

**BOARD OF DIRECTORS – PUBLIC MEETING**

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 4 March 2025 at 09:30  
via MS Teams**

<b>Present:</b>	<p>Suzy Brain England OBE - Chair of the Board (Chair)</p> <p>Hazel Brand - Non-executive Director</p> <p>Jo Gander - Non-executive Director</p> <p>Karen Jessop - Chief Nurse</p> <p>Dr Emyr Jones - Non-executive Director</p> <p>Zara Jones - Deputy Chief Executive</p> <p>Zoe Lintin - Chief People Officer</p> <p>Dr Nick Mallaband - Acting Executive Medical Director</p> <p>Lucy Nickson - Non-executive Director</p> <p>Richard Parker OBE - Chief Executive</p> <p>Kath Smart - Non-executive Director</p> <p>Sam Wilde - Chief Financial Officer</p>
<b>In attendance:</b>	<p>Rebecca Allen - Associate Director of Strategy, Partnerships &amp; Governance</p> <p>Danielle Bhanvra - Head of Midwifery (agenda item B2)</p> <p>Angela O'Mara - Deputy Company Secretary (minutes)</p> <p>Emma Shaheen - Director of Communications &amp; Engagement</p> <p>Suzanne Stubbs - Deputy Chief Operating Officer</p>
<b>Public in attendance:</b>	<p>Hannah Beardmore - Staff Side</p> <p>Lynne Logan - Public Governor</p> <p>Joseph Money - Staff Governor</p> <p>Dave Northwood - Public Governor</p> <p>Vivek Panikkar - Staff Governor</p>
<b>Apologies:</b>	<p>Mark Bailey - Non-executive Director</p> <p>Mark Day - Non-executive Director</p> <p>Lois Mellor – Director of Midwifery</p> <p>Denise Smith - Chief Operating Officer</p>
<b>P25/03/A1</b>	<p><b><u>Welcome, apologies for absence and declaration of interest (Verbal)</u></b></p>

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and observers, the above apologies for absence were noted and no conflicts of interests were declared.

**P25/03/A2      Actions from Previous Meetings**

Action 1 - Strategic Risk 2 - Board Assurance Framework - action closed

Action 2 - Emergency Preparedness, Resilience & Response Compliance against the National Core Standards - action closed

Action 3 - Audiology Service Update – on the agenda @ item B1

**P25/03/A3      Chair's Report (Enclosure A3)**

The Chair's report provided an overview of activities, visits, and key events in the Trust calendar since the last Board of Directors meeting.

Since the start of the year there had been a number of NHSE national policy briefings and as part of a facilitated workshop non-executive directors and governors contributed to the "Change NHS" consultation, launched to help shape the new 10 year Health Plan.

As part of the Board's programme of visits, the Chair joined the Chief Nurse, to visit the Emergency Department at Doncaster Royal Infirmary, where they met with colleagues, heard their experiences of working at the Trust, gained an insight into their role and the environment in which they worked.

The Board Development Delegate Programme continued to support aspiring leaders providing opportunities to observe the workings of the Board and its assurance committees, to develop an understanding of the role and responsibilities of executive and non-executive directors in a large and complex organisation.

***The Board:***

- ***Noted the Chair's Report***

**P25/03/A4      Chief Executive's Report (Enclosure A4)**

The Chief Executive's report provided an overview of items of interest at a local, system and national level connected to the work of the Trust and aligned to its strategic priorities.

The Chief Executive highlighted the introduction of the Yorkshire & Humber Care Record, which supported the provision of a joined up care record across health and social care providers.

The Imaging Suite at Montagu Community Diagnostic Centre was now complete and would welcome its first patients at the end of the month, which represented a significant investment in modern diagnostic services.

Funding from the hospital charity had seen the introduction of a sensory room in the Children's Outpatient Department at Doncaster Royal Infirmary to assist those with visual impairments, autism and cerebral palsy.

In response to a question from Non-executive Director, Kath Smart, regarding recent media coverage of potential industrial action at Bassetlaw Hospital, the Chief Nurse

confirmed this related to a proposal to rotate colleagues between Doncaster and Bassetlaw Intensive Care Units.

