



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 26 March 2024 at 9:30am
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
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
Fiona Dunn - Director of Corporate Affairs / Company Secretary
Mohammed Khan - Guardian of Safe Working (newly appointed – agenda item C2)
Lois Mellor - Director of Midwifery
Dr Anna Pryce - Guardian of Safe Working (agenda item C2)
Shaina O’Hara – Executive PA (minutes)
Daniel Ratchford - Senior Director, IQVIA (agenda item C1)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Rebecca Allen - observer
Mark Bright - Public Governor Doncaster
Denise Carr - Public Governor Bassetlaw
Gina Holmes - Staff Side
Annette Johnson - Public Governor Doncaster
George Kirk - Public Governor Doncaster
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Joseph Money - Staff Governor
Vivek Panikkar - Staff Governor
Gavin Portier - Staff Governor
Clive Smith - Public Governor Doncaster
Mandy Tyrrell - Staff Governor
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Karen Jessop - Chief Nurse
Angela O’Mara - Deputy Company Secretary

P24/03/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 for absence were received and no declarations of interest made.

P24/03/A2 Actions from Previous Meetings

There were no active actions.

P24/03/B1 Executive Medical Director Update (Enclosure B1)

The Acting Executive Medical Director brought the Board's attention to key points to note in his update paper.

Job planning continued to progress well with new software expected to be introduced over the next few months. Work also continued to reduce the high level of programmed activities (PAs) within some job plans.

The team continued to work to increase the patient pathways for virtual wards, the intention was to increase the use of appropriate pathways to increase the number of patients cared for in the virtual ward to 60 patients, currently sitting at 40 patients.

The latest appraisal data was shared, 87% completed vs target of 85%. The year end result was expected to be 90% above national target. The Board's attention was drawn to the reduction in the Trusts Hospital Standardised Mortality Ratio (HSMR). A decrease in the Summary Hospital Mortality Indicator (SHMI) was expected as a result of ongoing work within coding and clinical quality. Six additional people had been trained to undertake Structured Judgement Reviews (SJRs); the outcome from SJRs would be reported through the newly created Effectiveness Committee.

In response to a question from Emyr Jones regarding the redistribution of released PAs, the Acting Executive Medical Director confirmed most were recycled within the team. Some teams with consistently high PAs, e.g. GI Surgery and Neurology required further work to understand solutions, including alternative workforce models.

Non-Executive Director, Lucy Nickson requested a better understanding of the challenges around the virtual ward pathways and steps required to achieve other pathways. The Acting Executive Medical Director gave examples of antibiotic dosing levels and duration of treatment which were being considered to enable additional patient to benefit from the virtual ward pathway. New pathways for regional issues around eating disorders and heart failure pathways were being addressed including communications to improve patient up take. Non-Executive Director, Hazel Brand noted that patients had shared their experiences of the virtual ward pathway at a recent event, identifying that the patients reported very positively about their experiences and that they had benefited from continued care within their home.

In response to a further question in relation to speaking to bereaved families, the Acting Executive Medical Director confirmed he would advise Lucy Nickson outside of the meeting.

In response to a request for more narrative on the GIRFT (Getting It Right First Time) and Further Faster Programme from Non-Executive Director, Kath Smart. The Acting Executive

Medical Director highlighted areas such as ENT, Trauma and Orthopaedics, Audiology with the biggest waits. The challenges for these areas were different, however there was ongoing work to triangulate through the GIRFT process.

A further question from Non-Executive Kath Smart highlighting the KPIs around death certificates being issued. The Acting Executive Medical Director confirmed there was a 3 day standard where teams were encouraged to complete the certificates by the end of their shift.

The Chief Executive clarified the requirement the Trust must achieve in 2024/ 2025 in respect of staffing levels. The financial plan would be set for future years on how to effectively measure productivity, ensuring the Trust continued to be sustainable and safe for the future. In relation to the GIRFT Programme, the Deputy Chief Executive would be undertaking work on delivering the benefits of GIRFT which supported the Trust being safe, sustainable, effective and efficient. The Chair clarified the GIRFT programme and intention to support reduced waiting lists.

Non-Executive Director, Jo Gander supported the use of GIRFT, however noted as a caution that case mix and complexities of patients would also need to be considered as it may appear productivity wasn't being achieved.

