

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in public on
Tuesday 1 July 2025 at 9:30am
in the Boardroom, Bassetlaw Hospital**

Present:	<p>Mark Bailey - Non-executive Director Suzy Brain England OBE - Chair of the Board 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 Richard Parker OBE - Chief Executive Kath Smart – Non-executive Director Denise Smith - Chief Operating Officer Sam Wilde - Chief Finance Officer</p>
In attendance:	<p>Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Professor Sam Debbage - Director of Education & Research (agenda item A5) Dr Jane Fearnside - Head of Research (agenda item A5) Angela O'Mara - Deputy Company Secretary (minutes) Emma Shaheen - Director of Communications & Engagement</p>
Public in attendance:	<p>Hannah Beardmore - Staff Side Christopher Berry - The Value Circle Toni Brunt - Doncaster & Bassetlaw Teaching Hospitals Ian Hall - The Value Circle Gina Holmes - Staff Side</p>

Apologies:

ACTION

P25/07/A1 Welcome, apologies for absence and declarations of interest

The Chair welcomed everyone to the Board of Directors meeting, including observers. There were no apologies for absence and no conflicts of interests were declared.

P25/07/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 and 3 - Trust Strategy and 2025/26 Success Measures - would be considered for approval today, at agenda item D2.

Action 5 – Risk Rating Strategic Risk Two - further to a discussion at June 2025's People Committee it was confirmed that the target risk rating of 12 would be retained. The Board Assurance Framework would be reviewed and the content approved at agenda item F2. Action to be closed.

P25/07/A3 Chair's Report (Enclosure A3)

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

Non-executive Director, Emyr Jones confirmed three Consultant Paediatricians had been appointed, rather than the two referenced in the report.

The Board:

- ***noted the Chair's Report***

P25/07/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 Chief Executive highlighted the Trust's journey and commitment towards being an anti-racist organisation, to ensure the organisation was a fair and equitable place to work and receive care.

The impact of the significant reorganisation of the local Integrated Care Board was recognised, with revised structures expected to be announced imminently. The Trust was committed to supporting its partners during these challenging times.

The Paediatric Dental Surgery Hub, developed by South Yorkshire & Bassetlaw Acute Federation had been established at DRI to improve access and reduce waiting times. The Trust was working collaboratively with specialist consultants in paediatric dentistry from a neighbouring trust.

In response to a question from Non-executive Director, Kath Smart regarding ongoing negotiations with the Local Authority to support the provision of Health on the High Street. The Chief Executive confirmed that discussions were ongoing with regards to the head lease, a confidential meeting of the Board would take place in due course as discussions progressed. The direction of travel aligned with the Secretary of State's strategic priority to move care, where appropriate, from the hospital into the community, alongside the Trust's strategic ambition to provide the best care environment.

Non-executive Director, Mark Bailey enquired what community based opportunities existed, the Chief Executive confirmed Nottinghamshire Healthcare and Rotherham, Doncaster & South Humber NHS Foundation Trusts delivered services across Bassetlaw and Doncaster respectively. The virtual ward capacity across Doncaster and Bassetlaw differed significantly, with the potential to increase utilisation in the latter. Efficiency

and effectiveness opportunities could arise from the vertical integration and harmonisation of services, guidance on which may be seen in the 10 Year Health Plan.

Non-executive Director, Hazel Brand reflected on the plans for Derby & Derbyshire, Nottingham & Nottinghamshire and Lincolnshire Integrated Care Boards to form a cluster. Whilst the Mayor of Greater Lincolnshire had shared concerns, it was expected the decision would be taken by the Secretary of State for Health & Social Care. South Yorkshire was expected to be the smallest Integrated Care System, which may make the delivery of the back office savings more challenging.

The Board:

- ***noted the Chief Executive's Report***

P25/07/A5 Research & Innovation Update (Enclosure A5)

The Chair of the Board welcomed the Director of Education & Research and the Head of Research to the meeting to provide an update on research and innovation activity as part of the Trust's ambition to become a leading centre for education and research.

There was a focus on raising the profile of research, including growth in activity, public engagement and attracting clinical academics. A dedicated clinical research space was being created at Doncaster Royal Infirmary and there was a real emphasis on all colleagues having a part to play in research, including participation, engagement and leading research activities, with the Chief Nurse and Chief People Officer taking on Principal Investigator roles.

