

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 27 September 2022 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
George Briggs - Interim Chief Operating Officer
Alex Crickmar - Acting Director of Finance
Mark Day - Non-executive Director
Joanne Gander - Non-executive Director
Zoe Lintin - Chief People Officer
Dr Tim Noble - Executive Medical Director
Richard Parker OBE - Chief Executive
Neil Rhodes - Non-executive Director
Kath Smart - Non-executive Director
Abigail Trainer - Acting Chief Nurse
- In attendance:** Lesley Barnett - Deputy Director of Nursing for Cancer (agenda item B1)
Fiona Dunn - Director of Corporate Affairs / Company Secretary
Angela O'Mara - Deputy Company Secretary (Minutes)
Toni Peet - Personalised Care Manager (agenda item B1)
Dr Anna Pryce - Guardian of Safe Working (agenda item D3)
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Helen Best - Member of the Public
Laura Brookshaw - 360 Assurance
Tina Harrison - Partner Governor
Georgina Holmes - Staff Side Chair
Heather Jackson - Director of Allied Health Professionals (observer)
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Pauline Riley - Public Governor Doncaster
Sophie Strong - Graduate Management Trainee (observer)
- Apologies:** Lois Mellor - Director of Midwifery
Jon Sargeant - Interim Director of Recovery, Innovation & Transformation

P22/09/A1 **Welcome, apologies for absence and declaration of interest (Verbal)**

The Deputy Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and members of public in attendance.
The above apologies for absence were noted and no declarations were made.

P22/09/A2 **Actions from Previous Meetings (Enclosure A2)**

Action 1 – Principles for 2022/2023

Action has now been closed.

Action 2 - Board Assurance Framework – Strategic Aim 1

An updated Board Assurance Framework was provided at agenda item C1. Action to be closed.

Action 3 - Impact of Pay Award

The impact had been included within the Finance Update provided at agenda item E2. Action to be closed.

Action 4 – Risk Management

The inaugural meeting of the Risk Management Board, scheduled for 19 September 2022 had been stood down in view of the national bank holiday for the Queen’s funeral. The next meeting would take place on 17 October 2022 and an update provided to the Board of Directors meeting to take place on 29 November 2022.

The Board:

- ***Noted the update to the action log.***

P22/09/B1 **The National Cancer Patient Experience Survey 2021 Presentation (Enclosure B1)**

The Deputy Chair welcomed the Deputy Director of Nursing for Cancer and the Personal Care Manager to the meeting, to present the outcomes of the 2021 National Cancer Patient Experience Survey.

The presentation provided an overview of the survey, designed to monitor progress in delivery of cancer care, drive local improvements and inform the work of the various charities and stakeholder groups supporting cancer patients. The survey demonstrated the Trust’s performance, as compared to the national average and identified strengths and development opportunities in the service provided.

The survey, commissioned by NHS England, and administered by Picker included NHS adult patients who had received a confirmed primary cancer diagnosis and were subsequently discharged following treatment between April and June 2021. A total of 116 patient responses had been received, representing a 58% response rate, the highest number of responses being from breast and colorectal patients.

Overall, 79% of the responses were above the national average and the Deputy Director of Nursing for Cancer recognised this positive outcome. This good news story had been shared within the team and with the support of the Communications Team would be made publically available and included in Trust wide internal communications.

Responses that fell below the national average had been carefully considered, where the level of service was impacted by partner service provision the Deputy Director of Nursing for Cancer confirmed the Trusts would work together to deliver improvements. Colleagues were actively involved in the development of an action plan to address the feedback.

Jo Gander thanked the Deputy Director of Nursing for Cancer for the presentation and shared her appreciation with all colleagues involved in the service, noting the review period coincided with the continued presence of Covid-19. It was confirmed that the areas from which the greatest response had been seen directly related to patient numbers.

Hazel Brand welcomed the development of the action plan but recognised the challenging timeframe to implement and see an impact considering the next survey would take place in October 2022. Post meeting the possibility of the report being received in a timelier manner was raised with the Deputy Director of Nursing for Cancer who agreed to provide that feedback to the national survey provider, Picker.

