

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 3 September 2024 at 09:30  
via MS Teams

- Present:** Mark Bailey - Non-executive Director (from agenda item D3)  
Suzy Brain England OBE - Chair of the Board (Chair)  
Hazel Brand - Non-executive Director  
Mark Day - 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  
Denise Smith - Chief Operating Officer
- In attendance:** Ken Agwuh - Director of Infection, Prevention & Control (agenda item E4)  
Rebecca Allen - Associate Director of Strategy, Partnerships & Governance  
Danielle Bhanvra - Head of Midwifery (agenda item E1)  
Mim Boyack - Infection Control Lead Nurse (agenda item E4)  
Simon Brown - Deputy Chief Nurse (agenda item D5)  
Sam Debbage - Director of Education & Research (agenda item D4)  
Jane Fearnside - Head of Research (agenda item D4)  
Angela O'Mara - Deputy Company Secretary (minutes)  
Denise Phillip - Head of Safeguarding (agenda item E3)  
Emma Shaheen - Director of Communications & Engagement  
Julie Wragg - Person Centred Care Practitioner (agenda B1)
- Public in attendance:** Rob Allen - Public Governor  
Duncan Batty - Head of DBTH Charity  
Mark Bright - Public Governor  
Laura Brookshaw - 360 Assurance  
Abbey Harris - Maternity and Neonatal Independent Senior Advocate (agenda item E1)  
Gina Holmes - Staff Side Chair  
Lynne Logan - Public Governor  
Dave Northwood - Public Governor  
Gavin Portier - Staff Governor  
Chinwe Russell - Board Development Delegate  
Khai Mohammad Shadhan - Board Development Delegate  
Clive Smith - Public Governor

**Apologies:** Jo Gander - Non-executive Director  
Zara Jones - Deputy Chief Executive  
Lois Mellor - Director of Midwifery

**P24/09/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 noted. No conflicts of interests were declared.

**P24/09/A2 Actions from Previous Meetings**

Action 3 - Integrated Quality & Performance Report - updated version provided @ agenda item D1 – action to be closed.

Action 4 - L2P Medical Appraisal System - action not yet due.

Action 5 - Refresh of Board Assurance Framework (BAF) – updated BAF @ agenda item D6 – action to be closed.

Action 6 - Board Assurance Framework 3 (Operational Performance) - updated BAF @ agenda item D6 – action to be closed.

Action 7 – Progress Report – Strategic Priority Success Measures – included @ agenda item C2 – action to be closed

Action 8 – Immediate Safety Concerns Exception Reports – action not yet due.

**P24/09/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. Partnership work continued to be a key priority, with a good level of engagement across South Yorkshire & Bassetlaw Acute Federation.

Since the last Board meeting, the annual NHS Providers' Governor Focus Conference had taken place, as a facilitator at the event, the Chair of the Board shared her appreciation of governor engagement and contribution.

Expressions of interest were currently being sought for the role of Lead and Deputy Lead Governor.

The Trust's pre-recorded Annual Members Meeting would be broadcast at 6pm on 26 September 2024, and questions were invited from governors and members of the public.

***The Board:***

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

**P24/09/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's attention was drawn to the improved Care Quality Commission's 2023 inpatient survey results, which were above the national average and work to build upon

this achievement would continue. More recently, a Friends and Family Test, specifically related to the Mexborough Elective Orthopaedic Centre demonstrated outstanding satisfaction results, which the Chief Executive confirmed was a testimony to colleagues' efforts in establishing the facility. Partner Trusts continued to work collaboratively to ensure utilisation was maximised.

The Trust's challenging financial position was noted, with NHS South Yorkshire recently named as one of nine integrated care systems subject to review by NHS England as part of the Investigation & Intervention Programme. The paper highlighted the current and projected deficit and the planned actions and areas of focus to ensure a balanced approach considering the three core pillars of safety, quality and finance. The importance of strong financial management was recognised, drawing upon the Trust's expertise and historical efforts of overcoming such challenges.

