Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BOARD MEETING - PUBLIC (REDUCED AGENDA)

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27 February 2024

13:30 GMT Europe/London

Virtual - MS Teams

Microsoft Teams meeting

Click here to join the meeting
Meeting ID: 361 851 464 251
Passcode: VmBTSx

AGENDA

2402 - A MEETING BUSINESS

Suzy Brain England OBE, Chair

REFERENCES

Only PDFs are attached

00 Public Board Agenda - 27 February 2024 v3.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 27 February 2024 at 13:30
Via MS Teams

Enc		Purpose	Time
A	**MEETING BUSINESS**		**13:30**
A1	Welcome, apologies for absence and declarations of interest *Suzy Brain England OBE, Chair* *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* *Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting*		5
A2	Actions from previous meeting (no active actions) *Suzy Brain England OBE, Chair*	*Review*	
B	**True North SA1 - QUALITY AND EFFECTIVENESS**		**13:35**
B1	Chair's Assurance Log – Quality & Effectiveness Committee *Jo Gander, Non-executive Director*	*Assurance*	5
B2	Maternity & Neonatal Update *Lois Mellor, Director of Midwifery*	*Assurance*	10
C	**True North SA4 – FINANCE & PERFORMANCE**		**13:50**
C1	Chair's Assurance Log – Finance & Performance Committee *Mark Day, Non-executive Director*	*Assurance*	5
C2	Finance Update *Jon Sargeant, Chief Financial Officer*	*Note*	10
D	**OTHER ITEMS**		**14:05**
D1	Any other business (to be agreed with the Chair prior to the meeting) *Suzy Brain England OBE, Chair*	*Discussion*	5
D2	Governor questions regarding the business of the meeting (10 minutes)* *Suzy Brain England OBE, Chair*	*Discussion*	10

D3	Minutes of the meeting held on 30 January 2024 *Suzy Brain England OBE, Chair*	*Approval*	5
D4	**Date and time of next meeting:** **Date:** Tuesday 26 March 2024 **Time:** 09:30 **Venue:** MS Teams	*Information*	
D5	**Withdrawal of Press and Public** 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. *Suzy Brain England OBE, Chair of the Board*	*Note*	

E MEETING CLOSE 14:25

*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. If any governor wants to raise a matter or question at the Board meeting relating to the papers being presented on the day, they should contact the Trust Board Office by noon 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 the Trust Board Office.
- Questions will be forwarded in advance to the Chair of the Board for consideration 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

2402 - A1 WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Suzy Brain England OBE, Chair 13:30

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

Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting

REFERENCES

Only PDFs are attached

A1 - Register of Interests & FPP (13.02.2024).pdf

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Register of Directors' Interests

Register of Interests

Suzy Brain England OBE, Chair of the Board

Chair at Keep Britain Tidy
Lead Examiner for Chartered Director by the Institute of Directors
Founder and Chair of Cloud Talking, Aspirational Mentoring
Co-opted Board member Doncaster Chamber of Commerce
Advisory Committee on Clinical Impact Awards (ACCIA)
Facilitate/Chair NHS Providers training & development session as required

Kath Smart, Non-Executive Director

Chair – Acis Group, Gainsborough (Housing provider)
Court Secretary – Foresters Friendly Society, Sheffield (Mutual Society)
Senior Trust Associate Manager (TAM – or 'Hospital Manager' under the Mental Health Act) – Rotherham, Doncaster & South Humber NHS FT

Mark Bailey, Non-Executive Director

Non-Executive Chair, Doncaster and Bassetlaw Healthcare Services Ltd
Non-Executive Director – Derbyshire Community Health Services Foundation Trust
Executive Coach – NHS Leadership Academy (voluntary)
Non-Executive Director for MEDQP Ltd (Voluntary)

Jo Gander, Non-Executive Director

Membership of Advisory Committee on Clinical Impact Awards (ACCIA) Yorkshire and Humber Sub-Committee

Mark Day , Non-Executive Director

Health Development Director, Equity Solutions Group - (Investment and development organisation that specialises in partnerships with the public sector and the Design, Build, Finance and Operation (DBFO) of bespoke buildings)
Non-Executive Chair, Summerhill Service Limited (SSL)- SSL is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust providing a range of support services to the Trust and other customers
Director of Corporate Services, Money Advice Trust, a registered charity providing debt advice to the public, influencing public policy, and collaborating with a range of partners to improve practice

Hazel Brand , Non-Executive Director

Councillor, Bassetlaw District Council (independent) In this role, member of the Council's Appointments and Planning Committees
Parish Councillor, Misterton

(as at 13 February 2024)

Lucy Nickson , Non-Executive Director
Chief Executive for Day One Trauma Support, national charity

Richard Parker OBE, Chief Executive Officer
Member of the South Yorkshire Integrated Care Board
Spouse is a senior Nurse at Sheffield Health and Social Care Trust

Dr Tim Noble, Executive Medical Director
Spouse is a Consultant Physician at DBTH

Jon Sargeant, Interim Director of Recovery, Innovation & Transformation
Director, Doncaster and Bassetlaw Healthcare Services Ltd

Zoe Lintin, Chief People Officer
Trustee on the Board of Sheffield Academy Trust
Spouse works in NHS (STH)

Denise Smith, Chief Operating Officer
Various family members work in NHS. None working in SYB network

Karen Jessop , Chief Nurse
Husband VSM at Hull University Hospital (Chief Nurse Information Officer)

Emma Shaheen, Director Communication & Engagement
Sister is Deputy Director of Involvement, South Yorkshire ICB

Fiona Dunn, Director Corporate Affairs/Company Secretary
Animal Ranger, Yorkshire Wildlife Park

The following have no relevant interests to declare:

Emyr Jones	Non-Executive Director
Zara Jones	Deputy Chief Executive
Nick Mallaband	Acting Executive Medical Director

(as at 13 February 2024)

Fit and Proper Person Declarations

The Trust can confirm that every director currently in post has declared that they:

(i) am not an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(ii) am not the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(iii) am not a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(iv) have not made a composition or arrangement with, or granted a trust deed for, my creditors and not been discharged in respect of it;

(v) have not within the preceding five years been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on me;

(vi) am not subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986;

(vii) have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which I am employed;

(viii) am able by reason of my health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which I am appointed or to the work for which I am employed;

(ix) have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;

(x) am not included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland; and

(xi) am not prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Directors are requested to note the above and to declare any changes to their position as appropriate in order to keep their declaration up to date.

(as at 13 February 2024)

2402 - A2 ACTIONS FROM PREVIOUS MEETING

Decision Item

Suzy Brain England OBE, Chair

No active actions

2402 - B TRUE NORTH SA1 - QUALITY AND EFFECTIVENESS

2402 - B1 CHAIR'S ASSURANCE LOG - QUALITY & EFFECTIVENESS COMMITTEE

Discussion Item | Jo Gander, Non-Executive Director | 13:35

5 minutes

REFERENCES

Only PDFs are attached

B1 - Chair's Assurance Log - Quality & Effectiveness Committee.pdf

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Quality & Effectiveness Committee - Chair's Highlight Report to Trust Board

Subject:	**Quality & Effectiveness Committee**	**Board Date: February 2024**
Prepared By:	Jo Gander, Committee Chair & Non-executive Director	
Approved By:	Quality & Effectiveness Committee Members	
Presented By:	Jo Gander, Committee Chair & Non-executive Director	
Purpose	The paper summaries the key highlights from the Quality & Effectiveness Committee meeting held on 6 February 2024	

Matters of Concern (Moderate, Partial or No Assurance)	**Work Underway / Major actions commissions**
Risk ID 3209 - Patient tracking inaccuracies – a request was made for a paper to come to the next Quality & Effectiveness Committee due to concerns on the lack of progress re rollout. Concerns raised about the reduced uptake by staff of Flu and Covid immunisations and potential risk of increased staff absence.	Risk ID 3209 - Patient tracking inaccuracies a paper to come to the next Quality & Effectiveness Committee. Medical Claims – key themes now being incorporated into reports to the Patient Safety Oversight panel moving forward. Q2 CQINS report – work in progress to address clinical frailty assessments in A&E with early sign of improvement for Q3.
Significant or Full Assurances	**Decisions Made**
Mortuary Update – Requested by the Quality & Effectiveness Committee to provide assurance following the findings of the Sir Jonathan Michael independent enquiry along with the outcomes of the UKAS and HTA visits in 2023. Report to be updated to reflect all sites across DBTH as initial references DRI and separate conversations to be held to clarify the DBS position and process for mortuary staff. **Significant Assurance** Chief Nurse Report – Presentation received on the use of Tendable within DBTH and the progress made on the use of Tendable as an audit tool. **Significant Assurance** Chief Nurse Report - Quality - Reduction in Hospital Acquired Pressure Ulcer category two on track to meet trajectory. Tendable audit results across falls demonstrates sustained improvement. **Significant Assurance** Executive Medical Director report **Significant Assurance**	Board Assurance Framework risk appetite confirmed as 'cautious', and to be recommended to Trust Board. Clinical Governance Structure proposal recommendation approved by the Committee acknowledging next steps and the need to fit into the wider corporate governance review.

Audit & Effectiveness Report – updated to address concerns raised from original draft report. **Significant Assurance** Board Assurance Framework – confirmation of move of additional Strategic Aim to be reviewed at QEC to be confirmed by Board. Agreed there needed to be a clear process around managing cross-committee BAF risks and where changes in risk ownership were deemed appropriate. Strategic Aim 1 reviewed. **Significant Assurance** Drugs & Therapeutics Annual Report – assurance given that concerns raised by CQC around medicines storage addressed and will be audited moving forward. **Significant Assurance**	

Assurance Levels	
Internal - Second Line of Defence	
Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified manangement actions are not considered vital to achievemnet of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions havae been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operqational weaknesses have been recognise. Existing performance presents an unaccpetable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accpeted as urgently required.
External - Third Line of Defence	
Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.

2402 - B2 MATERNITY & NEONATAL UPDATE

Decision Item | Lois Mellor, Director of Midwifery | 13:40

10 minutes

REFERENCES

Only PDFs are attached

- B2 - Monthly Maternity & neonatal Update Feb 2024 FINAL.pdf
- B2i -Q3 2023 - 2024 PMRT report.pdf
- B2ii - Board Surveillance DBTH January 2024 Q4.pdf
- B2iii -Glossary of Terms - Maternity.pdf

Report Cover Page			
Meeting Title:	Board Meeting		
Meeting Date:	27th February 2024	**Agenda Reference:**	B2
Report Title:	Maternity & Neonatal Report		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Lois Mellor, Director of Midwifery Laura Churm, Divisional Nurse, Paediatrics		
Appendices:	Perinatal Surveillance Dashboard Q3 PMRT Report		

Report Summary

Executive Summary
This report gives an overview on the progress within the maternity and neonatal services against the national standards. The report details the outcomes for mothers and babies in the service together with a number of initiatives to improve quality and safety.

Neonatal services remain stable, and have work ongoing to meet BAPM nursing requirements.

An overview of Q3 PMRT (perinatal mortality Review Tool) report is included in this this report. There has been an increase in stillbirths in Q3 however the annual adjusted rate is line with the expected rate. The service has commissioned an external review of stillbirths to maximise learning from these cases.

The service continue to work on the Year 5 CNST standards, and there are trajectories and plans in place for training for all staff groups. Year 6 standards are expected in April 2024, meanwhile the service continues work on the single delivery plan, and the maternity self-assessment tool.

The service continues to work closely with the board safety champion, maternity and neonatal voices partnership.

The triage service is in an improving position, and has set stretch targets to improve services.

All areas of the service are progressing with the quality and safety agenda.

Recommendation:	For the Trust Board of Directors to take assurance from the detail provided within this Maternity and neonatal report.			
Action Require:	**Approval**	Review and discussion/ give guidance	**Take assurance**	Information only
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*

We believe this paper is aligned to the strategic direction of:	South Yorkshire & Bassetlaw ICS	NHS Nottingham & Nottinghamshire ICS
	Yes /No/ NA	**Yes /No/ NA**

Implications	
Board assurance framework:	BAF risk 1 - No Changes
Risk register:	ID 16 - Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs
Regulation:	CQC - Regulation 12 Potential high impact
Legal:	Clinical Negligence Scheme for trusts - High impact
Resources:	

Assurance Route	
Previously considered by:	Governance Meeting in Children's & Families Division Children & Families Board
Date:	12th January 2024
Any outcomes/next steps	Support to continue improvements in maternity & neonatal service, and achieve year 5 CNST standards
Previously circulated reports to supplement this paper:	

Monthly Board Report

January 2024

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

There were 3 stillbirths.

1.2 Neonatal Deaths

There were no neonatal deaths in January 2024.