Kath Smart acknowledged the negative feedback and nationally low response rate with regards to the quality of patient food and confirmed nutrition and hydration had been subject to discussion at the Quality & Effectiveness Committee. Whilst no overarching themes had been identified it was helpful to receive feedback for discussion at the relevant forum.

The Executive Medical Director acknowledged the positive outcome and shared his appreciation with the Deputy Director of Nursing for Cancer and the wider team.

The Chair thanked the Deputy Director of Nursing for Cancer for the comprehensive update to Board.

The Board

- ***Noted the National Cancer Patient Experience Survey 2021 presentation***

P22/09/C1 Board Assurance Framework – SA1 (Enclosure C1)

The Board received an updated Board Assurance Framework (BAF) in respect of risks to the achievement of the Trust's strategic aim 1 – to provide outstanding care and improve patient experience.

The Acting Chief Nurse confirmed all updates were highlighted for ease of reference. Guidance on implementation of the Patient Safety Incident Response Framework (PSIRF) had been received, delivery of which was expected within 12 months and would be considered alongside the patient safety peer review and the governance restructure. The revised Infection, Prevention and Control Board Assurance Framework remained outstanding.

The Executive Medical Director confirmed the National Institute for Health and Care Excellence (NICE) clinical effectiveness audits and Tendable audits were included as new measures. Risk stratification, validation and clinical prioritisation of patient pathway work continued and ongoing development/improvements would be progressed by the Outstanding Outpatients Forum, to include digital transformation.

Kath Smart welcomed the addition of the risk appetite to the Board Assurance Framework and the incorporation of Strategic Aim 1 (Covid). A conversation with regards to the implementation of the Patient Safety Incident Response Framework was expected at next week's Quality & Effectiveness Committee, including the impact of the actions on the target risk rating.

The Chief Executive acknowledged the change to systems, process and controls arising from PSIRF, however, a need to improve current performance levels as well as a focus of the future was required; with safe and sustainable urgent and emergency care, elective recovery and winter plans required.

In response to a question from Mark Bailey, the Acting Chief Nurse confirmed that in the absence of an updated Infection, Prevention & Control Board Assurance Framework the existing guidance was being followed, no change had been identified to the Trust's position by the Lead IPC Nurse and the Director of Infection Prevention and Control.

In respect of the Ockenden assurance, Mark Bailey asked that the date be amended to reflect the peer review visit of July 2022.

With the expected return of influenza and norovirus this winter, whilst learning to live with Covid, the Chief Executive stressed the importance of public support in respect of adopting hands, face, space and ventilation and key public health communications would be required to this effect.

The Board:

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

P22/09/C2 Chief Nurse Update (Enclosure C2)

The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers. The following highlights were brought to the Board's attention.

Following the safer nursing data collection in May a need to provide additional training in the use of the safer staffing tool was identified, due to staff turnover. The next data collection would take place in November 2022 and would support the business planning process.

A summary of new recruits by division identified new starters over the coming months, due to the impact of Covid on placement hours a slight delay to start dates had been seen for some newly qualified nurses. Funding for a Royal College of Nursing leadership development programme had been secured for 75 staff nurses.

A focus on agency usage continued, including choice of supplier and the approval process for high cost providers.

The Chief People Officer requested an early conversation with the Acting Chief Nurse to ensure a joined up approach to just culture.

Kath Smart recognised the potential of Tendable, feedback on audit outcomes would be presented to the Quality & Effectiveness Committee with a focused conversation on learning.

Mark Day noted the review of moderate and severe harm falls and enquired if a wider review to include no and low harm falls was undertaken. The Acting Chief Nurse confirmed that falls work focused primarily on prevention, an example of which was the "see yellow think falls" initiative. The nursing team and the Director of Allied Health Professionals

would work closely to further develop falls prevention, evidence of which had been observed on a recent ward visit by the Interim Chief Operating Officer and Mark Bailey as part of a therapist led quality improvement.

