

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 11:45 on  
Thursday 5<sup>th</sup> August 2021 via video conference

<b>Present:</b>	Claire Ward	Chair	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
	Clare Teeney	Director of People	CT
Lorna Branton	Director of Communications	LB	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Becky Cassidy	Deputy Director of Corporate Affairs	BC
	Helen Hendley	Deputy Chief Operating Officer (Elective Care)	HH
	Lisa Richmond	Specialist Nurse Learning Disabilities	LR
	Anne Kabia	Ward Leader	AK
	Debbie King	Corporate Matron	DK
Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB	
<b>Observer:</b>	Donna Broughton	Communications Specialist	
	Ed Pearce	Membership & Communications Officer	
	Charlotte McIntyre	Membership & Communications Officer	
	Sue Holmes	Public Governor	
	Claire Page	360 Assurance	
<b>Apologies:</b>	Simon Barton	Chief Operating Officer	SB
	Andy Haynes	Specialist Advisor to the Board	AH

**The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.**

Item No.	Item	Action	Date
<b>18/078</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 11:45 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held, via video conferencing 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 the public were able to submit questions via the live Q&amp;A function. All participants confirmed they were able to hear each other.</p>		
<b>18/079</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda		
<b>18/080</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from Simon Barton, Chief Operating Officer and Andy Haynes, Specialist Advisor to the Board.</p> <p>It was noted that Helen Hendley, Deputy Chief Operating Officer (Elective Care), was attending the meeting in place of Simon Barton.</p>		
<b>18/081</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting held on 1 <sup>st</sup> July 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>18/082</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 18/010, 18/051, 18/054.1 and 18/054.2 were complete and could be removed from the action tracker.		
<b>18/083</b>	<b>PATIENT STORY – SLADE'S STORY</b>		
23 mins	<p>LR, AK and DK joined the meeting.</p> <p>LR and AK presented the Patient Story which related to the Learning Disability (LD) care pathway.</p> <p>MG asked LR for her reflections in terms of the Trust's continual learning culture and how the team embrace this. LR advised the team look at incident reports and work with the Patient Experience Team (PET). Learning is taken from any feedback received to bring about positive change. AK advised, from a day case perspective, the team liaise closely with the Pre-Op Team, who will notify the Day Case Unit of any patients with specific needs identified through pre-op assessment. The waiting list team are also involved in the process as an admission date may not be known at the pre-op stage.</p>		

	<p>TR noted there are a lot of patients with hidden impairments who may require reasonable adjustments to be made and felt it may be useful to work with the Pre-Op Team to undertake a review and identify any themes. AK advised through the pandemic, pre-op assessments have not been face to face, so the full story is not always known as it is easier to pre-assess patients face to face. However, the team have still been able to capture patients requiring specialist care. This will improve further as face to face assessments restart.</p> <p>TR felt it may be useful to undertake a survey of postcodes to identify any issues in relation to health inequalities, social deprivation, etc. This would require a system-wide approach.</p> <p>LR advised she is trying to access the LD register to ensure patients are flagged.</p> <p>HH advised the Trust is in the early stages of setting up a programme of work looking at health inequalities. The waiting list has been analysed and it has been identified that 25% of patients on the surgical waiting list fall within two of the most deprived neighbourhood groups. There are clear indications where work needs to be targeted. Consideration is being given to establishing a health navigator role, which can link patients between secondary and primary care offerings.</p> <p>LR, AK and DK left the meeting.</p>		
<p><b>18/084</b></p>	<p><b>CHAIR'S REPORT</b></p>		
<p>4 mins</p>	<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 recommencement of Meet Your Governor sessions and RM's appointment as Chief Executive at University Hospitals of Leicester. RM will leave SFHFT in September 2021.</p> <p>BB noted appointment letters will now be available to view online and queried what links and support will be made available for people who do not have easy access to digital equipment. CW advised the Trust will continue to provide hard copies of letters in addition to digital access. Patients will be given the option of receiving letters solely via digital means or continue to receive hard copies.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>18/085</b></p>	<p><b>CHIEF EXECUTIVE'S REPORT</b></p>		
<p>6 mins</p>	<p>RM presented the report, highlighting the activities in July to celebrate Pride month in Nottinghamshire and advising 4<sup>th</sup> August 2021 was changeover day for doctors. During the recent European Football Championships, staff in ED experienced verbal and physical abuse from a minority of patients. RM acknowledged the work undertaken to communicate to members of the public that such behaviour is unacceptable and will not be tolerated.</p> <p>RM advised when he leaves the Trust, PR will be acting up as Chief Executive and the handover process has commenced.</p>		

