

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 28 November 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
Dr Emyr Jones - Non-executive Director
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 / Deputy Chair
Denise Smith - Chief Operating Officer
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary
Dr Kirsty Edmondson – Jones, Director of Innovation & Infrastructure (agenda item F1)
Dr Kelly Mackenzie-Smith – Public Health Consultant (agenda item F1)
Jo McQuade - Therapy Assistant Practitioner - Falls (agenda item B1)
Lois Mellor - Director of Midwifery
Dr Anna Pryce - Guardian of Safe Working (agenda item D3)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Kim Anderson - Board Delegate Programme
Denise Carr - Public Governor
David Gregory - Public Governor
Annette Johnson – Public Governor
Paula Marchetti– Board Delegate Programme
Andrew Middleton - Public Governor (Deputy Lead Governor)
Joseph Money - Staff Governor
Gavin Portier - Staff Governor
Mandy Tyrrell - Staff Observer
Sheila Walsh - Public Governor
- Apologies:** Lynne Schuller – Lead Governor
- P23/11/A1** **Welcome, apologies for absence and declaration of interest (Verbal)**

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

P23/11/A2 **Actions from Previous Meetings**

There were no active actions.

P23/11/B1 **Get Up, Get Dressed, Get Moving – Falls Prevention (Enclosure B1)**

The Therapy Assistant Practitioner for Falls was welcomed to the meeting to share with the Board the award winning project, Get Up, Get Dressed and Get Moving to prevent deconditioning and improve patient mobility. A series of goals had been identified to meet a minimum standard of mobility, reduce the length of stay of patients, reduce physiotherapy and occupational therapy referrals and reduce the number of falls. In order to work towards these goals a number of changes to practice were introduced, colleagues were educated on the effect of deconditioning, on the job training was provided and the Therapy Assistant supported colleagues to proactively engage with and address patient's mobility. The changes brought with them success, as the Trust was awarded a gold medal in NHSE's Reconditioning the Nation, the only Trust in the North-east region to be awarded silver and gold and the team was awarded Change Champion of the Year at 2023's Star Awards. Improvements were seen against the identified targets, colleagues felt empowered and patients had an improved experience with positive friends and families feedback received. In terms of next steps, consideration would be given as to how to roll out of the project across the Trust.

Having recently visited Ward 17, Non-executive Director, Jo Gander recognised the positive improvements and had witnessed the enthusiasm of colleagues involved in the project. In respect of the reduction in physiotherapy and occupational referrals, rather than spare capacity being created on the ward, this supported delivery across the Trust as part of a peripatetic model.

The Deputy Chief Executive reflected on the opportunity to share the learning beyond the acute sector as patients were discharged, with support, into the community, which had the potential to reduce readmission and support partnership working. The Therapy Assistant Practitioner recognised the gap in education and the opportunity to influence the public's perception of a hospital stay, including the benefits of mobility in recovery. The Chair of the Board encouraged community partners to extend this work.

Non-executive Director, Kath Smart acknowledged the positive outcomes of the project, and enquired which areas had been considered for roll out, giving thought to those areas where the greatest impact could be seen. The Chief Nurse recognised the need to better capture the harm associated with deconditioning and use this to inform the decision.

Non-executive Director, Emyr Jones, shared his congratulations and recognised the success of the project, the commitment and professionalism of the Therapy Assistant Practitioner and enquired how this could be replicated across the organisation, utilising a train the trainer model. The Therapy Assistant Practitioner confirmed this was work in progress, opportunities were being explored as to how best to offer the support to upskill nurses and therapists to work differently.

In response to a question from Non-executive Director, Hazel Brand, with regards to engaging patients in other purposeful activities as part of their preparation for discharge, earlier mobility was encouraged, with nurses nurturing and assisting patients to be out of bed, encouraging movement around the ward and visits to the day room.

The Chair thanked the Therapy Assistant Practitioner for her work and for sharing the success of the project with the Board of Directors.

The Board:

- ***Noted the Get Up, Get Dressed, Get Moving presentation***

P23/11/C1 Executive Medical Director Update (Enclosure C1)

The Acting Executive Medical Director brought the Board's attention to the key highlights of the current programmes of work across his portfolio.

