

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 5 November 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
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
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:** Rebecca Allen - Associate Director of Strategy, Partnerships & Governance
Dr Victoria Barradell – Consultant Geriatrician (agenda item B1)
Jon Ginever – Freedom to Speak Up Guardian (agenda item D4)
Paula Hill – Freedom to Speak Up Guardian (agenda item D4)
Dr Mohammad Khan – Guardian of Safe Working (agenda item E1)
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (minutes)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Laura Brookshaw - 360 Assurance
Marjorie Moores - Doncaster & Bassetlaw Teaching Hospitals
Tim Noble - Doncaster & Bassetlaw Teaching Hospitals Dave Northwood - Public Governor
Mandy Tyrrell - Staff Governor
Sheila Walsh - Public Governor
- Apologies:**
- P24/11/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, there were no apologies for absence or conflicts of interests declared.

P24/11/A2 **Actions from Previous Meetings**

Action 1 - Integrated Quality & Performance Report – action closed
Action 2 - L2P Medical Appraisal System – written update provided
Action 3 - Refresh of Board Assurance Framework (BAF) & Action 4 Board Assurance Framework 3 (Operational Performance) – action closed
Action 5 – Progress Report – Strategic Priority Success Measures – action closed
Action 6 – Immediate Safety Concerns Exception Reports – included within the Guardian of Safe Working Report @ agenda item E1

P24/11/A3 **Chair’s Report (Enclosure A3)**

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

The significant contribution of colleagues in making the annual Star Awards a showcase event was recognised, with a record number of nominations received and excellent attendance.

The Trust had been awarded the Green Flag Award for the Rainbow and Butterfly Gardens at Doncaster Royal Infirmary and the Rainbow Garden at Bassetlaw Hospital. The national accreditation programme recognised the provision of on-site green space, which offered a haven for colleagues and members of the public to visit. Special thanks were extended to estates colleagues who maintain the gardens.

Colleagues and members of the public were encouraged to share their views on changes required in the NHS to help shape the new 10 Year Health Plan for England.

The Board:

- ***Noted the Chair’s Report***

P24/11/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 Trust had been selected as one of four sites across the country to pilot genetic testing in stroke patients. Through continued efforts to support the recruitment and retention of midwifery colleagues the Trust was expected to secure levels of staffing close to the Birthrate Plus® standards.

Non-executive Director, Mark Bailey recognised the excellent patient feedback relating to the collaborative service provision at Mexborough Elective Orthopaedic Centre and welcomed the Trust’s involvement in the stroke patient pilot, which the Acting Executive Medical Director clarified was part of a national roll out of testing linked to research activity.

The Chief Executive acknowledged the importance of research in the advancement of medicine and in support of the Trust’s ambition to be a University Teaching Hospital.

Since its opening in January 2024, the development of the Mexborough Elective Orthopaedic Centre was in line with other established specialist units. Discussions were ongoing with partner organisations to maximise activity.

The Board:

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

P24/11/B1 Frailty Services at DBTH (Enclosure B1)

The Chief Executive welcomed Dr Barradell, Consultant Geriatrician to the meeting to provide an insight into the Trust's current frailty service and future opportunities. Frailty was defined as a syndrome of increased vulnerability to stressor events associated with adverse outcomes.

Nationally 60% of all hospital beds were occupied by patients aged 65+ and whilst the life expectancy of Doncaster residents was broadly in line with the national average, there were fewer healthier years, with frailty experienced at a younger age than the national average.

Considering the population served, the Trust operated on a limited resource, when compared to neighbouring organisations, with a relatively small bed base, restricted virtual ward capacity and just six substantive consultants at the Doncaster site and one part time consultant at Bassetlaw. Despite this the quality of service provided was good.

Dr Barradell recognised the need for proactive care before the point of crisis and the importance of a senior decision maker to assess the risk between care provided in the community as compared to an acute hospital setting. The challenges experienced in the Emergency Department in discharging a patient with frailty when there was no clinical need to admit were recognised, with admittance often the pathway of least resistance, but not necessarily the most appropriate environment with the potential for a loss of autonomy, deconditioning and a prevalence of delirium.

There was a desire for service improvement and innovation with a daily geriatric consultant presence in the Emergency Department, consultant referrals, same day emergency care and an orthogeriatric model. With an aspiration to provide the majority of level one hospital care in the community, supporting oxygen, IV antibiotics, pre-operative assessments and timely rehabilitation.

Recruitment and retention of colleagues was challenging, with a lower level of remuneration when compared to other organisations, the service had an excellent reputation for training and education.

