

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 7 May 2024 at 09:30
via MS Teams

- Present:**
- Mark Bailey - Non-executive Director
 - Suzy Brain England OBE - Chair of the Board (Chair)
 - Hazel Brand - Non-executive Director
 - 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
 - Lucy Nickson - Non-executive 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:**
- Fiona Dunn - Director of Corporate Affairs / Company Secretary
 - Lois Mellor - Director of Midwifery
 - Angela O'Mara - Deputy Company Secretary (minutes)
 - Gill Pickersgill - Health & Wellbeing Officer (agenda item B1)
 - Gavin Portier - Head of Organisational Development, EDI and Health & Wellbeing (agenda item B1)
 - Emma Shaheen - Director of Communications & Engagement
- Public in attendance:**
- Rebecca Allen - Observer
 - Laura Brookshaw - 360 Assurance
 - Jodie Deadman - Board Development Delegate
 - Dr Kirsty Edmondson-Jones – Director of Innovation & Infrastructure (agenda item C3)
 - Gina Holmes - Staff Side Chair
 - Rob Mason - Head of Quality Improvement (agenda item C3)
 - Joseph Money - Staff Governor
 - Dave Northwood - Public Governor
 - Vivek Panikkar - Staff Governor
 - Chinwe Russell - Board Development Delegate
 - Khai Shahdan - Board Development Delegate
 - Clive Smith - Public Governor
 - Mandy Tyrrell - Staff Governor
 - Sheila Walsh - Public Governor
- Apologies:**
- Mark Day - Non-executive Director
 - Lynne Schuller - Public Governor

P24/05/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.

P24/05/A2 Actions from Previous Meetings

There were no active actions.

P24/05/A3 Chair's Report (Enclosure A3)

The Chair of the Board provided an overview of her activities since her last report. The Company Secretary's contribution was recognised ahead of her retirement and the Chair placed on record her appreciation.

The Board:

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

P24/05/A4 Chief Executive's Report (Enclosure A4)

The Chief Executive's report summarised key items of interest relating to the Trust's refreshed strategic priorities: Patients, People, Partnership and Pounds.

The Board's attention was drawn to the exciting introduction of robotic surgery at the Trust. A *da Vinci Xi[®] surgical robot* had been purchased with the support of the Fred and Ann Green Legacy and was expected to become operational later this month. A significant amount of public interest had been seen in the naming of the robot.

Work to address required improvements in the recently published Care Quality Commission's inspection report was underway, the action plan would be shared later in the meeting. Whilst the outcome was disappointing, positive progress had been made in the six months since the inspection and there was confidence in the commitment to return to a rating of 'Good'.

The Hospital School located in the Women & Childrens' Hospital at Doncaster Royal Infirmary had secured a 'Good' rating from the Office for Standards in Education, Children's Services and Skills (Ofsted).

The Trust was proud to announce that Mr Tony Wilkinson, Lead Consultant Podiatric Surgeon and Professor Lynda Wyld, Consultant Breast Surgeon had been elected to the Council of the Royal College of Podiatry and the Royal College of Surgeons respectively.

In response to a question from Non-executive Director, Mark Bailey regarding partnership working across Place and at a system level, the Chief Executive acknowledged the duty to collaborate as part of the Health & Care Act 2022. The importance of collaborative working was recognised, and the formation of the South Yorkshire and Bassetlaw Pathology Network was referenced as an excellent example of partnership working. Operational challenges continued to be seen post Covid and the need to work collaboratively to provide a safe, quality, sustainable future proof service

for the benefit of patients and colleagues was evident.

Non-executive Director, Kath Smart enquired how the use of robotics would be evaluated in terms of the impact on patients, safety and quality. The Chief Executive confirmed the *da Vinci Xi® robotic equipment* would allow a more precise, less invasive surgery, leading to reduced recovery time, supporting throughput and activity. Opportunities for system working would be explored to support the delivery of a local, high quality service and the potential to work with a neighbouring trust in robotic orthopaedic surgery was noted. The ability to undertake robotic surgery was expected to support both colleague recruitment and retention. A further business case for a rehabilitation robot had been developed, which would be the second of its kind in the country. The Executive Medical Director welcomed the use of leading edge technology to support the future development of rehabilitation at Montagu.

