

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 28 March 2023 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
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
Dr Emyr Jones - Non-executive Director
Zoe Lintin - Chief People Officer
Lucy Nickson - Non-executive Director
Dr Tim Noble - Executive Medical Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary
Marie Hardacre - Head of Nursing for Corporate Services (agenda item C2)
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Daniel Ratchford - Senior Director & General Manager, IQVIA (agenda item C3)
Suzanne Stubbs - Interim Deputy Chief Operating Officer (Non-elective)
Virginia Trott – IQVIA (agenda item C3)
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Dennis Atkin - Public Governor Doncaster
Laura Brookshaw - 360 Assurance
George Kirk - Public Governor Doncaster
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Dr Shirley Spoons - Observer
Lynne Schuller - Public Governor Bassetlaw
Dr Rum Thomas - Observer
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Denise Smith - Chief Operating Officer
Adam Tingle - Acting Director of Communications & Engagement
- P23/03/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 apologies for absence were noted and no declarations were made.

P23/03/A2 Actions from Previous Meetings (Enclosure A2)

No active actions.

P23/03/B1 Board Assurance Framework – SA1 (Enclosure C1)

The Board received a refreshed Board Assurance Framework (BAF) in respect of risks to the achievement of the Trust's strategic aim one – to provide outstanding care and improve patient experience. Changes were highlighted for ease of reference and colour coded to identify Executive Medical Director and Chief Nurse responsibility. The BAF would continue to be developed over time. The Executive Medical Director confirmed the substantive appointments of the Associate Medical Director of Clinical Safety and Associate Medical Director Professional Standards and Revalidation.

The Chief Nurse brought the Board's attention to the updated key risks to delivery of the strategic aim and controls. Risk ID 3112, which related to the implementation of the Patient Safety Incident Response Framework (PSIRF) had been reassessed and the risk rating reduced to six. Internal audit reports and the CQC 2022 Maternity Survey were captured as third-party assurance.

Jo Gander welcomed the progress made. In response to a question with regards to complaint response times, the Chief Nurse confirmed this would be a standalone piece of work and not included within the PSIRF.

In order to accurately reflect the enabling work to support the transition from the current to the target risk rating, Kath Smart recommended the corrective actions be expanded and suggested the Emergency Care Improvement Programme and Just Culture were worthy of inclusion. In respect of a control to support a safe and healthy workforce, the Chief Nurse agreed to consider this as part of the next iteration in view of the potential overlap with strategic aim two and three.

Emyr Jones enquired if the impact of training on the quality and standards of care should be reflected in the BAF, an element of crossover with strategic aim two and three was noted, with feedback from the quality assurance visits by the University of Sheffield and Health Education England reported to the People Committee.

The Board:

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

P23/03/B2 Executive Medical Director Update (Enclosure B2)

The Executive Medical Director's report provided an overview of the current programmes of work within his portfolio, including job planning, Getting it Right First Time, appraisal/revalidation and risk management.

The Executive Medical Director acknowledged the extensive emergency planning preparation for the Junior Doctor industrial action earlier this month and confirmed plans for an extended period of industrial action in April. Discussions relating to the Junior Doctor's industrial action had taken place at the Medical Advisory Committee and there would be an opportunity to reflect on learning at the April meeting, along with 2022's Staff Survey results and 2023/24 capital plans.

The need to upgrade the Trust's medical appraisal platform was noted, a business case had been developed and the cost pressure included for 2023/24. The Associate Medical Director of Professional Standards & Revalidation and the Head of Digital Operations & Cyber Security were working with their teams to identify a short-term solution to support the existing platform in the interim.

The report provided an overview of actions arising from the Mortality Investigation Group. The rolling Hospital Standardised Mortality Ratio (HSMR) to December 2022 was provided, including a peer comparison with local trusts.

In response to a question from Hazel Brand, the Chief Executive confirmed that the pathology network continued to develop. As Senior Responsible Officer, the Chief Executive chaired the South Yorkshire Pathology Executive Steering Board. The Trust was represented by the Medical Director for Operational Stability & Optimisation to include clinical expertise.

In response to a question from Hazel Brand with regards to the introduction of community non-coronial adult deaths, the Executive Medical Director advised a cohort of General Practitioners had been recruited to the Medical Examiner's Team to support the nationally mandated process with effect from 1 April 2023.