Non-executive Director, Kath Smart acknowledged the internal communications regarding the financial position and enquired of colleagues' feedback, the Director of Communication & Engagement confirmed this had been limited but further views were expected in the post-Board Team Brief and a number of cost saving suggestions had been received in response to the request for ideas.

In response to a question from Non-executive Director, Hazel Brand, the Chief Executive confirmed that where a member of the public became unwell in an on-site catering facility provided by an external supplier, they had a responsibility as part of health and safety regulations to have a designated first aider. In addition, Trust colleagues were encouraged to be aware of visitors and check on individuals where concerns arose regarding their welfare.

Non-executive Director, Kath Smart highlighted a successful summer event, featuring speakers, music and dance in celebration of the cultural diversity of the Trust and the contribution of international colleagues.

The Associate Director of Strategy, Partnerships & Governance shared with the Board colleague feedback welcoming the compassionate approach taken by the Trust, and in particular the Chief Executive and Chief People Officer, in respect of the care demonstrated to colleagues who may have been affected by the recent rioting.

***The Board:***

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

**P24/09/B1 Wendy's Story (Enclosure B1)**

The Chief Nurse introduced Julie Wragg, Person Centred Care Practitioner, to share the experience of Wendy, a patient living with dementia, the subsequent learning and change in practice associated with her care.

Wendy began to show symptoms of dementia at the age of 35 and was originally misdiagnosed with depression, it was not until five years later that she received a diagnosis.

In early 2022, following a fall at home, Wendy was brought to the hospital's Emergency Department by ambulance, and subsequently raised her concerns with the Trust Patient Advice & Liaison Service regarding the experience and care she had received during this visit.

Arrangements were made for Julie to meet with Wendy, who was keen to share her experience of living well with dementia. With the support of a personal assistant, Wendy lives independently, is Vice Chair of Doncaster Dementia Collaborative and plays an active role in improving services for people with dementia in the Doncaster community. and whilst there were positives to report, Wendy's belief was her experience was directly linked to her dementia diagnosis and she was keen to focus on aspects of learning associated with this.

Whilst Wendy received an apology from the Trust for the care received, there was no offer of a solution, or improvements to ensure others did not receive the same treatment.

Training had subsequently been implemented to improve the quality of complaint responses, the complaint policy had been reviewed and reporting and analysis of learning improved.

There was an increased focus on person centred care, including mobility and a relaunch of John's Campaign to ensure the carer of a patient with dementia had extended access rights.

Colleagues had undertaken dementia interpreter training and attended the dementia tour bus which simulates how it feels to live with dementia.

The Chair of the Board thanked Julie for sharing Wendy's story and the powerful impact of hearing the very personal experience was recognised by the Chief People Officer.

The Chief Nurse recognised the ongoing work to embed revisions to the response to complaints, with all complaint letters reviewed by the Chief Nurse ahead of Chief Executive sign off.

Non-executive Director, Emyr Jones and the Acting Executive Medical Director recognised the challenges of accessing medical records between general practice and the Emergency Department due to a lack of integration.

Non-executive Director, Kath Smart acknowledged the importance of communication, with many patients not able to communicate, the role of the carer was crucial and the relaunch of John's Campaign and the Visitors Charter recognised this.

The Chair of the Board shared her thanks with Wendy for sharing her story and encouraging the learning.

***The Board:***

- ***Noted and took assurance from Wendy's Story***

**P24/09/C1 Winter Plan Briefing 2024/25 (Enclosure C1)**

The paper shared the Trust's approach to 2024/25 winter planning and a forecast of demand. In the absence of national guidance, the focus was on delivery of the high impact priority interventions in NHSE's Urgent & Emergency Care Recovery Plan. It was predicted that demand would peak in December 2024 for Bassetlaw and February 2025 for Doncaster.

