



**Unadopted Draft Minutes of the Board of Directors' meeting held in public on 31 January 2023 in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital**

**Present:****Members:**

Annette Laban	Chair
David Black	Medical Director (Development)
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Chris Newman	Non-Executive Director
Maggie Porteous	Non-Executive Director
Neil Priestley	Chief Finance Officer
Toni Schwarz	Non-Executive Director
Mark Tuckett	Director of Strategy and Planning

**Participating Directors:**

Sandi Carman	Assistant Chief Executive
Sarah Jenkins	Deputy Medical Director
Julie Phelan	Communications and Marketing Director

**In Attendance:**

Alison Brodrick (STH/07/23)	Head of Midwifery
Sue Gregory (STH/07/23)	Operations Director, Obstetrics, Gynaecology and Neonatology
Paula Ward (STH/16/23)	Organisational Development Director

Roxanne Maritz	Business Manager (Minutes)
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**Apologies:**

Jennifer Hill	Medical Director (Operations)
Gul Nawaz Hussain	Non-Executive Director
John O'Kane	Non-Executive Director
Ros Roughton	Non-Executive Director
Shiella Wright	Non-Executive Director

**Observers:**

2 Governors  
1 member of staff  
3 members of the public

Minute	Item	Action
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STH/01/23	<b>Welcome and Introductions</b>	
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Annette Laban, Chair welcomed Board members and those in attendance to the meeting.

**STH/02/23 Declarations of Interests**

There were no additional declarations or relevant declarations highlighted.

**STH/03/23 Minutes of the Previous Meeting Held in Public on 29 November 2022**

The Minutes of the meeting held in public on 29 November 2022 were **AGREED** and **APPROVED** as a correct record of the meeting subject to the following amend:

Minute STH/119/22 (a) 'Maternity and Neonatal Safety Report' to include: In response to a query raised by Ros Roughton, Non-Executive Director relating to the level of confidence held by the Trust that Maternity staff were learning from incidents, Laura provided a list of activities undertaken that described how learning from incidents was being undertaken by Maternity staff. Ros proposed that the list of activities provided by Laura should be annexed to future Maternity and Neonatal Safety Reports as provision of Board assurance.'

**CM**

**STH/04/23 Matters Arising and Action Log**

The Board reviewed the action log, noting that all open actions were within date and progressing. A further update on the following matter arising from the previous meeting was requested:

**Deep Dive – Cancer Waiting Times (Action log number 29, minute number STH/73/22 (b),)**

Kirsten Major, Chief Executive highlighted that the Cancer Alliance had recently agreed a piece of work that would include the identification of a sustainable service model and requested that the development of the model was added to the Board future agenda programme in line with that timescale.

**STH/05/23 Board Assurance Framework**

Sandi Carman, Assistant Chief Executive presented attachment C, the Board Assurance Framework (BAF), a record of the key risks relating to the delivery of the Trust's Strategic Aims and the level of internal control to prevent occurrence of these risks. Sandi drew Board members' attention to the addition of an executive summary as part of an agreed approach to develop the BAF iteratively, following recommendations received through the recent Well-led Developmental Review.

Sandi added that the framework should be considered in relation to key risks throughout the remainder of the Board agenda.

With reference to the tables containing the Strategic Risk cycle, Annette Laban, Chair proposed that the sequencing of the Deep Dives should be prioritised based on limited assurance. This was supported by the Board.

**SC**

Maggie Porteous reflected on the executive summary and explained that it had been of great value. Additionally, Maggie referred to the risk relating to strike action, which had been discussed in the recent People Committee meeting and since reflected in the BAF, noting that the BAF was a working iterative process.

The Board of Directors **AGREED** that actions to identify gaps in control and assurance were sufficient and **NOTED** the ongoing deep dives undertaken within the Board Committees.

### **STH/06/23 Corporate Risk Register Report**

Sarah Jenkins, Deputy Medical Director presented attachment D, the Corporate Risk Register Report which was a summary of all open and validated Extreme Risks on the Trust Risk Register.