In response to a question from Kath Smart with regards to risk mitigation, the Executive Medical Director confirmed the process for the review of risks and their ratings, the assessment of current mitigations and identification of new mitigating actions. In respect of awareness of mitigating actions at a Committee and Board level, the Company Secretary confirmed all actions were captured in Datix, a summary of risks linked to the Corporate Risk Register had been provided as an appendix to this month's report.

Kath Smart welcomed the comparator HSMR data and enquired if the mortality review had reached a conclusion with regards to the quality of the Trust's data, the Executive Medical Director confirmed work was ongoing, including an investigation into the data feed for short stay, non-elective activity.

In response to a question from Mark Bailey, the Chief Executive reinforced the importance of considering crude mortality and as part of the review, the need to establish if the Trust was an outlier and if so, the reasons for this. Comparison to peer organisations of a similar size and socio-economic population profile had been considered which differed to those comparator organisations within the Healthcare Evaluation Data. To bring a greater level of consistency agreement on comparator organisations should be reached by the Board's Quality & Effectiveness Committee.

The Board:

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

P23/03/B3 **Impact of Junior Doctor Industrial Action (Enclosure B3)**

Following a majority vote in favour of industrial action, the Executive Medical Director confirmed a 72 hour walk out of junior doctors had taken place between 13 and 15 March 2023. Whilst the paper presented an overview of the number of junior doctors on strike, the Chief Executive indicated the numbers may be underrepresented due to rostering. Throughout this period patient safety was maintained with no reported harms, with cover provided by consultant and advanced nurse practitioner colleagues. The impact on planned activity was provided at an outpatient, elective day case and elective inpatient level.

A further period of industrial action was expected after Easter and cover was expected to be more challenging during this time due to annual leave. The Chair of the Board reinforced the need for patients to continue to attend their outpatient appointments unless advised otherwise. There would continue to be a focus on priority cases and the public would be encouraged to only attend the Accident & Emergency Department where necessary through a series of planned communications.

In response to a question from Mark Day, the Chief Financial Officer confirmed the costs associated with the industrial action were currently being evaluated. Looking ahead to the next period of industrial action there were no plans to cancel annual leave, unless a national incident was declared.

To avoid the Emergency Department becoming the default option during the industrial action, Emyr Jones enquired if meaningful conversations were taking place with primary care. The Chief Exec confirmed that discussions were ongoing with the Integrated Care Boards, however, as industrial action also impacted upon primary care provision there was a need for patient to proactively consider their care needs.

Lucy Nickson enquired of the impact on the wider workforce and of the necessary steps taken to mitigate this, the Chief Executive recognised that the loss of medical workforce fell largely to specialist nurse and Advanced Care Practitioners. The timing of the next industrial action would be challenging for cover from other staff groups due to the school and bank holiday period. The longer the period of industrial action, the more complex the challenges became and the impact on delivery of recovery plans was noted.

The paper was circulated to the Board members post meeting.

The Board:

- ***Noted the Impact of the Junior Doctors' Industrial Action***

P23/03/B4 **Chief Nurse Update (Enclosure C3)**

The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers.

The implementation of the Patient Safety Incident Response Framework was continuing at pace, and in line with the national timeline, a good level of engagement was reported and progress was monitored via Monday.com.

The Trust remained on track to achieve the required Infection Prevention & Control targets for 2022/23 and whilst there were continuing challenges with C. Difficile no themes or lapses in care had been identified.

An increase in the number of complaints was noted, the themes of which were identified in the report. The newly appointed Head of Patient Experience and Engagement was undertaking a review of processes and training, and recovery plans to address the falling response times would be developed.

Good progress was noted with regards to recruitment, although some delays with international recruitment had been seen due to Objective Structured Clinical Examination availability, which delayed registration with the Nursing & Midwifery Council. Funding for a further 55 internationally educated nurses had been secured. In response to a question from the Chair of the Board, the Chief Nurse confirmed ethical guidelines were being followed in respect of international recruitment. The majority of the Trust's recruits were from Kerala, India and it was confirmed that the country trained to meet its own needs, and to support other countries international recruitment needs.

In response to a question from Jo Gander, the Chief Nurse confirmed that all lessons learnt from Serious Incident were considered by the Patient Safety Response Group and shared via the Sharing How We Care newsletter.

