



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 26 September 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  
Karen Jessop - Chief Nurse  
Dr Emyr Jones - Non-executive Director  
Zoe Lintin - Chief People Officer  
Lucy Nickson - Non-executive Director  
Richard Parker OBE - Chief Executive  
Jon Sargeant - Chief Financial Officer  
Kath Smart - Non-executive Director / Deputy Chair  
Denise Smith - Chief Operating Officer
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary  
Dr Kirsty Edmondson-Jones - Director of Innovation & Infrastructure (agenda item E7)  
Sean Humphrey - Domestic Abuse Liaison Officer (agenda item B1)  
Lois Mellor - Director of Midwifery  
Dr Nick Mallaband - Medical Director for Workforce & Specialty Development  
Angela O'Mara - Deputy Company Secretary (Minutes)  
Denise Philp - Head of Safeguarding (agenda item B1)  
Caitlyn Porter - Domestic Abuse Liaison Officer (agenda item B1)  
Dr Anna Pryce - Guardian of Safe Working (agenda item D3)  
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Anas Ahmed - 360 Assurance  
Claire Booth - Staff Observer  
Laura Brookshaw - 360 Assurance  
Gina Holmes - Staff Side  
Joseph John - Staff Observer  
Andrea Johnson - Staff Observer  
George Kirk - Public Governor Doncaster  
Ben Kumar - Staff Observer  
Helena Lelew - Care Quality Commission  
Lynne Logan - Public Governor Doncaster  
Andrew Middleton - Public Governor Bassetlaw  
Carol Orr - Staff Observer  
Vivek Panikkar - Staff Governor  
Faisal Salam - 360 Assurance  
Lynne Schuller - Public Governor Bassetlaw  
Sheila Walsh - Public Governor Bassetlaw  
Jenny Wilkes - Care Quality Commission

**Apologies:** Jo Gander - Non-executive Director  
Dr Tim Noble - Executive Medical Director

**P23/09/A1 Welcome, apologies for absence and declaration of interest (Verbal)**

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

**P23/09/A2 Actions from Previous Meetings**

There were no active actions.

**P23/09/B1 Domestic Abuse Liaison Officers (Enclosure B1)**

The Chair welcomed the Head of Safeguarding and Domestic Abuse Liaison Officers to the meeting. The Liaison Officers had commenced in March/April 2023 and the posts were funded by South Yorkshire Police and Crime Commissioner until 31 March 2025. The role of the Domestic Abuse Liaison Officer included supporting survivors of domestic abuse, facilitating appropriate referrals to outside agencies, attending multi-agency risk assessment conferences and raising awareness with, and providing training to Trust colleagues. Key achievements were shared and priorities noted and colleagues reflected on the impact of their interventions using an example case and survivor feedback.

In response to a question from Non-executive Director, Hazel Brand, the Head of Safeguarding confirmed a business case would be developed to allow service provision post funding; the case would be built upon the evidence of impact and key achievements. Whilst the current funding supported service delivery in Doncaster, awareness and education ensured colleagues were upskilled to identify, support and signpost patients and colleagues across site.

Non-executive Director, Mark Day sought clarity on the use of Datix, which was confirmed as a tool for reporting, to capture actions, outcomes and allow an audit trail.

Non-executive Director, Kath Smart recognised the invaluable support offered in difficult circumstances and enquired what support was extended to the Liaison Officers. The Head of Safeguarding confirmed their safeguarding was her priority, colleagues received the support of external specialist training, had regular 1:1 discussions with the Safeguarding Lead and worked closely with the wider team.

In response to a question from Non-executive Director, Emyr Jones, the Head of Safeguarding confirmed the Liaison Officers worked closely with the drug and alcohol and mental health teams, receiving referrals, and supporting visits to ensure a co-ordinated and appropriate patient approach.