1.3 Actions/ Learning from Perinatal Mortality Review Tool (PMRT)

Date	Type of Death	Gestation	Antenatal / Intrapartum / Neonatal	Information
Sept	Late Neonatal Death	37+2 weeks	Neonatal	Fetal abnormality not compatible with life awaiting review
Oct	Stillbirth	41+2	Intrapartum	Intrapartum Stillbirth at term, parents declined HSIB investigation - happy for PMRT investigation internally. Sent to Birmingham women's hospital for antenatal/booking information
Nov	Stillbirth	24+6	Antepartum	Antenatal stillbirth, no learning identified. Remains in report writing stage to be closed
Nov	Stillbirth	30+3	Antenatal	Antenatal stillbirth rapid review completed, no immediate learning identified Further review a more holistic approach may have affected outcome
Nov	Stillbirth	29+1	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified. Remains in report writing stage to be closed

Dec	Stillbirth	31+4	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified For review in March meeting
Jan	Stillbirth	35+3	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified For review in March meeting
Jan	Stillbirth	37+0	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified For review in March meeting
Jan	Stillbirth	26+5	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified For review in March meeting

The service has proactively asked for an external review of the last two years of stillbirths in view of the increase over the last 3 months, to ensure that DBTH achieves maximum learning an independent review by another LMNS has been commissioned and will commence in April 2024. A national increase in stillbirths has been identified

Q3 Report overview

Stillbirths

The latest MBRRACE Report for births 2020 gives a national stillbirth rate of 3.33 per 1000, a minimal decrease from the 3.35 figure for 2019 births. This figure is calculated from births at 24 weeks or over, and excludes terminations of pregnancy.

The Trust annual stillbirth rate for 2022 **from 24+0 weeks** of pregnancy and above across both sites is to 4.45 stillbirths per 1,000 births. In numerical values this was 20 stillbirths. During this same period from **22 weeks of pregnancy to full term** there were in addition to the 20 stillbirths there was 1 late fetal loss, and 6 terminations of pregnancy (TOP).

The annual statistic is recorded in each quarterly report to identify any rising trends in a timely manner, however this is the crude, and not adjusted and stabilised figure.

During the third quarter of 2023-2024, from 1st October 2023 to 31st December 2023 there have been **7** stillbirths of the 1,092 births across both sites. 709 births being at DRI and 383 Births being at BDGH.

There have been **0** late fetal losses between 22+0-23+6 weeks gestation during this quarter. During the same timescale, there have been **0** MTOP's.

This provides a trust adjusted stillbirth rate of **6.4 per 1000 births for this quarter 3**, from 24 weeks gestation; which is an increase from last quarter (quarter 2 2023-2024 adjusted stillbirth rate of 2.5 per 1000 births).

Combining the figures from Quarter 4 of 2022-2023 and quarters 1, 2 and 3 of 2023-2024 the rolling adjusted stillbirth rate is **3.1** per 1000 births. This equates to 14 stillbirths from 24 weeks of gestation (total births for this period is 4,487 for both sites). This rate excludes 1 late fetal loss between 22+0 and 23+6 weeks gestation. There were no MTOP (between 22+0 and 23+6 gestation) during the same time period.

The above data indicates that although quarter 3 shows an increase in stillbirths, the January 23 - December 23 stillbirth rate is 3.1 per 1000, this is within the MBRACCE national stillbirth rate of 3.33 per 1000 births.

Neonatal Deaths
The latest MBRRACE Report for births 2020 gives a national neonatal death rate of 1.5 deaths per 1,000, a reduced rate compared to the 2018 rate of 1.5 per 1000 the previous year. The rate is calculated for births over 24 weeks and includes deaths to 28 days.

Deaths that are included in the Trust rates are those of babies that were born and died within the trust. The Trust annual 2022 stabilised and adjusted rate for 2022 was 1.8 per 1000.

During the second quarter of 2023-2024, from 1st October 2023 to 31st December 2023 there have been 0 Neonatal and post-Neonatal deaths of the 1,092 births across both sites. 709 births being at DRI and 383 Births being at BDGH.

This provides the Trust with a stabilised and adjusted rate for this quarter 3 of 2023-2024 of 0 per 1,000.

Combining the figures from Quarters 4 of 2022-2023 and quarters 1, 2 and 3 of 2023-2024 (excluding the deaths under 22+0 and MTOP resulting in NND) the rolling adjusted neonatal and post-neonatal deaths rates of 5 equates to a rate of **1.1** per 1000 births from 24 weeks of gestation (total births for this period is 4,487 for both sites). This remains within the national MBRACCE target of 1.5 per 1000 births.

Learning from deaths
None identified.

2. Neonatal Services

Neonatal staffing is 87% recruited with 82% of establishment at work, with 5% maternity leave. The Qualified in Speciality ratio is below the 70% standards at 64% on the Neonatal Unit (NNU). During January we had 83 % of shifts resourced within British Association of Perinatal Medicine (BAPM) standards compared to a quarter 2 average of 75% at DRI and 59% at Bassetlaw. All the shifts below BAPM standards were due to there being a missing supernumerary co-ordinator. A workforce review and 3 year plan to meet BAPM and CNST standards was discussed in the Trust Executive Group in September 2023, the gaps were acknowledged and it was agreed to support the development of a phased business plan to be

submitted to Trust Capital Investment Group and included in the divisions business planning requirements for 2024/25. This was reported to Trust Board in October with plan to submit the business case in March.

The Local Maternity and Neonatal Service (LMNS) and Operational Delivery Network (ODN) have been updated on the gaps and action plan.

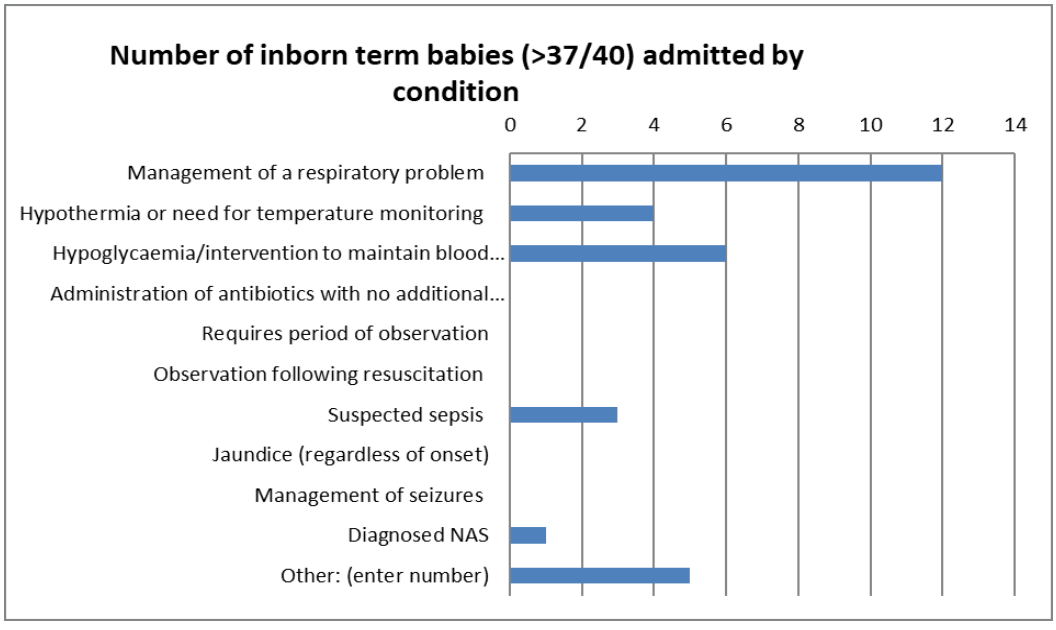
No new serious incidents or Maternity and Newborn Safety Investigation Programme (MNSI) eligible cases.

The Getting It Right First Time (GIRFT) action plan for Neonatal service remains open while we establish transitional care, a joint Quality Improvement (QI) programme commenced in June to develop a transitional care plan for neonates on both sites. Work to review neonatal consultant cover including planned absences is ongoing in relation to a historic Serious Incident (SI) with a paper going to the Capital Investment Group in January 2024.

2.1 Avoiding Term Admissions into Neonatal Units (ATAIN)

This service is working to redcue term admissions to the neonatal unit, and below is the current performance.

Month	Live Births All Gestations	Term babies Inborn (>37/40)	Inborn admissions: (all gestations)	Inborn TERM admissions (>37/40) excl transfers	Term Admissions as % of Live Births	5% Local Ambition	6% National Target	Avoidable Admissions (Enter Below)	% Avoidable Admissions
Apr-23	331	309	32	9	2.7%	5.0%	6.0%	2	6.3%
May-23	391	362	30	11	2.8%	5.0%	6.0%	3	10.0%
Jun-23	381	333	38	15	3.9%	5.0%	6.0%	5	13.2%
Jul-23	404	366	46	15	3.7%	5.0%	6.0%	0	0.0%
Aug-23	397	370	34	13	3.3%	5.0%	6.0%	2	5.9%
Sep-23	384	351	27	13	3.4%	5.0%	6.0%	4	14.8%
Oct-23	390	361	25	9	2.3%	5.0%	6.0%	1	4.0%
Nov-23	387	355	26	10	2.6%	5.0%	6.0%	0	0.0%
Dec-23	387	348	53	12	3.1%	5.0%	6.0%	2	3.8%
Jan-24	391	356	32	15	3.8%	5.0%	6.0%	4	12.5%



There has seen a decline in the acceptance of ante natal steroids and an increase in the admission for respiratory issues. The service is undertaking work to look at the information supplied to families about the use of ante natal steroids and the potential link to delay in development. The Royal College of Obstetricians and Gynaecologist leaflet is currently used and work is ongoing with the MNVP to ensure that families understand the risk related to not having ante natal steroids if clinically recommended.

The maternity and neonatal service are working together to reduce admissions for hypothermia (low temperature) and hypoglycaemia (low blood sugar)

3. Findings of review of all cases eligible for referral MNSI

Executive summary

Table 1 MNSI cases

	Cases to date
Total referrals	27
Referrals / cases rejected	8
Total investigations to date	19
Total investigations completed	19
Current active cases	0
Exception reporting	0

3.1 Reports Received since last report

None.

3.2 Current investigations

No cases.

3.3 Maternity and Newborns Safety Investigations (MNSI) / NHS resolutions (NHSR) / Care quality Commission (CQC) or other investigation with a concern or request for action made directly to the Trust

None.

4. Serious Incident Investigations (Internal)

The report has been completed and been submitted to the ICB in January 2024.

Recomendations and Learning

- For all staff to be aware of the expectations of CTG classification and action upon computerised CTG when the analysis is not meeting criteria. To reduce the risk of ambiguity when classifying an antenatal CTG.

- The investigation team recommend staff consider and commence magnesium sulphate where there are ongoing concerns with fetal wellbeing by way of abnormal antenatal CTG monitoring of the preterm fetus in line with BAPM Antenatal Optimisation for Preterm Infants less than 34 weeks: A Quality Improvement Toolkit.
- Neonatal optimisation should not be to the detriment of the fetus. Where there are conflicting priorities a clear management plan should be documented within the medical notes and where there are ongoing concerns these should be re-escalated to the On Call Consultant, to prevent reoccurrence of this incident and a loss of situational awareness.

5. Training Compliance

Training figures as at 31st January 2024 are as below:

K2 E learning package and Cardiotocograph (CTG) Study Day

Table 2 - K2 & CTG figures

Staff Group	K2 CTG Compliance	Study Day Compliance
90% of Obstetric Consultants	**86.7% ↓**	**80% →**
90% of All other Obstetric Doctors including trainees	**100 % ↑**	**90% ↑**
90% of Midwives including Bank & NHSP	**83.3 % ↓**	**71.42% ↓**

Training figures for all substantive midwives are 93.1% (K2 CTG compliance) and 90.12% (study day compliance). The NHSP and agency midwives currently non-compliant with their training have been requested to complete this by 23rd February 2024, if they have not completed their training by the cut-off date they will be removed from the system and will not be able to work at DBTH any longer.

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

Table 3 - PROMPT figures

Staff Group	Prompt Compliance
90% of Obstetric Consultants	**100% →**
90% of All other Obstetric Doctors including trainees	**92.1% ↑**
90% of Midwives including NHSP & agency	**86.5 % ↑**
90% of Maternity Support Workers	**79.4% ↓**
90% of Obstetric Anaesthetic Consultants	**43.7% ↓**

An additional session has been arranged in February 2024 for the Obstetric Anaesthetists to increase compliance with training. The MSWs will be compliant by 20th February 2024.

Newborn Life Support (NLS) Training

Table 4 - NLS figures

Staff Group	NLS Compliance
90% of neonatal consultants or paediatric consultants covering neonatal units	**100 % →**
90% of neonatal junior doctors	**97% ↑**
90% of neonatal nurses (Band 5 7 above)	**97% ↓**
90% of advances neonatal practioners (ANNP's)	**100% →**
90% of Midwives	**91.8 % ↓**

6. Service User Feedback

Engagement with the maternity and neonatal voices partnership locally and regionally continues. Colleagues from DBTH attend the local, regional and national meetings related to the user voice. The MNVP are in process of planning a further 15 steps approach to the maternity service, and dates will be identified to undertake this work.

