

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 7 January 2025 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
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
Dr Emyr Jones - Non-executive Director
Zara Jones - Deputy Chief Executive
Zoe Lintin - Chief People Officer
Dr Nick Mallaband - Acting Executive Medical Director
Lucy Nickson - Non-executive Director
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director
Denise Smith - Chief Operating Officer
Sam Wilde - Chief Financial Officer Designate
- In attendance:** Rebecca Allen - Associate Director of Strategy, Partnerships & Governance
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (minutes)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Rob Allen - Public Governor
Denise Carr - Public Governor
Lynne Logan - Public Governor
Joseph Money - Staff Governor
Marjie Moores - Doncaster & Bassetlaw Teaching Hospitals
Vivek Panikkar - Staff Governor
Lynne Schuller - Public Governor
Mandy Tyrrell - Staff Governor
Sheila Walsh - Public Governor
- Apologies:** Mark Day - Non-executive Director
Richard Parker OBE - Chief Executive

P25/01/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 observers, the above apologies for absence were noted and no conflicts of interests were declared.

P25/01/A2 **Actions from Previous Meetings**

Action 1 and 2 were closed.

Action 3 – **Strategic Risk 2 - Board Assurance Framework** - an update to reflect the discussion at November’s Board meeting had been considered by the People Committee and was included in the updated Board Assurance Framework at agenda item C4. Action to be closed.

Action 4 - **Emergency Preparedness, Resilience & Response Compliance against the National Core Standards** - following a peer review by South Yorkshire Integrated Care Board there was no change to the Trust’s self-assessment of compliance. Work against the core standards would continue, with progress reported through the relevant governance route. The Audit & Risk Committee received the compliance self-assessment, prior to submission and a mid-year review of progress against actions. Action to be closed.

P25/01/A3 **Chair’s Report (Enclosure A3)**

The Chair’s report provided an overview of activities, visits, and key events in the Trust calendar since the last Board of Directors meeting.

The Board:

- ***Noted the Chair’s Report***

P25/01/A4 **Chief Executive’s Report (Enclosure A4)**

The Chief Executive’s report provided an overview of items of interest at a local, system and national level connected to the work of the Trust and aligned to its strategic priorities.

The provision of overnight and extended stays in the Children’s Assessment Unit at Bassetlaw Hospital was a welcomed addition and following the recent handover from the contractors more news was expected regarding the opening of the Bassetlaw Emergency Village in due course.

The Board:

- ***Noted the Chief Executive’s Report***

P25/01/B1 **Trust Strategy Update Report (Enclosure B1)**

The Deputy Chief Executive reflected on the ongoing work to refresh the Trust’s strategy, through engagement with stakeholders. A set of priorities had been agreed in principle, with a focus on health inequalities, digital maturity, a fit for the future estate, and the development of the Trust’s education and research activity to support its ambition to be a university teaching hospital.

These proposed priorities aligned to the national direction of travel for the NHS and would be further explored at the Board of Directors development session in early February 2025.

There would be a need to consider these alongside the awaited 2025/26 planning guidance and the reforming elective care for patients plan issued yesterday.

Non-executive Director, Lucy Nickson enquired if the reference to working in partnership with the independent sector in the reforming elective care plan impacted upon the Trust's strategy. The Chief Operating Officer confirmed the Trust was well placed to progress future conversations in light of its established relationships with a number of independent sector providers. There would be the potential to further develop Community Diagnostic Centre (CDC) activity, with partnership working already in place across South Yorkshire.

In respect of the impact of devolution, there may be wider opportunities through devolved decision making which supports different ways of working.

Non-executive Director, Kath Smart expressed the need to articulate the risks to delivery of the strategy and enquired if the support of the Trust's internal auditors would be beneficial. Along with the support of internal audit partners, best practice and wider colleague contribution would ensure the correct risks were captured and the definitions and controls for mitigating actions strengthened.

In response to a question from Non-executive Director, Hazel Brand regarding the challenges and risks in delivering a 12 hour a day service, 7 days a week detailed in the reforming elective care plan. The Chief Operating Officer confirmed not all elective services were routinely offered seven days a week, and in due course an assessment would be made on a service by service basis.