Where elements of the plan were reliant on partnership working, Non-executive Director, Emyr Jones enquired what options could be explored if support was not available in the community. The Chief Operating Officer confirmed her intention to:

- engage in conversation with partners regarding the use of the Better Care Fund to support care outside of the hospital
- correspond with Place to identify the levels of patients requiring community care, to determine a variance to expected costs
- discuss "step up" virtual ward provision

Work to understand why conveyance and referral rates to hospital were higher in South Yorkshire was the subject of an Integrated Care Board's programme of work.

The need for a robust partnership approach was reinforced and where the lack of community provision impacted upon costs, the option to recover would be explored.

In response to a question from Non-executive Director, Kath Smart with regards to escalation plans where demand exceeded capacity, the Chief Operating Officer advised speciality teams would assist with assessment in the Emergency Department, the safe discharge of patients would be expedited and the use of virtual wards encouraged. A daily escalation call with partners would take place to review delayed discharges.

Non-executive Director, Hazel Brand enquired what plans were in place to maximise the uptake of the influenza vaccine by colleagues, the take up rate locally and nationally had reduced last year and learning had been established. Occupational Health and peer vaccinators would support this year's campaign, which would be extensively promoted across the Trust. The Chair of the Board encouraged colleagues to take up the vaccine for their own and patients protection.

The Chief Executive recognised the reduced level of interest in influenza and covid vaccinations and stressed the importance from an individual, community, and public service perspective. The planned opening of the Bassetlaw Emergency Village and Mexborough Elective Orthopaedic Centre (MEOC) would also support the winter plan, with the advantage that MEOC was not impacted by winter and emergency pressures.

In response to a question by Non-executive Director, Lucy Nickson, the Chief Operating Officer confirmed that the detailed planning had been led by divisional colleagues, with check and challenge by operational and finance colleagues. The final winter plan would be received by the Finance & Performance Committee before presentation to the Board of Directors.

The Chief Financial Officer confirmed that the forecast allowed for additional costs during

the winter months. Historically, the Chief Executive acknowledged there may have been reserves, however, until national guidance was received plans were on the assumption that no additional funding would be made available.

***The Board:***

- ***Noted the Winter Plan Briefing 2024/25***

**P24/09/C2 Strategic Priorities – Delivery Update (Enclosure C2)**

The report provided a mid-year update on progress against the key success measures identified to support delivery of the Trust's strategic priorities and the refresh of the Trust's strategy. Delivery of the operational and financial plan and progress towards becoming a digitally enabled organisation were reported to be off track and the supporting narrative was provided in the accompanying delivery update slide deck.

Non-executive Director, Kath Smart questioned the on track rating assigned to the success measure relating to clinically effective and efficient services, in view of the limited assurance audit reports in respect of mortality data quality assurance and the ongoing work related to Getting It Right First Time, as the impact was yet to be realised. The Chief Executive confirmed the assessment was reflective of the progress of plans, rather than delivery of the improvement at this stage in the year. Challenge in respect of the change was both appropriate and welcomed and as a member of the Finance and Performance Committee, Kath Smart confirmed the detailed scrutiny as part of these meetings and the open and transparent reporting and efforts were acknowledged. In terms of elective activity narrative and a forecast position within the Integrated Quality & Performance it was agreed this would be subject to further debate as part of the Making Data Count Board Workshop.

***The Board:***

- ***Noted and took assurance from the Strategic Priorities – Delivery Update***

**P24/09/D1 Integrated Quality & Performance Report (Enclosure D1)**

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

The Executive Directors summarised their respective key performance indicators.

Non-executive Director, Emyr Jones welcomed the inclusion of the statistical process control charts, to see the trend and impact of interventions. More detailed analysis was to be presented to the Quality & Effectiveness Committee relating to sepsis and mortality.

In response to a question from Non-executive Director, Kath Smart regarding a dip in Emergency Department performance from March 2024 and how previously identified

good practice could be taken forward. The Chief Operating Officer acknowledged the importance of moving the patient out of the department within one hour of the inpatient bed becoming available. Whilst there was a heightened sense of awareness in respect of emergency care flow there was a need to embed practice as business as usual.

