



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 28 February 2023 at 09:30  
via MS Teams

<b>Present:</b>	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 Emyr Jones - Non-executive Director Zoe Lintin - Chief People Officer Dr Tim Noble - Executive Medical Director Richard Parker OBE - Chief Executive Jon Sargeant - Chief Financial Officer Kath Smart - Non-executive Director Denise Smith - Chief Operating Officer
<b>In attendance:</b>	Fiona Dunn - Director of Corporate Affairs / Company Secretary Angela O'Mara - Deputy Company Secretary (Minutes) Lois Mellor - Director of Midwifery Lucy Nickson - Non-executive Director Designate Adam Tingle - Acting Director of Communications & Engagement
<b>Public in attendance:</b>	Peter Abell - Public Governor Bassetlaw Dennis Atkin - Public Governor Doncaster Henry Anderson - Member of the Public Andria Birch - Partner Governor Mark Bright - Public Governor Doncaster George Kirk - Public Governor Doncaster Lynne Logan - Public Governor Doncaster Gina Holmes - Staff Side Andrew Middleton - Public Governor Bassetlaw Vivek Panikkar – Staff Governor Lynne Schuller - Public Governor Bassetlaw

**Apologies:**

**P23/02/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 members of the public in attendance.

Dr Emyr Jones and Lucy Nickson were welcomed to their first Board meeting, no apologies for absence or declarations of interest were noted.

**P23/02/A2**     **Actions from Previous Meetings (Enclosure A2)**

There were no active actions.

**P23/02/B1**     **Maternity Update (Enclosure B1)**

The Board received the Maternity Update, which provided an overview of perinatal deaths, Health Safety Investigation Branch (HSIB) referrals, training compliance, service user voice feedback and compliance in respect of the Clinical Negligence Scheme for Trusts (CNST) 10.

The Board's attention was drawn to the development of guidance in respect of reduced foetal movement to ensure consistency of approach across the Local Maternity & Neonatal Service (LMNS). The Director of Midwifery confirmed that the NIL report for active HSIB cases was in line with the national trend.

The Chair of Doncaster & Bassetlaw Maternity Voices Partnership was working closely with the Equity & Equality Lead Midwife on a programme of work, which included a review of the triage service and reaching out to those seldom heard voices in the local community. A recent visit to see the refurbishment of the Central Delivery Suite had also taken place.

Kath Smart welcomed the positive assurance in respect of the HSIB cases. In respect of the number of cases at Doncaster Royal Infirmary where delays in commencing or continuing the induction of labour were reported, the Director of Midwifery confirmed this related to increased risk factors of the population, the Trust's performance had been benchmarked with maternity services across Yorkshire & the Humber and the Trust was reported to sit in the middle of the pack.

The Director of Midwifery clarified that the poor use of translation services identified as a theme from the Perinatal Mortality Review Tool was not limited to language barriers and had been impacted by the lack of availability of handheld devices, which had since been procured.

In response to a question from Hazel Brand, the Director of Midwifery confirmed that the Band 7 rotation across site had been paused temporarily due to staffing pressures. In respect of identified learning from maternity safety reviews, it was confirmed that an overarching action plan was being developed by NHS England which would ensure all maternity services were adopting a uniform approach.

The Chief Executive acknowledged the challenging environment in which maternity services had operated during the last two years and shared his appreciation of the flexibility of the team and looked forward to the opening of the Central Delivery Suite and the development of the Serenity Suite in the coming months.

In response to a question from the Chair of the Board with regards to preparedness for the anticipated Care Quality Commission (CQC) visit, the Director of Midwifery confirmed that the Acting Deputy Chief Nurse had experience as a CQC inspector and had conducted a mock unannounced inspection. A follow-up mock inspection to ensure identified learning had been acted upon was planned. In addition, the Head of Midwifery had recently been part of an inspection at her previous place of work and was sharing her experience and learning with the Ward Managers.

***The Board***

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

**P23/02/B2i** **2022 Maternity Survey (Enclosure B1i)**

The Board received the high-level results of the 2022 CQC Maternity Survey, conducted by the Picker Institute.

The results were compared to the 2021 survey and split by site. A largely static position was noted, 48 responses remained unchanged, two responses had improved and none had deteriorated. It was felt that this was a positive outcome when compared to the national picture.