In respect of staffing levels, the Chief Nurse advised Jo Gander that 10% was the locally agreed variance of planned vs actual staffing hours worked. The care hours per patient day (CHPPD) were triangulated using professional judgement of acuity and dependency. The Chief Executive clarified that daily staffing meetings considered options to manage the risk, including a change to the bed base. Over winter a decision had been taken to include the use of high-cost agencies to support staffing shortfalls, which had impacted the financial position. Significant challenges had been seen in maternity services and work with partners at Place and across the system had taken place.

In response to a question from Mark Day, the Chief Nurse attributed the increase in the number of complaints to the increased waiting times, the impact of winter and increased occupancy levels.

In response to a question from Kath Smart, the Chief Nurse acknowledged that further work was required to support the timely closure of safety actions and to ensure learning was fully embedded into everyday practice.

The recruitment of Healthcare Assistants continued to be challenging and the opportunity to facilitate cohort recruitment would be pursued with the support of the Chief People Officer.

In addition to the reporting of C. difficile, E-Coli and MRSA bacteraemia, Hazel Brand was advised that Covid and other seasonal illnesses were reported to the Infection Control Committee and as part of trust wide Clinical Governance Groups.

Mark Bailey welcomed the quality improvement initiatives, including the introduction of Tendable and the work of the Skin Integrity Team to reduce Hospital Acquired Pressure Ulcers.

The Board:

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

P23/03/B5 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.

In respect of the maternity red flags reported on the perinatal surveillance dashboard, the Director of Midwifery confirmed that management actions were in place to mitigate the risks through internal redeployment of staff, facilitated by the manager on call. The Chair of the Board suggested the non-executive directors may benefit from receiving further education in respect of red flag events. **LM**

The Chief Executive brought the Board's attention to a recent advisory notice issued by NHSE in respect of the potential safety risk associated with exposure to Entonox. This had been a corrective action for the Trust in its Care Quality Commission inspection of 2019 and the estates and facilities team have provided confirmation that the Trust is compliant with the actions required.

The Board:

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

P23/03/B6 Birthrate Plus® Assessment (enclosure B6)

Birthrate Plus® is a nationally recognised workforce planning tool used to determine midwifery establishments. The Board's attention was drawn to the Trust's latest assessment and recommendations, received in August 2022. Professional knowledge and understanding of the local context had been considered alongside the assessment. The Trust provides maternity services across two sites and supports a high-risk maternity population which impacts upon the skill mix recommendation.

The staffing model identified a deficit of 25 WTE midwives, against the current funded position. It should be noted this was based upon a traditional model and if Continuity of Carer was introduced a further change would be required. Whilst progress in recruitment of midwives had been made by the Trust, there continued to be a national shortage and the Trust's ability to recruit the additional numbers was limited. As this issue was not unique to the Trust, the Chief Executive, as Senior Responsible Officer of the Local Maternity & Neonatal Service (LMNS), suggested a regional approach be agreed which should consider the availability of recruits, the relative requirements of each unit and the funding so that midwives could be recruited as they are available.

The assessment was welcomed, delivery of a safe, quality service remained a key priority and performance would continue to be reported to the Board as part of the regional perinatal dashboard. Staffing levels, skill mix, key performance indicators were routinely monitored throughout the day, which included alerts to those red flags identified on the dashboard. Existing workforce gaps were being managed at a local and national level and work to support this with the current funded establishment would continue. Where a safe

service could not be delivered the Board were reminded of actions taken to suspend services with diversions put in place to mitigate the risk.

The Director of Midwifery confirmed NHSE's single maternity plan was expected this week which would provide a consistent plan of actions arising from the maternity safety reviews.

In response to a question from Kath Smart, the Director of Midwifery confirmed the regulator would likely be assured if appropriate plans were in place to manage the identified gap, including the need for suspension and diversion of services; the importance of keeping the public informed and of the potential for diversion was confirmed. The Equity & Equality Midwife worked closely with the Maternity Voices Partnership to ensure those at-risk groups, impacted by health inequalities, were identified and a targeted approach made. The Equity & Equality Midwife was currently working closely with the Black, Asian and minority ethnic (BAME) population.

The data analysis and evidence driven paper was welcomed.