The Trust had an established track record in rheumatology commercial research, with Consultant Rheumatologist, Dr Yee acting as Chief Investigator. The research activity placed the Trust at the forefront of clinical practice with local and out of area patients referred for treatment, not widely available within the NHS.

The importance of developing an innovative culture was noted and an Innovation Expedition workshop, commissioned with the University of Lincoln, had focused on two specific projects. One related to improving patient information sheets for post haemorrhoidectomy, and the other for auto injectable vitamin B12 pens. In addition, support would be provided to the newly developed DBTH improvement (DBTH-i) hub. The support of the Board in being an advocate of research was requested.

In response to a question from Non-executive Director, Jo Gander regarding broader commercial opportunities, the Head of Research advised of the potential to support renal patients pre-surgery with a new weight loss drug to promote better outcomes.

The Chief Executive enquired of opportunities to work in partnership with neighbouring trusts, it was confirmed that discussions were currently in train with the South Yorkshire & Bassetlaw Acute Federation regarding patient pathways.

Non-executive Director, Lucy Nickson welcomed the dedicated clinical research space, in terms of activity and occupancy of the Unit, this would begin with rheumatology patients and expand over time, including the potential to extend to out of hours and inpatient activity.

In response to a question from Non-executive Director, Kath Smart, in order to be inclusive, whilst recognising the size of the team, an equitable approach was taken across the divisions. There was a good level of interest developing in response to trials.

Non-executive Director, Emyr Jones recognised the importance of research as part of the Trust's ambition to be a University Teaching Hospital and enquired if there were sufficient opportunities to support the Trust's involvement. The Director of Education & Research recognised some research activity, such as the Born and Bred in Doncaster programme, related to specific demographical challenges. It was also apparent from a benchmarking exercise that not all organisations were able to support medical device research.

The Chief Executive reflected on previous interest in bed based research and enquired of the current thinking, as this had been an opportunity linked to securing a place on the New Hospital Programme, which had not progressed. Should space become available on site, there was the potential to take advantage of this, as opportunities and associated income were limited across the system. The implementation of an electronic patient record would also support due to digital enhancements.

The Chair shared her appreciation and encouraged the recognition and celebration of research and innovation.

The Board:

- ***noted the Research & Innovation Update***

P25/07/B1 Audiology Service Update (Enclosure B1)

The Deputy Chief Executive provided an update on the audiology service recovery and improvement programme.

Since the last update, the paediatric recall programme had identified a case of severe harm. The Deputy Chief Executive and Chief Executive offered their sincere apologies and confirmed the Trust had undertaken Duty of Candour discussions with the family. Learning would be shared and applied across the service, pathway and wider organisation.

Non-executive Director, Kath Smart welcomed the ongoing feedback from community groups to inform the improvement journey. Improvements in activity levels were noted and it was suggested that performance against agreed trajectories, including clinical priorities, be included in future Board reports.

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In response to a question from Non-executive Director, Hazel Brand, the Deputy Chief Executive confirmed that adult waiting lists were five times greater than paediatric lists. Progress was being made in determining anticipated wait times, however, the Acting Executive Medical Director acknowledged this was dependent upon ongoing competency training. The Chief Executive confirmed that he felt that the current service model was unsustainable in South Yorkshire and as part of the Acute Federation fragile service review would require a change in delivery.

In respect of the 29 children who had not attended their recall appointment, the Deputy Chief Executive assured the Chief Finance Officer that the *Trust's Was not Brought policy* had been followed. The need for a referral to other professionals was considered as part of this. Should the child re-engage with the service in the future, a harm review would be undertaken, with the consent of the family.

For those children where harm reviews were yet to be completed, Non-executive Director, Lucy Nickson questioned the potential for further harm to occur. The Deputy Chief Executive confirmed that the children were being seen and receiving interventions, the wait related only to the review itself.

In response to a question from Non-executive Director Mark Bailey, relating to the potential for similar issues to be seen elsewhere in the organisation, the Deputy Chief Executive confirmed that learning from this programme of work would identify themes that could be relevant in other areas, which may not be identified as part of routine reporting. The triangulation of evidence, including patient and people metrics, would serve as an early warning system. The Chief Nurse confirmed that divisional nurses and general managers were considering those smaller service areas which may be affected.

