



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 27 June 2023 at 09:30
via MS Teams

Present:	Mark Bailey - Non-executive Director Suzy Brain England OBE - Chair of the Board Hazel Brand - Non-executive Director Mark Day - Non-executive Director Jo Gander - Non-executive Director Karen Jessop - Chief Nurse Dr Emyr Jones - Non-executive Director Zoe Lintin - Chief People Officer Lucy Nickson - Non-executive Director Dr Tim Noble - Executive Medical Director Richard Parker OBE - Chief Executive Jon Sargeant - Chief Financial Officer Kath Smart - Non-executive Director Denise Smith - Chief Operating Officer
In attendance:	Fiona Dunn - Director of Corporate Affairs / Company Secretary Lois Mellor - Director of Midwifery Angela O'Mara - Deputy Company Secretary (Minutes)
Public in attendance:	Dennis Atkin - Public Governor Doncaster Henry Anderson - Member of the Public Gina Holmes - Staff Side Lynne Logan - Public Governor Doncaster Andrew Middleton - Public Governor Bassetlaw James Minogue - Member of the Public Vivek Panikkar – Staff Governor Lynne Schuller - Public Governor Bassetlaw Sheila Walsh - Public Governor Bassetlaw

Apologies:

P23/06/A1 **Welcome, apologies for absence and declaration of interest (Verbal)**

The Chair welcomed everyone to the virtual Board of Directors meeting, including governors and observers. No apologies were received or declarations made.

P23/06/A2 Actions from Previous Meetings (Enclosure A2)

The action from May's meeting had been closed.

P23/06/B1 Chair's Assurance Log – Quality & Effectiveness Committee (Enclosure B1)

The Chair's assurance log summarised the positive assurance, decisions, and major work considered at June's Quality & Effectiveness Committee meeting. In response to an observation by Non-executive Director, Jo Gander regarding funding to support divisional clinical audit leads, the Chief Executive acknowledged this may be difficult to achieve in view of the Trust's challenging financial position and maximising the use of existing resources should be explored as a priority.

The Board:

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

P23/06/B2 Maternity & Neonatal Update (Enclosure B2)

The Board received the Maternity & Neonatal 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).

The Director of Midwifery confirmed that Year 5 CNST's standards had been received and a change to safety action eight was noted, which appeared to require training compliance to meet the 90% standard on a monthly basis, a review of the training needs analysis was underway. The Chief Executive recognised the challenge of achieving the standard each month and confirmed that the Local Maternity and Neonatal System were seeking clarification on if the standard was by month, or a rolling total.

As part of the International Day of the Midwife celebrations, the Director of Midwifery made the Board aware of the positive actions of the Chair of the Maternity Voices Partnership in sharing service user feedback.

In response to a question from Non-executive Director, Lucy Nickson, the Director of Midwifery confirmed the Trust was actively engaged with those newly qualified midwives who had expressed an interest in working at the Trust and she was reasonably confident that a definitive number would be known by the end of August.

In respect of the amber rated medical workforce safety action referenced in the paper, the Director of Maternity informed Kath Smart that this related to the Royal College of Obstetricians and Gynaecologists roles and responsibilities which were no longer included within the Year 5 standard.

The Board:

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

P23/06/B3 Midwifery Workforce Report (Enclosure B3)

The Director of Midwifery presented the bi-annual report to Board to provide assurance on the current midwifery staffing position, informed by Birthrate Plus and acuity, actions to mitigate risks and recruitment plans.

The Trust had invested in a pastoral team and the positive impact upon both recruitment and retention of colleagues was noted.

In response to a question from Non-executive Director, Hazel Brand with regards to the supply of midwives, the Director of Midwifery reported an increase in the number of training places, international recruits, and opportunities to convert from nursing to midwifery. In addition to attracting new recruits, the retention of colleagues was critical.

In response to a question from Non-executive Director, Kath Smart, the Director of Midwifery confirmed despite the current variance in the proposed staffing model she remained optimistic in view of the level of interest and of flexible retirement options available to existing colleagues. The Chief Executive acknowledged the difference between the current funded workforce model and the proposed workforce model, which had been subject to executive scrutiny. A view had been taken across the Local Maternity & Neonatal System and an appetite to offer places based on student choice had been agreed.

