

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 2 July 2024 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
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
Dr Emyr Jones - Non-executive Director
Zara Jones - Deputy Chief Executive
Dr Nick Mallaband - Acting Executive Medical Director
Lucy Nickson - Non-executive Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Denise Smith - Chief Operating Officer
- In attendance:** Rebecca Allen - Associate Director of Strategy, Partnerships & Governance
Danielle Bhanvra - Head of Midwifery (agenda item D1)
Anthony Jones - Deputy Director of People & Organisational Development
Mohammad Khan – Guardian of Safe Working (agenda item D3)
Angela O'Mara - Deputy Company Secretary (minutes)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Gina Holmes - Staff Side Chair
Joseph Money - Staff Governor
Clive Smith - Public Governor
Sheila Walsh - Public Governor
- Apologies:** Mark Day - Non-executive Director
Zoe Lintin - Chief People Officer
Lois Mellor - Director of Midwifery
Kath Smart - Non-executive Director

P24/07/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 apologies for absence were noted.

Non-executive Director Mark Bailey referenced his recent appointment as a Trustee of Ashgate Hospice, included in the register of director's interests and Non-executive Director Hazel Brand reported a change to committees membership in her role as Councillor at Bassetlaw District Council.

P24/07/A2 Actions from Previous Meetings

Action 1 - Health & Wellbeing Offer - verbal updated provided and action to be closed.

Action 2 - Patient Strategic Priority - wording amended and action closed.

Action 3 - Strategic Priorities - paper included at agenda item B1 - action to be closed.

Action 4 - Quality Improvement & Innovation Strategy - updated strategy circulated to Board members on 27 June 2024 - action to be closed.

Action 5 - Focus on Quality Improvement Initiatives on Board ward and departmental visits - the template had been updated - action to be closed.

Action 6 - Integrated Quality & Performance Report - action not yet due.

Action 7 - L2P Medical Appraisal System - action not yet due.

Action 8 - Uptake of Covid and Influenza immunisations - action deferred to the People Committee - Board action to be closed.

Action 9 - Chair's Assurance Log - Finance & Performance Committee – assurance log updated to Team Engine. Action to be closed.

Action 10 - Refresh of Board Assurance Framework - action not yet due

Action 11 - Board Assurance Framework 3 (Operational Performance) - action not yet due.

P24/07/A3 Chair's Report (Enclosure A3)

The Chair of the Board provided an overview of her activities, visits, and key events in the Trust calendar since her last report.

The Board:

- ***Noted the Chair's Report***

P24/07/A4 Chief Executive's Report (Enclosure A4)

The Chief Executive's report provided an overview of items of interest at a local, system and national level connected to the work of the Trust and aligned to its strategic priorities.

The Board:

- ***Noted the Chief Executive's Report***

P24/07/B1 Strategic Priorities – Measuring Success (Enclosure B1)

The Deputy Chief Executive brought the Board’s attention to the strategic priorities delivery framework which proposed success measures, aligned to an executive director and Board, or Board Committee. A six monthly progress report would be shared with the Board of Directors, which would replace the previous framework for reporting directors objectives towards delivery of the True North objectives. **ZJ**

The workplans of the Board and its assurance committees would ensure oversight through scheduled agenda items and supported by commentary in the Chair’s Assurance Logs.

In response to a question from the Chair of the Board, the Deputy Chief Executive confirmed there was no change in committee oversight responsibilities.

Non-executive Director, Jo Gander sought clarity on the oversight arrangements for the success measure relating to the delivery of clinically effective and efficient services. It was confirmed it would be the Quality & Effectiveness Committee for quality matters and for performance elements, such as Virtual Wards and the Getting it Right First Time programme, the Finance & Performance Committee.

The Board:

- ***Approved the proposed approach for monitoring delivery of the Trust’s strategic priorities***

P24/07/B2 Doncaster & Bassetlaw Healthcare Services Update (Enclosure B2)

The Chief Financial Officer provided an update on the financial performance and operational activity of Doncaster & Bassetlaw Healthcare Services (DBHS) Limited. A pre-tax profit of £98K was reported for 2023/24 and as at 31 May 2024 performance continued to be favourable to plan.

The 2023/26 strategic plan referenced the five strategic pillars and associated work related to pharmacy, education and resource, homecare services, digital innovation, and social and charitable causes.

The Managing Director of DBHS highlighted the current contract with the Trust ran until October 2026. A dividend payment was made to the Trust in 2023 and a decision would be taken at the next subsidiary Board meeting regarding the potential to pay a dividend in 2024.