Non-executive Director, Lucy Nickson encouraged positive communications in respect of the innovative ways of working, recognising the benefits and the potential support of future legacies.

The Board:

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

P24/05/B1 Health and Wellbeing Presentation (Enclosure B1)

The Chair of the Board welcomed the Head of Organisational Development, EDI and Wellbeing and the Wellbeing Officer to the meeting.

The presentation demonstrated the benefits of the Trust's health and wellbeing offer, aligned to NHSE's Health and Wellbeing Framework. The broader impact on health and wellbeing was recognised, including the environment and support of leaders and restorative supervision through the Professional Nurse and Maternity Advocate roles.

Along with opportunities to promote the Trust's approach at a national level, the Trust had received a gold standard Be Well@Work award, accreditation as a menopause friendly employer and were winners as part of the South Yorkshire Integrated Care System's 'Mission Menopause'.

The findings of the 2023 health and wellbeing and staff survey were helpful in recognising those positive elements of performance and highlighting areas of opportunity, the impact of the offer on colleague recruitment and retention was noted. An independent assurance opinion had been commissioned from the Trust's internal auditors, 360 Assurance, which would be reported to the Board's assurance committees in the coming months.

The contribution and support of Lucy Nickson as the Board level health and wellbeing guardian was recognised. Lucy endorsed the proactive, considered approach to health and wellbeing, using evidence to support initiatives whilst retaining flexibility to the specific needs of the organisation and its people.

Non-executive Director, Kath Smart welcomed the triangulation of evidence and in

response to a question where support may not meet colleagues' expectations, it was confirmed that feedback indicated a need for more specialist clinical support related to stress and anxiety. As Chair of the People Committee, Mark Bailey stressed the importance of the Just Culture work relating to colleague's mental health.

The Deputy Chief Executive enquired if there was an opportunity to better understand the impact of the offer from a governance perspective and it was suggested this be considered outside of the meeting with the Chief People Officer and Health and Wellbeing Guardian.

ZJ/ZL/
LN

The Head of Organisational Development, EDI and Wellbeing recognised the support of the Chief People Officer and the benefits of moving to a multi-year funded model. Success was linked to funding opportunities and support of charitable funds.

In response to a question from Non-executive Director, Hazel Brand regarding alternative sources of evidence, these included the violence prevention and reduction standard, reporting via the Trust's risk management system and data collection as part of the recruitment process.

Jo Gander, Non-executive Director recognised the significant efforts to support health and wellbeing and enquired what data was gathered in respect of the need for reasonable adjustments in the workplace. Alongside data gathered in the staff survey, the appointment of a clinical lead would strengthen occupational health support to the workforce.

Non-executive Director, Emyr Jones sought assurance that appropriate support was offered to doctors in training during rotation, which was offered as part of the induction process and through wellbeing walkabouts.

The Chair recognised the strength of the offer and thanked the presenters.

The Board:

- ***Noted the Health and Wellbeing Presentation***

P24/05/C1 True North, Breakthrough and Corporate Objectives 2023/24 (Enclosure C1)

The Chief Executive's report provided a year end update on delivery of 2023/24 corporate objectives. One area of work had stalled related to the Electronic Patient Record, this was due to a change in the way the business case was to be progressed.

During 2023/24 areas of significant progress were noted, including the publication of enabling strategies, delivery of the four hour emergency care standard in March 2024 and reduction in elective waiting lists.

In response to a question from Non-executive Director, Kath Smart with regards to what action would be required to move to a greater percentage of completed actions, the Chief Executive reflected on the factors impacting delivery during 2023/24 but shared an ambition to deliver against the standards, whilst recognising the ongoing challenges in 2024/25 related to the estate, financial constraints and digital maturity.