Guidance in respect of Martha's Rule was awaited from NHSE, the Trust had undertaken significant work related to the identification of sepsis which had included learning from sepsis related incidents.

Progress was noted in respect of the number of outstanding job plans in Orthopaedics and the distribution of the national Clinical Excellence Awards in December 2023 would be partly reliant upon a signed off job plan. An increase in the utilisation of virtual wards was reported, with additional pathways introduced to provide increased capacity.

Since the paper had been written a 20% reduction in demand for obstetric ultrasound had been seen.

Non-executive Director, Jo Gander, sought feedback on the current virtual ward numbers and the quality and efficiency of provision, in line with Getting it Right First Time (GIRFT) standards, as compared to peers. The Acting Executive Medical Director confirmed that meaningful comparisons were difficult to be drawn in view of the recent introduction of virtual wards, the variance in operating models and metrics used. In terms of usage the Trust was currently in the third quartile and further work was ongoing to improve this position. With regards to GIRFT, the quality aspect would be considered by the Clinical Governance Committee.

In view of the ongoing work to manage CT demand, Non-executive Director, Emyr Jones, sought clarity on the requirement for all emergency surgical pathway admissions to require a CT scan. The Acting Executive Medical Director confirmed that whilst this was not mandated, the limited Senior House Officer resource meant they were not always available to make the assessment within the Emergency Department. A paper to address the limited workforce capacity had recently been considered and supported by the Corporate Investment Group; the impact of this change would be considered against the rate of admission from the Emergency Department. In respect of the significant demand for obstetric ultrasound, the Acting Executive Medical Director confirmed that following actions to reinforce the pathway a 20% reduction in demand had been seen in the last month.

In response to a question from Non-executive Director, Hazel Brand regarding the difference between the number of referrals to virtual wards and patients accepted. The Acting Executive Medical Director confirmed he did not see this as a negative, recognising ongoing learning, improved knowledge of referral criteria and maximising referral opportunities, a Virtual Ward First Thought pathway was being developed to support improved usage.

In respect of outcomes, local data was not available, however, there had been no concerns/incidents raised, the impact nationally on bed capacity and length of stay was limited, although from a quality and patient experience there was evidence of the benefits of the service in supporting transition back into the community following a hospital stay.

At a system level, the Chief Executive confirmed that, unlike the Trust, neighbouring acute providers had seen a reduction in their use of their virtual ward capacity, in view of the challenges highlighted. Doccla, an IT solution purchased by the Integrated Care Board may support transparent patient reporting and included an interface to the call stack, where calls to the ambulance service were listed. This would mean that virtual ward teams had the ability to respond to calls into the ambulance service, enabling care to be provided by the right person, in the right place and at the right time. The national Paediatric Innovator Programme would also provide virtual ward provision for respiratory illnesses, providing support to families at home.

In terms of step up care, discussions with General Practice and at Place were ongoing, the challenge in identifying responsible consultants was recognised in the care of the elderly team.

Non-executive Director, Kath Smart, reflected on the job plans in discussion, where no previously agreed e-Job Plan was in place, the Acting Executive Medical Director acknowledged this was his greatest concern in job planning and which he would be held to account for the delivery of, with an intention to reduce to ten by April 2024.

In respect of job plans which contained high levels of Programmed Activities (PAs) and following discussion at the Trust Executive Group, the Acting Executive Medical Director would propose a multi-year approach to address this, commencing with those where PAs exceeded 15. In some specialties, such as Gastrointestinal Surgery and Obstetrics and Gynaecology, a reduction could only be made through consultant recruitment.

The Chief Executive highlighted that as each PA equalled four hours, a 15 PA contract equated to a 60 hour working week, so the value of limiting total PAs to achieve an improved work life balance was critical from a health and wellbeing perspective.

The Chair recognised the positive commitment from the Board in relation to looking after its workforce and providing patient care.

In her capacity as Chair of the Audit & Risk Committee, Kath Smart reminded members of the recent audit report which provided a low level of assurance on the clinical prioritisation of waiting lists and noting the development of the clinical harm review policy enquired where harm would be reported to from a governance perspective. The Chief Operating Officer confirmed that the policy would be taken to the Trust Executive Group for approval in December and reporting would be considered as part of the trust wide governance review.