***The Board:***

- ***Noted the Domestic Abuse Liaison Officers Presentation***

**P23/09/C1 Chair's Assurance Log – Quality & Effectiveness Committee (Enclosure C1)**

Emyr Jones, Deputy Chair of the Quality & Effectiveness Committee highlighted the four quadrants of the Chair's assurance log, including positive assurance, areas of major works, areas of focus and decisions made at September's meeting. Following receipt of a limited assurance internal audit report on the governance of clinical audit, arrangements had been made to hold a deep dive with the relevant executive directors, Associate Medical Director for Clinical Safety, and fellow non-executive Committee members to understand the plans for improvement.

***The Board:***

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

**P23/09/C2 Executive Medical Director Update (Enclosure C2)**

The Medical Director for Workforce & Speciality Development brought the Board's attention to the key highlights of the current programmes of work across the Executive Medical Director's portfolio.

Following the appointment of the Divisional Director of Surgery, a focused approach to recover the number of completed job plans would take place, the division was currently responsible for 50% of the total outstanding job plans. With the support of the Quality Improvement team process efficiencies would be explored and an opportunity to integrate within the divisional business planning cycle would be taken, with stakeholder feedback informing next steps.

Positive feedback was reported on the various forums for medical colleagues, including the Clinical Director leadership development sessions, which had recently been extended to include senior medical colleagues undertaking leadership roles.

Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator data was presented in the report, a reduction in HSMR had been seen over the previous six months, however, the Trust's SHMI was high and the Trust was identified as an outlier, compared to its peer group and nationally. The Mortality Assurance Group continued to analyse key aspects that underpin mortality rates, including data, informatics, quality, and patient safety which had identified the need for remedial action to the structured judgement review process.

In response to a question from Non-executive Director, Lucy Nickson, the Medical Director for Workforce & Speciality Development confirmed that the reduction in virtual ward patients in August related to clinician's annual leave and steps to address the use of the Virtual Ward being colleague dependent had been taken.

In respect of CT demand, the introduction of iRefer software, as part of the diagnostic improvement programme, had seen a reduction in requested scans.

Non-executive Hazel Brand acknowledged the reassurance offered in respect of actions to reduce outstanding job plans, as evidence of a signed off job plan would be a requirement of future Clinical Excellence Awards, along with mandatory training compliance and a

completed appraisal, sign off would be evidenced as part of the application and award process.

In relation to the work of the Mortality Data Assurance Group, and in response to a question from Non-executive Director, Kath Smart, the Chief Executive confirmed that the review had been commissioned as a time limited piece of work. There was a need to ensure robust processes were embedded, the data from which could be triangulated to sources including Healthcare Evaluation Data (HED) and CQC insights. It was vital that Healthcare Evaluation Data was utilised as part of this review, in order to understand identified variance and the required actions to address this. Non-executive Director, Emyr Jones recognised the importance of quality assurance, learning identified as part of the analysis would be considered by the Quality & Effectiveness Committee and findings sense checked to ensure consistency with identified risks.

With reference to the audit of the governance of clinical audit, the Chief Executive confirmed alongside core audits, the Trust identified specific areas where an external view was welcomed.

The Chair of the Board shared her appreciation and that of the Board with the Medical Director for Workforce & Specialty Development for presenting in the absence of the Executive Medical Director.

***The Board:***

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

**P23/09/C3 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 draft Patient Safety Incident Response Plan would be taken to the Board's Quality & Effectiveness Committee in October for approval, the supporting Trust policy was noted to be in the final stages of development.

The Board's attention was drawn to learning in respect of the recording of lying and standing blood pressure to support falls prevention, C.difficile post incident reviews and a national webinar to support current infection, prevention and control challenges and share learning opportunities.

Following the unannounced inspection by the Care Quality Commission, the Chief Nurse confirmed a detailed action plan had been developed to respond to the initial feedback, with delivery monitored via Monday.com. This would be shared with the Quality & Effectiveness Committee. A further CQC inspection of the diagnostic and imaging service had commenced today, with the final well-led inspection due to take place 2-4 October 2023.