<p>14 mins</p>	<p>HH advised emergency care remains very busy and additional capacity has recently been opened on Ward 14, which has helped from an emergency and elective perspective. Staffing remains a challenge, although overall sickness rates have improved to 7%, 2% of which is Covid related. As of 5<sup>th</sup> August 2021, there are 26 Covid positive inpatients, three of whom are on critical care. There were two deaths in the 7 days to 5<sup>th</sup> August 2021.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Covid Vaccination Update</b></p> <p>CT presented the report, advising over 113,000 vaccine doses have been administered at the Hospital Hub. 93% of staff have been vaccinated, but work continues to support colleagues who remain vaccine hesitant. Planning for Phase 3 has commenced and during August 2021, the Hospital Hub will support the vaccination programme for clinically extremely vulnerable children aged 12-16. The resource hub and team have been shortlisted for a national Healthcare People Management Association (HPMA) award.</p> <p>BB queried if the group of staff who have not had the Covid vaccine are the same group who do not take up the flu vaccination. CT advised some of the reasons for being hesitant in receiving the Covid vaccine are aligned to reasons for not having the flu vaccination. However, there are other issues personal to individual circumstances. Colleagues who are pregnant are hesitant and the Trust has done a lot of work to encourage expectant mothers to have the vaccine, this also correlates to the flu vaccine. The number of staff taking up the Covid vaccine has exceeded the flu vaccine uptake. The Trust has held drop-in sessions for people to have their questions answered and provide the opportunity to then have the vaccine while they are on site. This has worked well and this learning will be taken learning forward into the booster programme and the same principles can be applied to the flu vaccination programme.</p> <p>NG queried how the number of Did Not Attends (DNAs) and vaccine wastage compares with other centres. CT advised wastage has been low and the Hospital Hub has helped mitigate wastage across the system by quickly mobilising appointments. Some of the DNAs are people who received the vaccine elsewhere. For example, initially health care staff were vaccinated through the Hub, but as the vaccine became available in care homes, people had their second dose at their place of work rather than the Hub. The Hub benchmarks well with other organisations.</p> <p>CW queried if there is anything further the Trust can do to increase the total percentage of people (i.e. general public) who take up the vaccine as part of the overall system-wide approach and if there is the opportunity to engage with patients attending outpatients appointments to encourage vaccine uptake. CT advised the Hospital Hub has been flexible and responsive in terms of opening hours to increase demand, allowing for drop-ins, etc. The Hub has supported pilot initiatives which have subsequently been rolled out across the system where they have been successful.</p>		
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	<p>In addition, the Hub has supported a significant programme in relation to vaccinations for children who are extremely clinically vulnerable.</p> <p>JH advised the Trust has an active campaign within the antenatal clinic and there are midwives working in the vaccination centre. Midwives have been given training in terms of promoting the vaccine and providing facts to pregnant women. As the vaccine programme has evolved, the advice in relation to women who are pregnant or breast feeding has changed and more national information is expected.</p> <p>LB advised the CCG and Integrated Care System (ICS) have led the system-wide communications for the vaccination programme and the Trust has been a key part of that, in addition to undertaking some internal work.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>18/086</b>	<b>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</b>		
10 mins	<p><b><u>Maternity Update</u></b></p> <p><b>Safety Champions update</b></p> <p>JH presented the report, highlighting compliance with the Saving Babies Lives Care Bundle, Board Safety Champion walk arounds, Continuity of Carer performance and action plan, the Health Select Committee report and the appointment of Paula Shore as Interim Head of Midwifery and Lisa Foster as Matron for Intrapartum Care.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>JH presented the report, highlighting major obstetrics haemorrhage, Apgar score and Friends and Family Test.</p> <p>MG noted the prenatal and postnatal pathway is dependent on outreach into the community and queried if there have been any developments in relation to the role of the Integrated Care Partnership (ICP) and what partners can do in terms of bringing neighbourhood resources to this pathway. JH advised with all the pressure faced by maternity services, the focus has been on SFHFT and supporting NUH. However, the Trust will work with the ICP to deliver its ambitions in relation to breast feeding, giving babies the best start in life and maternity hubs.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>18/087</b>	<b>STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</b>		
30 mins	<p><b>Freedom to Speak Up (FTSU)</b></p> <p>KB joined the meeting</p> <p>KB presented the report, highlighting the FTSU index report, the increase in the number of concerns raised and increasing feedback from concern raisers.</p>		