The Board:

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

P23/11/C2 **Chief Nurse Update (Enclosure C2)**

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

The Board's attention was drawn to the current Clostridium difficile numbers, whilst they were within the current variance it was now anticipated that achievement of the year-end target would not be met. The Trust's performance was in line with the national position and following attendance at a recent webinar assurance was taken on the Trust's current actions, agreed by the Trust Executive Group.

Two MRSA bacteraemia cases had been reported, linked to non-compliance with screening protocols; gaps in admission processes had been addressed and no patient harm had occurred.

Non-executive Director, Emyr Jones acknowledged and welcomed the focus on serious incidents and the implementation of the Patient Safety Incident Reporting Framework (PSIRF) within the Chief Nurse report.

In response to a question from Non-executive Director, Kath Smart with regards to the downward trajectory for falls, the Chief Nurse confirmed there was a need to reset the threshold, the focus continued to be on falls prevention and the reduction of related harm. Regional and national benchmarking of falls would be welcomed within the report.

Following her attendance at a recent Health & Safety Committee, where the Trust's Health & Safety strategy was being refreshed, Non-executive Director, Kath Smart highlighted common themes in learning between this and PSIRF and suggested it may be beneficial for the teams to consider those links. The Chief Nurse confirmed she was happy to support this and would check if it was already being progressed by the Associate Chief Nurse for Patient Safety and Quality.

In response to a question from Non-executive Director, Jo Gander regarding the inclusion of patient and carer's testimonies in the resolution on incidents, the Chief Nurse confirmed that this practice was currently in place. A business case for recruitment of Family Liaison Officers had recently been approved at the Corporate Investment Group and would be a key part of the process.

Non-executive Director, Mark Bailey welcomed the reporting of the serious incidents and enquired of the mechanism to ensure organisational memory of learning was retained. The Chief Nurse confirmed that with the introduction of PSIRF the approach to reporting would change. As part of the development of the Patient Safety Incident Response Plan a thematic analysis had been completed of the Trust's existing incident profile to ensure learning and improvement linked to themes was identified and organisational memory captured.

The Board:

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

P23/11/C3 Maternity & Neonatal Update (Enclosure C3)

The Board received the Maternity & Neonatal Update, which provided an overview of progress against the national standards and compliance against Year 5 Clinical Negligence Scheme for Trusts Standards (CNST).

The Chief Nurse recognised the wealth of information provided, which had been shared with the non-executive maternity safety champions and been subject to a check and challenge review by the Local Maternity & Neonatal System.

The Director of Midwifery brought the Board's attention to the non-compliance with the British Association of Perinatal Medicine (BAPM) standards in respect of the neonatal nursing workforce, and that an action plan was in place to address the deficit, which required approval by the Board following review at the Trust Executive Group.

Term admissions to the Neonatal Unit remained below regional and national thresholds, an overarching action plan was in place, shared with the Board for oversight and approval.

In respect of CNST safety action eight, initial training compliance had been reduced to 80%, with a view to achieving 90% within a twelve week period. Should all booked training go ahead as planned the Trust was expected to declare compliance.

Safety action six was proving to be a challenge nationally, in view of the need to fully implement version three of Saving Babies' lives by 31 March 2024, this had been raised locally and escalated as the Trust would declare non-compliance.

An action plan to support transitional care for babies was provided for Board oversight and approval.

Non-executive Director, Jo Gander recognised the considerable efforts of colleagues across the service. With regards to clarification of the impact of non-compliance with BAPM, the Chief Nurse confirmed from a Trust perspective the aspect which was not delivered consistently was that of a supernumerary co-ordinator, particularly at times of peak activity, and or acuity. Appropriate escalation routes were identified and on occasions, in order to maintain a safe service, the unit may be closed to admissions. Whilst the BAPM standards were guidance, rather than mandated requirements, a neonatal workforce plan had been taken to Trust Executive Group and would be included in future business planning.

The Chief Executive confirmed that the Trust's position relating to meeting the high standards of BAPM was replicated across the country, achievement of the aspirational standards was recognised as a positive but would take place over time, the key being to ensure appropriate risk management was in place. In order to strengthen self-assessments and provide additional external assurance to Trust Boards, peer reviews were undertaken by the Local Maternity & Neonatal System.