Kath Smart noted the inclusion of mixed sex accommodation breaches and enquired of the learning to avoid such breaches and where this would be reported to from a governance perspective. In addition to the Clinical Site Team and divisional colleagues reporting was expected via the Performance Review Meeting and to the Caring Committee.

Where a risk ID was provided as part of the IQPR assurance report, Kath Smart stressed the need for the performance and risk to be aligned, where a risk was sat on a divisional risk register it would be helpful if this was included.

Non-executive Director, Hazel Brand enquired of the Chief Operating Officer's level of confidence that productivity in outpatients and theatres could be increased, whilst good levels of improvement had been seen in on the day theatre cancellations, there was further work required to deliver the core, elective and theatre improvement plans

***The Board:***

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

**P24/09/D2 Financial Position & Financial Plan Update (Enclosure D2)**

The Chief Financial Officer reported a month four deficit of £2.5m, £400k adverse to plan and a year to date deficit of £16m, £2.5m adverse to plan. The Trust's year to date position was mainly driven by elective recovery fund underperformance against a plan of £3.3m and a pay overspend of £1.7m, partly offset by an underspend on independent sector work of £1.2m and a one-off benefit of £1m.

The cash balance at month four was £14m.

The total year to date capital spend, excluding donated assets and charitable funds, was £5.4m, against a plan of £5.1m, with a charitable funds capital spend of £2.45m related to the da Vinci® and stroke rehabilitation robots.

In month, the Trust had delivered £1m of savings against a plan of £1.3m, £3.1m of savings had been delivered year to date, against a plan of £3.1m.

A reforecast had taken place at the end of month two, at the request of the Finance & Performance Committee and a number of actions had been identified, including temporary staffing controls, non-pay costs linked to clinical supplies, services and high costs drugs and a revision to the elective recovery plan to ensure the Elective Recovery Fund target was met.

Providers across the system were working collaboratively on cost improvement programmes and sharing best practice. NHS South Yorkshire were subject to NHSE review as part of the Investigation & Intervention Programme and Chief Financial Officers and

Chief Executives were working closely with the Integrated Care Board.

Non-executive Director, Lucy Nickson acknowledged the assurance provided, in challenging circumstances.

The Chair of the Board confirmed her request at the Acute Federation Board for more sustainable solutions from the Integrated Care Board.

***The Board:***

- ***Noted the financial position and financial plan update***

**P24/09/D3 Healthcare Support Worker Band 2/3 Project (Enclosure D3)**

The paper highlighted the impact and decision making arising from the national review and revision to Band 2 and 3 Healthcare Assistant profiles. In response to the review and in the absence of national guidance, at its meeting of 3 July 2024 the Board of Directors determined an appropriate implementation date for colleagues who had operated at a higher band than they had been remunerated for. This date being the first occasion the matter had been raised with the Trust. Subsequently as local trusts finalised their own positions it became apparent that the Trust's agreed date of 1 June 2022 was not aligned with South Yorkshire & Bassetlaw Acute Federation partners. In view of the inequity the decision was revisited at a meeting of Board members on 14 August 2024 and agreement reached to revise the effective date to 1 August 2021.

In response to an observation by Non-executive Director, Hazel Brand the impact of a lack of national guidance on decision making was acknowledged. Whilst the original date aligned to the Trust's pay banding policy, subsequent partner decisions resulted in an inequitable position and the benefit of transparency of approach from system partners was recognised.

***The Board:***

- ***Noted the Healthcare Support Worker Band 2/3 Project Update***

**P24/09/D4 Research & Innovation Bi-annual Report Enclosure D4)**

The Chair of the Board welcomed the Director of Education & Research and Head of Research to the meeting to provide an update on research and innovation activity within the Trust. Key achievements included the ongoing work towards University Teaching Hospital status, the delivery of year zero of the Research and Innovation Strategy, Place based research and innovation activity and future growth opportunities related to clinical academics and industry partnerships.

