

**Board of Directors Meeting Held in Public  
To be held on Tuesday 28 February 2023 at 09:30  
Via MS Teams**

Enc		Purpose	Time
<b>A</b>	<b>MEETING BUSINESS</b>		<b>09:30</b>
<b>A1</b>	<p>Welcome, apologies for absence and declarations of interest <i>Suzy Brain England OBE, Chair</i> Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known</p> <p>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting</p>		5
<b>A2</b>	<p>Actions from previous meeting (<b>no active actions</b>) <i>Suzy Brain England OBE, Chair</i></p>	<i>Review</i>	
<b>B</b>	<b>True North SA1 - QUALITY AND EFFECTIVENESS</b>		<b>09:35</b>
<b>B1</b>	<p>Maternity Update i. 2022 Maternity Survey <i>Lois Mellor, Director of Midwifery</i></p>	<i>Assurance</i>	15
<b>C</b>	<b>True North SA4 – FINANCE &amp; PERFORMANCE</b>		<b>09:50</b>
<b>C1</b>	<p>Ambulance Handovers <i>Denise Smith, Chief Operating Officer</i></p>	<i>Assurance</i>	10
<b>C2</b>	<p>Financial Position &amp; Forecast Update <i>Jon Sargeant, Chief Financial Officer</i></p>	<i>Note</i>	10
<b>D</b>	<b>STRATEGY</b>		<b>10:10</b>
<b>D1</b>	<p>People Strategy 2023 -2027 <i>Zoe Lintin, Chief People Officer</i></p>	<i>Approval</i>	10
<b>E</b>	<b>OTHER ITEMS</b>		<b>10:20</b>
<b>E1</b>	<p>Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair</i></p>	<i>Discussion</i>	

<b>E2</b>	Governor questions regarding the business of the meeting (10 minutes)* <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	10
<b>E3</b>	Minutes of the meeting held on 31 January 2023 Suzy Brain England OBE, Chair	<i>Approval</i>	5
<b>E4</b>	<b>Date and time of next meeting:</b> <b>Date:</b> Tuesday 28 March 2023 <b>Time:</b> 09:30 <b>Venue:</b> MS Teams	<i>Information</i>	
<b>E5</b>	<b>Withdrawal of Press and Public</b> Board to resolve: 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. <i>Suzy Brain England OBE, Chair</i>		

**F MEETING CLOSE** **10:35**

**\*Governor Questions**

The Board of Directors meetings are held in public but they are not ‘public meetings’ and, as such the meetings, will be conducted strictly in line with the above agenda.

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time. Due to the anticipated number of governors attending the virtual meeting, Lynne Schuller, Lead Governor will be able to make a point or ask a question on governors’ behalf. If any governor wants Lynne to raise a matter at the Board meeting relating to the papers being presented on the day, they should contact Lynne by 5pm the day before the meeting to express this. All other queries from governors arising from the papers or other matters should be emailed to Fiona Dunn for a written response.

In respect of this agenda item, the following guidance is provided:

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to Lynne Schuller, Lead Governor.
- Questions will be asked by Lynne Schuller, Lead Governor at the meeting.
- If questions are not answered at the meeting Fiona Dunn will coordinate a response to all Governors.
- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.



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

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	28 February 2023	<b>Agenda Reference:</b>	B1		
<b>Report Title:</b>	Maternity Update				
<b>Sponsor:</b>	Karen Jessop, Chief Nurse				
<b>Author:</b>	Lois Mellor, Director of Midwifery				
<b>Appendices:</b>	Perinatal Surveillance Dashboard				
Report Summary					
<b>Purpose of report:</b>	To update the Board of Directors on performance, key issues, and developments in Maternity Services.				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>Update on current Perinatal Mortality Review Tool (PMRT) reviews for the month</li> <li>Education and training compliance below the 90% target due to the division continuing to catch up following operational challenges</li> <li>Trajectories / plans in place to recover the training position</li> <li>Ongoing work with the maternity voices partnership (MVP) and improved collaborative working</li> <li>Board Level safety champion visit and first meeting</li> <li>Year 4 partial compliance submitted on 2<sup>nd</sup> Feb 2023</li> <li>Plans commenced for year 5 compliance</li> </ul>				
<b>Recommendation:</b>	To note and take assurance.				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	Risk to strategic aim - that we fail to provide outstanding care and that patient experience does not meet expectations				
<b>Corporate risk register:</b>					
<b>Regulation:</b>					
<b>Legal:</b>					
<b>Resources:</b>					
Assurance Route					
<b>Previously considered by:</b>	Maternity & Gynae Governance meeting				
<b>Date:</b>	16.1.2023	<b>Decision:</b>	To continue to monitor		
<b>Next Steps:</b>	Support to continue improvements in maternity service and develop a robust action plan for CNST Year 4 standards, and the Ockenden immediate actions.				
<b>Previously circulated reports to supplement this paper:</b>					

# **Monthly Board Report**

## **January 2023**

***Additional information in support of this report is provided in conjunction with the Board Surveillance PowerPoint Presentation.***

### **1. Findings of review of all perinatal deaths**

#### **1.1 Stillbirths and late fetal loss > 22 weeks**

In January 2023 there was one stillbirth, this is currently under review and involves an external provider.

Three cases were reviewed at the perinatal mortality meeting, all three cases were graded as good levels of care.

#### **1.2 Neonatal Deaths**

No neonatal deaths have been reported.

#### **1.3 Actions/ Learning from PMRT**

The development of a local maternity and neonatal system (LMNS) guideline for reduced fetal movement is in progress. Which will improve consistency of care with the LMNS.

The bereavement (Serenity) suite remains on the action log and the work is due to commence in March with an expected completion date in May 2023.

### **2. Findings of review of all cases eligible for referral HSIB**

<b>Cases to date</b>	
Total referrals	22
Referrals / cases rejected	4
Total investigations to date	18
Total investigations completed	18
Current active cases	0
Exception reporting	0

#### **2.1 Reports Received since last report**

No reports have been received.

## 2.2 Current investigations

None.

### 3. Serious Incident Investigations (Internal)

There is one ongoing SI investigation related to a term stillbirth. This is on track to be completed within the 60-day timeline by the end of January 2023.

### 4. Training Compliance

Trajectories have been set to achieve > 90% compliance by 31<sup>st</sup> March 2023. This will ensure that the service is in a good position to achieve good compliance with year 5 CNST standards.

#### CTG Study Day

The most recent training position is:

MDT Role	Number	Number Compliant	K2 CTG Compliance	Number of Staff Undertaken Fetal Monitoring Study Day	Study Day Compliance	Projected (based on bookings)
Consultants	12	10	83.3%	11	91.7%	108.3%
Doctors	21	11	52.4%	16	76.2%	90.5%
GP Trainees	13	5	38.5%	9	69.2%	107.7%
Midwives	209	184	88.0%	155	74.2%	78.9%
NHSP Midwives	16	15	93.8%	6	37.5%	37.5%
<b>Divisional</b>	<b>271</b>	<b>225</b>	<b>83.0%</b>	<b>197</b>	<b>72.7%</b>	<b>80.1%</b>

#### Practical Obstetric Multi Professional Training (PROMPT) Training (Obstetric Emergencies)

MDT Role	Number	Number Compliant	Prompt Compliance
Consultants	14	10	71.4%
Doctors	37	26	70.3%
Midwives	200	177	88.5%
NHSP Midwives	26	15	57.7%
Support Workers	69	53	76.8%
Anaesthetists	39	30	76.9%
<b>Divisional</b>	<b>385</b>	<b>311</b>	<b>80.77%</b>

Training compliance has improved from 75.3% to 80.77% in month.

## **5. Service User Feedback**

The work plan has been agreed and the equity and equality lead midwife is working closely with the MVP chair to progress the plan.

The main areas of work are:

- The maternity triage service – patient experience related to initial contact on the phone. Ensuring staff are welcoming and compassionate in their responses.
- Looking to engage the seldom heard voices in the local population to shape the future maternity services, ensuring equity for all.

There has been a regional LMNS workshop facilitated by the South Yorkshire and Bassetlaw maternity voices chair. This was supported by all the local organisations, and the local MVP chairs. The information gathered at this workshop will inform the plans for engagement and collaborative working for the next year.

## **6. HSIB/ NHR / CQC or other investigation with a concern or request for action made directly to the Trust**

None.

## **7. Coroner PFDR (Reg 28) made directly to Trust**

None.

## **8. Progress in achievement of CNST**

Partial compliance was submitted for year 4, with a robust action plan in place to ensure that year 4 standards were recovered by March 31<sup>st</sup> 2023. A request for funding for continued project management support, and monies to support training requirements has been submitted.

Year 5 standards are expected to be published in March 2023, there is not expected to be any significant changes. However, there is expected to be significant changes in Year 6. The service now has a project manager to support and coordinate the work related to CNST and Ockenden / East Kent recommendations.

## **9. Board Level Safety Champion**

Karen Jessop (Board Level safety champion) and Jo Gander (Non-exec Director) completed their first walkabout on 30<sup>th</sup> January 2023. This was followed by the relaunched safety champion meeting, where the terms of reference of this meeting were approved.

The safety champions discussed feedback from the clinical areas which included:

- The Band 7 labour ward coordinator forum has stopped
- Band 7 rotation between sites had stopped
- Lack of agency midwives on shifts

- Indication for induction of labour not always followed
- There appears to be WIFI drop out in the modular build at times
- Short supply of thermometers

Immediate actions:

- Thermometers ordered by HOM

An update is expected at the next meeting for other issues raised.

## **10. Perinatal Surveillance dashboard**

Attached appendix.

# NE&Y Regional Perinatal Quality Oversight Group Highlight Report

MW to birth ratio :  
BR+ recommendation  
**1::28.25**

Vacancy  
rate (MW)

LW co-ordinator  
supernumerary  
(%)



LMNS: South Yorkshire and Bassetlaw

Reporting period: January 2023 – March 2023

Overall System RAG:

(Please refer to key next slide)

Jan	1:26.5	10.1%	

Maternity unit **DBTH – Doncaster**

KPI (see slide 4)	Measurement / Target		Doncaster Rate			
			Jan			
Caesarean Section rate	Elective	<13.2 %	14.6%			
	Emergency	<15.2 %	22.9%			
Preterm birth rate	≤26+6 weeks	0	0			
	≤36+6 weeks	<6%	10.2%			
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	2%			
Term admissions to NICU		<6%	0.7%			
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassist'd)	<2.8%	1.5%			
	Instrumental (assisted)	<6.05 %	15%			
Right place of birth		95%	100%			
Smoking at time of delivery		<11%	14.4%			
Percentage of women placed on CoC pathway		35%	0%			
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%		
	Area of deprivation		0%			

Month/Quarter	Jan	31	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)	HIE cases (2 or3)	Neonatal Deaths Early	Neonatal Deaths Late	Notification to ENS	Maternal Mortality (direct / indirect)
2022/2023													

## Maternity Red Flags (NICE 2015)

		Jan
1	Delay in commencing/continuing IOL process	31
2	Delay in elective work	0
3	Unable to give 1-1 care in labour	1
4	Missed/delayed care for > 60 minutes	0
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0



# NE&Y Regional Perinatal Quality Oversight Group Highlight Report



LMNS: South Yorkshire and Bassetlaw

Reporting period: October 2022 – December 2022

Overall System RAG:

(Please refer to key next slide)

Maternity unit **DBTH – Bassetlaw**

KPI (see slide 4)3.9%	Measurement / Target		Bassetlaw Rate			
			Jan			
Caesarean Section rate	Elective	<13.2 %	10.6%			
	Emergency	<16.9 %	29.5%			
Preterm birth rate	≤26+6 weeks	0	0			
	≤36+6 weeks	<6%	6.06%			
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	3%			
Term admissions to NICU		<6%	3.25%			
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassist'd)	<2.8%	4.5%			
	Instrumental (assisted)	<6.06 %	8.3%			
Right place of birth		95%	100%			
Smoking at time of delivery		<11%	6.1%			
Percentage of women placed on CoC pathway		35%	0	0	0	
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME		0	0		
	Area of deprivation	75%	0	0	0	

Month/Quarter	Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Newer Events	HSIB cases	Still Births (All / Term / Intrapartum)	HIE cases (2 or3)	Neonatal Deaths (Early / Late)	Notification to ENS	Maternal Mortality (direct / Indirect)
2020/2021	Jan	8	0	1	0	0	0 0 0	0	0 0	0	0 0

## Maternity Red Flags (NICE 2015)

		Jan		
1	Delay in commencing/continuing IOL process	8		
2	Delay in elective work	0		
3	Unable to give 1-1 care in labour	0		
4	Missed/delayed care for > 60 minutes	0		
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0		

## Assessed compliance with 10 Steps-to-Safety

		Oct	Nov	Dec
1	Perinatal review tool	On Track	Complete	Complete
2	MSDS	On Track	Complete	Complete
3	ATAIN	At Risk	Complete	Complete
4	Medical Workforce	At Risk	Complete	Complete
5	Midwifery Workforce	At Risk	Complete	Complete
6	SBLCB V2	On Track	Complete	Complete
7	Patient Feedback	On Track	Complete	Complete
8	Multi-professional training	At Risk	Complete	Complete
9	Safety Champions	At Risk	Complete	Complete
10	Early notification scheme (HSIB)	On Track	Complete	Complete

## Key

Complete	The Trust has completed the activity with the specified timeframe – No support is required
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required
Will not be met	The Trust will currently not deliver within specified timeframe – Support is required



## Evidence of SBLCB V2 Compliance

		Jan		
1	Reducing smoking	On Track	Complete	Complete
2	Fetal Growth Restriction	On Track	Complete	Complete
3	Reduced Fetal Movements	On Track	Complete	Complete
4	Fetal monitoring during labour	On Track	Complete	Complete
5	Reducing pre-term birth	On Track	Complete	Complete

## Assessment against Ockenden Immediate and Essential Action (IEA)

	Jan			
Audit of consultant led labour ward rounds twice daily	On Track	Complete	Complete	Complete
Audit of Named Consultant lead for complex pregnancies	On Track	Complete	Complete	Complete
Audit of risk assessment at each antenatal visit	On Track	Complete	Complete	Complete
Lead CTG Midwife and Obstetrician in post	On Track	Complete	Complete	Complete
Non Exec and Exec Director identified for Perinatal Safety	On Track	Complete	Complete	Complete
Multidisciplinary training – PROMPT, CTG, Obstetric Emergencies (90% of Staff)	CTG	PROMPT	Complete	PROMPT
Plan in place to meet birth rate plus standard (please include target date for compliance)	On Track	Complete	Complete	Complete
Flowing accurate data to MSDS	On Track	Complete	Complete	Complete
Maternity SIs shared with trust Board	On Track	Complete	Complete	Complete

Please include narrative (brief bullet points) relating to each of the elements:



Maternity unit			
Freedom to speak up / Whistle blowing themes	None		
Themes from Datix (to include top 5 reported incidents/ frequently occurring )	Weight unexpectedly below the 10 <sup>th</sup> centile PPH >1500ml Unexpected admission to NNU Staffing		
Themes from Maternity Serious Incidents (Sis)	Management and review of diabetic pathway and management of late diagnosis/unstable GDM		
Themes arising from Perinatal Mortality Review Tool	Diabetic management of unstable GDM Poor use of translation services CDS USS requires review and aim to upgrade- trial machine in place		
Themes / main areas from complaints	Communication Attitudes		
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience	MVP Bereavement questionnaire		
Evidence of co-production	New CDS and serenity suite appeal MVP workshop with the LMNS		
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Ongoing OCR meeting Ongoing skills and drills scenarios Education lead now back in post supporting education needs of staff PROMPT Pastoral care team		
Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	WHATS HOT Ward briefs and emails Face to face discussions with staff LMNS meetings Trust meeting		



