

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 25 July 2023 at 09:30
via MS Teams

- Present:** Mark Bailey - Non-executive Director
Suzy Brain England OBE - Chair of the Board (from agenda item E1)
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 / Deputy Chair (Chair)
Denise Smith - Chief Operating Officer
- In attendance:** Dr Sam Debbage - Director of Education & Research (agenda item F1)
Fiona Dunn - Director of Corporate Affairs / Company Secretary
Dr Jane Fearnside - Head of Research (agenda item F1)
Paula Hill - Freedom to Speak Up Guardian (agenda item D4)
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Kelly Phillips - Skin Integrity Lead Nurse (agenda item B1)
Howard Timms - Acting Operational Director of Estates & Facilities (agenda item E4)
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Gina Holmes - Staff Side
Andrew Middleton - Public Governor Bassetlaw
Lynne Schuller - Public Governor Bassetlaw
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Dr Anna Pryce - Guardian of Safe Working
- P23/07/A1** **Welcome, apologies for absence and declaration of interest (Verbal)**

The Deputy Chair welcomed everyone to the virtual Board of Directors meeting, including governors and observers. The above apology was noted and no declarations were made.

P23/07/A2 **Actions from Previous Meetings (Enclosure A2)**

There were no active actions.

P23/07/B1 **Skin Integrity Team (Enclosure B1)**

The Deputy Chair and Chief Nurse welcomed the Skin Integrity Lead Nurse to the meeting. The Lead Nurse's presentation provided an overview of the Skin Integrity team, its purpose, innovative approach and implementation of the National Wound Care Strategy Programme to reduce the number of hospital acquired pressure ulcers.

Non-executive Director, Jo Gander acknowledged the significant improvement in hospital acquired pressure ulcers and sought feedback from the Lead Nurse with regards to the successful system engagement. The Lead Nurse recognised the mutual agreement and respect of the programmes' aims and vision which supported work across wards and into the communities.

Non-executive Director, Hazel Brand enquired of the preventative work with care homes to manage community acquired pressure ulcers, the Lead Nurse confirmed bi-monthly meetings were held with tissue viability within the community to adopt preventive management and identify any required service to service work.

The Deputy Chair shared her appreciation with the Skin Integrity Team, recognising the improvements to patient care and welcomed the plans to continue to develop and strengthen their work across Doncaster and Bassetlaw Place.

The Board:

- ***Noted the Skin Integrity Team Presentation***

P23/07/C1 **Executive Medical Director Update (Enclosure C1)**

The Executive Medical Director's report provided an overview of the current programmes of work within his portfolio. The Board's attention was drawn to the following key highlights:

- c. 80% of job plans had now been agreed
- Over 100 patients, across 13 patient pathways had been supported on a virtual ward
- A continued reduction had been seen in overall and non-elective Hospital Standardised Mortality Ratio (HSMR) data
- The Medical Examiners' team continued to scrutinise 100% of adult deaths, with 99 community deaths being reviewed in May as part of the ongoing pilot, pending the legislative review

In response to a question from Non-executive Director, Jo Gander with regards to assurance relating to Getting it Right First Time (GIRFT) quality standards, it was confirmed that quality aspects would be reported to the Clinical Governance Committee and Quality & Effectiveness Committee, the Board Committee should make known its reporting requirements. The Chief Financial Officer confirmed that GIRFT standards would inform

the activity and staffing levels of the Montagu Elective Orthopaedic Centre to ensure operational productivity was maximised.

In response to a question from Non-executive Director, Hazel Brand, the Executive Medical Director confirmed that approximately 700 bed days had been saved by the implementation of virtual wards, a welcomed initiative, particularly during the winter months. Reporting on non quality matters would be considered by the Board's Finance & Performance Committee, with an appropriate governance process to identify adverse outcomes and quality matters for consideration by the Quality & Effectiveness Committee.

Lucy Nickson, Non-executive Director sought clarification of the clinical and leadership responsibilities of virtual ward patients, the Executive Medical Director confirmed that a relevant clinician would have responsibility for step down service provision. Whilst those patients onboarded to step up provision, to avoid hospital admission, would be the responsibility of the referring clinician.

