

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 29 November 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  
Mark Day - Non-executive Director  
Jo 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  
Jon Sargeant - Interim Director of Recovery, Innovation & Transformation  
Kath Smart - Non-executive Director
- In attendance:** Marie Hardacre, Head of Nursing for Corporate Services (agenda item B1)  
Fiona Dunn - Director of Corporate Affairs / Company Secretary  
Angela O'Mara - Deputy Company Secretary (Minutes)  
Jenny Marsh – Interim Deputy Director of Finance  
Lois Mellor - Director of Midwifery  
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw  
Henry Anderson – Member of the Public  
Laura Brookshaw - 360 Assurance  
Rob Allen - Staff Side  
Lynne Logan - Public Governor Doncaster  
Andrew Middleton - Public Governor Bassetlaw  
Pauline Riley - Public Governor Doncaster  
Alison Ryan – Member of the Public  
Lynne Schuller - Public Governor Bassetlaw  
Kevin Turner – Member of the Public  
Karen Jessop – Observer  
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Alex Crickmar, Acting Director of Finance
- P22/11/A1** **Welcome, apologies for absence and declaration of interest (Verbal)**

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

**P22/11/A2 Actions from Previous Meetings (Enclosure A2)**

**Action 1 – Risk Management**

The timeline was provided as part of the Executive Medical Director's Update. Action to be closed.

**Action 2 - Medical Advisory Committee and Risk Management Board**

The structure was included within the Executive Medical Director's Update. Action to be closed.

**Action 3 – Corporate Director Objectives**

The meetings for the non-executives/executive director were in the diary, with the exception of the Chief Operating Officer and Chief Nurse which would take place by the end of Q4 2022/2023, following their substantive appointments in January 2023. Action to be closed.

***The Board:***

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

**P22/11/B1 Tendable (Enclosure B1)**

The Chair of the Board welcomed the Head of Nursing for Corporate Services to the meeting. As a quality inspection tool, the introduction of Tendable supported the monitoring of internal and regulatory requirements relating to the provision of patient care. Prior to its implementation careful consideration had been given to its scope, the learning from other organisations, alignment to the Care Quality Commission's domains and the Trust's specific needs.

The tool, an easy-to-use mobile application, had been well received with good levels of engagement across all three sites. Availability of audits would be expanded over time to ensure a managed introduction. The functionality of action planning would be a key aspect, in order to progress the outcomes of the audit and drive quality improvements.

The data would be available via Monday.com, monitored by the Tendable Steering and reported to the Quality Steering Group.

The next stage of the roll out would be to extend the use to non ward areas, including outpatients and theatres, and a series of audit questions were being developed for this purpose. The Chief Executive recognised colleague buy in would be linked to the added value and looked forward to the data being incorporated within the Quality Dashboard, currently under development.

160 audits had been completed during November 2022 and where an area of improvement had been identified, a supporting action plan developed. The Head of Nursing for Corporate Services confirmed the need for further education in developing appropriate action plans.

Kath Smart welcomed the introduction of Tendable as a clinical audit tool and shared colleagues' positive reactions as part of a recent board visit. It was a great example of workforce led improvement.

The Chair of the Board thanked the Head of Nursing for Corporate Services and the wider team for their work in implementing Tendable.

***The Board***

- ***Noted the Tendable presentation***

**P22/11/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; changes were highlighted for ease of reference.

The Executive Medical Director confirmed the opportunities being explored to deliver the strategic objective. The external peer review of patient safety and governance had now been received and recommendations aligned with the project plan for the implementation of the Patient Safety Incident Response Framework (PSIRF). A business case was being developed to support its implementation.

In response to a question from Jo Gander, it was agreed that CQC preparedness would be added as a measure to the framework. The Interim Deputy Chief Nurse confirmed his involvement in CQC network and engagement meetings and noted the expected introduction of quality statements to replace the existing key lines of enquiry (KLOEs).

Mark Bailey recognised the significant change required to implement PSIRF and sought clarity on the approach, the Executive Medical Director confirmed the Trust would explore learning from early adopters.