An update was provided on the Born and Bred in Doncaster (BaBi-D) programme of work, including the impact on colleagues and the community.

Non-executive Director, Emyr Jones recognised the ambitious activity in what were challenging times, both operationally and financially. The benefit of research and innovation on the quality of care, service provision and improvements was recognised.



In response to a question from Non-executive Director, Mark Bailey regarding establishing research interest at recruitment and building in capacity to conduct research. It was confirmed that this would feature as part of the business planning process for consultants and other professional colleagues. The Acting Executive Medical Director was working with the Associate Director of Research and Innovation to look at research activity withing job plans, to ensure this was of benefit to the Trust.

***The Board:***

- ***Noted and took assurance from the Research & Innovation Bi-annual Report***

**P24/09/D5 Patient Experience Annual Report (Enclosure D5)**

The Deputy Chief Nurse shared the key highlights from the annual report, which provided an insight into patient experience during 2023/24, using data and evidence from a range of sources.

In response to a question from Non-executive Director, Hazel Brand with regards to the reference to relative ward rounds, the Deputy Chief Nurse confirmed these involved colleagues keeping relatives informed with regards to the patient's care, which had positively impacted upon the level of complaints received.

Non-executive Director, Mark Bailey enquired how colleagues were engaged and informed, with each division represented at the Patient Experience & Engagement Committee there was an opportunity to contribute and provide feedback on areas of learning, along with positive stories and compliments received through internal meetings and forums.

***The Board:***

- ***Noted and took assurance from the Patient Experience Annual Report***

**P24/09/D6 Board Assurance Framework & Trust Risk Register (Enclosure D6)**

The Board received the updated Board Assurance Framework (BAF) which had been reviewed by the respective Board Committees. A Board workshop would take place in December 2024, when the BAF would be considered alongside the Trust's strategic priorities.

Discussions during the meeting had been the focus of the current strategic risks and mitigating actions.

With regards to risk ID 1807 relating to critical lift failure, Non-executive Director Hazel Brand enquired of the current working order at Bassetlaw Hospital. The Chief Executive confirmed that due to the routing of pedestrian traffic to accommodate the development of the Bassetlaw Emergency Village there had been an increase in usage of previously underutilised lifts which had resulted in the need for repairs. All work had been carried out and all lifts were in working order. Estates and Facilities colleagues had supported with contingency measures during the repairs and any views shared regarding the need for transportation across site during this time was confirmed to be

speculation.

Non-executive Director, Kath Smart welcomed the alignment of strategic risks to the four strategic priorities; patients, people, partnership, and pounds and encouraged a more balanced approach to Committee oversight. Where there was an element of overlap between Board Committees, the Associate Director of Strategy, Partnerships & Governance confirmed this would be considered at the Board workshop, along with the articulation of risks.

In respect of risk 1, to deliver safe, exceptional, patient centred care, the current score remained at 16, the recent changes to the operational clinical governance structure would be reviewed as practice became embedded.

Non-executive Director, Kath Smart sought clarity on the plans to support an improvement in the time to recruit, related to risk 2. The Chief People Officer confirmed this had been discussed extensively at the Board's People Committee and improvement was currently limited by the Trust's current mixed model of central and devolved recruitment. The recruitment team were currently working closely with colleagues to share best practice.

The report highlighted that risk 4, related to estates risk, remained an extreme risk with a rating of 20, however, there was significant assurance on the mitigating actions in place to maintain the critical infrastructure.

With regards to risk 5, regarding efficiency and spending public money wisely, this was currently reviewed at the Board's Finance & Performance Committee, there had been significant work to address the Trust's deficit position and the current overspend, which was subject to internal and external scrutiny and the Board had been kept updated on current issues and had taken assurance from the mitigating actions.

