

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 6<sup>th</sup> July 2023 in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
Sally Brook Shanahan	Director of Corporate Affairs	SBS	
<b>In Attendance:</b>	Jen Leah	Deputy Chief Financial Officer	JL
	Paula Shore	Director of Midwifery	PS
	Leanne Minett	Corporate Matron	LM
	Adele Bonsall	Dementia Nurse Specialist	AB
	Jane Little	Voluntary Services Administrator and Patient's daughter (patient story)	JLi
	Richard Walker	Chief Digital Information Officer	RW
	Morgan Thanigasalam	Clinical Lead for Digital Innovation and Transformation	MT
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	<b>Observers:</b>	Kevin Stewart	Appointed Governor
Ian Holden		Public Governor	
Ashton Green		Co-Chair of Youth Forum	
Richard Brown		Head of Communications	
Lyndsey Ball		Postgraduate Programme Quality Manager	
1 member of the public			
<b>Apologies:</b>	Richard Mills	Chief Financial Officer	RM

Item No.	Item	Action	Date
<b>23/208</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&amp;A function.</p>		
<b>23/209</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>23/210</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from Richard Mills, Chief Financial Officer.</p> <p>It was noted Jen Leah, Deputy Chief Financial Officer, was attending the meeting in place of Richard Mills.</p>		
<b>23/211</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 1 <sup>st</sup> June 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>23/212</b>	<b>MATTERS ARISING/ACTION LOG</b>		
2 min	<p>The Board of Directors AGREED that actions 23/136, 23/172, 23/178.1, 23/178.2, 23/178.3 and 23/184 were complete and could be removed from the action tracker.</p> <p>Action 23/173.2 – DS confirmed AR has now visited the proposed site for the doctors' mess. An indicative timeline for the works is in place and work is progressing via the Capital Oversight Group.</p> <p>The Board of Directors AGREED this action was complete and could be removed from the action tracker.</p>		
<b>23/213</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting events to mark the 75<sup>th</sup> birthday of the NHS, Staff Excellence Awards, governor elections and the news Andy Haynes, Specialist Advisor to the Board, is to receive an MBE.</p> <p>The Board of Directors were ASSURED by the report</p>		

23/214	<b>CHIEF EXECUTIVE'S REPORT</b>		
6 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting the tragic incident in Nottingham on 13<sup>th</sup> June 2023 and partners' response to this, the Trust's response to industrial action by junior doctors in June 2023 and preparations for further action in July 2023, delivery of key standards, achievement of bronze standard in a globally recognised accreditation scheme for clinical research, the third 'Step into the NHS' careers showcase event, progress in key capital schemes, continued success of the vaccination hub and extension to the current overnight closure of the Urgent Treatment Centre (UTC) at Newark Hospital.</p> <p>BB noted the comments in the NHS Oversight Framework 2022-23, Quarter 4 segmentation letter from Amanda Sullivan, Chief Executive of Nottingham and Nottinghamshire Integrated Care Board (ICB), in relation to the actions the Trust needs to take to progress from Segment 2 to Segment 1, with particular reference to the action "To be a key contributor to the wider system as an anchor institution", and sought further information in relation to this.</p> <p>PR advised the letter suggests the Trust is a good system partner which plays its role in supporting the community, etc. PR advised he feels the Trust is not being described as needing to do more in this regard, but to ensure it continues to be a good system partner.</p> <p>MG sought further information in relation to the health inequalities forum referenced in the letter from Amanda Sullivan. PR advised this relates to the Trust continuing to contribute to the wider agenda in relation to health inequalities.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/215	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
25 mins	<p>PS joined the meeting</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the Maternity Voices Champion role, Maternity Safety Champion walkarounds, maternity triage system, elective caesarean sections, reduction in agency usage, recruitment, forthcoming staff maternity leave and safety culture survey.</p> <p>PS advised there has been recent national attention regarding nitrous oxide, particularly within maternity services. The Trust commissioned its own review which provides assurance that currently staff are not exposed to high levels of harmful Entonox. However, the review recommended controls are put in place to monitor this. There will be a programme of estates work, education for staff and women and a clear monitoring plan, including devices for staff.</p>		