The Board:

- ***Noted and took assurance from the 2023/24 Corporate Objectives***

P24/05/C2 Trust Vision and 2024/25 Priorities Framework (Enclosure C2)

The Deputy Chief Executive presented the refreshed Trust vision statement ***'Healthier together – delivering exceptional healthcare for all'*** and supporting priority statements for approval, proposed following workshops with senior colleagues and subsequent wider consultation:

- **Patients:** We deliver exceptional, person-centred care.
- **People:** We are supportive, positive, and welcoming.
- **Partnership:** We work together to enhance our services with clear goals for our communities.
- **Pounds:** We are efficient and spend public money wisely.

A draft branding visual and updated cover sheet for the Board and committee papers were appended to the paper for information.

In terms of next steps, there was a need to establish how success would be determined, including supporting metrics/measures. ZJ

In response to a question from Non-executive Director, Hazel Brand, the Deputy Chief Executive confirmed she had worked closely with system partners to ensure visions were aligned.

Non-executive Director, Kath Smart suggested the addition of “safe” to the patient priority statement, to read ‘We deliver safe, exceptional, person-centred care, which was accepted by the Board. The Director of Communications & Engagement would ensure the website and branding visual were updated. ES

The Board:

- ***Approved the Trust Vision and 2024/25 Priorities Framework, subject to the above change***

P24/05/C3 Quality Improvement & Innovation Strategy 2024/28 (Enclosure C3)

The Director of Innovation & Infrastructure and Head of Quality Improvement were welcomed to the meeting to present for approval the draft Quality Improvement & Innovation Strategy 2024-2028. The document had previously been considered by the Trust Leadership Team and Finance & Performance Committee.

The Head of Quality Improvement confirmed the strategy was aligned to the national improvement framework launched in April 2023, NHS Impact. The Trust’s strategy had been co-produced, with the five components of NHS Impact underpinning the systematic approach to quality improvement. Feedback had been incorporated and the refresh of the Trust’s vision and priority statements would be updated post meeting and circulated to board members. JS

Non-executive Director, Mark Bailey enquired of the link between improvement work and cost improvement programmes and encouraged the use to secure financial benefit, alongside quality improvement. In terms of colleague support, there was a real opportunity for colleagues to influence change, the need to use plain language to simplify and encourage engagement was noted, with improvement work seen as an everyday tool.

The Chief Nurse welcomed the increase in the number of quality improvement trained colleagues, in terms of focus, prioritisation and how this was used to best effect, the Director of Innovation & Infrastructure confirmed that potential cost savings would be identified as part of the business planning process and a cost improvement plan developed, led by a senior responsible officer.

The Chief Executive confirmed that prior to the pandemic the Trust had taken part in NHS Improvement's Vital Signs Programme which empowered colleagues to deliver efficient and effective services. The Chief Executive remained engaged with the programme through regular meetings with fellow Chief Executives.

The Trusts refreshed approach was welcomed, with a focus on embedding a quality culture. Where quality improvement work had been successfully implemented there would be an opportunity for this to be showcased to the Board. As part of the programme of ward and departmental visits Board members would seek feedback on quality improvement initiatives undertaken or potential areas of focus. The feedback template would be updated to reflect this.

AO

The Chair recognised the focus at a national level on quality improvement and sought the Board's approval of the strategy.

The Board

- ***Approved the Quality Improvement & Innovation Strategy 2024/28***

P24/05/C4 Annual Review of the Trust Risk Appetite Statement & Strategic Risks (Enclosure C4)

At a Board workshop on 30th April 2024, the current risk appetite statement and strategic risks were reviewed and agreed by the Board of Directors for 2024/25.

The risk appetite statement was reviewed using a matrix model developed by the Good Governance Institute, the appetite for risk would feed into the Trust's wider risk management framework process and in particular the Board Assurance Framework.

The appetite on regulatory and quality risk types was changed to cautious.

The strategic risks were reviewed with no changes made. Risk scores would be reviewed and aligned with the Trust's risk appetite and the new vision and strategic priorities following approval today.

The Board:

- ***Noted the Annual Review of the Trust Risk Appetite Statement & Strategic Risks***

P24/05/D1 Integrated Quality & Performance Report (Enclosure D1)

As part of a refreshed approach to reporting, all executive directors would report against their respective performance and quality metrics within the Integrated Quality and Performance Report (IQPR), supported by the IQPR data pack, the content of which was under review. Statutory reporting linked to executive portfolios would be received separately.