## KPIs: Targets & Thresholds

Ref	KPI	Measurement	Target	Green Range	Amber Range	Red Range	Source
S1	<b>Caesarean section rate</b> (Caesarean section targets are based on England HES data for 2019/20)	% Caesarean sections: elective & emergency	29%	<30%	NA	> 33%	Trust / MSDSv2
				<13.2%		> 15%	
				<17%		> 19%	
S2	<b>Preterm birth rate</b> (Denominator = all births over 24 weeks gestation)	% Preterm birthrate: <27 weeks & <36 weeks	<6%	< 6% achieved in 12 months	N/A	> 6 achieved in 12 months	Trust
S3	<b>Massive obstetric haemorrhage</b> (Based on NMPA data for 2017/17 for women who give birth vaginally to a singleton baby in the cephalic position between 37+0 and 42+6 weeks )	Massive obstetric Haemorrhage >1500mls (denominator = total singleton cephalic births )	<2.9%	<2.9%	<3.5%	>=3.5%	Trust / MSDSv2
S4	<b>Term admissions to NICU</b> ((from all sources eg Labour ward, postnatal ward / community but not transitional care babies )	% Terms admissions to NICU	<6%	<6%	NA	>6%	Trust / Badgernet
S5	<b>3<sup>rd</sup> &amp; 4<sup>th</sup> degree tear</b> (3 <sup>rd</sup> / 4 <sup>th</sup> degree tears are based on NMPA data for 2017/17 for women who give birth vaginally to a singleton baby in the cephalic position between 37+0 and 42+6)	% 3 <sup>rd</sup> & 4 <sup>th</sup> degree tear: NMPA SVD & Instrumental 3 <sup>rd</sup> & 4 <sup>th</sup> degree tear (denominator total singleton cephalic SVD / total Instrumental births / total vaginal births )	NMPA SVD: 2.8% Instrumental: 6.8% Overall: 3.5%	< 3.5%	NA	>5%	Trust / MSDSv2
S6	<b>Right Place of Birth</b> (denominator = no of women birthing under 27, 28 with multiple or <800g )	% Right Place of Birth: <27 weeks or <28 weeks multiple & EFW <800g born in tertiary centre	95%	>90%	80% – 90%	<80%	Trust / Badgernet
S7	<b>Smoking at time of delivery</b>	% women smoking at time of delivery	6%	<11%		>11%	Trust / MSDSv2
S8	<b>Percentage of women placed on Continuity of Carer pathway</b> denominator = all women reaching 29 weeks gestation within the month	% women placed on continuity of carer pathway at 29 weeks gestation	35%	25% - 35%	15%-25%	<15%	Trust / MSDSv2
S9	<b>Percentage of BAME women or from areas of deprivation placed on Continuity of Carer pathway</b> (denominator as above)	% BAME women placed on continuity of carer pathway at 29 weeks gestation	75%	65% - 75%	55% - 65%	<55%	Trust / MSDSv2
	Red Flags						



## Glossary of terms / Definition for use with Maternity papers

AN – Antenatal

ATAIN – term admission to neonatal unit (Term – 37-42 weeks gestation)

Cephalic – Head down

CNST – Clinical Negligence Scheme for Trusts

CTG – Cardiotocograph (fetal monitor)

Cooling – a baby is actively cooled lowering the body temperature

DoM – Director of Midwifery

EFW – Estimated fetal weight

FTSU – Freedom to speak up

G – Gravida (number of total pregnancies (including miscarriages))

HSIB – Health Service Investigation Branch

HIE – Hypoxic ischaemic encephalopathy (when the brain does not receive enough oxygen)

IUD – Intrauterine death

LMNS – Local Maternity and neonatal System

MVP – Maternity Voices Partnership

MSDS – Maternity Service dataset

NED- Non Executive Director

NICU = Neonatal Intensive care unit

NND – Neonatal death

NMPA –National maternity and perinatal Audit

OCR – Obstetric case review

Parity – Number of babies born > 24 weeks gestation (live born)

PFDR – Prevention of Future Deaths Report

PMRT – Perinatal Mortality Review tool

PPH – Postpartum haemorrhage (after birth)

PROMPT – Practical Obstetric Multi- professional training

RIP – Rest in Peace

SVD – Spontaneous vaginal delivery

SBLCDV2 – Saving Babies lives care bundle version 2

MCoC – Midwifery Continuity of carer (6-8 midwives working in a team to deliver holistic care to a family)

MST – Microsoft teams

**Other information**

Term pregnancy is 37 – 42 weeks long

Viability is 24 weeks (in law) – gestation a pregnancy is considered viable

Resuscitation of a preterm baby can be offered from 22 weeks gestation (parent will need to be counselled)

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 February 2023	Agenda Reference:	B1i		
Report Title:	2022 Maternity Survey				
Sponsor:	Karen Jessop, Chief Nurse				
Author:	Lois Mellor, Director of Midwifery				
Appendices:	Appendix 1 - Survey Presentation available upon request from the Trust Board Office				
Report Summary					
Purpose of report:	To share the results of the CQC (Picker) maternity survey from February 2022.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> <li>The results have remained largely the same, whilst nationally the results have deteriorated.</li> <li>48 responses remain the same</li> <li>2 responses improved</li> <li>0 deteriorated</li> </ul>				
Recommendation:	To note and take assurance				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:	Maternity Governance				
Date:	13.1.2023	Decision:			
Next Steps:	To monitor the action plan via maternity operational and governance meetings. Feedback to be shared at the Maternity Voices Partnership (MVP) quarterly meeting.				
Previously circulated reports to supplement this paper:					

# Maternity Survey 2022

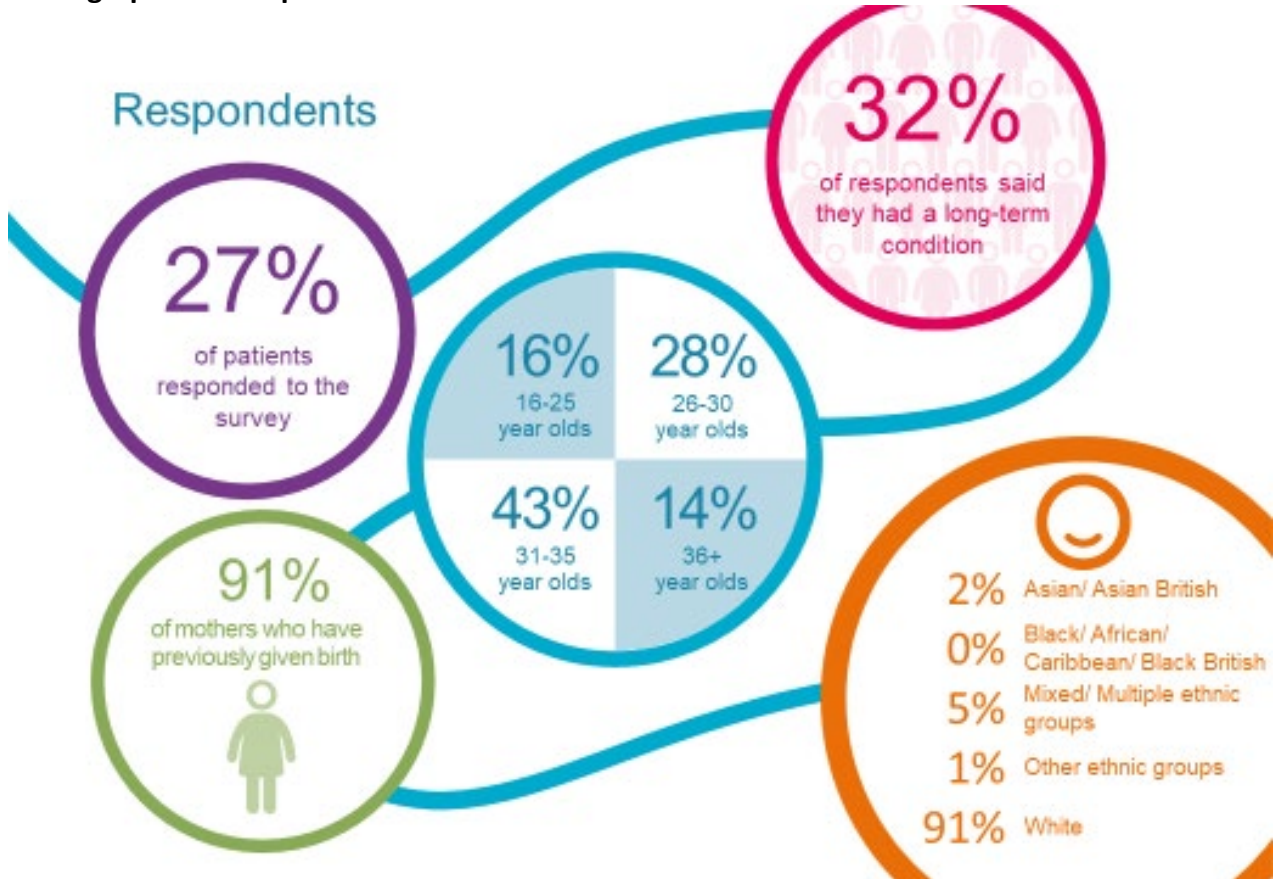
## 1. Introduction

The 2022 maternity survey involved 121 trusts in England. Birthing people aged 16 years or over who have had a live birth between the 1-28<sup>th</sup> February were invited to take part in the survey. Posters were displayed in the clinical areas, national 21,000 responses were received which is a 47% response rate.

At DBTH 83 people responded giving a response rate of 27.21%.

The survey was undertaken whilst pandemic restrictions were still in place, and visiting was restricted. However visiting has now returned to pre pandemic arrangements.

## 2. Demographics of respondents



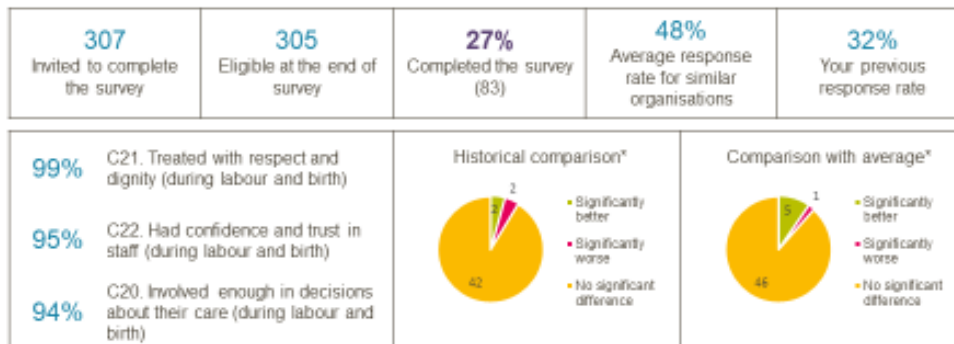


### 3. Executive summary

## Executive summary (part 1 of 2)

This report summarises the findings from the Maternity Survey 2022 carried out by Picker, on behalf of DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST. Picker was commissioned by 65 organisations to run their survey – this report presents your results in comparison to those organisations.

A total of 87 questions were asked in the 2021 survey, of these 53 can be positively scored, with 48 (of these 53) which can be historically compared. Your results include every question where your organisation received at least 30 responses (the minimum required).



p.4 | DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST | Maternity Survey 2022



## Executive summary (part 2 of 2)

Top 5 scores vs Picker Average	Trust	Picker Avg
C4. Felt they were given enough information before induction	100%	85%
B16. Provided with relevant information about feeding their baby	94%	82%
F9. Saw the midwife as much as they wanted (postnatal)	73%	63%
F16. Received support or advice about feeding their baby during evenings, nights or weekends	77%	68%
B11. Asked about mental health by midwives (antenatal)	100%	93%

Most improved scores	Trust 2022	Trust 2021
F9. Saw the midwife as much as they wanted (postnatal)	73%	52%
B8. Felt midwives or doctor aware of medical history (antenatal)	92%	76%
F16. Received support or advice about feeding their baby during evenings, nights or weekends	77%	64%
B12. Given enough support for mental health during pregnancy	91%	82%
F20. Felt GP talked enough about mental health during postnatal check-up	73%	64%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	15%	41%
F14. Given enough information about their own physical recovery	76%	84%
F19. Felt GP talked enough about physical health during postnatal check-up	63%	68%
C12. Partner/ companion involved (during labour and birth)	86%	91%
B3. Offered a choice of where to have baby	77%	81%

Most declined scores	Trust 2022	Trust 2021
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	15%	31%
F12. Given information about changes to mental health after having baby	81%	92%
D2. Discharged without delay	59%	68%
F14. Given enough information about their own physical recovery	76%	83%
D5. Given enough information (in hospital after birth)	88%	94%

p.5 | DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST | Maternity Survey 2022



Tables are based on absolute % differences, not statistical significance

## 4. Results






The following tables show the most improved scores since 2021 for DBTH, and then split by site.

### Maternity Survey 2022 Results

Thank you everyone who took part in the survey. Here are our top line results.

Place logo here






#### Most improved scores since 2021

-  73% F5. Saw the midwife as much as they wanted (postnatal)
-  92% B8. Felt midwives or doctor aware of medical history (antenatal)
-  77% F16. Received support or advice about feeding their baby during evenings, nights or weekends
-  91% B12. Given enough support for mental health during pregnancy
-  73% F20. Felt GP talked enough about mental health during postnatal check-up

#### Our views

- 99%** C21. Treated with respect and dignity (during labour and birth)
- 95%** C22. Had confidence and trust in staff (during labour and birth)
- 94%** C20. Involved enough in decisions about their care (during labour and birth)

#### Top 5 scores vs the Picker Average

-  100% C4. Felt they were given enough information before induction
-  94% B16. Provided with relevant information about feeding their baby
-  73% F5. Saw the midwife as much as they wanted (postnatal)
-  77% F16. Received support or advice about feeding their baby during evenings, nights or weekends
-  100% B11. Asked about mental health by midwives (antenatal)

#### Bottom 5 scores vs the Picker Average

-  15% D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)
-  76% F14. Given enough information about their own physical recovery
-  63% F19. Felt GP talked enough about physical health during postnatal check-up
-  86% C12. Partner / companion involved (during labour and birth)
-  77% B3. Offered a choice of where to have baby

To find out more about the survey and our results please contact .....




### Maternity Survey 2022 BASSETLAW HOSPITAL Results

Thank you everyone who took part in the survey. Here are our top line results.

Place logo here






#### Most improved scores since 2021

-  81% F5. Saw the midwife as much as they wanted (postnatal)
-  94% B8. Felt midwives or doctor aware of medical history (antenatal)
-  87% F13. Told who to contact for advice about mental health after having baby
-  100% E3. Felt midwives gave active support and encouragement about feeding
-  100% F11. Staff asked about mental health (postnatal)






#### Our views

- 97%** C21. Treated with respect and dignity (during labour and birth)
- 94%** C22. Had confidence and trust in staff (during labour and birth)
- 90%** C20. Involved enough in decisions about their care (during labour and birth)

#### Top 5 scores vs the Organisation

-  71% D2. Discharged without delay
-  100% E3. Felt midwives gave active support and encouragement about feeding
-  81% F5. Saw the midwife as much as they wanted (postnatal)
-  87% F12. Given information about changes to mental health after having baby
-  100% F11. Staff asked about mental health (postnatal)

#### Bottom 5 scores vs the Organisation

-  70% F14. Given enough information about their own physical recovery
-  71% B5. Given enough information about coronavirus restrictions and any implications for maternity care
-  93% C18. Able to get help when needed (during labour and birth)
-  74% C16. Not left alone when worried (during labour and birth)
-  84% D5. Given enough information (in hospital after birth)

To find out more about the survey and our results please contact .....



# Maternity Survey 2022

## DONCASTER ROYAL INFIRMARY Results

Thank you everyone who took part in the survey. Here are our top line results.

Place logo here

### Most improved scores since 2021

- 90% B8. Felt midwives or doctor aware of medical history (antenatal)
- 69% F5. Saw the midwife as much as they wanted (postnatal)
- 96% B13. Given the help needed by midwives (antenatal)
- 71% F20. Felt GP talked enough about mental health during postnatal check-up
- 100% C18. Able to get help when needed (during labour and birth)

### Our views

- 100% C21. Treated with respect and dignity (during labour and birth)
- 96% C22. Had confidence and trust in staff (during labour and birth)
- 96% C20. Involved enough in decisions about their care (during labour and birth)

### Top 5 scores vs the Organisation

- 10% D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)
- 83% C17. Felt concerns were taken seriously (during labour and birth)
- 80% F14. Given enough information about their own physical recovery
- 79% B5. Given enough information about coronavirus restrictions and any implications for maternity care
- 100% C18. Able to get help when needed (during labour and birth)

### Bottom 5 scores vs the Organisation

- 52% D2. Discharged without delay
- 84% E3. Felt midwives gave active support and encouragement about feeding
- 69% F5. Saw the midwife as much as they wanted (postnatal)
- 78% F12. Given information about changes to mental health after having baby
- 80% C7. Felt they they were given appropriate advice and support at the start of labour

To find out more about the survey and our results please contact .....

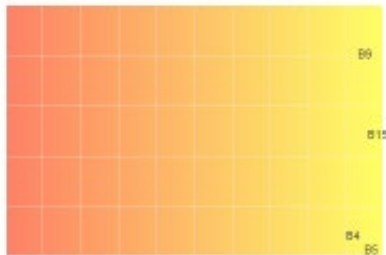


## 5. Learning from the Survey

Below the charts identify the areas that need prioritisation.

### Antenatal care: Prioritise

Focus attention here.



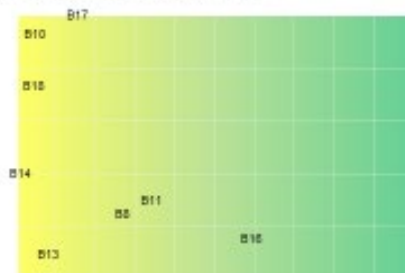
Q	Question text	P5%
B9	Had enough time to ask questions or discuss during antenatal check-ups	95%
B15	Involved enough in decisions about their care (antenatal)	96%
B4	Given enough information about where to have baby	78%
B5	Given enough information about coronavirus restrictions and any implications for maternity care	78%

#### SUMMARY

Number of questions in this quadrant: 4

### Antenatal care: Maintain

Important and doing well.



