

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 7<sup>th</sup> December 2023 in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Barbara Brady	Non-Executive Director	BB
	Neil McDonald	Non-Executive Director	NM
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
Sally Brook Shanahan	Director of Corporate Affairs	SBS	
David Ainsworth	Director of Strategy and Partnerships	DA	
<b>In Attendance:</b>	Shantell Miles	Director of Nursing / Deputy Chief Nurse	SM
	Simon Roe	Deputy Medical Director	SR
	Paula Shore	Director of Midwifery	PS
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
<b>Observers:</b>	Claire Page	360 Assurance	
	Laura Keeling	Communications Officer	
	1 member of the public		
<b>Apologies:</b>	Andy Haynes	Specialist Advisor to the Board	AH
	Phil Bolton	Chief Nurse	PB

Item No.	Item	Action	Date
<b>23/384</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&amp;A function.</p>		
<b>23/385</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>23/386</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from Andy Haynes, Specialist Advisor to the Board, and Phil Bolton, Chief Nurse.</p> <p>It was noted Shantell Miles, Director of Nursing / Deputy Chief Nurse, was attending the meeting in place of Phil Bolton.</p>		
<b>23/387</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 2 <sup>nd</sup> November 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>23/388</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 23/173.3, 23/252.3, 23/284, 23/315.3, 23/356.2 and 23/358.2 were complete and could be removed from the action tracker.		
<b>23/389</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the opening of the new theatre provision at Newark Hospital. CW welcomed Neil McDonald, Non-Executive Director, to his first Board of Directors meeting.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Council of Governors Highlight Report</b></p> <p>CW presented the report, highlighting the discussion in relation to the development of the Trust's strategy for 2024-2029</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/390	<b>CHIEF EXECUTIVE'S REPORT</b>		
11 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting operational pressures, planning for industrial action by junior doctors, letter received from NHS England (NHSE) addressing the significant financial challenges created by industrial action, advance notice of the Thirlwall Inquiry, following the trial of Lucy Letby, positive visit to the Trust by the Chief Nursing Officer for England and Chief Midwifery Officer for England, 'Veterans Aware' accreditation and siting of the mobile clinical research van at King's Mill Hospital from 20<sup>th</sup> November 2023 to 1<sup>st</sup> December 2023.</p> <p>PR advised the process of reviewing the opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital continues. PR highlighted the recommendation from the People Committee for the Trust to sign the NHSE Organisational Charter for Sexual Safety.</p> <p>BB noted there have been recent reports in the press in relation to misogyny within the NHS and queried how assurance can be gained that this is not an issue for the Trust. BB felt work should be undertaken to gain an understanding of what is happening across the organisation. PR advised there is a well-established women's staff network within the Trust. However, this would not be the route for any issues to be raised formally. This is not a theme coming through Freedom to Speak Up (FTSU), but there may be more work to do to encourage people to speak out.</p> <p>DS advised when the story initially appeared in the press, it related to medical trainees in surgery. At that point the Trust proactively engaged with trainees, particularly in surgical specialties, to establish if they had experienced any issues. A group was established to take this work forward. The Director of Medical Education has been fully involved and the Trust has taken steps to ensure trainees feel able to speak out if there are any issues. The impact of misogyny is recognised, but there is no evidence of this happening at the Trust. Steps are being taken to continue to encourage trainees to 'call this out'. There are some changes to good medical practice coming through in 2024 which specifically highlights sexism, misogyny and 'banter culture' which has previously been accepted but is no longer acceptable. This provides a message to medical staff in relation to what is and is not tolerable.</p> <p>RS advised there is always more which can be done in terms of encouraging anyone to speak up, particularly individuals who feel threatened in the workplace or who have had negative experiences. There is a need to use existing data platforms to triangulate information to either identify trends or patterns which may not have been evident previously, or just continue positive actions in relation to creating the culture where people have the confidence to speak up.</p> <p>BB noted people will only speak up if they feel something will change as a result. There is a need to ensure there is a mechanism for everyone to be heard.</p>		

	<p>NM noted there was nothing highlighted in the last Staff Survey in relation to misogyny and queried if there were implicit questions in the Survey in relation to misogynistic behaviours or behaviours which breed inequalities. NM queried if there is an opportunity to undertake spot surveys in addition to the national survey which will tackle these questions more implicitly.</p> <p>RS advised there are generic questions within the Staff Survey which touch on this issue. The Trust undertakes quarterly pulse checks which enable the Trust to ask specific questions of the workforce. This would provide the opportunity to have a focus on this issue in the New Year.</p> <p>SB confirmed this issue has been discussed by the People Committee. GW felt the pulse checks should also include Medirect staff.</p> <p>The Board of Directors were ASSURED by the report and APPROVED the signing of the NHSE Organisational Charter for Sexual Safety.</p>		
<p>23/391</p>	<p><b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b></p>		
<p>15 mins</p>	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PS presented the report, highlighting the service user voice, staff engagement, maternity forum, positive visit to the Trust by Dame Ruth May, Chief Nursing Officer for England, and Kate Brintworth, Chief Midwifery Officer for England, three year Maternity and Neonatal Plan, Ockenden insight visit report, progress in relation to NHS Resolution (NHSR) safety actions, Saving Babies Lives, Care Quality Commission (CQC) should do actions, quality improvement work and safety culture work.</p> <p>AR joined the meeting.</p> <p>BB welcomed the news the Trust has secured sustainable funding for the Phoenix Team, which will assist the smoking cessation work.</p> <p>ARB sought clarification regarding timescales for completing the Ockenden action plan. PS advised the aim is to present a report to the Maternity Neonatal Safety Champions (MNSC) meeting in December, noting this may be stood down due to the industrial action planned by junior doctors. However, the Ockenden insight report is positive, with any actions relating to future embedding.</p> <p>MG queried if there was any further work the Trust could undertake with the Primary Care Network (PCN) and sought clarification in relation to the update in the report regarding NHSR.</p>		

