

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 7th April 2022 in the Boardroom, King's Mill Hospital and via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Simon Barton	Chief Operating Officer	SiB
Clare Teeney	Director of People	CT	
Marcus Duffield	Associate Director of Communications	MD	
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Rhian Cope	Matron	RC
Observers:	Andrew Marshall	Deputy Medical Director	
	Richard Brown	Head of Communications	
	Sue Holmes	Public Governor	
	Linda Dales	Appointed Governor	
	Claire Page	360 Assurance	
	Andrew Topping	Notts TV	
	Ian Frankcom		
Raj Purewal			
Apologies:	Andy Haynes	Specialist Advisor to the Board	AH

The meeting was held in the Boardroom, King's Mill Hospital and 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
18/355	WELCOME		
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>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held in person, 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&A function. All participants confirmed they were able to hear each other.</p>		
18/356	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/357	APOLOGIES FOR ABSENCE		
1 min	Apologies for absence were received from Andy Haynes, Specialist Advisor to the Board.		
18/358	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 3 rd March 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/359	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 18/331 was complete and could be removed from the action tracker.		
18/360	CHAIR'S REPORT		
2 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 governor elections. CW advised she continues to undertake walk arounds in order to engage with staff.</p> <p>CW welcomed Andrew Rose-Britton, Non-Executive Director (NED), to his first Board of Directors meeting, advising he will replace Neal Gossage who leaves the Trust at the end of April 2022. Thanks were expressed to Neal for his work during his time with the Trust.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/361	CHIEF EXECUTIVE'S REPORT		
3 mins	PR presented the report, highlighting the Staff Survey results and the publication of the Ockenden Report.		