The executive summary highlighted the five top and bottom scores as compared to the Picker average and those responses which had shown the greatest improvement and the greatest deterioration.

Mark Bailey recognised the positive results, considering the ongoing pressures in maternity services.

In response to a question from Hazel Brand, the Director of Midwifery confirmed the response rate was similar to that in previous years. The survey was publicised in clinical areas and opportunities to promote via the Maternity Voices Partnership would be explored for future surveys.

***The Board:***

- ***Noted and took assurance from the 2022 Maternity Survey***

**P23/02/C1** **Ambulance Handovers (Enclosure C1)**

The Chief Operating Officer reported an improving performance against the 15, 30 and 60-minute standards in January, with a further step change expected in February.

The key actions driving improvement were conveyance to primary care, Same Day Emergency Care and an increased capacity in early senior assessment. A 12 month Urgent & Emergency Care Improvement Programme would commence in April, delivery of the actions would be reported to the Board's Finance & Performance Committee.

The Chair of the Finance & Performance Committee welcomed the independent review by NHSE's Emergency Care Improvement Support Team, which had been embraced by the executive directors. The focused approach by the Chief Operating Officer was well received.

In response to a question from Hazel Brand, the Chief Operating Officer and Chief Executive confirmed that the Terms of Reference for the review considered the end-to-end journey, including pre-admission and discharge into the most appropriate care setting, working closely with the health and social care system partners. A business case had been developed to improve flow through the hospital through an improved clinical site management function.

In response to a question from the Chair of the Board, the Chief Operating Officer confirmed strong operational working relationships supported partnership discussions, including dialogue at the A&E Delivery Board.

***The Board:***

- ***Noted and took assurance from the Ambulance Handovers***

**P23/02/C2 Financial Position & Forecast Update (Enclosure C2)**

The Chief Financial Officer provided an update on the Trust's financial position as at 31 January 2023 (month 10).

The month 10 position was £0.7m adverse to plan and £1m adverse to forecast, a number of actions had been agreed by the Executive Team to close the gap, which included management of winter spend, temporary staffing costs, introduction of pay and discretionary spend controls and restricted training, limited to statutory and essential to role.

The Trust was expected to deliver its annual capital plan. Where funding had been received in relation to the Montagu Elective Orthopaedic Centre and Community Diagnostic Centre it was confirmed that in year spend had been supported.

The cash balance as at 31 January 2023 was £20.2m, a reduction of £0.6m from the previous month end. It was reported that if the Trust's underlying deficit position did not improve the 2023/24 cash position was expected to deteriorate further and, as previously, advised central cash support would be required.

The Chair of the Finance & Performance Committee confirmed significant scrutiny had taken place at last week's Committee meeting, and there was confidence in the collective and focused agreement to improve grip and control to close the gap.

The Chief Executive recognised the importance of delivering the year end position to ensure the best possible start to 2023/24, which was expected to be financially challenging. Significant workforce pressures had been experienced throughout this financial year and a high reliance on temporary staffing had driven up pay spend, along with the impact of inflationary pressures. Continued efforts to reduce medical and nursing agency spend and opportunities to improve productivity and efficiency would be required.

The draft financial plan for 2023/24 had been submitted to the Integrated Care Board, with a deficit of c£68.4m.

***The Board:***

- ***Noted the Financial Position & Forecast Update***

**P23/02/D1** **People Strategy 2023-2027 (Enclosure D1)**

The Chief People Officer presented the People Strategy 2023-27 for approval. The strategy had been developed to support the delivery of the Trust's strategic ambitions, whilst taking into account the NHS People Plan, People Promise and the Future of Human Resources and Organisational Development in the NHS. An extensive engagement exercise had supported the development of the strategy at a local and system level and the strategy recognised the Trust's role as a partner in two integrated Care Systems and as an anchor organisation.

Once approved, the strategy would be underpinned by a delivery plan, to provide the detailed actions and activities to achieve the ambitions, including a means of measuring progress and success. The People Committee would have oversight of delivery and progress against the plan.

The strategy would be formally launched with the support of a communications and engagement plan.

Kath Smart welcomed the ongoing focus on staff health and wellbeing post pandemic. In respect of talent management and succession planning opportunities, the Chief People Officer confirmed plans to consider a consistency in approach by adopting or adapting existing models, with a focus on the importance of good quality discussions as part of the appraisal process.