The Board:

- ***Noted and took assurance from the Trust Strategy Report***

P25/01/C1 Integrated Quality & Performance Report (IQPR) (Enclosure C1)

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to cancer standards for October and remaining access, quality, and workforce standards for November 2024. Where a local or national standard was not met an assurance report provided supporting commentary of the challenges, actions and emerging concerns.

The Deputy Chief Executive acknowledged the reforming elective care plan had only been received yesterday and the detail would need to be worked through. The focus on patient care and patient experience whilst waiting for treatment was noted, alongside waiting times which currently fell short of constitutional standards. It was clear that milestone improvements would be required over a multi-year approach. The focus on health inequalities and digital in the plan aligned with the Trust's strategic ambitions and in terms of elective activity, opportunities existed through the Community Diagnostic Centre, Elective Orthopaedic Centre, and the emergency care pathway at Bassetlaw Hospital.

The data within the IQPR reflected the mid-winter position and respective pressures which had continued into December. Safe, quality care had continued to be provided, however, there had been an impact on elective recovery with high levels of influenza affecting bed occupancy.

The executive directors summarised their respective key performance indicators.

Reflecting on the reforming elective care plan and improved access to diagnostic testing via general practice, Non-executive Director, Emyr Jones questioned the impact on consultant time and the capacity to support a potential increase in diagnostic tests. The Acting Executive Medical Director did not expect to see a reduction in consultant time, however, there was the potential to see an increase in incidental findings which could impact positively on population health. The Chief Operating Officer recognised the ambition of the reforming elective care plan and confirmed time was required to understand the impact, as the advice and guidance service required consultant time.

In response to a question from Non-executive Director, Hazel Brand regarding a reduction in outpatient activity due to patient initiated follow-up (PIFU), the Chief Operating Officer confirmed that whilst the Trust benchmarked well in some specialities, there remained scope to expand PIFU.

In response to a question from Non-executive Director, Kath Smart regarding the implementation of the Trust's winter plans. The Chief Operating Officer confirmed that all plans had been enacted to manage the impact of seasonal illnesses, minimising elective cancellations and prioritising clinically urgent and cancer surgery.

The Chair of the Board encouraged colleagues and members of the public to take the opportunity to be vaccinated against influenza.

In terms of eliminating 65+ week elective waits, the Chief Operating Officer confirmed that an action plan was in place, with weekly monitoring and reporting arrangements in place for ENT. An element of patient choice was noted in respect of some wait times.

Non-executive Director, Kath Smart reported a difficulty in assessing performance where a local target was not provided and suggested this be considered for future reporting.

Non-executive Director, Lucy Nickson noted the high volume of Emergency Department attendances, the Chief Operating Officer confirmed that a series of actions were in place to consider alternatives to conveyance, including the use of the Same Day Emergency Care Centre and primary care. The Acting Executive Medical Director highlighted industrial action in general practice had been limited locally, and cautioned that should the nationally recommended daily patient contact be adopted by general practice there was the potential for an increase in the number of referrals to the Emergency Department. This was recognised to be a national issue.

Non-executive Director, Jo Gander welcomed the work with partners to improve the conveyance rate. Considering the number of patients who were discharged from the department without the need for diagnostic tests or treatment the Chief Operating Officer confirmed a high level of confidence in the focus of the work. A higher acuity had been seen during the winter, with a significant increase in the provision of same day emergency care or admission.

Non-executive Director, Mark Bailey reflected on the efforts to date to drive improvements and encouraged a post-winter service redesign, considering the potential use of diagnostic centres and advice and guidance.

The Board:

- ***Noted and took assurance from the Integrated Quality & Performance Board***

P25/01/C2 Financial Position (Enclosure C2)

The Chair of the Board welcomed the Chief Financial Officer to his last Board meeting, ahead of his retirement at the end of January. The Board was informed that Jon would continue to work at Place in the coming months to progress a range of patient and community projects.

The Chief Financial Officer reported a month eight deficit of £1.6m, £0.5m adverse to budget and £0.9m adverse to forecast. The year to date deficit of £2.3m was £1.2m adverse to budget and £2m adverse to forecast. The year to date position was mainly driven by elective recovery fund (ERF) underperformance, with ERF income £5.8m adverse to budget, mainly related to underperformance in Trauma and Orthopaedics.