<p>7 mins</p>	<p>PR advised the Trust's urgent care services have been under sustained pressure for the last 2-3 weeks and expressed thanks to staff for their work. PR advised Clare Teeney, Director of People, will be leaving the Trust at the end of May 2022 to take up the post of Director of People for University Hospitals of Leicester. Phil Bolton will be joining the Trust at the end of May 2022 as Chief Nurse.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Integrated Care System (ICS) Update</p> <p>PR presented the report, advising this provides an update on progress to establish the Provider Collaborative across Nottinghamshire, noting it is a statutory requirement to form a Provider Collaborative from 1st July 2022. It was noted Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust are included as Bassetlaw will move into the Nottinghamshire Integrated Care Partnership as of 1st July 2022. PR advised two NED engagement events have been held and highlighted the proposed governance arrangements.</p> <p>StB queried if NED oversight will be through the Trust's Board of Directors or if NED input is required at other governance meetings. PR advised the NED events will continue over the summer. Initially the governance will be through the Trust's Board of Directors and through a partnership agreement which will provide the scope and extent of delegated responsibilities into the collaborative. However, this will be organic in terms of the extent to which this will be held in the Provider Collaborative. There will be full Board and NED input into those decisions. CW noted more thought will need to be given as to how the governors hold the NEDs of each organisation to account.</p> <p>ARB queried if there is likely to be any slippage to the 1st July 2022 date. PR advised any slippage will not be in the establishment of the Provider Collaborative, as the governance will be in place, but there may be some slippage in the way the collaborative 'hits the ground running' and makes a meaningful impact.</p> <p>BB noted Bassetlaw is not showing on the structure chart and queried if this is due to the fact they do not formally join until 1st July 2022. PR confirmed this was correct.</p> <p>BB noted the Place Based Partnership (PBP) currently has an independent chair and sought clarification how this role will fit in with the Provider Collaborative. PR advised conversations are ongoing between the PBP and Lead Officer / Chief Executive Designate for the Integrated Care Board (ICB). PBP has delegated responsibility for the ICB as it will be established on 1st July 2022. This is distinct from the Provider Collaborative which is a collective partnership between providers which does not have the delegated responsibility.</p> <p>The Board of Directors were ASSURED by the report</p>		
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<p>12 mins</p>	<p>COVID-19 Vaccination Update</p> <p>CT presented the report, advising over 200k vaccines have been administered through the Hospital Hub. Plans are being shaped up to deliver anticipated further boosters in Autumn 2022. The Hospital Hub is in the process of being permanently relocated to take it out of the Education Centre.</p> <p>BB noted the report does not contain a breakdown of staff uptake of the vaccination by division and staff group. CT apologised for this oversight and provided assurance this would be included in future reports.</p> <p>BB felt it would be useful for reports in the Autumn to also show uptake of the flu vaccination.</p> <p>Action</p> <ul style="list-style-type: none"> • Covid vaccination reports to show uptake of the flu vaccination when the flu vaccination campaign starts for 2022/2023 <p>DS advised there has been a cluster of flu Type A cases coming into the Trust and this is replicated across the system. There is a need to maintain a forensic focus on flu vaccinations and there may be a slight skewing of the flu season.</p> <p>StB noted uptake of the flu vaccine across all trusts was considerably less in 2021/2022 than previous years. However, it is assuring to note SFHFT had the highest uptake. CT advised formal planning for the 2022/2023 flu season will commence in June 2022.</p> <p>AR noted just over 3,000 doses of vaccine have been wasted and queried if the amount of wastage is reducing. CT advised wastage fluctuates and is dependent on the reason for wastage. There was some early wastage due to a batch falling off a shelf in the storage area. Sometimes wastage is as a consequence of how the vaccine is supplied as if it is already thawed, this will impact on the Trust's ability to use it in a timely way. As much as possible is done to manage waste and contingencies are in place. The Trust has supported reducing waste across the system by moving the vaccine around and deploying staff to different areas to administer the vaccine.</p> <p>AR queried if 5-11 year olds are being vaccinated at the Hospital Hub. CT advised vaccination for 5-11 year olds is via a variety of deliveries, i.e. vaccination centres, primary care centres and the Hospital Hub. The Trust has put staff in place to support particular groups of citizens, for example, children with learning disabilities.</p> <p>CW queried if any data is available as to why some individuals are only just coming forward for their first dose of the vaccine.</p>	<p>CT</p>	<p>06/10/22</p>
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	<p>CT advised the data is available but this has not been analysed in detail. The Trust is having some difficulty in terms of the detail for staff as the organisation has not been given access to National Immunisation Management System (NIMS) records. Early in the process SFHFT had access to immunisation records and were able to correlate the information to the staff record. There are a small number of people who have been eligible for a while and are only just coming forward for the vaccine. There was a good uptake of staff wanting the vaccine early in the programme.</p> <p>SiB noted there is currently a very high prevalence of Covid within the population and queried if this will impact on vaccination uptake, either due to the waiting time between having Covid and receiving the vaccine or people thinking they do not need the vaccine as they have had Covid.</p> <p>CT confirmed there has to be a delay between a person having Covid and receiving the vaccination and this will impact on the programme. There is a need to remain agile in terms of preparations, responses, how to deal with the administration of the vaccine and the changing thoughts of the public about having the vaccine. There is a need to continue to promote the Hospital Hub and vaccine availability and encourage people to have the vaccine as they are eligible. The Trust works flexibly with people to ensure they can access the vaccine and have supportive and proactive conversations. Information on uptake is tracked.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/362</p>	<p>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>23 mins</p>	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>JH presented the report, highlighting the appointment of a service user representative and a deputy head of midwifery, safety walk arounds, recruitment and retention lead midwife role and the quality improvement programme. JH advised a concern was raised on a walk around in relation to women attending multiple appointments. The text messaging service is unable to cope with sending the scan appointment and the antenatal clinic appointment via text message, leading to some confusion. The team are currently investigating this.</p> <p>MG noted the retention lead midwife role. Given retention is a key element of the workforce, MG queried if there is any learning which can be applied from this role to other nursing professions. JH advised if nursing and midwifery staff stay at SFHFT for two years, they are likely to remain for a long time. Therefore, it is important to 'get it right' in the first two years, otherwise staff will leave. The main things are to meet fundamental needs, for example, approving annual leave in a timely manner, competencies to be signed off in a timely manner and rosters to meet work / life balance to be received six weeks in advance. Many of these areas are replicated across nursing, although there is no role looking at this in nursing as external funding was provided for the role in midwifery.</p>		

Similar work is underway for Allied Health Professionals (AHPs) as external funding was sourced for that role.