The CQC maternity Survey results will be published in February, and these will be shared in the next board report.

7. Coroner Prevention of Future deaths (Reg 28) made directly to Trust

None.

8. Progress in achievement of Clinical Negligence Scheme for Trusts (CNST) and Single delivery plan for maternity

Full compliance with the 10 safety actions on 25th January 2024 has been submitted.

It is expected that year 6 standards to be published in April 2024, and in the meantime wrok continues on the year 5 standards.

Progress against the single delivery plan is being monitored and there is a planned assurance visit by the local maternity and neonatal system (LMNS) on 29th February 2024.

Steady progress with the requirements within the maternity self-assessment tool continues

8.1 Board Level Safety Champion

The board level safety champion continues to be actively involved in the work plans in maternity. Karen Jessop (Board safety champion) undertook a clinical visit in the Ante-natal clinic and assessment unit at DRI on 31st January 2024.

Following the clinical visit there was a board safety champion meeting where the following was discussed:

- The poor state of the carpet in the ANC waiting area
- The lack of interoperability of IT systems
- Opportunity to improve the multiprofessional engagement with the diabetic QI project
- The poor behaviour displayed by some consultants to the admin staff

The following issues were closed:

- The potential implementation of fingerprint entry to the neonatal unit
- Assessing the IT hardware on the wards
- Worries about the skill mix and supporting newly qualified midwives

Progress with the following was discussed:

- CNST and the single delivery plan - all progressing
- The updates on the future platform
- The leadership and SCORE survey work is ongoing
- A new meeting structure is to commence in the Children's & Families Division
- No further board level support required at the moment

8.2 Culture, Leadership & SCORE survey

The two quadrumvirates met with the service's facilitator and after reviewing all the evidence from the SCORE survey, and the feedback from the staff working in the service have identified emotional thriving as a positive area to concentrate on. The service is now working closely with the organisational development department to formulate a plan to support this. This will include education and training, career development and pathways to support all staff members to grow and thrive in their roles.

9. Perinatal Surveillance dashboard

The perinatal surveillance dashboard has been included with all the data from Q4 there are no significant changes in January 2024.

10. Midwifery staffing

Midwifery staffing remains stable at present, the newly qualified midwives and 11 international midwives are supported by the pastoral team. The work related to emotional thriving will assist in supporting all members of the team to develop to their full potential and provide strategies for working in an emotionally challenging environment.

An open day is planned on Saturday 10th February 2024 for student midwives who qualify in 2024 to understand what DBTH can offer. The plan is to achieve full recruitment by October 2024.

The service continues to offer:

- Midwifery apprenticeships at Huddersfield University

- Postgraduate MSc Midwifery at the University of Sheffield
- Conversion course from nursing to midwifery

One to one care in labour remains stable, and for the month of January 2024 is:

Doncaster - 100 %
Bassetlaw - 100 %

On the live birthrate+® app midwives can record any red flag incidents. The data is inputted every four hours and the following episodes of red flags were recorded in January 2024:

Table 5 Doncaster BR+ © data

Red Flag	**Number of times**
Delayed or cancelled critical time activity	3
Management Actions taken	
Redeploy staff internally	15
Staff sourced from bank / agency	2
Unit on divert	3
Escalate to Manager on call	3

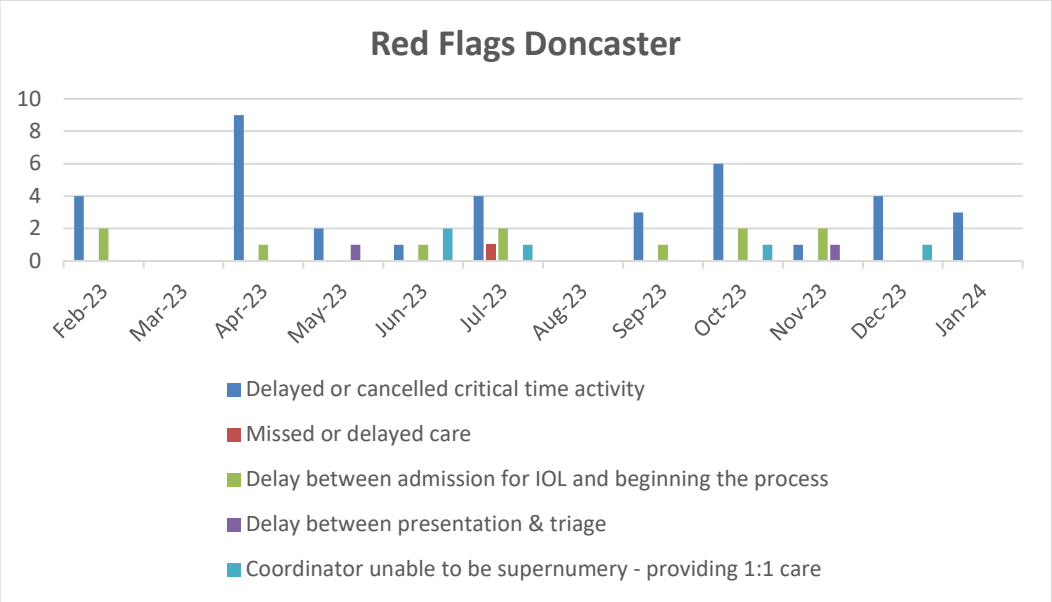
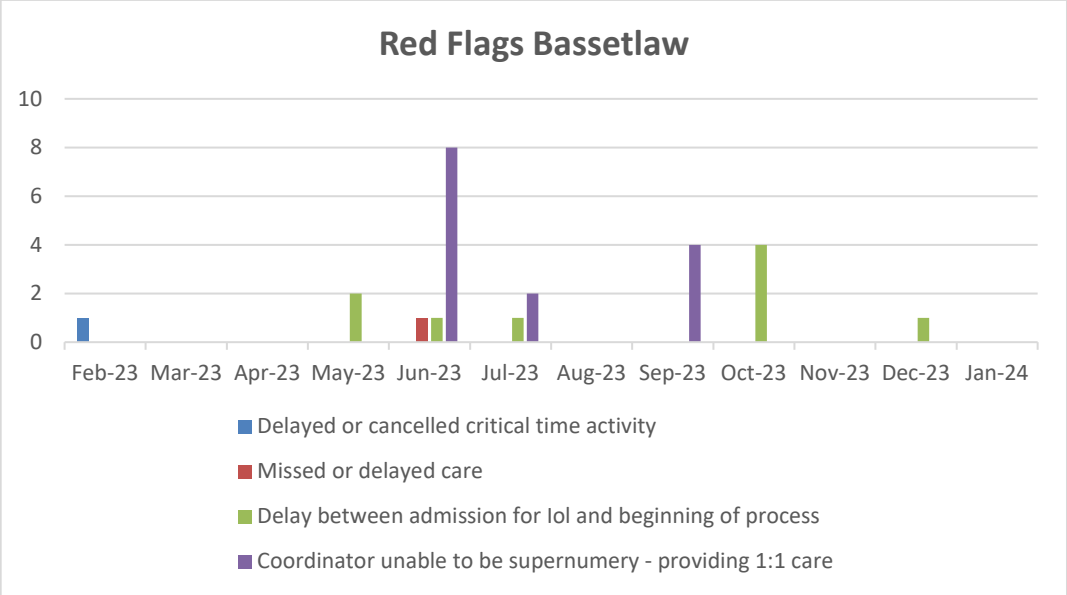


Table 10 Bassetlaw BR+ © data

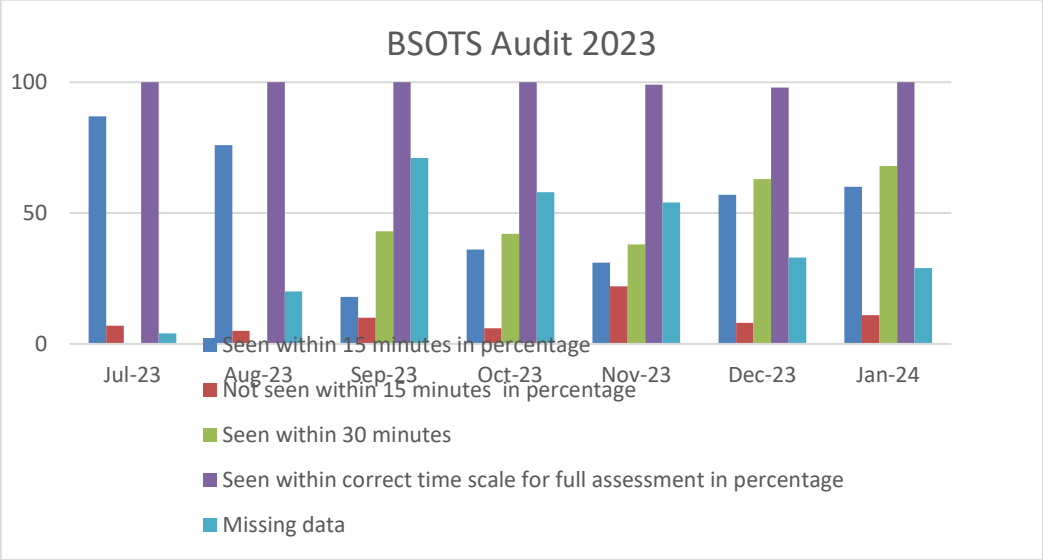
Red Flag	**Number of times**
None	
Management Actions taken	
Redeploy staff internally	6
Unit of divert	4



The Triage Service

Performance in triage against the 15 and 30 minutes standards to be seen continues to be closely monitored.

Below is the performance:



Triage performance has a target to be achieved by 31st March 2024 as:

- Less than 30% of missing data (month on month improvement)
- Achieve > 60% of women seen within 15 minutes of arrival
- Maintain > 60% seen within 30 minutes of arrival

This was achieved in January and the targets have been stretched as below:

- Less than 25% of missing data
- Achieve > 65% of women seen within 15 minutes of arrival
- Maintain > 70% seen within 30 minutes of arrival

Triage performance is improving each month, and the team are working hard to continue that improvement.

11. Medical Workforce

Medical staffing in obstetrics and neonates remains stable. The service is currently providing extra support for some medical staff in training, and this is not accounted for in the budget this has been raised at performance meetings for discussion.

Sickness in the medical team is being managed appropriately, and is covered by locum medical staff as required.

There has been no recorded incidents of consultant non-attendance in an emergency in this month.

12. Conclusion

This report contains the details of the Trust performance against local and nationally agreed measures to monitor maternity services, actions are in place to improve and monitor the quality and safety in maternity services. Full compliance with the ten safety actions required for CNST has been submitted. Progress against the single delivery plan and the maternity self-assessment tool is being monitored. The Trust Board of Directors are asked to consider the assurance provided in this report together with the perinatal surveillance dashboard.

PMRT - Perinatal Mortality Reviews Summary Report

This report has been generated following mortality reviews which were carried out using the national Perinatal Mortality Review Tool Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Report of perinatal mortality reviews completed for deaths which occurred in the Quarter 3 period:
1/10/2023 to 31/12/2023

1. Introduction

This is a quarterly report produced by the Children and Families Division and will be reported to the Perinatal Mortality and Morbidity Divisional Meeting, the Trust Mortality Governance Committee and the Trust Board. The report details the use of the National Perinatal Mortality Tool (PMRT) in the review of all:-

- Late Fetal losses 22+0 to 23+6
- All antepartum and intrapartum stillbirths from 24+0 onwards
- All neonatal deaths from 22+0 to 28 days after birth
- All post-neonatal deaths where the baby is born alive from 22+0 but dies after 28 days following care in a neonatal unit; the baby may be receiving planned palliative care elsewhere (including at home) when they die.

(Termination of pregnancies (TOP) for abnormality and babies with a birth weight under 500gms if gestation is not known at birth, are excluded.)

In accordance with the requirements of the Clinical Negligence Scheme for Trusts (CNST) – NHS Resolution, all stillbirths and Neonatal deaths eligible for review using the PMRT from 30th May 2023 up to and including 7th December 2023 will be part of Quarterly Reports submitted to the Trust board and will include details of all deaths reviewed and consequent action plans**.**

This report also documents whether the required standards within Safety Action standard 1 have been met. These standards have recently been revised and the requirements differ according to when the loss occurred.

The Maternity & Newborn Safety Investigations (MNSI – formally the Health Care Safety Investigation Branch (HSIB)) will also review cases where a specific criteria has been met following consent from the family. Where the review has been accepted by MNSI / HSIB this will be highlighted within the quarterly report.

Babies who meet HSIB criteria include all babies born at least 37 completed weeks of gestation, who have one of the following outcomes:

- **Intrapartum stillbirth**: where the baby was thought to be alive at the start of labour but was born with no signs of life.
- **Early neonatal death**: when the baby died within the first week of life (0-6) days of any cause.