In response to a question from Non-executive Director, Kath Smart regarding concerns relating to the support of the newly qualified midwives, the Director of Midwifery confirmed the pastoral team, educators and senior management team were actively supporting the newly appointed Band 6 midwives to act as mentors to the newly qualified midwives. The Chief People Officer acknowledged the package of support offered to the

newly qualified midwives, which included health and wellbeing, alongside educational development but recognised the volume of new recruits created a challenge.

In view of the various and extensive action plans in place across Maternity and Neonatal Services, Non-executive Director, Kath Smart sought confirmation that the Director of Midwifery had access to the various tools, techniques and support required for delivery. The Director of Midwifery confirmed that the process was carefully managed by the Project Manager.

The Board:

- ***Noted and took assurance from the Maternity & Neonatal Update and approved the transitional care action plan (Safety Action 3), the Q1 & Q2 action plans related to ATAIN (safety action 3), the action plan for the use of short term locums (safety action 4), the action plan for the engagement of long term locums (safety action 4), the action plan to meet the BAPM standards for neonatal nursing workforce (safety action 4) and the local training need analysis (safety Action 8) and formally record that the Trust meets the BAPM standards for neonatal medical workforce.***

P23/11/D1 Chair's Assurance Log – People Committee (Enclosure D1)

Non-executive Director, Mark Bailey shared the key highlights from the People Committee's Chair's Assurance log, including positive assurance, ongoing major programmes of work, areas of concern and decisions taken.

Non-executive Director, Kath Smart confirmed she had recently presented at an event for NHS Cadets as part of the widening participation programme, details of which would be shared with the Board, who may be invited to speak at future events.

Non-executive Director, Jo Gander recognised the progress made with regards to the digital staff passport and its cross organisational support of training.

The Board

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

P23/11/D2 People Update (Enclosure D2)

The Chief People Officer provided an overview of work to improve colleague experience, including staff survey, flexible working and the Trust's involvement in wave one of the digital staff passport roll out.

The national staff survey had recently closed and the latest known response rate compared favourably with that of last year. The Trust's 2022 results had been commended in a letter recently received by NHSE's National Director for People. Future reports would include identified staff survey measures, aligned to the People Strategy, with previous year's performance and national acute provider comparator data. This would sit alongside the existing People metrics provided in the Integrated Quality and Performance Report.

The Chief Executive acknowledged NHSE's recognition of the Trust's positive movement in all seven elements of the People Promise, with a response rate of 65% assurance could be

taken that the actions addressed those areas of concern and work continued to further improve colleague experience.

Non-executive Director, Emyr Jones, confirmed as part of his role of maternity safety champion that flexible working was supported in practice, assisting the recruitment and retention of colleagues.

The Chair welcomed the progress made and the effective scrutiny and oversight of the People Committee.

The Board:

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

P23/11/D3 Guardian of Safe Working Quarterly Report (Enclosure D3)

The Chair of the Board welcomed the Guardian of Safe Working to the meeting, who reported an improvement in rota gaps from August, when compared to previous years, resulting in reduced locum costs. The number of overall exception reports remained low, a slight increase had been seen since August, linked to junior doctors commencing in post. No themes were identified across specialities, historical peaks seen in general medicine and surgery had not been seen this year due to an improved staffing position.

The majority of reports related to additional hours worked, reflecting the workload of junior doctors, there had been very few exception reports related to missed education opportunities. Feedback from the junior doctors' forum signalled an apparent reluctance for locum cover due to historical concerns related to high workload; the Guardian of Safe Working felt this was not an ongoing issue and suggested work was required to influence a shift in perception. Additional funding for ten middle grade doctors in emergency medicine also supported the position going forwards.

The Chair sought the Guardian of Safe Working's view on how best to improve the reputational perception, which was acknowledged to be difficult in view of a lack of affiliation to the Trust. The Acting Executive Medical Director recognised the reduced demand for cover and the positive impact this had in attracting locum's interest.