The Board of Directors were ASSURED by the report

Maternity Perinatal Quality Surveillance

JH presented the report, highlighting the Apgar score, Friends and Family Test and core competency framework compliance.

StB noted the Apgar score is generally higher due to the way people are now recording and/or measuring Apgar. However, this is still above the national average. StB sought clarification in relation to this. JH advised Apgar is a very subjective view. It is a midwife's quick head to toe assessment of the baby. There was a case at the Trust where it is believed the Apgar score was overestimated. The Trust revisited the training for assessing Apgar and tried to make it less subjective by taking the approach of agreeing the score with a second midwife. This has led to an increase in the number of babies who have an Apgar score of less than 7. A deep dive looking into this in more detail will be presented to the Maternity Assurance Committee, who will report on to the Quality Committee.

StB noted the Trust is being more cautious and, therefore, it is likely more babies would potentially get extra attention due to a low Apgar score than might have been the case and felt this is a positive, even though it is showing as red. JH confirmed this is correct, advising when the onward outcome is taken into consideration, there is nothing of concern in terms of babies going to the neonatal unit.

NG noted there have been national reports in relation to the ratio of natural births to caesarean sections, with some women claiming their wishes were not taken into account and the decision to deliver by caesarean section was taken too late. NG queried what the ratio of natural births to caesarean sections is at SFHFT and how this compares to the national picture.

JH advised spontaneous vaginal delivery in February was 61%, which is slightly above the national average. Compared to many other organisations, more women are having second and third babies at SFHFT who have had a natural birth previously. When considering complaints and themes from incidents, there is no recurring theme from women in relation to not being listened to during their labour. The Trust is strengthening its work in terms of listening to women and their families through the Service User Representative role.

The Board of Directors were ASSURED by the report

Maternity Continuity of Carer (MCOC)

JH presented the report, highlighting the safe staffing building blocks and workforce planning actions. JH advised this is a system-wide plan.

BB queried how many women fall into the target population group for this programme.

JH advised the ambition is for the programme to be provided to all women by 2024. If 40% is achieved, the Trust will reach the most vulnerable women.

The Board of Directors were ASSURED by the report

Kirkup recommendations

JH presented the report, advising the Trust is rated as Green for all the Kirkup recommendations. This has been through the Local Maternity and Neonatal System (LMNS) and Maternity Assurance Committee.

The Board of Directors were ASSURED by the report

Ockenden Report update

JH presented the report, advising there were seven immediate and essential actions in Ockenden 1. The Trust is fully compliant with six of those and is declaring 71% compliance in relation to informed consent. The LMNS and regional team support the Trust's view of compliance.

For Ockenden 2 there are 15 immediate and essential actions, centred around safe staffing, well trained workforce, learning from incidents and listening to families. The Trust is currently reviewing the self-assessment and compliance with these actions and the plan for the next steps will be reported to the Board of Directors in May 2022.

AR noted many of the immediate and essential actions relate to staffing, which is moving in an adverse direction. AR queried if this will impact on safety. JH advised when triangulated with other information there is nothing of concern identified. It was, however, acknowledged the workforce loss in maternity is significant but the Trust is mitigating the risks from a safety perspective. The maternity establishment has been uplifted to align with Birthrate Plus. While it appears to be a worsening position, there are new posts to respond to the forecast birth rate increase.

StB sought clarification in relation to independent and/or peer review of the assessments. JH advised there is external representation on the Trust's Maternity Assurance Committee in the form of the Head of Midwifery from University College London Hospitals, who partner with SFHFT for maternity, LMNS representative and the Service User Representative. The assessment goes on to LMNS for further scrutiny.

StB queried if this was also the process for review of incidents. JH confirmed this was the case, advising incidents which meet certain criteria are reviewed by the Perinatal Mortality Review Tool (PMRT) group which has external representation.