The Chief Executive acknowledged the journey to deliver outstanding care would be an iterative approach, a clear view of the end goal was required, as was clarity of the governance arrangements. The changing position would be accurately reflected in the BAF.

***The Board:***

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

**P22/11/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 Interim Deputy Chief Nurse confirmed that the revised Infection Prevention and Control Board Assurance Framework had now been received and would be presented to next month's Quality & Effectiveness Committee, ahead of its submission to Board in January 2023.

A total of 63 newly qualified nurses had been recruited, a small number had experienced a slight delay to their start date, due to the impact of the pandemic on the required number of placement hours for registration.

International recruitment continued to progress well, with a further cohort of 12 recruits expected to arrive in the UK in January and February 2023. A recent celebratory event to recognise completion of the international recruits' Objective Structured Clinical Examinations had been hosted by the Trust. The event was a great opportunity to

celebrate individual successes and observe the development of international recruitment. The Chair of the Board, the Chief People Officer and Non-executive Director, Jo Gander had supported the event and extended their appreciation of the planning, recognition and support offered by the Stay & Thrive Matron and pastoral support from the international recruitment team. The support extended beyond the workplace and ensured colleagues were embedded into the local community and had an appropriate support network, including signposting for specialist advice, when required.

The Royal College of Nursing's leadership programme had been extended to provide additional places for staff nurse development, and to support delivery of the Professional Nurse Advocate (PNA) national strategy, a total of 21 colleagues were now qualified PNAs, with a further 11 expected to complete their training by March 2023. As part of their preceptorship the newly qualified PNAs would join an aptly named "flying squad".

In view of the national pay structure, the Chief Executive acknowledged the added value to staff was linked to training, education and career development opportunities. To enhance staff retention there was a need to understand the reason colleagues leave, and alongside the exit interview the Interim Deputy Chief Nurse advised of newly introduced retention clinics.

In response to a question from Kath Smart with regards to the level of resource required to implement PSIRF, the Interim Deputy Chief Nurse confirmed that a gap analysis would be completed as part of the business case preparation, there was an expectation that the resource was available but there would be a need to work differently to deliver the project plan.

Kath Smart queried the relatively low Friends and Family Test (FFT) response rate of 7.2% reported for September, in order to move this closer to the target of 9.5% the Interim Deputy Chief Nurse confirmed opportunities to utilise digital solutions, such as the QR code, were being explored. An improved range of accessible options were to be pursued with the Communications & Engagement Team.

***The Board:***

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

**P22/11/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 first face to face meeting of the Maternity Voices Partnership had taken place and feedback had been received in relation to professional's use of language when explaining care and associated risks, the triage service and availability of information. In response to a question from Kath Smart, the Director of Midwifery confirmed the feedback was not unexpected and would form part of an action plan to be progressed by the newly appointed Lead Midwife for Equity & Equality.

The Board noted the ongoing work in respect of the Clinical Negligence Scheme for Trusts (CNST) and the actions that remained at risk. The Chief Executive reminded colleagues of

the extensive work in year two and three to declare compliance and the volume of evidence submitted. The Trust's internal auditors had carried out an audit of the CNST year 4 standards and the Ockenden recommendations and in due course the report would be presented to the Audit & Risk Committee.

In response to a question from Kath Smart, the Director of Midwifery confirmed that the data within the North East & Yorkshire perinatal oversight report provided a more up to date regional comparison than the MBRRACE-UK data. The Chief Executive acknowledged that a significantly higher level of deprivation in Doncaster and Bassetlaw resulted in an added complexity to both antenatal and post-natal care.

In respect of training compliance and in response to a question from Hazel Brand, the Director of Midwifery confirmed that all colleagues had received training within the previous 18 months, training dates were allocated and included in rosters. The position was closely monitored by the education team and opportunities for completion explored to mitigate the risk.

***The Board:***

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

**P22/11/C4**

**Executive Medical Director Update, including Q1 2022/2023 Learning from Deaths Report (Enclosure C4)**

The Executive Medical Director's report provided an overview of the current programmes of work within his portfolio. In order to address actions arising from previous meetings appendices to clarify the reporting structure of the Medical Advisory Committee and the risk management timeline were included.