In response to a question from Mark Bailey, the Chief People Officer confirmed a number of workstreams supported workforce/business planning, a Workforce Planning Committee was in existence and the future implementation of the strategic workforce tool would support capacity and demand work. Assurance would be provided through the relevant Board Committees.

Lucy Nickson welcomed the accessibility of the strategy. In response to her question with regards to system engagement, the Chief People Officer confirmed this was well established across the South Yorkshire Integrated Care System, due to the more recent inclusion in the Nottingham & Nottinghamshire Integrated Care System collaborative working was evolving. The key areas of the strategy were focused on national priorities, including education, training and health and wellbeing and there were ongoing discussions at the regional HR Directors Network to ensure continued development. It was recognised that a system approach to talent management would be well received.

Emyr Jones welcomed the strategy and enquired how delivery would be monitored and the Board appraised on progress. The Chief People Officer confirmed oversight would be via the Board's People Committee, a regular assurance report was presented to Board and progress and achievement of success measures could be incorporated into this. The Chief Executive confirmed that the True North objectives would be presented at April's Board meeting, a workforce objective would be aligned to delivery of the strategy and the Trust's vision. Progress against director objectives were received on a quarterly basis.

The Chair of the Board recognised the strong message within the strategy which identified development opportunities for colleagues, which supported a lifetime career

opportunity at the Trust. The Chair of the Board encouraged Board members to share that message across their networks and communities.

The Board approved the People Strategy 2023-27.

***The Board:***

- ***Approved the People Strategy 2023-2027***

**P23/02/E1 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

**P23/02/E2 Governor Questions regarding the business of the meeting (10 minutes) \***

The Lead Governor posed the following questions on behalf of governors:

**"The Finance Report (page 24 onwards) refers to "without some remedial actions .. the budget targets will not be met (for 22-23)"; and the Trust "is significantly off being able to deliver a break-even financial plan for 23-24". Productivity and efficiency actions are mentioned. At a recent board meeting the CEO confirmed that the Trust uses comparator data from such as Model Hospital/GIRFT. Is the Finance Committee (possibly in confidential session) provided with regular reports of the DBTH position on productivity and efficiency measures as compared with best sector practice and peers"?**

The Chief Executive confirmed the sharing and analysis of comparator data took place routinely across the system. The suite of data would develop over time and was expected to include theatre efficiency and length of stay information; benchmarking against quality indicators was available at a system, regional and national level.

**"The ultimate judgement on the success of the People Strategy (page 37) is the extent to which the Trust is able to supply and retain sufficient staff, with appropriate skills and experience, particularly in clinical settings, without recourse to significant use of expensive agency staff. Is there a target date for achieving such a position. with milestones en route to this goal"?**

The Chief Executive advised there was not a finite end to recruitment and retention, the architecture of the NHS was ever changing, as were the associated workforce requirements. As such recruitment and retention was seen as a continual cycle of work. Governor observers were assigned to the Board's Committees, including the People Committee and the feedback made available to all governors via the Governor Portal. In addition, local and system governor briefing and development sessions were facilitated to encourage the sharing of information.

**"Given the People Strategy commitment to SMARTER and new ways of working, what metrics will be included in the Delivery Plan in respect of staff productivity and efficiency"?**

Following approval of the strategy, the plan to support delivery would be developed.

The Chair of the Board thanked governors for their continued commitment and engagement.

***The Board:***

- ***Noted the governor questions.***

**P23/02/E3 Minutes of the meeting held on 31 January 2023 (Enclosure E3)**

The following change to paragraph seven of minute **P23/01/B1** was noted. Kath Smart, Chair of the Audit & Effectiveness Committee should read Kath Smart, Chair of the Audit & Risk Committee.

***The Board:***

- ***Approved the minutes of the meeting held on 31 January 2023, subject to the above change***

**P23/02/E4 Date and time of next meeting (Verbal)**

**Date:** Tuesday 28 March 2023

**Time:** 09:30am

**Venue:** MS Teams

**P23/02/E5 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.***

**P23/02/F Close of meeting (Verbal)**

The meeting closed at 10.40



**Suzy Brain England OBE**

Chair of the Board

28 March 2023