***The Board:***

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

**P24/09/D7 Chair's Assurance Log – Quality & Effectiveness Committee (Enclosure D7)**

In the absence of the Chair of the Quality & Effectiveness Committee, Non-executive Director, Emyr Jones provided an overview of the four quadrants of the assurance log, positive assurance, areas of major works, areas of focus and decisions made.

***The Board:***

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

**P24/09/D8 Chair's Assurance Log – Charitable Funds Committee (Enclosure D8)**

The Chair of the Charitable Funds Committee, Non-executive Director, Hazel Brand 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.

The Chair of the Finance & Performance Committee provided a verbal update from July's Committee meeting. The adverse forecast and slippage on the Cost Improvement Programmes had been brought to the attention of the Board of Directors, the tight financial position, whilst not uncommon across the NHS, was subject to additional scrutiny across NHS South Yorkshire and members of the Board had met in August to discuss the Trust's financial recovery and NHSE's Investigation and Intervention Programme.

***The Board:***

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

**P24/09/D9 Trust Governance Re-evaluation & Recommendations (Enclosure D9)**

The report summarised the evaluation of the Trust's corporate governance arrangements, arising from the internal audit of the Board and its Committees and the evaluation of the effectiveness of the Council of Governors through internal and external assessments; the findings of which had been progressed by the Associate Director of Strategy, Partnerships & Governance since their appointment.

The Board were asked to consider and vote on the following recommendations related to Board and Board Committee arrangements:

- To reinstate face-to-face Board meetings at least 3 times a year (to include Doncaster Royal Infirmary, Bassetlaw and Montagu Hospitals)
- To ensure all committee and board cover sheets were completed in full, a review of the template would be completed in year to support this
- To review risk management processes collectively with the Board Assurance Framework (BAF), including the frequency of its review
- To procure an external well-led review for 2025/26
- To review the Terms of Reference of all Board Committees

The following thoughts were offered by Board Members:

- An opportunity to benefit from face to face interactions, inside and outside of the meeting, supportive of team dynamics and working as a unitary Board
- The importance of achieving a balanced approach between virtual and face to face meetings post Covid, which was mirrored in partner organisations
- Supports inclusivity for those not digitally enabled, allows members of the public the opportunity to attend a Board meeting at a hospital site close to their home
- A need to consider the time currently devoted to Board development sessions
- The frequency and cycle of receipt of the BAF to be considered as a priority
- Supportive of an external well-led review in 2025/26 and keen to understand the 2024/25 internal well-led review. The Associate Director of Strategy, Partnership & Governance confirmed the internal review would take the form of a self-assessment and along with wider discussions would inform the specification of the external review

- The impact of face to face meetings on time commitment, associated travel costs and the environment
- Committee members were actively encouraged to engage in the workplan and terms of reference conversations

The Board were asked to consider and vote on the following recommendations related to the Council of Governors' effectiveness review/surveys:

- To cease the practice of governor observers at Board committees
- To reinstate at least one face-to-face Council of Governor meeting a year and review the training and development program

The following thoughts were offered:

- Governor observation of Board Committees was not recommended as best practice by NHS Providers' Governwell Team and was referenced within the corporate governance internal audit report
- Governors were keen to engage face to face to develop relationships
- Restricted face to face engagement opportunities restricted the ability for the Board of Directors to develop working relationships with the Council of Governors
- Wider opportunities existed for governors to meet outside of formal Council of Governors meetings, such as training and developments sessions and informal gatherings.
- The use of NHS mail for Governors would be progressed to support freedom of communication
- Parking challenges for governors attending on-site meetings, which was acknowledged as a wider issue, an alternative provision was currently available and further options would be considered

One member of the Board abstained from voting on a return to face to face meetings, all remaining members voted in favour of this recommendation and all remaining recommendations received the unanimous support of the Board.

Arrangements to progress the recommendations would be considered outside of the meeting.