The Board of Directors were ASSURED by the report

8 mins	<p>Learning from Deaths</p> <p>DS presented the report, highlighting Hospital Standardised Mortality Ratio (HSMR), trends in coding, development of a Structured Judgment Case Review (SJCR) faculty and learning disability related deaths. DS advised 100% of deaths are scrutinised by the Trust's medical examiner service, who are also providing Learning from Deaths scrutiny of some community deaths.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/363	<p>PATIENT STORY – A JOURNEY THROUGH NICU</p>		
15 mins	<p>RC joined the meeting</p> <p>RC presented the patient story, which highlighted the work of the Neonatal Intensive Care Unit (NICU).</p> <p>GW advised he went on a walk around when the twins featured in the story were on NICU. GW advised he was impressed with how calm and well organised the unit is and was particularly impressed with the concept of the twin cot, which had been purchased through charitable fund donations</p> <p>PR expressed thanks to RC and her team for the safe care provided and the person centred culture of the unit.</p> <p>EC felt it was a wonderful story, noting the family centred approach shone through. RC advised funding has been provided by the East Midlands Neonatal Network to purchase three iPads to help make the connection between the unit and home for families, thus helping with sibling relationships.</p> <p>JH advised the unit is full of families having a difficult time. However, all families are positive about the care received. The unit has recently hosted a milk bank for donor breast milk to support some babies getting breast milk and the unit is aiming for Baby Friendly Initiative (BFI) accreditation. RC confirmed planning is starting in terms of going for Infant and neonatal accreditation for BFI.</p> <p>RC left the meeting</p>		
18/364	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
40 mins	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the Staff Survey, mandatory and statutory training and ongoing work to build capacity and capability in the Trust and beyond.</p> <p>CT highlighted appraisals and advised sickness absence has remained high, largely as a result of Covid absence in addition to non-Covid related absence.</p> <p>ARB sought clarification regarding the target for mandatory training and appraisals.</p>		

CT advised this is 95%. The soft metrics are being looked at through the People, Culture and Improvement Committee and some further work is being carried out in relation to this.

QUALITY CARE

JH highlighted nosocomial Covid infections and MRSA bacteraemia.

DS highlighted venous thromboembolism (VTE) and cardiac arrests.

CW queried if there is any information to suggest the MRSA cases were linked, for example in the same areas or wards. JH advised there is no commonality in the last two cases but the team is looking at the case from last year to provide further assurance.

AR queried if the electronic prescribing system linked to community pharmacies, which would allow patients to go home quicker and not wait for medication on discharge. DS advised this is not currently the case but it is the desire and aspiration for systems to be linked in the future. This will include acute trusts, primary care and pharmacists. In a perfect world the record would be updated by the hospital, which would update the GP record, the information would be sent to the pharmacy and the medication would be waiting at the patient's home for them when they were discharged. This is still some way off but some of this will happen.

CW queried if pharmacists based in GP surgeries would be able to view the record but this will not necessarily link to community pharmacies. DS advised the Trust can already view GP records and can do drug reconciliation through existing systems, but this needs to be more streamlined. This is a key component of the data strategy for Connected Notts.

TIMELY CARE

SiB advised the ED 4 hour was 85%, ranking SFHFT fifth in the NHS. The mean time in ED for an admitted patient was 30 minutes longer than it was in February 2020, but the non-admitted waiting times were the same. 41 patients waited over 12 hours for admission to a bed. It was noted the majority of waiting times are driven by exit block, the root cause of which is the continuing increase in the number of patients who are medically safe for discharge. Despite this, ambulance turnaround times remain good and are the lowest in the East Midland Ambulance Service (EMAS) area.

GW acknowledged the good performance but expressed concern in relation to the increasing number of patients who are medically safe for discharge. SiB advised there are additional beds open to attempt to meet the demand.