	<p>PB advised other areas of the Trust where Entonox is used will be included in this work.</p> <p>CW queried if the recent recruitment was linked to the 'Step into the NHS' events held in partnership with West Notts College. PS advised the Maternity Team had a 'stall' at the recent 'Step into the NHS' event in addition to a midwifery recruitment day on 12<sup>th</sup> May 2023. The Trust has appointed 20.6 whole time equivalent (WTE) midwives. This includes three Band 6 midwives, with the remainder being early career midwives. A cohort is due to start in September 2023, with a second cohort starting in January 2024.</p> <p>CW queried if the staff recruited were returners to work or if they were coming from other trusts. PS advised the majority are early career midwives, who are new into their roles. The majority of these are students trained by SFHFT.</p> <p>AR queried if there is the right balance between the number of front line clinical staff and the number of managers who ensure systems are correct. In addition, AR queried if staff understand each other's roles. PS advised the balance is correct and assurance in relation to this is provided by the Trust's recent Birthrate Plus report, which details the number of clinical midwives, support workers and specialist midwives. PS acknowledged there is still some work to do in relation to the understanding of each other's roles. PB advised all the team's matrons, up to and including PS, as Director of Midwifery, will work clinically if staffing or acuity requires this.</p> <p>AR noted more maternity patients are coming to SFHFT from Nottingham University Hospitals (NUH). Noting there is a time lag between receiving patients and resources being put in place to manage the increase, AR queried what actions are being put in place to manage this and what support is being provided by the Integrated Care System (ICS).</p> <p>PS advised the ICS are supportive and work is ongoing in relation to future planning for the Tomorrow's NUH programme. In terms of day to day work, the Trust is more active in terms of monitoring acuity and additional staff will be put in place as and when necessary. In addition, the Trust is being proactive in managing elective work to help ease pressure on emergency work. September and October are busy months in maternity and steps are taken to try to avoid arranging mandatory training during this period. The team monitors rosters and will put in additional staff as required. It has been identified peak attendances are between 4pm and 8pm. The Trust has introduced an additional shift to cover that period.</p> <p>PB advised he and DS sit on the executive partnership board of the Local Maternity and Neonatal System (LMNS) and will ensure areas such as funding allocations and mapping of activity are raised at that level. DS advised the LMNS are acutely aware of the situation and are very supportive. In terms of resources, the focus of colleagues within the system is currently on Nottingham. SFHFT is linked into the Tomorrow's NUH business case and the Trust has asked for a refresh of the data modelling linked to this.</p>		
--	---	--	--

MG queried if the Trust is compliant with the recommendations from the Kirkup report. PS advised the initial Kirkup report related to Morecombe Bay and the Trust has previously benchmarked against that report and has declared compliance with the initial seven Immediate and Essential Actions (IEAs) for Ockenden. The report into East Kent does not have metrics attached to it. Rather than identifying particular actions, the report identifies themes which are integrated into the 3-year plan for maternity.

MG queried if the next report could provide a deeper dive into the equality of outcomes work. PB advised it has been agreed this will be reported through the Quality Committee.

AH queried if the Maternity Team are happy with the current levels of support from non-obstetric services, for example, haematology, diabetes, etc. and will this support be able to keep pace as the number of births increase. PS advised the Team is happy with the level of support provided, but noted diabetic services are challenged, particularly the antenatal clinic. There are plans to provide an additional midwife to support that clinic, but there is more work to do in relation to health promotion and healthier start to pregnancy. Critical care colleagues are supportive in relation to the maternity agenda and have provided support with training.

BB noted the new perinatal pelvic health service which has been established and queried if new staff have been recruited to support this service or if staff have been transferred from other areas. PS advised the service is staffed by existing staff who have been given additional time within their current roles to support the new service.

The Board of Directors were ASSURED by the report

***Maternity Perinatal Quality Surveillance***

PB presented the report, highlighting obstetric haemorrhage, elective caesarean sections and home births service.

DS queried if the obstetric haemorrhages are as a result of elective or emergency caesarean sections. PS advised this information is captured as part of the current thematic review. The caesarean section rate has increased and the Trust wishes to engage in the rotational thromboelastometry (ROTEM) trial. The Trust has requested this be a system wide trial.

ARB noted the reference to progress in achievement of CNST10 and sought clarification what CNST10 is. PS advised this relates to the Maternity Incentive Scheme and NHS Resolution (NHSR) 10 steps to safety. The Trust was unable to declare full compliance for 2022/2023, but there is a clear programme of work to improve this position.