Following scrutiny at the Quality & Effectiveness Committee in October 2022 the Board received the Q1 2022-2023 Learning from Deaths Report. The Executive Medical Director confirmed plans to review the format of the report, with a view to producing an annual report supported by quarterly data analysis updates and a peer group comparison of Hospital Standardised Mortality Ratio (HSMR).

In response to a question from Jo Gander with regards to the escalation of risks the Company secretary clarified the governance route. Kath Smart sought confirmation from the Executive Medical Director that the timeline for review of those risks rated 15+ was achievable, good progress was reported and the rate of completion would be subject to continued monitoring.

In response to a question from Kath Smart, the Executive Medical Director confirmed the rate of completion of medical appraisals during Q1/2 was not a cause for concern and mirrored the picture seen in previous years, unlike the non-clinical appraisal process completion was across the year rather than within a specific window.

Mark Bailey welcomed the expansion of the foundation programme and supported the Executive Medical Director's view that the importance of a high quality training resource was crucial to success, recognising the clear link between a positive training experience and the ability to attract and retain colleagues.

The impact of the Getting It Right First Time programme in terms of improved productivity and supporting elective recovery was recognised and the Board had a keen interest in its development.

The Chair of the Board thanked the Executive Medical Director for the comprehensive report.

***The Board:***

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

**P22/11/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 all actions and risks had been reviewed and where appropriate discussions from this month’s People Committee reflected in the narrative. An additional action relating to succession planning had been added.

Recent discussions at the Trust Executive Group with regards to internal audit feedback identified an element of crossover between the two frameworks and this would be subject to review.

***The Board:***

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

**P22/11/D2 People Update (Enclosure D2)**

The People Update provided an overview of developments in relation to activities to support staff engagement and experience, and the development of the new People Strategy.

The Board’s attention was drawn to the closing position of the 2022 national staff survey, a completion rate of c. 65% was noted as at 25 November, an increase from the previous year and one of the leading acute trusts in the country.

In addition, a completion rate of 83.43% was reported for non-clinical appraisals; although higher than previous year the ambition was to continue to increase completion, but with a clear focus on the quality of the conversation.

In response to a question from Mark Bailey, the Chief People Officer confirmed that the current People Strategy was coming to an end, the refresh would reflect the NHS People Plan and NHSE’s report “The future of NHS human resources and organisational development”, issued in November 2021. Education and research would be an integral part of the strategy.

As the former Chair of the People Committee, Mark Day shared his appreciation of the energy and enthusiasm of the Chief People Officer and her team and welcomed the Equality, Diversity & Inclusion action plan which addressed diversity in its widest sense.

In response to a question from the Chair of the Board, the Chief People Officer confirmed that the refreshed strategy would include a comprehensive delivery plan to be supported by a workforce plan, developed in collaboration with medical and clinical colleagues and linked to business planning.

In closing, the Chief Executive highlighted the anticipated national workforce strategy and emphasised the key to success was to work collaboratively at place and system level, whilst maximising opportunities to explore the use of technological and artificial intelligence solutions.

***The Board:***

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

**P22/11/D3 Guardian of Safe Working Quarterly Report (Enclosure D3)**

In the absence of the Guardian of Safe Working the Chief People Officer presented the quarterly report, feedback would be provided to Dr Pryce post meeting.

The Board's attention was drawn to a higher level of exception reporting during the period August to October 2022; no specific areas of concern had been highlighted with regards to work schedules but an increased workload for junior doctors was noted. This was anticipated to increase into the winter months. There was no alignment of reporting to rota gaps.

Kath Smart welcomed the feedback from the most recent junior doctor forum which noted improved staff morale and enquired of the support available to the trainees, noting the reference to staying beyond the end of their shift to complete clinical work. The Executive Medical Director confirmed that staff welfare was a high priority and a handover process at the end of the shift was a supportive measure. The commitment of the trainees was recognised in completing work post shift. Board members were reminded of previous work to improve doctor's mess facilities and the provision of sleep pods. The accessibility and availability of refreshments, particularly out of hours, had been considered by the Medical Advisory Committee and the Executive Medical Director was working with the Director of Finance to consider options to address this.