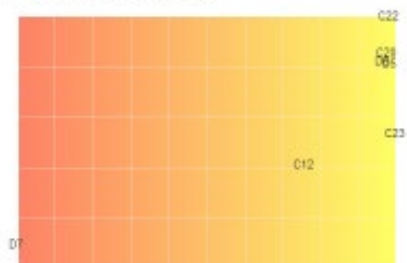
Q	Question text	P5%
B17	Had confidence and trust in staff (antenatal)	98%
B10	Felt midwives listened (antenatal)	99%
B18	Treated with respect and dignity (antenatal)	99%
B14	Spoken to in a way they could understand (antenatal)	99%
B11	Asked about mental health by midwives (antenatal)	100%
B5	Felt midwives or doctor aware of medical history (antenatal)	92%
B16	Provided with relevant information about feeding their baby	94%
B13	Given the help needed by midwives (antenatal)	95%

#### SUMMARY

Number of questions in this quadrant: 8

## Labour & postnatal care: Prioritise

Focus attention here.



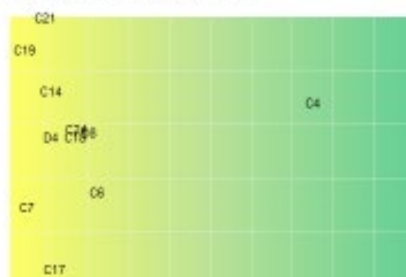
Q	Question text	PS%
C22	Had confidence and trust in staff (during labour and birth)	95%
C20	Involved enough in decisions about their care (during labour and birth)	94%
D6	Treated with kindness and understanding (in hospital after birth)	93%
D5	Given enough information (in hospital after birth)	88%
C23	Able to ask questions afterwards about labour and birth	78%
C12	Partner / companion involved (during labour and birth)	86%
D7	Found partner was able to stay with them as long as they wanted (in hospital after birth)	15%

### SUMMARY

Number of questions in this quadrant: 7

## Labour & postnatal care: Maintain

Important and doing well.



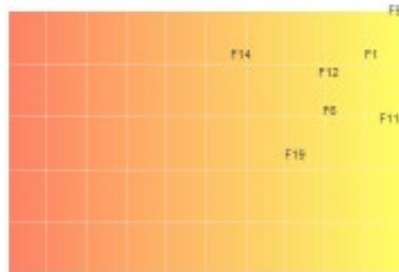
Q	Question text	PS%
C21	Treated with respect and dignity (during labour and birth)	99%
C19	Spoken to in a way they could understand (during labour and birth)	99%
C14	Found staff introduced themselves (during labour and birth)	100%
C4	Felt they were given enough information before induction	100%
C24	Felt midwives or doctor aware of medical history (during labour and birth)	99%
D8	Found hospital ward very or fairly clean	100%
C18	Able to get help when needed (during labour and birth)	98%
D4	Able to get help when needed (after the birth)	92%
C6	Involved enough in decision to be induced	87%
C7	Felt they were given appropriate advice and support at the start of labour	83%
C17	Felt concerns were taken seriously (during labour and birth)	79%

### SUMMARY

Number of questions in this quadrant: 11

## Feeding & care at home: Prioritise

Focus attention here.



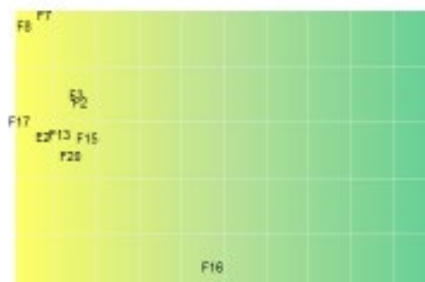
Q	Question text	PS%
F8	Had confidence and trust in midwives (postnatal)	95%
F14	Given enough information about their own physical recovery	75%
F1	Involved enough in decisions about their care (postnatal)	96%
F12	Given information about changes to mental health after having baby	81%
F8	Felt midwives aware of medical history (postnatal)	71%
F11	Staff asked about mental health (postnatal)	95%
F19	Felt GP talked enough about physical health during postnatal check-up	83%

### SUMMARY

Number of questions in this quadrant: 7

## Feeding & care at home: Maintain

Important and doing well.



Q	Question text	PS%
F7	Felt midwives listened (postnatal)	97%
F8	Found that midwives took personal circumstances into account when giving advice	95%
F3	Felt midwives gave active support and encouragement about feeding	98%
F2	Given the help needed by midwives or health visitors (postnatal)	97%
F17	Received help and advice from health professionals about their baby's health and progress (first six weeks after birth)	93%
F13	Told who to contact for advice about mental health after having baby	83%
F2	Found decisions as to how to feed their baby were respected by midwives	96%
F15	Received help and advice about feeding their baby (first six weeks after birth)	96%
F20	Felt GP talked enough about mental health during postnatal check-up	73%
F16	Received support or advice about feeding their baby during evenings, nights or weekends	77%

### SUMMARY

Number of questions in this quadrant: 10

## **Next Steps**

Action plans will be developed with the multidisciplinary team to improve the areas identified for prioritisation. These will be monitored through the governance meetings, and maternity operational meetings.

The findings will be shared at the quarterly maternity voices partnership meeting for input from service users.

## **Appendix 1**

The PowerPoint presentation of the survey (122 slides) is available upon request from the Trust Board Office



2022 Picker  
results.pptx

Report Cover Page																	
<b>Meeting Title:</b>	<b>Board of Directors</b>																
<b>Meeting Date:</b>	28 February 2023	<b>Agenda Reference:</b>	C1														
<b>Report Title:</b>	<b>Ambulance Handovers</b>																
<b>Sponsor:</b>	Denise Smith, Chief Operating Officer																
<b>Author:</b>	Paul Mapley, Efficiency Director																
<b>Appendices:</b>																	
<b>Purpose of report:</b>	<p>The report provides an update on:</p> <ul style="list-style-type: none"> <li>• ambulance handover performance against the national standards</li> <li>• the key issues affecting performance</li> <li>• the key actions to address under performance</li> </ul>																
<b>Summary of key issues:</b>	<p>Ambulance handover performance for January 2023 is summarised below:</p> <table border="1" data-bbox="427 936 1465 1151"> <thead> <tr> <th></th> <th>National Standard</th> <th>Trust performance</th> </tr> </thead> <tbody> <tr> <td>&lt; 15 minutes</td> <td>65%</td> <td>41.4%</td> </tr> <tr> <td>&lt; 30 minutes</td> <td>95%</td> <td>68.5%</td> </tr> <tr> <td>&lt; 60 minutes</td> <td>100%</td> <td>84.05%</td> </tr> </tbody> </table> <p>The Trust did not achieve the standard in January 2023 although a marked improvement in performance is noted from December 2022.</p> <p>In April 2023, the Trust will commence a 12 month Urgent and Emergency Care Improvement programme in collaboration with the Emergency Care Improvement Support Team (ECIST). This will be a system wide improvement programme and cover all aspects of urgent and emergency care, from pre-arrival at hospital through to discharge from a ward. A key element of this programme will be to ensure the Trust has the capacity, systems and processes in place to consistently deliver timely ambulance handover.</p>						National Standard	Trust performance	< 15 minutes	65%	41.4%	< 30 minutes	95%	68.5%	< 60 minutes	100%	84.05%
	National Standard	Trust performance															
< 15 minutes	65%	41.4%															
< 30 minutes	95%	68.5%															
< 60 minutes	100%	84.05%															
<b>Action Required:</b>	Approval	Information	Discussion	Assurance	Review												
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>													
Implications																	
<b>Board assurance framework:</b>	Changes made to SA1 to reflect risk and related to winter planning and also planning mitigation																
<b>Corporate risk register:</b>	Report regards Risks ID 6 and 2349 on the Risk Register																

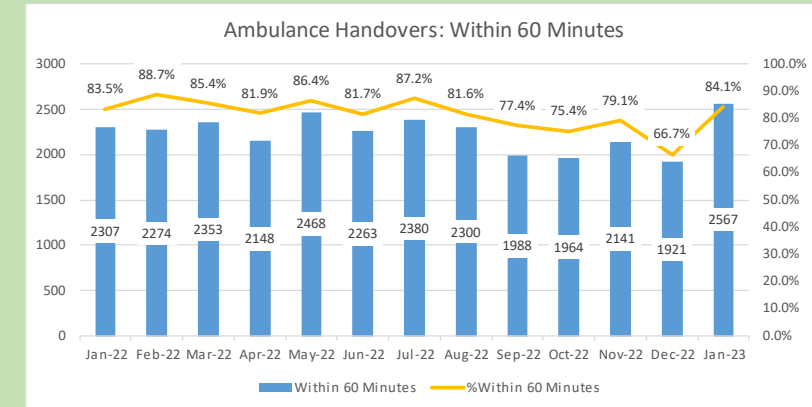
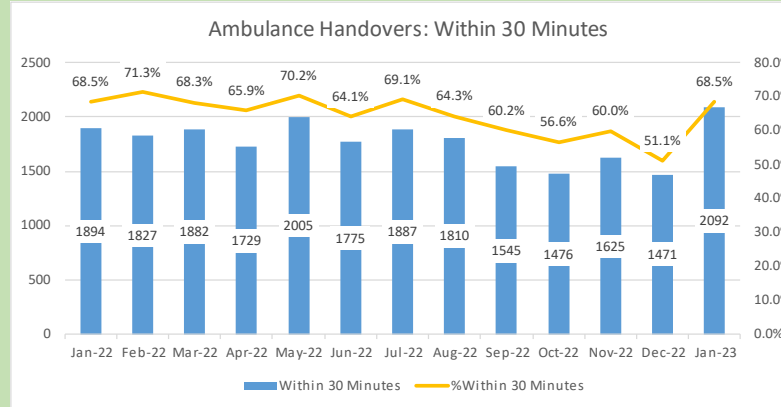
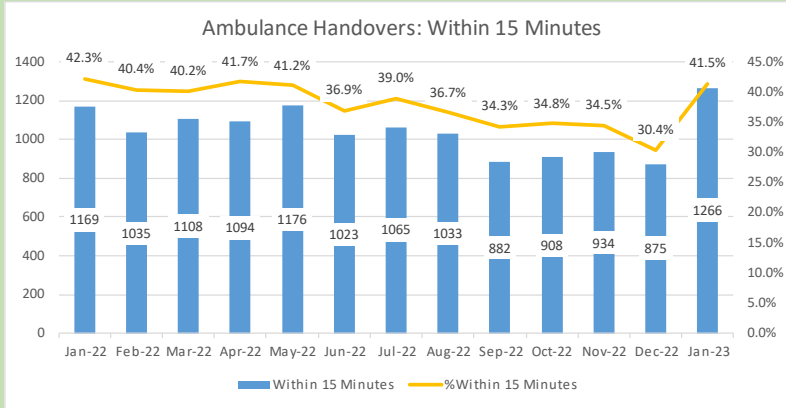


	Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards. Report outlines actions to make progress, no change to risks on CRR		
<b>Regulation:</b>	Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.		
<b>Legal:</b>	Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.		
<b>Resources:</b>			
<b>Assurance Route</b>			
<b>Previously considered by:</b>			
<b>Date:</b>		<b>Decision:</b>	
<b>Next Steps:</b>			
<b>Previously circulated reports to supplement this paper:</b>			

# Ambulance Handover



# Urgent and Emergency Care: Ambulance Handover



## Key issues:

- Ambulance handover performance has improved week on week during January
- Issues related to flow out of ED & wider Trust continue to cause delays
- Lack of knowledge of alternative pathways
- Industrial action continues to impact in January

## Key actions:

- DBTH to work with YAS to embed 'direct to SCEC' pathways
- Ambulance conveyance direct to primary care front door now in place
- Increase in Early Senior Assessment capacity complete, this provides increased capacity for ambulance handover
- 12 month, system wide, UEC improvement programme with ECIST to commence in April 2023

Month	Hospital	Total Arrivals	%<15 Minutes	%<30 Minutes	%<60 Minutes	Longest Wait
Jan-23	Bassetlaw Hospital	824	15.78%	65.90%	86.29%	07:34
Jan-23	Doncaster Royal Infirmary	2230	50.94%	69.46%	83.23%	07:20
Jan-23	Trust	3054	41.45%	68.50%	84.05%	07:34



Report Cover Page			
<b>Meeting Title:</b>	<b>Board of Directors</b>		
<b>Meeting Date:</b>	28 February 2023	<b>Agenda Reference:</b>	<b>C2</b>
<b>Report Title:</b>	<b>Financial Position and Forecast Update</b>		
<b>Sponsor:</b>	Jon Sargeant, Chief Financial Officer		
<b>Author:</b>	Alex Crickmar, Deputy Director of Finance Finance Team		
<b>Appendices:</b>			
Executive Summary			
<b>Purpose of report:</b>	To set out to the Board an update with regards to the Trust's financial position at Month 10 and forecast for year end, along with an update on the draft financial plan submission to the ICB on the 21 <sup>st</sup> February.		
<b>Summary of key issues:</b>	<p><b>Financial Position and forecast</b></p> <p>The Trust's deficit for month 10 (January 2023) was £1.0m, which was a £0.2m favourable variance to plan and a £0.2 adverse variance to forecast. The Trust's Year to Date (YTD) financial position was a deficit of £13.5m as at the end of month 10 which is adverse to plan by £0.7m and adverse to forecast by £1.0m.</p> <p>The Trust has continued to see an adverse impact on pay spend relating to winter pressures including the opening of additional beds across both Doncaster and Bassetlaw sites including the impact of incentives being paid for temporary staffing (nursing and medics £3-4m). The Trust has received confirmation that £2.6m of funding will be received from Doncaster PLACE which will partly offset some of these pressures. Of this £1.3m is included in the position year to date. In month we also saw a number of non-pay pressures including utilities and lab chemicals. These pressures coupled with the non-delivery of CNST standards is driving the position to be off forecast year to date.</p> <p>Therefore, without some remedial actions the Trust is at risk of missing its agreed deficit target by c£3m. To support the delivery of the year end financial position a number of actions have been agreed by the Executive team which is set out in more detail in this paper.</p> <p><b>Draft Financial Plan Submission</b></p> <p><b>Income and Expenditure Plan</b></p> <p>The draft financial plan for 22/23 was submitted to the SY ICB on the 21st of February with a deficit of c£68.4m, after assuming a CIP of £16.7m (3% of expenditure). At the time of writing, we do not know the overall ICB financial position but will share this with the Board post draft plan submissions.</p> <p><b>Capital Plan</b></p> <p>The Trust has £20.5m of operational capital for 23/24. In addition to this the Trust has bid for £13.2m for the elective hub at Montagu, £5.4m for phase 2 of the Community Diagnostic Centre, £17.6m for the Bassetlaw Emergency Village, £8.4m for a new electronic patient record (EPR) system. Therefore, in total the Trust has submitted a draft capital plan of £65.4m</p>		

<b>Recommendation:</b>	The Board is asked to note: <ul style="list-style-type: none"> <li>• The Trust's deficit YTD at month 10 (January 2023) was £13.5m, which was adverse to plan by £0.7m and adverse to forecast by £1.0m.</li> <li>• The financial risks as outlined in the paper including the cash position.</li> <li>• The actions being taken to deliver the Trust's year end financial position</li> <li>• Discuss and note the draft business planning submissions.</li> </ul>				
<b>Action Require:</b>	Approval	<b>Information</b>	<b>Discussion</b>	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.				
<b>Corporate risk register:</b>	See above				
<b>Regulation:</b>	No issues				
<b>Legal:</b>	No issues				
<b>Resources:</b>	No issues				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	N/A				
<b>Date:</b>		<b>Decision:</b>			
<b>Next Steps:</b>					
<b>Previously circulated reports to supplement this paper:</b>					

**FINANCIAL PERFORMANCE**

**Month 10 – January 2023**

1. Income and Expenditure vs. Budget									2. CIPs					
Performance Indicator	Monthly Performance				YTD Performance				Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual	Variance to forecast	Variance to budget	Actual	Variance to forecast	Variance to budget	Plan	Actual		Plan	Actual			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000			
Income	(44,292)	(1,523) F	(2,140) F	(431,548)	(3,095) F	(9,075) F	Local	0	500 F	0	5,669 F	0		
Pay	29,091	572 A	975 A	287,270	1,822 A	8,576 A	Workforce (vacancy control)	377	377 F	4,757	4,757 F	5,500		
Non Pay	15,768	1,110 A	1,012 A	152,525	2,067 A	1,289 A	ERF productivity	458	458 A	4,583	4,583 A	5,500		
Financing Costs	503	3 A	(67) F	5,329	(16) F	(371) F	Temporary staffing	100	0 A	800	0 A	1,000		
(Profit)/Loss on Asset Disposals	0	0 A	0 A	(97)	0 A	(97) F	Procurement	63	8 A	625	114 A	750		
<b>(Surplus)/Deficit for the period</b>	<b>1,069</b>	<b>161 A</b>	<b>(219) F</b>	<b>13,479</b>	<b>778 A</b>	<b>322 A</b>	Non-pay cost containment	333	333 A	1,333	1,333 A	2,000		
Adj. for donated assets and gains on disposal of assets	(41)	(7) F	2 A	(6)	239 A	423 A	Unidentified	750	0 A	3,000	0 A	4,500		
<b>Adjusted (Surplus)/Deficit for the purposes of system achievement</b>	<b>1,028</b>	<b>154 A</b>	<b>(218) F</b>	<b>13,473</b>	<b>1,016 A</b>	<b>745 A</b>	<b>Total CIP</b>	<b>2,081</b>	<b>1,677 A</b>	<b>15,099</b>	<b>16,456 F</b>	<b>19,250</b>		