In response to a question from the Chief Executive regarding any other issues raised in the Junior Doctor Forum, the Guardian of Safe Working noted the benefit of qualitative feedback, which had included access to parking for twilight shifts. Any themes outside of exception reporting would be escalated by the Guardian through the appropriate channels.

The Chief Operating Officer expressed an interest in attending the Junior Doctor Forum to share with colleagues the Trust's winter plans.

In respect of the qualitative data provided within the report, Non-executive Director Kath Smart enquired of the mechanism to ensure that junior doctors were aware concerns had been heard, including those not able to attend the Forum. The Guardian of Safe Working confirmed that the invitation was extended to all junior doctors, however, the majority of attendees were management trainee representatives, who were utilised as a valuable resource to disseminate information. Requests for feedback via email has been

encouraged where colleagues were unable to attend. In addition, senior colleagues such as the Chief People Officer, Acting Executive Medical Director and Associate Director of Education were in attendance to hear and respond to feedback.

Reflecting on the impact of the industrial action throughout the year, and in view of recent press coverage Non-executive Director, Kath Smart sought an update from the Chief People Officer. Following negotiations between the British Medical Association and the Government, views of consultant BMA members were currently being sought on a pay offer, during which time industrial action was paused. The Chief Executive reflected on the response from other trade unions and recognised the potential for the BMA discussion to reignite industrial action across the non-medical workforce.

The Board:

- ***Noted and took assurance from the Guardian of Safe Working Quarterly Report***

P23/11/E1 Chair's Assurance Log – Finance & Performance Committee (Enclosure E1)

Non-executive Director, Mark Day shared the key highlights from the Finance & Performance Committee's Chair's Assurance log, including positive assurance, ongoing major programmes of work, areas of concern and decisions taken.

Reflecting on yesterday's Committee meeting Mark acknowledged the positive and calm approach taken by the executive directors which provided a great deal of confidence, the Executive Place Director for Doncaster also attended as senior responsible officer (SRO) for the Urgent & Emergency Care Improvement Programme. The challenging system and national financial positions were acknowledged, which impacted upon the Trust, with risks mitigated where able. The significant work undertaken to prepare for potential funding of the Doncaster Royal Infirmary estate was commended. Getting It Right First Time, Virtual Wards and diagnostic performance would be a focus in the coming months.

The Deputy Chief Executive recognised the breadth of the Committee's business, worthy of consideration as part of the trust wide governance review.

The Board:

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

P23/11/E2 Finance Update (Enclosure E2)

The Chief Financial Officer reported a month seven deficit of £0.9m, £24.8m deficit year to date, which was £1.3m adverse to plan and £1m adverse to forecast.

Capital expenditure in month seven was £5.3m against a plan of £4.3m, the year to date position was £15.7m against a plan of £25m.

The cash balance at the end of October was £15.4m. The Trust had an approved cash drawdown request of £14.9m for Quarter 3, £7.2m of which would be received in November. This was in line with the Trust's deficit position and as previously agreed; the Board confirmed its support of the cash drawdown.

The Trust had delivered £3.3m of savings in month, £0.6m favourable to plan, £11.1m year to date and £1.9m favourable to plan.

Non-executive Director, Lucy Nickson noted the significant increase in phasing of the Cost Improvement Programme from Quarter 3 and enquired what the impact of this was. The Chief Financial Officer confirmed there had been an expectation that schemes would be designed in year, in addition not all schemes had delivered as planned and escalation meetings with the SRO, Chief Financial Officer and Chief Executive had taken place and recovery plans agreed. Additional savings through theatre efficiency, outpatients and job planning were being explored, and where identified changes had been implemented, but the benefit not realised, schemes would be revisited.

Following the recent national announcement of largely repurposed funds to support the cost of industrial action and the impact on the ability to earn Elective Recovery Funding, an amount of £800m had been confirmed, £23m of which was assigned to the South Yorkshire Integrated Care Board (ICB). In view of the system's current unidentified financial gap the funds would be retained by the ICB, in addition a revised year end forecast was submitted to the national team of £55m. As a result, providers had been asked to improve their year-end positions, the ask of the Trust was an improvement of £4m and whilst there was no plan to support this, the Trust had committed to explore opportunities.