In response to a question from Non-executive Director, Jo Gander regarding opportunities as part of the Getting It Right First Time (GIRFT) programme or system projects, Dr Barradell confirmed her involvement in system working, however, in view of the limited number of consultants and extensive job plans it was difficult to explore GIRFT initiatives. Consultant oversight of care would be the aspiration, this was currently not possible to deliver within the current resource.

The Chief Executive acknowledged the issues associated with different pay bandings and recognised the benefits of a consistent approach. With an aging population there was a need to consider the strategic opportunities for care of the elderly and the importance of partnership working at Place to support the interface between acute and community care, which aligned with the Secretary of State for Health's priorities. Should funding become available a partnership model of care would be fundamental to success.

Non-executive Director, Hazel Brand acknowledged the reference to frailty in NHS Nottingham & Nottinghamshire's Joint Forward Plan. Dr Barradell confirmed she had recently become involved in the Integrated Care Board's frailty workstream, the Trust was recognised as an outlier compared to its peers.

The Chief Operating Officer recognised the various aspects of service improvement, which would be captured as part of 2025/26's planning. Frailty was also a pillar of the Urgent and Emergency Care Improvement Plan and the division was working closely with Dr Barradell to develop a shared vision to ensure patients come to hospital when required but were discharged in a timely manner.

Non-executive Director, Emyr Jones recognised provision of care in the community could include nursing in a care home which may be more appropriate than admission to a hospital, however, as many care homes were independent he enquired of opportunities to work collaboratively. Whilst Rotherham, Doncaster & South Humber NHS Foundation Trust had a care home liaison team it was noted their colleagues were not trained in acute frailty. The Chief Executive confirmed the importance of partnership working at Place to remove barriers and place the patient at the centre of the service. Dr Nabeel Alsindi, GP and Medical Director for South Yorkshire Integrated Care Board had recently joined the Trust's Medical Director's Office to enhance the interface between primary and secondary care to ensure resources were targeted in a joined up way. Progress in the implementation of virtual wards was noted, with excellent feedback, however, the step down model was utilised to a greater extent than step up.

The Chief Nurse confirmed that the Trust had not been an outlier on pay until recent months and work linked to the Advanced Clinical Practice framework was underway to ensure a consistent approach across organisations, which would feed into business planning.

The Chair of the Board recognised the current service provision and urged the future strategic direction of the Trust to align with an increasingly aging population, providing safe care closer to home.

The Board:

- ***Noted and took assurance from the Frailty Services presentation***

P24/11/C1 Winter Planning 2024/25 (Enclosure C1)

Following consideration at the October meeting of the Finance & Performance Committee, the Chief Operating Officer presented the recommended 2024/25 Winter Plan for approval.

Since the initial draft, further confirm and challenge meetings had taken place with clinical and corporate colleagues. The plan included priority schemes to support patient flow and maximise the bed base at a cost of c.£675k.

The Chief Executive confirmed the robust plans supported delivery of a safe service within the resources available to the Trust and in the absence of additional funding. The importance of the Influenza and Covid vaccination programmes was highlighted and those in attendance were encouraged to take up the vaccination offer and encourage others to do so.

Non-executive Director, Hazel Brand enquired of the current colleague flu vaccination rate, in view of the local and national take up rates the Chief People Officer confirmed the matter had been discussed at the recent People Committee. The current vaccination rate stood at 15%, a programme was in place to support delivery through drop in clinics and roving vaccinators. The Trust had also received support from the Rapid Relief Team whose volunteers provided refreshments and relief packs, including health and wellbeing items.

In response to a question from the Chair of the Board, the Chief Financial Officer confirmed that the costs of the 2024/25 Winter Plan were included within the forecast and did not represent a cost pressure.

The Board:

- ***Approved the Winter Plan 2024/25***

P24/11/C2 Doncaster & Bassetlaw Healthcare Services (DBHS) Update (Enclosure C2)

The Chief Financial Officer provided an overview of Doncaster and Bassetlaw Healthcare Services' financial position, forecast and operational activity as at September 2024. The business was performing well, and the forecasted profit for 2024/25 was the highest annual profit to date. At its latest Board meeting DBHS had resolved to make a dividend payment to the Trust of £200k. Since the report had been written the issues relating to the Quality Improvement Medical Education and Training (QiMET) contract had been resolved.

In response to a question from Non-executive Director, Kath Smart regarding the wider use of SmartER, the Chief Financial Officer confirmed that options to utilise this in primary care were being explored, due to a nationally mandated platform in Emergency Departments.

The Board:

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

P24/11/C3 NHS Nottingham & Nottinghamshire Integrated Care Board Joint Forward Plan Update (Enclosure C3)

The Deputy Chief Executive shared with the Board an in-year update on delivery against Nottingham and Nottinghamshire Integrated Care Board's Joint Forward Plan which focused on; prevention, proactive management of long-term conditions and frailty,

improving navigation and flow to reduce emergency pressures and the timely access and early diagnosis for cancer and elective care. The key deliverables were assigned a level of confidence, many of the areas where there was a lower level of confidence related to population health and emergency care.