The Board of Directors were ASSURED by the report

PS left the meeting

23/216	<b>STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE</b>		
5 mins	<p><b>2023/2024 Capital Expenditure Plan</b></p> <p>JL presented the report, advising the plan had been developed under the scrutiny of the Capital Oversight Group, in conjunction with the capital leads. The plan has been discussed in depth by the Trust Management Team (TMT) and was approved by the Finance Committee following detailed discussion.</p> <p>SB sought clarification in relation to the IT costs of £1.45m. JL advised the sub-total for IT detailed in the report relates to the business as usual capital programme, for example, the replacement cycle, updates, etc. The more significant IT scheme is the external funding for the Electronic Patient Record (EPR) system.</p> <p>SB noted the cost of IT from a capital perspective is more than half of the total capital spend and queried if that cost is increasing. JL advised the costs are relatively consistent with the expenditure in previous years and needs based on previous years.</p> <p>SB noted the costs of ‘maintaining’ IT and queried how much will be available to spend on improvements. DS advised this will be covered in more detail in the item relating to the Digital Strategy. However, there is a need to move away from using the terms IT and digital, advising projects are part of a whole hospital transformation programme and digital is the main driver for transforming and improving patient care.</p> <p>The Board of Directors APPROVED the 2023/2024 Capital Expenditure Plan</p>		
23/217	<b>PATIENT STORY – CARING FOR OUR PATIENTS WITH DEMENTIA</b>		
16 mins	<p>LM, AB and JLi joined the meeting</p> <p>LM and AB presented the Patient Story, which highlighted how the Trust cares for patients with dementia.</p> <p>CW thanked JLi for sharing her mother’s story.</p> <p>PB queried if there was anything the Board of Directors could do to support the work of the Dementia Services Team. LM advised it would be useful for the Board of Directors to highlight the importance of dementia awareness training. Charitable Funds are doing a dementia appeal for this year, which puts dementia in the spotlight. The team would benefit from additional dementia specialist nurses.</p> <p>CW advised the Board of Directors have previously undertaken dementia awareness training, but it would be useful for this to be repeated.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Dementia awareness training to be added to the Board of Directors workshop schedule</b></li> </ul>	SBS	03/08/23



	<p>MG felt it was a powerful and touching story and queried if there was any learning from dementia services which is transferrable to other areas. JLi felt communication is key, advising not everyone who works on the wards has experience of dementia and staff do not always understand why communication breaks down. There is a need for more awareness from both a patient and family perspective. JLi felt all families should have the same level of support which was provided to her family.</p> <p>GW agreed support for families of patients with dementia is very important.</p> <p>SB queried if there was anything the Trust could do, in terms of wider system working, to support the experience of patients and families who do not need to come into hospital. LM advised, during the recent dementia week, the team had a stand in King's Mill Hospital and helped visitors who were newly diagnosed with dementia and were attending clinic appointments. As a result, consideration is being given to a quality and safety hub in the main entrance of King's Mill Hospital to highlight dementia and provide a signposting service, making use of services commissioned, for example, advisers from the Alzheimer's Society support the organisation. In terms of people living in care homes, the team are linking in with the ongoing work in relation to virtual wards to look at the dementia / delirium pathway to identify anything which can be done which is outward facing. LM advised she is meeting with a representative from the ICB on 7<sup>th</sup> July 2023 to identify any links with outward facing services to potentially reduce admission crisis. The team are also hoping to relaunch the carer passport.</p> <p>PB advised dementia needs to be a key priority for the Trust, but acknowledged there is a lot of work to do to ensure the increased demand is met through system working and linking services.</p> <p>AB advised one of the biggest challenges faced is when a patient comes into hospital with a dementia diagnosis, having been diagnosed in the community, and this is not known. There is no one place where this information is recorded, which necessitates staff having to trawl through various systems. DA advised Primary Care Networks (PCNs) have a register of patients identified as having dementia. He will discuss this issue with some of his contacts to ensure the Trust is sighted on the work of primary care and help reduce fragmentation.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>David Ainsworth to speak to contacts within Primary Care Networks regarding register of patients identified as having dementia</b></li> </ul> <p>LM, AB and JLi left the meeting</p>	<p>DA</p>	<p>03/08/23</p>
--	---	-----------	-----------------