The Board:

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

P23/07/C2 Chief Nurse Update (Enclosure C2)

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

- Recognition of the falls improvement initiative "Get up, get dressed, get moving" which had secured a national gold award
- No open complaints in excess of six months
- Encouraging numbers of newly qualified nurses and midwives were expected to commence in post in September/October 2023
- The reduced C. difficile trajectory of 42 cases for 2023/24 was very challenging, recommendations to be considered by the Trust Executive Group

In response to a question from Non-executive Director, Hazel Brand with regards to the use of temporary workforce solutions, the Chief Nurse confirmed that the rates of pay for agency staff had been reduced in line with system partners, a reduction had also been seen in total hours used, in line with safe staffing requirements.

In response to a question from Mark Bailey, Non-executive Director with regards to the number of C. difficile cases, the Chief Nurse confirmed no themes or lapses in care had been identified as part of the post infection review. The rolling programme of deep cleans had been challenging to maintain due to operational pressures but had now recommenced.

In respect of the procurement of a complaints training module, Non-executive Director, Lucy Nickson enquired of the expected impact, which the Chief Nurse confirmed would focus on the manner in which complaints were resolved, with a focus on responsive, real time discussions rather than written correspondence. Feedback from complainants on how their concerns had been handled would be sought to establish good practice.

The Chief Nurse informed the Deputy Chair that learning would be shared via a regular quality and safety update, safety champion walkarounds and through the use of information boards.

The Board:

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

P23/07/C3 Maternity & Neonatal Update (Enclosure C3)

The Board received the Maternity & Neonatal 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).

The Director of Midwifery reported a stable service, training compliance remained challenging and a comprehensive plan of work was ongoing to address this, a change was reported to the qualification required to deliver neonatal life support training.

It was confirmed that Non-executive Director, Emyr Jones, would take on joint responsibility for the Non-executive Maternity Safety Champion role alongside Jo Gander.

Following a recent visit to the service, Non-executive Director, Jo Gander recognised the challenges in completion of training, the Executive Medical Director confirmed careful consideration was given to working creatively to support delivery and completion of training against the required clinical work.

In response to a question from Non-executive Director, Emyr Jones, the Chief Executive confirmed that the Local Maternity & Neonatal System supported the passporting of training across the system.

The Board:

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

P23/07/D1 Chair's Assurance Log – People Committee (Enclosure D1)

Non-executive Director, Mark Bailey shared the key highlights from the People Committee's Chair's Assurance log. The widespread and progressive agenda supported the provision of significant assurance. The annual report for Education and Educational Quality provided an overall compliance rate of 87%, with a need to strengthen governance arrangements around role specific training. Whilst progress was reported in the length of time to recruit in Q1 2023/24, further improvements were only expected to be realised as part of the centralised recruitment model, which was subject to approval of a business case, currently on hold as cost pressures were assessed.

The Board

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

P23/07/D2 **People Update (Enclosure D2)**

The People Update provided an overview of progress made in respect of workforce development, colleague experience and cultural improvements.

The NHS Long Term Workforce Plan had been published at the end of June, and was structured around three key themes, train, retain and reform. Implementation was expected to take some time and NHSE would work closely with systems to offer support and co-ordination.

Progress was reported with the completion of non-medical appraisals, since the paper had been written the Chief People Officer confirmed the completion rate had increased to 78%.

The Trust had recently been awarded the gold standard in the Be Well @ Work Programme and had been shortlisted for the national Healthcare People Management Association wellbeing award, to take place in September.

In response to a question from Non-executive Director, Lucy Nickson, with regards to the flexible working strategy, the Chief People Officer confirmed that the pillars of the workstream and respective leads had been identified and would work on expanding the draft action plans. Oversight and support would be provided by a steering group, to be chaired by the Chief People Officer, and updates would be provided in due course to the People Committee.

