Non-executive Director, Hazel Brand provided an overview of the positive assurance, areas of major works, areas of focus and decisions from September's meeting.

The Committee recommended approval of the refreshed Charitable Funds Policy and the Charitable Funds Committee terms of reference to the Board.

The Board:

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

P23/10/D5 Charitable Funds Policy & Charitable Funds Committee Terms of Reference (Enclosure D5)

The Deputy Company Secretary presented the refreshed Charitable Funds Policy and Charitable Funds Committee terms of reference, recommended for approval by the Charitable Funds Committee.

The content of the policy and terms of reference had been aligned to reflect all voting board members as trustees and the removal of the terms of reference as an appendix to the policy.

The Board:

- ***Approved the Charitable Funds Policy & Charitable Funds Committee Terms of Reference***

P23/10/D6 Review of Risk Identification, Assessment and Management Policy (Enclosure D6)

The Deputy Company Secretary presented the draft Risk Management Policy, updated following extensive consultation and in accordance with best practice recommendations from the Trust's internal auditors.

The policy had been recommended for approval by the Audit & Risk Committee.

The Board:

- ***Approved the Review of Risk Identification, Assessment and Management Policy***

P23/10/D7 Use of Trust Seal (Enclosure D7)

The report confirmed the use of the Trust Seal on the Bassetlaw Emergency Village contract, which had been subject to scrutiny by the Head of Procurement and the Chief Financial Officer.

The Board:

- ***Noted the use of the Trust Seal***

P23/10/E1 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P23/10/E2 Governor Questions regarding the business of the meeting (10 minutes) *

On behalf of the Council of Governors, the Lead Governor asked the following questions:

“Do NEDs feel they have sufficient assurance that the method of compartmentalisation employed at times of fire and emergency will effectively maintain patient and staff safety and ease evacuation if required?”

As Chair of the Audit & Risk Committee, Kath Smart confirmed the Committee received assurance on fire and health and safety matters. In addition, on an annual basis the Board received the Premises Assurance Model assessment which provided assurance on regulatory and statutory requirements relating to its estate.

Non-executive Director, Hazel Brand, confirmed the requirement for all board members to undertake mandatory fire safety training and this awareness and internal controls provided internal assurance, with external assurance provided by South Yorkshire and Nottinghamshire Fire & Rescue Service.

Following the internal incident in the Women & Children’s Hospital in April 2021, the Chief Financial Officer confirmed the Trust had commissioned an external report, the recommendations from which had informed an action plan. The Health & Safety Committee had oversight of this improvement plan and a quarterly progress update was reported to the Finance & Performance Committee. Horizontal evacuation was possible at Bassetlaw and Montagu, whilst Doncaster Royal Infirmary required a decant area.

“Are NEDs assured that the quality of rest rooms for non-resident consultants and Senior Doctors are maintained to a good condition and standard in order to provide good quality rest to enable safe working practices?”

The Chief Executive confirmed that rest room provision had been discussed at the Trust Medical Committee, where photographs of the refreshed facilities had been shared, as with any refurbishment the need for ongoing maintenance was acknowledged. In

addition, sleep pods had been procured to provide a private, quiet space to rest and alternative private sector accommodation sourced.

The Chief Financial Officer confirmed the potential for alternative, longer term solutions to be explored across the estate, including the recently cleared Lister Court.

“Governors note the need to adhere to CNST standards within a designated timeframe. Are NEDs assured that a robust action plan is available to meet the standards enabling the Trust to meet its True North Value and Vision of being the safest trust in England.”

Dr Emyr Jones, Deputy Chair of the Quality & Effectiveness Committee and Board level Maternity Safety Champion commended the Director of Midwifery and her team for their considerable efforts towards delivery of this standard, the challenges faced had been discussed at agenda item B2. Whilst there was a financial impact of non-compliance, the focus remained on delivery of a safe and quality service, where identified risks were mitigated. Prior to the submission date a meeting of the Maternity Safety Champions would take place and an up-to-date position would be validated. As part of its responsibilities, the LMNS had recently completed a confirm and challenge review.

The Lead Governor welcomed the need for the passporting of training, which signalled the commitment to collaborate, a statutory duty of the 2022 Health & Care Act.

The Board:

- ***Noted the governor question***

P23/10/E3 Minutes of the meeting held on 26 September 2023 (Enclosure E3)

- ***The Board approved the minutes of the meeting held on 26 September 2023***

P23/10/E4 DBTH Self-certification Protecting & Expanding Elective Activity (Enclosure E4)

- ***The Board noted the DBTH Self-certification Protecting & Expanding Elective***

P23/10/E5 Date and time of next meeting (Verbal)

Date: Tuesday 23 November 2023

Time: 09:30am

Venue: MS Teams

P23/10/F Close of meeting (Verbal)

The meeting closed at 11:25



Suzy Brain England OBE

Chair of the Board

28 November 2023