Non-executive Director, Kath Smart acknowledged the focus on increasing the Friends and Family response rate and enquired how feedback was received by the service areas and triangulated with other evidence. The Chief Nurse recognised the value of the free text narrative, which would be incorporated into future reporting for more detailed awareness and action planning.

Non-executive Director, Emyr Jones recognised the importance of the Just Culture work cutting across all professions, the Chief People Officer confirmed this could be seen in employee relations, Speaking Up and Patient Safety. In response to a question from Non-executive Director, Mark Day, the Chief Nurse confirmed that where learning was identified from a serious incident investigation this was not paused pending conclusion of the matter.

In response to a question from Non-executive Director, Hazel Brand the Chief Nurse confirmed the use of statistical process control charts had been introduced to identify the trend over time and identify variation for investigation, as could be seen on the Parliamentary Health Service Ombudsman (PHSO) graph. It was confirmed that no common themes had been identified from the increase in PHSO contacts.

Non-executive Director, Mark Bailey welcomed the use of Nerve Centre for the recording of lying and standing blood pressure as part of the fall's initiative work; in respect of future usage, the Chief Nurse confirmed that Nerve Centre data would link to the quality dashboard, which was currently under development.

The balanced reporting of complaints and compliments was acknowledged and in response to a question from Mark Bailey, the Chief Nurse confirmed that learning was shared through the Patient Experience & Engagement Committee across wards and service areas. The use of the "call me" initiative had recently been launched which had seen a positive response and the link to improved culture and behaviour was noted by the Chair of the Board.

Non-executive Director, Lucy Nickson enquired of the barriers and associated risks to not achieving the 50% reduction in hospital acquired pressure ulcers by the end March 2024. The Chief Nurse confirmed education, safety huddles and the use of e-systems to capture and raise awareness were key to success; without which an increase would be seen in infections, patient harm and extended lengths of stay.

***The Board:***

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

**P23/09/C4**

**Nursing, Midwifery & Allied Health Professionals (NMAHPs) Quality Strategy (Enclosure C4)**

The Quality Strategy had been developed around six strategic themes aligned to the Trust's True North objectives; after extensive consultation, including review by the Board's Quality & Effectiveness Committee it was received for Board approval.

Non-executive Director, Hazel Brand enquired if the strategy should extend beyond the named professions and have a trust wide focus, the Chief Nurse confirmed that the underpinning delivery plans would provide clarity on the need to collaborate across professions, with the strategy resetting the expectations of the fundamentals of care. Engagement across clinical colleagues, including trainees was encouraged by Emyr Jones.

The Chief Executive acknowledged the need to ensure the strategy was relevant to those responsible for its delivery and recognised the work as a positive step towards achieving the Trust's vision.

In response to a question from Non-executive Director, Mark Bailey regarding the need to consider the connectivity of the enabling strategies, the Chief Executive confirmed the recently appointed Deputy Chief Executive's portfolio would include a fresh eyes review of corporate and clinical governance, which was likely to include the Trust's strategies. In the short term, the Trust had sound strategies to deliver its core business and progress towards its vision of being outstanding. The Chair of the Board suggested a future Board workshop to consider enabling strategies would be helpful.

As a newly appointed non-executive director, Lucy Nickson expressed an interest in the supporting actions plans and the inclusion of mental health needs, in addition to physical needs. The Chief Nurse confirmed the wide range of colleagues and learners involved in the iterative development of the strategy. Support in respect of mental health was a thread that ran through the whole of the strategy but was explicitly referenced in strategic theme five and there was a refreshed focus in strategic theme two on John's Campaign which supported open visiting for those patients with complex needs and dementia.

The Board confirmed its support and approval of the NMAHP's Quality Strategy.

***The Board:***

- ***Approved the Nursing, Midwifery & Allied Health Professionals (NMAHPs) Quality Strategy***

**P23/09/C5 Launch of the first NHS Sexual Safety Charter – Domestic Abuse & Sexual Violence (Enclosure C5)**

In response to recent national publicity and NHSE's launch of a Sexual Safety Charter for colleagues and patients, the Trust's commitment to adopt a DBTH Sexual Safety Charter which reflected the principles of the national charter was sought.