The Board:

- ***Approved the approach to the Birthrate Plus® Assessment***

P23/03/C1 Board Assurance Framework – SA2 & 3 (Enclosure C1)

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

The updates were highlighted for ease of reference and there had been no change to the risk scores. Actions related to the Staff Survey and People Strategy were now completed and had been closed and a deep dive would be presented to the People Committee in May with regards to third party assurance received via external visits.

The Board:

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

P23/03/C2 People Update (Enclosure C2)

The paper provided an update on the work to support colleague engagement and experience, including progress of the Just Culture workstream. A Board Workshop had taken place last month and the Chief People Officer and Head of Nursing for Corporate Services encouraged all Board members to share their personal and collective pledges with the Chief People Officer as a demonstration of their commitment to develop and embed Just Culture across the organisation. A wider Trust engagement session to build awareness and consider themes and connectivity with other programmes of work, including the Patient Safety Incident Response Framework and Freedom to Speak Up would take place shortly.

All

Feedback would be sought on the draft Leadership Behaviours Framework, to be known as "The DBTH Way".

As Chair of the People Committee, Mark Bailey acknowledged the efforts of the Medical Director for Workforce & Specialty Development and the People & Organisational Development Directorate in presenting a joint piece of work related to medical workforce planning earlier this month.

To close, the Chair of the Board shared her appreciation of the high quality, fast paced work being progressed by the Directorate.

The Board:

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

P23/03/C3 **2022 Staff Survey (Enclosure D3)**

The initial findings of 2022's Staff Survey were presented to the confidential Board of Directors' meeting in January 2023. The full report, which included national benchmarking was now available and could be accessed via the link in the cover report.

A summary report showing the Trust's results against the People Promise themes was appended to the report and the Chief People Officer provided the key headlines, which noted the response rate of 65.2% to be the highest ever response rate for the Trust and a national leading response rate for acute Trusts. Of the nine key themes the Trust reported an improvement on eight, as compared to 2021's results and the remaining theme retained its position. A year-round cycle of work to support staff engagement would be embedded, with local engagement sessions taking place at a team level.

Daniel Ratchford of IQVIA recognised the response rate as a good indication of an engaged workforce, which compared favourably to IQVIA's sector average of 44%. A comprehensive update was provided to the Board and a copy of the slide deck would be shared post meeting.

A range of resources had been developed to support development of action plans and trust wide communication.

The Board:

- ***Noted and took assurance from the 2022 Staff Survey Results***

P23/03/C4 **Guardian of Safe Working Quarterly Report (Enclosure C3)**

The Guardian of Safe Working's quarterly report summarised exception reporting during the period 1 November 2022 to 28 February 2023. A decrease in reporting was noted as compared to the previous period, which was unusual given the winter months were included.

There had been no reports related to missed educational opportunities and the majority of the exception reports related to the working of additional hours. The specialties with the highest number of reports were General Medicine, Gastroenterology and General Surgery. Rota gaps had fluctuated over time with a peak in February 2023, however, there was no correlation with exception reporting.

The spend on locum and bank usage had continued to increase month on month, the main reason for usage related to the vacancy position, with the majority of other usage being split equally between additional cover and sickness absence.

The Board were asked to note the improved level of exception reporting, overnight and weekend cover remained a concern and divisions were sighted on this.

The Executive Medical Director and Emyr Jones thanked the Guardian of Safe Working for the comprehensive update. The Executive Medical Director confirmed work to support specialities and divisions with rota gaps was ongoing.

To close, the Chair of the Board recognised the challenges faced by the Junior Doctors and thanked them for their continuing support.

The Board:

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

P23/03/D1 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 four – in recurrent surplus to invest in improving patient care.

The BAF had been updated to reflect the year end position and the risk associated with high agency spend and the need for central cash position by the end of Quarter 1 2023/24. The Trust was engaged in detailed discussions with South Yorkshire Integrated Care Board and NHSE with regards to support, the details of which were still being worked through.

In respect of the corrective action to reduce temporary staffing spend, Kath Smart enquired if the previously discussed plan remained active, including the change to incentives. The Chief Financial Officer confirmed that the monitoring of agency spend through a revised approval process was in place, however, incentives continued to be paid and were not expected to stop until after Easter. The Chief Executive highlighted that 2022/23 plans had been prepared on low levels of Covid 19, which were not realised and as a result there had been a need to provide additionality to support the increased bed capacity and winter pressures.