The definition of labour used by HSIB is

- Any labour diagnosed by a health professional, including the latent phase of labour at less than 4cm cervical dilatation.

- When the mother called the maternity unit to report any concerns of being in labour, for example (but not limited to) abdominal pains, contractions, or suspected ruptured membranes (waters breaking).
- Induction of labour (when labour is started artificially).

This report focuses on births from 24+0 weeks' gestational age, with the exception of the chapter on mortality rates by gestational age, which includes information on births at 22+0 to 23+6 weeks' gestational age. This avoids the influence of the wide disparity in the classification of babies born before 24+0 weeks' gestational age as a neonatal death or a fetal loss. **All terminations of pregnancy have been excluded from the mortality rates reported.**

2. Trust Stillbirths And Late Fetal Losses From 22 Weeks Gestation

The latest MBRRACE Report for births 2020 gives a national stillbirth rate of 3.33 per 1000, a minimal decrease from the 3.35 figure for 2019 births. This figure is calculated from births at 24 weeks or over, and excluding terminations of pregnancy.

The Trust annual stillbirth rate for 2022 **from 24+0 weeks** of pregnancy and above across both sites is to 4.45 stillbirths per 1,000 births. In numerical values this was 20 stillbirths. During this same period from **22 weeks of pregnancy to full term** there were in addition to the 20 stillbirths there was 1 late fetal loss, and 6 terminations of pregnancy (TOP).

The annual statistic is recorded in each quarterly report to identify any rising trends in a timely manner, however this is the crude, and not adjusted and stabilised figure.

During the third quarter of 2023-2024, from 1st October 2023 to 31st December 2023 there have been **7** stillbirths of the 1,092 births across both sites. 709 births being at DRI and 383 Births being at BDGH.

There have been **0** late fetal losses between 22+0-23+6 weeks gestation during this quarter. During the same timescale, there have been **0** MTOP's.

This provides a trust adjusted stillbirth rate of **6.4 per 1000 births for this quarter 3**, from 24 weeks gestation; which is an increase from last quarter (quarter 2 2023-2024 adjusted stillbirth rate of 2.5 per 1000 births).

Combining the figures from Quarter 4 of 2022-2023 and quarters 1, 2 and 3 of 2023-2024 the rolling adjusted stillbirth rate is **3.1** per 1000 births. This equates to 14 stillbirths from 24 weeks of gestation (total births for this period is 4,487 for both sites). This rate excludes 1 late fetal loss between 22+0 and 23+6 weeks gestation. There were no MTOP (between 22+0 and 23+6 gestation) during the same time period.

3. NEONATAL DEATHS

The latest MBRRACE Report for births 2020 gives a national neonatal death rate of 1.5 deaths per 1,000, a reduced rate compared to the 2018 rate of 1.5 per 1000 the previous year. The rate is calculated for births over 24 weeks and includes deaths to 28 days.

Deaths that are included in the Trust rates are those of babies that were born and died within the trust. The Trust annual 2022 stabilised and adjusted rate for 2022 was 1.8 per 1000.

During the second quarter of 2023-2024, from 1st October 2023 to 31st December 2023 there have been 0 Neonatal and post-Neonatal deaths of the 1,092 births across both sites. 709 births being at DRI and 383 Births being at BDGH.

This provides the Trust with a stabilised and adjusted rate for this quarter 3 of 2023-2024 of 0 per 1,000.

Combining the figures from Quarters 4 of 2022-2023 and quarters 1, 2 and 3 of 2023-2024 (excluding the deaths under 22+0 and MTOP resulting in NND) the rolling adjusted neonatal and post-neonatal deaths rates of 5 equates to a rate of **1.1** per 1000 births from 24 weeks of gestation (total births for this period is 4,487 for both sites).

MBRRACE is informed of all neonatal deaths from 20 weeks gestation, only those above 22+0 weeks and weighing more than 500g meet the criteria for PMRT review however during this quarter the PMRT members felt the review of two babies that did not meet this criteria was for review, these are not including in the trusts annual or quarterly statistics. The Team felt that because the trust was in front of projected timescales (for those that met the criteria) that there was sufficient time to review these cases.

The following pages are regarding the details, themes and grading's of the cases discussed through PMRT

Summary of perinatal deaths*

Total perinatal* deaths reported to the MBRRACE-UK perinatal mortality surveillance in this period: 7

Summary of reviews**

Stillbirths and late fetal losses

Number of stillbirths and late fetal losses reported	Not supported for Review	Reviews in Progress	Reviews Completed ***	Grading of care: number of stillbirths and late fetal losses with issues with care likely to have made a difference to the outcome for the baby
7	0	5	2	0

Neonatal and post-neonatal deaths

Number of neonatal and post-neonatal death reported	Not supported for Review	Reviews in Progress	Reviews Completed ***	Grading of care: number of neonatal and post-neonatal deaths with issues with care likely to have made a difference to the outcome for the baby
0	0	0	0	0

*Late fetal losses, stillbirths and neonatal deaths (does not include post-neonatal deaths which are not eligible for MBRRACEUK surveillance) – these are the total deaths reported and may not be all deaths which occurred in the reporting period if notification to MBRRACE-UK is delayed. Deaths following termination of pregnancy are excluded.

** Post-neonatal deaths can also be reviewed using the PMRT

*** Reviews completed and have report published

**** Cases reviewed when clinically not supported for review

Case ID **(SB)**	Date	Gestation	Antenatal/ Intrapartum	Initial review findings	PMRT and investigation /review outcome
89873	11/10/2023	28+4	Antenatal	G2 P1 (Prev term LSCS in Pakistan) 33YO. BMI 27. Asian Pakistani. Very Limited English. PMH: Hypertension diagnosed 2021. Not medicated. IDM Decile: 5 Seen for routine 25/40 appt. Unable to locate FH, re referred for urgent scan – sadly IUFD confirmed. Birthweight 362g <1st centile Declined PM/PM MRI due to Muslim burial. Cytogenetics – Normal Histology: Low fetal/maternal placental weight ratio. Circummarginate placenta. Several groups of sclerotic villi are highly suggestive of fetal vasvular malperfusion, supported by the finding of hypercoiled cord. Some villi show stromal calcification. No evidence of chorioamnionitis, villitis or infarcts.	Care graded: A, B Review Outcome: ? Discussions taken place around the bloods not being reviewed prior to being discharged. Appointment not cancelled for FMU and due to language barrier patient attended
89937	17/10/23	41+2	Intrapartum	G2 P1 (Prev 36/40 EMCS in Pakistan) 30YO. BMI 36. Asian Pakistani. Good English. PMH: Migranes – well managed. IDM Decile: 8 Transferred care from Birmingham at 34/40. Low Hb. Ferinject infusion completed. Attended tightening and DFM. Sadly no FH identified. Naturally laboured. Birthweight 3288g - 20th centile. Declined referral to MNSI. Anti-E antibodies identified at delivery Declined PM/PM MRI due to Muslim Bural.	Care Graded: *To be presented& graded 09/2/24 * Review Outcome:

				Cytogenetics – still awaiting Histology fast-tracked. Villitis of unknown aetiology with secondary villous sclerosis identified. Meconium induced changes to the amnion and early maternal and detal responses to the infection are noted (both maternal and fetal inflammatory stage 1, grade 1)	
90231	04/11/23	24+6	Antenatal	G8 P3 (H/O Late miscarriage and pre-term birth –on centiles 6, 0, 1) Late booker (at 28/40) White British. 29YO. BMI 28. Smoker. IDM Decile: 1 LLP. Declined TVS, declined suture. Not on aspirin due to late booking. Attended hospital with PV bleed. Self-discharged. Readmitted the following day via 999. Fetal heartbeat bradycardic on admission and sadly when scanned IUFD confirmed. Birthweight 492g <1st centile. Declined ALL investigations (Bloods, PM, PM MRI, Histology and cytogenetics)	Care Graded: A, A Review Outcome: Nothing identifiable
90350	12/11/23	24+5	Antenatal	G2 P1 (Prev NBFD 7th centile). 28YO, White British. BMI 41 Non Smoker IDM Decile: 6 T21 and cardiac problems diagnosed prior to delivery Birthweight 562g on 4th centile Accepted PM MRI, placental histology and cytogenetics. Cytogenetics confirmed T21. Cause of death: Transient abnormal myelopoiesis, hydrops fetalis.	Care Graded: A, B Review Outcome: No obstetric review prior to postnatal discharge from hospital. Fed back to teams via governance.

90408	15/11/23	38+3	Antenatal	G3 P2 (Both NVD at term, centiles 2 and 8) 37YO. Asian: Indian. BMI 35 Non Smoker IDM Decile: 4 PMH: Diagnosed with gestational diabetes (on metformin), polyhydramnios, growth 50-90 centile. Attended with 2nd episode DFM. No FH located on admission. Covid positive upon swab on admission Birthweight 3260g on 69th centile Declined PM/PM MRI Accepted placental histology – findings: very small placenta <3rd percentile with very high fetoplacental weight ratio >97th percentile showing regressive changes, meconium-induced reactive change to the amnion, patchy villous ischaemia (agglutination) and villous stromal karyorrhexis (raises possibility of fetal vascular malperfusion). cytogenetics – Awaiting report.	Care Graded: Yet to be presented to PMRT Review Outcome:
90455	20/11/23	29+1	Antenatal	G2 P0 (prev 4/40 misc). 33YO. Black African. BMI 22. Ex Smoker. PMH: HIV positive (diagnosed at 8/40), Low papp-a. FGM type 1. GBS pos. Complex social factors IDM Decile: Not calculated due to social factors Several DNA appts. Seen CMW 28/40 reported no FM. Unable to auscultate, referred into unit where IUFD confirmed. Birthweight 1018g plotting 3rd centile. Full PM requested, histology and cytogenetics. Awaiting all results.	Care Graded: Yet to be presented to PMRT Review Outcome:

90921	18/12/23	31+4	Antenatal	G2 P1 (prev term EMCS –breech. 4th centile). 25YO. BMI 30.85. Smoker. PMH: Migranes, not medicated IDM decile: 1 FTA several appts. EFW <3rd centile. Referred to FMU. DNA'd apt, rearranged then not seen as arrived late. Attended for scheduled scan 2 days later and IUFD diagnosed. Birthweight 1134grams plotting 0 centile Accepted full PM, histology and cytogenetics. Awaiting results.	Care Graded: Yet to be presented to PMRT Review Outcome:

[redacted]

Case ID **(NND)**	Date	Gestation / age	Initial review findings care until the birth of the baby	Initial review findings of care of the baby	PMRT and investigation /review outcome
				No Neonatal Deaths to report this quarter	

Social, economic and deprivation data (SB)		Gestational age at birth						
		Unknown	**22-23**	**24-27**	**28-31**	**32-36**	**37+**	**Total**
Age	<18							
	19-25				1			1
	26-35			3	1		1	5
	36-45						1	1
	46+							
Smoking status	Never smoked			2			2	4
	Non-smoker stopped before conception				1			1
	Non-smoker stopped after conception							
	Smoker			1	1			2
Ethnicity	White			2	1			3
	Black				1			1
	Asian			1			2	3
	Chinese/other							
	Mixed							
IMDD	1-4			1	2		1	4
	5-7			2				2
	8-10						1	1
Employment	Employed			1	1		1	3
	Not employed						1	1
	Homemaker			2	1			3
	Sick							
Marital status	Married / Civil Partner			1			2	3
	Single			1	1			2
	Cohabiting			1	1			2

Learning or communication difficulties	Yes			2	1			3
	No			1	1		2	4

Social, economic and deprivation data (NND)		Gestational age at birth						
		Unknown	**22-23**	**24-27**	**28-31**	**32-36**	**37+**	**Total**
Age	<18							
	19-25							
	26-35							
	36-45							
	46+							
Smoking status	Never smoked							
	Non-smoker stopped before conception							
	Non-smoker stopped after conception							
	Smoker							
Ethnicity	White							
	Black							
	Asian							
	Chinese/other							
	Mixed							
IMDD	1-4							
	5-8							
	8-10							
Employment	Employed							
	Not employed							
	Homemaker							
	Sick							

	Not stated							
Marital status	Married							
	Single							
	Cohabiting							
Learning or communication difficulties	Yes							
	No							

Table 1: Summary information for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
Late Fetal Losses (<24 weeks)	0	0	--	--	--	--	0
Stillbirths total (24+ weeks)	0	0	2	0	0	0	2
Antepartum stillbirths	*0*	*0*	*2*	*0*	*0*	*0*	*2*
Intrapartum stillbirths	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Timing of stillbirth unknown	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Early neonatal deaths (1-7 days)*	0	0	0	0	0	0	0
Late neonatal deaths (8-28 days)*	0	0	0	0	0	0	0
Post-neonatal deaths (29 days +)*	0	0	0	0	0	0	0
Total deaths reviewed	0	0	2	0	0	0	2
Small for gestational age at birth:							
IUGR identified prenatally and management was appropriate	0	0	0	0	0	0	0
IUGR identified prenatally but not managed appropriately	0	0	0	0	0	0	0
IUGR not identified prenatally	0	0	0	0	0	0	0
Not Applicable	0	0	2	0	0	0	2
Mother gave birth in a setting appropriate to her and/or her baby's clinical needs:							
Yes	0	0	2	0	0	0	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Parental perspective of care sought and considered in the review process:							
Yes	0	0	2	0	0	0	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Booked for care in-house	0	0	0	0	0	0	0
Mother transferred before birth	0	0	0	0	0	0	0
Baby transferred after birth	0	0	0	0	0	0	0
Neonatal palliative care planned prenatally	0	0	0	0	0	0	0
Neonatal care re-orientated	0	0	0	0	0	0	0