Income		Key		Expenditure	
Over-achieved	F	Under-achieved	A	Underspent	F
		F = Favourable A = Adverse		Overspent A	

3. Statement of Financial Position				4. Other					
	Opening balance £'000	Closing balance £'000	Movement £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
					Plan £'000	Actual £'000	Plan £'000	Actual £'000	
				Cash Balance		20,184		20,184	18,505
				Capital Expenditure	4,056	7,372	23,111	21,025	34,190

5. Workforce					
	Funded WTE	Substantive WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	6,644.68	5,802.61	437.64	252.88	6,493.13
Previous Month	6,615.79	5,772.35	353.86	227.80	6,354.01
Movement	28.89	30.26	83.78	25.08	139.12

## 1. Month 10 Financial Position Highlights

### Summary Income and Expenditure – Month 10

	Month 10					YTD				
	Plan	Actual	Variance	Forecast	Variance	Plan	Actual	Variance	Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Income</b>	-42,153	-44,292	-2,140	-42,769	-1,523	-422,473	-431,548	-9,075	-428,453	-3,095
<b>Pay</b>										
Substantive Pay	27,207	24,235	-2,972	24,585	-350	267,879	242,212	-25,667	242,564	-352
Bank	97	1,950	1,853	1,690	260	516	18,830	18,315	18,517	313
Agency	462	2,458	1,996	2,013	445	2,679	19,460	16,781	19,673	-213
Recharges and Reserves	350	448	98	230	218	7,621	6,768	-852	4,694	2,074
<b>Total pay</b>	<b>28,116</b>	<b>29,091</b>	<b>975</b>	<b>28,519</b>	<b>572</b>	<b>278,695</b>	<b>287,270</b>	<b>8,576</b>	<b>285,448</b>	<b>1,822</b>
<b>Non-Pay</b>										
Drugs	859	1,046	187	955	91	8,931	9,994	1,062	9,518	475
Non-PbR Drugs	1,614	2,112	498	1,902	210	17,968	19,629	1,661	19,035	594
Clinical Supplies & Services	3,431	3,743	312	3,248	495	30,799	33,591	2,792	32,215	1,375
Depreciation and Amortisation	1,258	1,252	-6	1,291	-39	12,572	12,380	-192	12,489	-109
Other Costs (including reserves)	6,148	5,955	-193	5,655	300	66,506	60,532	-5,974	61,130	-598
Recharges	1,446	1,659	213	1,607	52	14,460	16,400	1,941	16,071	329
<b>Total Non-pay</b>	<b>14,756</b>	<b>15,768</b>	<b>1,012</b>	<b>14,659</b>	<b>1,110</b>	<b>151,236</b>	<b>152,525</b>	<b>1,289</b>	<b>150,458</b>	<b>2,067</b>
<b>Financing costs</b>	<b>570</b>	<b>503</b>	<b>-67</b>	<b>500</b>	<b>3</b>	<b>5,700</b>	<b>5,233</b>	<b>-467</b>	<b>5,249</b>	<b>-16</b>
<b>(Surplus)/Deficit Position</b>	<b>1,289</b>	<b>1,069</b>	<b>-219</b>	<b>908</b>	<b>161</b>	<b>13,157</b>	<b>13,479</b>	<b>322</b>	<b>12,702</b>	<b>778</b>
Less donated asset adjustment and gains on disposal of assets	-43	-41	2	-34	-7	-429	-6	423	-245	239
<b>(Surplus)/Deficit Position for the purposes of system achievement</b>	<b>1,246</b>	<b>1,028</b>	<b>-218</b>	<b>874</b>	<b>154</b>	<b>12,728</b>	<b>13,473</b>	<b>745</b>	<b>12,457</b>	<b>1,016</b>

The Trust's deficit for month 10 (January 2023) was £1.0m, which was a £0.2m favourable variance to plan and a £0.2 adverse variance to forecast. The Trust's Year to Date (YTD) financial position was a deficit of £13.5m as at the end of month 10 which is adverse to plan by £0.7m and adverse to forecast by £1.0m.

The Trust has continued to spend ahead of the financial forecast that was agreed in October (Month 7). This overspend has been raised and escalated at the Execs, TEG and discussed at F&P and Trust Board previously. Currently without some remedial actions the Trust is at risk it may miss its agreed deficit target by c£3m.

<b>Month 10 top level forecast</b>	
	<b>£m</b>
Month 9 YTD deficit	12.4
Month 10 deficit	1.0
<b>M10 YTD Deficit Position</b>	<b>13.5</b>
<b>Year-end deficit based M10 rolled forward</b>	<b>15.5</b>
Planned Balance sheet releases within forecast including Ann Leave	-2.4
<b>Revised Forecast Deficit</b>	<b>13.1</b>
<b>Plan Deficit</b>	<b>10.1</b>



The main movements causing this gap are as follows:

<b>Explanation of movement vs forecast</b>	<b>£m</b>
Extra wards	1.7
Pay incentives	1.6
Utilities above forecast	1.2
CNST non-delivery	0.5
Ann Leave Accrual movement	0.9
<b>Sub-total</b>	<b>5.9</b>
Doncaster PLACE winter funding	-2.6
<b>Net increase</b>	<b>3.3</b>

The Trust has continued to see an adverse impact on pay spend relating to winter pressures including the opening of additional beds across both Doncaster and Bassetlaw sites including the impact of incentives being paid for temporary staffing (nursing and medics £3-4m). The Trust has received confirmation that £2.6m of funding will be received from Doncaster PLACE which will partly offset some of these pressures. Of this £1.3m is included in the position year to date. In month we also saw a number of non-pay pressures including utilities and lab chemicals. These pressures coupled with the non-delivery of CNST standards is driving the position to be off forecast year to date.

To support the delivery of the year end financial position a number of actions have been agreed by the Executive team.

- 1) **Mitigate/minimise any additional winter spend**
  - a. Closing of escalation/swing beds opened during winter and taking additional staffing out when appropriate to do so. To support this specific controls will be put in place so that any additional beds opened will require Executive Director sign off by Chief Operating Officer (COO) or Chief Nurse (CN).
- 2) **Temp staffing:**
  - a. Remove or lower the winter incentives for bank nursing as pressures de-escalate.
  - b. Divisions to review whether clinical qualified colleagues not currently involved in clinical roles can be utilised to support clinical duties to reduce temp staffing.
  - c. Ensure that agency rates are at the same level as other ICB partners.
- 3) **Other Pay Controls**
  - a. Executive Director review and approval for all non-clinical roles including all agency. Managed through Vacancy Control Panel (VCP).
  - b. Executive Director approval for any new posts (not replacements) in all areas. Managed through the VCP.
  - c. End overtime expenditure in non-clinical areas, with any exceptional requests requiring DoF/ COO sign off.
  - d. VCP will be constituted by Exec Directors to ensure consistency, clear scrutiny of the need for each post.
  - e. Agency locums will need to be agreed by COO/MD and DoF and reviewed weekly;
  - f. All Break Glass authorisations will require Executive Director sign off.
- 4) **Training and development** will be limited to Statutory and Essential to role, time critical and income generation.

- 5) **Elective Schemes** – no additional commitments above what currently have plans in place for.
- 6) **Discretionary Spend controls** – stop all discretionary orders in Procurement – with weekly director level review.
- 7) **Reduce levels of corporate support** – e.g. review expenditure incurred as a result of covid measures.

### **Capital**

Capital spend in month was £7.4m against the plan of £4.1m giving an in-month over-performance of £3.3m. YTD capital spend is £21.02m against the plan of £23.1m, giving a YTD underperformance of £2.3m. The capital spend includes 263k of donated assets. The current spend is in line with expectations and the Trust is still forecasting to deliver its capital plan.

### **Cash**

The cash balance at the end of January was £20.2m (December: £20.8m), meaning cash has reduced by £0.6m in the month. However, the Trust received £5.5m of PDC Dividend for capital schemes in the month, with only £4.2m of cash going out on capital expenditure. This suggests the underlying revenue cash deficit in the month was c. £2m and is indicative of the Trust's underlying financial deficit and consistent with previous months. As reported last month if the Trust's underlying deficit position does not improve the 23/24 Q1 cash position will deteriorate further with the need for central cash support to meet its obligations.

### **ICB Financial Position**

The ICB financial position was a £23.3m deficit year to date (month 10). The ICB's forecast gap to a break even position at year end has however reduced to c£4m mainly as a result of underspends in a number of areas, along with additional income received that was not expected. Therefore, given how close the ICB is to closing the gap it is forecasting it will be break even at year end and hence not end up in the forecast protocol or lose £7.5m capital funding next financial year as previously reported to the Committee.

## **2022/23 Income and Expenditure Budget setting**

### **Introduction**

This section of the paper provides an update on financial planning for 2023/24. It sets out the approach to budget setting for 2023/24, detailing the key assumptions used in the draft financial position submitted to the ICB on the 21<sup>st</sup> February and NHSE on the 23<sup>rd</sup> February.

The final plan submission is due at the end March.

### **Summary**

The draft financial plan for 22/23 was submitted to the SY ICB on the 21st of February with a deficit of c£68.4m, after assuming a CIP of £16.7m (3% of expenditure). At the time of writing, we do not know the overall ICB financial position but will share this with the Board post draft plan submissions.

### **Key assumptions in 22/23 Budget Setting**

The following section sets out the key assumptions and principals of setting the 22/23 budgets for the Trust.

**a) Clinical Income**

The clinical income budget has predominantly been set based on national planning guidance and allocations from the ICB's including:

- Tariff inflator of 1.8%
- Convergence adjustment (0.7%)
- Removal of 22/23 non-recurrent funding
- Impact of changes in COVID funding (c75% reduction in funding)
- Activity growth funding at 2.1% (excluding Elective activity) and capacity funding at 0.9%
- ERF has not been assumed as it will not be earned on the basis current capacity plans which do not deliver the required level of activity per national targets.

**b) Non-clinical income**

Non-clinical income has been set based on current levels of income in 23/24 but adjusted for any non-recurrent items and full year effects of business cases. The tariff uplift of 1.8% has also been applied where applicable.

**c) Pay**

This is based on recurrent establishments and rotas where available from Divisions. Within reserves a 2% pay award has been assumed in line with national planning guidance. Further work is required to align pay budgets with workforce and capacity and demand plans. A process of confirm and challenge with Divisions to ensure these are triangulated is ongoing. As part of the CIP plan, we expect to reduce agency spend by c£5m focussing on a reduction on nursing agency that has significantly increased since COVID. It is important to note that the budget does not assume the additional beds or incentives are continued beyond the end of the financial year. If this was the case the cost of the additional beds full year effect is £6.2m and incentives is £4.6m.

**d) Non-pay and Financing costs**

This has been based on Q3 22/23 run rate, adjusted for non-recurrent items and approved business cases. This has also been adjusted for material known cost pressures including utilities and CNST. Financing costs (e.g. depreciation, PDC, interest payable) are aligned to the profile of capital expenditure and loan repayments etc.

**e) Reserves**

In line with previous years the Trust has held in central reserves a number of items including:

- those relating to national planning assumptions (e.g. pay inflation based on assumed pay award in the national guidance of 2%, non pay inflation 5.5%)

	Estimate	Weighting	Weighted
	%	%	%
Pay	2.1	68.9	1.4
Drugs	1.3	2.4	0.0
Capital	4.0	7.1	0.3
Unallocated CNST	1.5	2.2	0.0
Other	5.5	19.4	1.1
		<u>100.0</u>	<u>2.9</u>
Efficiency requirement			<u>-1.1</u>
Net uplift			<u>1.8</u>

- local planning assumptions e.g. winter, local cost pressures, expenditure relating to business cases (MEOC, CDC). These reserves will be released into Divisional budgets as spend is incurred in line with previous years.
- Offset by CIPs £16.7m.

### I&E Plan summary

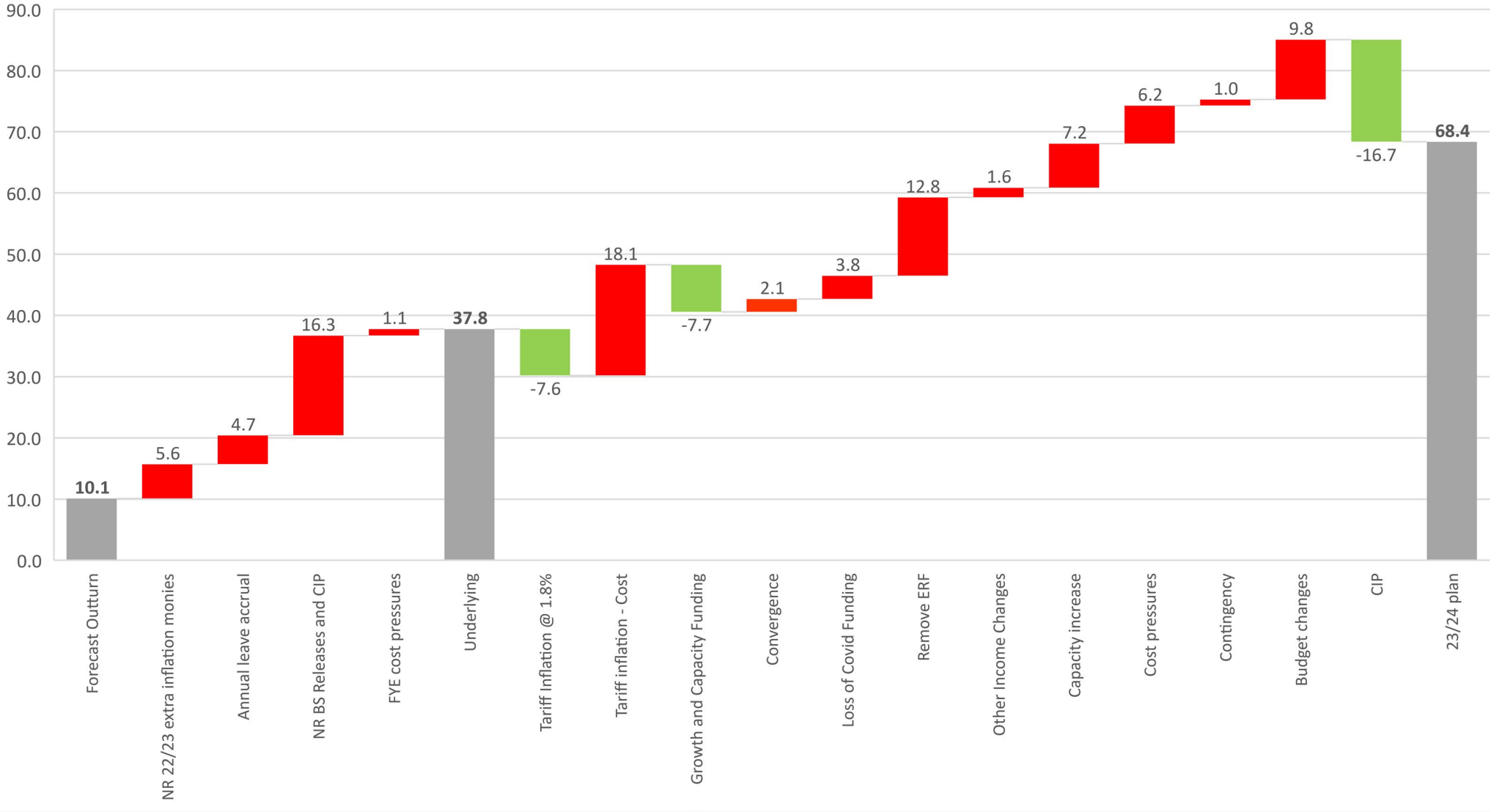
Overall, the 22/23 budget (based on the approach set out in this paper) shows the Trust has a deficit of £68.4m after 3% CIPs/efficiency.

A high-level summary of the 23/24 budget is presented in the table below:

Summary I&E	23/24 Draft Budget
	£m
Clinical Income	441.8
Non-Clinical Income (inc testing)	62.4
<b>Income – Sub Total</b>	<b>504.2</b>
Pay Expenditure	(364.9)
Non-Pay Expenditure (inc testing)	(189.5)
Recharges, Reserves & Financing Costs	(34.9)
<b>Expenditure – Sub Total</b>	<b>(589.3)</b>
<b>Deficit before CIPs</b>	<b>(85.1)</b>
CIPs	<b>(16.7)</b>
<b>Deficit after CIPs</b>	<b>(68.4)</b>

The below waterfall chart shows a high-level summary of how the Trust moves from a £10.1m forecast surplus in 22/23 to the underlying deficit of £37.8m (as previously reported to the Trust Board) and then to the £68.4m draft plan deficit.