In respect of the plans to further develop the quality of and data capture from exit interviews, the Chief People Officer advised Non-executive Director Emyr Jones, that reporting took place via the Workforce and Education Committee with assurance provided to the Board's People Committee. There was a need to triangulate evidence in order that emerging themes could be established. The Deputy Chair welcomed the focus on exit interviews.

The Deputy Chair recognised the ongoing quality improvement work on agency controls and sickness management. The recently received internal audit report on bank and agency controls had been received by the Audit & Risk Committee and would be presented to the next People Committee. Progress of the quality improvement work was being tracked via Monday.com.

In response to a question from the Deputy Chair, with regards to the current level of completed non-medical appraisals, the Chief People Officer confirmed that feedback from leaders across the organisation had been positive, support to ensure records were updated on ESR in a timely manner was required.

The Board:

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

P23/07/D3 **Equality, Diversity and Inclusion, including Workforce Race & Disability Equality Standards and NHSE Equality, Diversity & Inclusion Improvement Plan (Enclosure D3)**

The report provided the key headlines, areas of focus and 2022/23 submissions for the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES).

Following the publication of NHSE's Equality, Diversity & Inclusion (EDI) Improvement Plan in June, the Trust's position was reported against the identified six high impact actions and measures of success. Actions had been cross referenced to the existing EDI action plan and a refreshed version presented to the People Committee earlier this month, members were assured of the approach. A national dashboard of key EDI metrics was in development to enable the effective monitoring of progress, impact and to support peer to peer learning.

The Board:

- ***Noted and took assurance from the Equality, Diversity and Inclusion Update***

P23/07/D4 **Speaking Up Bi-annual Report (Enclosure D4)**

The Freedom to Speak Up Guardian was welcomed to the meeting. The Bi-annual report provided a national and local strategic update, with an overview of Speaking Up activity since the last annual report, including key data and local evidence to demonstrate progress from January 2023 to date. A refreshed FTSU strategy 2023/24 was in development, informed by the National Guardian's FTSU reflection and planning tool and would be presented to Board later in the year.

In response to a question from Non-executive Director, Lucy Nickson, the FTSU Guardian reported strong links with Speaking Up representatives across the Trust, including Professional Nurse Advocates. Where engagement was recognised to be more challenging, ongoing efforts to develop lines of communication would continue and opportunities explored as part of October's FTSU month. Early conversations were supported, with focused and appropriately tailored interventions.

Hazel Brand, Non-executive Director and Freedom to Speak Up NED Champion highlighted the critical role of Board members in supporting Speaking Up and welcomed the recent pledges shared in Trust wide communications. The FTSU policy on a page was recognised to be a helpful resource for colleagues.

Non-executive Director, Mark Bailey welcomed the links between Speaking Up, Just Culture and the implementation of the Patient Safety Incident Response Framework and Emyr Jones was assured that of those colleagues who had spoken up, 100% indicated they would do so again.

The Chief Executive acknowledged the positive progress in leaders seeking out support and whilst there was always more to do, the improved line manager feedback in the 2022 staff survey results signalled a move in the right direction.

The Deputy Chair acknowledged the summary of learning for 2022/23 and whilst the organisation's significant health and wellbeing offer was recognised, the FTSU Guardian

recognised that recovery from a moral injury was more complex and was likely to require restorative support.

The Board:

- ***Noted and took assurance from the Speaking Up Bi-annual Report***

P23/07/D5 Guardian of Safe Working Quarterly Report (Enclosure D5)

In the absence of the Guardian of Safe Working, the Chief People Officer presented the quarterly report which provided assurance that the majority of junior doctors were able to work safely. High workloads were reported in General Medicine and there was a need to understand the number of exception reports against the limited rota gaps. The Executive Medical Director confirmed that the rota structure had remained largely unchanged for some time, the Medical Director for Workforce and Specialty Development was working with the division to review the required level of safe staffing.

Non-executive Director, Emyr Jones noted the limited attendance at the Junior Doctor Forum and enquired of other opportunities for junior doctors to engage, the Chief People Officer confirmed the Guardian of Safe Working and the FTSU Guardian worked together, as required. In addition, as part of ward/service visits by the FTSU Guardian, junior doctors would have the opportunity to raise any concerns.