*Neonatal deaths are defined as the death within the first 28 days of birth of a baby born alive at any gestational age; early neonatal deaths are those where death occurs when the baby is 1-7 days old and late neonatal death are those where the baby dies on days 8-28 after birth. Post-neonatal deaths are those deaths occurring from 28 days up to one year after birth

Table 2: Placental histology and post-mortems conducted for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
Late fetal losses and stillbirths							
Placental histology carried out							
Yes	0	0	2	0	0	0	2
No	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	2	0	0	0	2
Hospital post-mortem declined	0	0	1	0	0	0	1
Hospital post-mortem carried out:							
Full post-mortem	0	0	0	0	0	0	0
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive post-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	1	0	0	0	1
Neonatal and post-neonatal deaths:							
Placental histology carried out							
Yes	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0
Death discussed with the coroner/procurator fiscal	0	0	0	0	0	0	0
Coroner/procurator fiscal PM performed	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	0	0	0	0	0
Hospital post-mortem declined	0	0	0	0	0	0	0
Hospital post-mortem carried out:							
Full post-mortem	0	0	0	0	0	0	0
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive PMpost-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	1	0	0	0	1
All deaths:							
Post-mortem performed by paediatric/perinatal pathologist*							
Yes	0	0	1	0	0	0	1
No	0	0	0	0	0	0	0
Placental histology carried out by paediatric/perinatal pathologist*:							
Yes	0	0	2	0	0	0	2
No	0	0	0	0	0	0	0

*Includes coronial/procurator fiscal post-mortems

Table 3: Number of participants involved in the reviews of late fetal losses and stillbirths without resuscitation

Role	Total Review sessions	Reviews with at least one
Chair	2	50% (1)
Vice Chair	1	50% (1)
Admin/Clerical	3	100% (2)
Bereavement Team	6	100% (2)
Community Midwife	0	0%
External	5	100% (2)
Management Team	3	50% (1)
Midwife	14	100% (2)
Neonatal Nurse	1	50% (1)
Neonatologist	7	100% (2)
Obstetrician	11	100% (2)
Other	4	100% (2)
Risk Manager or Governance Team	12	100% (2)
Safety Champion	1	50% (1)

Table 4: Number of participants involved in the reviews of stillbirths with resuscitation and neonatal deaths *

Role	Total Review sessions	Reviews with at least one
Chair	0	0%
Vice Chair	0	0%
Admin/Clerical	0	0%
Bereavement Team	0	0%
Community Midwife	0	0%
External	0	0%
Management Team	0	0%
Midwife	0	0%
Neonatal Nurse	0	0%
Neonatologist	0	0%
Obstetrician	0	0%
Other	0	0%
Risk Manager or Governance Team	0	0%
Safety Champion	0	0%

*No reviews for relevant criteria during this quarter.

Table 5: Grading of care relating to the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
STILLBIRTHS & LATE FETAL LOSSES							
Grading of care of the mother and baby up to the point that the baby was confirmed as having died:							
A - The review group concluded that there were no issues with care identified up the point that the baby was confirmed as having died	0	0	2	0	0	0	2
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the mother following confirmation of the death of her baby:							
A - The review group concluded that there were no issues with care identified for the mother following confirmation of the death of her baby	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	2	0	0	0	2
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
NEONATAL AND POST-NEONATAL DEATHS							
Grading of care of the mother and baby up to the point of birth of the baby:							
A - The review group concluded that there were no issues with care identified up the point that the baby was born	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the baby from birth up to the death of the baby:							
A - The review group concluded that there were no issues with care identified from birth up the point that the baby died	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the mother following the death of her baby:							
A - The review group concluded that there were no issues with care identified for the mother following the death of her baby	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0

Table 6: Cause of death of the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Timing of death	Cause of death
Late fetal losses	**0 causes of death out of 0 reviews**
Stillbirths	**2 causes of death out of 2 reviews**
	The cause of death was undetermined
	Transient abnormal myelopoiesis (TAM) Hydrops fetalis
Neonatal deaths	**0 causes of death out of 0 reviews**
Post-neonatal deaths	**0 causes of death out of 0 reviews**

Table 7:Issues raised by the reviews identified as relevant to the deaths reviewed, by the number of deaths affected by each issue* and the actions planned

Issues raised which were identified as relevant to the deaths	Number of deaths	Actions planned

None – highlighted

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Table 8: Issues raised by the reviews which are of concern but not directly relevant to the deaths reviewed, by the number of deaths in which this issue was identified* and the actions planned

Issues raised which were identified as not relevant to the deaths	Number of deaths	Actions planned
Condition of baby at birth	1	Send communications out to all staff regarding documentation of condition of baby when born following IUFD to aid the clinical examination especially when baby is not being sent for post mortem examination
The baby had to be transferred elsewhere for the post-mortem	1	No action entered
This baby was small for gestational age at birth, but appropriate growth surveillance had not been carried out	1	No action entered
This mother did not have Kleihauer test despite it being requested	1	Bloods were taken and labelled. Discussion with labs why sample not processed. Are investigating (presumed IT error scanning in)
This mother had poor/no English and language line was used to interpret during her labour and birth	1	No action entered
This mother's progress in labour was monitored on a partogram but the partogram was only partially completed	1	No action entered

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Table 9: Top 5 contributory factors related to issues identified as relevant to the deaths reviewed, by the frequency of the contributory factor and the issues to which the contributory factors related

Issue Factor	Number of deaths	Issues raised for which these were the contributory factors

None – highlighted

NE&Y Regional Perinatal Quality Oversight Group Highlight Report

LMNS: South Yorkshire and Bassetlaw

Reporting period: January - March 2024 Q4

Overall System RAG:
(Please refer to key next slide)

MW to birth ratio : BR+ recommendation 1::28.25	Vacancy rate (MW)	LW co-ordinator supernumerary (%)
1:22.9	11%	

Maternity unit: DBTH – Doncaster

KPI (see slide 4)	Measurement / Target		Doncaster Rate Jan	Doncaster Rate Feb	Doncaster Rate Mar
Caesarean Section rate	Elective		20.4%		
	Emergency		34.4%		
Preterm birth rate	≤26+6 weeks	0	0		
	≤36+6 weeks	<6%	6.85%		
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	4.8%		
Term admissions to NICU		<6%	6%		
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	2.7%	2.32 %	
	Instrumental (assisted)	<6.05 %	6.3%		
Right place of birth		95%	100%		
Smoking at time of delivery		<11%	10.4%		
Percentage of women placed on CoC pathway		35%	0%	0%	0%
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0 %	0%	0%	0%
	Area of deprivation		0%	0%	0%	0%	

Month/Quarter		Red flag alert	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)	
2024/2025	Jan	22	90	0	0	0	0	2	1	0	0	0	0	0	0	0
	Feb															
	Mar															
	Q4															

Maternity Red Flags (NICE 2015)

		Jan	Feb	Mar
1	Delay in commencing/continuing IOL process	19		
2	Delay in elective work	0		
3	Unable to give 1-1 care in labour	0		
4	Missed/delayed care for > 60 minutes	3		
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: January - March 2024 Q4

Overall System RAG:
(Please refer to key next slide)

Maternity unit — DBTH – Bassetlaw

KPI (see slide 4)3.9%	Measurement / Target		Bassetlaw Rate					
			Jan		Feb		Mar	
Caesarean Section rate	Elective		18%					
	Emergency		33.1%					
Preterm birth rate	≤26+6 weeks	0	0					
	≤36+6 weeks	**<6%**	9.67%					
Massive Obstetric Haemorrhage	**≥1.5l**	<2.9%	6.4%					
Term admissions to NICU		<6%	0.89%					
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	0	1.53 %				
	Instrumental (assisted)	<6.06 %	5.9%					
Right place of birth		95%	100%					
Smoking at time of delivery		<11%	8.1%					
Percentage of women placed on CoC pathway		35%	0		0		0	
Percentage of women on CoC pathway: BAME / areas of deprivation	**BAME**	75%	0	0	0	0	0	0
	Area of deprivation		0		0		0	

Month/Quarter		Red flag alert	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 / Late)		Notification to ENS	Maternal Mortality (direct / indirect)	
2024/2025	Jan	3	**33**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Feb															
	Mar															
	Q4															

Maternity Red Flags (NICE 2015)

		Jan	Feb	Mar
1	Delay in commencing/continuing IOL process	3		
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

		Jan	Feb	March
1	Perinatal review tool			
2	MSDS			
3	ATAIN			
4	Medical Workforce			
5	Midwifery Workforce			
6	SBLCB V3			
7	Patient Feedback			
8	Multi-professional training			
9	Safety Champions			
10	Early notification scheme (HSIB)			

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 V3 Compliance

Element		January			February		March	
		self assessment	LMNS	CNST 50% self assessment	Current Position	Full compliance prediction	Current Position	Full compliance prediction
1	Reducing smoking	80%	70%					
2	Fetal Growth Restriction	85%	80%					
3	Reduced Fetal Movements	50%	50%					
4	Fetal monitoring during labour	80%	80%					
5	Reducing pre-term birth	74%	67%					
6	Diabetes	67%	50%					

Assessment against Ockenden Immediate and Essential Action (IEA)

	Jan		Feb	March	
Audit of consultant led labour ward rounds twice daily					
Audit of Named Consultant lead for complex pregnancies					
Audit of risk assessment at each antenatal visit					
Lead CTG Midwife and Obstetrician in post					
Non Exec and Exec Director identified for Perinatal Safety					
Multidisciplinary training – PrOMPT, CTG, Obstetric Emergencies (80% of Staff)	PROMPT	CTG			
Plan in place to meet birth rate plus standard (please include target date for compliance)					
Flowing accurate data to MSDS					
Maternity SIs shared with trust Board					

Maternity unit	January	February	March
Freedom to speak up / Whistle blowing themes	None		
Themes from Datix (to include top 5 reported incidents/ frequently occurring)	Weight unexpectedly below the 10th centile PPH Unexpected admission to NNU 3rd and 4th degree tears BBA		
Themes from Maternity Serious Incidents (Sis)	0 declared in January 2 ongoing investigations		
Themes arising from Perinatal Mortality Review Tool	January meeting Graded 3 cases 1. C and A 2. A and A 3. C and B Diabetic care, SGA/FGR, aspirin use		
Themes / main areas from complaints	Care delivery Communications regarding management plans and treatment options		
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience	MNVP attended Governance meeting and shared information around the co-production work that has been ongoing Working with governance team Coproducing work with steroid leaflet		
Evidence of co-production	Guideline production Governance meetings Patient leaflets Patient booklets for ward areas		
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Face to face staff engagement meetings on CDS Meetings with staff listening to suggestions for improvement within the service Live SIMS ongoing Debrief being conducted with staff following incidents		
Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	WHATS HOT and safety brief Ward briefs and emails Face to face discussions with staff Closing the loop proformas LMNS meetings		

NHS England and NHS Improvement

KPIs: Targets & Thresholds

Ref	KPI	Measurement	Target	Green Range	Amber Range	Red Range	Source
S1	**Caesarean section rate** (Caesarean section targets are based on England HES data for 2019/20)	% Caesarean sections: elective & emergency	29% EL 13% EM 17%	<30% <13.2% <17%	NA	> 33% > 15% > 19%	Trust / MSDSv2
S2	**Preterm birth rate** (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	**Massive obstetric haemorrhage** (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	**Term admissions to NICU** ((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	**3rd & 4th degree tear** (3rd/ 4th 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)	% 3rd & 4th degree tear: NMPA SVD & Instrumental 3rd & 4th 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	**Right Place of Birth** (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	**Smoking at time of delivery**	% women smoking at time of delivery	6%	<11%		>11%	Trust / MSDSv2
S8	**Percentage of women placed on Continuity of Carer pathway** 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	**Percentage of BAME women or from areas of deprivation placed on Continuity of Carer pathway** (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 / Definitions for use with maternity papers

AN - Antenatal (before birth)

ATAIN - Avoiding term admissions to neonatal unit (Term 37-42 weeks)

BAPM - British Association of Perinatal Medicine (neonatal)

BR+® - Birthrate plus (workforce tool to calculate the number of midwives required to look after a cohort of women)

Cephalic - Head down

CNST - Clinical Negligence Scheme for Trusts

CTG - Cardiotocography (fetal monitor)