The proposed rotation had arisen due to a reduction in the number of complex patients at Bassetlaw and the need for colleagues to maintain their skills. Colleagues based at the Doncaster site had agreed to the rotation, however, negotiations were ongoing with those colleagues currently based at Bassetlaw Hospital and staff side representatives and the Advisory, Conciliation and Arbitration Service (ACAS) were supporting discussions.

Consideration had been given to travel arrangements, the time of year of the rotation and working hours in order to maintain sustainable services. As Chair of the South Yorkshire & Bassetlaw Critical Care Operational Delivery Network, the Chief Executive declared an interest in maintaining patient safety through the retention of skills.

Non-executive Director, Emyr Jones welcomed the launch of the Yorkshire & Humber Care Record and enquired how the service would be evaluated post implementation. The Acting Executive Medical Director confirmed it was not yet fully deployed and once in use and embedded would be subject to evaluation, learning would be taken from organisations across the region who had already implemented the solution.

The Chief Executive shared with the Board the sad news of the death of Paul Robinson, Chief Executive at Sherwood Forest Hospitals. Paul's contribution to partnership working was recognised and he would be sadly missed by all who knew him.

***The Board:***

- ***Noted the Chief Executive's Report***

**P25/03/B1     Audiology Service Update (Enclosure B1)**

The Deputy Chief Executive confirmed that a regular update would be provided to the Board as part of the ongoing audiology recovery and improvement programme.

**ZJ**

The paediatric recall programme and harm review was ongoing, 25 cases had been reviewed to date, with five children assessed as having experienced moderate harm, five low harm and fifteen no harm. It was hoped, with regional and national support, that the majority of reviews would be completed by the end of March 2025.

There remained significant pressure on the service and in order to mitigate the delays and wider service impact mutual aid was being sought. Pleasing progress was reported in respect of estates, IT and equipment work streams.

A programme of governance had been established and a lessons learnt review would be completed in due course. It was confirmed that the Trust has worked with the support of Healthwatch and those with lived experience.

In response to a question from Non-executive Director, Hazel Brand with regards to families travelling to out of area appointments, the Deputy Chief Executive confirmed support was made available, where required. Where families chose not to travel, they were informed of any associated clinical risks in waiting for a local appointment.

Recognising the IT challenges faced, Non-executive Director, Kath Smart sought assurance that the necessary training would be provided to colleagues. The Deputy Chief Executive confirmed that phase one of the work supported new patient contacts only, with data migration taking place in the next phase.

Reflecting on the lessons learnt to date, Non-executive Director, Kath Smart asked if there could be another service facing similar challenges that had not yet been identified and how a more holistic view could be taken. The Deputy Chief Executive reflected on the triangulation of a wide range of metrics and evidence, and a new approach being trialled in the Performance Review Meetings. An improvement culture, focused on evidenced based best practice and supported by soft intelligence was critical to success. The programme of executive and non-executive visits would be utilised to gain an insight, as well as the introduction of “Walkabout Wednesdays”, immediately following the executive team weekly meeting.

The Chief People Officer noted the importance of staff survey findings, alongside the wider analysis of people and patient metrics.

The Deputy Chief Executive acknowledged the importance of reflecting on the findings of national inquiries, such as the NHS Lothian Health Board and highlighted the need to establish a clear strategic intent, horizon scanning to assess and identify any emerging issues at the earliest possible opportunity.

In terms of Board level visibility of the wider governance work, the Deputy Chief Executive advised Kath Smart that the recently appointed Programme Lead would be progressing this over the next few months. The Acting Executive Medical Director recognised the benefit already seen through improved clinical oversight and reporting.

Non-executive Director, Emyr Jones recognised the complexities of the recovery programme and enquired when the service would be fully restored for both adult and paediatrics. The Deputy Chief Executive envisaged an improved position, with services stepping up in a managed way across the next three months, with a view to being fully operational in summer 2025. The Acting Executive Medical Director reflected on the various phases of the recovery programme, and acknowledged the impact on both patient and colleagues.