In response to a question from Mark Day, the Acting Chief Nurse confirmed that despite difficulties recruiting, the safe care pilot had continued with manual data collection. The Chief Executive acknowledged that due to the relocation of colleagues during the pandemic there may be a need to review and refresh the Allocate system to ensure the establishment and associated budget accurately reflected workforce needs.

Mark Bailey welcomed the extension of the RCN leadership programme, in terms of wider learning and development needs the Acting Chief Nurse confirmed they would be considered as part of the appraisal process.

The Board:

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

P22/09/C3 Maternity Update (Enclosure C3)

The Board received the Maternity Update, which provided the findings of perinatal deaths, Health Safety Investigation Branch (HSIB) referrals, training compliance, service user voice feedback and compliance in respect of the Clinical Negligence Scheme for Trusts (CNST) 10.

The Acting Chief Nurse confirmed a recent visit of maternity services had taken place, supported by the non-executive maternity safety champion. Staffing continued to be challenging, although a number of newly qualified and experienced midwives had now been recruited.

The Director of Midwifery had recently presented to the Council of Governors on maternity safety reviews and their impact and the Chair of the Board acknowledged the contribution of the Director of Midwifery and her team.

The Board:

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

P22/09/C4 Executive Medical Director Update, including Q4 2021/2022 Learning from Deaths Report (Enclosure C4)

The Executive Medical Director Update provided a summary of key areas of work within the directorate, including the Hospital Standardised Mortality Ratio (HSMR), Summary Hospital-level Mortality Indicator (SHMI) and the Learning from Deaths Report Quarter 4 2021/22.

Kath Smart noted the inclusion of SHMI in the CQC Insight report recently received at the Quality & Effectiveness Committee and stressed the importance of being sighted on this performance indicator, noting the limiting factors in its calculation identified by the Executive Medical Director.

Recruitment to some specialities was difficult and where additional sessions were a consistent feature, the Executive Medical Director confirmed they would be subject to review by the Medical Director for Workforce and Specialty Development.

In response to a question from Neil Rhodes, with regards to the high number of programmed activities (PAs) carried out by some consultants, the Executive Medical Director clarified that outside of 7am-7pm Monday to Friday the PA equated to three rather than four hours. In addition a PA could relate to the discharge of a specific duty, rather than a time commitment. However, as a responsible employer, there was a duty of care to employees to be considered alongside the delivery of a safe, efficient and sustainable service. The Chief Executive suggested it would be appropriate as an organisation to determine an upper limit for PAs, the monitoring of which would be undertaken by the Medical Directors Office and benchmarked via model hospital.

In response to a question from Jo Gander, the Executive Medical Director confirmed that a diagnosis of autism was not always included in care records, as a result of patient choice and as such autism could not always be identified within the learning from deaths reports.

Mark Day highlighted the issue of missing patient wristbands, the Acting Chief Nurse confirmed a planned programme of work to address this was underway, the monitoring of which could be included within a Tendable audit.

The Board:

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

P22/09/D1 Board Assurance Framework – SA2 & 3 (Enclosure D1)

The Board received an updated Board Assurance Framework, which included risks to the achievement of the Trust's strategic aim 2 – everybody knows their role in achieving the vision and strategic aim 3 - feedback from staff and learning in top 10% in UK.

The Chief People Officer confirmed updates from this month's People Committee had been incorporated, highlighted for ease of reference. A discussion had taken place in respect of strategic aim 3's target risk rating relating to workforce, which had resulted in an amendment to the in-year rating of 12 with the overall ambition remaining at 8. In addition, a corporate risk had been added to the risk register to reflect the impact of the current cost of living crisis on our workforce and the potential for industrial action.

The programme of Board visits had commenced in September and the Chair of the Board enquired how the Board could be assured that outputs requiring action were addressed. The Chief People Officer confirmed the key purpose of the visits was to raise visibility, improve connections with the workforce and observe first-hand the staff and patient experience. Colleagues were to be signposted for appropriate support, unless the matter was able to be resolved by the visiting board members. The executive board member would feedback to the host and send a thank you card and the non-executive member would complete the template for return to the Trust Board Office.