***The Board:***

- ***Approved the recommendations from the Trust Governance Re-evaluation***

**P24/09/E1 Maternity & Neonatal Update (Enclosure E1)**

The report provided an overview of the progress made against the single delivery plan, maternity self-assessment tool and the requirements of the Clinical Negligence Scheme for Trusts (CNST). The review and learning from patient safety events, perinatal mortality reviews and patient safety investigations.

Midwifery staffing remained stable and newly qualified midwives were expected to commence in post in early October.

The number of term admissions was reducing and remained below the national ambition.

Work continued towards achievement of Year 6 CNST standards and all safety actions were currently on track for submission in March 2025. Safety action eight, relating to training compliance, remained the most challenged and an action plan, closely managed by the Education Team, Ward Managers and Matrons was in place.

The Head of Midwifery confirmed Safety Champion meetings, which included the Chief Nurse as Board Safety Champion, Non-executive Director Maternity Champions and the perinatal quadrumvirate leadership team had taken place in June and July 2024.

Progress against the maternity and neonatal cultural improvement plan (SCORE Survey) was reported at the Safety Champion meeting and monitored at the Maternity and Neonatal Safety Quality Committee, with any identified support considered for implementation.

Progress was reported against the action plan to achieve the British Association of Perinatal Medicine (BAPM) national standards for the neonatal workforce. The requirements of the Year 6 BAPM standards for neonatal medical workforce requirements were not met and the Board was asked to consider and approve the action plan to address this.

The Chair of the Board acknowledged the change in requirements and associated increased costs, which were not funded nationally. The Chief Executive acknowledged the increased cost to meet the standard and service requirement and recognised the funding position, which was similar to that of Birthrate Plus®; which may be the subject of future national discussions.

***The Board:***

- ***noted and took assurance from the Maternity & Neonatal Update***
- ***reviewed and approved the Q1 Avoiding Term Admissions into Neonatal Units & Perinatal Mortality Report***
- ***noted that the BAPM national standards for the neonatal nursing workforce had not been met and approved the progress made against the action plan to address achievement of the BAPM standards***
- ***noted that the BAPM national standards for the neonatal medical workforce had not been met and approved the action plan to address achievement of the BAPM standards***
- ***noted the Board Safety Champion meetings with the perinatal leadership team***

- ***noted the progress against the maternity and neonatal cultural improvement plan (SCORE survey)***

**P24/09/E1 Maternity & Neonatal Independent Senior Advocate (Enclosure E1)**

The Chair welcomed the Maternity and Neonatal Independent Senior Advocate (MNISA) to the meeting to provide an update on the MNISA pilot service for South Yorkshire, which had been introduced in response to an immediate and essential action from the Ockenden Review.

A summary of the referrals into the service was provided since its inception in January 2024 and emerging themes and associated learning was reported. Communication and the impact on families, especially additional needs, were identified as a key theme.

The Chief Nurse and Non-executive Safety Champions acknowledged the positive engagement with the Trust and welcomed the MNISA's contribution and feedback.

In response to a question from Non-executive Director, Lucy Nickson, the MNISA confirmed that learning from other organisations had been shared with the Trust and providers were encouraged to continue to work collaboratively.

***The Board:***

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

**P24/09/E2 The NHS Premises Assurance Model (Enclosure E2)**

The NHS Premises Assurance Model provides assurance on regulatory and statutory matters related to the Trust's estate and related services in accordance with the NHS Constitution "*To be cared for in a clean, safe, secure and suitable environment*".

It reports how the organisation manages its infrastructure, providing assurance that systems and processes were in place to mitigate the risks associated with non-compliant infrastructure and major systems as documented in the Trust risk register.

The evidence within the return aligned with the significant assurance finding of the estates planned preventative maintenance internal audit report.

In response to a question from Non-executive Director, Hazel Brand, it was confirmed that following approval by Board the submission was part of a national return to NHS England.

Non-executive Director, Kath Smart acknowledged the outcome which seemed a fair outcome given the challenged estate. In respect of plans for compliance with NHS Standards of Healthcare Cleanliness (2021) in 2024/25, the Chief Financial Officer confirmed that they were within the rolling programme but were not necessarily funded.