In line with the Trust's strategy, there would be increased visibility of Bassetlaw Place Partnership's work at the Board. The importance of the Trust's voice remaining active across both systems was noted.

Non-executive Director, Hazel Brand confirmed the Trust had participated in the judging of the Nottingham & Nottinghamshire Integrated Care System 2024 Awards and would be represented at tomorrow's event.

The importance of remaining actively involved in the ongoing work and prominent in discussions was acknowledged by Non-executive Director, Emyr Jones who along with other colleagues had attended a non-executive system event.

The Board:

- ***Noted the NHS Nottingham & Nottinghamshire Integrated Care Board Joint Forward Plan Update***

P24/11/D1 Integrated Quality & Performance Report (Enclosure D1)

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to cancer standards for August and remaining access, quality, and workforce standards for September 2024. Where a local or national standard was not met an assurance report provided supporting commentary of the challenges, actions and emerging concerns.

The Deputy Chief Executive reflected on the Making Data Count Board development session, delivered by NHSE and was encouraged by the feedback on reporting and opportunities for further improvements, feedback on which was welcomed.

The Executive Directors summarised their respective key performance indicators. Non-executive Director, Kath Smart welcomed the use of the tools and techniques from the session, including the at a glance view, which provided a clear focus for efforts. The number of standards not being met were higher than hoped and assurance was sought that a SMART action plan to address improvements was being scrutinised at the Performance Review Meetings. The Chief Operating Officer acknowledged a variable level of detail in plans and recognised there was a need for more granular detail in the Doncaster Place Urgent and Emergency Care improvement plan. The Deputy Chief Executive recognised the need to consider the flow of information between non-executive and executive led meetings to understand the action plans in train.

The Chief Executive highlighted the difference between meeting national standards and achieving a performance in line with peers, with an improvement trajectory.

In response to a question regarding the Hospital Standardised Mortality Ratio (HSMR), the Acting Executive Medical Director confirmed it should not be assumed that clinical coding was the sole contributory factor. A review of case notes had identified anomalies

between elective and emergency pathways and a review of coding for all elective deaths was to be implemented.

Non-executive Director, Lucy Nickson enquired if the delay in administering antibiotics within one hour of a positive sepsis screening related to a system or people issue. The Acting Executive Medical Director acknowledged the short time frame in which to receive and administer the antibiotic, with a verbal handover supporting the urgency in view of the system alert being in time order. In view of the impact on mortality rates it was recommended that an improvement trajectory be determined.

The Chief Executive welcomed the use of statistical process control charts to support identification of a change in process/practice to establish if the associated impact was delivered. Where a change in process did not deliver the required outcome the Acting Executive Medical Director confirmed the change should be stopped.

The Board:

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

P24/11/D2 Financial Position (Enclosure D2)

The Chief Financial Officer reported a month six deficit of £1.8m, £800k favourable to plan and a year to date deficit of £19.8m, £500k adverse to plan, £600k adverse to forecast. The Trust's year to date position was mainly driven by elective recovery fund underperformance, which was £4.9m adverse to plan, this was offset by a favourable variance of £2m on independent sector expenditure. Pay was £1.7m adverse to plan, with a one-off benefit of £1.3m identified across pay and non-pay spend.

The total year to date capital spend, excluding donated assets and charitable funds, was c£8,600k, against a plan of £7,200k, with a charitable funds capital spend of £2.4m related to the da Vinci® and stroke rehabilitation robots.

The cash balance at month six was £17.7m.

In month, the Trust had delivered £1.5m of savings against a plan of £1.8m, £6m of savings had been delivered year to date, against a plan of £6.2m.

The month six position had been adjusted in line with guidance from NHS England relating to non-recurrent deficit funding of £23.8m. The deficit financial plan had been reduced by £23.8m from £26.2m to £2.4m

The Board:

- ***Noted the financial position update***

P24/11/D3 Audiology Service Update (Enclosure D3)

The Chair of the Board confirmed this agenda item would be recorded to allow the update to be made available using British Sign Language on the Trust's website.

A governor question had been received related to the audiology service and would be responded to as part of this update. *“With satisfaction in the audiology department being at a low point and there being increased concern shared by communities what actions are the trust taking to actively seek to improve the service and the outcomes of the patients within the service”?*

The Deputy Chief Executive confirmed a summary of the report would be provided, which would include national context, specifically related to paediatric audiology, as well as wider service challenges related to adult audiology. There was a need to resolve the current service issues for patients, their families, and local communities, recognising the quality and associated outcomes did not meet the standard the Trust would wish to deliver and on behalf of the Trust, the Deputy Chief Executive offered a sincere apology.