An engagement plan would support the launch of the staff survey this week, including the sharing of previous year's improvements, it would be helpful for board members to

promote completion as part of their visits. A yearly cycle of engagement would be planned going forwards to ensure timely action once the embargo was lifted.

The Board:

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

P22/09/D2 People Update (Enclosure D2)

The People Update provided information on developments relating to staff engagement and experience, board development, buddying and non-executive “champion” roles.

A total of 69% of non-medical colleague appraisals had been recorded, the completion rate was expected to be slightly higher due to delays in updating ESR. A review of the appraisal process had taken place and a shortened form would be developed for use next year; it was expected the season would start in April 2023.

A communications programme to support the national Speak Up campaign would take place in October. In her capacity as Freedom to Speak Up Non-executive Director, Hazel Brand encouraged board members to share their pledge.

In response to a question from Kath Smart with regards to assessing the impact of the health and wellbeing offer, the Chief People Officer confirmed the offer had been reviewed at the recent People Committee from a sustainability perspective and whilst the take up rates indicated the level of interest, feedback from a qualitative perspective was also required. A briefing paper with regards to the future of the schemes would be developed with a view to establish funding support.

The Board:

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

P22/09/D3 Guardian of Safe Working Quarterly Report (Enclosure D3)

The Chair of the Board welcomed the Guardian of Safe Working, Dr Anna Pryce, to the meeting.

The report provided an overview of reporting during the period May to July 2022, when a low level of exception reporting was noted, mostly related to medical specialities with rota gaps, arising due to vacancies and/or sickness absence. An anomaly in reporting was highlighted during May and June where multiple exceptions were reported retrospectively by a junior doctor. A programme of engagement to raise awareness of exception reporting and its purpose was ongoing.

Over the last 12 months an increase in the number of exception reports relating to missed educational opportunities was noted, reflective of high workloads. The Executive Medical Director confirmed educational training should be stood down only in exceptional circumstances and he encouraged increased awareness of this matter.

The Guardian of Safe Working reported higher than usual trainee vacancies during August which may impact on future reports. It was agreed that an updated position would be received at November's Board of Directors.

The Board:

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

P22/09/D4 Workforce Race & Disability Equality Standards (Enclosure D4)

The Chief People Officer brought the Board's attention to this year's data submissions in respect of workforce race and disability equality standards. The report highlighted the positive improvements and key areas of focus, which included a lack of disabled and Black, Asian and Minority Ethnic (BAME) representation at board level and a largely static BAME non-clinical representation in Agenda for Change bands 8a and above.

Neil Rhodes acknowledged the positive BAME representation across the NHS below band 8a and reflected that analysis of the top 5% of earners may be a helpful indicator of positive representation. He recognised that disability equality standards were more challenging, however, an increase in the number of appointments had been seen, particularly in Agenda for Change bands 5 to 7.

A number of initiatives to improve representation at a Board level, including the Black on Board programme and board apprentices, provided opportunities to specifically target groups to support executive and non-executive appointments and the Chief People Officer agreed to discuss with Neil Rhodes outside of the meeting. **ZL**

The Chair of the Board confirmed a previous pre-pandemic approach to increase the Board's diversity had met with limited success and the newly appointed Chief People Officer was currently undertaking an options appraisal which would be presented to a future board for consideration.

The Board:

- ***Noted and took assurance from the Workforce Race & Disability Equality Standards***

P22/09/E1 Board Assurance Framework – SA4 (Enclosure E1)

The Board received an updated Board Assurance Framework (BAF) which identified risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care.

The Acting Director of Finance summarised the changes to the BAF, highlighted for ease of reference, which related to the deterioration of the income and expenditure position in month five, which he summarised as part of agenda item E2 – Financial Update.

The Board:

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

P22/09/E2 **Finance Update (Enclosure E2)**

The Acting Director of Finance provided a high-level overview of the month five position. The Board were asked to note an in-month deficit of £2.7m, £1.0m adverse to plan and a year-to-date deficit of £7.9m, £1.4m adverse to plan. The deficit was largely driven by a pay overspend of £4.7m due to high temporary staffing usage. The reported position included Q1/2 Elective Recovery Funding, which if removed would result in a deficit variance of c£7-8m.