	<p>KB outlined plans for further improvements which will include proactive events, increased hours for the Guardian role, training for line managers and continuing to try to improve the feedback 'loop'.</p> <p>NG noted the majority of concerns raised feature elements of poor leadership and queried what action is being taken to address this. KB acknowledged this has been a theme for some time. Through discussions with EC the aim is for FTSU to be included in the leadership development programme. The key themes identified as having elements of bullying and harassment focus on how the person felt responded to, rather than the issue which prompted the concern being raised. These are relatively small issues which can have a huge impact, but are easily addressed.</p> <p>EC noted there is a need for open and honest conversations and to share 'how it feels' for some colleagues in the organisation, in a safe, supportive and confidential way. There via a need to have discussions at a leadership and team leader level in terms of what it feels like to 'be on the receiving end of me'. Leadership in the organisation has improved, but there is more work to do. An incivility, bullying and harassment group is in place, which is exploring opportunities to support colleagues and recognise poor behaviours.</p> <p>GW queried if all the 29 issues raised went directly to the FTSU Guardian or Champion or if they were initially raised with senior leadership. KB confirmed all the 29 cases came direct to the FTSU Guardian. While it is acknowledged people will speak up to colleagues and peers, this information is not monitored.</p> <p>RM sought clarification regarding future plans to develop FTSU and queried if there is anything the Board of Directors can do to support KB in her role. KB advised the number of hours dedicated to the FTSU Guardian role is increasing. This will provide more time to improve visibility at grassroots level, which will help to increase understanding of the FTSU role. In addition, there are plans to work alongside teams, line managers and EC and her team. KB advised she feels well supported by SH and TR. The leadership team have been engaged with FTSU and no barriers have been encountered.</p> <p>MG queried how feedback from concern raisers can be increased. KB advised she has tried to target areas where concerns are being raised as part of a proactive approach and this has increased the number of people speaking up. Many people feel it is the end of the process once they have spoken up, been listened to and had feedback. KB advised she has tried to make the feedback questionnaire more engaging, but acknowledged obtaining feedback can be difficult.</p> <p>MG advised the People, Culture and Improvement Committee receive an assurance report in relation to leadership development and it would be useful for future reports to include information regarding how leadership development is addressing organisational development actions and some of the issues raised through FTSU.</p>		
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	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Future leadership development reports presented to the People, Culture and Improvement Committee to include information regarding how leadership development is addressing organisational development actions and issues raised through FTSU regarding poor leadership</b></li> </ul> <p>TR felt there is a need to follow up on things such as the cultural heat map and if there is an area which requires a cultural change, consider how assurance is received, has this been followed up and is it embedded. TR advised there has been a suggestion from the National Guardian's Office for FTSU to be incorporated into Model Hospital.</p> <p>CT felt it would be useful to join up some of the links into the equality, diversity and inclusion networks through the FTSU Champions to strengthen the agenda. KB advised she has recently been engaging with the networks and considering how people in the networks can be encouraged to speak up.</p> <p>SH advised the Trust, together with Nottinghamshire Healthcare, is linked with a pilot project being undertaken by NHSE/I in relation to FTSU, particularly Black, Asian and Minority Ethnic (BAME) networks and champions.</p> <p>The Board of Directors were ASSURED by the report</p> <p>KB left the meeting</p>	<p>EC</p>	<p>04/11/21</p>
<p>18/088</p>	<p><b>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</b></p>		
<p>53 mins</p>	<p><b>PEOPLE AND CULTURE</b></p> <p>EC highlighted quality improvement training, Bright Sparks initiative, wellbeing roadshows and the Fitness for All Challenge</p> <p>CT advised 7% of staff are currently unavailable for work, but this is being well managed. CT highlighted occupational health activity, uptake of psychological support, mandatory training and appraisals.</p> <p><b>QUALITY CARE</b></p> <p>JH highlighted falls, venous thromboembolism (VTE) risk assessments and ED friends and family recommendation.</p> <p>DS highlighted two never events, which are under investigation, and Hospital Standardised Mortality Ratio (HSMR).</p> <p>CW queried if the reasons for the never events were related to Covid and sought clarification regarding the opportunities to improve training in relation to the 'stop' moments.</p> <p>DS advised neither of the never events were related to Covid. It was noted Covid may have an impact on staff in terms of anxieties, wearing Personal Protective Equipment (PPE), communication difficulties, etc.</p>		