### Forecast Outturn to 23/24 Plan



The 22/23 underlying financial position of the Trust as previously reported is £37.8m which takes account of non-recurrent ICB funding for inflation etc in 22/23, the non-recurrent benefit of the release of the annual leave accrual, and non-recurrent balance sheet releases and non-recurrent CIP delivery. The movement from the underlying position to the 23/24 draft plan deficit of £68.4m as shown above is due to:

- £7.6m - Tariff inflation of 1.8% as per national planning guidance
- £18.3m - Inflationary costs which cause a significant pressure for the Trust:

Inflation	
Pay Inflation @2%	6.8
CNST	1.4
Drugs	1.1
Other nonpay inflation	3.1
Utilities	4.3
Rent/Rates	0.9
PDC/Depreciation	0.5
<b>Total</b>	<b>18.1</b>

- £7.7m - ICB Activity growth funding at 2.1% (excluding Elective activity) and capacity funding at 0.9%
- £2.1m - Convergence adjustment (0.7%) – which is the additional efficiency ask of systems to bring them back into line with long term plan allocations post COVID.
- £3.8m – Loss of COVID funding (c75% reduction in funding since 22/23)
- £12.8m ERF – Assumed no ERF funding as capacity plans do not deliver required level of activity to earn ERF
- £7.2m Capacity Increase – This includes full year effect costs of some of the elective schemes including the modular ward and theatre at DRI.
- £6.2m Cost Pressures - £2.5m reserves set aside currently for in year cost pressures, £3m of cost pressures from 22/23 that have already been agreed but not in outturn (PSIRF, safeguarding, validation etc), and reduction in interest receivable (as cash balances will be lower next financial year).
- £9.8m budget changes – this mainly relates to pay budgets where the budget has been set on establishments/rota's.

### Potential Mitigations

The above position has been submitted to the ICB and NHSE for the draft plan submission. However, there are a number of potential mitigations which could reduce this gap.

- Increase productivity in both outpatients and theatres and reduce length of stay to support delivering the national performance targets and earning ERF.
- Continue discussions at PLACE and ICBs regarding income allocations. The Notts income mitigation and non-recurrent mitigations relate to:
  - Notts growth income 22/23 and 23/24
  - RDASH income: c£1.5m
  - Capacity/Winter Income: c£2.5m
- Workforce plans received from Divisions are currently unrealistic (e.g. recruitment timelines) and needs urgent further work so is potentially an upside in addition to the income potential

set out above. Currently pay costs are c£9m more than current outturn (excluding current incentives/winter beds) as a result.

- Remove any costs of delivering activity which is not part of core capacity (e.g. outsourcing) if the Trust is not delivering the national standards. Outsourcing within the budget is c£10m and would look to remove this cost including any additional sessions (c£1m).
- Deliver the CIP with the expectation of saving at least £5m from agency nursing and a further £1m from other areas – this would half the increase in agency spend since pre-pandemic. There is also a need to review headroom in rotas and target areas with specific goals to reduce short term sickness and to manage to rota rules.

### Overall Income and Expenditure Position

The financial plan for 2023/24 is very challenging with a draft financial plan of £68.4m. Whilst there are a number of potential mitigations, the Trust is significantly off being able to deliver a break-even financial plan and will likely come under significant scrutiny from the ICB and NHSE. Further urgent work is required over the next month ahead of the final submission to reduce the financial gap.

### 22/23 Capital Plan

#### Key highlights of planning guidance

- ICB Capital allocations as previously published (c90% of allocations) with remaining capital allocation £7.5m based on whether system delivers 22/23 revenue performance budget. For draft planning purposes the ICB is assuming it will achieve 22/23 break even performance and therefore the Trust (and other Providers) have assumed 100% allocations for the draft planning submission.
- Collective system duty to ensure the capital resource limit is not exceeded.
- No increase for inflation therefore capital envelopes will buy less in real terms.

#### System Capital Allocation

The table below sets out the system capital allocation to the South Yorkshire ICB.

	£m
<b>23/24 System Capital Allocations</b>	
Barnsley	8.3
Doncaster & Bassetlaw	20.5
RDASH	6.4
Sheffield Children's	8.4
Sheffield Health & Social Care	6.5
Sheffield Teaching	37.9
Rotherham	10.4
YHCR (Yorkshire & Humber Care Record)	0.9
<b>Total system allocation</b>	<b>99.3</b>

### 22/23 Capital Plan Summary

The Trust has £20,472k of operational capital for 23/24. In addition to this the Trust has bid for £13.2m for the elective hub at Montagu, £5.4m for phase 2 of the Community Diagnostic Centre,

£17.6m for the Bassetlaw Emergency Village, £8.4m for a new electronic patient record (EPR) system. Therefore, in total the Trust has submitted a draft capital plan of £65.4m

	<b>22/23 Capital Plan £000</b>
<b>Operational capital</b>	
IT	1,816
Estates	13,491
Medical Equipment	3,319
Central Contingency	1,846
<b>Total operational capital</b>	<b>20,472</b>
<b>Other Programme Capital – PDC funded</b>	
Community Diagnostic Centre	5,354
MEOC	13,153
Bassetlaw Emergency Village	17,605
EPR	8,350
New Build	500
<b>Sub Total</b>	<b>44,962</b>
<b>Total Capital Programme</b>	<b>65,434</b>

The rest of the five-year capital programme is set out below with the New Build and EPR values based on the current preferred options values (and therefore is subject to change).

	<b>2024/25 £000</b>	<b>2025/26 £000</b>	<b>2026/27 £000</b>	<b>2027/28 £000</b>
IT	1,816	1,816	1,816	1,816
Estates	13,491	13,491	13,491	13,491
Medical Equipment	3,319	3,319	3,319	3,319
Central Contingency	1,846	1,846	1,846	1,846
Community Diagnostic Centre	6,314	-	-	-
EPR	11,166	-	-	-
New Build	500	1,367,341	-	-
CT Bassetlaw	1,178	-	-	-
<b>Total</b>	<b>39,630</b>	<b>1,387,813</b>	<b>20,472</b>	<b>20,472</b>

### **Recommendation**

The Board is asked to note:

- The Trust's deficit YTD at month 10 (January 2023) was £13.5m, which was adverse to plan by £0.7m and adverse to forecast by £1.0m.
- The financial risks as outlined in the paper including the cash position.
- The actions being taken to deliver the Trust's year end financial position
- Discuss and note the draft financial plan submission.



Report Cover Page			
<b>Meeting Title:</b>	Board of Directors		
<b>Meeting Date:</b>	28 February 2023	<b>Agenda Reference:</b>	D1
<b>Report Title:</b>	People Strategy 2023-27		
<b>Sponsor:</b>	Zoe Lintin, Chief People Officer		
<b>Author:</b>	Zoe Lintin, Chief People Officer		
<b>Appendices:</b>	Appendix 1 - People Strategy 2023-27		
Report Summary			
<b>Purpose of report:</b>	To present to Board our new People Strategy 2023-27, for approval.		
<b>Summary of key issues/positive highlights:</b>	<p>We have a True North ambition to be in the top 10% in the UK for feedback from our colleagues and learners. In pursuit of these ambitions, the Chief People Officer was asked to develop the new Trust People Strategy as one of the priorities for 2022/23, following her commencement in post in June 2022.</p> <p>As part of this process, the Chief People Officer has been seeking and taking on board feedback from a wide range of colleagues, leaders, representatives and members of the People &amp; OD and Education &amp; Research teams about our people priorities. She has also been working with system partners, particularly extensively in South Yorkshire and also increasingly in Nottinghamshire. All this engagement and input, together with the Trust’s True North strategic ambitions and objectives, has helped to shape our People Strategy for 2023-27 which also takes account of the NHS People Plan, the People Promise and the Future of HR and OD in the NHS report.</p> <p>Our new People Strategy 2023-27 is enclosed at Appendix 1 and is based around the four pillars of the NHS People Plan:</p> <ul style="list-style-type: none"> <li>• Looking after our people</li> <li>• Belonging in the NHS – for us, Belonging in #TeamDBTH</li> <li>• New ways of working and delivering care</li> <li>• Growing for the future</li> </ul> <p>The People Strategy also recognises our role as a partner within two systems, working collaboratively with health, care, educational and wider partners, and as an Anchor organisation.</p> <p>During January 2023, draft iterations were shared widely with People Committee, Trust Executive Group, the People &amp; OD and Education &amp; Research teams, our staff networks, Partnership Forum/JLNC members, staff group workforce leads, Teaching Hospitals Board and other Board members for engagement. It has also been shared with the South Yorkshire Integrated Care Board Chief People Officer and will be shared with the wider HR Directors’ group. The feedback received has been considered and incorporated within the final version, enclosed at Appendix 1.</p> <p>This version of the People Strategy was approved by Trust Executive Group in February 2023 and is now being presented to Board for approval.</p>		

	The People Strategy will be underpinned by a delivery plan providing more detail on how we will achieve our ambitions, the actions and activities to be undertaken and how we will measure our progress and success measures. A communications and engagement plan will also be developed to launch the People Strategy, once approved. Oversight on delivery and progress against the People Strategy will be provided by the People Committee.				
<b>Recommendation:</b>	The Board is asked to approve the People Strategy 2023-27, noting that it will be underpinned by a delivery plan.				
<b>Action Require:</b>	<b>Approve</b>	Information	Discussion	<b>Assurance</b>	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	

Implications		
<b>Board assurance framework:</b>	SA1, SA2, SA3, SA4	
<b>Corporate risk register:</b>	All People-related risks	
<b>Regulation:</b>	Relevant to some aspects of wider people agenda	
<b>Legal:</b>	Relevant to some aspects of wider people agenda	
<b>Resources:</b>	N/A	
Assurance Route		
<b>Previously considered by:</b>	Trust Executive Group, People Committee, other groups as described above.	
<b>Date:</b>	January and February 2023	<b>Decision:</b> Supported and to present to Board for approval
<b>Next Steps:</b>	Approval at Board in February 2023	
<b>Previously circulated reports to supplement this paper:</b>	N/A	

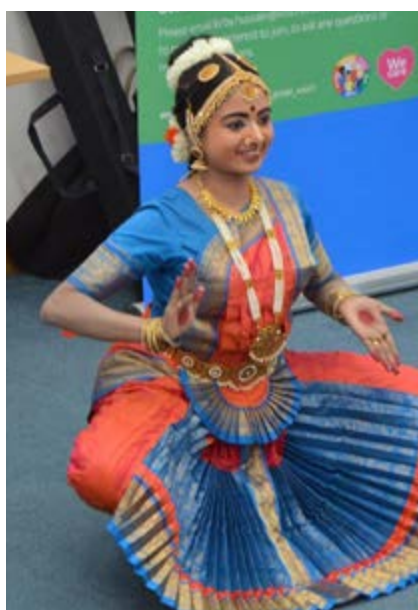


# People Strategy


2023 – 2027



DRAFT



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# Introduction

Welcome to our new People Strategy for all colleagues at DBTH!

Our People Strategy 2023-27 is aligned with the four pillars of the NHS People Plan:

- Looking after our people
- Belonging in the NHS – for us, belonging in #TeamDBTH
- Growing for the future
- New ways of working and delivering care.

Our People Strategy has been created based on feedback and engagement with DBTH colleagues, leaders and learners on placement with us and in support of our True North ambitions and our We Care values. We have also designed our People Strategy to embrace

the ethos of the NHS People Promise and to address the relevant actions outlined in the Future of HR and OD in the NHS report [We are the NHS: People Plan 2020/21 - action for us all.](#)



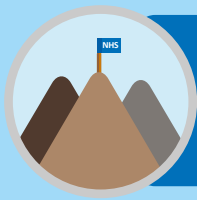
## People Promise



Our ambition is to improve the working lives and experiences of all our people at #TeamDBTH and to embed an inclusive and open organisational culture. We also know that a more motivated and happier workforce, with the right skills and tools to do their jobs, positively impacts on patient care and safety. We strive to be an employer of choice and to also build on our strong record of people who join us as part of a learning pathway choosing to then become a substantive member of #TeamDBTH.

Our People Strategy supports our True North objectives and our strategic aim to be “the safest Trust in England, outstanding in all we do.”

We value #TeamDBTH in its widest sense to include all our people, our learners, students, doctors in training, regular bank workers and colleagues working on our sites from partner organisations.



## Our vision

The ambition of the Trust

To be the safest trust in England,  
outstanding in all that we do.



- W**e always put the patient first
- E**veryone counts – we treat each other with courtesy, honest, respect and dignity
- C**ommitted to quality and continuously improving patient experience
- A**lways caring and compassionate
- R**esponsible and accountable for our actions – taking pride in our work
- E**ncouraging and valuing our diverse staff and rewarding ability and innovation



As a Trust, we do not work in isolation and we will continue to work in collaboration with system partners at Place, Integrated Care Board (ICB) and Integrated Care Partnership (ICP) level in the delivery of our People Strategy and our wider strategic objectives. This includes partners across health and care as well as organisations such as further and higher education institutions. As a multi-site Trust, we work collaboratively with partners in both the South Yorkshire and Nottinghamshire systems. We are also proud of our role working with and supporting our local communities as an Anchor organisation and a Cornerstone employer.

Our People Strategy is underpinned by a delivery plan, detailing how we will achieve our strategic ambitions and how we will measure our progress and success. This includes quantitative measures such as a range of people data metrics and key performance indicators, triangulated with patient-related metrics where appropriate, as well as qualitative measures such as colleague and learner feedback and external recognition.

Feedback and data from surveys are also important to us, for example the annual national staff survey and external surveys for our learners. We take a quality improvement approach to our work and, when appropriate, develop and utilise research models.

The delivery of our People Strategy will also be supported by other enabling Trust strategies and functions, aligned with our True North ambitions.

We are committed to working together to deliver the ambitions of our People Strategy. Together, we can keep building to make DBTH an even better place to work for all our colleagues and learners.

Thank you

**Zoe Lintin,**  
**Chief People Officer**

January 2023



# Looking after our people



## Health & Wellbeing

We have a comprehensive health and wellbeing provision in place, which has continued to grow since the start of the pandemic and is valued by our colleagues. We are committed to providing a wide-ranging, sustainable, accessible and proactive health and wellbeing offer to support our colleagues at the times they need it, as well as preventative measures to support continued good health and taking into account population health needs.

Our focus for the next few years includes:

- Reviewing internal and external funding sources to support sustainability of our provision
- Refreshing our health and wellbeing diagnostic framework assessment to identify areas where further attention may be needed
- Strengthening our menopause support provision, including developing a clear policy, providing education and seeking Menopause Friendly Accreditation
- In recognition of the current increasing cost of living, providing financial wellbeing support and access to support services



- Building on our mental and emotional wellbeing provision, including training TRiM (Trauma Risk Management) practitioners
- Reviewing our approach to absence management, learning from our involvement in the IGLOO research study (2022) which focuses on the management of long term sickness.
- Reviewing our Occupational Health service in line with the recommendations of the national strategic programme aiming to grow and deliver Occupational Health services.

### Success measures

- Improvement in staff survey results on health and wellbeing and colleague feedback
- Occupational Health service reviewed and aligned with national strategic programme provision
- Introduction of specific policies
- Improved approach to management of long term sickness, measured through feedback and data
- Achievement of Menopause Friendly Accreditation

## National Staff Survey and Learner surveys

The annual national staff survey is a key indicator of colleague satisfaction and experience at DBTH. In 2022, we introduced a new approach to ensure that the national staff survey is meaningful for our colleagues and that feedback is shared and actions identified in a timely manner through engagement sessions with local teams. We will embed this approach to nurture a culture where there is a year-round cycle of engagement with all our colleagues, with leaders understanding their role and responsibilities in this regard.

We will also continue to respond to the results and feedback arising from external surveys with our learners and students, such as the GMC survey.

### Success measures

- Maintained or improved participation rates in staff survey and key learner surveys
- Improved results in national staff survey and learner surveys

## Flexible Working

In late 2022, we started a conversation about flexible working at DBTH and we have a strategic aim to develop and embed a flexible working culture. We believe this will support our colleagues in balancing home and work life, as well as supporting the delivery of our services. We have launched a Flexible Working workstream with engagement from colleagues from different professional backgrounds from across DBTH and we will develop an action plan, to consider both formal and more informal or ad-hoc flexible working.

### Success measures

- Creation and delivery of flexible working action plan
- Growth in range and accessibility of formal and informal flexible working opportunities
- Improvement in staff survey questions on flexible working

## Just Culture

At DBTH, we have previously taken steps to develop a restorative just and learning culture which understands the impact of Human Factors. In early 2023, we will launch a workstream on Just Culture to further grow this ethos in relation to employee relations with a focus on taking a person-centred approach. We will work in partnership with the Patient Safety team to ensure we have a joined-up approach linked to the experiences of our people and the safety of our patients, linked with the continued implementation of PSIRF (Patient Safety Incident Response Framework) at DBTH.