Since the ICB submission a further ask to close the gap to £30-35m had been made, with a focus on temporary staffing and discretionary spend, scrutiny of the Trust's position was expected in view of its current deficit plan. An external assessment across the system was anticipated.

The Chief Executive noted that it was reported that any year-end system deficit would be removed before allocations, and would be in addition to any further efficiencies, and that this would result in an increasingly challenging financial ask. Due to a change in approach, the Chief Financial Officer confirmed this deduction would be made in 2025/26. The work undertaken by Deloitte to understand the Trust's drivers of deficit confirmed the Trust's view of an historical underfunding, which had been escalated to the ICB for review. As the Trust approached winter the increased challenges were recognised, which required effective partnership working to deliver the required level of care to patients.

Non-executive Director, Mark Bailey enquired what improvement could be made against current service lines, the Chief Financial Officer confirmed good analysis was available. During the pandemic a number of services had become less efficient and programmes of work to consider this, in areas such as theatres and outpatients had taken place, with ongoing work to ensure that the change translated to a benefit, the limitations of the estate were recognised.

Non-executive Director, Emyr Jones acknowledged the financial challenges faced by the Trust and reinforced the need to maintain the quality of care and services provided, the Chief Financial Officer noted a patient first priority approach, with assurance provided that any efficiencies did not negatively impact quality, assessed by the Chief Nurse and Executive Medical Director as part of the Quality Performance Impact Assessment. The national directive was also clear on patient care and the continued support over Winter as part of the urgent and emergency care pathways. The Chief Executive confirmed the need to engage with the public with regards to the way services would be delivered in

the future, ensuring efficient and effective service provision, in a timely, safe and sustainable manner at Place and across the system.

The Board:

- ***Noted the Finance Update and confirmed its support of the cash drawdown***

P23/11/E3 Directorate of Recovery, Innovation & Transformation Update (Enclosure E3)

The Director of Recovery, Innovation & Transformation provided an overview of the Directorate's work. Changes made earlier this year to the way in which the Quality Improvement & Innovation Team worked had significantly increased the level of support across the organisation and a summary of the various projects was included within the report.

A significant amount of work to develop a suite of programmes and processes had taken place should funding become available to improve the Doncaster Royal Infirmary site, likely be focused on the East Ward Block, where the majority of patients were located.

A decision to open the Mexborough Elective Orthopaedic Centre on 8 January 2024 had been taken by the ICB and partner Trusts, with the support of an insourced staffing model.

The Board:

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

P23/11/E4 Operational Performance Update (Enclosure E4)

The Chief Operating Officer's report highlighted the Trust's performance against September's access standards and elective activity plan and cancer waiting times for August 2023.

The Board's Finance & Performance Committee had scrutinised reporting at yesterday's meeting. The Board's attention was drawn to minor improvements across the urgent and emergency care pathways, although the service continued to face considerable challenges for patient access. There continued to be a significant number of patients who were medically fit for discharge occupying beds, which impacted upon bed capacity; an improvement in CT and MRI scan performance was confirmed, due to additional capacity.

In respect of cancer standards, the Trust had achieved 94.5% against the 96% standard for 31 day diagnosis to treatment, this was due to an increased in dermatology referrals.

The Board:

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

P23/11/E5 **Same Day Emergency Care Business Case (Enclosure E5)**

The Chief Operating Officer confirmed that the business case supported delivery of a twelve hour a day, seven day a week same day emergency care for medical patients, in line with the national standard. The majority of funding for this year had been identified, with a gap of £96k remaining and the case had been presented to the Board's Finance & Performance Committee for consideration.

The Chair of the Finance & Performance Committee confirmed the Committee's support to increase the service in line with national standards and in view of recurrent funding. This year's funding gap had been included within the Trust's financial plans.

The potential to extend the opening hours further had been discussed, however, as this would present a further financial and recruitment pressure the suggestion was to proceed in line with the minimum national standard, with the potential for this to be reviewed in the future.

The Board:

- ***Approved the Same Day Emergency Care Business Case***

P23/11/E6 **Winter Plans (Enclosure E6)**

The Chief Operating Officer confirmed the report and sought final approval for investment towards 2023/24 winter plans. Significant investment had taken place to date to support patient flow and maintain patient safety. Following divisional and corporate workshops and subsequent check and challenge processes a series of schemes had been worked up, with deliverable priority schemes identified which were expected to have the greatest impact. The total, worst case scenario, cost was identified at £671k, which assumed additional nursing costs at agency rates and a 100% fill rate.