***The Board:***

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

**P22/11/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 Deputy Director of Finance summarised the changes to the BAF, which had been subject to a substantial review and were highlighted for ease of reference. Supporting detail was contained with the month 7 finance report and no change to the risk rating was reported.

***The Board:***

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

**P22/11/E2 Finance Update (Enclosure E2)**

The Acting Deputy Director of Finance provided a high-level overview of the month seven position. The Board was asked to note an in-month deficit of £0.9m, which was a £19k favourable variance to plan. The year-to-date financial position was a deficit £10.1m, £1m adverse to plan. The position was largely driven by a pay overspend, due to the continued high usage of temporary staffing, these pressures were offset by non-pay spend on elective recovery. National guidance on the clawback of elective funding for Q3/4 had not yet been received. In view of the challenging financial position a review of the year end forecast was in train.

The capital position was currently underspent but delivery of the plan by the year end was expected.

The Trust's underlying cash position had decreased in month and was expected to continue to fall throughout the remainder of the year, this was due to the income and expenditure position and the back loaded capital plan. In view of this, the Board were informed that the year end audit opinion may include an emphasis of matter section relating to going concern.

The Chair of the Finance & Performance Committee welcomed the comprehensive update and confirmed an additional meeting of the Committee had been called to consider the revised financial forecast in early December. The Board Assurance Framework focused attention on the controls, mitigations and actions in place and a debate on the Trust's funding position would be welcomed. The aged infrastructure at Doncaster Royal Infirmary continued to be challenging and there remained a strong case to be made for a new hospital.

The Chief Executive acknowledged the variance in activity and the presence of covid as compared to the planning assumptions and with three waves throughout the year there had been significant additionality, which had impacted upon usage of temporary staffing. In view of this the elective and diagnostic recovery was not where the Trust had hoped, and the challenges of winter had already been seen with the earlier than planned opening of winter beds.

The Trust would continue to work collaboratively with its partners towards achieving the system balance, and the directors of finance and chief executives were actively involved in place, system and Integrated Care Board discussions.

***The Board:***

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

**P22/11/E3 Board Assurance Framework – SA1 & 4 (Enclosure E3)**

The Interim Chief Operating Officer confirmed the relocation of services to support the urgent and emergency care programme had now been completed and the update reflected on the Board Assurance Framework.



**Operational Performance Update including Ambulance Handover Delays (Enclosure E4)**

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

Emergency Department attendances remained high, often at record levels, although there had been minimal impact on hospital admissions, the volume of activity and increased staff absence in October had proved challenging.

Ambulance handover delays remained under close scrutiny despite improvements over the last six weeks. Additional ambulance spaces had been created at Doncaster Royal Infirmary and the impact of the Early Assessment Unit and introduction of the Acute Physician at the front door had been positively received and feedback would be sourced to ensure an understanding of what had worked well and what required further improvement. A quality improvement project had been commissioned with NHSE's Emergency Care Improvement Support Team (ECIST) to commence in December.

The number of medically fit patients awaiting discharge continued to create a significant pressure on beds. The Trust was focused on reducing length of stays and timely discharges but due to a lack of available care packages in the community a system wide solution was required, and the Trust continued to work closely with its partners at Place to source appropriate care tailored to the patient's needs.

The Interim Chief Operating Officer confirmed the range of meetings which focused on delivery of the Place Plan, which included partners from the Council, Acute, Mental Health and Community Trusts, these were supported by Acute Federation and Integrated Care Board meetings involving Chief Executive colleagues.

The focus on quality improvement initiatives had been seen as part of a recent board visit by the Chief People Officer and Jo Gander to Doncaster Royal Infirmary's Emergency Department.

Kath Smart welcomed the support of ECIST to complement internal improvements, including the red to green initiative and the discharge hub and enquired of access to the recently announced government discharge funding of £500m. The Trust would work closely with the Council on this matter but the workforce challenges in respect of care home recruitment were noted and guidance on how this money would be spent had not yet been received.