From the people perspective, an action plan will be developed which will include:

- Review of key HR policies to ensure these embrace the Just Culture ethos
- Review of language used in HR policies and template documentation, ensuring an appropriate tone and that these are fair, accessible and clearly set out expectations
- Introduction of trained mediators to improve access to informal resolution options
- Monitoring trends in employee relations data and correlating themes with Speaking Up themes
- Implementing an education framework to complement the learning from patient safety and case reviews, to ensure learning is shared and embedded.

### Success measures

- Creation and delivery of Just Culture action plan in conjunction with Patient Safety team
- Network of trained mediators in place
- Improved timescales for employee relations cases and case reviews undertaken where appropriate



## Appraisal Season

Our Appraisal Season approach has been in place for a number of years and we will build on this format to develop a cycle where the appraisal is one part of a year-round conversation. Each year, we will review and evaluate the appraisal season including seeking feedback from appraisers/ appraisees and we will strengthen quality assurance aspects. For 2023, we will refresh and shorten the appraisal form so that the focus is more on the quality of the conversation and we will review our data reporting processes. Alongside this, we will work with the Medical Director's team to support continued meaningful appraisals for medical colleagues.

### Success measures

- Achievement of at least 90% appraisal season completion rates (which has not been achieved since this data has been reported)
- Introduction of quality assurance processes and feedback from these
- Improvement in staff survey questions on appraisal conversations

## Retention

Many aspects of our People Strategy support the retention of our valued colleagues. Some specific areas related to retention are included in this section.

We will develop a more robust process for collating themes from exit interviews whereby all employees leaving the organisation have an opportunity to have an exit interview conversation or to provide written feedback. We are keen to learn from the themes of exit interviews and to understand the reasons people choose to leave DBTH.

Retention clinics have now started for nursing colleagues and we will consider how this approach could be expanded to other areas, so we can understand why people choose to stay and reasons for people thinking about leaving the organisation or their department.

We will work with colleagues to consider the requirements and expectations arising from future generations of our workforce, taking account of the differences between identified generations. For example, Generation Z and later will typically value and expect different aspects of working life to earlier generations and we will need to take steps to embrace this.

### Success measures

- Increase in number of exit interviews held and themes collated
- Expansion of retention clinics
- Turnover rate reduced to a maximum of 10%

## Education (internally focused)

We recognise that all roles at DBTH can be built on five pillars and we will provide learning and development opportunities to support this: Education, Research, Leadership, Innovation and being an Expert. Our Innovation pillar is primarily covered under our new Research and Innovation Strategy (2023-28).

We will continue to review our Statutory and Essential Training (SET) requirements and framework, providing a range of training delivery methods. This will ensure we are looking after our people and keeping our patients safe by providing critical and mandatory education in line with national standards. We will also develop a framework to support education and training which is not identified as SET although still contributes to the improvement of patient care and the development of our people.

As part of our core education provision, we will continue to work with teams to ensure that education and training requirements are stated in new policies and identified through appraisal conversations and the Learning Needs Analysis process.

In addition to our core training requirements set out in our SET framework, we have a portfolio of Role-Specific Training (ReST) to support skills and knowledge development for all our people. We will undertake an annual review of our ReST programme including consideration of future skills needed to support new ways of delivering care.



From 2022/23, we are building our Learning Needs Analysis review into our annual business planning processes and, in time, this will refine our approach to identifying future learning and development needs.

### Success measures

- Achievement of 90% compliance on SET training (currently at the mid-80% level)
- Enhanced accessibility and provision of training methods
- Implementation of a clear education framework supported by an agreed business model
- Robust annual Learning Needs Analysis process in place and embedded through business planning

We have an ambition to increase the reach of our research activity outside of clinical areas and to include studies focused on supporting our people including developing clinical academic career pathways. A recent example of expansion of research activity outside direct clinical care is our participation with the IGLOO research study (focusing on the management of long term sickness, for which the Chief People Officer is the Principal Investigator).

### Success measures

- Increase in research studies outside of clinical areas
- Increase in trained Principal Investigators who do not have a clinical background
- Increase in the number of people involved in research activity from awareness to leading studies through embedding research in everyday practice

## Research

At DBTH, we have a well-established portfolio of research activity and we will launch our new Research and Innovation Strategy in early 2023 following engagement with key people and external partners. There is a comprehensive programme of research activity in place which is primarily delivered in partnership with the Clinical Research Network (CRN).

We aim to make research integral to every role across our workforce by developing the necessary resources, education and infrastructure in collaboration with our partners.



# Belonging in #TeamDBTH



## Leadership and Team development

Delivering our True North ambition to be in the top 10% for colleague and learner feedback depends on the culture of how leadership is delivered and experienced across #TeamDBTH.

The '[Leadership for a collaborative and inclusive future report](#)', also known as The Messenger Review, states: 'Effective leadership creates successful teams, and successful teams drive better outcomes. The best organisations are those which invest in their people to unlock their potential, and which build strong teams around a unifying purpose. The most successful are those which also foster leadership and accountability at every level, and where everyone is encouraged to become an agent for something bigger than themselves'.

We will launch a new DBTH Leadership Behaviours Framework in Spring 2023 and engagement with our colleagues and leaders began in late 2022. The purpose of the framework is to create ownership and accountability of exemplar behaviours of all leaders at all levels across DBTH. We are using 'leader' in its widest sense as everyone can be considered to be a leader in some way. Our new framework will sit alongside our We Care values.



As our next steps after creation and launch, we will develop plans to further embed the new Leadership Behaviours Framework and to incorporate this with other aspects of Trust life such as appraisals and recruitment.

We will build on the success of our Develop Belong Thrive Here programmes to refresh our suite of leadership development activities, once our new framework is in place. This will include providing access to flexible learning opportunities, such as action learning sets, coaching and mentoring, as well as development programmes. We will aim to build coaching and mentoring networks internally and in partnership with other organisations. We will also monitor the impact and outcomes of the TED (Team, Engagement and Development) tool after our two year pilot to consider investment in its future use.

### Success measures

- Creation and launch of our Leadership Behaviours Framework and implementation of a plan for embedding this
- Refreshed leadership development offer introduced
- Improvement in staff survey results in the 'your managers' and 'your team' themes



## Equality, Diversity and Inclusion

Our aim is to further embed an inclusive culture where all colleagues feel a sense of belonging and feel valued at DBTH. We will encourage and celebrate diversity and we expect all our colleagues to show kindness and respect towards each other.

We aim to be representative of the communities we serve and of those from which we recruit and to increase diversity in our leadership positions through nurturing our talented colleagues. In late 2022, we refreshed our overarching Equality, Diversity and Inclusion (EDI) action plan to strengthen our ambitions and set clear activities with success measures. We will work with local community and voluntary groups in support of embedding an inclusive culture and to keep learning.

Our priorities within our EDI action plan include:

- Extending our Reciprocal Mentoring Programme
- Growing and embedding our range of staff networks
- Developing a suite of training and development programmes covering various aspects of EDI, accessible to all colleagues and leaders
- Enhancing our inclusive recruitment practices
- Developing a new approach to increase Board-level diversity through a development programme to support applicants from under-represented groups.

### Success measures

- Delivery of the EDI action plan
- Achievement of ambitions in relation to increased representation and diversity in leadership positions
- Improvement in Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) outcomes
- Delivery of the EDS 2022 (national framework, expected to be launched soon)
- Improvement in staff survey results related to EDI



## Reward and Recognition

We recognise that many aspects of reward in the NHS are set nationally and within terms and conditions. Therefore, we will concentrate on the areas locally where we can make a difference in valuing and recognising our colleagues.

We have a comprehensive rolling reward and recognition programme in place, which currently includes our monthly Star of the Month awards, our annual Star Awards celebration, regular draws for spot prizes throughout the year and specific activities such as the team building events funded by our DBTH Charity in 2022.

Our priorities for future development are:

- Developing a more sustainable programme for reward and recognition
- Reviewing and relaunching our Long Service Awards scheme
- Refreshing and encouraging more nominations for our Star Awards
- Celebrating the achievements of our DBTH colleagues and teams through external award nominations.

We also want to recognise the contribution of our colleagues once they have retired from DBTH and offer an opportunity to stay connected with others. We will work with the national charity the NHS Retirement Fellowship to support the introduction of a branch to support DBTH colleagues.

### Success measures

- Delivery of specific programmes
- Increase in nominations for Star Awards and for external awards
- Launch of a local Retirement Fellowship branch

## Speaking Up

We support Speaking Up at DBTH, building on the framework set out nationally on Freedom to Speak Up and by the National Guardian's Office. We want to embed a culture where all #TeamDBTH members, including learners and temporary workers, feel confident and supported to speak up and be listened to about any concerns or issues as well as any ideas for improvement. In addition to our Freedom to Speak Up Guardian and network of Speaking Up Champions, there are a variety of other routes including our Guardian of Safe Working (which is a nationally defined role designed to support doctors in training), our staff networks, trade union colleagues and Professional Nurse/ Midwifery Advocates (PNAs/PMAs).

In 2023, we will review our local Speaking Up policy in light of the changes to the national Freedom to Speak Up policy and we will continue to complete an annual self-assessment to measure our progress and cultural development as an organisation. We will also review the training we provide on Speaking Up, linked to the national resources.

In late 2022, we published weekly communications on different themes of Speaking Up over a period of several weeks as part of an engagement programme. In 2023, we will use the feedback gathered from this programme and elsewhere to create our new Speaking Up strategy which we will develop utilising the Qi quality improvement framework.

### Success measures

- Robust data collection and themes identified through Speaking Up as well as other sources, used to inform organisational learning and other workstreams in our People Strategy
- Launch of new Speaking Up strategy, training and policy
- Improvement in staff survey questions on raising concerns

# Growing for the future



## Recruitment and Induction

In 2022, we started a Qi quality improvement project focused on improving our recruitment process in terms of quality of experience and timeliness of the process. Multiple actions have already been completed and we will continue to take steps to enhance our recruitment, onboarding and induction experiences for all colleagues. We have developed Key Performance Indicators (KPIs) to measure our progress.

We will operate a framework of inclusive recruitment practices and will take actions to consider the needs of people from different backgrounds, to support our commitment to embedding an inclusive culture and supporting 'widening participation' activities. Following a review of the recruitment function, we will be able to provide a more proactive service offering specialist advice and support to recruiting managers on promoting DBTH as an employer, interviewing and assessment, open days and keeping in touch with candidates prior to joining as part of their welcome to our team.

We recognise that colleagues can join us as learners or students initially and we want them to feel part of #TeamDBTH from the beginning of their time with us. We will review our induction programmes for new starters and students including considering how we can streamline the practical aspects. We will aim to offer induction programmes which are reflective of individual and role requirements, for example preceptorship.

## Success measures

- Improvement against our recruitment KPIs to achieve the targets
- Positive feedback from candidates, new starters and recruiting managers
- Quality induction in place for all new colleagues

## Workforce Planning and workforce development

We will work with clinical, operational and finance colleagues to further mature and embed our approach to workforce planning, to be able to develop a multi-year strategic workforce plan across the Trust which will also take account of our role as a system partner. This will build on our current processes to set out our strategic direction of travel and future ambitions in relation to workforce transformation and 'new roles' such as Advanced Clinical Practitioners, Assistant Practitioners and Nursing Associates. We know these aren't so new any more!

From early 2023, we will facilitate regular workforce planning 'deep dive workshops' at a specialty level to further enhance the workforce plan and build a clearer picture of requirements, ambitions and options linked to service and activity needs. Alongside this, we will introduce and integrate a new strategic workforce planning tool which will

## Career development and career pathways

give an overview of predicted capacity and demand and the workforce implications.

This work will link with our wider Trust and clinical strategies and include triangulation of data sets. As part of these plans, as a Trust we will set out our ambitions in relation to the recruitment of internationally educated colleagues from different professional backgrounds including how we will support their orientation and welcome to #TeamDBTH.

We provide a range of apprenticeships and we remain committed to using the apprenticeship levy in an effective way to maximise the breadth of opportunities available. This includes people joining us as apprentices as well as existing colleagues undertaking an apprenticeship in their current roles. Opportunities range across clinical professional backgrounds, administration, leadership, facilities management and many others. When we can, we will also use the mechanisms available to 'gift' some of our apprenticeship levy to partner organisations who otherwise would not be able to access these opportunities.

We will consider the national NHS workforce plan and strategy, once this is published, and the implications and opportunities for DBTH working across both the South Yorkshire and Nottinghamshire systems. We recognise there will be opportunities for some tasks and roles to be carried out differently and in different locations, as part of a whole system approach to future health and care needs.

### Success measures

- Development of strategic multi-year workforce plan, in conjunction with clinical, operational and finance colleagues
- Clear plan and support infrastructure in place for recruitment and development of internationally educated colleagues
- Strategic workforce planning tool introduced and embedded
- Effective use of the apprenticeship levy with an increase in breadth and number of apprenticeship opportunities

We are committed to providing career development and career pathways for all our colleagues, across professional backgrounds and for people working in both clinical and support roles. We recognise that for some people this will mean working towards being successful in a different role and for others this will mean continuously developing to be the best they can be in their current role.

We have already set out clear career pathways for certain professions, such as nursing, as a means of showing the range of potential options available at DBTH and in our partner organisations, including 'side-ways' moves as well as promotional opportunities. We will grow this approach and build further resources to show the opportunities in other areas. As a future step, we will seek to work with system partners to develop career development pathways across organisations.

We will strive to ensure that all colleagues are aware of the opportunities available, through appraisal and talent conversations, one-to-ones with managers, communication channels and links with the Education team. We will provide appropriate support for people from under-represented groups to help individuals reach their potential.

### Success measures

- Suite of clear career pathways guides in place



## Talent management and succession planning

We want to nurture, develop and grow our colleagues to enable them to be the best they can be at work, which can include seeking the next steps in career progression as well as ensuring they have the skills for current roles. We will design and introduce a consistent approach to talent management to complement appraisal conversations at DBTH. Alongside this, we will introduce a succession planning format beginning with senior leadership positions and to be cascaded through the organisation.

As a next step for the future, we will work with system partners to develop talent management processes across organisations to support career development.

### Success measures

- Design and introduction of new approaches to talent management and succession planning at DBTH

## Anchor institution and widening participation activities

As an organisation, we will continue to embrace our role as an Anchor institution in our local communities and our responsibilities in supporting widening participation through access to education and employment opportunities.

We are committed to maintaining and growing our engagement and collaboration with schools and colleges in our local communities, to develop opportunities for students who wish to pursue a career in a healthcare environment. We offer a range of work experience opportunities across many different job roles and aim to highlight to our future generations of workers the extent of career opportunities available in the NHS.

Our annual We Care into the Future event showcases many of the job roles and professions available in health, including across clinical and support functions, and is attended by hundreds of local students. From 2023, we will launch a We Care

into the Future event in Bassetlaw as well as running the established event in Doncaster.

In 2022, we established our second Foundation School for Health partnership with Retford Oaks Academy. This complements our existing partnership with Hall Cross School in Doncaster, which was the first Foundation School for Health in England.

In 2023, we will launch our Health Career Champions programme and intend to grow this in future years.

### Success measures

- Increase in numbers of individuals involved in 'touch points' with DBTH before employment, such as work experience and engagement events with local schools/colleges
- Evaluation of We Care into the Future events
- Implementation of Health Career Champions and annual increase in participants

## Education (externally focused)

We will deliver, support and assure that the education, clinical and wider care experience we provide for our learners is of the highest quality, thereby driving the recruitment, development and retention of an outstanding workforce.

In line with national increases, there is a growing demand for clinical placements for students in practice. We will continue to work with our higher education institute partners and system partners to provide high quality placements and seek to increase our capacity in future years. As a future step, we will explore opportunities for rotation of placements, apprenticeships and other roles at a Place and system level, to enhance the opportunities available to develop the skills needed for future health and care needs.

We also understand that students along with our own people need appropriately educated and



experienced supervisors and assessors in order to thrive in their learning environment. We will work with colleagues and aim to increase our numbers of trained supervisors and assessors, recognising these are valuable roles.

We will continue to provide quality placements for doctors in training, pre-registration healthcare students and work experience opportunities for people wishing to consider a career in the NHS. We will do this by working in partnership with our local higher and further education institutions as well as national bodies such as Health Education England and NHS England.

### Success measures

- Increase in our placement capacity each year to meet the national standard for pre-registration healthcare professionals
- Doctors in training and pre-registration learners will be supervised and assessed by appropriately trained people
- Improvements in staff survey questions on learning and development
- Improvements in feedback from learner surveys



# New ways of working and delivering care



## Digital and People Systems

As an organisation, we recognise the importance of making best use of technology and digital solutions to support our people and the delivery of patient care. Through our People Strategy, we will seek to optimise the use of and ease of access to existing digital solutions within our People & OD and Education functions, including effective use of Electronic Staff Record (ESR) and e-rostering.