The Chief People Officer highlighted the highest recorded statutory and essential training compliance of 89% in February 2024. Since writing the report the subsequent reduction seen in March, impacted in part by competency renewals, had increased to c.87%.

The Trust's non-medical appraisal season had commenced on 1 April, with the aim of achieving a 90% completion rate of good quality appraisals by 31 July.

The Board's attention was drawn to external recognition of the Trust's education offer and support.

The Chief Operating Officer reported achievement of the four hour emergency care standard in March, with 76.1% of patients being seen, treated and either admitted or discharged in four hours. In respect of elective care, the Trust had eliminated all waits of 104 weeks and above and reported two waits in excess of 78 weeks.

The Acting Executive Medical Director reported good progress with job planning, with an improving trend. Completion of medical appraisals in 2023/24 was reported at 93%, exceeding NHSE's national target of 85% and the Trust's stretch target of 90%.

In respect of mortality data, both the Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) showed a reducing trend, a review of clinical coding was underway which may result in a further reduction being seen.

Following a restructure of the Trust's clinical governance arrangements, the inaugural Effective Committee had now taken place, the remit of the Committee would include audit activity, with a series of focused actions arising from a commissioned internal audit. The Committee would report to the Board's Quality & Effectiveness Committee.

As reported in year, the Chief Nurse confirmed the number of C. difficile cases reported in 2023/24 had exceeded the threshold. Benchmarking indicated the issue was not unique to the Trust and opportunities to consider improvement work were being explored. The 2024/25 threshold was yet to be confirmed.

Work to address and close the serious incidents currently reported in the IQPR was underway, following the transition to the Patient Safety Incident Response Framework in December 2023. This work would be monitored via the Patient Safety Committee.

In response to an increase in the number of category four hospital acquired pressure

ulcers (HAPU), quality review summits and increased support had been implemented. The Trust remained on track to achieve a 50% reduction in HAPUs by March 2025.

Non-executive Director, Lucy Nickson reflected on the volume of information within the supporting IQPR data pack and the ease of interpretation, and enquired how the quality of the narrative seen previously could be better facilitated. The Deputy Chief Executive acknowledged the complexity of the dashboard which was currently subject to review. The report and executive director supporting narrative would be refined; in terms of deeper dives or individual reports a proactive approach would be required, alongside the Board workplan.

EDs

In response to a question from Non-executive Director, Hazel Brand regarding the impact of virtual wards on bed occupancy, the Acting Executive Medical Director confirmed a steady increase in usage which, whilst positively impacting occupancy rates was not the sole contributor.

Non-executive Director, Kath Smart welcomed the use of the IQPR but highlighted those areas where data was not currently reported, for example, the National Institute for Health and Care Excellence (NICE) guidance and mixed sex accommodation. In addition, where standards were not met, for example venous thromboembolism (VTE) she requested supporting narrative be included to ensure both the challenge and required actions were communicated. To ensure a clear focus on the impact on health inequalities, data to support this view should be incorporated. The Acting Executive Medical Director confirmed his expectation that VTE compliance would be live within the next report.

Non-executive Director, Jo Gander acknowledged the benefits of reporting by exception. In response to a request for an update on the implementation of the patient tracking software, the Executive Medical Director confirmed his expectation that this would be completed by September 2024, with mitigating actions in place, monitored via the Quality & Effectiveness Committee.

The Chair of the Board recognised the value of the medical appraisal system and sought clarity on how personal and career development opportunities were explored in order to enable clinicians to develop as future leaders and ensure corporate engagement. The Acting Executive Medical Director confirmed personal development opportunities were considered as part of the medical appraisal, a new appraisal system had been procured and post implementation feedback could be provided as part of the supporting narrative in November's Board report. The Chief People Officer confirmed that Scope for Growth, the Trust's talent management framework adapted from the national framework was relevant to the medical workforce.