Non-executive Director, Hazel Brand sought clarification on the reference to overnight transport costs, which the Chief Operating Officer confirmed related to the discharge of patients from either the Emergency Department or assessment areas, rather than a ward. The Chief Executive highlighted the importance of a system response to winter, with bed occupancy at DRI running above the recommended 92% for the last three years, the importance of timely discharge was critical to support flow through the department, with no additional beds available to open over the winter months. The recent revision to budgets had included the indicative winter plan costs. Non-executive Director, Hazel Brand acknowledged the span of partners and associated plans, which the Chief Operating Officer confirmed had been subject to regional and national submission.

In response to a question from Non-executive Director, Kath Smart regarding the effectiveness of the recently refurbished and relocated discharge lounges, the Chief Operating Officer confirmed the capacity and opening hours had been increased, with use of the discharge lounge promoted as the default, unless a clinical reason prevented this. The Chief Nurse acknowledged the proactive support offered in the movement of patients by the discharge lounge.

In response to a question from Non-executive Director, Lucy Nickson, with regards to additional workforce requirements, the Chief Operating Officer confirmed that the financial assumption for planning for nursing assumed agency costs, although additional

hours may be taken up by substantive colleagues. Additional medical and non-nursing requirements would likely be covered by additional hours, although agency rate costs had been factored in.

The Board:

- ***Approved the Winter Plans***

P23/11/F1 Health Inequalities Strategy (Enclosure F1)

The Chair of the Board welcomed the Director of Innovation & Infrastructure and the Public Health Consultant to the meeting.

The detail of the strategy had been considered by the Board earlier in the year, with a final draft reviewed by the Board's Finance & Performance Committee in October. The strategy was supported by a three tier adapted framework and delivery plan, six key priority areas were identified, aligned to Place, ICB and NHSE priorities:

- Prevention
- Elective Care Pathways
- Urgent and Emergency Care Pathways
- Children and Young People
- Maternity / best start in life
- Research and Innovation

Significant engagement had taken place internally, at Place and across the system. In terms of next steps, and subject to approval by the Board of Directors, the strategy would be formally branded and launched, with a celebration event planned to raise awareness.

In response to a question from Non-executive Director, Jo Gander regarding how the impact of the strategy would be measured, the Public Health Consultant recognised this was difficult at such an early stage of the strategy's development. A clear priority to embed health inequalities into business as usual was noted. The Chief Executive confirmed that health inequalities was a key strand of the ICB's work, with improvement measured at a system level, with the support of Place organisations to support delivery of more equitable services.

The Chief People Officer welcomed the links with local, regional and national strategies and the holistic approach to its development and the value of positive internal and external connections. Whilst the ongoing monitoring of the strategy would be via the Board's Finance & Performance Committee, the Chief People Officer enquired if there was an opportunity for the Board to receive periodic updates given its scope and importance, in a similar vein to the Research & Innovation Strategy which would report bi-annually to the Board. The Consultant in Public Health agreed to consider this suggestion.

The Deputy Chief Executive recognised the need to be mindful of the consequence of decisions from a health inequalities perspective and suggested it may be helpful to identify a metric to monitor progress as a system, in order to demonstrate progress.

Non-executive Director, Lucy Nickson suggested it may be helpful to identify the transactional activities required to achieve the agreed strategic outcomes, in order that progress could be evidenced.

In response to a question from Non-executive Director, Hazel Brand, regarding the wider determinants of health, the Consultant in Public Health confirmed a toolkit had been developed to assist in signposting patients. In respect of training packages, there was currently very little material already developed, this was the subject of discussion with counterparts and opportunities for working collaboratively would be explored. The Chair of the Board noted the ambitious target for 90% of staff, governors, and volunteers to be trained by March 2024 and sought clarification on how this would be achieved, the Consultant in Public Health confirmed 90% was in line with the requirement for statutory and essential training, with an expectation that governors and volunteers would be updated as part of briefing and development sessions.