As a team, we will implement improvements in data functionality and capability to provide a more efficient and responsive service. At a national level, there will be significant digital developments in the People Profession in the coming years including the new People Digital Solution (successor to ESR) and we have been involved in the national engagement and design work. We will ensure we are aligned with national priorities and we will work actively with system partners to optimise existing digital people solutions.

Specific workstreams will include advances in ESR reporting capabilities, working with finance colleagues on the interface between ESR and the financial ledger and full roll-out of additional modules in the e-roster. We will also improve the navigation and search capabilities of the Hive, as a key source of information for colleagues at DBTH and externally.

We will continue to work with external providers to seek to improve the inter-operability of our

systems to streamline processes, for example the recruitment and the Occupational Health systems. We will work with clinical colleagues to support the implementation of Safe Care which will align staffing levels with patient acuity on our wards. In 2022, we started a programme of Robotic Process Automation (RPA) in some areas of our people processes and phase two will begin in 2023. This focus on reducing manual processes and removing duplication means our team can focus on more value-added activities.

We are also committed to enhancing and growing our data reporting capabilities to provide high quality people datasets and metrics. As part of this, in 2023 we will develop a new Education Quality Framework setting out our key educational metrics and we will also launch the new HR dashboard. All this information can then also be triangulated with patient and other organisational data to provide a more holistic picture of DBTH.

### Success measures

- Increased use of automation in people processes with a positive impact on timeliness and user experience
- Delivery of specific projects and roll-out of functionality in our people systems
- Development of internal people transfer system
- Refresh of the Hive with positive feedback
- Enhanced reporting on people metrics including launch of HR dashboard and development of Education Quality Framework

## Education

At DBTH we have an ambition to achieve University Teaching Hospital status and progress is largely overseen by our Teaching Hospitals Board consisting of internal and external partners. Alongside this, there are many educational aspects described in our People Strategy which will support our ambition. Working with our higher and further education institutions is a key part of this approach.

We will maximise the external funding streams available to us and take a proactive approach to bidding for opportunities, working in collaboration with system partners where appropriate.

### Success measures

- Staff survey questions on learning and development

suppliers to ensure the effective use of bank and agency at the Trust. We work proactively and in collaboration with system partners in relation to agency and bank management and this will remain a key feature of our work.

### Success measures

- Numbers of agency workers choosing to join DBTH substantively
- Improvements in agency liaison and management to maximise efficiency in resources and support effective patient care
- Consider establishing a Star Award category for bank or agency workers
- Liaising with key partners to see improvements in bank worker surveys for job satisfaction when working at DBTH

## Temporary workforce

We recognise that the appropriate deployment of temporary workers alongside our own employees is key to the delivery of safe and effective services and that it is essential to maintain an appropriate balance. We value our temporary workforce as an important part of #TeamDBTH and recognise that many bank and agency workers choose to return to work consistently as part of our team. There are also colleagues from partner organisations working on our sites.

We will continue to work with our bank partners, including NHS Professionals and Holt, and key



# In summary

Our People Strategy 2023-27 is designed to build on our work so far to improve the working lives and experiences of our colleagues and our learners in line with our We Care values. As a result this will contribute to improving the experiences of our patients and supporting our strategic vision to be the safest trust in England, outstanding in all that we do.

# People Strategy

2023 – 2027





**NHS**  
**Doncaster and Bassetlaw  
Teaching Hospitals**  
NHS Foundation Trust



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 31 January 2023 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  
Alex Crickmar - Acting Director of Finance  
Mark Day - Non-executive Director  
Jo Gander - Non-executive Director  
Karen Jessop - Chief Nurse  
Zoe Lintin - Chief People Officer  
Dr Tim Noble - Executive Medical Director  
Richard Parker OBE - Chief Executive  
Jon Sargeant - Interim Director of Recovery, Innovation & Transformation  
Kath Smart - Non-executive Director  
Denise Smith - Chief Operating Officer
- In attendance:** Dr Sam Debbage - Director of Education & Research (agenda item F1)  
Jane Fearnside - Head of Research (agenda item F1)  
Lois Mellor - Director of Midwifery  
Angela O'Mara - Deputy Company Secretary (Minutes)  
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw  
Andria Birch - Partner Governor  
Lynne Logan - Public Governor Doncaster  
Andrew Middleton - Public Governor Bassetlaw  
Pauline Riley - Public Governor Doncaster  
Lynne Schuller - Public Governor Bassetlaw  
Ruth Vernon - 360 Assurance  
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Fiona Dunn - Director of Corporate Affairs / Company Secretary
- P23/01/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 public in attendance. The above apology for absence was noted and no declarations were made.

Karen Jessop and Denise Smith joined their first Board meeting and best wishes were sent to Neil Rhodes on his last day as a member of the Board.

**P23/01/A2 Actions from Previous Meetings (Enclosure A2)**

No active actions.

**P23/01/B1 Seasonal Communications 2022 (Enclosure B1)**

The Acting Director of Communications & Engagement shared with the Board an overview of activities over the festive period. During this busy period for the Trust every effort was taken to support colleagues and improve the morale of Team DBTH and our patients, who were spending time apart from their families and loved ones.

The Trust had developed a series of communication channels to support the sharing of information, internally to colleagues and externally to the community we serve. Staff were able to access a range of information from the Hive, Staff Facebook page, weekly newsletters and the newly developed DBTH Staff App. As in previous years, the Trust received charitable donations and gifts, supported by local businesses and sporting teams. A series of special events included a visit from Father & Mrs Christmas, Doncaster Concert Band and Doncaster Knights.

Alongside the more traditional events, members of the team were able to share their involvement in festive sock day, seasonal stalls, contributions to local food banks and the antics of the elf on the shelf, all of which increased the Trust's social media reach when delivering wider public messages.

In terms of staff reward and recognition, the DBTH Christmas Crackers prize giveaway was rebranded from last year's advent calendar, where colleagues had the chance of winning a daily prize draw between 1<sup>st</sup> and 25<sup>th</sup> December, distributed with the support of senior leaders. Colleagues also received a £25 gift voucher and on behalf of Team DBTH, the Acting Director of Communications & Engagement took the opportunity to thank the Board for this kind gesture.

To close, Board members were advised of the number of press releases, publications, Facebook and website views during December, which saw the busiest month on the Staff Facebook page since its launch in 2016.

Board members shared their appreciation of the extensive activity, recognising the importance of effective communication.

Kath Smart, Chair of the Audit & Effectiveness Committee, recognised the seasonal stalls provided an opportunity to promote the declaration of secondary employment and enquired how this could be promoted in a positive way to recognise the benefits additional skills could provide to the individual and the organisation.

The Chair of the Board acknowledged the success of the seasonal stalls and the opportunity to expand this for other events throughout the year.

Finally, the Chair of the Board took the opportunity to thank the public, members of Team DBTH and local sponsors for their contributions and fundraising efforts and shared her appreciation with all colleagues for their hard work throughout this period. Special thanks were shared with the Communications & Engagement Team for their contribution and support with the extensive programme of communication and engagement throughout the year.

Presentations at future boards were welcomed to showcase success stories, service innovations and achievements.

***The Board***

- ***Noted the Seasonal Communications presentation***

**P23/01/C1 Board Assurance Framework – SA1 (Enclosure C1)**

The Board received an updated Board Assurance Framework (BAF) in respect of risks to the achievement of the Trust’s strategic aim 1 – to provide outstanding care and improve patient experience; changes were highlighted for ease of reference.

The Executive Medical Director confirmed the current risk rating of 16, a refresh of the Board Assurance Framework would take place prior to the year end to align to updated strategic aims. Implementation of the Patient Safety Incident Response Framework (PSIRF) was a key priority, adherence to the timeline would be challenging and was included as a risk.

Due to declining Covid-19 infection rates, risk ID 2472, relating to the Covid-19 Pandemic had been reassessed and reduced to a risk rating of nine, the numbers of inpatients with influenza were also noted to be falling.

The Urgent & Emergency Care Improvement Programme had been supplemented by a programme of support from NHS England’s Emergency Care Improvement Support Team (ECIST).

The Chief Nurse acknowledged the target risk rating remained realistic when PSIRF and the quality framework were fully embedded, with assurance being provided from ward to board. The Head of Patient Engagement & Experience had commenced in post and would progress work on the Accessible Information Standard, patient and public experience.

Kath Smart acknowledged the intention to refresh the Board Assurance Framework and suggested identified risks should be focused on those which specifically prevent achievement of the strategic aim. In respect of assurance received, it was crucial to ensure all evidence was captured to reflect internal and external evidence.

The Chair of the Board recognised the importance of the BAF and the evidence it provided to the Trust’s auditors and regulators.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***

**P23/01/C2 Executive Medical Director Update, including Q2 2022/2023 Learning from Deaths Report (Enclosure C2)**

The Executive Medical Director’s report provided an overview of the current programmes of work within his portfolio, including job planning, Getting it Right First Time, appraisal/revalidation and risk management. Following scrutiny at the Quality & Effectiveness Committee on 6 December 2022 the Board received the Q2 2022-2023 Learning from Deaths Report.

The Chair of the Audit & Risk Committee confirmed the Executive Medical Director had attended January's Committee meeting to provide assurance of the approach to close the outstanding actions from KPMG's Risk Management and Board Assurance Audit. The appointment of a Risk Manager was welcomed and Kath Smart looked forward to a complete review of risks rated 15+ to ensure appropriate reporting via the Corporate Risk Register or reassessment for inclusion on the divisional risk register.

In response to a question from Hazel Brand with regards to the introduction of Virtual Wards, the Executive Medical Director confirmed the need to develop capacity, building on the previous Hospital at Home Programme and the Virtual Ward pilot. In the absence of an electronic patient record there were some IT complexities to work through, the Chief Operating Officer was the executive lead for virtual wards. The Chief Executive acknowledged the value, recognising that admission to hospital was not always the most appropriate solution if alternative care could be delivered in a safe manner and with supporting escalation or de-escalation plans. Jo Gander encouraged the collection of feedback from patients of Virtual Wards to inform future developments.

In response to a question from the Chair of the Board, the Executive Medical Director confirmed regular meetings of the South Yorkshire Acute Federation Medical Directors took place and supported mutual aid, the sharing of information and best practice. As the Trust's connection with the Nottingham & Nottinghamshire Integrated Care System was in its early stages, connections were being developed.

An abridged version of Quarter 2 2022/23 Learning from Deaths Report was provided, the full report had been considered by the Clinical Governance Committee and at December 2022's meeting of the Quality & Effectiveness Committee. The Executive Medical Director confirmed of the 519 Trust deaths, two related to adult patients with learning disabilities, the structured judgement reviews determined care provision to be good and no learning was identified. Seven elective admissions deaths were recorded, which were atypical of elective admission deaths and were largely attributed to symptom control due to a terminal illness. The Chief Executive confirmed that as part of the mortality review there would be a peer review of the Learning from Deaths process to provide external assurance.

***The Board:***

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

**P23/01/C3 Chief Nurse Update (Enclosure C3)**

The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers.

The Board's attention was drawn to the Trust's quality improvement journey in respect of category two and above Hospital Acquired Pressure Ulcers, with performance on track to achieve a 20% reduction by March 2023. Opportunities to achieve a stretch target would be explored.

A falls quality improvement programme focused on get up, get dressed and get moving was to commence in those areas experiencing a high number of falls and a task and finish group had been formed to review the investigation process post harm, to support learning. This was aligned with the requirements of the Patient Safety Incident Response Framework.



The Chief Nurse recognised the need to improve complaint response times, divisions were sighted on required improvements and appropriate escalation plans were in place.

Formal establishment reviews were being undertaken by the Chief Nurse, with the support of the Divisional Directors of Nursing, finance and e-Roster colleagues, a baseline would be established for future bi-annual reviews. A recent board visit to the Gresley Ward by Kath Smart and the Chief Operating Officer had highlighted some of the challenges faced when extremis beds were introduced, with solutions being short term, rather than supported by a sustainable staffed establishment.

Kath Smart welcomed the use of SPC charts in the Chief Nurse's report.

A recent internal audit had highlighted low level reporting of no and low harm incidents and a need to streamline the reporting mechanism to facilitate improved reporting was identified. Mark Day shared his appreciation of the falls prevention work and the importance the patient and carer voice in this work was noted.

In response to a question from Hazel Brand with regards to the safer nursing care data the Chief Nurse confirmed that once satisfied with the data collection and analysis the finding would be reported via the People Committee. The Safer Nursing Care Tool supported evidence-based decision making based on acuity and dependency, triangulated with professional judgment and local intelligence to determine the establishment and required skill mix.

***The Board:***

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

**P23/01/C4**

**Infection, Prevention & Control Board Assurance Framework (Enclosure C4)**

The refreshed Infection, Prevention & Control Board Assurance Framework (IPC BAF) was received for assurance, following presentation to the Quality & Effectiveness Committee in December 2022. The national framework, although not mandated, supported good practice and evidenced mitigating action where full compliance was not declared.

Whilst there remained a risk associated with Covid-19, the Chief Nurse confirmed the overall risk rating had been reduced to reflect the reduction in infection levels, this would continue to be monitored and changes implemented as required.

In view of the current position, it was proposed that the ongoing operational monitoring would be the responsibility of the Infection Control Committee, with assurance provided to the Board's Quality & Effectiveness Committee. The option for the Board Committee to escalate to Board, if required, would remain.

***The Board:***

- ***Noted and took assurance from the Infection, Prevention & Control Board Assurance Framework***

**P23/01/C5 Maternity Update (Enclosure C3)**

The Board received the Maternity Update, which provided the findings 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.

Training compliance had not met the 90% threshold by December 2022; progress was still being made and a revised deadline of 31 March 2023 had been agreed.

The Trust was expected to report partial compliance with the Year 4 standards of the Clinical Negligence Scheme for Trusts. Year 5 standards were expected in March 2023 and a robust action plan would be developed; a full time Project Manager had been appointed to support this work. The Chair of the Audit & Risk Committee confirmed the Maternity CNST Standards internal audit report had been received at this month's meeting, as a form of independent assurance, the Director of Midwifery was in attendance and the report would be shared with the Quality & Effectiveness Committee.

The Chief Nurse had assumed the board level champion role and Jo Gander, Chair of the Quality & Effectiveness Committee was the non-executive maternity champion. Both board members had recently visited the service and were encouraged by their observations and the positive colleague feedback. Regular visits had been timetabled to be followed by a post meeting review with colleague representatives from maternity and neonatal services, a formal Terms of Reference had been agreed. Early discussions with regards to the development of a maternity strategy had taken place.

In respect of the recent press coverage relating to maternity services at Nottingham University Hospitals the Director of Midwifery confirmed the learning from the review was not yet known, themes similar to those in the Ockenden review of Shrewsbury and Telford Hospital NHS Trust were anticipated.

***The Board:***

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

**P23/01/D1 Board Assurance Framework – SA2 & 3 (Enclosure D1)**

The Board received an updated Board Assurance Framework, which included risks to the achievement of the Trust's strategic aim 2 – everybody knows their role in achieving the vision and strategic aim 3 - feedback from staff and learning in top 10% in UK.

The Chief People Officer confirmed all actions and risks had been reviewed, a refresh of the Board Assurance Frameworks was planned in preparation for the next financial year. Initial discussions with the newly appointed Risk Manager had taken place and where appropriate, discussions from this month's People Committee had been reflected in the narrative.

External assurance provided verbally from the Health Education England quality visit relating to the learning environment and from the embargoed 2022 Staff Survey results had been added to the BAF for strategic aim 3.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***

**P23/01/D2 People Update (Enclosure D2)**

The People Update provided an overview of developments to support colleague engagement and experience and an update of the Board Development Programme Delegate Scheme.

The draft People Strategy 2023-27 had been subject to extensive engagement and was expected to be brought to February's Board meeting for approval. **ZL**

Work to develop a strategic workforce planning tool was in train with KPMG, following the initial data discovery phase the Trust was now in a position to proceed to the implementation phase where the modelling of activity growth, creation of workforce profiles, training and testing would take place. This significant project would be monitored via Monday.com and progress reported to the Trust Executive Group and People Committee.

***The Board:***

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

**P23/01/D3 Freedom to Speak Up Bi-annual Report (Enclosure D3)**

The Board received the Freedom to Speak Up Bi-annual report which provided an overview of activity and performance during the period April to December 2022.

The Board was asked to note a reduction in the number of people speaking up, as compared to the preceding six months, and a change in distribution across the staff groups. A direct comparison of the themes for speaking up was not possible due to a change in the categories by the National Guardian's Office.

In response to a question from Kath Smart, the Freedom to Speak Up Guardian confirmed there was one long standing case which had not been successfully resolved, however, this was progressing towards a conclusion and involved partner organisations.

In the same way colleagues were supported to speak up, Mark Bailey encouraged positive interventions by colleagues to address an issue. The FTSU Guardian suggested this should be seen as an integral part of the culture of the organisation, which demonstrated Trust values, by proactively seeking a resolution to improve service user experience.

***The Board:***

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

**P23/01/E1 Board Assurance Framework – SA4 (Enclosure E1)**

The Board received an updated Board Assurance Framework (BAF) which identified risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care.