The Chief Executive acknowledged the importance of responding to early internal and external alerts and to ensure robust governance arrangements were in place. An independent review of children's hearing services had been commissioned by the Secretary of State for Health & Social Care in response to the approach arising from the NHS Lothian paediatric audiology review in 2021.

The Board:

- ***noted the Audiology Service Update***

P25/07/B2

Maternity & Neonatal Update (Enclosure B2)

The Chair welcomed the Director of Midwifery to the meeting to present the Maternity and Neonatal update. 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.

Since the last report there had been no Maternity & Newborn Safety Investigations (MNSI) referrals.

The perinatal quadrumvirate leadership team had met with the Board Safety Champion and non-executive Maternity Champion on 22 May 2025 and continued to work closely to develop and sustain cultural improvements in maternity services.

The Board received and noted the Q4 Perinatal Mortality Report and Avoiding Term Admissions into Neonatal Units report and the Q3 Saving Babies Lives Care Bundle (v3).

The Director of Midwifery advised the Board that confirmation had now been received that all ten CNST compliance standards had been achieved for Year 6 CNST.

The Board's attention was drawn to neonatal nursing and medical staffing compliance with the British Association of Perinatal Medicine (BAPM) national standards. As standards had not been met, progress was reported against the nursing action plan and an updated medical staffing action plan to reflect the requirements of Year 7 CNST was provided.

The Chief Executive referenced the Secretary of State for Health & Social Care's recent announcement that a national maternity review would take place, ten hospitals were expected to be part of the review, the detail of which was not yet known. A focus on services who demonstrated what good looked like would be welcomed by the Chief Nurse. In view of the ongoing scrutiny on maternity services, the Chief People Officer recognised the support required by leaders and the resultant impact on colleagues.

Over time the complexity of patients had increased, this was not recognised in Birthrate Plus® or in tariff income. Should this change, there would need to be a review of the 2025/26 financial plan, with changes reflected in future contracts.

The Board:

- ***noted and took significant assurance from the Maternity & Neonatal Update***
- ***reviewed and approved the Q4 Perinatal Mortality Report***
- ***reviewed and approved the Q3 Saving Babies Lives Care Bundle v3***
- ***reviewed and approved the neonatal & nursing medical workforce progress updates against last year's plan***
- ***reviewed and approved the Q4 ATAIN report***
- ***noted that the relevant British Association of Perinatal Medicine (BAPM) national standards for the neonatal medical workforce have not been met and approved the neonatal medical workforce action plan progress update against last year's plan***
- ***noted that the relevant British Association of Perinatal Medicine (BAPM) national standards for the neonatal nursing workforce have not been met and approved the progress update against last year's plan***
- ***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***

P25/07/B3 Bi-annual Midwifery Workforce Report (Enclosure B2)

The Board received and noted the bi-annual midwifery workforce report. The 2022 Birthrate Plus® assessment used to calculate workforce requirements was currently being reassessed and was expected to be finalised by late Summer 2025.

The Chief Nurse confirmed that clarification had been sought on how the nationally recommended specialist midwife roles would be captured. The Chief Executive also

noted that across the Local Maternity & Neonatal System, the Trust was the only organisation who operated across two sites which impacted upon the requirements for specialist midwives.

In response to a question from Non-executive Director, Mark Bailey regarding the recruitment of newly qualified midwives, the Chief Nurse confirmed that anticipated attrition had been taken into consideration, the current Birthrate Plus® assessment had been used, however, professional judgement could be exercised in respect of known complexities.

The support offered by specialist midwives during periods of absence was recognised by Non-executive Director, Kath Smart. In terms of the number of reported red flag events in March 2025, the Director of Midwifery confirmed this was a cyclical pattern due to a peak in births, with any delays in activity only supported when safe to do so.

The Board:

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

P25/07/C1 Guardian of Safe Working Quarterly Report (Enclosure C1)

The Chair of the Board welcomed the Guardian of Safe Working to the meeting to provide an overview of exception reporting for the period February to April 2025.

Exception reporting was now completed on Healthrota and the data categories and collection within this report reflected this change. A total of 71 exception reports had been received during this period, the majority of which related to additional hours worked and reflected the workload of resident doctors. In respect of fines levied, the Guardian of Safe Working confirmed that all related to the non-resident on call rota for urology. In response to a question from Non-executive Director, Kath Smart, work was underway to address the current rest period following an on call duty and revised rota arrangements. It was acknowledged that further work was required on this in the coming months.