In respect of the acquisition of homecare services, the Chief Financial Officer acknowledged the support and learning opportunities available as part of the development of Trust wide tenders.

The Board of Directors would continue to receive a quarterly update relating to the business of its wholly owned subsidiary, Doncaster & Bassetlaw Healthcare Services.

The Board:

- ***Noted and took assurance from the Doncaster & Bassetlaw Healthcare Services Update***

P24/07/C1 Integrated Quality & Performance Report (Enclosure C1)

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to access, quality, and workforce standards for May 2024. The refreshed format included an executive summary, key performance indicators, assurance reports and a summary of future developments of the IQPR.

The Chief Operating Officer brought the Board's attention to the impact of sustained high demand on the emergency care pathways, the Trust continued to collaborate with system partners to drive improvements. In respect of cancer, the faster diagnosis and 31 day decision to treatment standards had been met; whilst the 62 day referral to treatment standard had not been achieved, the Trust's performance was above the national position.

The Chief Nurse confirmed that work on the quality dashboard was in progress. The 2024/25 national C.difficile threshold remained unconfirmed but was expected to be challenging. The current level of infection was below the 2023/24 threshold.

Both reported never events had been resolved from a patient perspective and the completed patient safety incident investigations would be presented to the Board's Quality & Effectiveness Committee for assurance. The never event framework was currently under review, with feedback awaited from the consultation.

The Acting Executive Medical Director reported good progress on e-job planning, with further improvements expected following the new system go live date in August 2024. The combined Hospital Services Mortality Rate (HSMR) stood at 109 and disease level structured judgement reviews had been undertaken to identify and understand any themes. The reporting of Venous thromboembolism (VTE) risk assessments was now live following the implementation on WellSky®, with 92% achieved against the 95% target. The need to integrate remaining paper based records, such as the theatre checklist to an electronic version was noted.

The Deputy Director of People & Organisational Development confirmed that since the paper had been written the statutory and essential training compliance had increased to 88.56%. The Trust was now in the final month of the non-clinical appraisal season and the current rate exceeded that seen at this point in 2023 by 16%. 55.37% of appraisals had been completed and recorded and action plans were in place to meet the 90% standard. As in previous years it was expected that completion rates would increase during July as objectives were cascaded through the management structure.

In response to a question from Non-executive Director, Hazel Brand with regards to plans to report time to hire for non-Agenda for Change colleagues. The Deputy Director of People & Organisational Development confirmed this would not be extended to medical recruitment due to the differing pathways which required the support of external bodies and was outside of the organisation's control.

Non-executive Director, Mark Bailey confirmed plans to expand the range of people data reported and the Deputy Director of People & Organisational Development would establish a set of key performance indicators for inclusion within the IQPR.

In response to a question from Non-executive Director, Lucy Nickson in relation to the steps taken to ensure the publicly available content was understandable, the Director of Communications & Engagement recognised the importance of appropriate supporting narrative. In addition, where multiple reports were available at a trust, Place and system level the Chief Executive acknowledged the benefits of bringing together key information in a simplified way, which allowed comparisons to be made. Alongside the information shared at the Board of Directors, there was a quarterly Council of Governors meeting held in public which considered the Trust's achievement of key performance standards.

The Board:

- ***Noted and took assurance from the Integrated Quality & Performance Board***

P24/07/C2 Financial Position & Financial Plan Update (Enclosure C2)

The Chief Financial Officer reported a year to date deficit at month two of £8.8m, £1.4m adverse to plan. The position was largely due to an underperformance against elective income of £1.3m and a pay overspend of £800k, partly offset by an underspend on independent sector work of £700k. There would be a refocus on efficiency and effectiveness led by the Chief Executive and the Chief Operating Officer was working closely with the Orthopaedic Team to address the elective underperformance, support was being received from the national Getting It Right First Time team and the use of temporary staffing was being scrutinised.

The cash balance at month two was £16.8m. A change to the cash support regime was expected in July, when money would be received via the Integrated Care Board as part of the contract, the mechanics of which were being worked through.

The total year to date capital spend was £2,864k, £2,418k of which related to the purchase of robotic equipment through charitable funds.

With regards to the refocus on the efficiency and effectiveness of the organisation, Non-executive Director, Lucy Nickson enquired what form this would take and what was expected on a monthly basis. The Chief Financial Officer confirmed the various gateways for delivery were currently being established with the Transformation Board being reformed as the Efficiency & Effectiveness Committee. There was a need to address underperformance, including the impact on urgent and emergency care activity on elective performance, however, the number one priority remained patient safety.

