

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 manage 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**

**Doncaster & Bassetlaw Healthcare Services Ltd Update (Enclosure F2)**

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 True North, Breakthrough and Corporate Objectives Q3 2023/2024 (Enclosure G1)**

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 Board Assurance Framework & Trust Risk Register (Enclosure G2)**

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



**Suzy Brain England OBE**  
Chair of the Board  
27 February 2024