Capital spend in-month was £1m against a plan of £1.7m, year-to- date capital spend was £3.6m against a plan of £7.3m.

At the end of August the cash balance was £27m, an increase of £2.8m from the previous month. This increase related to quarterly income from Health Education England and limited capital expenditure. Due to the planned income and expenditure deficit and a back loaded capital plan, the cash balance was expected to fall throughout the rest of the year and would be subject to close monitoring.

£2.2m of savings had been delivered in month against the plan of £1.1m, with a year to date savings of £8.1m against a planned £5.7m.

As requested at the last Board meeting the Acting Director of Finance confirmed the estimated annual cost of the 2022/23 pay award was c£13.9m. Taking into account additional funding since planning, initial calculations indicated an annual cost pressure in year of c£0.3m.

In addition to the actions taken at an organisational level in respect of agency spend, the Chief People Officer confirmed the Trust was also part of a system wide working group.

In his capacity as Chair of the Finance & Performance Committee Neil Rhodes recognised the challenging income and expenditure position and confirmed an additional single agenda meeting of the Committee had supported a focused discussion on the increased reliance and associated cost of temporary staffing. The discussion considered workforce and operational pressures, the financial impact and relevant controls and mitigating actions.

In response to a question from Kath Smart with regards to plans to address the increased agency spend, the Chief Executive confirmed the plan would be based on forecasted activity, elective recovery funding assumptions, bed base and anticipated Covid infection rates. The situation was recognised to be challenging at a local, regional and national level. The Trust had not delivered the required enhanced levels of activity and there was the potential for future funding to be linked to delivery of patient initiated follow up and virtual wards. The plan had to be predicated on increased recruitment and reflect new ways of working, the revised plan and refreshed trajectories would then allow a financial position to be established, and the Integrated Care Board would be sighted on these plans and associated challenges. The work would be co-ordinated by the Directorate of Recovery, Innovation & Transformation and tracked via Monday.com, allowing operational staff the time to focus on delivery.

The Acting Chief Nurse highlighted that the majority of additional shifts sourced via NHS Professionals were fulfilled by Trust colleague and reinforced the need to achieve a balance

between offering a safely staffed service and colleagues' health and wellbeing. In addition, as the majority of new recruits were newly qualified registrants, a settling in period was required before they become part of the hands per shift.

The Board:

- ***Noted the Finance Update.***

P22/09/E3 Operational Performance Update including Ambulance Handover Delays (Enclosure E3)

The Interim Chief Operating Officer provided an insight into the current operational performance.

Demand for emergency services remained high; a reconfiguration of services to improve triage and streaming at the front door including enhanced pathways for same day emergency care had taken place and overnight/out of hours GP capacity had been increased.

The ambulance handovers position continued to be challenging, with increased numbers and continuing flow issues resulting in delays. The Trust was working proactively with partners to educate and improve direct referrals to Same Day Emergency Care and had initiated changes to reinstate the Emergency Assessment Unit and increase the capacity for Early Senior Assessment.

A second draft of the winter plan had been prepared and use of the modular theatre finalised to be implemented following the relocation of the central delivery suite.

The Chief Executive recognised the need to improve emergency performance, both internally and with partners, ensuring patients were seen in the right place and at the right time and to manage flow out of the department via a place-based approach.

Kath Smart sought assurance that the plans to address ambulance handover delays and elective recovery were appropriate, the Interim Chief Operating Officer confirmed his confidence in the urgent and emergency care plans but highlighted the impact would be realised over a period of time and with the support of the Trust's partners. In response to a question from Hazel Brand, it was confirmed that delivery was monitored via Monday.com and the Project Management Office and reported to the Finance & Performance Committee.

The Trust would work with the independent sector to recover elective backlogs with the process and budgets carefully managed by the Interim Chief Operating Officer, Interim Director of Recovery, Innovation & Transformation and Acting Director of Finance.