NM

The Board:

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

P24/05/D1.1 Financial Position & Financial Plan Update (Enclosure D1.1)

The Chief Financial Officer reported the Trust's deficit year end position of £23.7m, £3.1m favourable to plan and forecast. £1.6m of the overperformance related to industrial action funding received in month 12.

The year end cash balance was £36.3m. In the absence of agreed financial plans and in line with an assumed deficit of c.£40m, an initial request for national cash support of c.£10m was made for Quarter 1 2024/25, this would be updated following submission of 2024/25 financial plans.

The Trust's capital plan of £57.6m was delivered on time and to budget. £17.5m of costs savings were delivered, against a plan of £22m.

Non-executive Director, Emyr Jones sought clarification on the adverse to plan pay expenditure and the impact of the consultants pay award, the Chief Financial Officer confirmed an allowance for part year costs had been received, however, this was not counted against the plan.

The Chief Executive encouraged a positive recognition of the delivery of the financial plan, favourable to the submitted deficit position. Over time there was a need to work towards delivery of a balanced plan, noting historical underfunding at Trust and Place level.

Following scrutiny at the Trust's Finance & Performance Committee the Trust had submitted a 2024/25 deficit financial plan of £26.3m. Unlike previous years there was no contingency or cost pressure reserves. The plan required cost savings of £21.2m, with c£8-10m requiring further development.

The Trust was expecting a total capital allocation of £41.2m, £22.2m from the Integrated Care Board and £19.2m of ring fenced public dividend capital funding relating to the Community Diagnostic Centre, Electronic Patient Records and an additional CT scanner for Bassetlaw.

In response to a question from Non-executive Director, Lucy Nickson with regards to further pressure to move on the plan, the Chief Financial Officer confirmed that the Integrated Care Board had now submitted its deficit plan of £49m, all of which sat with the providers. Discussions had taken place with NHSE, and no further change was expected in the short term, however, there may be pressure later in the year, dependent upon the national position.

Non-executive Director, Mark Bailey reflected on the extensive discussions at the Finance & Performance Committee and enquired how a balance was being achieved across financial, operational and people plans. The Chief Financial Officer confirmed plans were being triangulated within the divisions to meet control totals. Quality Impact Assessments were being undertaken linked to cost savings. In view of national communication relating to a reduction in headcount the Chair of the Board reflected on the work to date to recruit to critical posts and the responsibility of the Board to ensure delivery of safe patient care and recognised the potential need for Board or its assurance committees to consider the redistribution of finances.

Kath Smart welcomed the assurance provided by the Deloitte review of the Trust's underlying deficit and highlighted the golden thread from the report into the Trust's cost improvement programmes. A key opportunity linked to partnership and priorities related to length of stay, where patients no longer had a right to reside and clarity was sought on the partnership work to ensure a system solution could be found to ensure patients were cared for in the most appropriate setting. The Chief Operating Officer shared an improved clarity of actions and focus across Doncaster Place, including actions within the

Trust's gift where no external support was required.

The Chief Executive acknowledged the national message regarding staffing, however, reiterated the Trust's primary responsibility was to provide safe care. The effective use of resources was key, ensuring the most appropriate outcome and supporting the move towards a breakeven position, ensuring that public money was spent wisely. Toolkits, such as Model Hospital and FutureNHS would support this work.

The Board:

- *The Board noted the financial position and supported the financial plan submission, noting the risks to delivery*

P24/05/D1.2 Drivers of the Deficit Report (Enclosure D1.2)

The Chief Financial Officer presented an overview of the findings of the Deloitte drivers of deficit report, finalised in Q4 2023/24. The presentation highlighted the scope, approach and limitations of the work commissioned by the Trust to validate its assessment of its underlying deficit, considering movement in financial performance between 2019/20 to 2022/23.

A significant increase in the Trust's cost base was identified, with expenditure increasing by £122.7m during the period, driven by pay inflation, increased temporary staffing spend, additional substantive pay costs, non-pay costs and depreciation.

The assessment validated the Trust's underlying deficit, the drivers of deficit ranged between £27m to £70m, depending on the assumptions applied. Opportunities spanned from operational activities within the Trust's control to longer term strategic items and structural solutions requiring a system approach. Key areas were known to the Trust and largely aligned to the cost improvement schemes.