Whilst the Trust had experienced some specific challenges, the Chief Executive noted that waiting times across South Yorkshire were challenging and there was a need to consider the future model of care to support fragile services.

***The Board:***

- ***Noted and took significant assurance from the Audiology Service Update***

**P25/03/B2      Maternity & Neonatal Update (Enclosure B2)**

The report provided an overview of the progress made against the Single Delivery Plan, maternity self-assessment tool and the requirements of the Clinical Negligence Scheme for Trusts (CNST). This included the review and learning from patient safety events, perinatal mortality reviews and patient safety investigations.

There had been no new Maternity & Newborn Safety Investigations (MNSI) referrals since the last report, two reports were outstanding, one was awaiting sign off, the other, factual accuracy checks. One maternity Patient Safety Incident Investigation (PSII) report was in final draft and with the family.

The Quarter 3 2024/25 Perinatal Mortality Reviews Summary report provided an insight into reviews during 1 October to 31 December 2024, utilising the national Perinatal Mortality Review Tool (PMRT). The Board was asked to review and approve the PMRT report.

The Quarter 2 2024/25 Saving Babies Lives Care Bundle and Quarter 3 Avoiding Term Admissions Into Neonatal units (ATAIN) were provided for review and approval.

The Trust had achieved nine of the ten Maternity Incentive Scheme safety actions and a decision was awaited in respect of the late report error in respect of safety action one (recommendation three).

The perinatal quadrumvirate leadership team had met with the Board Safety Champion on 23 January 2025 and continued to work closely to develop and sustain cultural improvements in maternity services.

The Head of Midwifery confirmed that midwifery staffing remained stable. The next recruitment campaign would take place collaboratively across South Yorkshire and Bassetlaw.

In respect of neonatal staffing, a number of vacancies were currently out to advert, related to the Board approved action plan to increase staffing in line with the guidance relating to British Association of Perinatal Medicine standards.

Non-executive Director, Jo Gander highlighted the positive interactions as part of maternity safety champion visits and awaited feedback from the latest Local Maternity & Neonatal System assurance visit. The Acting Executive Medical Director shared with the Board positive feedback received from the regional Medical Director, following a visit to paediatrics and maternity services.

Non-executive Director, Hazel Brand noted the high levels of training compliance across all staff groups and shared her appreciation for the significant efforts in achieving this.

The Chief Executive recognised the Trust's much improved midwifery vacancy position, with staffing only two whole time equivalents below Birthrate Plus® standards. This was a testament to colleagues' efforts. The position was broadly similar across South Yorkshire, and it had been proposed at the Local Maternity & Neonatal System Board that a review of upcoming vacancies be completed ahead of the newly qualified midwife recruitment, which was expected to involve competitive interviews.

*The Board:*

- *Noted and took significant assurance from the Maternity & Neonatal Update*
- *Reviewed and approved Q3 PMRT*

- *Reviewed and approved Q3 ATAIN*
- *Reviewed and approved Q2 Saving Babies Lives Care Bundle*
- *Noted the number of Maternity and Newborn Safety Investigation (MNSI) / Early Notification Scheme (ENS) cases, that families have received information on the role of MNSI and ENS and that compliance with the statutory duty of candour has taken place*
- *Noted the bi-monthly Board Safety Champion meetings with the perinatal leadership team and any support required of the Trust board has been identified and is being implemented*
- *Noted progress against the maternity and neonatal cultural improvement plan (SCORE survey) is being monitored at the board safety champion meetings, and the maternity and neonatal safety quality committee and any identified support being considered and implemented*

**P25/03/B3     Learning from Deaths Report (Enclosure B3)**

The Board received the Quarter 2 2024/25 Learning from Deaths report, which confirmed the most up to date 12 month rolling Hospital Standardised Mortality Ratio (HSMR) of 108.72, a reduction from 110 in quarter one and the Summary Hospital-level Mortality Indicator (SHMI) of 113.94.