The total year to date capital spend, excluding donated assets and charitable funds, was £12m, against a year to date budget of £12.3m.

The cash balance at month eight was £41m and would require careful management over the remainder of the financial year.

In month, the Trust had delivered £1.4m of savings against a plan of £2.2m, £8.9m of savings had been delivered year to date, against a plan of £10.7m.

Further scrutiny would be carried out by the Board's Finance & Performance Committee, with improvements of c£3m anticipated during the remainder of the financial year.

The Chief Financial Officer confirmed that approval of the cash support for the capital plan was awaited and there may be a need to seek approval of business cases via Chair's actions in order to meet the lead time for orders.

Non-executive Director, Lucy Nickson recognised the financial impact of operational performance and enquired of the level of confidence in actions taken to address inconsistencies. The Chief Financial Officer acknowledged good progress had been made during the summer months in respect of rota management and the subsequent reduction in the use of temporary workforce. There remained a need to address productivity, particularly in Orthopaedics where activity was significantly behind plan, however, during the winter months the priority had been on maintaining a safe service.

The Chief Operating Officer confirmed capacity was always utilised to see and treat the most clinically urgent patients, followed by the length of wait.

The Deputy Chief Executive acknowledged the tensions between cost improvements linked to bed management and winter pressures and the importance of delivering transformational change through partnership work.

The Chief Operating Officer acknowledged the delivery of length of stay cost improvements was challenging due to the inability to reduce the bed base and required staffing. Fully utilising capacity and the management and reduction of on the day

cancellations and did not attend (DNA) rates was critical and the Chair of the Board implored patients to notify the hospital of non-attendances in order that those waiting could be seen and efficiencies improved.

Non-executive Director, Emyr Jones reflected on the activity and associated financials of the Mexborough Elective Orthopaedic Centre. The Chief Operating Officers across the three partner organisations continued to work together to explore opportunities to increase activity, an additional orthopaedic surgeon had been recruited by a partner organisation and a proposal was being developed to explore the opportunity to increase the number of sessions, operating on a cost per case basis.

The Chair of the Board recognised the outgoing Chief Financial Officer's contribution and extended her best wishes on his retirement. A warm welcome was extended to Sam Wilde.

The Board:

- ***Noted the financial position update***

P25/01/C3 Audiology Service Update (Enclosure C3)

Further to the audiology service update at November 2024's Board of Directors meeting, the Deputy Chief Executive advised that the outcomes of 13 paediatric assessments had now been received, which identified three incidents of moderate harm and two of low level harm.

Personally, and on behalf of the Trust, the Deputy Chief Executive offered her sincere apologies to the affected children and their families and provided assurance of the actions taken to ensure the future delivery of a high quality, safe service. Where further care and support was identified, this would be offered in a timely and appropriate manner. Low level harm would be monitored to ensure the impact was not sustained and duty of candour had commenced in all cases.

In respect of wider service recovery plans, the Trust had procured a fit for purpose, integrated IT system, used nationally in high performing audiology services. Updated paediatric audiology facilities were planned at Doncaster Royal Infirmary (DRI) and Bassetlaw Hospital in March and April 2025, respectively; with improvements to DRI's ENT outpatient department scheduled for April 2025. Equipment to support the reinstatement of services had been purchased and comprehensive colleague training arranged, facilitated by Nottingham University Hospitals.

Despite offering a limited service since October 2024, the Trust had carried out in excess of 2,500 repairs, to replace hearing aid batteries and tubes with the support of community partners.

A further update would be shared at the next Board of Directors' meeting on 4 March 2025.

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In response to a question from Non-executive Director, Lucy Nickson in respect of the duty of candour requirements, the Chief Nurse confirmed that the Trust maintained close contact with the families, providing an appropriate link to Sheffield Children's Hospital as the organisation supporting the paediatric pathway assessments.

Non-executive Director, Kath Smart acknowledged the difficult outcomes and ongoing communication with the families and enquired of the Trust's internal communication plan. The Deputy Chief Executive confirmed that the service was briefed on a weekly basis, with executive directors remaining close to the work, driving forward improvements and offering support, recognising the potential impact on colleagues' health and wellbeing.