	<p>There is a shared learning forum and the aim is for a culture where anyone is empowered to check the 'right thing' is being done and there is always work to do in this regard. Any themes which are identified from the investigations will be incorporated into future training. DS felt more use needs to be made of the simulation facilities.</p> <p>BB queried when the target for case finding for dementia and delirium will be achieved and what additional actions can be taken to help achieve this. In terms of falls, BB queried if there is a link with delirium and dementia.</p> <p>JH advised the dementia risk assessment module is currently not available at the 'front door'. The assessment has to be done within 72 hours of admission. Therefore, there is a reliance on nurses and doctors on the wards to complete this. The Trust has enabled nurses to conduct the assessment. Until the Nervecentre module is available in ED, there will not be compliance. There is currently no timescale for the rollout.</p> <p>DS advised it will be easier to provide accurate data once there is a fully electronic system, rather than the current mix of paper and electronic. The Trust undertakes an audit of patients who require dementia input and this consistently shows the same patients are being identified.</p> <p>JH advised the figures only show Nervecentre data. A paper audit will be completed and incorporated into the next SOF report.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Paper audit of dementia screening to be undertaken and incorporated into SOF for September Board</b></li> </ul> <p>JH advised dementia and delirium is featuring in the falls figures. The team undertaking the dementia and enhanced care work are working closely with the falls team. A deep dive of falls, with an improvement trajectory, has been presented to the Nursing, Midwifery and AHP Committee. It would be useful to also present this to the Quality Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Deep dive of falls, with improvement trajectory, to be presented to Quality Committee</b></li> </ul> <p>NG queried if the implementation of Nervecentre was on hold and sought clarification regarding the timeframe for establishing the reasons for the raised HSMR. DS advised there is a dementia screening module on Nervecentre which can be used, but this is not completed robustly or reliably due to a recent refresh of the clerking booklet for patients. Trainees are encouraged to complete the paper clerking booklet, which is used as soon as patients are clerked. The dementia screening is completed on this but is not completed on Nervecentre. In terms of HSMR, areas for improvement have been identified from the work completed to date but other areas for improvement are still being identified. Therefore, it is difficult to put a timeline on when the work will be completed.</p>	<p>JH</p> <p>JH</p>	<p>02/09/21</p> <p>07/10/21</p>
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	<p><b>TIMELY CARE</b></p> <p>HH advised the ED 4 hour wait was 88.7% for Q1. There has been a 6% growth in attendance compared to June 2019 and a growth in ambulance demand, which has led to an increase in admissions. The number of patients who are medically safe for discharge remains significantly above the threshold. HH outlined the mitigation actions being taken.</p> <p>HH advised demand for elective care is increasing, but the waiting list has remained stable and the number of 52 week waiters has reduced by 30% over the quarter. Elective activity remains high. Early feedback from the accelerator programme indicates the Nottinghamshire system has delivered well compared to peers.</p> <p>Diagnostics remain under pressure, from both emergency and cancer demand. Cancer referrals have increased and cancer is prioritised over routine work. The Trust robustly tracks and progresses the next steps and is well sighted on patients within the pathway.</p> <p>MG queried if there was any learning which can be taken from organisations ranked higher than SFHFT in terms of 62 day waiters. HH advised the backlog ranking needs to be considered alongside the 62 day ranking as this is dependent on how well organisations are treating patients and in what order. SFHFT is clear patients are treated by clinical priority and then time order. A lot of the Trust's pathways are reliant on the tertiary centre and there is a need to learn from centres who also rely on tertiary centres, in addition to looking at internal actions. The Trust constantly checks and assesses performance compared to peers.</p> <p>RM queried which is the main indicator to help understand performance. HH advised this is the 62 day backlog and the shape of the waiting list.</p> <p><b>BEST VALUE CARE</b></p> <p>PR outlined the Trust's financial position at the end of Quarter 1 (Q1).</p> <p>EC provided an update on the Trust's Financial Improvement Plan (FIP) at the end of Q1 and advised planning for 2022/2023 will start in September 2021. The Trust has been working closely with system partners in relation to transformation and efficiency plans and delivery at a system level.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>18/089</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>10 mins</p>	<p>RM presented the report advising all the principal risks have been discussed by the relevant sub committees. The changes and amendments which have been made are highlighted in the report. RM highlighted the downgrading of the score for the overall rating for Principal Risk 1 (PR1), Significant deterioration in standards of safety and care, and PR2, Demand that overwhelms capacity.</p>		