The revisions to the exception reporting framework agreement were due for implementation by 12 September 2025. The Chief People Officer acknowledged the significant operational differences, including the impact on Medical HR colleagues.

In response to a question from the Chief Nurse with regards to the triangulation of data and thematic analysis, it was proposed that this be revisited once the reforms were in place, as an increased level of reporting and granularity of detail was anticipated.

Reflecting on the size of the organisation, Non-executive Director, Emyr Jones noted the current low level of exceptions, the Guardian of Safe working recognised this but confirmed this was in line with local and national reporting levels.

In response to a question from the Chief Executive with regards to the poor attendance at May's Resident Doctors Forum, the Guardian of Safe Working confirmed attendance had been an historical issue. A range of actions had been taken to support improved

attendance, including his involvement in the induction programme. Non-executive Director, Kath Smart reinforced the importance of meaningful engagements with the resident doctors.

The Board:

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

P25/07/C2 Workforce Race & Disability Equality Standards (Enclosure C2)

The Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data had been reviewed by the Executive Team and the Board's People Committee ahead of the national submission deadline of 31 May 2025.

The Board received and noted the summary report, recognising the positive changes as compared to last year's submission and the areas of focus for ongoing improvement.

In response to a question from Non-executive Director, Kath Smart regarding the number of Black and Minority Ethnic candidates shortlisted and subsequently appointed, the Chief People Officer confirmed that the Trust remained committed to ensuring no disparity, through an inclusive recruitment process.

The Deputy Chief Executive enquired of the span of the cultural competence training referenced in the report, the Chief People Officer confirmed this was currently underway across the nursing workforce. Active Bystander training was being considered to improve accessibility.

The Board:

- ***noted the Workforce Race & Disability Equality Standards***

P25/07/D1 Doncaster & Bassetlaw Healthcare Services Update (Enclosure D1)

The Chief Finance Officer brought the Board's attention to the key highlights of the report, noting Doncaster & Bassetlaw Healthcare Services Limited had exceeded its income budget for the fifth consecutive year, enabling a total dividend payment of £450k to the Trust since its incorporation. The potential for future opportunities, aligned with the Trust's strategic priorities would continue to be explored.

The Deputy Chief Executive suggested it would be helpful to establish a broader set of metrics against which the success of Doncaster & Bassetlaw Healthcare Services Limited could be reported. The Chief Finance Officer agreed to progress this.

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The Board:

- ***noted and took full assurance from the Doncaster & Bassetlaw Healthcare Services Update***

P25/07/D2 Trust Strategy and 2025/26 Strategic Priorities Success Measures (Enclosure D2)

Developed with the support of colleagues, patients, partners and the wider public, the Trust's Strategy was received by the Board for approval.

The strategy articulated the Trust's vision, mission and strategic priorities and ambitions. Whilst the 10 Year Health Plan had not yet been published, the government had previously communicated its three strategic shifts and the strategy had been developed with these in mind. The need for a flexible, future proofed approach was recognised and although dated 2025-29, it was expected that an annual review would be required.

In order to demonstrate progress, the Board was asked to consider the proposed success measures and framework, to be reported on a bi-annual basis, supported by externally validated data.

Non-executive Director, Kath Smart welcomed the measured approach to the development of the strategy and the engagement and ownership as part of the Board Development sessions.

In response to a question from the Chief People Officer in respect of previously published focused strategies, such as the People Strategy, it was confirmed these would be enabling plans to support delivery of the overall strategy.

In response to a question from Non-executive Director, Lucy Nickson regarding the mechanism to report where success measures were off track, it was confirmed that this would be explicit within the narrative and supporting data. The Board Assurance Framework would also capture the risk to delivery of the strategic objectives.

Confirmation on which tier the Trust had been categorised in was awaited. The Chief Executive confirmed that due to the Trust's financial performance tier three would be the best case scenario and it was hoped that the national validation reflected this. The Trust's internal Performance Review Meetings would oversee the required delivery, or improvements and mitigating actions. The Chief Operating Officer confirmed there was an emerging narrative around productivity, with a monthly national report expected.

The Board:

- ***approved the Trust strategy, success measures and progress reporting***

P25/07/E1 Financial & Activity Report – Month 2 (Enclosure E1)

The Chief Finance Officer reported an on plan month two and year to date deficit of £0.3m and £1.8m respectively.