CQC - Care Quality Commission (Our regulator)

Cooling - baby actively cooled lowering the body temperature

DoM - Director of Midwifery

EFW - Estimated fetal weight

FTSU - Freedom to speak up

G - Gravis (total number of pregnancies including miscarriages)

GIRFT - Getting it right first time (Benchmarking data)

HSIB - Health Service Investigation bureau

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

IUD - intrauterine death (in the uterus)

LMNS - Local maternity and neonatal system (the fours trusts in south Yorkshire)

MNVP - Maternity and neonatal voices partnership (our service users)

MSDS - Maternity dataset

NED - Non-executive director

NICU - neonatal intensive care unit

NMPA - National maternity and perinatal Audit (provide stats & benchmarking)

OCR - Obstetric case review (learning meeting for interesting cases)

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

PFDR - Prevention of future deaths

PMRT - Perinatal Mortality Review Tool (system used assess care given)

PPH - Postpartum haemorrhage (after birth)

PROMPT - Practical Obstetric Multi-professional training (skill based training)

QI - Quality Improvement

RDS - respiratory distress syndrome (breathing problems)

Red Flag - Indicator that the system is under pressure (quality indicator)

RIP - rest in peace

SVD - Spontaneous vaginal delivery

SBLCBV2 - Saving babies Lives care bundle (bundle of care to reduce poor outcomes)

MCoC - Midwifery continuity of Care (6-8 midwives working in a team to provide care)

Other information

Term is 37-42 weeks long

Viability is 24 weeks (in law) - gestation a pregnancy is considered to be viable

Resuscitation of an infant can be considered from 22 weeks (parent will be counselled about the possible outcomes)

3rd / 4th degree tear - significant tearing of perineum / muscles during birth requiring repair in theatre

2402 - C TRUE NORTH SA4 - FINANCE AND PERFORMANCE

2402 - C1 CHAIR'S ASSURANCE LOG - FINANCE & PERFORMANCE COMMITTEE

Discussion Item | Mark Day, Non-executive Director | 13:50

PAPER TO FOLLOW
5 minutes

2402 - C2 FINANCE UPDATE

Discussion Item | Jon Sargeant, Chief Financial Officer | 13:55

10 minutes

REFERENCES

Only PDFs are attached

C2 - Financial Position Month 10.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	27 February 2024	**Agenda Reference:**	**C2**
Report Title:	**Finance Update (Month 10)**		
Sponsor:	Jon Sargeant – Chief Financial Officer		
Author:	Alex Crickmar – Deputy Director of Finance Finance Team		
Appendices:	None		

Executive Summary	
Purpose of report:	To set out to the Board an update with regards to the Trust's financial position at Month 10.
Summary of key issues:	The Trust's reported deficit month 10 (January 2024) was £0.2m, which was £0.2m favourable to plan and £0.2m favourable to forecast. Year to Date (YTD) the Trust's reported deficit at month 10 was £24.2m, which was £1.0m favourable to plan and £0.7m favourable to forecast. Elective Recovery Fund (ERF) Performance was £880k behind plan YTD at month 10, with activity significantly below the target in month, driven my the impact of strikes and winter. This was offset in month by confirmation of income from the ICB for a number of items including drugs and devices activity above plan. Pay spend is adverse to plan by c.£4.2m YTD, £0.8m of the YTD adverse variance is recharges which is offset with income, meaning the underlying pay position is £3.4m adverse to plan YTD. Within this are strike costs of £2.1m, which are offset by a £1.0m favourable variance on admin staff (due to vacancies). Excluding recharges, pay spend is £3.4m adverse to forecast YTD. Winter costs have been £0.4m YTD above run rate. Non-pay spend is £0.6m favourable to plan YTD. Key areas of overspend includes drug expenditure (£3.1m), continued overspends related to the phasing of the independent sector usage (£0.3m) and Medical and Surgical equipment (£2.2m). Excluding reserves and recharges, non-pay spend is £0.6m adverse to forecast YTD. £1.2m of this relates to non-PbR drugs which are offset with income. The Trust is forecasting a year end deficit of £25.3m which is £1.5m ahead of financial plan and forecast. **Capital** Capital spend in month 10 was £6.4m against a plan of £7.5m giving an in-month under-performance of £1.1m. The YTD position is £34.6m against a plan of £40.7m showing an under-performance of £6.1m. The main underspends are against Community Diagnostic Centre (CDC) of £1.6m and Bassetlaw Emergency Village (BEV) of £2.4m. A revised plan for both CDC and BEV shows current spend is in line with year-end expectations. The Trust is forecasting to deliver its year end capital plan. **Cash** The cash balance at the end of January was £12.4m (December: £12.7m), meaning cash has decreased by £0.3m in the month. This is as a result of the Trust spending £7.7m on capital projects, which is somewhat offset by the Trust receiving £12m in PDC cash, as per the cash modelling submission previously agreed. The rest of the decrease in cash is due to the improvement in paying suppliers, in order to maintain supplier relationships.

	The cash position is slightly behind the target cash position submitted to NHSE (£13.7m). As a result of the underlying cash profile continuing to carrying a significant degree of risk, the Trust has requested an additional £4m of PDC cash support in March 2024 to ensure suppliers continue to be paid on time. For the month of January, the Better Payment Practice Code (BPPC) has improved slightly to 84% for invoice value (December: 76%) Year to date, for invoice value the metric is 79% (December: 77%). **CIPs (Cost Improvement Programme)** In month, the Trust has delivered £0.8m of savings versus the plan submitted to NHSE of £2.6m and therefore is £1.8m adverse to plan. YTD the Trust has delivered £15.3m of savings versus the plan submitted to NHSE of £17.0m and is therefore adverse to plan by £1.7m.
Recommendation:	The Board is asked to note: • The Trust's deficit YTD at month 10 (January 2024) was £24.2m, which was £1.0m favourable to plan and £0.7m favourable to forecast. • The Trust is forecasting a year end deficit of £25.3m which is £1.5m ahead of financial plan and forecast.

Action Require:	~~Approval~~	**Information**	**Discussion**	~~Assurance~~	~~Review~~

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	***The Trust is in recurrent surplus to invest in improving patient care***

Implications	
Board assurance framework:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.
Corporate risk register:	See above
Regulation:	No issues
Legal:	No issues
Resources:	No issues

Assurance Route			
Previously considered by:	N/A		
Date:		**Decision:**	
Next Steps:			
Previously circulated reports to supplement this paper:			

FINANCIAL PERFORMANCE

Month 10 – January 2023

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

M10 January 2024

1. Income and Expenditure vs. Budget

Performance Indicator	Monthly Performance					YTD Performance				
	Actual £'000	Variance to budget £'000		Variance to forecast £'000		Actual £'000	Variance to budget £'000		Variance to forecast £'000	
Income	(48,999)	(2,862)	F	(2,127)	F	(456,082)	(5,232)	F	(4,201)	F
Pay	32,404	3,083	A	2,377	A	308,360	4,247	A	4,312	A
Non Pay	15,944	(672)	F	(479)	F	165,920	(541)	F	(785)	F
Financing Costs	629	46	A	(182)	F	6,185	355	A	(231)	F
(Profit)/Loss on Asset Disposals	0	0	A	0	A	0	0	A	0	A
(Surplus)/Deficit for the period	**(22)**	**(405)**	**F**	**(412)**	**F**	**24,384**	**(1,172)**	**F**	**(905)**	**F**
Adj. for donated assets	187	221	A	228	A	(184)	158	A	228	A
Adjusted (Surplus)/Deficit for the purposes of system achievement	**165**	**(184)**	**F**	**(184)**	**F**	**24,200**	**(1,014)**	**F**	**(677)**	**F**

Income: Over-achieved F | Under-achieved A

Key — **F** = Favourable **A** = Adverse

Expenditure: Underspent F | Overspent A

2. CIPs

Performance Indicator	Monthly Performance			YTD Performance			Annual Plan £'000
	Plan £'000	Actual £'000		Plan £'000	Actual £'000		
Local / Unidentified	952	318	A	7,066	9,912	F	9,130
Cross Cutting - Pay - Job Plans / Agency	867	272	A	4,767	3,429	A	6,500
Cross Cutting - Elective - Theatres/OP/Diagnostics/LOS	365	25	A	2,568	474	A	3,250
Cross Cutting - Procurement	79	29	A	559	272	A	720
Cross Cutting - Major Contracts	135	151	F	845	901	F	1,000
Cross Cutting - RPA	56	0	A	389	0	A	500
Cross Cutting - Corp Pay/Benefits from PLACE	125	8	A	750	280	A	1,000
Total CIP	**2,578**	**803**	**A**	**16,944**	**15,268**	**A**	**22,100**

3. Statement of Financial Position

	Opening balance £'000	Closing balance £'000	Movement £'000
Non Current Assets	**295,075**	**316,176**	**21,101**
Current Assets	79,601	**54,086**	**-25,515**
Current Liabilities	-112,917	**90,601**	**203,518**
Non Current liabilities	-16,014	**15,367**	**31,381**
Total Assets Employed	**245,745**	**476,230**	**230,485**
Total Tax Payers Equity	**-245,745**	**-476,230**	**-230,485**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	
Cash Balance		12,406		12,406	1,900
Capital Expenditure	7,480	6,421	40,667	34,612	65,051

5. Workforce

	Funded WTE	Substantive WTE	Bank WTE	Agency WTE	Total worked WTE
Current Month	6,881.41	6,169.52	397.88	117.79	6,685.19
Previous Month	6,872.66	6,194.80	344.01	128.11	6,666.92
Movement	8.75	-25.28	53.87	-10.32	18.27

1. Month 10 Financial Position Highlights

Income and Expenditure

The Trust's reported deficit month 10 (January 2024) was £0.2m, which was £0.2m favourable to plan and £0.2m favourable to forecast. Year to Date (YTD) the Trust's reported deficit at month 10 was £24.2m, which was £1.0m favourable to plan and £0.7m favourable to forecast.

Elective Recovery Fund (ERF) Performance was £880k behind plan YTD at month 10, with activity significantly below the target in month, driven my the impact of strikes and winter. This was offset in month by confirmation of income from the ICB for a number of items including drugs and devices activity above plan.

Pay spend is adverse to plan by c.£4.2m YTD, £0.8m of the YTD adverse variance is recharges which is offset with income, meaning the underlying pay position is £3.4m adverse to plan YTD. Within this are strike costs of £2.1m, which are offset by a £1.0m favourable variance on admin staff (due to vacancies). Excluding recharges, pay spend is £3.4m adverse to forecast YTD. Winter costs have been £0.4m YTD above run rate.

Non-pay spend is £0.6m favourable to plan YTD. Key areas of overspend includes drug expenditure (£3.1m), continued overspends related to the phasing of the independent sector usage (£0.3m) and Medical and Surgical equipment (£2.2m). Excluding reserves and recharges, non-pay spend is £0.6m adverse to forecast YTD. £1.2m of this relates to non-PbR drugs which are offset with income.

The Trust is forecasting a year end deficit of £25.3m which is £1.5m ahead of financial plan and forecast.

Capital

Capital spend in month 10 was £6.4m against a plan of £7.5m giving an in-month under-performance of £1.1m. The YTD position is £34.6m against a plan of £40.7m showing an under-performance of £6.1m. The main underspends are against Community Diagnostic Centre (CDC) of £1.6m and Bassetlaw Emergency Village (BEV) of £2.4m. A revised plan for both CDC and BEV shows current spend is in line with year-end expectations. The Trust is forecasting to deliver its year end capital plan.

Cash

The cash balance at the end of January was £12.4m (December: £12.7m), meaning cash has decreased by £0.3m in the month. This is as a result of the Trust spending £7.7m on capital projects, which is somewhat offset by the Trust receiving £12m in PDC cash, as per the cash modelling submission previously agreed. The rest of the decrease in cash is due to the improvement in paying suppliers, in order to maintain supplier relationships.

The cash position is slightly behind the target cash position submitted to NHSE (£13.7m). As a result of the underlying cash profile continuing to carrying a significant degree of risk, the Trust has requested an additional £4m of PDC cash support in March 2024 to ensure suppliers continue to be paid on time.

For the month of January, the Better Payment Practice Code (BPPC) has improved slightly to 84% for invoice value (December: 76%) Year to date, for invoice value the metric is 79% (December: 77%).

CIPs (Cost Improvement Programme)

In month, the Trust has delivered £0.8m of savings versus the plan submitted to NHSE of £2.6m and therefore is £1.8m adverse to plan. YTD the Trust has delivered £15.3m of savings versus the plan submitted to NHSE of £17.0m and is therefore adverse to plan by £1.7m.

2. Recommendation

The Board is asked to note:

- The Trust's deficit YTD at month 10 (January 2024) was £24.2m, which was £1.0m favourable to plan and £0.7m favourable to forecast.
- The Trust is forecasting a year end deficit of £25.3m which is £1.5m ahead of financial plan and forecast.