The risks had been updated, highlighted for ease of reference and the Board's attention was drawn to the current risk rating of 16 which reflected the Trust was at risk of not delivering its year end position.

Discussions with Place partners were ongoing and internal grip and control measures were in place to manage the use of resources. 2023/24 planning had commenced and would require the identification of cost improvement programmes, reduced temporary staffing spend and increased productivity.

The recent internal audit report in respect of the HFMA financial sustainability checklist had been received at January's Audit & Risk Committee and provided positive external assurance.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***
- 

**P23/01/E2 Finance Update (Enclosure E2)**

The Acting Director of Finance provided an overview of the month 9 financial position. An in-month deficit of £1.3m was reported, £0.1m adverse to plan, with a year-to-date deficit of £12.4m, £1m adverse to plan.

An increase in pay spend had been seen, associated with opening of additional beds winter pressures and the payment of incentives to ensure an appropriately staffed provision. Should the additional capacity be required until the financial year end a cost pressure of c£3-4m had been identified, although a productive conversation with Doncaster Place had identified winter funding to mitigate some of the risk. Discussions with Bassetlaw Place in respect of ongoing contract issues and winter funding were continuing.

Capital spend in month was £4.09m against a planned £4.05m, with a year to date spend of £13.6m against a planned £23. Business cases were approved and the capital plan was expected to be delivered by the year end.

The cash balance at the end of December 2022 was £20.8m, the balance was expected to fall to £12m due to the income and expenditure deficit and the back loaded capital plan and as a result there was a risk that the year end audit opinion may include an emphasis of matter with regards to the Trust's going concern.

The Chief Executive acknowledged the operational challenges of the year and the resultant impact on the financial position, a need to ensure that public money was spent wisely was reinforced, with appropriate grip and control to ensure the most effective use of resources. As performance would be measured as a system there was a need to work through the solutions as a system, recognising the need for transformation change.

In response to a question from Mark Day, the Chief Executive confirmed there had been no formal communication from the Integrated Care Board with regards to elective recovery targets, although a Health Services Journal article published today had indicated the 2023/24 target for South Yorkshire ICB was 103% and Nottingham & Nottinghamshire 105% of 2019/2020 levels. The position with regards to clawback of elective recovery funding for underperformance was not yet known.

The Interim Director of Recovery, Innovation & Transformation acknowledged the next 6-8 weeks would be challenging and with a reducing cash balance all opportunities to stabilise the financial position would be explored.

***The Board:***

- ***Noted the Finance Update***

P23/01/E3

**Board Assurance Framework – SA1 & 4 (Enclosure E3)**

The Chief Operating Officer confirmed the necessary controls and escalation plans were in place to support the daily delivery of urgent and emergency care. Delivery of the Urgent & Emergency Care Improvement Plan continued, with delivery monitored through the Urgent & Emergency Care Programme Board. The work was now supplemented with the support of NHSE's Emergency Care Improvement Support Team.

Opportunities to ensure effective use of resources, transforming services through improved efficiency, productivity, and capacity in line with identified best practice would be explored as part of the national Getting It Right First Time Programme.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***

P23/01/E4

**Operational Performance Update including Ambulance Handover Delays (Enclosure E4)**

The Chief Operating Officer provided an insight into the current operational performance. In common with other trusts increased demand on emergency services and associated high staffing pressures continued to impact delivery of elective services.

Performance against the 4-hour standard deteriorated in December, with the Trust achieving 60.6% against the national target of 95%. Despite this, the Trust benchmarked in the middle of the pack of the Northeast & Yorkshire region, the Chief Operating Officer recognised there was much to do to improve the position. With high bed occupancy, there was limited flow out of the department and ambulance handover delays continued to be seen across both sites, with only 30% of handovers completed within 15 minutes. The key issues and supporting actions were included within the performance report and the Trust was engaged in a Quality improvement programme to deliver improvements with Yorkshire and East Midlands Ambulance Services.

NHSE's Emergency Care Improvement Support Team project had now commenced, an initial assessment will inform the action plan and focus on those areas where the greatest benefit can be achieved, supporting flow and discharge.

The Chief Executive confirmed that initial feedback from ECIST was of a well engaged, positive workforce. Agreement had been reached to extend the support over a longer period, with a view to deliver and embed a sustainable solution to support delivery of the 76% of patients being admitted, transferred, or discharged within four hours. The team would provide an expert opinion and fresh eyes approach.

In response to a question from Mark Bailey, the Chief Operating Officer confirmed the team would focus on the complete emergency care pathway and as part of their initial discussions had taken the opportunity to engage with system partners.

Kath Smart requested sight of the quality improvement reports and supporting action plans at the Finance & Performance Committee. **DS**

***The Board:***

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

**P23/01/E5 Directorate of Recovery, Innovation & Transformation Update (Enclosure E5)**

The Interim Director of Recovery, Innovation & Transformation introduced the report which provided an insight into the directorate's work. Since writing the report the Board were informed that confirmation had been received that the inflationary pressures seen in the Community Diagnostic Centre business case would be funded centrally.

In respect of the Montagu Elective Orthopaedic Centre the business case would be considered for approval at the Board of Directors meeting of Barnsley Hospital on 2 February 2022.

In respect of 2023/24 business planning, the Interim Director of Recovery, Innovation & Transformation reported good progress, with draft submissions received from all clinical and corporate areas, a cost pressure list would be considered by the executive team and clarity on alignment of plans assessed. Progress would be reported through the Board's Finance & Performance Committee.

As plans for the Emergency Village at Bassetlaw and the Community Diagnostic Centre and Elective Orthopaedic Centre progressed at Montagu, the Chair of the Board enquired how this impacted upon the Trust's pursuit of a new hospital. The Interim Director of Recovery, Innovation & Transformation confirmed this was additional work which in the case of Montagu would support service delivery at a system level and as such had no impact. A key location requirement of an elective centre was a "cold" site where the absence of on-site urgent and emergency care provision avoided disruptions to elective activity.

The Interim Director of Recovery, Innovation & Transformation confirmed the Bassetlaw Emergency Care Village Full Business Case would be considered in the confidential meeting of the Board. NHSE approval of the Outline Business Case remained outstanding and although not the norm the cases may be considered together.

Despite operating in challenging times, the Chief Executive recognised the significant delivery of these major projects and the positive impact the developments at Montagu would have on the regeneration of the local economy. The team's delivery of these

projects, including approval of the business case for an electronic patient record was a cause for celebration and delivered a strong message to local politicians of the development of the Trust's site and service provision to the wider community.

***The Board:***

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

**P23/01/F1 Research & Innovation Strategy (2023-2028) (Enclosure F1)**

The Director of Education & Research and Head of Research were welcomed to the meeting to present the Research & Innovation Strategy 2023-2028 and to seek the Board's approval. An amendment to the wording of the Trust's vision "To be the safest Trust in England, outstanding in all that we do" would be incorporated in the final version.

The strategy had been developed over the preceding 12 months in partnership with our people, partners, and the community we serve; recognising the importance of research in delivering evidence-based care and required innovation to deliver better outcomes for patients.

An overview of the four pillars of the strategy and the five programmes of work was provided. The Head of Research reflected on the Trust's current strengths and achievements to date and the proposed plans to build upon the current delivery of portfolio research and to grow capacity and capability to support research developed and led by the Trust; ultimately establishing the Trust as a leading centre of research excellence and supporting the Trust's long-term ambition to achieve University Teaching Hospital status.

Over the next two months a full business case would be developed outlining the support required to deliver the strategy, for consideration by the Corporate Investment Group. With an internal launch proposed for March 2023, and a wider partner launch, supported by a communication and engagement plan, with effect from May 2023.

To date the strategy had been considered and supported by the Teaching Hospital Board, Trust Executive Group, and the Board's Quality & Effectiveness Committee

In response to a question from Jo Gander, the Director of Education & Research confirmed support of those areas of strategic priority, including health inequalities, maternal and child health. In respect of innovation, initial conversations with NHSE's Clinical Entrepreneur Programme had taken place and the National Institute for Health and Care Research and United Kingdom Research Innovation were committed to promoting partnerships with industry.

The Chief Executive welcomed the development of research and innovation and recognised the importance of research as a critical factor in working towards the long-term goal of University Teaching Hospital status, which would not only support the provision of on-site educational training but impact positively on the Trust as an anchor organisation, employer of choice and for the regeneration of the City of Doncaster.

In response to a question from the Chair of the Board, the lack of a University in Bassetlaw and Doncaster was not felt to restrict research opportunities. Potential opportunities could be supported via University Technical Colleges, academic, commercial and health care partners.

Hazel Brand acknowledged the health and wellbeing issues in the communities served by the Trust and enquired if the wider contributing factors of poor health would be considered as part of the research. The Director of Research confirmed the Born and Bred in Doncaster (BaBi-D) was an example of such research which sought to improve the wellbeing of families across Doncaster, focusing on health inequalities and inclusion.

Mark Bailey welcomed the Research & Innovation Strategy which aligned with the Trust's strategic plan and recognised the safety benefits arising from organisations with strong research and education. In terms of the Trust's aspiration to be a University Hospital, the Director of Education and Research envisaged the Trust would be in a strong position to apply in 2028.

The Chief Nurse welcomed this comprehensive piece of work, recognising the need for research and innovation to be embedded into everyday practice through raised awareness and development of colleagues to support and lead research activity.

The Chair of the Board highlighted the need to raise the profile of research and communicate the outputs of activity and good news stories with the wider public. The Head of Research was currently working with lay members to establish information shared was appropriate and meaningful.

The Chief Executive encouraged the identification of funding streams to support activity, focused and effective use of resources and income generation. As plans developed feedback was welcomed through the Board and its committee structure.

***The Board:***

- ***Approved the Research & Innovation Strategy (2023-2028)***

**P23/01/F2 Corporate Director Objectives Q3 2022/2023 (Enclosure F2)**

The Chief Executive's report provided an update on the progress made in Q3 towards delivery of the 2022/23 breakthrough and corporate objectives.

The supporting appendix presented the extract from Monday.com with the status reflecting the system language. There was evidence of some objectives being finalised although most would be subject to a closing Q4 update.

In respect of the Chief Operating Officer's objective COO06, relating to winter plans, the Board was asked to note that despite appropriate plans being in place pressures arising from increased rates of Covid, Influenza and paediatric winter viruses outstripped the additional capacity. The Christmas and New Year period had been operationally difficult and a full review of the 2022/23 Place plan would be undertaken to ensure lessons were learnt for 2023/24 planning.



***The Board:***

- ***Noted and took assurance from the Corporate Director Objectives Q3 2022/2023***

**P23/01/G1 Corporate Risk Register (Enclosure G1)**

The Board received the Corporate Risk Register and supporting paper. No new corporate risks had been added to the register, a total of 85 risks were rated 15+, 15 of which were monitored via the Corporate Risk Register.

The Chair of the Audit & Risk Committee confirmed the Corporate Risk Register had been reviewed at last week's Board Committee meetings; in view of the number of risks rated 15+ there was an expectation that the number included within the Corporate Risk Register would increase. The impact of the assessment of new and changing risks at the Risk Management Board would be considered in future reports received by the Board and its Committees.

***The Board:***

- ***Noted the Corporate Risk Register***

**P23/01/G2 Chair's Assurance Log (Enclosure G2i & ii)**

The Board received the Chair's Assurance Logs relating to January 2023's meetings of the Audit and Risk Committee and the Finance & Performance Committee, prepared by Kath Smart. The purpose of the highlight report was to support a structured communication from the Board's Committees to identify matters of concern, including key risks for escalation, major actions/work commissioned, evidence of positive assurance and decisions made.

No items were escalated to the Board from either Committee; the Board was asked to note the following matters of concern from the Audit & Risk Committee:

- Moderate Assurance provided in the Stage 2 Head of Internal Audit Opinion, due to the closure rate of recommendations and outstanding actions arising from the 2020/2021 Risk Management & Board Assurance Framework audit
- Additional work required to improve compliance arising from the Maternity Clinical Negligence Scheme for Trusts Standards Review
- Additional work to improve the reporting of low and no harm incidents via Datix

The Board was asked to note the following matters of concern from the Finance & Performance Committee:

- The risk of not achieving the year-end forecasted position
- Challenges in achievement of elective and non-elective performance targets and activity

In respect of decisions made, the Finance & Performance Committee supported business cases for South Yorkshire & Bassetlaw Pathology Laboratory Information Management System, Bassetlaw Emergency Village and Patient Pathway Management, which would be received in the confidential meeting for approval.

Mark Day shared his thanks for completion of the Finance & Performance Committee Assurance log in his absence.

**The Board:**

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

**P23/01/G3 Use of the Trust Seal (Enclosure G2)**

The Board noted and approved the use of the Trust Seal in relation to the lease renewal of Sunshine Day Nursery at Bassetlaw District General Hospital. The document had been signed and dated by Richard Parker, Chief Executive and Alex Crickmar, Acting Director of Finance on 15 December 2022.

***The Board***

- ***Approved the Use of the Trust Seal***

**P23/01/G4 Terms of Reference - Audit & Risk & Quality & Effectiveness Committee (Enclosure G3)**

The Board agreed to postpone approval of the Terms of Reference, which would be refreshed by the respective Committees and return for approval in due course.

***The Board***

- ***Deferred the approval the Audit & Risk & Quality & Effectiveness Committee***

**P23/01/G5 Management of Reviews, Visits, Inspections and Accreditations Policy (Enclosure G5)**

A review of Trust Policy CORP/COMM 11, Management of Reviews, Visits Inspections and Accreditations had been undertaken by the Company Secretary. Minor amendments to reflect changes to the divisional structure, committee governance structure and the inclusion of virtual visits had been made. Following consultant with the executive directors the policy had been considered by the Trust Executive Group and was recommended for approval by the Board.

To improve reporting and compliance with the policy it was suggested that awareness would be raised through the Trust's internal communication channels.

The Company Secretary would present a bi-monthly report to the Trust Executive Group to ensure the senior team were sighted on visits, recommendations and supporting action plans. The relevant reviews, assurance and or actions should be incorporated within the respective Board Assurance Frameworks.

In response to a question from Hazel Brand, it was confirmed contractor site visits were not included within this policy.

***The Board***

- ***Approved the Reviews, Visits, Inspections and Accreditations Policy***

**P23/01/H Information Items (Enclosure H1 – H9)**

***The Board noted:***

- H1 Chair and NEDs Report
- H2 Chief Executives Report
- H3 Performance Update Appendices
- H4 Minutes of the Finance and Performance Committee 27 October 2022
- H5 Minutes of the People Committee 8 November 2022
- H6 Minutes of the Quality & Effectiveness Committee 4 October 2022
- H7 – Minutes of the Charitable Funds Committee 15 September 2022
- H8 – Charitable Funds Committee Annual Report
- H9 Minutes of the Trust Executive Group 14 November & 12 December 2022

**P23/01/I1 Minutes of the meeting held on 21 December 2022 (Enclosure I1)**

***The Board:***

- ***Approved the minutes of the meeting held on 21 December 2022.***

**P23/01/I2 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

**P23/01/I3 Governor Questions regarding the business of the meeting (10 minutes) \***

The Lead Governor shared the Council of Governors appreciation of the ongoing development of services as evidenced in the Directorate of Recovery, Innovation & Transformation update.

The following questions were raised by the Lead Governor, on behalf of the governors:

**“When will the Board receive a workforce plan for the Community Diagnostics and MEOC developments at Mexborough”?**

The Chief Executive confirmed a plan was likely to be available in the Autumn.

**“In view of the Trust's persisting financial deficit, and the even greater challenges for 2023/24, what detailed analyses and reports are available to the Executive and Board on unit costs of treatment pathways, use of resources (especially staff), and productivity as compared with peer groups and reference data such as Model Hospital”?**

The Chief Executive confirmed the Trust had access to a wealth of data for benchmarking purposes, including Healthcare Evaluation Data (HED), Model Hospital, Getting it Right First Time (GIRFT), Estates Return Information Collection (ERIC) and the national

corporate benchmarking return. An increasing interest in productivity and the best use of resources was noted.

**"The current Health Inequalities landscape within DBTH is not fully understood". What plans are there for governors to undertake a deep dive into this complex issue"?**

It was suggested this topic could be explored as part of a governor briefing and development session.

**"What plans are there for behavioural and attitude research with the public and patients in respect of the ever growing demand for trust services, especially in ED, and where minor conditions might be treatable elsewhere"?**

The Chief Executive confirmed that research had been undertaken by the Clinical Commissioning Group prior to Covid, however, post pandemic perceptions had changed, including the perceived accessibility to primary care. There was a focus at Place and across the system to deliver an end-to-end service.

***The Board:***

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

**P23/01/I4** **Date and time of next meeting (Verbal)**

**Date:** Tuesday 28 February 2023

**Time:** 09:30am

**Venue:** MS Teams

**P23/01/I5** **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.***

**P23/01/J** **Close of meeting (Verbal)**

The meeting closed at 13.02