Sarah provided the following key points:

- There were currently 31 open and validated Extreme Risks
- Four of the Extreme Risks were new, although one had been closed.
- Nine risks had been resolved, broken down as:
  - Three risks had been closed.
  - Five risks had their rating reduced to below 15.
  - One risk had been removed following a review of Datix data quality.

Kirsten Major, Chief Executive queried the Extreme Risk (ID 4957) relating to the Maternity Electronic Patient Record (EPR) system, as she felt the risk was significantly less following the migration of the record to a full paper process. Chris Morley, Chief Nurse explained that it was likely some of the risk related to the specific regulatory guidance but agreed that the matter should be revisited and discussed in the upcoming Maternity Improvement Board meeting.

Annette Laban, Chair raised a question relating to the two spinal related risks (ID 4132 and ID 5078), which confirmed that they were two risks that existed in two separate services and were unrelated.

Sandi Carman, Assistant Chief Executive noted that the column reflecting the number of overdue open actions had been populated for the first time and noted that it would be helpful for Board Committees to consider these during the Deep Dives.

Members of the Board discussed the level of risk relating to strike action (ID 4975) following a query raised by Tony Buckham, Non-Executive Director. Key points raised were:

- The Trust had successfully navigated a number of strike action days without harm caused to patients, therefore whilst the Trust were monitoring the risk, the risk remained controlled and below an Extreme Risk Score.
- Outcomes of additional staff groups balloting may cause higher impact to services, at which point, the risk may be escalated.

In response to a query raised by Kirsten regarding the Extreme Risk relating to ligatures within the Emergency Department (ID 3260), Chris Morley explained that the risk required reframing because whilst the risk does exist, the controls that the Trust had implemented had been successful.

The Board of Directors **NOTED** the Corporate Risk Register Report and its alignment with the Strategic Risks logged on the BAF.

## **STH/07/23 Maternity Matters**

The Board of Directors welcomed Sue Gregory, Operations Director Obstetrics, Gynaecology and Neonatology and Ali Brodrick, Head of Midwifery to the meeting, who were in attendance to support the Maternity Matters item.

### **Maternity and Neonatal Safety Report**

Chris Morley, Chief Nurse presented attachment Ei, the Maternity and Neonatology Safety Report for the month of November 2022 and drew colleagues' attention to the following items:

- On page four of the report the Trust had unfortunately reported one maternal death to MBRRACE in November 2022 and were notified by MBRRACE in December 2022 of maternal death that had sadly occurred in February 2021, after having given birth in June 2020. The cause of the delay in notification to the Trust was due to a cross-checking exercise undertaken by MBRRACE against Office for National Statistics cases. Both cases are subject to further investigation.
- The table of Sheffield Referrals to the Healthcare Safety Investigation Branch (HSIB), which had been presented at the HSIB quarterly review meeting in December 2022, reflected a sustained decrease in Hypoxic-Ischemic Encephalopathy (HIE) reportable cases, which was evidence of the impact of the improvement work that the Trust had undertaken.

Sue Gregory added that from a workforce perspective, four additional fixed-term consultants had been appointed with imminent start dates. It was expected that the appointments would aid in the achievement of further improvement within the maternity service.

Tony Buckham, Non-Executive Director sought clarification with regards to what the Tommy's App was, to which Ali Brodrick explained that it was a clinical application, developed by Guy's and St Thomas' NHS Foundation Trust, which was being trialled in the Jessop Wing that:

- More accurately assessed the risk of preterm birth and placental dysfunction in women
- Enabled continuity of care information throughout pregnancy and improved personalised care.

### **Maternity Improvement Programme Quarter 4 Update**

Chris Morley, Chief Nurse presented attachment Eii, which gave an overview of the work undertaken in Maternity services in quarter three of the Maternity Improvement Programme and a forward view for quarter four. Chris highlighted that the key focus for quarter four would be to clear the Serious Incident (SI) backlog and added that Angie Legge, Quality Director, had been pivotal in improving the SI process, which had since become significantly faster.