	<p>SiB advised in terms of cancer, the backlog trajectory continues to be higher than the original plan but is lower than the re-forecast trajectory. Positive results are starting to be seen from the redesign work which was undertaken on the gynae pathway and lower GI pathway. However, there is a demand and capacity imbalance on the cancer pathways, largely in the diagnostic phase. The ICS is leading a piece of work looking at this across the system.</p> <p>AR noted the increase in 104 day cancer waits and queried which type of cancer are they for and how patients are monitored.</p> <p>SiB advised every patient waiting over 104 days has a risk assessment completed and are brought forward if they are at risk of a deteriorating outcome. A lot of patients with the longest waits have cancers which are less aggressive and at lower risk tumour sites. The average waiting times are not significantly longer than they were pre-Covid.</p> <p>BB advised cancer waits have been considered by the Quality Committee. There is a national tool to look at harm in relation to cancer. However, the harm which is difficult to assess is the psychological impact rather than the physical cancer journey.</p> <p>SiB advised undiagnosed cancer is a greater risk of harm than patients on cancer pathways. GPs are encouraged to refer patients on a 2 week wait and there has been a 30% increase in referrals. This has led to an increased demand and capacity gap, but patients who are at risk from cancer are on the pathway and can be tracked and risk assessed.</p> <p>AR queried if the increase in referrals is translating to more cancers. SiB advised slightly more cancers are being found.</p> <p>SiB advised in terms of elective care, activity was 106% in February 2022 compared to February 2020. This is expected to fall during March, mainly due to patient cancellations due to Covid. At the end of March there were six patients waiting over 104 weeks.</p> <p>AR queried how many patients are on virtual wards and what discussions are ongoing at the ICS in relation to virtual wards. SiB advised there are currently 10 patients on the Covid maternity virtual ward. There are no patients on wider virtual wards as this is not currently a commissioned service and workforce is required to run them. The ICS are developing a model of care around virtual wards which is clinically led. It is anticipated virtual wards will become operational in Q1 of 2022/2023, picking up areas in cardio-respiratory and other areas where patients can be easily monitored.</p> <p>AR queried what the Trust's ambition is in terms of the number of patients who will be on virtual wards. SiB advised the Trust is not wishing to put a number on this. There is a need to build trust and work with clinicians to get the right people into virtual wards, as this needs to be patients coming out of bedded care. Case studies will be circulated, both good and where things could have worked better. Initially capacity will be 25-30 patients.</p>		
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	<p>CW queried if there is any indication of other trusts across the region using virtual wards more than SFHFT. SiB advised this is not the case for non-Covid patients. Virtual wards present lots of opportunities and over the next year they will become a substantial part of how the Trust works, but it does require workforce.</p> <p>DS advised there is a regional and national push about the use of virtual wards. However, this is not currently commissioned or funded and there are workforce issues. Virtual wards need to be grown in a careful way and there is a need to be clear on governance and care of patients.</p> <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 11.</p> <p>EC provided an update on the Trust's Financial Improvement Programme (FIP) at the end of Month 11.</p> <p>The Board of Directors CONSIDERED the report</p>		
18/365	APPLICATION OF THE TRUST SEAL		
1 min	<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"> Seal number 98 was affixed to a document on 25th February 2022 for Central Nottinghamshire Hospital PLC. The document was a Deed of Variation for waste market testing 2021. Seal number 99 was affixed to a document on 25th February 2022 for Cadent Gas Limited. The document was the lease of the gas governor site at King's Mill Hospital. <p>The Board of Directors APPROVED the Use of the Trust Seal numbers 98 and 99</p>		
18/366	STANDING FINANCIAL INSTRUCTIONS (SFIS) AND SCHEME OF DELEGATION		
3 mins	<p>RM presented the report advising the Standing Financial Instructions (SFIs) and Scheme of Delegation have been reviewed. There are three changes proposed to the Scheme of Delegation which have been reviewed and agreed by the Audit and Assurance Committee. There are no changes proposed to the SFIs.</p> <p>DS noted some minor changes are required as the report references Divisional Clinical Directors, but this term is no longer used. In addition, complaints sit under the Chief Nurse, not the Medical Director. DS advised he would detail these amends and send them to RM.</p> <p>Action</p> <ul style="list-style-type: none"> Details of minor amends identified to Scheme of Delegation to be sent to RM for updating 	DS	05/05/22