	<p>SH advised PR1 and PR2 have been evaluated and rescored, following a review of the risk and the mitigations which are in place. The risk is not being diminished. PR1 remains above the tolerable level.</p> <p>NG expressed concern the risk rating for PR1 and PR2 has reduced feeling there is a danger of demand exceeding capacity and noting the number of late presentations, people with acute disease, Covid wave 3, waiting list size, difficulty in maintaining safe staffing, high demand for emergency care, etc.</p> <p>GW felt in addition to looking at the risk level, the BAF should compare this to what is assessed as the tolerable risk level. It would be useful for the committees to review the BAF, with a particular reference to comparing the tolerable risk level to the risk level on the BAF, and consider the impact of any risks which are at a higher level than the tolerable risk level.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Sub committees to review BAF with particular reference to comparing the tolerable risk level to the risk level on the BAF</b></li> </ul> <p>SH advised the BAF is a dynamic document and will constantly change to reflect the current position. The Quality Committee and the lead for PR1 and PR2 have reviewed the risk. When risks are evaluated and rescored there is a need to consider the likelihood. The risk is not reducing, but it was agreed the risk rating did not reflect the position.</p> <p>RM advised the Trust is responding well to high levels of activity and is safely staffed across all three sites. When the BAF was presented to the Board of Directors in May, it was felt some of the risks were overscored and the sub committees were asked to review the risks. PR1 and PR2 were reviewed by the Quality Committee and it was felt the current risk score is more reflective of the Trust's position.</p> <p>BB confirmed the Quality Committee debated the scoring of these risks at length and the decision was not taken lightly.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>	<p>RM</p>	<p>04/11/21</p>
<p>18/090</p>	<p><b>APPLICATION OF THE TRUST SEAL</b></p>		
<p>1 min</p>	<p>SH presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents:</p> <ul style="list-style-type: none"> <li>• Seal number 95 was affixed to a document on 8<sup>th</sup> July 2021 for Keir Construction in relation to repair and upgrade of existing fire stopping works</li> <li>• Seal number 96 was affixed to a document on 14<sup>th</sup> July 2021 for Central Nottinghamshire Hospitals PLC in relation to the temporary building module to house the Endoscopy Unit at Kings Mill Hospital</li> </ul>		

	<p>It was noted Seal number 96 replaces Seal number 94, submitted to the Board of Directors on 1<sup>st</sup> July 2021. Board delegated authority to the CEO and Director of Corporate Affairs to apply the seal should any revisions be made to the document. Seal number 96 was applied to the revised document and Seal 94 has been cancelled.</p> <p>The Board of Directors APPROVED the Use of the Trust Seal numbers 95 and 96</p>		
<b>18/091</b>	<b>FIT AND PROPER PERSON</b>		
1 min	<p>SH presented the report, advising the CQC Regulation 5, Fit and Proper Persons requirement, applies to all directors. A review of the personal files of all directors noted the evidence required to meet the requirements.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>18/092</b>	<b>ASSURANCE FROM SUB COMMITTEES</b>		
15 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting the Limited Assurance Report relating to patient consent. SH advised the patient consent audit will be reported to the Council of Governors on 10<sup>th</sup> August 2021 as the concern was initially raised via this route.</p> <p><b>Finance Committee</b></p> <p>NG presented the report, highlighting planning for H2, ICS deficit and the national cost collection audit.</p> <p><b>Quality Committee</b></p> <p>BB presented the report, highlighting the Infection Prevention and Control (IPC) annual report, Safeguarding annual report, Regulation 28 update and HSMR. BB felt it may be useful for HSMR to be a topic for a future Board of Directors workshop.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>HSMR to be topic for future Board of Directors workshop</b></li> </ul> <p>BB advised the Committee's Terms of Reference have been reviewed and outlined the changes.</p> <p>The Board of Directors APPROVED the revised Terms of Reference for the Quality Committee</p> <p><b>People, Culture and Improvement Committee</b></p> <p>MG presented the report, highlighting teams being shortlisted for and winning awards, the work of the Trust's volunteers, Committee maturity assessment, workforce planning and the equality, diversity and inclusion agenda.</p>	<b>DS</b>	<b>TBC</b>

	<p>MG advised the Committee had a significant discussion regarding PR3 (Critical shortage of workforce capacity and capability).</p> <p><b>Charitable Funds Committee</b></p> <p>TR presented the report, highlighting project evaluations, fundraising appeals update and risk register.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<b>18/093</b>	<b>OUTSTANDING SERVICE – LEARNING DISABILITY AND MENTAL HEALTH CHAMPIONS</b>		
3 mins	A short video was played highlighting the work of Learning Disability and Mental Health Champions.		
<b>18/094</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Patient Story and outstanding service video</li> <li>• FTSU Guardian</li> <li>• Thanks to the Vaccination Team</li> <li>• Welcome to new doctors</li> </ul>		
<b>18/095</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>18/096</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 2<sup>nd</sup> September 2021 at the Mour Hotel at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 15:00</p>		
<b>18/097</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> <span style="float: right;"><b>Date</b></span></p>		

18/098	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
	No questions were raised.		
18/099	<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>		