In response to a query raised by Annette Laban, Chair relating to the implementation of controls to ensure sustainable ways of working following the clearance of the SI backlog, Sue highlighted the following mechanisms that would assist the sustainability of SI processing:

- The development of a template to improve efficiency was underway.
- All governance leads had been receiving additional training in SI processing, with Angie Legge due to provide further training.
- The recruitment into substantive posts that largely focus on SIs.
- Once the backlog had been cleared a thematic analysis would be undertaken as the learning from SIs would be key to sustained improvement.

Kirsten Major, Chief Executive added that discussion held at the Maternity Improvement Board centred on the absolute clarity relating to planning for the reduction of the SI backlog, how it would be sustained and what would be done going forward.

The Board discussed the public reporting of SIs, following a question raised by Toni Schwarz, Non-Executive Director which established the following:

- The Trust was currently reporting recent SIs and taking learning from historic incidents, however all reports were shared with affected families.
- All SIs, including maternity, were shared at the Quality Committee for further oversight.

The Board of Directors **NOTED** the Maternity Improvement Programme update for Quarter Four.

#### **Maternity Voices Partnership Workplan**

Chris Morley, Chief Nurse presented attachment Eiii, the Sheffield Maternity Voices Partnership Annual Workplan and explained that it had been brought to the Board for noting. Chris highlighted that the receipt of the workplan by the Board was later than he would have preferred but would be more timely for the upcoming year.

Annette Laban, Chair queried the process for sign off of the workplans in the system, to which Ali Brodrick explained that each plan would consist of similar themes as they would all reflect elements of Ockenden requirements but would still differ from each other to reflect varying priorities within each Place.

#### **Maternity Incentive Scheme Year 4**

Chris Morley, Chief Nurse presented attachment Eiv, the Maternity Incentive Scheme (MIS) for Year Four as part of the Clinical Negligence Scheme for Trusts (CNST) which required final sign off by the Board of Directors. Chris informed the Board that a detailed worksheet containing the entirety of the ten safety questions and their sub questions, totalling 142 lines, had been added to the document library for members of the Board to reference.

Chris highlighted the following key points:

- The Trust was now compliant in a number of areas but had not been throughout the year and therefore wherever any doubt was cast with regard to total compliance, the Trust has chosen to err on the side of caution.
- The Trust had submitted a request for support funding in relation to MIS improvement activities.
- The focus for the upcoming year would largely remain on training and the utilisation of the Perinatal Mortality Review Tool (PMRT)
- Subject to Board approval, next steps included submission to NHS Resolution (NHSR) with sign-off by Kirsten Major, Chief Executive and Emma Latimer, Executive Place Director, South Yorkshire Integrated Care Board

The Board of Directors held a discussion, prompted by Tony Buckham, Non-Executive Director relating to the Trust's and other organisation's abilities to achieve complete compliance, establishing that the achievement of full compliance had become increasingly challenging. Tony proposed that it may be helpful for the Shelford Group to consider a discussion with NHSR regarding the criteria for compliance with the MIS.

Maggie Porteous, Non-Executive Director enquired if an approach to forward tracking the requirements of the MIS could be undertaken. In response, Chris described plans for year five of the scheme which included:

- Establishing who will have full oversight of the scheme and track requirements for the entirety of the year.
- An agreement by the OGN Triumvirate regarding explicit undertakings within the Maternity service.
- The receipt of regular status reports of the tracker and effective risk identification and progression.

The Board **APPROVED** the 2022/23 Maternity Incentive Scheme submission to NHS Resolution.