The Charter identified a vision, along with supporting principles and actions for implementation by July 2024. The designated executive lead was confirmed as the Chief Nurse, whose portfolio included safeguarding.

In response to a question from Non-executive Director, Kath Smart, the Chief Nurse confirmed that from a governance perspective this would feed into safeguarding and ultimately report into the Quality & Effectiveness Committee.

The Board provided its unanimous support and approved the Trust's Sexual Safety Charter.

***The Board:***

- ***Approved the Sexual Safety Charter***

**P23/09/C6 Maternity & Neonatal Update (Enclosure C6)**

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 confirmed that despite significant progress over recent months, achievement of 90% training compliance of all staff groups by 5 December 2023 would require careful management.

Data related to the triage service would become a regular feature of the report going forwards, which audits assessment within 15 minutes of arrival.

In response to a question from Non-executive Director, Kath Smart, the Director of Midwifery confirmed that delays to induction of labour were subject to individual risk assessment and care planned according to need, the process was managed internally or where escalation was required via the Local Maternity and Neonatal System.

In response to Non-executive Director, Mark Bailey question on the recognition of the extensive maternity safety reporting requirements, the Director of Midwifery confirmed that of the seven immediate actions within the Ockenden Report (Part 1) the Trust was compliant with all but the training compliance action. The single three year delivery plan had been received and was currently being cross referenced to existing reports, evidence was being populated and the process was overseen by the LMNS. As Chair of the LMNS Board, the Chief Executive recognised the volume of information and welcomed a single return against the single plan, which would support and strengthen the process. Considering the extensive requirements and to ensure the sharing of knowledge was relevant and appropriate, the Director of Midwifery confirmed midwives received support from specialist midwives, matrons and her deputies, with individual training needs being influenced by the safety requirements.

The Chair of the Board shared her appreciation with all colleagues involved in the recent visit of HRH Anne, the Princess Royal, to the Women & Children's Hospital. The planning and colleague engagement was commended and it had been a pleasure to welcome Princess Anne as patron of the Royal College of Midwives.

***The Board:***

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

**P23/09/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, including positive assurance, ongoing major programmes of work related to the Board Assurance Framework and implementation of the People Strategy, areas of concern and decisions taken. There were no items to escalate to the Board.

***The Board***

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

**P23/09/D2 People Update (Enclosure D2)**

The Chief People Officer provided an overview of work to improve people metrics, colleague experience and delivery of the People Strategy.

The 2023 appraisal season had now closed, 88% of non-medical appraisals had been completed, an increase from the previous year's performance, but below the aspiration of 90%. Work to understand the barriers to completion and learning for next year's appraisal season was in hand.

Members of the Board were asked to raise awareness and encourage completion of 2023's Staff Survey, which was due to launch this week. In response to a question from the Chief Nurse, the Chief People Officer confirmed that learning from feedback would be shared.

In response to a question from Non-executive Director Mark Day, the Chief People acknowledged the interconnectivity between Just Culture, Speaking Up and Patient Safety and recognised that as the Just Culture work matured, the person centred approach would become the culture of the organisation – the DBTH Way. A refresh of the Trust's breakthrough objective reflected this focus, with the inclusion of a kind and caring culture.

Non-executive Director and Freedom to Speak Up (FTSU) champion, Hazel Brand recognised the wide range of speaking up opportunities, beyond the FTSU Guardian and in response to a question about the consistency of approach the Chief Executive confirmed the benefit of an extended offer and recognised the need to ensure identification and triangulation of any key of themes across all routes.

***The Board:***

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

**P23/09/D3 Guardian of Safe Working Quarterly Report (Enclosure D3)**

The Chair of the Board welcomed the Guardian of Safe Working to the meeting.

The Board noted the continuing low level of exception reporting, a small increase had been seen in August, which was not unexpected and coincided with the new intake of Junior Doctors. The majority of exception reports continued to be from trainees working in General Medicine, very few reports related to missed educational opportunities.