The Board:

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

P23/07/E1 Chair's Assurance Log – Finance & Performance Committee (Enclosure E1)

Non-executive Director, Mark Day presented the Chair's assurance log. Improved reporting of the access standards and elective activity was noted, with positive assurance received in respect of the Montagu Elective Orthopaedic Centre and Bassetlaw Emergency Village programmes of work. Work continued on the recovery of the diagnostics position and the Committee had received first sight of the draft health inequalities strategy, in view of the broad health inequalities agenda it was suggested that key priorities be identified, against which progress could be monitored.

Whilst the Committee was assured by the framework to manage the Cost Improvement Programme, the scale of the required efficiencies and the unidentified gap remained a concern and whilst engagement was good, more ambitious plans were required. In respect of the urgent and emergency care improvement plan whilst there was some evidence of partnership working at Place this needed to be translated to tangible deliverables.

The Board:

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

P23/07/E2 Finance Update (Enclosure E2)

The Chief Financial Officer reported a month three deficit of £4.4m, £12.2m deficit year to date and in line with the financial plan. This was based upon an assumption that the

elective recovery fund (ERF) payment would not be clawed back due to the impact of industrial action; excluding ERF the year to date deficit would be £13m, £0.8m adverse to plan.

The cash balance at the end of June was £20.6m, an increase in month of £7.1m, largely attributable to lower than planned capital payments and payment management.

The Trust had delivered £1.7m of savings in month, £1.3m favourable to plan. Robust plans were required to deliver the back loaded plan, particularly during the more challenged winter months.

The Board:

- ***Noted the Finance Update***

P23/07/E3 Directorate of Recovery, Innovation & Transformation Update (Enclosure E3)

The Chief Financial Officer provided an overview of the Directorate of Recovery, Innovation & Transformation's work.

Approval of the Bassetlaw Emergency Village Full Business Case had been received, cash had been drawn down, a ground breaking ceremony had taken place and on-site construction had commenced. The Chair of the Board confirmed that the local MP had raised a query at the event with regards to signage in earlier drawings identifying the Childrens' Observation Unit, the Director of Innovation & Infrastructure would look into the matter.

Since writing the report, the Trust had received confirmation that its application for a Green Flag award for the Rainbow and Butterfly gardens had been successful. In her capacity as Chair of Keep Britain Tidy, responsible for managing the scheme in the UK, the Chair of the Board confirmed the judging was an independent process in which she had no involvement. Congratulations were shared with all colleagues involved in the design, development, and maintenance of these spaces. The Trust was only the second NHS organisation to receive the award.

The Board:

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

P23/07/E4 The Premises Assurance Model Assessment Report 2022/2023 (Enclosure E4)

The Acting Operational Director of Estates & Facilities was welcomed to the meeting to present the 2022/23 Premises Assurance Model (PAM) Assessment for approval. The submission had been subject to scrutiny by the Director of Innovation & Infrastructure and the Chief Financial Officer prior to its receipt.

In response to a question from Non-executive Director, Mark Bailey with regards to the Trust's compliance with the national cleaning standards, the Acting Operational Director of Estates & Facilities confirmed that a derogation plan had been agreed with NHSE and cleaning prioritised in public and patient areas. As detailed in the paper, funding had been

reduced post Covid and the Chief Financial Officer confirmed that the additional cleaning costs within 2023/24's financial plan had been subject to challenge as part of the national finance team's review.

In respect of the patient experience domain of the PAM, the Chief Nurse confirmed that the Patient-Led Assessment of the Care Environment (PLACE) had restarted during 2022/23, additional opportunities to engage via the Patient Environment Group or Patient Experience & Involvement Committee were noted.

The Chair of the Board encouraged the use of internal communication to raise awareness of estates fault reporting and recognised the responsiveness of the team in addressing matters.

The Board approved the submission of 2022/23's Premises Assurance Model (PAM) Assessment.