The Board:

- ***Noted the Audiology Service Update***

P25/01/C4 Board Assurance Framework & Trust Risk Register (Enclosure C4)

The Board Assurance Framework (BAF) continued to be iteratively developed, alongside the ongoing improvement of Trust wide risk management, through the work of the Risk Management Group.

There was no overall change to the scoring of the strategic risks. Strategic risk four, relating to the Trust's estate, represented the greatest risk, with a score of 20.

The BAFs had been refreshed and reviewed by the relevant Board Committee assigned oversight. In respect of strategic risk six, relating to partnership working, the Board would be the risk owner and this would be considered as part of February's Board development session.

The refreshed BAF for strategic risk one had been reviewed by the Quality Committee in December 2024, due to a formatting error the enclosure did not include a complete picture of the gaps in assurance and this was corrected post meeting.

Following feedback at November's Board of Directors meeting, the Chief People Officer had updated strategic risk two to reflect the risk and associated action plans in respect of sickness absence rates, which although reducing were above the target rate. A planned review of the BAF would take place with the support of the Associate Director of Strategy, Partnerships & Governance.

The Chief Operating Officer had refreshed the BAF for strategic risk three, which had been considered by the Board's Finance & Performance Committee. The refreshed actions to close gaps were highlighted for ease of reference and included refined arrangements for the oversight of the patient tracking list and delivery of the elective recovery plan.

Non-executive Director, Kath Smart welcomed the progress made in respect of risk review dates and noted the 23 overdue risks had now been assessed and all were compliant. Where risks were not fully mitigated they would be subject to further discussion at the Risk Management Group.

In respect of progress towards the target scores for strategic risks one, three and five it was noted there was some way to go and this would form part of discussions at February's Board development session, recognising this may not be delivered in year. The Deputy Chief Executive suggested it may also be helpful to reflect the risk to delivery of the financial plan and if this should be adjusted over time.

The Board:

- ***Noted and took assurance from the Board Assurance Framework & Trust Risk Register***

P25/01/C5 Chair's Assurance Log – Finance & Performance Committee (Enclosure C5)

The Board received the Finance & Performance Committee Chair's assurance log which provided an overview of assurance, areas of major works, areas of focus and decisions made by the Committee.

The Board:

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

P25/01/C6 Chair's Assurance Log – Quality Committee (Enclosure C6)

The Board received the Quality Committee Chair's assurance log which summarised the assurance, areas of major works, areas of focus and decisions made by the Committee.

The Board:

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

P25/01/C7 Chair's Assurance Log – People Committee (Enclosure C7)

The Board received the People Committee Chair's assurance log which provided an overview of the assurance, areas of major works, areas of focus and decisions made.

The Board:

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

P25/01/C8 Chair's Assurance Log – Charitable Funds Committee (Enclosure C8)

The Board received the Charitable Funds Committee Chair's assurance log, which provided an overview of the assurance, areas of major works, areas of focus and decisions made by the Committee.

Since writing the report, the Charity's lottery had been launched and initial interest had exceeded expectations.

A review of the management and operation of the Charity would be progressed with the support of the Deputy Chief Executive and Chief Financial Officer for consideration at the next Committee meeting in March 2025.

The Board:

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

P25/01/C9 **Standing Financial Instructions, Standing Orders & Reservation of Powers to the Board & Delegation of Powers (Enclosure C9)**

The Board received the refreshed policies for approval following consideration by the Audit & Risk Committee.

The Chief Operating Officer requested delegated matter 28b (*temporary change to bed allocation and use, excluding critical care*) in CORP/FIN 1C Reservation of Powers to the Board and Delegation of Powers be amended as follows:

- in hours - Chief Operating Officer, with Head of Patient Flow advice
- out of hours - executive on call with Clinical Site Manager advice

The Board:

- ***Approved the Standing Financial Instructions, Standing Orders & Reservation of Powers to the Board & Delegation of Powers (Enclosure C9) subject to the above amendment***

P25/01/C10 **The Insightful Provider Board & DBTH Reporting (Enclosure C10)**

The Deputy Chief Executive brought the Board's attention to NHSE's recently published guidance which considered the information available to boards to support improved decision making, productivity and outcomes.