PS advised the Maternity Assurance Committee (MAC) is an executive led committee which reviews the evidence for the NHSR submission. The evidence is also reviewed by an external Director of Midwifery and Local Maternity and Neonatal System (LMNS) colleagues. The safety action leads attend the MAC to present their evidence to support why the action is considered to be compliant. Seven of the safety actions have been signed off as complete. The final three are unable to be signed off until December due to reporting deadlines.

MG queried what SA8 is. PS advised Safety Action 8 relates to multidisciplinary team (MDT) training. There has been a risk in relation to this due to the impact of industrial action and the need to stand down some training. This has been raised by the MAC and also regionally. It was noted the threshold was 90% of all teams. However, this has been lowered to 80% and the Trust has now achieved over 90%.

PS advised, in terms of working with PCNs, the Trust has been seeking ways to support teams and community colleagues. The Infant Feeding Team provides support in the Trust and in the community. The Trust is reaching out to see what is available and how it can link into PCNs. There is a challenge in relation to demand for antenatal clinics and there has been a rise in demand for diabetic services. The Trust is hoping to reach out into the community in relation to prevention work.

The Board of Directors were ASSURED by the report.

***Maternity Perinatal Quality Surveillance***

PS presented the report, highlighting massive obstetric haemorrhage, elective caesarean sections, midwifery and obstetric workforce and staffing related incidents.

MG queried how the Trust benchmarks with peers in terms of third and fourth degree tears and what mitigations are being put in place to tackle this. PS advised the average is 3.5% and the Trust's rate is 3.8%. The rate is static at 6 or 7 tears per month. This is an area of focus for the Perinatal Pelvic Health Service, noting this is a national issue. It is acknowledged it is an old benchmark, set against old audit data. The benchmark is likely to be reset, with the massive obstetric haemorrhage rates also being considered. When tears do occur, the Trust looks at the quality indicators and impact. The tears reported this month are all low harm, noting additional care and treatment was required, but there are no ongoing concerns. The Trust will identify if it was a vaginal birth or assisted delivery. No themes or trends have been identified.

RE noted the friends and family test (FFT) recommendation rate is just under the standard, but there is a very low number of complaints. RE felt this does not triangulate and queried what may be driving the slight underperformance of FFT.

PS advised there are seven sets of data points which are taken across the pregnancy journey. The feedback received from patients is that once they have completed one, that completes all of them. Communication is sent out to encourage completion. A lot of good feedback is left on the BadgerNet system and steps are being taken to pull that information through in order to triangulate all data.

	<p>RE queried if there are any themes in terms of the patients who would not recommend the service. PS advised the themes relate to the discharge process and induction of labour, noting these are areas of focus.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
<b>23/392</b>	<b>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b>		
11 mins	<p><b>Guardian of Safe Working</b></p> <p>DS presented the report, highlighting trainee vacancies, an increase in trainee and non-trainee staff, median time from raising an exception report to the first meeting with the educational supervisor, a non-compliant rota in Anaesthetics which has resulted in a fine being levied by the Guardian of Safe Working and the impact of industrial action.</p> <p>DS advised there were 55 exception reports in the period from 1<sup>st</sup> August 2023 to 31<sup>st</sup> October 2023, noting the breakdown of those reports is detailed in the report. 52 of these reports are now closed, with one being unresolved, one awaiting further details and one pending closure. It was noted that where an outcome has been suggested, there are 34 (64%) which have resulted in time off in lieu.</p> <p>The highest number of exception reports are from the Women’s and Children’s Division, with the increase relating to the paediatric service. Work is ongoing to fully understand the reasons for this. There were some concerns relating to trainees in the Obstetrics and Gynaecology Team and the Trust actively made changes to ensure the training offer and the support provided was improved. Positive feedback in relation to this has been received from the trainees. It was acknowledged there is more work to do.</p> <p><i>Due to technical difficulties, it was not possible to ask any questions of DS on the paper. The discussion will take place at the January meeting of the Board of Directors.</i></p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Add Guardian of Safe Working discussion to the agenda of the January 2024 Board of Directors meeting.</b></li> </ul>	SBS	04/01/24
<b>23/393</b>	<b>PATIENT STORY – PAUL’S STORY – RECOGNISING THE SYMPTOMS OF A HEART ATTACK</b>		
7 mins	SM presented the Patient Story, which highlighted how to recognise the symptoms of a heart attack and the work of the ED department when someone presents with those symptoms.		
<b>23/394</b>	<b>FINANCIAL RECOVERY PLAN</b>		
11 mins	RM presented the report, highlighting the establishment of the Financial Recovery Cabinet, workstreams supporting the Cabinet and letter from NHSE in relation to addressing the significant financial challenges created by industrial action in 2023/2024.		