The Board:

- ***Noted and took assurance from the Midwifery Workforce Report***

P23/06/C1 Chair's Assurance Log – Finance & Performance Committee (Enclosure C1)

Mark Day, Non-executive Director highlighted the need to progress at pace the urgent and emergency care and cost improvement plans to improve service delivery, release benefits and secure efficiencies.

An informative report on diagnostic performance had been received at the Committee's June meeting, which provided a platform for improvement and change. Assurance was provided by the externally commissioned drivers of deficit review which validated the Trust's underlying deficit and the key areas of influence.

The Board:

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

P23/06/C2 Operational Performance Update (Enclosure C2)

The Chief Operating Officer provided an overview of performance against the national access standards. The Board's attention was drawn to the continued improvements in emergency care standards, including ambulance handover delays.

An increase in 65 week waits was reported in May, with capacity challenges noted in the Ear, Nose and Throat speciality where mutual aid may be required.

Elective activity against the plan had improved but was not yet at the required standard of 103% of 2019/20 activity.

Correspondence from NHSE had identified six key elective priorities and three key national performance metrics for 2024/25 and to provide assurance a self-assessment had been completed against the Board checklist.

In response to a question from Non-executive Director, Lucy Nickson, the Chief Operating Officer confirmed that the Trust's did not attend (DNA) rate was higher than its peers and plans were in place to reduce this to 8% in 2023/24. Non-executive Director, Jo Gander enquired if there were lessons to be learnt from peers and the Chief Operating Officer confirmed that improvements to facilitate easier cancellation or amendment options, via a patient portal would be considered.

Non-executive Director, Hazel Brand confirmed that Healthwatch had previously supported the Trust with a public engagement programme to reduce the DNA rate and clear messaging and ease of access were recognised as key areas that made a difference.

Non-executive Director, Mark Bailey suggested that a review of DNA data by population may identify specific areas of support for those more disadvantaged communities.

The Chair reinforced the message that during periods of industrial action the public should continue to attend, unless advised otherwise.

The Board:

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

P23/06/C3 Finance Update (Enclosure C3)

The Chief Financial Officer reported a month two deficit of £4.1m, with a year to date deficit of £7.8m. The position assumed that Elective Recovery Fund monies would not be clawed back, due to the impact of industrial action on activity levels. If ERF was excluded, the year to date deficit position would be £8.4m, £0.6m adverse to plan. Going forwards ERF would be subject to reaching 103% or above of 2019/20's baseline activity.

Capital spend in month was £0.9m against a plan of £3.4m, year to date spend was £1m against a plan of £5.7m. The under spend related to the Montagu Elective Orthopaedic Centre and Bassetlaw Emergency Village projects, the latter of which was awaiting final approval.

The cash balance at the end of May was £12.6m, this was as a result of paying year end creditor payments and the Trust's underlying deficit position. A request for c. £4m central cash support had been approved at June's Finance & Performance Committee. Should ERF not be earned and cost improvement plans not delivered there would be a need for further cash support in the coming months. The Chief Financial Officer confirmed that should there be a need, emergency cash support was available in month.

£1m of costs efficiencies had been delivered in month, as compared to the plan of £0.4m, year to date savings were £1.4m against the plan of £0.9m. A significant amount of work to develop plans had taken place and there was a need to move into the delivery phase to support the back loaded plan.

The Board:

- ***Noted the Finance Update***

P23/06/C4 New Hospital Programme Update (verbal)

The Chief Financial Officer formally noted the Board's disappointment that the Trust's bid for inclusion in the New Hospital Programme had been unsuccessful, due to the prioritisation of hospitals mostly constructed of reinforced autoclaved aerated concrete (RAAC). A significant amount of work had been undertaken in preparing the bid and the Trust would now consider its options and appropriate next steps.

The Chair recognised the disappointment of colleagues and the public served by the Trust.