The cost of locum cover had fallen in August, which coincided with a reduction in rota gaps. Locum cover had been required during Junior Doctor industrial action, during this time there had been no increase in exception reporting and no immediate safety concerns.

Non-executive Director, Emyr Jones was encouraged by the number of trainees who subsequently went on to apply for employment in the Trust, which was a positive indication of their level of satisfaction.

Non-executive Director, Kath Smart reflected on the exception reporting within General Medicine and enquired if support was required to understand the drivers. Workload and the emergency management of patients were recognised to be the cause, as rota gaps in July and August had increased a review may be helpful in the coming months.

***The Board:***

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



**P23/09/E1 Chair's Assurance Log – Finance & Performance Committee (Enclosure E1)**

Non-executive Director, Mark Day presented the Chair's assurance log. The refreshed Board Assurance Framework had been subject to extensive discussion, with five of the seven risks considered by the Committee; to ensure consistency, the adoption of the defined four levels of assurance were recommended to the Board. Delivery of the Urgent & Emergency Care Improvement Plan and Cost Improvement Programme continued to be areas of concern.

***The Board:***

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

**P23/09/E2 Finance Update (Enclosure E2)**

The Chief Financial Officer reported a month five deficit of £3.4m, £19.8m deficit year to date and in line with the financial plan.

Capital expenditure in month five was £4m against a plan of £3.5m, the year to date position was £7.7m against a plan of £16.1m.

The cash balance at the end of August was £14.9m.

The Trust had delivered £2.2m of savings in month, £0.4m favourable to plan, £6.4m year to date and £1.5m favourable to plan.

The Chief Financial Officer advised the Board that the Trust had moved to segment three of the NHS Oversight Framework, considering the Trust's need for cash support the change was not unexpected.

The Board's support was sought to complete the £25m national cash support submission, in line with the Trust's deficit to the end of January 2024. Non-executive Director, Emyr Jones accepted the need for cash support but sought clarity of any negative consequences, the Chief Financial Officer confirmed the cash support was subject to a 3.5% interest charge and enhanced reporting.

In response to a question from Non-executive Director, Lucy Nickson with regards to the identified over usage of the independent sector, the Chief Financial Officer confirmed this was predominately due to efforts to spend the annual budget over a reduced timeframe on orthopaedic work (hips and knees). Once the Mexborough Orthopaedic Elective Centre (MEOC) was operational, this work would be completed in-house.

In response to a question from the Chair of the Board, it was confirmed that Trauma & Orthopaedics work was not delivering the Getting it Right First Time standard and along with three other specialties was subject to review.

As the Trust moved into Q3 the Chief Executive acknowledged the risks associated with delivery of winter plans and the importance of a Place plan to support out of hospital capacity. Clarity was required on Place and System capacity to support plans and mitigating actions; improved patient flow and discharge would be critical to success.

***The Board:***

- ***Noted the Finance Update and approved the submission of the request for £25m cash support***

**P23/09/E3 Directorate of Recovery, Innovation & Transformation Update (Enclosure E3)**

The Director of Recovery, Innovation & Transformation provided an overview of the Directorate's work. The Bassetlaw Emergency Village programme of work was progressing at pace, with enabling works to remove the Reinforced Aerated Autoclaved Concrete complete.

The MEOC project team were meeting on a fortnightly basis, the majority of enabling work was complete and a completion date of January 2024 was expected. Workforce remained the greatest risk and should this impact upon the opening date, the Chief Operating Officer had shared alternative plans for usage over the winter period.

In response to a question from Non-executive Director, Kath Smart, the Chief Financial Officer confirmed discussions at the Performance, Overview & Support Meeting were triangulated with the divisional risk register. A standard agenda supported discussions, and over time this would be developed to focus on identified areas of improvement.

***The Board:***

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

**P23/09/E4 Operational Performance Update (Enclosure E4)**

The Chief Operating Officer's report highlighted the Trust's performance against August's access standards and elective activity plan and cancer waiting times for July 2023.