	<p>GW welcomed the progress which is being made, advising the Finance Committee is provided with a summary of the work being undertaken each month.</p> <p>NM noted when NHSE issued their letter in November 2023, it was based on the assumption there would be no further periods of industrial action. Given the industrial action which has now been announced by junior doctors, NM queried how this will inform the financial plans. RM advised there has been little guidance in relation to this. However, the Trust was asked to include, in its response to the letter, what the potential impact would be if there were further periods of industrial action and what action could be taken to mitigate the impact in terms of financial consequences. The financial re-forecast, which has been shared with NHSE, does not yet include the impact of further industrial action as this is still being worked up.</p> <p>MG sought clarification in relation to where assurance would be provided in terms of understanding and evidencing the impact of any actions which are taken, in addition to understanding the key drivers, opportunities, etc. RM advised the Cabinet will review any proposals in relation to where opportunities could be realised and what the evidence base would be behind that. If any proposals related to removing costs, there would be a need to ensure a Quality Impact Assessment (QIA) was completed. The quadrant report from the Cabinet is presented to the Finance Committee.</p> <p>PR advised in deciding on the four workstreams, consideration was given to the areas which would have the biggest impact and gave further detail on each of the workstreams.</p> <p>MG sought clarification if any work requiring collaborative transformation sits within the workstreams. PR advised it is important for the Trust to control what it can control, but it is important for the Trust to work in collaboration to take actions which will improve the outcome of those four workstreams, in addition to working collaboratively with partners in the system to improve all aspects of operational and financial performance.</p> <p>GW advised 360 Assurance will be undertaking a review of the financial measures being taken across the system. This work may highlight other opportunities for transformation on a system-wide basis.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>23/395</b></p>	<p><b>ASSURANCE FROM SUB-COMMITTEES</b></p>		
<p>22 mins</p>	<p><b>Audit and Assurance Committee</b></p> <p>MG presented the report, highlighting declarations of interest and the time taken to agree the Terms of Reference for some internal audit reviews. GW advised 360 Assurance are internal auditors for partner organisations, as well as for the Trust, which provides the opportunity to highlight and discuss issues through the Audit Committee Chairs' meetings.</p>		

	<p><b>Finance Committee</b></p> <p>GW presented the report, highlighting the financial position at the end of Month 7, NHSE resubmission, Private Finance Initiative (PFI) settlement, review of ED Staffing Business Case, appointment of ARB as Vice-Chair of the Committee and Inpatient MRI Business Case.</p> <p>NM sought further information in relation to the Trust's cash position. RM advised the cash position varies on a day-to-day basis with a cash flow forecast being completed daily. The largest outflow each month is pay. The Trust aligns the payments received from the Integrated Care Board (ICB) to the start of the month to ensure there is cash flow through the month. In addition, the Trust is in regular communication with NHSE to access additional cash as and when required. The Trust closely manages and maintains relationships with suppliers.</p> <p><b>Quality Committee</b></p> <p>AR presented the report, highlighting End of Life Care provision, water safety issues, 360 Assurance report into the Musculoskeletal (MSK) service, review of the process for sending patient letters, Virtual Ward and 360 Assurance report in relation to cancer waiting times.</p> <p><b>People Committee</b></p> <p>SB presented the report, highlighting the change in name of the Committee, development of the Health and Wellbeing Plan, approaches to strategic workforce planning, impact of industrial action, Sexual Safety Charter, review of Board Assurance Framework (BAF) risks, update to the Committee's Terms of Reference and priorities for Year 3 of the People Strategy.</p> <p><b>Partnerships and Communities Committee</b></p> <p>BB presented the report, highlighting review of the Committee's Terms of Reference and draft Partnerships Strategy.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
23/396	<b>OUTSTANDING SERVICE – THE LAUNCH OF NEWARK THEATRES</b>		
7 mins	A short video was played highlighting the launch of new theatre facilities at Newark Hospital.		
23/397	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Patient Story – recognising the symptoms of a heart attack</li> <li>• Launch of the new theatre facilities at Newark Hospital</li> <li>• Commitment to sexual safety of colleagues</li> <li>• Actions being taken to ensure efficient use of resources</li> <li>• Improvements required to End of Life Care</li> </ul>		



<b>23/398</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>23/399</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4<sup>th</sup> January 2024 via MS Teams.</p> <p>There being no further business the Chair declared the meeting closed at 10:40</p>		
<b>23/400</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p>		
	<p><b>Chair</b></p>	<p><b>Date</b></p>	

23/401	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
23/402	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“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.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		