The Board:

- *The Board noted the financial position and financial plan update*

P24/07/C3 Response to the Outcome of the Infected Blood Inquiry (Enclosure C3)

The Acting Executive Medical Director shared with the Board the Trust's compliance with the recommendations of the national inquiry and those actions planned to ensure full compliance.

Progress against the actions would be monitored via the Medical Director's Office and reported to the Quality & Effectiveness Committee.

In response to a question from Non-executive Director, Emyr Jones, regarding the support required to roll out the electronic tracking of blood products, the Acting Executive Medical Director confirmed the trust wide roll out was being prioritised by IT, there was excellent colleague engagement and good progress was being made.

The Chair of the Board welcomed the report and acknowledged the importance of objectively assessing the Trust's practice and acting on the identified learning.

The Board:

- ***Noted and took assurance from the Response to the Outcome of the Infected Blood Inquiry***

P24/07/C4 Chair's Assurance Log – Quality & Effectiveness Committee Enclosure C4)

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

Following a review of the Trust's paediatric audiology services the Trust had embarked upon a significant programme of work to improve practice and procedures in line with recommendations. Support was being received from the regional team and mitigating actions had been taken to ensure delivery of a safe service. An unexpected delay to progress was noted, arising from the implementation of a new software solution which required a reassessment of records to take place.

In terms of complaint handling, the Committee agreed a revision to its internal response deadline, for which divisions would be held accountable, and aligned its reporting metric to that of the Parliamentary Health Service Ombudsman.

The Board:

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

P24/07/C5 Chair's Assurance Log – People Committee (Enclosure C5)

Mark Bailey, Chair of the People Committee provided an overview of the four quadrants of the assurance log, positive assurance, areas of major works, areas of focus and decisions made.

Progress against the People Strategy delivery plan was noted, with strong evidence of colleague engagement evident from the findings of the staff survey.

In terms of areas to improve, further work was required to reduce the time to close casework files and whilst the Committee was assured that an appropriate risk based framework was in place for the violence prevention and reduction standard, more evidence was required to seek assurance on actions to address/reduce incidents.

The Board:

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

P24/07/C6 Chair's Assurance Log – Finance & Performance Committee (verbal)

In the absence of the Chair of the Finance & Performance Committee, Non-executive Director, Mark Bailey provided a verbal update from the meeting of 25 June 2024, supported by the Chief Financial Officer.

The Committee had been apprised on the work of the Getting It Right First Time Programme, a lessons learnt review of 2023/24 winter plans and discussions relating to the utilisation of the Mexborough Elective Orthopaedic Centre. Alongside the regular monthly financial and performance reports the Estates and Facilities annual performance report highlighted key performance indicators relating to its broad portfolio of work and its people.

A written copy of the assurance log would be provided post meeting and uploaded to the portfolio of papers.

The Board:

- ***Noted and took assurance from the verbal update***

P24/07/C7 Chair's Assurance Log – Audit & Risk Committee (Enclosure C7)

In the absence of the Chair of the Audit & Risk Committee, Non-executive Director, Jo Gander 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 arising from the corporate governance audit was ongoing, Committee Chairs would meet with the Associate Director of Strategy, Partnerships & Governance to review workplans and terms of reference.

A comprehensive overview of the Trust's 2023/24 emergency preparedness, resilience and response plans had been received, progress to date was noted and a further review would take place during the Autumn of 2024.

The Board was informed of decisions taken at the year-end meeting relating to the annual governance statement, annual report and accounts and the Committee's annual report. In view of the efforts to complete the year end work in a timely manner, agreement had been reached to defer the review of the Standing Financial Instructions, Standing Orders and Reservation of Powers to the Board and Delegation of Powers to September's meeting.

The Board:

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

P24/07/C8 Chair's Assurance Log – Charitable Funds Committee Enclosure C8)

The Charitable Funds Committee scheduled for 1 July had been postponed until 16 July 2024, as such the Chair's Assurance Log would be presented to September's Board meeting.

P24/07/C9 Audit & Risk Committee Annual Report (Enclosure C9)

In the absence of the Chair of the Audit & Risk Committee, Non-executive Director, Jo Gander provided an overview of the Audit & Risk Committee Annual Report.

The Board:

- ***Noted and took assurance from the Audit & Risk Committee Annual Report***

P24/07/C10 Compliance with the Provider Licence Continuity of Service Condition – CoS7 (Enclosure C10)

The Board reviewed and approved the statement of compliance relating to the Continuity of Service condition (CoS7) of the Provider Licence. The going concern principle had been reported to the Finance & Performance Committee and following the addition of the Chair and Chief Executive's signatures, the declaration would be uploaded to the Trust's website.