The Board's attention was drawn to the impact of industrial action on access standards and the continuing challenges in diagnostics.

The change to the national cancer standards would come into effect from 1 October 2023, with existing standards rationalised into three core measures: 28 day Faster Diagnosis, 62 day referral to treatment and 31 day decision to treat to treatment standards.

In response to a question from Non-executive Director, Hazel Brand with regards to virtual wards, the Medical Director reported good clinical engagement, work to address some reliance on individuals was in train and opportunities were being explored to extend the service across specialities.

***The Board:***

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

P23/09/E5

**2023/24 Winter Plans – Delivering Operational Resilience across the NHS PRN00645 (Enclosure E5)**

NHSE guidance, issued in July 2023, identified the national approach to 2023/2024 winter planning, the basis of which was the Urgent & Emergency Care (UEC) Delivery Plan and Primary Care and Elective Recovery Plans, recommended system roles and responsibilities were clarified.

Four key areas of focus were identified and the Place UEC Improvement Plan aligned to the majority of the high impact actions. Forecasting suggested the Trust should plan for a normal flu season, with Covid and respiratory syncytial virus (RSV) anticipated.

Urgent care demand had been assessed, in conjunction with bed modelling and Place partners were in the process of reviewing an escalation framework to support peaks when demand exceeded capacity.

Divisional and corporate teams had taken part in winter planning workshops where potential schemes had been identified should funding become available. These schemes were being prioritised for further consideration by the Trust Executive Group. Vaccination of colleagues would be actively promoted, to support health and wellbeing.

The detailed operational winter plans would be shared with the Trust Executive Group and the Board's Finance & Performance Committee in due course.

In response to a question from Non-executive Director, Emyr Jones, the Chief Operating Officer confirmed that both systems were actively engaged in planning, although the greatest impact of winter was expected to be seen at the Doncaster site.

The Chief Nurse confirmed that it was expected that the deep clean programme would continue throughout the winter months. In view of site limitations the operational detail to support this would be included within the winter plans.

Non-executive Director, Mark Bailey shared a concern in respect of the collective response to the UEC Improvement Programme, in terms of determining priorities the Chief Operating Officer recognised the challenge, especially if industrial action continued throughout the coming months. A focus on safe and timely discharge would be required to support the bed base, whilst continuing to support elective and diagnostic recovery plans.

The Chief Executive confirmed the need to determine plans in accordance with agreed standards. Learning from last winter had informed planning and preparation, although the impact of industrial action was acknowledged as a new variable this year and an early resolution would be welcomed.

***The Board:***

- ***Approved 2023/24 Winter Plans***

P23/09/E6

**Protecting & Expanding Elective Capacity – Self Certification PRN000673 (verbal)**

NHSE correspondence dated 4 August 2023 identified priorities to protect and expand elective capacity, with Trusts being asked to deliver against three key actions:

- to reduce outpatient follow up appointments,
- to ensure that no patient in the 65 week cohort waits for their first outpatient appointment beyond 31 October 2023, and
- to maintain an accurate and validated waiting by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated by 31 October 2023

The Trust was required to self-certify against a set of activities to drive outpatient recovery, to be signed off by the Chair and Chief Executive. An initial draft of the self-certification had been presented to the Board's Finance & Performance Committee.

***The Board:***

- ***Noted and took assurance from the approach to Protecting & Expanding Elective Capacity Self Certification***

**P23/09/E7 Reinforced Aerated Autoclaved Concrete (RAAC) PRN00777 verbal**

The Director of Innovation & Infrastructure brought the Board's attention to NHSE's correspondence of 5 September, which reiterated previous guidance for the removal of RAAC and to outline actions for board assurance on information returns related to the identification of RAAC and supporting mitigating actions.

Board members were reminded that in late 2019 RAAC was identified on the Bassetlaw site, removal of which had been completed ahead of the required timeframe. National guidance had been updated earlier this year and following recent publicity in educational establishments, and to maintain the confidence of staff, patients and visitors further surveys would be arranged across the remaining Trust sites.