The Chair of the Board took the opportunity to share a question from Clive Smith, Public

Governor “given that the operational risk of fire to the estate was rated at 20, the same score as of October 2023, could the non-executive directors give assurance that actions

to reduce the risk were being addressed in a serious, thorough, and timely manner”? It was acknowledged that the fire improvement works related largely to the East Ward Block and were associated with a proposal to renovate and reconfigure. The Board’s Finance & Performance Committee had oversight of this programme of work and the Chair confirmed the Committee was assured by management actions. In addition to the significant assurance received from the internal audit report relating to the planned preventative maintenance of the estate, the Chair of the Audit & Risk Committee also confirmed receipt of a bi-annual health and safety report, which included fire safety and a jointly agreed action plan with South Yorkshire Fire & Rescue Service (SYFRS). The Chief Executive reflected on fire improvement work previously completed in accordance with an enforcement notice, which had been fulfilled to the satisfaction of SYFRS. In addition, the Trust commissioned an external authorised person for fire safety, which provided external expert assurance.

***The Board:***

- ***Approved the NHS Premises Assurance Model submission***

**P24/09/E3 Safeguarding Annual Report (Enclosure E3)**

The Chair of the Board welcomed the Head of Safeguarding to the meeting, to present the 2023/24 Safeguarding Annual Report. An overview of the key achievements and impact of the safeguarding team was shared, with 2024/25 priorities articulated, underpinned by a work plan.

The Chief People Officer shared her appreciation of the focus on training and the positive impact on the Trust’s overall statutory and essential training position.

In response to a question from Non-executive Director, Kath Smart with regards to Section 42 enquires from the Local Authority, the Head of Safeguarding confirmed plans to develop a bespoke training package to support timely returns. No concerns had been received from the Local Authority, however, there was an opportunity to strengthen internal processes.

Non-executive Director, Emyr Jones enquired of the impact of operating across two systems, which the Head of Safeguarding acknowledged impacted upon meeting attendances with two Local Authorities, two Integrated Care Boards and one Safeguarding Service.

***The Board:***

- ***Noted and took assurance from the Safeguarding Annual Report***

**P24/09/E4 Infection, Prevention & Control Annual Report (Enclosure E4)**

The Chair of the Board welcomed the Director of Infection, Prevention & Control and the Infection Control Lead Nurse to the meeting. The extensive annual report provided assurance of the Trust’s compliance with the Health and Social Care Act 2008 - Code of

Practice for Health and Adult Social Care on the Prevention and Control of Infections.

***The Board:***

- ***Noted and took assurance from the Infection, Prevention & Control Annual Report***

**P24/09/F1 Board of Directors Workplan (Enclosure F1)**

The Board received the Board of Directors workplan, the Associate Director of Strategy, Partnerships & Governance suggested any feedback be emailed to her post meeting.

***The Board:***

- ***Noted the Board of Directors Workplan***

**P24/09/F2 Appointment of Internal & External Auditors (Enclosure F2)**

***The Board:***

- ***Noted the Appointment of the Internal & External Auditors***

**P24/09/G1 Minutes of the meeting held on 2 July 2024 (Enclosure G1)**

***The Board:***

- ***Approved the minutes of the meeting held on 2 July 2024***

**P24/09/G2 Pre-submitted Governor Questions regarding the business of the meeting (verbal)**

The question received from the Council of Governors was incorporated within agenda item E2 (The NHS Premises Assurance Model).

**P24/09/G3 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were received.

**P24/09/G4 Date and time of next meeting (Verbal)**

**Date:** Tuesday 5 November 2024

**Time:** 9:30

**Venue:** MS Teams



**P24/09/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.***

**P24/09/H Close of meeting (Verbal)**

The meeting closed at 13.51



**Suzy Brain England OBE**  
Chair of the Board

5 November 2024