The Trust's operational data flow and reporting was considered against the guidance, including the Integrated Quality and Performance Report received by the Board. Reflections on effective governance arrangements and the impact of organisational culture provided a helpful perspective.

The Board:

- ***Noted the Insightful Provider Board & DBTH Reporting***

P25/01/D1 **Maternity & Neonatal Update (Enclosure D1)**

The report provided an overview of the progress made against the Single Delivery Plan, maternity self-assessment tool and the requirements of the Clinical Negligence Scheme for Trusts (CNST). This included the review and learning from patient safety events, perinatal mortality reviews and patient safety investigations. There had been no Maternity & Newborn Safety Investigations (MNSI) referrals in October and November 2024, the ongoing investigation of two cases was noted. One maternity Patient Safety Incident Investigation (PSII) was underway, which spanned a number of providers and was subject to review by the Local Maternity and Neonatal System (LMNS). Quarter 2 2024/25 Perinatal Mortality Reviews Summary report provided an insight into reviews during 1 July to 30 September 2024, utilising the national Perinatal Mortality Review Tool (PMRT). The Board was asked to review and approve the PMRT report.

The Single Delivery Plan was on track and the Board was informed that greater than 90% training compliance had been achieved in November 2024.

The perinatal quadrumvirate leadership team had met with the Board Safety Champion and non-executive Maternity Safety Champions on 28 November 2024. In the absence of a Maternity & Neonatal Voices Partnership Chair, the Maternity and Neonatal Partnership Strategic Lead had joined the meeting and agreed to support the service on an interim basis. The Board Safety Champion continued to work closely with the perinatal quadrumvirate leadership team to develop and sustain improvements in culture in maternity services.

The Trust had achieved nine of the ten Maternity Incentive Scheme safety actions.

Since writing the report, the Director of Midwifery confirmed that there were only two vacancies in midwifery staffing. In respect of the neonatal nursing and medical workforce, the Trust was not compliant with the British Association of Perinatal Medicine (BAPM) national standards and an action plan was in place to address this. The Board was asked to review and approve the neonatal medical workforce progress update. The Director of Midwifery advised there had been a change in BAPM guidance in year and the implications of this, particularly for medical staffing, were being worked through.

Non-executive Director, Kath Smart recognised the achievement of greater than 90% training compliance in November 2024 and enquired if there was a sustainable approach that could be replicated throughout the year. The Director of Midwifery confirmed that training time was allocated in advance, however, this was subject to change.

In response to a question regarding neonatal staffing, the Director of Midwifery confirmed there were no adverse incidents related to staffing levels. This would remain under review and should there be any concerns, the risk would be assessed and added to the risk register, if required.

The Chief Operating Officer confirmed there had been no blanket cancellation of training due to winter pressures, and divisional colleagues' judgement was trusted to support completion during the winter months.

Non-executive Director, Mark Bailey recognised the significant success in maternity services in relation to the recruitment and retention of colleagues and enquired of opportunities taken to reflect this positive performance. The Director of Midwifery reflected on the time invested in developing recruitment and retention strategies, including a structured preceptorship programme and pastoral care. This good news story had been shared with the support of the Communications & Engagement team.

In his capacity as non-executive Maternity Safety Champion, Emyr Jones reflected on the positive and insightful engagement visits and discussions as part of this role, including the monitoring of the ongoing cultural work supporting multi-disciplinary working.

The Chief Nurse shared her appreciation of the Board of Directors' ongoing support to maintain safe staffing levels and shared an opportunity to bring the success of maternity services to the attention of the Chief Midwifery Officer during a recent visit. Despite the progress made, the team were not complacent and remained focused on improvements, noting the importance of the ongoing cultural work.

The Chair of the Board thanked the Chief Nurse and Director of Midwifery for their leadership.