The Interim Chief Operating Officer clarified the process of waiting list validation, currently completed by an external provider, Source, with a view to completing the work in house.

The Board:

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

P22/09/E4 Update on Covid-19 Public Enquiry (Enclosure E4)

The Company Secretary provided an overview of the Covid-19 public enquiry, noting its modular approach, procedural and public hearings and associated timeline. A summary of the implications and considerations for the Board were highlighted. In accordance with the terms of reference the Trust was not expected to be a core participant and to date no request for information had been received. The necessary provisions for the retention of data and documents was in place.

The Interim Chief Operating Officer, was the Trust's executive lead, supported by the Emergency Planning Team.

In response to a question from Hazel Brand, the Company Secretary confirmed the focus on discharge to care homes/social care settings was expected to be considered as part of Module 3.

Risk ID 3103 - the Trust's ability to comply with National COVID-19 Inquiry had been added to the corporate risk register and future updates would be provided to Board, as required.

The Board:

- ***Noted the Update on Covid-19 Public Enquiry***

P22/09/E5 Directorate of Recovery, Innovation & Transformation Update (Enclosure E5)

In the absence of the Interim Director of Recovery, Innovation & Transformation the Chief Executive introduced the report which provided an insight into the directorate's work.

The importance of the Montagu Elective Orthopaedic Centre project was highlighted. Working in partnership with The Rotherham NHS Foundation Trust and Barnsley Hospital Foundation Trust, the Trust was developing a business case on behalf of the Integrated Care System to create a centre of excellence to support orthopaedic elective recovery.

In his capacity as Chair of the Finance & Performance Committee Neil Rhodes confirmed a substantial update had been provided at this month's Committee meeting, which included an in-depth assessment of the capital projects and governance structure implemented to ensure appropriate oversight of key developments. The Committee were appropriately assured and welcomed the positive impact of the new directorate.

The Board:

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

P22/09/G1 Corporate Risk Register (Enclosure G1)

The Board received the Corporate Risk Register and supporting paper. No new corporate risks, rated 15+ had been added to the register.

Risk ID 3103, the Trust's ability to comply with the National COVID-19 public inquiry had been added to the register by the Interim Chief Operating Officer.

Risk ID 2472 - Covid-19 had seen a reduction in the rating assigned to the management of the world-wide Corona virus pandemic from 20 to 15.

The independent peer review of risk management had been completed and the key enabler for the implementation of the report recommendations would be the newly created Risk Management Board.

Kath Smart welcomed the updates to the corporate risk register, further updates to Estates & Facilities risks were required and the Company Secretary agreed to follow these up with the team.

FD

In response to a question from Neil Rhodes, the Executive Medical Director confirmed that ahead of the Risk Management Board colleagues would be asked to review the current 15+ risks to ensure the risk and mitigating actions were still relevant and current.

The Board:

- ***Noted the Corporate Risk Register.***

P22/09/G2 Approval of Risk Management Policy & Risk Appetite Statement (Enclosure G2)

The policy and supporting risk appetite statement were received for approval. The papers had been circulated for comment to executive and non-executive colleagues, the Trust's internal auditors and presented to the Trust Executive Group, comments from which had been incorporated.

Updates to the policy included: risk appetite, risk tolerance, risk grading, roles and responsibilities, a review of the risk governance structure and process and the development of Risk Management Board Terms of Reference. All of which addressed the recommendations in the internal audit risk management review.

In response to a question from the Executive Medical Director, the Chief Executive confirmed as the substantive director with responsibility for clinical governance and patient safety, his role as Chair of the Risk Management Board was appropriate and no revision to the policy review date was necessary.

The Board

- ***Approved the Risk Management Policy & Risk Appetite Statement***

P22/09/G3 Trust Board Directors Register of Interests & Fit & Proper Person Annual Review (Enclosure G3)

In accordance with the NHS Code of Accountability and NHS England's guidance on managing conflicts of interest, board members were required to declare an interest which had the potential to conflict the impartial discharge of their duties. A current register of interests as at 1 August 2022 was provided for information, should there be any future change this should be declared to the Chair of the Board prior to the business of the meeting.