### **Non-Executive Director Maternity Champion Feedback**

Annette Laban, Chair provided an update on behalf of Ros Roughton, Non-Executive Director and Maternity Champion, which included the following undertakings since the last Board of Directors meeting:

- Reviewed various maternity complaints and raised the following three items at the Maternity Safety Champions meeting:

- To note that the observation of one complaint resulting in documented learning by medical staff had been encouraging.
- An issue with the embedding of Tommy's App, which had subsequently been included in the Maternity and Neonatal Safety Report received by the Board.
- Queried how international nurses were being supported to raise concerns.
- Ros also attended a meeting with the chair of the Maternity Voices Partnership (MVP) as well as attending the MVP meeting as an observer.

The Board of Directors **NOTED** the update from the Non-Executive Director Maternity Champion.

### **STH/08/23 Integrated Performance Report**

Michael Harper, Chief Operating Officer presented attachment F, the Integrated Performance Report (IPR) and explained that following recommendations received from the Well-led Developmental Review undertaken by AuditOne, the IPR would in future be delivered separately to the Chief Executive Report so that it can be recognised appropriately on the Board of Directors' meeting agenda.

Michael added that a number of additional metrics had been discussed by the Trust Executive Group and that these would be added to future reports.

The following matters were highlighted from the Integrated Performance Report (IPR) for October and November 2022:

#### **Deep Dive – Mandatory and Job Specific Essential Training**

Mark Gwilliam, Director of Human Resources and Staff Development provided members of the Board with a deep dive on mandatory and job specific essential training (JSET), explaining that mandatory training aligned to the Core Skills Training Framework. Furthermore, whilst JSET does not have national guidance, the Trust provides 12 modules accessible through the Personal Achievement Learning Management System (PALMS).

Mark continued to highlight the following key points in relation to the deep dive:

- The Trust's mandatory training performance was consistently above 90% and was currently positioned at 92%.
- Charts four and five illustrated all subject areas within mandatory training at above 90% compliance except for resuscitation training. This was due to the delivery of training being face-to-face which could not occur throughout the Covid-19 pandemic.
- JSET compliance from June 2022 onwards had been above 90% for all staff groups with the exception of Medical and Dental staff. Work was underway with the Medical Directors to improve the position.

Members of the Board discussed the performance of the organisation, specifically in relation to medical and dental staff, following a query raised by Toni Schwarz, Non-Executive Director. The discussion established that although capacity to undertake training by medical and dental staff was limited, further contributing factors to the overall performance were staff where the Trust was the lead employer but who may not be based in the organisation.

Mark Gwilliam added that the Trust was exploring a digital passport for mandatory/ JSET training undertaken by staff groups such as junior doctors who regularly rotate through partner organisations. The passport would mitigate the requirement for those staff groups to undertake training more than was required and would assist in maintaining compliance.

### **Deliver the Best Clinical Outcomes:**

Sarah Jenkins, Deputy Medical Director gave the following updates:

- The Hospital Standardised Mortality Ratio had been higher than expected over this period. A Task and Finish group had been established to further investigate the cause.
- The crude mortality and Summary Hospital Mortality Index (SHMI) remained within expected range.

The Board of Directors discussed the cause of the increase in the HSMR which clarified that the result of the investigation into this would be received by the Quality Committee.

Chris Morley, Chief Nurse provided the following additional updates:

- There had been a case of MRSA Bacteraemia which had been judged unavoidable.
- A comparative increase in the Friends and Family Test response in Maternity services had been observed and was an indicator of change within Maternity services as it signalled greater satisfaction by service users.

### **Patient Centred Services**

Michael Harper, Chief Operating Officer highlighted the following key points:

- Ambulance handover delays continued to observe an improvement over the previous three months. A contributing factor was to bring patient discharges forwards so that they occurred earlier in the day, freeing up capacity and improving flow throughout the Trust.
- The size of the Patient Treatment List (PTL) remained stable, albeit at a very high level, and work continued with the South Yorkshire & Bassetlaw Acute Federation to identify options for patient choice through a national database which gives patients alternative options of where to receive treatment.
- An improvement in the cancer pathways in relation to time taken between testing and reporting was observed.