This piece of work would be commissioned by providers across South Yorkshire to support the Acute Federation and Integrated Care Board focus on the identification of opportunities.

In response to a question regarding the value of opportunities within Estates, the Chief Financial Officer confirmed the savings related largely to securing best value contracts rather than infrastructure changes due to the challenged estate.

The Chair of the Board welcomed the Trust's early use of the independent assessment and recognised the benefit of a review to inform system opportunities.

The Board:

- ***Noted and took assurance from the Drivers of the Deficit***

P24/05/D2 **Chair's Assurance Log – Quality & Effectiveness Committee (Enclosure D2)**

Jo Gander, Chair of the Quality & Effectiveness Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

The Board's attention was drawn to the limited colleague uptake of Influenza and Covid immunisations, which had been deferred to the People Committee for review.

MB

Concerns regarding the implementation of patient tracking software had been discussed at agenda item D1 and would continue to be monitored by the Committee.

The Board:

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

P24/05/D3 **Chair's Assurance Log – People Committee (Enclosure D3)**

Mark Bailey, Chair of the People Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

The report highlighted a concern relating to a current misalignment between the NHS long term workforce plan and 2024/25 business planning guidelines.

Significant assurance had been taken in relation to maternity services workforce supply and demand, the number of registered midwives was at its highest level, and based on current expressions of interest it was expected that the Trust would be fully recruited by 31 December 2024.

The Board:

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

P24/05/D4 **Chair's Assurance Log – Finance & Performance Committee (Enclosure D4)**

Mark Day, Chair of the Finance & Performance Committee provided a verbal update from the meeting of 26 April 2024. There had been an extensive discussion around the year-end position and 2024/25 financial plans, which the Committee approved for submission to the Integrated Care Board. The Trust had achieved the four hour emergency care standard in March and confirmation of potential funding to mark the improvement was awaited. In terms of oversight of the Trust's elective performance it had been recommended that the Trust would exit tier two oversight.

A written copy of the assurance log would be provided post meeting and uploaded to the portfolio of papers.

MD

The Board:

- ***Noted and took assurance from the Chair’s verbal update***

P24/05/D5 Chair’s Assurance Log – Audit & Risk Committee (Enclosure D5)

Kath Smart, Chair of the Audit & Risk Committee provided an overview of the four quadrants of the Chair’s assurance log, positive assurance, areas of major works, areas of focus and decisions made.

The Board’s attention was drawn to the increase in the audit recommendation closure rate to 77% for timeliness, against a standard of 75% and an overall closure rate of 90%. The Head of Internal Audit Opinion for 2023/24 would be received in June 2024.

The internal audit review of Estates Planned Preventative Maintenance programme provided significant assurance on the arrangements in place to establish and monitor performance against delivery.

The Board:

- ***Noted the Chair’s Assurance Log – Audit & Risk Committee***

P24/05/D6 Board Assurance Framework (BAF Risks 1-7 and Trust Risk Register) (Enclosure D6)

The Deputy Chief Executive provided an overview of the Board Assurance Framework, recognising the current span of strategic risks, oversight arrangements and the increased focus on risk management through the Risk Management Board. Following agreement of the risk appetite statement a refresh of the individual frameworks including alignment to individual committee and risk scores would be progressed.

EDs

BAF1 (Patients) - in view of limited progress on clinical audit effectiveness and required actions arising from the CQC inspection the current risk score would remain at 16.

BAF2 (People) - following lengthy discussions regarding the short term focus on restricted workforce growth in line with 2024/25 operational and financial planning it had been agreed the current risk score would remain at 12.

BAF3 (Operational Performance) - Non-executive Director, Kath Smart suggested the Chief Operating Officer consider the following areas for future inclusion: the assurance gained through a change in NHSE oversight, separation of key controls and reporting related to elective care.

DS

BAF5 (Financial Performance) - no significant change expected to risk score.

BAF6 (Partners) – development of the Trust’s strategy would define actions to address collaboration, with refreshed Board reporting ensuring a focus on partnership. Committee oversight and contribution would be reassessed for a future iteration.

