

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 1st and 25th 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 & Risk 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***
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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



Suzy Brain England OBE

Chair of the Board

28 February 2023