In month, the Trust had delivered £2.5m of savings, £3.3m of savings year to date, which was in line with the plan submitted to NHSE, although with a greater proportion of recurrent savings. Unidentified savings for 2025/26 had now been eliminated.

The total year to date capital expenditure of £1.2m was £8.9m below plan.

The cash balance was £20.9m, due to a lower level of capital expenditure than planned.

The Chief Operating Officer confirmed that elective activity during May and in the year to date had exceeded all four points of delivery (outpatient new, outpatient follow up, daycase and elective, excluding Mexborough Elective Orthopaedic Centre). There was a focus on reducing additional, premium rate sessions by delivering the required activity as core sessions.

Non-executive Director, Mark Bailey thanked his executive colleagues for their rigour and focus on simplifying reporting through the Board's Finance & Performance Committee. The risks in the financial and operational plans were noted.

The Chief Executive highlighted the reference in the papers to the earlier than anticipated non-recurrent technical adjustment and stressed the need for delivery of savings throughout the year, as the plan was not back loaded.

There would be a focus on finance, alongside quality, with colleague briefings raising awareness and encouraging engagement and ownership to ensure the best use of resources to improve services in a sustainable way. Progress was noted on the reduction of nursing agency spend, with opportunities to be further explored on medical workforce spend. This would be linked to a workforce plan to reduce the reliance on bank and agency usage.

The potential for industrial action to impact on spend was noted, although it was hoped that negotiations would reach a satisfactory conclusion in view of the challenged system.

Non-executive Director, Mark Bailey acknowledged the need to unlock space to provide additional capacity for the delivery of urgent and emergency care on the Doncaster site. The Chief Operating Officer recognised the limitations of the current estate at Doncaster Royal Infirmary and confirmed the ambition to move services into the community would support this. The Chief Executive reinforced the need to maximise virtual ward utilisation for both step up and step down provision and ensure alternatives to conveyance to the Emergency Department were provided.

The Chair welcomed the new format of reporting.

The Board:

- ***noted the Month 2 financial and activity report***

P25/07/E2

Estates Return Information Collection 2024/25 (Enclosure E2)

The Board received the 2024/25 Estates Return Information Collection for approval ahead of the submission date of 1 July 2025.

The Chief Finance Officer brought the Board's attention to the 2.3% increase in backlog maintenance, a reduction in energy costs, arising from a change to a variable tariff, and a reduction in waste management costs.

In response to a question from the Chief Nurse in respect of sustainable solutions, the Chief Finance Officer confirmed that the Trust had secured funding to support the installation of solar panels and were progressing the installation of electric vehicle charging points, through a third party.

For the benefit of those observing the meeting and reflecting on the reference to an increased level of investment in 2024/25, alongside a higher backlog maintenance, Non-executive Director, Kath Smart clarified that elements of the capital investment had been for ring fenced improvements.

In respect of the reference on appendix one to the lack of an estates development strategy, the Chief Finance Officer confirmed that whilst there was a master development plan for Doncaster, this did not extend to all sites. The Chief Executive suggested that without a clearly defined clinical strategy it would be difficult to develop an estates development strategy, although an estates enabling plan was in place. The master development plan was dependent upon funding for the East Ward Block, and subject to confirmation further plans could be aligned to clinical requirements.

The Board:

- ***approved the Estates Return Information Collection 2024/25***

P25/07/F1

Integrated Quality & Performance Report (Enclosure F1)

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to cancer standards for April 2025 and remaining access, quality, and workforce standards for May 2025. 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 confirmed that the national Performance Assessment Framework for 2025/26 had not yet been finalised, once published the IQPR would be reviewed in line with this.

The executive directors provided an overview of their respective key performance indicators.

Non-executive Director, Emyr Jones noted the 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) remained above the local target of 100, standing at 114.3. The Quality Committee continued to scrutinise learning from deaths and the Acting Executive Medical Director confirmed all aspects, including clinical coding, which impacted upon the Trust's performance was subject to review.

Non-executive Director, Kath Smart recognised the ongoing work in respect of medical job plans and the recent internal audit report which showed a significant improvement. A moderate assurance opinion had been provided, which compared favourably with other organisations' audits completed by 360 Assurance.