In response to a question from Non-Executive Director, Mark Bailey around what other Trusts do to encourage the adoption of GIRFT. The Acting Executive Medical Director recognised the importance of effective clinical engagement, with a focus on improving quality and productivity.

The Board:

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

P24/03/B2 Chief Nurse Update (Enclosure B2)

The Deputy Chief Nurse highlighted key points from the report. There were 7 serious incidents logged in November 2023 and two patient safety incident investigations. The Deputy Chief Nurse pointed out the transition to Patient Safety Incident Response Framework (PSIRF) from December, terminology for Sis would now be referred to as Learning from Patient Safety Events (LFPSE).

The number of falls had reduced across November and December. Tenable audit results for December showed a compliance score of 98%.

Hospital Acquired Pressure Ulcers (HAPU) was reported, there were some complexities around the patient's medical condition. Learning was identified around nutrition and pain management, with further ongoing work with our skin integrity team.

There were six cases of C. Difficile reported in December, and it was noted that there has been an increase in the number of C.Diff cases seen nationally. The actions to improve the position had been shared at the Trust Executive Group in March. The Deputy Chief Nurse pointed out the purchase and use of a highly sensitive testing platform had possibly contributed to some of the increase. Standard testing had not picked up C.Diff toxin at lower levels. Trusts who used the same platform had also exceeded their targets.

The number of outstanding complaints had improved significantly, of the 55 complaints received in December 17 had not met the timeframe. The Deputy Chief Nurse assured the Board that actions continued to be adjusted in relation to performance, recent performance the actions were working.

The Friends and Family Test had transitioned to **Iwantgreatcare** in January 2024. This would be conducted as a 12-month pilot to include text messages to increase the numbers of survey responses.

Non-Executive Director, Emyr Jones enquired if the national team was aware of the increased sensitivity and if it would be taken into account due to the nationally imposed C.Diff target. The Deputy Chief Nurse advised there were ongoing conversations around the testing platform, the detail of which would be provided outside the meeting.

Non-Executive Kath Smart questioned the root cause of the missing documentation noted in the CNs report and if the patient's affected were subject to duty of candour. The Deputy Chief Nurse confirmed of the cases reviewed, none met the threshold, however as part of the review process patients had been contacted. Actions would be shared outside of the meeting.

In response to a further question from Non-Executive, Kath Smart around initial feedback on the **Iwantgreatcare** pilot, the Deputy Chief Nurse suggested an improvement in some of the response rates which would be discussed at the Quality & Effectiveness Committee in 6 months.

The Board:

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

P24/03/B3 Maternity & Neonatal Update (Enclosure B3)

The Board received the Maternity and Neonatal update, providing an overview of perinatal and neonatal deaths, Health Service Investigation Branch (HSIB) referrals, training compliance. The Director of Midwifery noted that the Trust believed that it had met all the requirements for the Clinical Negligence Scheme for Trusts (CNST). Year 5 results were expected to be published on 2 April.

The team await feedback following a recent visit from the Local Maternity and Neonatal System (LMNS) relating to the single delivery plan. The CQC Maternity Survey was received for February 2023 indicating a 41% response rate vs 27% prior year. An action plan would concentrate on the areas the survey had identified. The team would revisit the issue around delayed discharge from the postnatal wards as some families wish this process to be quicker.

Midwifery staffing was reported to be stable, recruitment for newly qualified midwives continued. The plan, by October would be to be fully recruited in this area.

The Chief Executive highlighted the significant challenges this particular team had been met with over the past year. The Chair and the Chief Executive recognised the positive report and personally commended the team on the progress they had achieved during a really difficult period. This praise was also mirrored by Non-Executive, Jo Gander who

highlighted the good relationships forged between DBTH and the Maternity and Neonatal Voices Partnerships.

The Chair clarified the presentation covered all four documents within the paper.

The Board:

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

P24/03/C1 People Update including Staff Survey Results (Enclosure C1)

The Chief People Officer introduced Daniel Ratchford, from IQVIA and provided a reminder the staff survey was undertaken, late September to November 2023 which was the same time frame as the CQC Inspections. The results were published nationally on 7 March 2024, a link to the full report could be found in the paper.