The Board:

- ***Noted and took assurance from the Maternity & Neonatal Update***
- ***Reviewed and approved Q2 PMRT***
- ***Reviewed and approved the neonatal medical workforce progress update***
- ***Noted the number of Maternity and Newborn Safety Investigation (MNSI) / Early Notification Scheme (ENS) cases, that families have received information on the role of MNSI and ENS and that compliance with the statutory duty of candour has taken place***
- ***Noted the bi-monthly Board Safety Champion meetings with the perinatal leadership team and any support required of the Trust board has been identified and is being implemented***
- ***Noted progress against the maternity and neonatal cultural improvement plan (SCORE survey) is being monitored at the board safety champion meetings, and the maternity and neonatal safety quality committee and any identified support being considered and implemented***

P25/01/D1 Bi-annual Midwifery Workforce Report (Enclosure D1)

The bi-annual midwifery workforce report provided an overview of planning and monitoring in place to support safe midwifery staffing levels during Q1/2 2024/25, in accordance with Birthrate Plus® recommendations. The paper included the midwife to birth ratio and provision of one to one care, which was supported 100% of the time across Doncaster and Bassetlaw sites.

The Director of Midwifery highlighted an improving vacancy position in Q3 2024/25 and the number of specialist midwife posts now in place, which included those externally funded by NHS England and the LMNS to support delivery of the Single Delivery Plan.

The current Birthrate Plus® assessment was completed in 2022 and was expected to be repeated in Summer 2025.

The Board:

- ***Noted and took assurance from the Bi-annual Midwifery Workforce Report***

P25/01/D2 Year 6 Clinical Negligence Scheme for Trusts' Board Declaration (Enclosure D2)

The Director of Midwifery reported the current and planned submission position in respect of compliance with the Year 6 Clinical Negligence Scheme for Trusts' standards ahead of the submission deadline of 3 March 2025.

The Trust would declare compliance with nine of the ten maternity safety actions. Safety action one (requirement three) related to use of the national Perinatal Mortality Review Tool and was non-compliant due to an incomplete data capture in two cases. The Chief

Nurse clarified that all of the required actions had been completed with the family and the issue related to an incomplete electronic record.

Compliance had been subject to review by the Local Maternity & Neonatal System (LMNS) and discussed with the LMNS Collaborative Board. The Trust had brought the matter to the attention of NHS Resolution and MBRACCE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) and this would be submitted for an early assessment as part of the external validation process. It was hoped this would result in an upgraded assessment.

Progress was reported on the implementation of version three of the Saving Babies Lives Care Bundle, however, the risk to full implementation was noted and in particular the challenge in providing a diabetic clinic.

The Chief Nurse recognised the volume of evidence required to confirm compliance and acknowledged the significant efforts of the Director of Midwifery and wider team. This was echoed by the Chair of the Board.

The Board:

- ***confirmed it was satisfied with the evidence provided to achieve the nine maternity safety actions***
- ***delegated authority to the Chief Executive to sign-off the Board Declaration, prior to submission to NHS Resolution on 3 March 2025***
- ***noted that the Chief Executive would appraise the Integrated Care Board's Accountable Officer (ICB Executive Chief Nurse, Cathy Winfeld) of the Maternity Incentive Scheme (MIS) safety actions***

P25/01/E1 Board of Directors Work Plan (Enclosure E1)

The Board received the Board of Directors work plan, the structure of which would be revised to align with the Trust's strategic priorities.

The Board:

- ***Received the Board of Directors Work Plan for information***

P25/01/F1 Minutes of the meeting held on 5 November 2024 (Enclosure F1)

The Board:

- ***Approved the minutes of the meeting held on 5 November 2024***

P25/01/F2 Pre-submitted Governor Questions regarding the business of the meeting (verbal)

The following governor question had been received:

"I have concerns regarding the waiting times for cancer patients in gynaecology in Sheffield. Since gynaecological cancer patients from Doncaster are referred to Sheffield, I have observed significant delays in appointments, with some cases exceeding target wait times. Could we obtain detailed information regarding the waiting times for the first outpatients appointment and then the time period before they are operated on/receive treatment".

The Chief Operating Officer had agreed to provide a response outside of the meeting. This would be captured on the governor question and answer database, available via the governor portal.

P25/01/F3 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P25/01/F4 Date and time of next meeting (Verbal)

Date: Tuesday 4 March 2025

Time: 9:30

Venue: MS Teams

P25/01/F5 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.***

P25/01/G Close of meeting (Verbal)

The meeting closed at 12.12



Suzy Brain England OBE

Chair of the Board

4 March 2025