In response to a question from Non-executive Director, Kath Smart, the Director of Innovation & Infrastructure confirmed where Trust colleagues occupied leased buildings this would need to be verified with the landlord of those buildings.

***The Board:***

- ***Noted the Reinforced Aerated Autoclaved Concrete Update***

**P23/09/F1 Lucy Letby - Freedom to Speak Up (Enclosure F1)**

Following the conviction of Lucy Letby, the Chief Executive reflected on publicly available information relating to the way in which concerns were managed and decisions taken. The paper identified the Trust's processes and systems in place to offer assurance and maintain the confidence of colleagues and the public, which included Speaking Up, quality standards, reporting of incidents, the regulation of senior managers and the Fit and Proper Person Test. Following completion of the statutory inquiry it was anticipated that further detail and supporting actions would be identified.

The various routes to raise concerns had been reinforced and escalation pathways identified for learners, doctors in training and pre-registration placements. The importance of triangulating evidence through the various sources was stressed.

With one of the highest response rates in the country the Trust's staff survey was seen as a source of anonymous feedback, alongside feedback provided to the Guardian of Safe Working and the Freedom to Speak Up Guardian.

Non-executive Director, Kath Smart confirmed the Freedom to Speak Up Guardian attended Board bi-annually and reminded Board members that feedback had confirmed that 100% of colleagues who had spoken up previously, would be happy to do so again.

The Chief Executive confirmed plans for a "fresh eyes" review of clinical and corporate governance processes, to be undertaken by the newly appointed Deputy Chief Executive.

***The Board:***

- ***Noted and took assurance from the Lucy Letby Update***

**P23/09/F2 Board of Directors Register of Interest & Fit & Proper Person Annual Review (Enclosure F2)**

The Company Secretary presented the annual review of director's interests and compliance with the Fit and Proper Person Test (FPPT).

In response to the recommendations of the Kark Review (2019) NHSE had published a Fit and Proper Person Test Framework in early August 2023 and a summary of the key elements was provided.

Processes had been reviewed by the Company Secretary and Chief People Officer and with effect from 30 September a standardised reference for members of the Board would be introduced. Recruitment of Board members would also be subject to change with the introduction of a Leadership Competency Framework, due for release in October 2023.

Information relating to the FPPT would be recorded on the Electronic Staff Record (ESR) and would be submitted on an annual basis to the Regional Director.

***The Board:***

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

**P23/09/H Information Items (Enclosure G1 – G7)**

***The Board noted:***

- G1 Chair and NEDs Report
- G2 Chief Executives Report
- G3 Integrated Quality & Performance Report
- G4 Minutes of the Finance and Performance Committee 26 June 2023
- G5 Minutes of the People Committee 4 July 2023
- G6 Minutes of the Quality & Effectiveness Committee 6 June 2023
- G7 Minutes of the Trust Executive Group 10 July & 14 August 2023

**P23/09/H1 Minutes of the meeting held on 25 July 2023 (Enclosure H1)**

***The Board:***

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

**P23/09/H2 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were received.

**P23/09/H3 Governor Questions regarding the business of the meeting (10 minutes) \***

On behalf of the Council of Governors, the Lead Governor asked the following question:

**We note that the CQC initial feedback has raised multiple concerns. What remedial actions have been undertaken to ensure patient safety and reduce the possibility of these issues arising in the future.**

The Chief Nurse confirmed that a comprehensive action plan had been developed to address all areas, this had been shared with Board members and reported to the Board's Quality & Effectiveness Committee.

***The Board:***

- ***Noted the governor question***

**P23/09/H4 Date and time of next meeting (Verbal)**

**Date:** Tuesday 31 October 2023

**Time:** 09:30am

**Venue:** MS Teams

**P23/09/I Close of meeting (Verbal)**

The meeting closed at 13:20



**Suzy Brain England OBE**  
Chair of the Board

31 October 2023