In summary the Trust achieved a really good response rate, 67%, which was one of the highest nationally, higher than the previous year, and the highest result achieved to date. It was encouraging to see there had been improvements in the majority of questions and across all of the people promise themes.

Daniel Ratchford provided some background information around IQVIA before congratulating the Trust on their fantastic set of results and response rate achieved, which he commented was virtually the best in the country. It was explained 67% of colleagues who responded equated to nearly 5000 colleagues, this provides clear signs of engagement. An in-depth presentation on the results from the survey was provided including new questions introduced by NHS England around nutritious and affordable food and unwanted sexual behaviour. A few areas of focus were highlighted around food, bullying, harassment and abuse including the new questions.

The Chair thanked Daniel Ratchford for presenting the impressive set of results.

When comparing data across the sector, the Deputy Chief Executive suggested turnover be taken into consideration. It was confirmed the survey captured length of service.

The Chief Executive shared the Chief People Officer's ambition to further improve the results, however acknowledged and thanked colleagues for the huge response in completing the survey. In response Daniel Ratchford confirmed that the driver to completing the survey was that colleagues clearly felt engaged by their organisation. It was noted all the data would be improved on, good and bad. The Chief People Officer highlighted where the Trust would be strengthening collectively by collaborating with partners, sharing information and best practice to make ongoing improvements.

In response to a question from the Chair around assurance that action plans were developed, and the survey results shared across the Trust, the Chief People Officer detailed the steps to share the information and the intention was to co design action plans with colleagues across the Trust. The Chief People Officer would oversee the action plans and report through the People Committee. The Director of Communications and Engagement confirmed the results had been shared internally as well as externally in local and social media.

The Board:

- ***Noted and took assurance from the People Update including Staff Survey Results***

P24/03/C2 Guardian of Safe Working Quarterly Report (Enclosure C2)

The Chair introduced Dr Anna Pryce, Guardian of Safe Working to what would be her last meeting and noted that the new Guardian of Safe Working was in attendance. Dr Anna Pryce introduced consultant Mr Mohammed Khan who would receive a phased handover in April and a full handover from May onwards.

The Guardian of Safe Working's quarterly report summarised exception reporting from November to January. The majority of the exception reports had been submitted by trainees working in General Medicine, General Surgery and Paediatrics. The increase in reports from the Paediatrics department was due to a couple of issues around an inappropriate work schedule for trainees and a regional exception reporting drive in paediatrics which DBTH took part in and as a result the more senior colleagues would support trainees. It was felt this would be a valuable tool for increasing exception reporting in other specialities and would be picked up as part of the ongoing work plan.

Another issue raised in relation to junior doctors who work additional hours when clocks go back, there had been a fine implemented for that circumstance. The report highlighted an increase in rota gaps in Surgical specialities, Obstetrics and Gynaecology and Paediatrics. The General Medical specialities are well staffed, although this area sees the highest number of exception reports.

The Guardian of Safe Working highlighted the increased number of exception reports which cause safety concerns due to junior doctors working out of hours shifts, noting that this needs to be addressed in a more effective way.

Missed education opportunities were also highlighted, departments had been asked to identify better ways to support trainees to attend.

Non-Executive Director, Kath Smart asked what mitigating actions would be taken around the inadequate provision for locum cover. In response, Acting Executive Medical Director advised the introduction of rota software would provide better visibility of upcoming gaps and provide an opportunity for doctors to fill gaps themselves. The software would be rolled out over the next 3 months. The Acting Executive Medical Director highlighted the new software would also help address another issue around less than full time working.

In response to a further question from Non-Executive Kath Smart around the fine received due to additional hours worked through summertime clock changes and the stance to ensure it would not be repeated. The Acting Executive Medical Director clarified the upcoming clock change was a better clock change, October means one hour extra. There had been previous discussions around alleviating the risk and advice had been taken from the BMA who shared the different models to mitigate the risk, however nationally there wasn't an agreed solution.

The Chief Executive highlighted that the significant and ongoing industrial unrest may have contributed to the clock change issue as previously that adjustments in summertime and wintertime hours historically had been absorbed.

The Board thanked Dr Anna Pryce for her contribution whilst in the role and formally welcomed Mr Mohammed Khan.