2402 - D OTHER ITEMS

2402 - D1 - ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIR PRIOR TO THE MEETING)

Discussion Item | Suzy Brain England OBE, Chair | 14:05

5 minutes

2402 - E2 GOVERNOR QUESTIONS REGARDING THE BUSINESS OF THE MEETING *

Discussion Item | Suzy Brain England OBE, Chair | 14:10

10 minutes

2402 - D3 MINUTES OF THE MEETING HELD ON 30 JANUARY 2024

Decision Item | Suzy Brain England OBE, Chair | 14:20

5 minutes

REFERENCES

Only PDFs are attached

D3 -Public Board Minutes 30 January 2024 DRAFT.pdf

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 30 January 2024 at 09:30 via MS Teams

Present:	Mark Bailey - Non-executive Director Suzy Brain England OBE - Chair of the Board (Chair) Jo Gander - Non-executive Director Karen Jessop - Chief Nurse Dr Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive Zoe Lintin - Chief People Officer Dr Nick Mallaband - Acting Executive Medical Director Richard Parker OBE - Chief Executive Jon Sargeant - Chief Financial Officer Kath Smart - Non-executive Director / Deputy Chair Denise Smith - Chief Operating Officer
In attendance:	Professor Sam Debbage - Director of Education & Research (agenda item F1) Fiona Dunn - Director of Corporate Affairs / Company Secretary Jane Fearnside - Head of Research (agenda item F1) Andrew Foulds - Digital Practitioner (agenda item B1) Paula Hill - Freedom to Speak Up Guardian (agenda item D3) Dan Howard - Chief Information Officer (agenda item B1) Lois Mellor - Director of Midwifery Mark Luscombe - Clinical Project Lead (agenda item B1) Angela O'Mara - Deputy Company Secretary (minutes) Emma Shaheen - Director of Communications & Engagement
Public in attendance:	Denise Carr - Public Governor Gina Holmes - Staff Side Chair Annette Johnson - Public Governor Lynne Logan - Public Governor Andrew Middleton - Public Governor Dave Northwood - Public Governor Lynne Schuller - Public Governor (Lead Governor) Clive Smith - Public Governor Sheila Walsh - Public Governor
Apologies:	Hazel Brand - Non-executive Director Mark Day - Non-executive Director Lucy Nickson - Non-executive Director

P24/01/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. The above apologies for absence were noted and no declarations were made.

P24/01/A2 **Actions from Previous Meetings**

There were no active actions.

P24/01/B1 **IntelliSpace Critical Care and Anaesthesia Digital Solution (Enclosure B1)**

The Chair of the Board welcomed the Chief Information Officer, Clinical Project Lead and Digital Practitioner to the meeting. The Chief Information Officer offered a brief introduction, recognising the benefits of digital system solutions before handing over to the Clinical Project Lead to expand on the specifics of this project.

The key drivers for change were highlighted by the Clinical Project Lead, which included a need for modern digital solutions within the department to improve the collection of observations, releasing clinician time and future proofing the department to assist with retention and recruitment of colleagues. Incorporating both an electronic patient record and prescribing and medicines administration, the digital solution allowed remote access to patient data to support advice and decision making when on call. The support of the pharmacy team was recognised in capturing medication on the system to streamline prescribing.

The benefits of a data source to support and inform a range of activities, including audit, quality improvement and research activity was noted. Following the "go live" date in late October 2023 further enhancements to include imprivata one sign, decision support, system interface and a wider roll out across the organisation were being explored.

Non-executive Director, Emyr Jones acknowledged the benefits to patients and colleagues and enquired how the positive impact could be demonstrated. As Project and Clinical Governance Lead, Mark Luscombe confirmed that the introduction of on-screen alerts relating to allergy/drug interaction would support decision making, with an expectation that the number of incidents reported would reduce. Whilst difficult to measure, the release of clinician and nurse time in not collecting and recording observations should not be underestimated. Over time the data would reflect the impact of change.

In response to a question from Non-executive Director, Mark Bailey, the Project Lead highlighted the internal impetus to improve service provision and future recruitment opportunities and the potential to support improvements across the organisation. Having recently visited the Critical Care department, the Chief Executive shared the enthusiasm of colleagues and an appreciation of the system and associated benefits which supported the implementation process. The system provided added value and captured evidence in a consistent, accurate and time efficient manner. In relation to Emyr Jones' earlier question, such data was then auditable and would be a valuable evidence base to assist in analysing and auditing interventions and the impact on outcomes.

The Board:

- ***Noted the IntelliSpace Critical Care and Anaesthesia Digital Solution presentation***

P24/01/C1 **Executive Medical Director Update (Enclosure C1)**

The Acting Executive Medical Director brought the Board's attention to the key highlights from the programmes of work within his portfolio; and since writing confirmed the number of signed off job plans had increased to 59%.

Work continued as part of the national Getting It Right First Time (GIRFT) "Further Faster" Programme, to deliver clinical transformation and reduce the number of 52-week waits. A post-Christmas reduction in the utilisation of virtual wards was under review, to understand the change.

A series of actions to support an improvement in the completion rate of Structured Judgment Reviews were in place, including a train the trainer programme to increase capacity.

Non-executive Director, Kath Smart recognised the progress made in signing off job plans and offered her support of the work to manage high levels of programmed activities. With regards to support of the GIRFT programme, the Acting Executive Medical Director recognised the importance of a shared understanding of the benefits of consistent standards and welcomed the opportunity to share learning. The Chief Executive confirmed the focus of the programme was to achieve best practice standards, rather than a performance management tool, ensuring the quality of care and outcomes were maximised. To achieve best practice there was a need to create the right environment and remove any constraints. In the case of Mexborough Elective Orthopaedic Centre, whilst the facility was purpose built, there was a need to ensure the service was efficient and effective to recover the waiting list, removing constraints, with the support of the clinicians.

In response to a question from Non-executive Director, Kath Smart, the Acting Executive Medical Director confirmed his expectation that all families would be spoken to in the event of a concern and during end of life.

Mark Bailey, Non-executive Director recognised the progress made and welcomed the leadership development offer for clinical leaders, which included a future session on the DBTH Way and development opportunities for Divisional and Clinical Directors.

The Board:

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

P24/01/C2 **Chief Nurse Update (Enclosure C2)**

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

As of 1 December 2023, the Trust had transitioned to the Patient Safety Incident Response Framework (PSIRF), new methodologies had been embedded and good divisional engagement was confirmed.

A twelve month pilot would see a change in the provider of the Trust's Friends and Family Test to "Iwantgreatcare", the option to provide feedback via text message was hoped to increase the overall response rate.

In response to a question from Non-executive Director, Kath Smart, regarding the identification of sepsis, the Chief Nurse highlighted the ongoing campaign to educate, maintain awareness and embed learning in the identification of sepsis and resultant action. Following the Government's commitment to introduce Martha's rule last year, confirmation of a national approach was awaited.

Jo Gander, Non-executive Director, acknowledged the work to transition to PSIRF, in terms of understanding the impact on practice, the Chief Nurse noted the resultant changes in governance arrangements and the shared learning from early adopters.
Non-executive Director, Emyr Jones confirmed the role of the Board's Quality & Effectiveness Committee in receiving oversight and assurance and welcomed the change in approach and resultant impact on the quality of care and patient safety.

In response to a question from the Chair of the Board, the Chief Nurse confirmed the Trust would continue to use Datix, however, the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) would be replaced by the Learn from Patient Safety Events (LFPSE) service.

The Board:

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

P24/01/C3 **Maternity & Neonatal Update (Enclosure C3)**

The report provided an overview of the progress made against the national standards within maternity and neonatal services. The Director of Midwifery brought the Board's attention to the key highlights and reported the ongoing audit of stillbirths and work towards securing compliance of the British Association of Perinatal Medicine standards.

The Year 5 Clinical Negligence Scheme for Trust's submission had declared compliance with all ten safety actions, Year 6 requirements were expected in May 2024, no significant change was expected.

A programme of work on leadership and culture was in train, with a focus on emotional thriving and career development, the Director of Midwifery and Chief People Officer worked closely on this to ensure the various strands of work across the Trust were well connected.

In response to a question from Non-executive Director, Kath Smart, regarding the recent Maternity and Newborn Safety Investigations (MNSI) safety recommendation where a fetal heart rate could not be confirmed, the Director of Midwifery confirmed that all cases would be captured via Datix and where appropriate a thematic review undertaken.

Learning was shared across the service, through governance newsletters, and followed up in meetings.

The Board:

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

P24/01/D1 **Chair's Assurance Log – People Committee (Enclosure D1)**

Non-executive Director, Mark Bailey shared the key highlights from the People Committee's Chair's Assurance log, including positive assurance on delivery of the People Strategy, ongoing major programmes of work, matters of concern and decisions taken.

Where full assurance could not be gained, supporting commentary and plans of action were shared. Improvements in the time to recruit had been seen with further change dependent upon a change to the service model, with a centralised recruitment team. Non-executive Director, Kath Smart recognised the potential for broader qualitative benefits identified in previous audit work, however, as investment was required this was an aspirational service change.

The successful recruitment to the nursing workforce was recognised, however, the impact on skill mix and the reliance on existing colleagues and wider support was highlighted, particularly where high vacancy rates existed.

The Board

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

P24/01/D2 **People Update (Enclosure D2)**

The Chief People Officer provided an overview of work to improve colleague experience, and engagement and updated on delivery against the People Strategy, including a robust approach to succession planning and talent management.

Plans to support the publication of 2023 staff survey results were underway, with national data expected to be available in late February/March; as in previous years, engagement and action planning sessions would take place.

As 2024/25 planning guidance had not yet been received the Chief Executive confirmed that key decisions would only be taken when the requirements and resource were known. The year ahead was expected to be challenging, with an impending general election, finite finances and workforce and there was an expectation that a change to service models and collaborative working would be required. The Deputy Chief Executive confirmed that board development sessions to explore strategic priorities and difficult decisions would be arranged.

The Board:

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

P24/01/D3 **Freedom to Speak Up Bi-annual Report & Speaking Up Strategy (Enclosure D3)**

The Chair of the Board welcomed the Freedom to Speak Up (FTSU) Guardian to the meeting, to provide an update on Speaking Up activity in year and to seek approval of the 2024/28 Speaking Up Strategy.

The FTSU Guardian confirmed that Speaking Up remained in the spotlight at a local and national level. The Strategy had been considered by the Board's People Committee and supported a partnership approach extending across the wider team, beyond the FTSU Guardian and Champions, with appropriate support to ensure consistency and an understanding of the barriers to Speaking Up and how best to address these. The importance of restorative support, alongside investigation was reinforced. Themes and trends would be identified across all Speaking Up activity.

The Chief People Officer recognised the holistic approach to Speaking Up, with the opportunity to raise matters through a broad range of colleagues, including Professional Nurse/Maternity Advocates, Staffside and HR Business Partners.

The Chief Executive recognised the change over time in Speaking Up activity, both volume and source and welcomed the range of forums in which colleagues could be heard. The importance of triangulating feedback with other sources, including the wealth of information in the staff survey feedback was noted.

In response to a question from Non-executive Director, Kath Smart regarding identified themes, the FTSU Guardian confirmed a change in line with the national picture had been seen, from predominantly patient safety matters to colleague experience.

The Board:

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

P24/01/E1 **Chair's Assurance Log – Finance & Performance Committee (Enclosure E1)**

As Deputy Chair of the Committee Non-executive Director, Kath Smart shared the key highlights from the Finance & Performance Committee's Chair's Assurance log, including positive assurance, ongoing major programmes of work, areas of concern and decisions taken.

The Board:

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

P24/01/E2 **Finance Update (Enclosure E2)**

The Chief Financial Officer reported a month nine deficit of £0.5m, £0.4m favourable to plan. Year to date the Trust's deficit was £24.8m, which was £0.8m favourable to plan and £0.5m favourable to forecast.

Capital expenditure in month nine was £5.6m against a plan of £3.9m, the year-to-date position was £28.2m against a plan of £33.2m.

The cash balance at the end of December was £12.7m.

The Trust had delivered £1.6m of savings in month, £1m adverse to plan, £14.5m year to date and £0.1m favourable to plan.

The Board:

- ***Noted the Finance Update***

P24/01/E3 **Postal Service Contract (Enclosure E3)**

The Director of Recovery, Innovation & Transformation presented the paper recommending transition from a Royal Mail collection to a downstream access postal service. The change in service was expected to result in a cost saving of £120K p.a., with no delays or reduction in service expected. As an approved Crown Commercial Service supplier and a leading provider of the service, the recommendation was that the contract be awarded to Whistl. The proposal had been considered by the Board's Finance & Performance Committee and was commended to the Board for approval.

The Director of Recovery, Innovation & Transformation confirmed that the collection of email addresses and mobile telephone numbers to support alternative methods of communication was carried out routinely as part of the appointment process.