In response to a question from Hazel Brand, the Chief Financial Officer confirmed that other organisations had faced a similar movement in 2022/23, however, the Trust's starting position had been significantly worse.

In response to a question from Lucy Nickson, the Chief Financial Officer confirmed the manner in which the cash support would be provided was not yet known, long term support may well be supported through Public Dividend Capital.

The Board:

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

P23/03/D2 **Finance Update (Enclosure E2)**

The Chief Financial Officer confirmed the reported surplus for month 11 was £1.6m, a favourable variance to forecast of £2.4m. This was due to a month 12 adjustment being brought forward to month 11, under direction of the Integrated Care Board, there was no significant risk associated with this.

The Trust was expected to deliver its year end deficit plan of £10.1m, driven by an expected reduction in temporary staffing, non-recurrent income benefits and discretionary spend controls. A key risk to delivery of the position would be the impact of the Junior Doctors industrial action, which was not yet known.

The month end cash balance was £23.1m, the increase from the previous month end was due to the Trust receiving more in PDC dividend income than it had paid out in capital payments and additional income from Health Education England and the commissioners. This would be offset by loan and interest payments and invoice payments.

The Trust was on target to deliver its capital plans by the year end.

The Board:

- ***Noted the Finance Update***

P23/03/D3 **Board Assurance Framework – SA1 & 4 (Enclosure D3)**

The Interim Deputy Chief Operating Officer confirmed a concordat relating to the Urgent & Emergency Improvement Programme would be provided by 31 March 2023 for sign off by all partners. An improvement plan would be co-developed with partners and brought to the April meetings of the Finance & Performance Committee and Board of Directors, for approval.

Support would be provided by the Emergency Care Improvement Support Team on the lead up to the Easter bank holidays, when they would be working closely with the operational site teams.

An appointment to the Head of Patient Flow, with responsibility for the site and Integrated Discharge Team was confirmed and appropriate revisions would be made to the Escalation policy.

The Board:

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

P23/03/D4 **Operational Performance Update including Ambulance Handover Delays (Enclosure E4)**

The Interim Deputy Chief Operating Officer provided an insight into the current operational performance. In common with other trusts increased demand on emergency services and associated high staffing pressures continued to impact delivery of elective services, although a programme of elective work had been maintained in February 2023.

An improved performance of 69.1% was reported for February against the four-hour access standard of 95%, work to drive improvements was ongoing.

Ambulance handovers within 15 minutes had improved week on week during February 2023, with 50.9% completed within 15 minutes and improved performance at 30 and 60 minutes noted.

A slight increase had been seen in Referral to Treatment performance in February, and a 22.2% reduction in 78-week breaches was reported, with the Trust expected to reach zero breaches by 31 March 2023.

Despite an improved position from January 2023, diagnostic wait times remained a concern. Additional computerised tomography (CT) and magnetic resonance imaging (MRI) capacity had increased the overall modalities performance to 65.2%, against a target of 99%. A deep dive on diagnostic wait times would be presented to a future Finance & Performance Committee.

In response to a question from Hazel Brand with regards to Virtual Wards, the Executive Medical Director confirmed that work to understand the capacity and actions to mitigate identified risks were being worked through across Place. The Trust leads were the Medical Director for Operational Stability and Interim Deputy Chief Operating Officer and learning at a system would be shared for mutual benefit. As this work progressed the Board would welcome a further update.

The Board:

- Noted and took assurance from the Operational Performance Update

P23/03/D5 Directorate of Recovery, Innovation & Transformation Update (Enclosure D5)

The Chief Financial Officer provided an insight into the Directorate of Recovery, Innovation & Transformation's work, including the significant efforts in progressing the three business cases for the Community Diagnostic Centre, Bassetlaw Emergency Village, and the Montagu Elective Orthopaedic Centre.

To clarify the position on the Bassetlaw Emergency Village, the Chief Financial Officer confirmed that the Outline Business Case had been approved, the Trust had been advised not to pause work pending the review of the Full Business Case.

The Board:

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

P23/03/E1 Corporate Risk Register (Enclosure E1)

The Board received the Corporate Risk Register and supporting paper. No new corporate risks had been added to the register, a total of 93 risks were rated 15+ across the Trust, 14 of which were monitored via the Corporate Risk Register.