The Medical Examiner's office had scrutinised all adult deaths in the hospital and community during the reference period. An improvement had been seen in the number of Structured Judgement Reviews (SJRs) completed and there remained a focus on increasing the number of assessors. The learning themes identified related to the prescription of oxygen and the administration of antibiotics within one hour of a sepsis diagnosis.

Non-executive Director, Kath Smart confirmed the Audit & Risk Committee had recently received an update on audit recommendations relating to mortality data and was pleased with the progress made.

In response to a question from Non-executive Director, Hazel Brand regarding the gap between actual and predicted deaths in figure six, the Acting Executive Medical Director confirmed that work was ongoing to understand the higher than predicted deaths and the impact of a below national average depth of coding. The coding process was currently under review, with the support of an external consultant.

***The Board:***

- ***Noted and took significant assurance from the Learning from Deaths Report***

**P25/03/B4     Addressing Health Inequalities (Enclosure B4)**

The paper provided an update on the work to date, including a plan of action to address health inequalities following February's Board development session.

The Chief People Officer welcomed the feedback and subsequent oversight via the Board's assurance committees.

Non-executive Director, Lucy Nickson acknowledged the alignment to the South Yorkshire strategy and enquired how a wider partnership view would be captured, to include the prevention agenda.

Non-executive Director, Kath Smart recognised the need for all colleagues to maximise opportunities to address health inequalities, including completion of the required training.

The Chair of the Board noted conversations across the Acute Federation to support colleagues' health and wellbeing and the opportunity to consider rapid access to treatment at a Trust level, to be determined by the executive team.

***The Board:***

- ***Noted and took significant assurance from the Addressing Health Inequalities update***

**P25/03/C1     Guardian of Safe Working Report (Enclosure C1)**

The Chair of the Board welcomed the Guardian of Safe Working to the meeting to provide an overview of exception reporting for the period 1 February 2024 to 31 January 2025.

An increase in the number of exception reports had been seen, 335 as compared to 204 in the previous year. The reason and areas of reporting remained largely the same.

The cost of locum cover had increased significantly, the spend related to cover for vacancies, which currently stood at 40 whole time equivalents and cover for on call and ward duties.

The Guardian assured the Board that the vast majority of trainee doctors were able to work safely and access training.

***The Board:***

- ***Noted and took significant assurance from the Guardian of Safe Working Report***

**P25/03/D1     Doncaster & Bassetlaw Healthcare Services Update (Enclosure D1)**

The Chief Finance Officer brought the Board's attention to the year to date trading performance of Doncaster & Bassetlaw Healthcare Services Ltd. As at 31 January 2025 the profit after tax was confirmed to be £71k, £9k adverse to budget. The shortfall related to reduced income and costs associated with the Quality Improvement Medical Education and Training (QiMET) programme.

The outpatient pharmacy continued to perform well, the current operating model supported the identified business growth, however, an increase in the pharmacy footprint was being considered to future-proof the service.

The launch of the public charity lottery had been more successful than anticipated, with an increasing number of donors.

In response to a question from Non-executive Director, Emyr Jones the Chief Finance Officer confirmed that the QiMET scheme had been paused whilst the programme was under review. The Royal College of Emergency Medicine had given its approval and no areas of concern were identified. The Chief Executive confirmed the programme was back on track for candidates and the future strategic direction of the programme would be considered by Doncaster & Bassetlaw Healthcare Services Ltd and the Trust to ensure it remained effective.

***The Board:***

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

**P25/03/D2     Trust Strategy Update Report (Enclosure D2)**

Further to the Board and Trust Leadership Team strategy workshops, the Deputy Chief Executive confirmed that the outputs were being finalised and the Trust's strategy would be received for approval at the Board of Directors meeting in May 2025. **ZJ**

The Trust's strategic ambitions focused on providing the best care environment, tackling health inequalities, developing an education and research offer to support university teaching hospital status and becoming a digitally enabled, mature organisation. The strategy would be underpinned by enabling strategies and plans to support delivery with identified success measures. The Board Assurance Framework would continue to identify new and emerging risks to delivery of the strategy.