The Board:

- ***Approved the Postal Service Contract***

P24/01/E4 **Directorate of Recovery, Innovation & Transformation Update (Enclosure E4)**

The Director of Recovery, Innovation & Transformation provided an overview of the Directorate's work. A number of significant capital project milestones had been met, with the opening of the Mexborough Elective Orthopaedic Centre earlier this month. Surgeons from all partner organisations had used the facility and work towards meeting the Getting It Right First Time standards would now be progressed following an initial settling in period. The "topping off" ceremony at the Bassetlaw Emergency Village signalled completion of the external structure, with work now to commence on internal fittings.

A short notice expression of interest for funding to support the installation of LED lighting and solar panels required had been unsuccessful and in anticipation of future opportunities work would commence to prepare standby bids.

In response to a question from Non-executive Director, Mark Bailey with regards to the inclusion of solar panels on new builds, the Director of Recovery, Innovation & Transformation confirmed the need to work towards minimum required standards.

The Board:

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

P24/01/E5 **Operational Performance Update (Enclosure E5)**

The Chief Operating Officer's report highlighted the Trust's performance against November's access standards and the elective activity plan and cancer waiting times for October 2023.

Whilst the number of Urgent and Emergency Care attendances remained static, a significant change was reported in the number of arrivals by ambulance in 2023, when compared to 2022. Bed occupancy remained extremely high, which continued to impact on patient flow.

76% of patients waited less than six week for diagnostic tests; 15 patients had waited more than 78 weeks for elective care and 238 waited for more than 65 weeks. The impact of industrial action on elective performance was recognised.

In response to a question from Non-executive Director, Jo Gander, the Chief Operating Officer confirmed improvement trajectories were in place for all access standards. There remained a focus on 76% of patients being admitted, transferred or discharged within four hours of entering the Emergency Department by March 2024.

The Chief Executive recognised the longstanding challenges related to high bed occupancy and confirmed the need for Place based solutions. The increase in ambulance arrivals ranged between 16-40%, as compared to last year, the reasons for which were being explored, along with solutions. As a Trust, it was important to effectively mange length of stay, ensuring time within the department was productive, noting a further improvement to the current four hour standard of 76% to 80% by March 2025.

The Deputy Chief Executive suggested interdependencies which impacted on the management of risks should be identified where standards were not met. It would also be helpful in future reporting if performance against plan could be included.

Non-executive Director, Mark Bailey suggested clear and consistent messaging of the requirements of Place based support to focus external discussions.

The Board:

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

P24/01/F1 **Research & Innovation Strategy (Enclosure F1)**

The Chair of the Board welcomed the Director of Education & Research and the Head of Research to the meeting to report progress against the Research and Innovation Strategy since its formal launch in June 2023. A complementary Nursing, Midwifery and Allied Health Professionals Research and Innovation Framework had subsequently been developed.

The Teaching Hospital Board was integral in supporting engagement with Place based partners and South Yorkshire Universities. The Trust had taken a responsive strategic approach to research and innovation, including consideration of the Community Diagnostic Centre and Mexborough Elective Orthopaedic Centre and through

collaborative working with the Public Health Consultant on the national Core20PLUS5 approach to reducing healthcare inequalities.
The key achievements to date were shared, research capacity had been grown and public and patient involvement groups ensured the public voice was represented, with a community event to be held in Spring 2024. A financial model to support growth and delivery of the strategy had been developed and key milestones were shared, over the next six months a formal business plan would be developed.

The Chair of the Board shared her interest in the community voice group, which ensured a joined up approach with the Trust's wider engagement work led by the Head of Patient Experience & Engagement.

In response to a question from the Deputy Chief Executive, with regards to raising awareness across the organisation, the Director of Research & Education confirmed the need for opportunities to be consciously explored and this would be a point of discussion with the Efficiency Director for business planning. Communication and engagement would complement that of the People Strategy, ensuring clarity of opportunities and involvement.

The Chief Nurse recognised the importance of research and education as a fundamental part of Nursing, Midwifery and Allied Health Professional roles, with awareness and opportunities explored as part of the recruitment process. Both the Chief Nurse and Director of Midwifery were trained Principal Investigators.

In response to a question from the Chair of the Board related to opportunities to attract clinical academics, the Director of Education & Research confirmed Teaching Hospital status ensured a certain level of interest, however, there remained opportunities to build on and maximise colleagues' experience/interest and funding. In addition, the provision of a clinical research facility would attract increased interest.

The Board:

- ***Noted the Research & Innovation Strategy Update***

P24/01/F2 **<u>Doncaster & Bassetlaw Healthcare Services Ltd Update (Enclosure F2)</u>**

The update provided an overview of the financial performance and operational activity of Doncaster & Bassetlaw Healthcare Services Limited.

The current pre-tax profit was £79k, against a £37k budget; a £250k dividend had been paid to the Trust earlier in the year, signalling a strong performance.

The 2023-26 strategic plan included five pillars, current core business included Quality Improvement Medical Education and Training, Pharmacy and Homecare Services. The Managing Director worked closely with the Director of Education & Research to support commercial work and following agreement by the Charitable Funds Committee a Task and Finish Group had been formed to develop plans to manage the hospital charity.

The Board:

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

P24/01/G1 **<u>True North, Breakthrough and Corporate Objectives Q3 2023/2024 (Enclosure G1)</u>**

The paper demonstrated progress against corporate objectives during Quarter 3, to support delivery of the breakthrough objectives. A revision had been made to the language previously adopted from Monday.com, to show a status of on/off track or completed. The Chief Executive's objectives were now captured in the same way, to ensure complete and consistent reporting.

Non-executive Director and Chair of the Audit & Effectiveness Committee, Kath Smart, acknowledged the deterioration in the first follow up closure rate of audit recommendations to 69%, against the 75% benchmark. Agreement had been reached with the executive audit lead that the Committee would hold executives to account for the timely delivery of recommendations. Trust Executive Group would continue to receive and scrutinise follow up reporting. The Chief Executive confirmed the commitment to ensure all reasonable efforts to deliver within the agreed timeframes.

Non-executive Director, Mark Day recognised the work to date to improve risk management, clinical governance and audit and was keen to see how this learning would be embedded and taken forward. The Board's Quality & Effectiveness Committee would receive a revised clinical governance structure in February which would ensure an improved line of sight from ward to board. The Chief Executive and his Deputy confirmed the need to define what success, learning and assurance looked like to strengthen governance arrangements, with a clear plan of actions and timeframe.

In response to a question from the Chair of the Board regarding the current approach to reporting objectives, the Chief Executive confirmed that the True North objectives supported delivery of the Trust's vision, underpinned by breakthrough objectives, and supporting corporate objectives which detailed the programmes of work. There was a need for the Board to reflect on these and consider its approach for 2024/25.

The Board:

- ***Noted and took assurance from the True North, Breakthrough and Corporate Objectives Q3 2023/2024***

P24/01/G2 **<u>Board Assurance Framework & Trust Risk Register (Enclosure G2)</u>**

The refreshed Board Assurance Framework was presented following scrutiny at the relevant Board Committees. The Trust Risk Register had been reviewed by the Board's Audit & Risk Committee earlier this month, along with progress made by the Risk Management Board and future planned activity.

The Deputy Chief Executive acknowledged the progress to date and recognised further work was required to address the volume of extreme risks, with clarity required on operational, strategic risks and appropriate mitigating actions. Where there was a need

for partners to take action, they would be developed alongside actions owned by the Trust.

A development session would ensure a collective review by the Board of its risk appetite.

Non-executive Director, Kath Smart shared with Board the level of scrutiny undertaken, by the Audit & Risk Committee on risk management, including 2024/25 plans to drive further improvements, ensuring that actions drive the required outcomes. The Stage 2 Head of Internal Audit Opinion was complementary of the improvement journey, the auditors had reported at Risk Management Board that the Datix extract did not have action IDs assigned in four instances and the Company Secretary would ensure this was addressed.

The Board:

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

P24/01/G3 **Chairs Assurance Log – Audit & Risk Committee (Enclosure G3)**

Non-executive Director, Kath Smart shared the key highlights from the Audit & Risk Committee's Chair's Assurance log, which included positive assurance, ongoing major programmes of work, matters of concern and decisions taken. Two of the internal audit reports received offered a limited assurance opinion, the relevant executive leads were present and work to address the findings had already commenced.

Whilst no rating was assigned to the Stage 2 Head of Internal Audit Opinion the Board's attention was drawn to the first follow up rate of audit recommendation closure which was below the 75% benchmark.

A review of the Committee's effectiveness had taken place based upon the Healthcare Financial Management Association's standards. The outcome was largely positive with two areas for improvement to be followed up with the Deputy Chief Executive and Company Secretary.

The Board:

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

P24/01/G4 **Acute Federation – Committee in Common Agreement (Enclosure G4)**

Ahead of the Acute Federation Board meeting the Company Secretary sought the Board's approval to readopt the updated Committees in Common Terms of Reference and Joint Working Agreement to reflect changes arising from Health & Care Act 2022, which would be considered by all Trust Boards within South Yorkshire Acute Federation.

The original framework supported members of the Working Together Partnership to make decisions and work together to implement change, with each organisation's Chair and Chief Executive having delegated authority of up to £1m of expenditure. To date there had been no cause to use the delegated authority and there were no known

immediate decisions to be taken. Any decisions which affected the sovereignty of the organisation would be brought to the Board for a decision.

The Board:

- ***Approved the Acute Federation Committee in Common Agreement***

P24/01/H **Information Items (Enclosure H1 – H8)**

The Board noted:

- H1 Chair and NEDs Report
- H2 Chief Executives Report
- H3 Integrated Quality & Performance Report
- H4 Minutes of the Finance and Performance Committee 30 October 2023
- H5 Minutes of the People Committee 7 November 2023
- H6 Minutes of the Quality & Effectiveness Committee 3 October 2023
- H7 Minutes of the Charitable Funds Committee 29 September 2023
- H8 Minutes of the Audit & Risk Committee 19 October 2023

P24/01/I1 **Minutes of the meeting held on 19 December 2023 (Enclosure I1)**

The Board:

- ***Approved the minutes of the meeting held on 19 December 2023***

P24/01/I2 **Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were received.

P24/01/I3 **Governor Questions regarding the business of the meeting (10 minutes) ***

On behalf of the Council of Governors, the Lead Governor asked the following questions:

"Can the board give assurance that goals and targets which appear to be falling short remain attainable. If this is not the case will the goals be reassessed. Could you please outline how we measure against our peers i.e. neighbouring trusts"

Assurance had been offered throughout the meeting, the Chief Operating Officer had provided a comprehensive update which highlighted specific areas where standards were challenged and improvement trajectories were in place. In terms of peer comparisons there was a wealth of available data across the Acute Federation and at a regional level, national benchmarking was available and relative performance could be determined by the tier system operated by NHSE where the Trust was currently receiving tier two support related to its elective care performance.

When considering comparator data, the Chief Executive recognised the impact of other factors, such as bed capacity, which was not necessarily the same across organisations. The Trust's intention was always to meet the national standard, ensuring the highest possible standard was achieved.

"On page 33, the section on interaction with bereaved families, are NEDs assured that that the figures and percentages quoted are usual for a Trust such as ours how would they benchmark against similar trusts. In addition do ALL staff interacting with bereaved families have suitable training, skills and knowledge?

The Chief Nurse highlighted the End-of-Life Team provided a specialist service, with specific professional training, there was no evidence from complaints/concerns of any themes related to communication with bereaved families.

The information referenced was within the Medical Examiners element of the Executive Medical Director's report and related to a specific group of colleagues, outside of the ward environment. Throughout a patient's journey there would be ongoing conversations and communication was an integral part of colleagues training and education.

On page 212 , given the risk of fire score of 20, are the NEDs assured that the Trust is urgently doing all that is possible to address this matter?

The score referenced was from the summary page of the Board Assurance Framework and related to strategic risk BAF4, *if DBTH's estate is not fit for purpose DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues*.

A significant amount of work had been undertaken on fire safety with the Trust's authorised person working closely with South Yorkshire Fire & Rescue (SYFR). Non-executive Director and Chair of the Audit & Risk Committee, Kath Smart, confirmed regular reports provided assurance that a programme of works had been delivered to time, with agreed plans for 2024/25 jointly agreed with SYFR, with independent assurance and risk assessments undertaken by fire safety consultant.

The Chief Financial Officer confirmed the rolling programme of work to ensure patient services remained operational, recognising the risk to patients was greater if service provision was halted.

The Board:

- ***Noted the governor questions***

P24/01/I4 **Date and time of next meeting (Verbal)**

Date: Tuesday 27 February 2024
Time: 13:30
Venue: MS Teams

P24/01/J **Close of meeting (Verbal)**

The meeting closed at 12:52

2402 - D4 DATE AND TIME OF NEXT MEETING

Information Item | Suzy Brain England OBE, Chair | 14:25

Date: Tuesday 26 March 2024
Time: 09:30
Venue: MS Teams

MEETING CLOSE

14:25

*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 4pm 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