As part of NHSE’s paediatric audiology improvement programme, the Trust undertook a self-assessment of its service which identified some areas of concern around safety and quality. A subsequent independent review led by South Yorkshire Integrated Care Board (ICB) and involving regional NHSE colleagues resulted in immediate service mitigations which allowed the Trust to continue to deliver a safe service with the support and oversight of subject matter experts.

As part of this process a review of case notes over the previous five years was completed, which resulted in 40 children being recalled. 37 of the families had been seen at Sheffield Children’s Hospital, the outcomes were being reviewed with external support and to date no harm had been identified. The remaining three cases were being followed up and the Trust had undertaken duty of candour.

In recent months, a decision was taken to seek external assurance on the mitigating actions, which confirmed that the actions were not fully embedded and the IT issues presented a significant level of risk to service delivery. A careful assessment of the risk resulted in a difficult decision being taken by the executive team to limit the service. This change was expected to continue into 2025 to ensure that service changes were fully embedded and development work was undertaken to be able to keep patients safe. Alongside the existing relationship with Sheffield Children’s Hospital, mutual aid was sought from neighbouring providers, with the support of South Yorkshire Acute Federation for baby fittings and paediatric and adult repairs. A consistent approach to the prioritisation of patients was being established and with the agreement of the ICB referrals would continue to be accepted by the Trust, which allowed the organisation to maintain oversight, ensuring prioritisation of the most appropriate patient pathway.

There was an extensive programme of work underway and in addition to mutual aid the Trust had also outsourced some adult diagnostic work to the private sector and capital investment had been made available for the physical estate and equipment, which would be governed through executive processes.

Senior leaders were driving forward the work and alongside the current co-ordination role undertaken by the Deputy Chief Executive, the Acting Executive Medical Director was leading on the clinical aspects and the Chief Operating Officer on access, waiting times and mutual aid. A new Head of Service for Audiology had been appointed into the Division of Clinical Specialities and there was a need to consider management capacity and a dedicated resource for this focused work. An incremental approach to restoring

service provision was expected, in the most appropriate and timely way possible. The Board, its committees and management structures would be appraised of progress.

From discussions with the Doncaster Deaf Trust, it was apparent there was an opportunity for the organisation to learn from those with lived experience to ensure that the Trust was supporting its deaf community.

Non-executive Director, Kath Smart and the Acting Executive Medical Director had recently visited the ENT secretaries and recognised the importance of communicating with patients on the waiting list. The Deputy Chief Executive advised that at the time the service had been limited appointments had been cancelled on a rolling basis and patients were advised of next steps based upon their personal circumstances, with priority one and two patients being supported through the mutual aid pathway. Understandably, the Trust was receiving concerns and complaints because of the service limitation and a comprehensive communications package had been developed to support patients and stakeholders.

Non-executive Director, Emyr Jones thanked the Deputy Chief Executive for the comprehensive update which had been shared with the Board's Quality & Effectiveness Committee and he recognised the challenging position.

Non-executive Director, Lucy Nickson welcomed the opportunity to learn from those with lived experience.

The Chief Executive offered his personal apology to patients and the community served by the Trust, recognising the standard of service did not meet the Trust's expectations, or what patients had a right to expect. In his capacity as Chief Executive it was important that he acknowledged this and provided a commitment, as described, to address the identified challenges. Post pandemic the service had experienced significant challenges around waiting times and the Trust would consider what earlier opportunities there may have been to understand the reasons for this and identify any associated learning. In terms of addressing the challenges it was clear that the capacity to provide mutual aid across South Yorkshire was limited and with an aging community and increased demand there would be a need to consider as a trust and across the system a long term strategic solution to provide a revised model of care.

The Board:

- ***Noted the Audiology Service Update***

P24/11/D4 Freedom to Speak Up (FTSU) Bi-annual Report (Enclosure D4)

The Chair of the Board welcomed the Freedom to Speak Up Guardians to the meeting.

A comprehensive overview of the report and its supporting appendices was provided, which included an insight into Speaking Up activity, ongoing work to support delivery of the 2024-2028 Speaking Up Strategy, the national themes of Speaking Up and a comparison to the Trust's activity. The Board's People Committee had scrutinised the detail of this report at its October meeting.