Board members were invited to share feedback on the paper and draft design.

In response to a question from the Chair of the Board, the Deputy Chief Executive confirmed that governors had been involved in the development of the strategy as part of a focused workshop, along with their input into the national consultation on the government's 10 year Health Plan. In addition to its receipt at the Board of Directors meeting, the approved strategy would be presented to the Council of Governors.

The Chief Nurse suggested a pictorial representation of the strategy may be helpful from a patient perspective and proposed the images in the draft design should better reflect the diversity of the workforce and population served. The Deputy Chief Executive confirmed the strategy had been subject to patient and public engagement and would continue to be iteratively developed in response to local and national changes. The focus on health inequalities and supporting the needs of the communities was reflected in the ambition to address health inequalities.

Non-executive Director, Emyr Jones noted the interdependencies between the four strategic ambitions and suggested it would be helpful to articulate this in the final version.

In respect of the reporting and monitoring arrangements described within the paper, Non-executive Director, Kath Smart requested the addition of the Audit & Risk Committee.



***The Board:***

- ***Noted and took significant assurance from the Trust Strategy Update Report***

**P25/03/E1      Financial Position Update (Enclosure E1)**

The Chief Finance Officer reported a month ten deficit of £0.1m, £0.2m adverse to budget and £0.3m adverse to forecast. The year to date deficit of £4.4m was £2.2m adverse to budget and £3.3m adverse to forecast. The year to date position was mainly driven by elective activity underperformance, pay award funding pressures, premium costs for medical staffing and the underperformance of cost improvement programmes.

The total year to date capital spend, excluding donated assets and charitable funds, was £19m against a year to date budget of £19.6m.

The cash balance at month ten had decreased by £3.2m to £26.4m.

In month, the Trust had delivered £3.5m of savings against a plan of £2.6m, year to date there was a net under-delivery of £2.3m, and the year-end forecast was in line with the plan of £21.2m.

The Chief Finance Officer highlighted the close to breakeven position and the narrowing of the forecast range. The refreshed year end forecast and risk mitigations indicated the most likely scenario was that the Trust would deliver its £2.4m deficit plan.

Non-executive Director, Lucy Nickson recognised the need to carefully monitor the risks and mitigating actions to ensure delivery of the deficit plan, which the Chief Finance Officer confirmed was subject to ongoing scrutiny.

The Chair of the Board recognised delivery of the plan was a whole team effort and enquired how the organisation had responded. The Chief Finance Officer recognised an increased financial grip, including the management of vacancies and a positive response to non-pay expenditure.

***The Board:***

- ***Noted the financial position update***

**P25/03/F1      Integrated Quality & Performance Report (IQPR) (Enclosure F1)**

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to cancer standards for December 2024 and remaining access, quality, and workforce standards for January 2025. Where a local or national standard was not met an assurance report provided supporting commentary of the challenges, actions and emerging concerns.

The Deputy Chief Executive confirmed the use of the IQPR was now embedded into practice, work to develop the metrics continued and was summarised in the slide deck.

The executive directors summarised their respective key performance indicators.

Following the opening of the Community Diagnostic Centre at Montagu Hospital Non-executive Director, Jo Gander anticipated an improvement would be seen in diagnostic performance and following a recent visit enquired of any challenges in respect of staffing levels. The Chief Executive confirmed the business case had been developed to include the required staffing and he was not aware of any specific concerns, the Chief Nurse agreed to clarify the position with the Head of Medical Imaging.

KJ

Urgent and Emergency Care standards continued to be scrutinised at the Board's Finance & Performance Committee, with regional and national benchmarking providing a helpful context. The Chief Executive noted the improved four hour performance in year, however, as the national standard had not yet been achieved, there remained room for improvement.

***The Board:***

- ***Noted and took significant assurance from the Integrated Quality & Performance Board***

P25/03/F2

**Board Assurance Framework & Trust Risk Register (Enclosure F2)**

The Deputy Chief Executive brought the Board's attention to the revised Board Assurance Framework (BAF). Controls, gaps in assurance and actions had been refined and each strategic risk had been aligned to the four strategic priorities: patients, people, partnerships and pounds.