The Board:

- Approved the Premises Assurance Model Assessment Report 2022/2023

P23/07/E5 Estates Returns Information Collection 2022/23 (Enclosure E5)

The Acting Operational Director of Estates & Facilities presented the 2022/23 Estates Return Information Collection for the Board's approval, the Deputy Chair acknowledged the wealth of information which had been subject to quality assurance.

Reflecting on the disappointing news that the Trust had not been named in the recent New Hospital Programme announcement, the Chief Executive noted the return captured the challenges of the estate, which would be helpful in raising awareness and benchmarking with other organisations.

In response to a question from Non-executive Director, Lucy Nickson, the Chief Financial Officer confirmed that capital requirements were prioritised at a system level and the needs of the Trust were recognised. Current capital projects had been challenged by the current rate of inflation and the capital regime was felt to be no longer fit for purpose.

The Board approved the submission of the 2022/23 Estates Return Information Collection and recognised the efforts of the Acting Operational Director of Estates & Facilities and his team in completing the return.

The Board:

- Approved the Estates Returns Information Collection 2022/23

P23/07/E6 Operational Performance Update (Enclosure E6)

The Chief Operating Officer's report highlighted the Trust's performance against the access standards and elective activity plan for June and cancer waiting times in May 2023. A deterioration had been seen in month against four hour waits in the emergency department, however, the Trust continued to benchmark well at a regional and national level.

Whilst there had been some impact on elective activity due to industrial action, performance was broadly in line with the plan and there remained a focus on improving productivity and efficiency. A decrease in 65 week waits had been seen in month.

The Board's Finance & Performance Committee had already scrutinised performance reporting at its meeting yesterday, hence no additional questions were raised.

The Board:

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

P23/07/F1 Research & Innovation Strategy Update (Enclosure F1)

The Director of Education & Research and the Head of Research were welcomed to the meeting. The Chief People Officer and Non-executive Director and Chair of the Teaching Hospital, Lucy Nickson offered their support of the Research & Innovation strategy, approved by the Board in January 2023, and launched with key strategic partners last month. The Board's People Committee would receive assurance of delivery against its plan, with the Board appraised of its ongoing journey on a six monthly basis.

The vision and mission statements signalled the importance and Trust commitment to ensuring research and innovation was integral to every role within the organisation and critical to fulfil the Trust's ambition to secure University Hospital status.

The Trust worked in partnership with the National Institute for Health & Care Research (NIHR) Clinical Research Network (CRN) and the Insigneo Institute at the University of Sheffield and was recognised as a strong system partner. Key development areas for the Trust were growth of its own research activity and clinical academics.

The Chief Executive recognised the importance of research in attracting and retaining colleagues. The NHS long term workforce plan would also provide additional opportunities for growth in placements.

In view of the Trust's ambition to secure University Hospital status and in response to a question from the Chair of the Board, the Director of Education and Research confirmed this would be subject to meeting the guidance of the University Hospital Association. Traditionally a University Hospital would be aligned to a named University but as part of the workforce plan may also have wider connections.

The Board:

- ***Noted and took assurance form the Research & Innovation Strategy Update***

P23/07/F2 Wholly Owned Subsidiary Update (Enclosure F2)

The Chief Financial Officer and Non-executive Director of Doncaster & Bassetlaw Healthcare Services Ltd provided an update of the wholly owned subsidiary's financial and operational performance for 2022/23; going forwards a quarterly update would be provided to the Board.

A pre-tax profit of £109k was reported, favourable to budget. The Board was informed that a dividend of £250k had been paid to the Trust and would contribute towards delivery of its financial plan.

The report highlighted the strategic outcomes identified at the time of incorporation and provided an overarching strategic plan for 2023/26, which Mark Bailey, Non-executive Director and Chair of Doncaster & Bassetlaw Healthcare Services Ltd expanded upon.

The Chair of the Board acknowledged the success of Doncaster & Bassetlaw Healthcare Services Ltd to date and was keen to understand future opportunities to work together on research, education, and innovation. The Chief Financial Officer confirmed the intention for exploratory discussions to take place with the Director of Education & Research.

In response to a question from Non-executive Director, Emyr Jones, the Chief Financial Officer confirmed that the relationship between the Trust and Doncaster & Bassetlaw Healthcare Services Ltd was a commercial arrangement.