The Board:

- ***Noted the New Hospital Programme Update***

P23/06/D1 Chair's Assurance Log – Audit & Risk Committee (Enclosure D1)

Non-executive Director, Kath Smart summarised the positive assurance, major work, decisions and matters of concern considered as part of the year end Audit & Risk Committee. The Board's attention was drawn to the two limited assurance internal audit reports, relating to the governance of clinical audit and performance management. The year end Head of Internal Audit Opinion was a moderate outcome, due to the closure rate of audit recommendations (64%), limited assurance reports and the moderate assurance related to the Board Assurance Framework and risk management work being progressed in 2023/24.

The Committee had received the annual report, financial statements, annual governance statement and the letters of representation on behalf of the Board, under delegated authority. Whilst the external auditors work was not yet concluded, they had indicated that this was unlikely to influence their current clean opinion and they were satisfied with the going concern status of the Trust and would not be including an emphasis of matter in their reporting. Final copies of the reports would be shared in due course.

The Board:

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

P23/06/D2 Chair's Assurance Log – Charitable Funds Committee (Enclosure D2)

Non-executive Director, Hazel Brand summarised the positive assurance, major work, decisions and matters of concern. A meeting would be arranged to progress the discussion on fund balances. The draft fund raising strategy had not been received and would likely be discussed as part of a separate workshop prior to September's Committee meeting.

The Board:

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

P23/06/D3 NHS Provider Licence – Self- certification 2022/23 (Enclosure D3)

The Company Secretary presented the annual self-certification to declare the Trust's compliance with the conditions of the Provider Licence. The content had been approved by the Audit & Risk Committee and was received by the Board for ratification, before publishing on the Trust's website.

The Board:

- ***Ratified the NHS Provider Licence – Self- certification 2022/23***

P23/06/D4 Use of Trust Seal (Enclosure F1)

In accordance with section 14 of the Trust's Standing Orders, the Company Secretary reported the use of the Trust Seal on 18 May 2023. The contract had been scrutinised by the Head of Procurement and the Chief Financial Officer and presented to the Executive Team prior to the seal being applied.

The Board:

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

P23/06/E1 Information Item (Enclosure E1)

The Board noted:

- E1 South Yorkshire & Bassetlaw Acute Federation Annual Report

P23/06/F1 Any other business (to be agreed with the Chair prior to the meeting)

The Executive Medical Director advised the Board of an unannounced visit by the Human Tissue Authority to the Trust's mortuary services. There were no matters of concern to bring to the Board's attention, two minor identified shortfalls were being addressed.

In response to an observation by the Chair of the Board, that the July Board meeting may coincide with dates identified for industrial action, the Chief Executive confirmed that following the outcome of the ballot a decision would be taken as to the impact on the scheduled meeting date. Board members were asked to hold 25 and 26 July in diaries, pending the decision.

P23/06/F2 Governor Questions regarding the business of the meeting (10 minutes) *

The Deputy Lead Governor asked the following question on behalf of the governors:

"I would like to know what the Trust strategy is to recover its breast screening uptake position. The Trust is currently at between 40-50% against a national standard of approximately 75%, with some areas in the region being particularly poor because of poor uptake."

The Chief Operating Officer agreed to provide a full response post meeting, a copy of which would be made available via the governor portal.

The Board:

- ***Noted the governor question***

P23/06/F3 Minutes of the meeting held on 23 May 2023 (Enclosure F3)

The Executive Medical Director asked for the following amendment to be made to minute P23/05/B1 “Where posts remained difficult to recruit to nationally, alternative workforce models were being considered, such as the training programme for **anaesthetists** “ should read “Where posts remained difficult to recruit to nationally, alternative workforce models were being considered, such as the training programme for **anaesthesia associates**”.

The Board

- ***Approved the minutes of the meeting held on 23 May 2023, subject to the above change.***

P23/06/F4 Date and time of next meeting (Verbal)

Date: Tuesday 25 July 2023

Time: 09:30am

Venue: MS Teams

P23/06/F5 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P23/06/G Close of meeting (Verbal)

The meeting closed at 10.41



Kath Smart
Deputy Chair
25 July 2023