Work continued to improve risk management, an online training module had now been launched and there would be a focus on the moderation of risks.

The scoring of strategic risks would be considered, particularly where the score had remained static for an extended period, with a view to considering if a trajectory for improvement was possible. It was recognised for some that this may require a multi-year approach and the variable external impact across strategic risks noted.

The focus of strategic risk two had been updated to reflect the cultural aspect and the research elements previously included now formed part of strategic risk six (partnerships), which would be subject to review by the Board of Directors, at its meeting in private.

Non-executive Director, Kath Smart welcomed the ongoing focus on the risk register, including the consistency of scoring and moderation to improve the standard of risk management across the organisation and shared her appreciation of the continued efforts. In respect of the newly developed strategic risk seven, relating to digital and cyber resilience it was suggested that the controls be tested and the actions worthy of further consideration to ensure they were specific, measureable, achievable, realistic and time based. (SMART)

***The Board:***

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

**P25/03/F3      Delivery Update 2024/25 Strategic Priorities Success Measures (Enclosure F3)**

The Deputy Chief Executive highlighted the progress made against 2024/25 success measures which supported delivery of the Trust's strategic priorities. Next steps and milestones were provided, the following measures were identified as requiring ongoing work:

- Deliver our operational plan for 2024/25 to ensure our access and activity plans are achieved
- Demonstrating progress in becoming a digitally enabled organisation through delivery of our digital enabling strategy
- Deliver our financial plan for 2024/25

Success measures for 2025/26 would be shared at the next Board meeting.

**ZJ**

***The Board:***

- ***Noted and took significant assurance from the Delivery Update 2024/25 Strategic Priorities Success Measures***

**P25/03/F4      Chair's Assurance Log – Finance & Performance Committee (Enclosure F4)**

The Board received the Finance & Performance Committee Chair's assurance log which provided an overview of assurance taken, areas of ongoing work and decisions made by the Committee.

***The Board:***

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

**P25/03/F5      Chair's Assurance Log – Quality Committee (Enclosure F5)**

The Board received the Quality Committee Chair's assurance log which summarised the assurance taken, areas of ongoing work and decisions made by the Committee.

***The Board:***

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

**P25/03/F6      Chair's Assurance Log – People Committee (Enclosure F6)**

The Board received the People Committee Chair's assurance log which provided an overview of the assurance taken, areas of ongoing work and decisions made by the Committee.

***The Board:***

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

**P25/03/F7**      **Chair's Assurance Log – Audit & Risk Committee (Enclosure F7)**

The Board received the Audit & Risk Committee Chair's assurance log, which provided an overview of assurance taken, areas of concern and ongoing work.

The Chair of the Audit & Risk Committee brought the Board's attention to the first follow up closure rate of 83% for medium and high risk actions and 89% for all risks.

***The Board:***

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

**P25/03/G1**      **Board of Directors Work Plan (Enclosure G1)**

***The Board:***

- ***Received the Board of Directors Work Plan for information***

**P25/03/H1**      **Minutes of the meeting held on 7 January 2025 (Enclosure H1)**

***The Board:***

- ***Approved the minutes of the meeting held on 7 January 2025***

**P25/03/H2**      **Pre-submitted Governor Questions regarding the business of the meeting (verbal)**

No governor questions were received.

**P25/03/H3**      **Any other business (to be agreed with the Chair prior to the meeting)**

The matter of potential industrial action at Bassetlaw Hospital had been discussed at agenda item A4.

**P25/03/H4**      **Date and time of next meeting (Verbal)**

**Date:** Tuesday 6 May 2025

**Time:** 9:30

**Venue:** Boardroom, Doncaster Royal Infirmary

**P25/03/H5**      **Withdrawal of Press and Public (Verbal)**

***The Board:***

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

**P25/03/I**      **Close of meeting (Verbal)**

The meeting closed at 11:55



**Kath Smart**  
Deputy Chair  
6 May 2025