A comparison of Speaking Up data was provided for 2023/24 and 2024/25 to date. Nursing and midwifery colleagues continued to be the highest cohort of colleagues Speaking Up. No anonymous concerns had been raised, which could be an indicator of colleagues confidence in the process. To date there appeared to be a shift from patient safety and quality matters, with worker safety and wellbeing reports representing the greatest number. The number of colleagues who would Speak Up again remained high, historical feedback was being sought for the period 2022 to 2024 following the updated strategy and views shared in the Care Quality Commission (CQC) report.

Non-executive Director and FTSU Non-executive Champion, Hazel Brand recognised the volume of work undertaken and welcomed the oversight provided to the Board.

The Chief Executive reflected on earlier observations and discussions as part of the Thirlwall Inquiry, regarding the importance of information flow between the Ward and the Board and vice versa and the importance of colleagues following the correct procedure to ensure Board oversight. The FTSU Guardian recognised the importance and confirmed that following colleague feedback revisions had been made to the process. Colleagues were actively encouraged and supported to follow the process. The Chief Executive confirmed the Trust was keen to hear colleagues concerns, in order that they could be investigated and the necessary action taken when learning was identified. He was not aware of any instances where this had not occurred and sought assurance that the FTSU Guardian would ensure matters were escalated when required. The FTSU Guardian indicated that feedback was always provided to individuals and more recently the publication to share awareness of learning across the organisation had been introduced. In terms of raising awareness information relating to the Speaking Up process was being shared with all divisions and corporate areas.

Non-executive Director, Kath Smart shared her appreciation of the comprehensive update and data pack, in respect of the review of cases during the period 2022-2024, the FTSU Guardian confirmed initial feedback had always been sought at the time the case was closed. Nationally there was an ask for feedback to be followed up at three, six and twelve months and it was this aspect that was to be addressed going forwards.

In response to a question from Non-executive Director, Mark Bailey regarding any aspects of learning from FTSU activity that indicated an issue which may not have been apparent through other sources. The FTSU Guardian recognised blind spots were naturally more worrying and there may need to be a need to consult and consider other evidence to build a picture. Where it was apparent that a positive view of Speaking Up was not held the FTSU Guardian would engage with colleagues to understand, appreciate the impact, and offer support.

Non-executive Director, Jo Gander noted the volume of cases from nursing and midwifery colleagues and enquired if this related purely to the size of the workforce, or if there were underlying issues. The Chief Nurse welcomed the use of the service by nurses and midwives and recognised that on occasions there may be clusters of reporting related to specific challenges in the service. From a patient safety perspective, it would be expected that some of the conversations then triangulated with other evidence and data.

In respect of the CQC action plan, the Chief Nurse highlighted that the review, evaluation and subsequent reporting of experiences and Board oversight provided good evidence.

Whilst the FTSU work was ongoing in terms of evidence to address the CQC action plan this was now closed and captured on Monday.com.

The Chair of the Board thanked the FTSU Guardian for the comprehensive update and improvement work and welcomed the debate and questions. In the first instance the Chair of the Board suggested that colleagues could raise matters with their line manager unless they felt unable to do so.

The Board:

- ***Noted and took assurance from the Freedom to Speak Up Bi-annual Report***

P24/11/D5 Board Assurance Framework & Trust Risk Register (Enclosure D5)

The Board received the updated Board Assurance Framework (BAF) which had been reviewed by the respective Board Committees.

The Deputy Chief Executive confirmed a Board workshop would take place in December 2024, when the BAF would be considered alongside the Trust's strategic priorities and risks.

The majority of the risk scores remained the same, with a change related to strategic risk three recommended by the Finance & Performance Committee. The highest rated risk related to the Trust's estates, with a risk score of 20.

Following a detailed conversation at the Audit & Risk Committee there was a continued need to strengthen risk management, with actions on operational risks reflected on the risk register and mapped across to strategic risks.

The Deputy Chief Executive suggested oversight of strategic risk six (partnerships) be assigned to the Board of Directors. Partnership activity should continue to be developed appropriately and partnership risks relevant to the business of Board committees would continue to be considered by the relevant committee. The controls and actions had been updated to reflect the current position and ongoing partnership work.

The Chief Operating Officer confirmed that further to discussions at October's Finance & Performance Committee, the risk score for strategic risk three had been amended to sixteen, this reflected the risk associated with operational risk 3437 related to timely access to emergency care.

The Chief People Officer confirmed that the Board Assurance Framework for strategic risk two had been reviewed by the People Committee in October, when all five key controls had been considered as part of the agenda. The risk associated with the inability to recruit and ensure colleagues had the right skills had been on the operational risk register for some time at a score of 16. In view of the successful recruitment in nursing and midwifery and following agreement at Risk Management Board the risk score had been reduced to 12. Since the update, two internal audit reports had been considered by the Audit & Risk Committee and would be included in the next iteration of the BAF as a source of external assurance.