In response to a query raised by Tony Buckham, Non-Executive Director, Michael described the Trust's patients as being more complex than in previous years in both elective and non-elective pathways, which was contributing towards a constrained bed capacity and an increased length of stay in patients.

Annette Laban, Chair noted the complexity of care provided by community nursing and queried how their service was being managed on planned strike days. Chris Morley, Chief Nurse explained that the teams planned for service provision that would be delivered over a bank holiday, following guidance received from the Royal College of Nursing.

Kirsten Major, Chief Executive added that through discussions with the Community team, she was appraised of the significant preparatory work that they had undertaken ahead of the planned strikes.

Mark Tuckett, Director of Strategy and Planning provided the following additional points:

- Cancer waiting times and performance metrics remained challenging.
- The size and complexity of the backlog was the reason as to why the service had been placed in Tier One oversight.
- The drivers of improvement were focus on high volume patient pathways and improved reporting times.
- January 2023 had been challenging and saw the backlog increase. A decrease in cancer improvement will be reflected in the upcoming IPR due to this.
- Focus would be maintained on exploring external support, including working with referring organisations to ensure patients are cared for through the most appropriate pathways.

### **Employing Caring and Cared for Staff**

Mark Gwilliam, Director of Human Resources and Staff Development provided an update on the Trust's sickness performance which was the lowest Covid related absent rate the Trust had observed since the beginning of the pandemic at 0.6%. further updates included:

- Appraisal rates were 83%.
- Time to recruit was an average of 9.9 weeks. Further recruitment of staff to assist with capacity would seek to improve this position to be within the 8 week target.

### **Spend Public Money Wisely**

Neil Priestley, Chief Finance Officer outlined the following key points:

- The Trust was on track to deliver 0.6% of the 1% set efficiency target.
- A Use of Resources Group had been established to analyse data and support the identification of the largest saving opportunities within the Trust
- A significant focus was on areas of overspend, particularly in Medical and Dental staff.

- Work was ongoing at system level to achieve a balanced financial plan for 2022/23 following the receipt of a further £10million non-recurring funding.

## **STH/09/23 Chief Executive's Matters**

Kirsten Major, Chief Executive highlighted the following points:

### **a) Operational Update**

Kirsten described an observation of a slight increase in Covid-19 toward the end of December 2022 but that a decline had been observed since.

Kirsten added that the Christmas period saw significant pressures operationally, largely due to high levels of flu that were earlier than usual. Contributing to these pressures was a high level of staff sickness absence. Additional wards had since been opened to increase capacity and improve patient flow across the Trust.

### **b) Industrial Action**

Kirsten referenced the update on Industrial Action within her report and drew colleagues' attention to the variety of strike dates and additional balloting. The following points were also highlighted:

- The British Medical Association (BMA) Junior Doctor Committee was balloting and if supported would see junior doctors strike for a 72-hour period.
- The Trust had received recent notification that the BMA were due to go hold an indicative ballot for consultants.
- These two factors combined with the support for strike action ballot that had been held by the Hospital Consultants and Specialists Association, result in a significant risk of impact on the Trust and its delivery of patient care.

In response to a query raised by Toni Schwarz, Non-Executive Director, Kirsten confirmed that the Trust had been tracking all non-health related industrial action, such as teachers, and the impact they may have on the Trust, staff and patients.

### **c) Elective Actions for 78 Week Cohort**

Members of the Board were notified that the Trust had received a letter from NHS England (NHSE) with reference to patients who will have been waiting 78 weeks to receive elective care by the end of March 2023. NHSE required all patients in the 78-week cohort to have received appointments for planned care by the end of January 2023. However, the Trust had a somewhat different cohort to those of other organisations particularly in relation to the proportion of non-admitted pathways, which is a much lower proportion of those waiting in the Trust.

In response to a question asked by Tony Buckham, Non-Executive Director, Kirsten confirmed that many patients in the cohort were on

tertiary pathways which limited options for mutual aid but that the Trust was currently undertaking analysis to identify what type of tertiary pathways patients were on.