The Board

- ***Noted the Trust Board Directors Register of Interests & Fit & Proper Person Annual Review***

P22/09/G4 DBTH Constitution – Review Update (G4)

A review of the Trust’s Constitution had been completed by the Company Secretary to reflect changes following the introduction of the Health and Care Act 2022, specifically the formal adoption of Integrated Care Systems and the subsequent abolition of Clinical Commissioning Groups (CCG).

Other changes included clarity in respect of volunteer membership rights, the role of a governor in system working and following legislative changes the opportunity to replace CCG partner governors to improve diversity and reflect the community served by the Trust.

Feedback from executive, non-executive and governors had been incorporated and subject to approval by the Board, the Constitution would be presented to the Council of Governors on 29 September for ratification.

In response to a question from Hazel Brand, the Company Secretary confirmed the suspension of a governor subject to a conduct/disciplinary investigation was referenced at 14.1.4 ***“A governor, who is the subject of a conduct/disciplinary investigation, will be suspended from governor duties pending the outcome of the investigation (see section 2.5 Annex 5)”***. Further guidance, including actions to terminate a governors tenure could be found in Annex 5 and in response to a question from the Chief Executive it was confirmed post meeting that where a governor resigned or their tenure terminated they would not be eligible to stand for re-election for a period of three years from the date of resignation/removal.

Subject to the above clarification the Board confirmed their approval of the Constitution.

The Board

- ***Approved the Trust’s Constitution***

P22/09/H1 Information Items (Enclosure H1 – H9)

The Board noted:

- H1 Chair and NEDs Report
- H2 Chief Executives Report
- H3 Performance Update Appendices
- H4 Minutes of the Finance and Performance Committee 26 May & 30 June 2022
- H5 Minutes of the People Committee 3 May 2022
- H6 Minutes of the Audit & Risk Committee 17 June 2022
- H7 Minutes of the Quality & Effectiveness Committee 8 February, 5 April & 7 June 2022

- H8 – Minutes of the Charitable Funds Committee 9 December 2021 & 24 March 2022
- H9 Minutes of the Trust Executive Group 11 July & 15 August 2022

P22/09/11 Minutes of the meeting held on 26 July 2022 (Enclosure I1)

The Board:

- ***Approved the minutes of the meeting held on 26 July 2022.***

P22/09/12 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were raised.

P22/09/13 Governor Questions regarding the business of the meeting (10 minutes) *

The following questions were raised by the Deputy Lead Governor, on behalf of the governors:

The Board Assurance Framework cites workforce as the top risk to sustainable performance. Accepting that the Trust is constantly pursuing a range of mitigation actions, workforce shortages remain a significant challenge. Much of the cause lies at the door of national decisions on training places, pay, pensions, etc., over which we have little influence. In respect of elements within the "control" of the Trust, are there further actions being taken or planned to be taken to further improve the workforce situation, particularly in respect of retention? Which of these is working? Additionally, what collaborative actions are being taken with partners within the ICBs (SY and Notts.) to secure longer-term improvement in workforce supply and retention, and which of these is expected to have an early positive impact?"

"The Chief Executive has emphasised the necessity of system working with partners in primary care, community services, social care, etc., in order to reduce avoidable attendances at ED and other departments and to improve flow of patients to and from our hospitals. The governors would welcome a presentation and discussion on what actions have been taken or planned within this chain of collaboration, and how effective they have been or are expected to be."

In order to fully respond to the above, it was agreed that individual governor briefing sessions would be arranged, to be led by the Chief People Officer and Chief Executive respectively.

The Chair of the Board thanked those in attendance for their contribution.

The Board:

- ***Noted the governor question and the agreed approach***

P22/09/I4 **Date and time of next meeting (Verbal)**

Date: Tuesday 25 October 2022

Time: 09:30am

Venue: MS Teams

P22/09/I5 **Withdrawal of Press and Public (Verbal)**

The Board:

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

P22/09/J **Close of meeting (Verbal)**

The meeting closed at 12.55



Suzy Brain England OBE

Chair of the Board

25 October 2022