The Chair of the Audit & Risk Committee reminded BAF owners of the need to refresh target risk scores as four of the seven strategic risks had not reached the target score.

The Board:

- ***noted and took assurance from the Board Assurance Framework***

P24/05/D7 Audit & Risk Committee Terms of Reference (Enclosure D7)

The Board received and approved the refreshed Audit & Risk Committee's Terms of Reference.

The Company Secretary advised that additional minor adjustments may be required in response to 360 Assurance's review of corporate governance arrangements, and these would be presented in due course.

The Board:

- ***Approved the Audit & Risk Committee Terms of Reference***

P24/05/D8 Report to the Board following the Review of Effectiveness of the Council Governors (Enclosure D8)

Following a review of the effectiveness of the Council of Governors, supported by NHS Providers' Governwell Team and an independent governance advisor, the Deputy Chief Executive shared with the Board suggested next steps to progress initial findings and recommendations shared at the Council of Governors' April meeting.

Wider feedback would be sought to ensure the collective voice of the Council was heard, ensuring governors were supported to fulfil their statutory duties. Following receipt of the feedback the Board would take any required decisions and nominations would be sought for the role of Lead Governor.

The Board:

- ***Noted the Report to the Board following the Review of Effectiveness of the Council Governors and supported its recommendations***

P24/05/E1 CQC Report & Action Plan (Enclosure E1)

Following receipt of the final inspection report an action plan was developed to address the required improvements. The executive lead for the overall plan is the Chief Nurse, with each action assigned to an executive and operational lead, who would monitor delivery against the plan.

The action plan would be uploaded to Monday.com, progress would be reported to the Trust Leadership Team and quarterly by exception to the Quality & Effectiveness Committee.

In view of the change to the CQC assessment framework, the Chief Nurse would seek clarity on the requirements for reassessment of regulatory breaches.

The Board:

- ***Noted the report and action plan and approved the approach and monitoring outline***

P24/05/E2 Maternity & Neonatal Update (Enclosure E2)

The report provided an overview of the progress made against the national standards within maternity and neonatal services.

The Director of Midwifery confirmed full compliance had been awarded for Year 5 of the Clinical Negligence Scheme for Trusts standards and work had commenced on Year 6 due for submission in March 2025.

Midwifery staffing was an improving position, with a significant interest for the October intake of newly qualified midwives.

Work continued in respect of Savings Babies Lives Care Bundle version three, and full compliance was expected upon reassessment.
A refreshed version of the perinatal dashboard would be provided at the next Board meeting.

Emyr Jones, Non-executive Maternity Champion recognised the exemplary leadership in maternity and neonatal services.

The Board:

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

P24/05/F Information Items (Enclosure F1 – F3)

The Board noted:

- F1 Board of Directors Workplan
- F2 NHS Planning Guidance 2024/25
- F3 Nottingham & Nottinghamshire Integrated Care Strategy 2023-27 (refreshed March 2024)

In respect of F1, the Chair of the Charitable Funds Committee requested the frequency of the Chair's assurance log be amended to reflect the sequence of meetings.

AO

P24/05/G1 Minutes of the meeting held on 26 March 2024 (Enclosure G1)

The Board:

- ***Approved the minutes of the meeting held on 26 March 2024***

P24/05/G2 **Pre-submitted Governor Questions regarding the business of the meeting (verbal)**

No questions had been received prior to the meeting; the Chair of the Board invited any questions post meeting to be submitted to the Trust Board Office for a written response to be provided. Governor question and answers would continue to be available via the governor portal and provided for information at the Council of Governors meeting. The Company Secretary had presented a selection of questions at April's Council of Governors meeting and this trial approach would continue at future meetings.

P24/05/G3 **Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were received.

P24/05/G4 **Date and time of next meeting (Verbal)**

Date: Tuesday 27 February 2024

Time: 13:30

Venue: MS Teams

P24/05/G4 **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.*

P24/05/H **Close of meeting (Verbal)**

The meeting closed at 13:08



Suzy Brain England OBE

Chair of the Board

2 July 2024