The Chief Financial Officer confirmed that the Board Assurance Framework related to strategic risk four (estates) could now be updated to reflect that the Memorandum of Understanding had been signed for the Department of Critical Care work.

The Chief Nurse confirmed that strategic risk one remained under review, an updated Board Assurance Framework would be presented to December's Quality & Effectiveness Committee and would include external assurance received.

Non-executive Director, Kath Smart confirmed that the Audit & Risk Committee had reviewed the cyclical review of the Board Assurance Framework through the Board and its Committees. Changes to the meeting schedule for the Audit & Risk Committees had been made to ensure the Committee could review the BAF prior to its presentation at Board. There were opportunities to improve the consistency of presentation in line with the Risk Management policy and this would be incorporated in Committee work plans and it was proposed that changes to the Board Assurance Framework were more easily identifiable.

The Finance and Performance Committee were supportive of the increased risk score for strategic risk three and despite a risk score of 20 on strategic risk four, positive external assurance had been received through the significant assurance Planned Preventative Maintenance internal audit report.

Reflecting on the content of the Integrated Quality Performance Report and the reference in the Deloitte drivers of deficit report, Non-executive Director, Kath Smart enquired if the risk and associated action plan relating to sickness absence should be captured in the Board Assurance Framework for strategic risk two. The Chief People Officer acknowledged absence did not currently feature on the BAF and agreed to give this some thought. **ZL**

Non-executive Director, Jo Gander enquired how the changes to clinical governance would be assessed. With regards to clinical audit, it would be helpful to receive an update on actions to close the current gaps. The Chief Nurse confirmed an update on progress against clinical audit had been received at the August meeting and this would be reflected in the next iteration of the Board Assurance Framework.

In her capacity as Chair of the Audit & Risk Committee, Kath Smart confirmed she would make enquiries outside of the meeting related to overdue risks on the Trust Risk Register, which had not been available at the time of Audit & Risk meeting.

The Chair of the Board recognised that work was ongoing and encouraged the timely update of records.

The Board:

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

P24/11/D6 Committee Terms of Reference & Dates Proposal (Enclosure D6)

The Associate Director of Strategy, Partnerships & Governance advised the terms of reference had been reviewed by their respective committees and with the support of

internal audit colleagues. The usual annual review of governance documents would take place in early 2025 and would allow an early opportunity for amendments.

Dates for the Board and Committee meetings were proposed for 2025/26 and 2025/27 for agreement in principle.

The Board:

- ***Approved the Committee Terms of Reference & Dates Proposal***

P24/11/D7 Chair's Assurance Log – Finance & Performance Committee (Enclosure D7)

In the absence of the Chair of the Finance & Performance 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***

P24/11/D8 Chair's Assurance Log – Quality & Effectiveness Committee (Enclosure D8)

The Board received the Quality & Effectiveness Committee Chair's assurance log which summarised the positive assurance, areas of major works, areas of focus and decisions made by the Committee.

The Board:

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

P24/11/D9 Chair's Assurance Log – People Committee (Enclosure D9)

The Board received the People Committee Chair's assurance log which provided an overview of the four quadrants; positive assurance, areas of major works, areas of focus and decisions made.

Non-executive Director and Chair of the Committee, Mark Bailey brought the Board's attention to the assurance provided in the health and wellbeing annual report and highlighted the regional and national recognition of the Trust's innovative health initiatives.

The Committee had received the 2023/24 annual report and statement of compliance for medical revalidation and appraisals and had recommended this to the Chief Executive for sign-off and submission to NHSE.

The Committee was assured by the understanding of areas of risk within its workforce, the efforts and ongoing assessment to close the gap and the connection between budgets and workforce requirements.

The Chief Executive confirmed that the statement of compliance had been approved, subject to some minor non-material amendments and submitted ahead of the agreed deadline.

The Board:

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

P24/11/D10 Chair's Assurance Log – Audit & Risk Committee (Enclosure D10)

The Chair of the Audit & Risk Committee, Non-executive Director, Kath Smart provided a summary of the assurance logs from September and October's committee meetings which included positive assurance, areas of major works, areas of focus and decisions made.

The Board was informed of limited assurance internal audit reports relating to mortality data quality assurance, bank and agency controls and business continuity which all contained a series of recommendations and agreed management actions. Delivery of the recommendations would be monitored by the Audit & Risk Committee and the reports were referred to the relevant Board Committees for oversight. In addition, a number of significant assurance internal audit reports had been received, a positive outcome for the Trust. An extensive programme of work had been commissioned, which included the Board Assurance Framework, risk management and ensuring an efficient and effective process for the production of 2025/26 financial accounts, incorporating lessons learnt from the prior year.