The Chair of the Board suggested it was fitting for the subsidiary to be referred to by its registered name of Doncaster & Bassetlaw Healthcare Services Ltd.

The Board:

- ***Noted and took assurance from the Wholly Owned Subsidiary Update***

P23/07/F3 NHS South Yorkshire Joint Forward Plan (Enclosure F3)

The South Yorkshire Joint Forward Plan was now publicly available and feedback was invited. The paper highlighted the work undertaken to develop the plan, including engagement with the citizens, patients, and carers of South Yorkshire.

The Deputy Chair acknowledged the focus on health inequalities.

The Board:

- ***Noted the NHS South Yorkshire Joint Forward Plan***

P23/07/F4 Nottingham & Nottinghamshire Provider Collaborative at Scale (Enclosure F3)

The paper provided an update on work to develop the Nottingham & Nottinghamshire Provider Collaborative at Scale, feedback from the recent joint Board Development workshop and 2023/24 priorities and next steps.

The Board was asked to support the direction of travel and next steps.

The Board:

- ***Noted the Nottingham & Nottinghamshire Provider Collaborative at Scale***

P23/07/G1 **Chair's Assurance Log – Audit & Risk Committee**

Kath Smart brought the Board's attention to the content of the Chair's assurance log. Positive assurance was reported in respect of counter fraud and health and safety activity, the Data Security & Protection Toolkit audit had provided significant assurance and receipt of the final ISA 260 audit report confirmed an unmodified opinion on the 2022/23 financial statements.

The Committee had reviewed the annual updates to the Trust's Standing Orders, Standing Financial Instructions and Delegation of Powers policies and commended them to the Board for approval.

The bank and agency controls internal audit had reported limited assurance and would be escalated to the People Committee, actions and progress would be closely monitored to ensure timely closure.

The Committee was disappointed with the progress in developing the Board Assurance Framework, and next steps would be clarified by the Chief Executive as part of agenda item G3.

The Board:

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

P23/07/G2 **True North, Breakthrough & Corporate Objectives 2023/24 Q1 Update (Enclosure G2)**

The Chief Executive presented the 2023/24 Quarter 1 corporate objectives update, at this early stage all objectives were reported as "in progress" and future updates would be reported to the Board on a quarterly basis. For completeness, the Chief Executive's objectives were also provided.

Further to last month's publication of NHSE's Equality, Diversity & Inclusion (EDI) Improvement Plan, the Chair of the Board confirmed the requirement for all board members to have a specific and measurable EDI objective. As a number of appraisals had been completed prior to the publication, the Chief People Officer had agreed to work with the Chair and Chief Executive to ensure compliance prior to the target date of March 2024.

The Deputy Chair confirmed that progress against the objectives would be reported to the Board Committees, non-executive colleagues would seek assurance that appropriate mitigating actions were taken to support delivery of the Trust's strategic aims.

The Board:

- ***Noted the 2023/24 Q1 Corporate Objective Update***

P23/07/G3 **Board Assurance Framework 2023/24 (Enclosure G3)**

The Board Assurance Frameworks had been iteratively developed in line with internal audit recommendations to clearly articulate the Trust's strategic risks, controls and mitigating actions to close gaps in assurance. To ensure consistency of approach, the Executive Directors would present updated versions of Board Assurance Frameworks 1-7

to their respective Board Committees prior to September's Board. Agreement would be reached on the frequency of review by the Board Committees, with updates provided to the Board on a quarterly basis.

A Board workshop would take place in late Q3/early Q4 2023/24 following the Deputy Chief Executive taking up her post, this would ensure a refreshed framework was in place for 2024/25.

Opportunities to use either Team Engine or Monday.com to maintain live Board Assurance Frameworks would be explored.

The Board:

- ***Delegated approval of the Board Assurance Frameworks to the Board Committees.***

P23/07/G4 Trust Annual Report & Accounts 2022/23 including Annual Governance Statement & Quality Accounts 2022/23 (Enclosure G4)

The Board received the Trust's Annual Report and Accounts, the Letter of Representations and Quality Accounts 2022/23, in line with national requirements.