The Board:

- ***Approved the compliance declaration related to the Provider Licence Continuity of Service Condition – CoS7***

P24/07/D1 Maternity & Neonatal Update (Enclosure D1)

The report provided an overview of the progress made against the national standards within maternity and neonatal services. The format of the report had been revised in accordance with NHSE recommendations and aligned to the requirements of the Clinical Negligence Scheme for Trusts (CNST).

Work in relation to Year 6 CNST standards was ongoing and currently safety actions were on track to declare full compliance in March 2025. A change in guidance relating to the British Association of Perinatal Medicine (BAPM) national standards was currently being worked through.

The transitional care action plan had been revisited and refreshed in line with Year 6 standards and approval was sought and provided by the Board.

In their capacity as Board level maternity safety champions Non-executive Directors Jo Gander and Emyr Jones continued to be actively engaged with the service and recognised the dedication and open, honest, and constructive dialogue with colleagues.

With regards to the impact of negative national press on maternity services, Non-executive Director, Hazel Brand enquired of opportunities to share local good news stories, which the service confirmed they worked closely with the Communications & Engagement Team to facilitate.

Following her attendance at an internationally educated event, Hazel Brand enquired of the support available to international midwives, which encompassed a variety of sources including the Workforce Matron, Practice Development Midwife, Professional Maternity Advocate, and pastoral support.

The Head of Midwifery presented the midwifery workforce report, which provided assurance for the period Quarter 3-4 2023/24 related to an effective system of midwifery workforce planning and monitoring of safe staffing levels. A summary of key workforce measures for obstetricians and anaesthetics was also provided relating to Year 6 of the Maternity Incentive Scheme.

Non-executive Director, Mark Bailey acknowledged the significant interest from newly qualified midwives and recognised colleagues efforts to proactively engage with prospective colleagues to retain their interest. The Chief Nurse welcomed the positive feedback and highlighted the support required from the existing team to integrate the new colleagues into the service.

The Chief Executive reflected on the Board's commitment to work towards achievement of the national Birthrate Plus® standard, despite not being fully funded. The level of interest from newly qualified midwives was uplifting, particularly considering the impact of high profile national maternity safety review. The importance of delivering the required improvement actions was noted.

The Board:

- ***Noted and took assurance from the Maternity & Neonatal Update including the Q47 perinatal mortality report***
- ***Approved the revised transitional care action plan***
- ***Took assurance from the Maternity Workforce report***

P24/07/D2 Learning from Deaths

The Acting Executive Medical Director provided a verbal update, which confirmed a total of twenty colleagues had now been trained to undertake Structured Judgement Reviews (SJR). To date, a limited number of reviews had been returned in Quarter 1, aside from the SJRs, learning from sepsis related deaths had been established which identified specific areas of focus including the sampling of blood cultures and delivery of antibiotics. A formal learning from deaths report would be considered by the Quality & Effectiveness Committee before reporting to the Board of Directors.

In response to a question from Non-executive Director, Lucy Nickson, the Acting Executive Medical Director confirmed the Trust was an outlier for Hospital Standardised Mortality Ratio (HSMR) and further work was required to understand the reasons why the Trust's rate remained above 100. The impact of local health inequalities was recognised,

including respiratory disease and disease specific mortality reviews would further develop understanding.

Non-executive Director, Emyr Jones stressed the importance of translating learning into sustained systemic change in practice. The need to increase the number of SJRs to extract the learning was acknowledged.

P24/07/D3 Guardian of Safe Working Quarterly Report (Enclosure D3)

The Chair of the Board welcomed the Guardian of Safe Working to his first Board meeting.

During the period February to April 2024 a total of 67 exception reports were received from junior doctors in training across General Medicine, Obstetrics/Gynaecology and Paediatrics. The majority of reports related to additional hours worked, reflecting the high workload of junior doctors. An update would be provided in the next Board report relating to the two exception reports relating to immediate safety concerns.

MK

The Chief Executive encouraged exception reporting and welcomed the current engagement to raise awareness and remove barriers. Discussions between the Guardian of Safe Working and the Chief People Officer had taken place regarding supervisor support, to ensure a streamlined process with an escalation route, where required. The Acting Executive Medical Director noted there had been no recent evidence of reporting being discouraged.

In response to a question from the Chief Nurse regarding exception reporting from the GP training scheme, the Guardian highlighted the educational focus of such placements and the reduced likelihood of exception reporting, but agreed to establish where such information would be received.