The Board:

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

P24/11/D11 Chair's Assurance Log – Charitable Funds Committee (Enclosure D11)

The Board received the Charitable Funds Committee Chair's assurance log, which provided an overview of the four quadrants; positive assurance, areas of major works, areas of focus and decisions made. The recently appointed Head of Charity had attended his first Committee meeting, where an extensive paper was presented seeking the trustees approval of the approach to develop the Charity. The Committee's 2023/24 annual report was approved and it was agreed that the Committee would review the working arrangements between the Trust and Doncaster & Bassetlaw Healthcare Services in March 2025.

The Board:

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

P24/11/D12 Charitable Funds Committee Annual Report 2023/24 (Enclosure D12)

The Board received the 2023/24 Charitable Funds Committee Annual Report.

The Board:

- ***Noted and took assurance from the 2023/24 Charitable Funds Committee Annual Report***

P24/11/E1 Guardian of Safe Working Report (Enclosure E1)

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

During the period 1 May to 6 August 2024 a total of 32 exception reports were received from trainee doctors working across General Surgery, ENT, General Medicine and Obstetrics/Gynaecology. The majority of reports related to additional hours worked, with just one report relating to a missed training opportunity and the Board was assured that the majority of trainee doctors were able to work safely.

The cost of locum cover had increased during this period, due to the number of vacant shifts, compounded by sickness absence, industrial action and cover for on call and ward duties.

The Acting Executive Medical Director highlighted investment in the surgical workforce last year and hoped to see the number of exception reports reduce in future reports. Non-executive Director, Kath Smart noted that 15% of the exception reports resulted in no change or action and enquired if this was a cause for concern. The Guardian of Safe Working confirmed this related to a missed break and when reviewed by the trainee and their supervisor there was no appropriate action to be taken, as the colleague had been paid for the time and the exception was closed with no action. Repeated missed breaks would be subject to further scrutiny.

The Board:

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

P24/11/E2 Maternity & Neonatal Update (Enclosure E2)

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.

The Director of Midwifery highlighted an error in the reported number of still births during August and September, which should have read a total of three. Where investigations had been finalised, all care was graded as good, with no concerns identified. The Board was informed of two ongoing Maternity & Newborn Safety Investigations (MNSI) and two Patient Safety Incident Investigations (PSII). The report confirmed appropriate engagement with the families as part of the MNSI process, including duty of candour.

Work continued towards achievement of safety action eight on the CNST standards, with trajectories in place to support 90% training compliance by 30 November 2024. The most challenging element of compliance related to trainee doctors who had only started at

the Trust in August/September. Should it not be possible to meet this standard a revised timeframe could be defined, with the agreement of the Board.

As Board Safety Champion, the Chief Nurse and Non-executive Maternity Safety Champions had met with the perinatal quadrumvirate leadership team on 26 September 2024. No support from the Board of Directors had been identified, although there remained a focus on continuous and sustained improvements to the culture with progress against the maternity and neonatal cultural improvement plan (SCORE survey) monitored and reported to the Maternity and Neonatal Safety Quality Committee.

The Director of Midwifery confirmed that both Chairs of the Maternity & Neonatal Voices Partnership (MNVP) had stood down, work was ongoing with the Integrated Care Board and the Local Maternity & Neonatal System to ensure that the service user voice continued to be heard until a solution was agreed. Despite the Trust being without MNVP Chairs, the Chief Nurse confirmed that the LMNS had been assured through its confirm and challenge meetings that the Trust was utilising alternative sources of engagement to ensure the service users' voice was heard through the work of the specialist midwife.

The neonatal nursing and medical workforce were not fully compliant with the British Association of Perinatal Medicine (BAPM) national standards. A business case had been approved to support delivery of year one and two of the four year nursing workforce action plan referenced in the paper, the Board noted and approved the progress made.

The Quarter two dashboard for avoiding term admissions in the Neonatal Unit (ATAIN) and transitional care action plan were appended to the report, the Board was asked to review and approve, noting the progress made against the action plan. In respect of the perinatal metrics appendix, the Director of Midwifery confirmed an alternative means of displaying neonatal deaths would be considered instead of the statistical process control charts, in view of the small numbers.

The Chief Executive recognised the potential for a variable impact of the BAPM standards on organisations and suggested that should there continue to be difficulties in meeting the standards that a system approach be considered to agree more realistic action plans for smaller units.