The Board:

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

P24/03/D1 Chair's Assurance Log – Finance & Performance Committee (Enclosure D1)

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

The partial assurance around financial planning for the year ahead was highlighted due to internal challenges associated to submitting a compliant financial and activity plan and the Board was encouraged to look at those issues.

The Board was significantly assured by the forecast outcome positions was favourable to plan, albeit a deficit plan. Full assurance on the year end planning processes whereby the Finance & Performance Committee agreed to prepare the accounts on a going concern basis.

The Board:

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

P24/03/D2 Finance Update (Enclosure D2)

The Chief Financial Officer reported a month eleven deficit of £24.5m, £1.0m favourable to plan and £0.7m favourable to forecast.

Capital spend in month eleven was £9.5m, against a plan of £9.3m, the year to date position was £44.1m against a plan of £49.9m. The Trust was on target to deliver its year end capital plan.

The cash balance at the end of February was £31.8m, an increase of £19.4m in month. The Trust had drawn down the final support of capital Public Dividend Capital (PDC) cash support of £22.6m. The Board was asked to note and approve a request of £10m cash support for Q1 based on the assumption of an assumed deficit of circa £40m included in the first draught of the plan.

The Board was asked to approve the preparation of the draft accounts on a going concern basis. The Chief Financial Officer confirmed discussions with the local commissioner and ICB regarding the provision of all services for the next 12 months. The cash position at the end of the year would be approx. £25m. The expectation to pull on central support for the next year was suggested.

The Chief Financial Officer clarified in detail how the Trust would reconcile being a going concern and the deficit position being addressed.

In response to a question from the Chair around a trajectory to balancing the accounts. The Chief Financial Officer confirmed that the ICB was working on a 2-year focus on clearing out the system deficit but that for DBTH this could be longer time period.

The Board noted the Trust's deficit year to date and the forecasted year end deficit position.

The Board approved the application of national revenue cash support of c£10m for Q1 of 24/25 in line with an assumed deficit of c£40m.

The Board approved the Trust to prepare the draft accounts on a going concern basis.

The Board:

- ***Noted the Finance Update and deficit YTD at month 11 and forecasted year end deficit.***
- ***Approved the application of national revenue cash support and draft accounts on a going concern basis.***

P24/03/D3 Directorate of Recovery, Innovation & Transformation Update (Enclosure D3)

The Chief Financial Officer took the paper as read and highlighted key points within the paper.

The Mexborough Elective Orthopaedic Centre (MEOC) had opened, there had been a number of teething issues, however these were resolved quickly with the support from the three Trusts. A big thank you to all three organisations for their support in getting these issues ironed out.

Non-Executive Director, Hazel Brand highlighted the Bassetlaw Emergency Village (BEV) charity appeal was launched for equipment for children and vulnerable adults, the closing date coincides with the completion of the BEV.

The Chief Executive highlighted the work which had gone into completion of the Trust capital plan, delivered on time and on budget and the significant improvements which have been made to the Trust's facilities. Including the MEOC as it was a shared capital programme across the Acute Federation involving three Acute Trusts Sincere thanks and congratulations from the Chief Executive to all colleagues who had been involved in the success of this project.

The Chair noted the number of VIPs who had visited and were interested in our new innovations and plans for the future. A special thanks to the Chief Financial Officer, who behind the scenes helped drive the team to success.

The Board:

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

P24/03/D4 Operational Performance Update (Enclosure D4)

The Chief Operating Officer highlighted key points from the paper and took the opportunity to update the Board on the urgent emergency care activities in March.

An overall increase of 13% in the Emergency Department activity which mirrored a national trend. Bed occupancy rates continued to be significantly above 92% standard. Diagnostic performance remained static.

Elective care, the number of patients waiting for surgery continued to reduce. The number of patients on a 78-week wait were expected to be eliminated by the end of March 2024. The Trust was expected to have around 20 patients waiting over 65 weeks. The national deadline for eradicating 65 week waits had been extended to the end of Q1.

The Trust benchmarked very well on cancer wait times standards and continued to achieve faster diagnosis standard, deliver 31 diagnoses to treatment and achieve upper quartile performance for 62-day referral to treatment waits.

The Chief Operating Officer updated the Board on the improvements to emergency care access in March. The new divisional leadership teams reported to be on track to deliver 75% for March, with no additional resources allocated into delivering this improvement.