The risk rating of risk ID 3112, relating to the implementation of the Patient Safety Incident Response Framework had been reassessed and as the Trust was on track to meet the national timeline the risk rating had been reduced to six and the risk removed from the Corporate Risk Register.

An additional report to identify those dependent risks linked to an overarching risk was appended to this month's Corporate Risk Register to provide context. The Chair of the Board welcomed the improved reporting.

In response to a question from the Executive Medical Director, Kath Smart welcomed the addition of the linked risks but was keen to see a full review of all risks rated 15+ and to have sight of the mitigating actions. The Company Secretary confirmed that Internal Audit may have a view on the level of information provided to ensure the conversation retains a strategic, rather than operational focus.

The Company Secretary advised that the Corporate Risk Register now included an additional column to indicate if the risk had been reviewed by the Risk Management Board/Risk Manager. Going forwards all risks on the Corporate Risk Register would have followed the appropriate governance route with Risk Management Board referring risks rated 15+ to the Trust Executive Group to consider the need for inclusion on the Corporate Risk Register.

In respect of risk ID 3122 relating to the cystoscope stacker and cystoscopes, the Executive Medical Director confirmed the scope was now operational, the stacker was listed for consideration by the Medical Equipment Group.

The Board:

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

P23/03/E2 **Chair's Assurance Log (Enclosure E2i,ii,iii,iv)**

The Board received and noted the Chair's Assurance Logs relating to the People Committee, Charitable Funds Committee, Finance & Performance Committee and Quality & Effectiveness Committee.

The Chair welcomed the reintroduction of the Chair's Assurance Log.

The Board:

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

P23/03/F **Information Items (Enclosure F1 – F9)**

The Board noted:

- F1 Chair and NEDs Report
- F2 Chief Executives Report
- F3 Performance Update Appendices
- F4 Minutes of the Finance and Performance Committee 24 November, 8 December & 26 January 2023

- F5 Minutes of the People Committee 17 January 2023
- F6 Minutes of the Quality & Effectiveness Committee 6 December 2022
- F7 Minutes of the Charitable Funds Committee 8 December 2022
- F8 Minutes of the Audit & Risk Committee 14 October 2022

P23/03/G1 Minutes of the meeting held on 28 February 2023 (Enclosure G1)

The Board:

- ***Approved the minutes of the meeting held on 28 February 2023.***

P23/03/G2 Any other business (to be agreed with the Chair prior to the meeting)

Bassetlaw Place Based Partnership Draft Place Plan

Hazel Brand confirmed the draft Bassetlaw Place Based Partnership Place Plan 2023/24 had been shared for comment at the meeting of the Bassetlaw Place Partnership on 23 March. The Place Based Priorities were structured around starting well, living well, ageing well, and working well together with the intention of reducing health inequalities. Responses had been invited from the members by 31 March 2023.

P23/03/G3 Governor Questions regarding the business of the meeting (10 minutes) *

The Lead Governor acknowledged the scrutiny and assurance provided as part of today's meeting and would also welcome further information on the National Institute for Health and Care Excellence (NICE) red flags from the Director of Midwifery.

The following question was asked on behalf of the governors:

Paper C2 has a helpful explanation of the many initiatives to achieve the "top 10% True North ambition" in respect of staff feedback, on which the Board is asked to confirm its commitments. What KPIs constitute the evidence base for judging our current position and what needs to be achieved in 23-24 to attain the True North ambition?

The Chief Executive confirmed that the Breakthrough objectives were reviewed on an annual basis. The Board would shortly receive the outcomes of the 2022/23 director objectives and refreshed 2023/24 objectives. In terms of the People related ambitions the Chief People Officer confirmed these were articulated in the People Strategy, along with the associated success measures. The supporting delivery plan was yet to be agreed, the People Committee would have oversight of progress against the plan.

The Chair of the Board thanked the governors for their continued support and engagement with patients and the public.

The Board:

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

P23/03/G4 **Date and time of next meeting (Verbal)**

Date: Tuesday 25 April 2023

Time: 09:30am

Venue: MS Teams

P23/03/G5 **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.***

P23/03/H **Close of meeting (Verbal)**

The meeting closed at 13.00



Suzy Brain England OBE
Chair of the Board
25 April 2023