The Board:

- ***Noted and took assurance from the Maternity & Neonatal Update***
- ***Noted the number of Maternity and Newborn Safety Investigation (MNSI) / Early Notification Scheme (ENS) cases, that families have received information on the role of MNSI and ENS and that compliance with the statutory duty of candour has taken place***
- ***Noted that the relevant British Association of Perinatal Medicine (BAPM) national standards for the neonatal nursing workforce are not met and approved the progress update against previously approved action plan***
- ***Reviewed and approved Q2 ATAIN***

- *Reviewed and approved the transitional care progress update against previously approved action plan*
- *Noted the Board Safety Champion meetings with the perinatal leadership team and any support required of the Trust board has been identified and is being implemented*
- *Noted progress against the maternity and neonatal cultural improvement plan (SCORE survey) is being monitored at the board safety champion meetings, and the maternity and neonatal safety quality committee and any identified support being considered and implemented*

P24/11/E3 Learning from Deaths (Enclosure E3)

The Learning from Deaths report provided an updated Trust position related to the Learning from Deaths Framework.

The Acting Executive Medical Director acknowledged the work undertaken during the last twelve months to increase the completion of structure judgment reviews, undertake thematic reviews, and establish associated learning. Whilst the number of structure judgement reviews was improving there remained some way to go to scrutinise 15% of in hospital deaths and a delivery plan would be agreed to support this.

The Chief Executive enquired if an internal standard had been agreed for the return of structured judgement reviews, including an improvement trajectory. The Acting Executive Medical Director confirmed this had been agreed through the Mortality Working Group. Structured Judgement Reviews would be completed via a central team, as well as in the divisions, a software solution would be implemented shortly to track completion, with performance reported via the Effective Committee.

The Board:

- *Noted and took assurance from the Learning from Deaths Report*

P24/11/E4 Emergency Preparedness, Resilience & Response – Compliance against the National Core Standards (Enclosure E4)

The Chief Operating Officer confirmed the Trust's self-assessment against the national core standards had previously been considered by the Audit & Risk Committee. Later this month South Yorkshire Integrated Care Board would review the Trust's self-assessment and in due course a final position would be reported back to the Board.

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The self-assessment confirmed full compliance with 34 standards and partial compliance with 28 standards, an overall compliance rate of 55% was declared, as compared to last year's rate of 31%. The overall rating was non-compliant.

Following consideration by the Audit & Risk Committee three compliant ratings were reduced to partial compliance, one related to a lack of approval on a policy and reassessment of two ratings following receipt of the business continuity internal audit report.

The Chief Operating Officer recognised that whilst progress was slower than hoped, impacted by significant industrial action, there had been an improvement in year. A reduction in resource had also been seen but as of December 2024 the team would be fully recruited to.

Non-executive Director, Lucy Nickson enquired of the impact of non-compliance in terms of the Trust's ability to respond. The Chief Operating Officer confirmed no individual standard was non-complaint, to achieve an overall compliance rate a high standard of full compliance was required. In terms of the response to incidents, the Trust responded well, including debriefs and lessons learnt and benchmarked well with peers across South Yorkshire.

The Board:

- ***Noted and took assurance from the Emergency Preparedness, Resilience & Response – Compliance against the National Core Standards***

P24/11/E5 Board of Directors Register of Interests & Fit & Proper Person Test (Enclosure E5)

The Associate Director of Strategy, Partnerships & Governance confirmed that the Fit and Proper Persons Test for the Board of Directors had been completed, with no identified issues. The return would be shared with NHSE's Regional Director in accordance with NHSE's Fit and Proper Person Test Framework for Board members.

The Board:

- ***Noted and took assurance from the Board of Directors Register of Interests & Fit & Proper Person Test***

P24/11/E6 Use of the Trust Seal (Enclosure E6)

The Associate Director of Strategy, Partnerships & Governance confirmed the use of the Trust Seal in accordance with the Board of Directors' Standing Orders.

The Board:

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

P24/11/F1 Board of Directors Workplan (Enclosure F1)

The Board received the Board of Directors workplan, its structure would be revised to align with the strategy going forwards.

The Board:

- ***Received the Board of Directors Workplan for information***

P24/11/G1 Minutes of the meeting held on 3 September 2024 (Enclosure G1)

The Board:

- ***Approved the minutes of the meeting held on 3 September 2024***

P24/11/G2 Pre-submitted Governor Questions regarding the business of the meeting (verbal)

The following governor question was received and answered as part of the audiology update at agenda item D3.

“With satisfaction in the audiology department being at a low point and there being increased concern shared by communities what actions are the trust taking to actively seek to improve the service and the outcomes of the patients within the service”?

P24/11/G3 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P24/11/G4 Date and time of next meeting (Verbal)

Date: Tuesday 7 January 2025

Time: 9:30

Venue: MS Teams

P24/11/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.***

P24/11/H Close of meeting (Verbal)

The meeting closed at 13:03



Suzy Brain England OBE

Chair of the Board

7 January 2025