The Board:

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

P24/07/D4 Workforce Race Equality & Disability Equality Standards (Enclosure D4)

The 2023/24 annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submission was received for information. A revision to the national deadline had resulted in the submission being shared with the Trust Leadership Team before remote approval by members of the People Committee.

An improving picture was noted, where areas of continued focus were highlighted these were included with the Equality, Diversity and Inclusion action plan which also incorporated NHSE's high impact actions. Delivery against this action plan was monitored by the Equality, Diversity & Inclusion Committee and overseen by the People Committee.

In addition to the data reported for Black and Minority Ethnic (BME) applicants, shortlisted candidates, and appointees it was suggested it would be helpful to receive a career development comparison for BME and white colleagues. The importance of evidencing the positive impact of race discrimination, rather than reporting the position was encouraged.

The Trust's governor election process would commence shortly and nominations were invited from the diverse communities served by the Trust.

The Board:

- ***Noted the Workforce Race Equality & Disability Equality Standards***

P24/07/D5 **2023/24 Annual Report & Accounts, including Annual Governance Statement and Quality Accounts (Enclosure D5)**

The Board received 2023/24's final annual report and accounts, letter of representations and Quality Accounts for noting.

The Audit & Risk Committee had scrutinised the draft report and subject to the incorporation of non-material amendments, recommended by the external auditors, authority for approval had been delegated to the Chief Executive.

The annual report and accounts had been submitted to NHSE on 28 June 2024 and would be received at the Trust's Annual Member Meeting; a pre-recording of which would be made available at 6pm on 26 September 2024. Members of the public would be invited to raise questions to be answered as part of this meeting.

The Chief Financial Officer acknowledged the following achievements: delivery of 2023/24's financial plan, the auditors clean opinion that the financial statements provided a true and fair view of the financial position and the accepted position as a going concern.

The efforts of colleagues were recognised in the preparation of the annual report and accounts.

The Board:

- ***Noted the 2023/24 Annual Report & Accounts, including Annual Governance Statement, Letter of Representations and Quality Accounts***

P24/07/D6 **Use of Trust Seal (Enclosure D6)**

The report confirmed the application of the trust seal in relation to an extension to lease, approved by the Chief Financial Officer and Chief Executive.

The Board:

- ***Noted the Use of the Trust Seal***

P24/07/D7 **Estates Return Information Collection 2023/24 (Enclosure D7)**

The Board received the 2023/24 national return for approval. The return provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and supports work to improve efficiency. The increasing complexity of the return was noted.

Despite expenditure of c.£9m, the backlog maintenance had reduced by only c.£3m. A slight increase had been seen in capital expenditure in 2023/24, with £21m invested in the capital projects which included the Mexborough Elective Orthopaedic Centre, Community Diagnostic Centre and Bassetlaw Emergency Care Village.

The Board:

- ***Approved the Estates Return Information Collection 2023/24***

P24/07/E1 Board of Directors Workplan (Enclosure E1)

The Board:

- ***noted the Board of Directors Workplan***

P24/07/F1 Minutes of the meeting held on 7 May 2024 (Enclosure F1)

The Board:

- ***Approved the minutes of the meeting held on 7 May 2024***

P24/07/F2 Pre-submitted Governor Questions regarding the business of the meeting (verbal)

No questions had been received prior to the meeting; the Chair of the Board invited any questions post meeting to be submitted to the Trust Board Office for a written response to be provided. Governor question and answers would continue to be available via the governor portal and provided for information at the Council of Governors meeting.

P24/07/F3 Any other business (to be agreed with the Chair prior to the meeting)

On 26 June 2024 NHSE wrote to all trusts to highlight the need to maintain focus and oversight of the quality of care and experience in pressurised services. It was recognised that the sustained national pressure across services had impacted the standard of service provided and all Trust Boards were asked to assure themselves that all efforts were being made to work with system partners to provide alternative solutions to emergency department attendance and admission and to maximise in-hospital flow with senior decision making and board and ward rounds.

Assurance on six action points was required, which would be considered at this month's Urgent & Emergency Care Board, to be reported to the Board's Finance & Performance Committee.

P24/07/F4 Date and time of next meeting (Verbal)

Date: Tuesday 3 September 2024
Time:
Venue: MS Teams

P24/07/F5 **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.***

P24/07/G **Close of meeting (Verbal)**

The meeting closed at 11:54



Suzy Brain England OBE
Chair of the Board
3 September 2024