Michael Harper, Chief Operating Officer added that when reviewed patient postcodes, they were not only South Yorkshire and Bassetlaw and this is where the benefit of patient choice, mentioned previously within the IPR update, could assist the organisation.

#### **STH/10/23 Chair's Report**

Annette Laban, Chair presented attachment H which provided detail on all activities that she had been involved in throughout the months of December 2022 and January 2023. Annette highlighted that following advertising for the recruitment of a Non-Executive Director, shortlisting had taken place and interviews were scheduled to be held on 23 February 2023.

Annette also took a moment to report the sad death of Vic Powell in December 2022 who had been a Non-Executive Director for 14 years and saw the Trust become a Foundation Trust. Annette, on behalf of the Board, offered her deepest condolences to Vic's family and friends.

#### **STH/11/23 Board Out and About Visits**

Sandi Carman, Assistant Chief Executive presented attachment I, which provided an overview of all visits undertaken throughout December 2022 and January 2023. Each visit comprised of an Executive Director, Non-Executive Director and Governor. Visits currently being undertaken were within the Trust's Corporate Services, however it was highlighted that visits to clinical areas would resume from April 2023 onwards.

Annette Laban, Chair noted that Jim Steinke, Governor had also joined herself and Mark Gwilliam on their visit to the Catering and Reception services.

The Board of Directors **NOTED** the contents of the update relating to the Out and About visits.

#### **STH/12/23 CQC Action Plan**

Chris Morley, Chief Nurse presented attachment J, the Care Quality Commission (CQC) Action Plan Update Report. Chris provided a presentation for members of the Board, providing an overview of:

- CQC ratings, including the improved ratings following a reinspection of five core services in September 2022.
- The incorporation of 'Must Do' and 'Should Do' actions into both a plan on a page and the Getting Back on Track programme where appropriate.
- The three services which had been separately identified as requiring improvement programmes.

The Board of Directors discussed at length the ability to adequately deliver actions in line with target deadlines and the associated assurance of deliverable actions. The discussion established:

- A key learning from the CQC Action Plan had been ensuring that the undertaking of an action had made a valuable difference to the outcome and that the sustainability of the action was reviewed.

Members of the Board also discussed the nature of working sustainably.

The Board of Directors:

- **NOTED** the progress made against each Improvement Programme over the last month.
- **SUPPORTED** the proposal to close the Workforce Plan on a Page.

### **STH/13/23 Well-led Developmental Review Final Report**

Sandi Carman, Assistant Chief Executive presented attachment K, the final report of the Well-led Developmental Review commissioned by the Trust and undertaken in September 2022 by AuditOne. In addition to the report, Sandi described the purpose of the review and gave an overview of required next steps, emphasising that all actions undertaken needed to be effective and sustainable.

Sandi also informed the Board that the Trust Executive Group (TEG) had a constructive session to review the recommendations and discussing areas for prioritisation and that these areas would be brought back to the Board.

Annette noted that many actions existed within the recommendations could be swiftly rectified. Annette also sought further confirmation on when, specifically, members of the Board would receive details of the discussion undertaken by TEG relating to the Well-led Developmental Review final report. Sandi explained that details of the discussion would be included into the overarching Well-led improvement plan, which would be delivered at the next Board meeting being held in public, scheduled for March 2023.

**SC**

The Board of Directors **NOTED** the final report following the Well-led developmental review and the development of the improvement plan.

### **STH/14/23 Update on Five Year Capital Plan and Capital Programme**

Neil Priestley, Chief Finance Officer presented attachment L, and provided the Board with a brief overview relating to the update on the Five-Year Capital Plan and Capital Programme.

Neil highlighted that the Trust had now been informed of the upcoming 2023/24 funding allocation and noted that the Trust was likely to receive £200k less than its 2022/23 allocation, which after factoring in inflation, was significantly more in real terms.