The Chief Executive noted the challenging position and the required improvement in standards of delivery, which would be realised through iterative improvements. Focused work on falls and mental health conveyance to hospital and the provision of virtual wards were part of a wider plan, which required collaborative working at place and system level. As the NHS continued to face these challenges the support of the public was required in reducing the potential for demand of the services, through active support of the vaccination programmes, and adherence to hands, space, face and ventilation.

Whilst the Chief Executive acknowledged the need to recover both elective and diagnostic activity, post pandemic it seemed appropriate to consider workforce requirements for delivery within core hours and considering the benchmarking of the Getting It Right First Time Programme.

***The Board:***

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

**P22/11/E5 Directorate of Recovery, Innovation & Transformation Update (Enclosure E5)**

The Interim Director of Recovery, Innovation & Transformation introduced the report which provided an insight into the directorate's work. Since the paper had been written news had been received that the Electronic Patient Record Outline Business Case had been approved. This was a significant achievement for the Trust and work to complete the Full Business Case would now be progressed ahead of the financial year end.

The service strategy work had now been completed and a final service line report would be presented to a future Finance & Performance Committee and Board to feed into the planning process.

Work to progress a site-based strategy continued with input from the Chief Operating Officer, Executive Medical Director and Chief Nurse teams. A workshop to receive board members input would be arranged for January and both integrated care systems would be actively engaged.

Good progress was reported on the Mexborough Elective Orthopaedic Centre business case which was expected to be presented to the next Board meeting. In response to a question from Jo Gander, the Interim Director of Recovery, Innovation & Transformation confirmed that the case had been developed taking into account recommendation of the GIRFT Programme, a requirement of the Target Investment Funding.

***The Board:***

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

**P22/11/F1 Community Diagnostic Centre Imaging Suite Business Case (Enclosure F1)**

The Interim Director of Recovery, Innovation and Transformation confirmed the case presented was to provide a static CT and MRI scanner, a condition of approval of the Year 2 business case. Board members were informed that as the case progressed through the approval process there may be a change to the phasing of the work.

Claire Ainsley, Strategic Programmes Manager, summarised the detail of the business case, which in addition to the introduction of the static scanners would see the ultrasound provision co-located in the Community Diagnostic Centre and the purchase of software to support cardiac MRIs, a welcomed addition which would avoid the need for patients to travel to the Northern General Hospital in Sheffield. The enhanced patient pathway would offer an improved experience by supporting access to a single location for a range of diagnostic testing, increasing capacity and supporting the reduction of backlogs. Supporting upgrades to the electrical infrastructure were included in the case.

The X-ray facility at Retford Hospital would be utilised initially as a training facility for 11 radiographers and subsequently had the potential to be used as a spoke facility, again improving accessibility across South Yorkshire and Bassetlaw.

In response to a question from Hazel Brand, it was confirmed that consideration had been given to the infrastructure and services to support the development. The development of the site also had the potential to impact positively on local businesses.

In view of the benefit to the residents of the town and the development of the Montagu site, the Chair of the Charitable Funds Committee and the Interim Director of Recovery, Innovation & Transformation had discussed the potential to utilise the Fred and Anne Green legacy with the executors.

The Chair of the Finance & Performance Committee confirmed the case had been considered by the Committee, who had sought assurance that the workforce plan was being developed but were supportive of the plans and supporting business case.

The Board supported the case and gave its approval for submission.

***The Board:***

- ***Approved the Community Diagnostic Centre Imaging Suite Business Case***

**P22/11/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. There was a total of 99 risks rated 15+, 11 of which were monitored via the Corporate Risk Register.

Additional commentary had been added to the Corporate Risk Register to provide an update on the controls in place. Kath Smart shared her appreciation of the update and enquired if risk ID 1519 (Q&E9) in respect of availability and supplies of medicines was worthy of review. The Executive Medical Director confirmed the matter would be considered at the next meeting with the Chief Pharmacist to reconsider the position for reporting via the appropriate governance route, an update would also be included within the Executive Medical Director's board report.