	The Board of Directors APPROVED the Standing Financial Instructions (SFIs) and Standing Orders and Scheme of Delegation subject to the minor amends to job titles being made		
18/367	ANNUAL SIGN OFF OF DECLARATIONS OF INTEREST		
2 mins	<p>SH presented the report, advising Declaration of Interests is an annual requirement and the report reflects the work done during 2021/2022. The conflicts of interest register will be published on the Trust website and will include details of people who have registered an interest, people who have made nil declarations and details of people who are non-compliant.</p> <p>For 2021/2022 40 people are non-compliant, of 959 staff who are required to declare an interest.</p> <p>GW advised more rigour will need to be applied to the wording of declarations, bearing in mind this is published on the Trust's website.</p> <p>The Board of Directors APPROVED the annual Declarations of Interest report</p>		
18/368	GENDER PAY GAP REPORT		
5 mins	<p>CT presented the report, advising the Trust is required to publish gender pay gap information annually. The report has previously been presented to the People, Culture and Improvement Committee.</p> <p>The gender pay gap has increased noting a higher proportion of men are employed in the higher pay bands. The report details the actions being taken to explore this further. In addition, the report provides information on bonus pay in the form of the Clinical Excellence Award (CEA) paid to medical staff.</p> <p>JH advised a concern had been raised with her in relation to the CEA allocation, noting it is a national mechanism but it does adversely affect younger and female consultants. JH queried if the mechanism would be different for this year. CT advised this is a difficult issue and is tied up in national discussions. Prior to the pandemic work was undertaken through NHS Employers to look at how CEAs could and should be awarded into the future. The Trust is still working with national guidance, which is yet to be received for the coming year. Last year was an interim mechanism.</p> <p>DS advised it is likely the CEA process will significantly change and there will be more local latitude in ability to spread this more evenly. CT advised the only caveat is these conversations have been happening for a number of years.</p> <p>The Board of Directors APPROVED the Gender pay gap report</p>		

18/369	WELL LED REVIEW ACTIONS		
2 mins	<p>SH presented the report, advising it details the actions from the recent external well-led review. There are eight key lines of enquiry. 15 recommendations were identified. There were no high-level recommendations, three medium level recommendations and 12 low level recommendations. The report details each of these, the actions being taken, the executive lead and the timeline for completion.</p> <p>The Board of Directors were ASSURED by the report and APPROVED it for publication on the Trust's website.</p>		
18/370	ASSURANCE FROM SUB COMMITTEES		
10 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting counter fraud, internal audit implementation rate for recommendations and external audit plan.</p> <p>Finance Committee</p> <p>NG presented the report, highlighting Month 11 performance and forecast, 2022/2023 planning and the Transformation and Efficiency Programme.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting HSMR, maternity, cardiac arrest rate deep dive, Mental Health Strategy, Board Assurance Framework (BAF) risk ratings and approval of CQC 'Should Do' recommendation.</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting Staff Survey, cultural insights, workforce planning, People, Culture and Improvement Strategy and BAF risk ratings.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/371	OUTSTANDING SERVICE – IMPROVING PAEDIATRIC SURGICAL PATHWAYS		
4 mins	A short video was played highlighting improvements to the Trust's paediatric surgical pathways and the work of Ward 25.		
18/372	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Acknowledge high level of pressure the organisation and colleagues have been under • Staff Survey • Ockenden report and safety of the Trust's maternity services • Learning from Deaths • Patient Story • Outstanding Service 		

18/373	ANY OTHER BUSINESS		
6 min	<p>Board reflections</p> <p>CW sought the Board of Director's views on the morning's deliberations. The following points were raised:</p> <ul style="list-style-type: none"> • Pleased to have a mainly face to face meeting, which has helped the discussions • Important discussions • Right level of detail and assurance in the reports • Discussions have been very patient and care focussed • High level of quality and depth of assurance • If a report has previously been presented to a Sub Committee, it would be useful for the Chair of the Committee to add to the assurance provided • Need to improve the executive summary section of some reports • Important not to repeat the same level of detail in the report to Board if it has previously been presented to a Sub Committee • Very good discussions • Executives and NEDs work well together • Right level of challenge 		
18/374	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 5th May 2022 in Lecture Theatre 2 at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:40</p>		
18/375	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/376	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/377	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</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>		