The Chief Operating Officer shared headlines with the Board on the divisional management teams confirming that all of the Divisional leadership teams were now in place.

Changes have been made to the emergency medicine, medical staff, rotas which supports the initial wait to be seen time. A full analysis would be undertaken to understand the impact of these achievements.

The Chair thanked the Chief Operating Officer for a positive report.

In response to a question from Non-Executive Director, Lucy Nickson around the potential junior doctor's strike and plans to mitigate any risks/impact on elective activity. The Chief Operating Officer shared the plans to ensure the Trust continued to provide safe essential services. The focus would be on Life or Limb procedures, urgent or cancer related care and on long waiting patients.

Non-Executive Director, Emyr Jones questioned if the Trust would try to quantify the impact of not being able to expand workforce over the next 12 months. In response the Chief Executive confirmed that the expectation would be that the Exec Team would move the organisation forward strategically on the delivery of safe and sustainable high-quality care. Using tools such as the GIRFT programme to remove and reduce waste to ensure the trust continued to add value to the services.

The Board:

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

P24/03/E1 Charitable Funds Committee Chair’s Assurance Log (Enclosure E1)

Non-executive Director, Hazel Brand shared the key highlights from the Charitable Funds Committee’s Chair’s Assurance log, which included positive assurance, ongoing major programmes of work, matters of concern and decisions taken.

The Board members received the latest update on the Head of Chairty interviews, Non-Executive Director, Hazel Brand shared the good news that an offer had been made to a candidate with the hope that they would be fully recruited and able to attend the meeting in June.

The Board:

***Noted and took assurance from the Chair’s Assurance Log
Information Items (Enclosure F1 – F7)***

P24/03/F

The Board noted:

- F1 Chair and NEDs Report
- F2 Chief Executive’s Report
- F3 Integrated Quality & Performance Report
- F4 Minutes of the Finance and Performance Committee 27 November 2023
- F5 Minutes of the Quality & Effectiveness Committee 5 December 2023
- F6 Minutes of the Charitable Funds Committee 7 December 2023
- F7 Minutes of the Trust Executive Group 13 November, 11 December 2023 and 8 January 2024

P24/03/G1 Minutes of the meeting held on 27 February 2024 (Enclosure G1)

- ***The Board approved the minutes of the meeting held on 27 February 2024***

P24/03/G2 Governor Questions regarding the business of the meeting (10 minutes) *

The Chair received three questions from the Council of Governors, confirming that the financial question around when the Trust would be in recurrent surplus had been subject to a very comprehensive conversation earlier in the meeting. The other two questions were as follows:

“Do we use Physician’s Assistants? If not, will we use them and how will they be supervised?”

The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates working that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director assured the Board that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles the changes are managed effectively to ensure appropriate cover and support.

“What is the procedure to move patients through the night and whether there is any way to mitigate that?”

The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.

The Chair thanked both the Acting Executive Medical Director and the Chief Operating Officer for their responses and advised if there were any further questions following the meeting, these should be submitted to the Trust Board Office whereby written responses would be submitted onto the portal. The Chair thanked the Governors for their participation in this way.

The Board:

- ***Noted the governor questions***

P24/03/G3 *Any other business (to be agreed with the Chair prior to the meeting)*

The Chief Executive asked the Board to formally record the gratitude of the Board and himself for all of the hard work and effort the Trusts Pathology teams have undertaken as DBTH colleagues over the years noting that a number of colleagues would be subject to TUPE transfer on the inception of the South Yorkshire and Bassetlaw Pathology Network which would be formed on 1 April 2024.

The Chair highlighted the teams chat conversation at the very start of the meeting around the link to the new DBTH Way background template could be found in the 12 March Buzz communication, should colleagues wish to download the new background.

P24/03/G4 Date and time of next meeting (Verbal)

Date: Tuesday 7 May 2024

Time: 09:30am

Venue: MS Teams

P24/03/G5 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P24/03/H Close of meeting (Verbal)

The meeting closed at 12:05

A handwritten signature in black ink, appearing to read 'Suzy Brain England OBE', written in a cursive style.

Suzy Brain England OBE
Chair of the Board
7 May 2024