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To aid clarity, the Chair of the Audit Committee shared the auditor's recommendation to separate the controls and mitigating actions.

The expectation of the Risk Management Board would be to establish that the risk and its score remained relevant and that mitigating actions were effective, or if improved mitigation was required.

***The Board:***

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

**P22/11/G2 Use of the Trust Seal (Enclosure G2)**

The Board noted and approved the use of the Trust Seal in relation to the lease extension of 28-50 Ryton Street, Worksop. The document had been signed and dated by Richard Parker, Chief Executive and Alex Crickmar, Acting Director of Finance on 26 October 2022.

***The Board***

- ***Approved the Use of the Trust Seal***

**P22/11/G3 NHSE Consultations (Enclosure G3)**

The Company Secretary's report highlighted the current NHSE consultations in respect of the NHS provider licence and NHS enforcement guidance, open until 9 December 2022.

An individual response would not be submitted by the Trust as Company Secretaries had provided feedback on the proposed changes to the provider license at a session facilitated by NHS Providers on 24 November 2022.

***The Board***

- ***Noted the NHSE Consultation Update***

**P22/11/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 21 July, 12 August & 26 September 2022
- H5 Minutes of the People Committee 5 July & 6 September 2022
- H6 Minutes of the Quality & Effectiveness Committee 5 September 2022
- H7 Minutes of the Audit & Risk Committee 14 July 2022
- H8 – Minutes of the Charitable Funds Committee 20 June 2022
- H9 Minutes of the Trust Executive Group 12 September 2022

**P22/11/I1 Minutes of the meeting held on 25 October 2022 (Enclosure I1)**

***The Board:***

- ***Approved the minutes of the meeting held on 25 October 2022.***

**P22/11/I2 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

**P22/11/I3 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:

**"A constant challenge for providers is maintaining or improving productivity, including through process control and pathway re-design. The productivity challenge is frequently mentioned in the Finance & Performance Committee which is consistent**

**with the third strategic aim for ICSs of improving productivity and VFM. What steps has the trust taken to identify where productivity gains can be made, what actions have been taken, and what gains have been achieved or planned so far?"**

The Interim Director of Recovery, Innovation & Transformation confirmed the Trust was able to utilise a range of productivity tools, such as Model Hospital and the Getting It Right First Time Programme. The Trust's internal cost improvement programme had been successful in delivering multiple value for money efficiency schemes, feedback on which was provided to the Finance & Performance Committee.

**"In relation to the serious incidents and patient safety is there a link to the freedom to speak up workstream? Ensuring staff are able to actively raise concerns re patient safety, whilst feeling supported could potentially lead to reduction of serious incidents. If the links already exist, do we have a reporting mechanism highlighting near misses"?**

The Executive Medical Director confirmed the reporting of risks, incidents and near misses was actively encouraged and supported as part of everyday practice, submissions were via Datix, which provided a rich source of information. There was also extensive communication to encourage and support speaking up.

**"Staff values and behaviours (Pg 28) links with previous reports of staff attitude. This has remained as a cause for complaint for some time. Has any work been undertaken to understand the details behind this theme and share with patients / visitors any rationale sitting behind the "values and behaviours" or to address if an issue is identified"?**

In respect of complaints, it was recognised that staff attitude was nearly always the number one cause of concern. Communication was a critical skill, keeping patients and families well informed with regards to decision making and next steps. Where patterns emerged within department/ward targeted support and education would be provided.

The Chief People Officer confirmed a leadership behaviour framework would be launched shortly, to focus on values and behaviours for a broad range of colleagues.

The Chair of the Board thanked those in attendance for their contribution and the governors for their continued support and engagement.

***The Board:***

- ***Noted the governor questions.***

**P22/11/I4**

**Date and time of next meeting (Verbal)**

**Date:** Tuesday 20 December 2022

**Time:** 09:30am

**Venue:** MS Teams

**P22/11/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.***

**P22/11/J**      **Close of meeting (Verbal)**

The meeting closed at 13.10



**Suzy Brain England OBE**

Chair of the Board

20 December 2022