Reflecting on organisational behaviour, Neil outlined the activity that directorates undertake between December and March in order to ensure that their respective budget allocations are well spent and appropriate care delivered to patients. Neil said that consideration was being given to how we might more evenly spread the activity out across the financial year.

Responding to a query raised by Tony Buckham, Non-Executive Director, Neil explained that the £422k potential reduction from the Over Commitment Against (OCA) the financial plan would be the Trust's share of the hosting cost for the Yorkshire and Humber Care Record (YHCR) and that a hosting cost would likely be recurrent.

Maggie Porteous, Non-Executive Director queried if 40% of the annual capital budget spent by December was normal. Neil confirmed that the performance was lower than usual but that a review was being undertaken to discuss the position with all involved in an effort to improve the position in this and future financial years.

The Board of Directors **APPROVED** the latest 2022/23 Capital Programme.

#### **STH/15/23 Sheffield Hallam University Update**

Toni Schwarz, Non-Executive Director gave a presentation which provided the Board of Directors with a detailed overview of activities being undertaken at Sheffield Hallam University in relation to both teaching and research.

Toni gave specific thanks to Chris Morley, Chief Nurse for his assistance in finding additional placements for students as it had been immensely helpful.

The Board of Directors **NOTED** the university update and thanked Toni for her presentation.

#### **STH/16/23 PROUD Behaviours: Patient and Public**

Kirsten Major, Chief Executive introduced the item, explaining that the PROUD Behaviours Framework was the result of further development, since the framework launched to all staff in June 2022. The Board of Directors welcomed Paula Ward, Organisational Development Director to the meeting who was in attendance to present attachment M, the PROUD Behaviours Framework for Patients and Visitors and its associated implementation plan

Paula highlighted the following key points:

- Phase two of the development of the PROUD behaviours was to launch a version of the framework tailored to patients, their carers and visitors which had now been created and was approved by the Trust Executive Group.
- Significant consultation had been undertaken to ensure that the framework was as inclusive as possible and therefore would have iterative versions to reflect accessibility to all patient groups.

- The framework differed from the workforce behaviours framework to reflect the varying patient groups of the Trust and the unique relationship certain services have with their patients.

In response to a query raised by Toni Schwarz, Non-Executive Director in relation to the management of the framework's softer elements, Paula referenced a staff training module that was currently being piloted which included customer service elements and explained that this would be connected to the implementation work.

Maggie Porteous, Non-Executive Director highlighted that the work involved in implementing the PROUD Behaviours Framework for Patients and Visitors would include significant cultural change and queried how this would be managed. Maggie's query prompted a discussion amongst members of the Board which established that whilst there was still work to be done in how the framework would be reported up through the Trust, both patients and staff were keen to have a tool that could assist them with conducting structured feedback, both negative and positive.

Annette Laban, Chair asked if any further accessibility requirements were needed, to which Paula confirmed that that this would be considered.

The Board of Directors **RATIFIED** the final adapted version and the plans to launch the PROUD Behaviours Framework to patients, carers, relatives and visitors.

#### **STH/17/23 Application of the Corporate Seal**

Sandi Carman, Assistant Chief Executive presented attachment N, which sought approval from the Board of Directors to apply the Corporate Seal to the following documentation:

- 1) Contract documentation relating to the refurbishment of the Radiology Department at the Northern General Hospital.
- 2) Contract documentation relating to additional Linear Accelerator Bunkers at Weston Park.

The Board of Directors **APPROVED** the application of the relevant signatures and Trust seal to the requested documentation.

#### **STH/18/23 Chair and Non-Executive Director Matters**

No additional matters were raised by any of the Non-Executive Directors.

#### **STH/19/23 Any Other Business**

There were no additional items of business raised.

#### **STH/20/23 Date and Time of Next Meeting**

The next public Board of Directors meeting will be held on 28 February 2023 at a time to be confirmed.

Signed ..... Date .....

Chair

Unadopted