The Chief Nurse suggested the Consultant in Public Health may wish to connect with the recently appointed youth worker in Paediatrics and the SRO of strategic theme five of the Quality Framework, for the care of vulnerable patients.

The Board:

- ***Approved the Health Inequalities Strategy***

P23/11/G1 Annual Emergency Preparedness, Resilience & Response (EPRR) Core Standards Compliance (Enclosure G1)

The Chief Operating Officer brought the Board's attention to the increased level of evidence required for 2023/24 core standards. The Trust's final return had been submitted on 21 November, and whilst feedback to the Trust was outstanding no further change was expected to the 31% compliance rate. Across South Yorkshire, compliance ranged between 10-45% and a programme of work would be developed to address the shortfalls, monthly reports would be taken to the Trust Executive Group, with compliance and programmes of work reported to the Audit & Risk Committee.

In response to a question from the Chair of the Audit & Risk Committee, the Chief Operating Officer acknowledged the learning in respect of the increased evidence would be used to support the next annual submission. As EPRR featured in the internal audit strategy it was suggested that thought be given as how to utilise the skills to prepare for the external assessment.

The Board:

- ***Noted and took assurance from Annual Emergency Preparedness, Resilience & Response Core Standards Compliance***

P23/11/G2 Quality & Effectiveness Committee Terms of Reference (Enclosure G2)

The Company Secretary confirmed the terms of reference had been agreed by the Committee and were received for approval.

The Chief Executive suggested that the Chairs of the Quality & Effectiveness and Audit & Risk Committees consider the addition of the Deputy Chief Executive as a member and

attendee, respectively. Both Chairs confirmed their support of the proposal and subject to the following amendment the terms of reference was approved.

The Board:

- ***Approved the Quality & Effectiveness Committee Terms of Reference***

P23/11/G3 People Committee Terms of Reference (Enclosure G3)

The Company Secretary confirmed the terms of reference had been agreed by the People Committee and were received for approval by the Board.

The Board:

- ***Approved the People Committee Terms of Reference***

P23/11/H Information Items (Enclosure G1 – G7)

The Board noted:

- H1 Chair and NEDs Report
- H2 Chief Executives Report
- H3 Integrated Quality & Performance Report
- H4 Minutes of the Finance and Performance Committee 24 July & 21 September 2023
- H5 Minutes of the People Committee 5 September 2023
- H6 Minutes of the Quality & Effectiveness Committee 1 August 2023
- H7 Minutes of the Charitable Funds Committee 15 June 2023
- H8 Minutes of the Audit & Risk Committee 20 July 2023
- H8 Minutes of the Trust Executive Group 11 September & 9 October 2023

P23/11/I1 Minutes of the meeting held on 31 October 2023 (Enclosure I1)

The Board:

- ***Approved the minutes of the meeting held on 31 October 2023.***

P23/11/I2 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P23/11/I3 Governor Questions regarding the business of the meeting (10 minutes) *

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

How confident can the Trust be that the identified target of 90% of staff, volunteers and governors to be trained/educated in health inequality matters by 31 March 2023 can be met?

The Consultant in Public Health confirmed the 90% standard was aligned to the statutory and essential training compliance, governor and volunteer training would be addressed as part of a briefing and development session.

The Deputy Lead Governor would share further questions with the Company Secretary for a response outside of the meeting.

In relation to concerns related to the standard of staff accommodation, whilst the matter had been discussed at last month's Board, the Chief Executive had been included in recent correspondence and a further response had been provided. The Chief Executive had ensured, via the Chief Nurse, that the pastoral team for international recruits were sighted on the escalation route, and medical colleagues via their divisional teams. All colleagues were encouraged to raise concerns through the established routes to ensure a timely response. In addition, guidance and relevant contact details would be provided to users of the accommodation to support the reporting of concerns.

The Board:

- ***Noted the governor questions***

P23/11/I4 **Date and time of next meeting (Verbal)**

Date: Tuesday 19 December 2023

Time: 09:30am

Venue: MS Teams

P23/11/J **Close of meeting (Verbal)**

The meeting closed at 13:05



Suzy Brain England OBE

Chair of the Board

19 December 2023