The 2022/23 Annual Report and Accounts would be presented at the Council of Governors meeting, to take place on 28 September 2023, when the Trust's external auditors, Ernst & Young would be in attendance.

The Board:

- ***Noted and took assurance from the Trust Annual Report & Accounts 2022/23 including Annual Governance Statement & Quality Accounts 2022/23***

P23/07/G5 Standing Financial Instructions, Standing Orders and Scheme of Delegation (Enclosure G5)

The Standing Financial Instructions, Standing Orders and Scheme of Delegation policies had been reviewed by the Audit & Risk Committee on 20 July 2023 and were commended to the Board by approval. Changes were summarised in the covering report and within the respective policy amendment forms.

The Board approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation policies.

The Board:

- ***Approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation***

P23/07/G6 Audit & Risk Committee Annual Report 2022/2023 (Enclosure G6)

The Board received the 2022/23 Audit & Risk Committee annual report which included commentary on the Committee's roles and responsibilities, membership, activities, and

its focus of work for 2023/24. The report provided assurance to the Board that the Committee had fulfilled its duties in accordance with its workplan and agreed terms of reference.

The Board:

- ***Noted and took assurance from the Audit & Risk Committee Annual Report 2022/2023***

P23/07/G7 Charitable Funds Committee Annual Report 2022/23 (Enclosure G7)

The Board received the 2022/23 Charitable Funds Committee annual report which provided an overview of the Committee's roles, responsibilities, membership, activities, and its focus of work for 2023/24.

Non-executive Director and Committee Chair, Hazel Brand acknowledged the work of the Committee and its purpose in ensuring the appropriate use of charitable funds for the benefit of patients and colleagues. Having only taken up the role of Chair earlier this year, Hazel took the opportunity to thank the former Chair, Non-executive Director, Mark Bailey for his contribution.

The Board:

- ***Noted and took assurance from the Charitable Funds Committee Annual Report 2022/2023***

P23/07/H Information Items (Enclosure H1 – H9)

The Board noted:

- H1 Chair and NEDs Report
- H2 Chief Executives Report
- H3 Integrated Quality & Performance Report
- H4 Minutes of the Finance and Performance Committee 24 April & 22 May 2023
- H5 Minutes of the People Committee 2 May 2023
- H6 Minutes of the Quality & Effectiveness Committee 4 April 2023
- H7 Minutes of the Charitable Funds Committee 9 March 2023
- H8 Minutes of the Audit & Risk Committee 18 April & 20 June 2023
- H9 Minutes of the Trust Executive Group 15 May & 12 June 2023

P23/07/I1 Minutes of the meeting held on 27 June 2023 (Enclosure H1)

The Board:

- ***Approved the minutes of the meeting held on 25 April 2023.***

P23/07/I2 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P23/07/I3 **Governor Questions regarding the business of the meeting (10 minutes) ***

On behalf of the Council of Governors, the Lead Governor recognised the contributions from the Skin Integrity Lead Nurse and the Freedom to Speak Up Guardian and the positive impact their work had on patients and colleagues. The Council of Governors commended the completion rate of non-medical appraisals.

As the Trust was currently running its governor election campaign, the Chair of the Board acknowledged that for those governors reaching the end of their terms of office, or standing down, this would be their last Board meeting and on behalf of the Board of Directors she shared her appreciation of their commitment and support to the Trust and the public it serves.

Bassetlaw Public Governor, Peter Abell would stand down at the end of his sixth year of office and his contribution to the Council of Governors and his national role on NHS Providers' Governor Advisory Committee was recognised.

Members interested in submitting a nomination for the vacant governor seats could do so by 3 August 2023.

The Board:

- ***Noted the governor question***

P23/07/H4 **Date and time of next meeting (Verbal)**

Date: Tuesday 27 June 2023
Time: 09:30am
Venue: MS Teams

P23/07/J **Close of meeting (Verbal)**

The meeting closed at 13.26



Suzy Brain England OBE
Chair of the Board

26 September 2023