The Board:

- ***noted and took significant assurance from the Integrated Quality & Performance Report***

P25/07/F2

Board Assurance Framework including Trust Risk Register (Enclosure F2)

The updated Board Assurance Framework (BAF) was received for assurance and approval following scrutiny by the Board's assurance committees and for strategic risk six (partnerships) by the Board at its development session in June 2025.

The Deputy Chief Executive confirmed that four of the seven strategic risks had a risk score of 16 or above, this would be subject to an ongoing assessment. The number of overarching operational risks had reduced and confirm and challenge discussions at the Risk Management Group were maturing. Since the introduction of the risk management eLearning module in March 2025, 55% of those assigned the training had completed it.

Non-executive Director, Kath Smart reflected on private discussions with the auditors ahead of the year-end Audit & Risk Committee, where the limited opinion risk management follow-up audit and moderate opinion Board Assurance Framework audit had contributed to the moderate Head of Internal Audit Opinion. Whilst improvements had been made in the latter part of 2024/25 the opinion reflected performance across the year and there was a need to maintain the current approach going forwards.

Further to discussions at the previous Board meeting, the Chief People Officer confirmed the target rating of 12 had been considered by the People Committee and would be retained.

The Board:

- ***took significant assurance from the Board Assurance Framework, approved the content & noted the Trust Risk Register***

P25/07/F3

2024/25 Annual Report & Accounts, including Annual Governance Statement (Enclosure F3)

The Board received the 2024/25 Annual Report and Accounts for noting. With delegated authority from the Board of Directors, the Audit & Risk Committee had approved the Annual Report and Accounts, subject to minor non-material changes arising from completion of the external auditors work. The Chief Finance Officer confirmed that the accounts had been submitted to NHSE in accordance with the national deadline.

Non-executive Director, Kath Smart confirmed a below the threshold misstatement and misclassification had been reported as unadjusted audit differences.

The Board:

- ***noted the 2024/25 Annual Report & Accounts, including Annual Governance Statement***

P25/07/F4

Chair's Assurance Log – Finance & Performance Committee (Enclosure F4)

The Board received the Finance & Performance Committee Chair's assurance logs from May and June 2025 committee meetings. The logs recognised the level of risk in the breakeven 2025/26 financial plan, provided an overview of assurance taken, areas

of ongoing work and decisions made by the Committee.

The Board:

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

P25/07/F5 Chair's Assurance Log – Quality Committee (Enclosure F5)

The Board received the Quality Committee Chair's assurance log which summarised the assurance taken, areas of ongoing work and decisions made by the Committee.

The Board:

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

P25/07/F6 Chair's Assurance Log – People Committee (Enclosure F6)

The Board received the People Committee Chair's assurance log which provided an overview of the assurance taken and decisions made by the Committee in respect of the target risk score for strategic risk two.

The Board:

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

P25/07/F7 Chair's Assurance Log – Audit & Risk Committee (Enclosure F7)

The Board received the Audit & Risk Committee Chair's assurance log, which summarised the moderate assurance internal audit reports received, provided an overview of assurance taken and decisions, which included approval of the 2024/25 Annual Report and Accounts, including the Annual Governance Statement, subject to any minor, non-material alterations arising from the completion of the external auditors work.

P25/07/F8 Audit & Risk Committee Annual Report (Enclosure F7)

The 2024/25 Audit & Risk Committee Annual report provided assurance that the committee had operated in accordance with its Terms of Reference, summarising its roles and responsibilities. All of the Board's assurance committees had undertaken an effectiveness review, which had been considered by the Audit & Risk Committee, with a satisfactory conclusion.

The Board:

- ***noted and took significant assurance from the Audit & Risk Committee Annual Report***

Board of Directors Work Plan (Enclosure G1)

The Board:

- *noted the Board of Directors Work Plan*

C25/07/H1 Minutes of the meeting held on 6 May (Enclosure H1)

The Board:

- *approved the minutes of the meetings held on 6 May 2025*

C25/07/H2 Pre-submitted Governor Questions regarding the business of the meeting (verbal)

No governor questions were received.

C25/07/H3 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

C25/07/H4 Date and Time of next meeting (verbal):

Date: 2 September 2025

Time: TBC

Venue: MS Teams

C25/07/H5 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.*

C25/07/I Close of meeting (Verbal)

The meeting closed at 13:04



Suzy Brain England OBE

Chair of the Board

02 September 2025