23/218	<b>DIGITAL STRATEGY</b>		
70 mins	<p>RW and MT joined the meeting</p> <p>DS advised the report details the progress the Trust has made to date against the Digital Strategy 2020-2025 and provides the opportunity to consider the future direction. DS advised digital is a whole hospital transformation programme and is a key enabler to change.</p> <p>RW gave a presentation outlining the ongoing work in relation to digital, highlighting progress to date against the Digital Strategy, work in relation to the delivery of EPR, digital systems introduced and digital opportunities.</p> <p>A general discussion followed, during which the following points were raised:</p> <ul style="list-style-type: none"> <li>• Good example of a strategy</li> <li>• What update on progress could be provided to the carer who introduces the strategy document? <ul style="list-style-type: none"> <li>○ Frustration the Trust has not moved at the pace and scale which was hoped for. However, some good examples of what has been introduced can be evidenced. Real progress has been made in some areas, but there is a lot more to do.</li> </ul> </li> <li>• Will the strategic objective themes in the strategy continue? There is a need to ensure continuity to enable true optimisation. <ul style="list-style-type: none"> <li>○ The strategy will not change, but it will have a thorough review once the Trust has signed an EPR contract</li> </ul> </li> <li>• Need to deliver EPR</li> <li>• Initial focus has been on patient areas, with back-office functions being considered for the next iteration of the strategy</li> <li>• EPR needs to work for patients, with the data flowing from that</li> <li>• In terms of interoperability, within the Nottingham and Nottinghamshire system there is the Digital Notts Shared Care Records system which provides the ability for key data to flow in near real time. This system is linked to other areas using the same technology. However, there will always be a border and there is a national challenge for the NHS to enable absolute coverage. The NHS app will be the front door to electronic records for patients.</li> <li>• To move forward, the right infrastructure needs to be in place and this has to be working efficiently</li> <li>• Need to ensure the ratio of maintaining systems and making productive change for patients and clinicians is correct</li> <li>• Need to ensure patients who are unable to access services electronically are not excluded <ul style="list-style-type: none"> <li>○ Digital Notts is taking the lead on this work. They have undertaken research and run sessions in the community to help people who are digitally disadvantaged. It is important progress is not constrained by focussing on those who are unable to access services digitally, but it is equally important they are not left behind.</li> <li>○ Digital will allow for people to be a proxy for other's electronic presence within the system.</li> <li>○ More work to do in this area.</li> </ul> </li> </ul>		



	<ul style="list-style-type: none"> <li>• Need to consider how data is used to drive improvement across the Trust <ul style="list-style-type: none"> <li>○ Need more data sources within the 'data warehouse' to start to triangulate data</li> </ul> </li> <li>• Need to grow the Digital Team and share resource across the system <ul style="list-style-type: none"> <li>○ Need to ensure the Trust is not just increasing the number of people who can extract data. There is a need to move to a service which can provide real intelligence.</li> </ul> </li> <li>• Need to consider what is missing in the strategy which would increase the pace and ambition of delivery</li> <li>• Need to ensure staff are engaged and are competent in using any new digital systems</li> <li>• The strategy is not about digital, but transformation. Therefore, more information on transformation is required</li> <li>• Gap analysis required to outline the current position compared to the position the Trust wants to reach</li> <li>• Has a cost comparison been undertaken in terms of the resourcing aspect, given observations taken will be entered onto the system at the bedside and artificial intelligence (AI) will look at scans, etc. <ul style="list-style-type: none"> <li>○ The recently published NHS Workforce Plan takes this into account, majoring on AI</li> <li>○ Need to change some processes in the future which can be automated</li> <li>○ There is an assumption in the NHS Workforce Plan that technology will reduce the workload on clinicians</li> </ul> </li> <li>• Need to raise the profile of digital within the organisation, highlighting it is a key infrastructure in terms of what can be done for patients</li> <li>• Digital is everyone's business</li> <li>• Useful to have further discussion at a future Board of Directors workshop</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Digital Strategy to be a topic for a future Board of Directors workshop</b></li> </ul> <p>The Board of Directors were ASSURED by the report</p> <p>RW and MT left the meeting</p>	SBS	03/08/23
23/219	<b>STRATEGY 2024-29: OUR APPROACH TO ENGAGEMENT</b>		
22 mins	<p>DA presented the report, highlighting the engagement exercise being undertaken, timeline and the approach to engagement. DA advised an initial questionnaire has been sent to 11,000 members of the public. From the limited initial responses received, some early themes are emerging relating to improving the delivery of services, delay in receiving digital letters and the provision of joined up care.</p> <p>MG queried what the objectives of engagement are. MG felt it important to acknowledge feedback from previous consultations and how that has helped shape the Trust's priorities, so people feel their voices are listened to.</p>		

	<p>DA advised the Trust is not undertaking a formal consultation with the public, but is undertaking local engagement with local people to ensure local voices are kept in mind when designing and delivering future care models. Acknowledging the possibility of 'consultation fatigue', the Trust is working with partners in the voluntary sector to help engage with the public. At a Place Based Partnership (PBP) level, consideration is being given to how public sector organisations engage with the local population to ask people once about the public sector offer, rather than multiple times. There is a lot of work to do in relation to this.</p> <p>MG queried how previous engagement which has taken place is being analysed so people feel the Trust has listened and acted on previous engagement and is now building on it. DA felt this is not necessarily built into the programme, but consideration will be given to how this can be achieved, possibly using feedback from the Patient Experience Team. There are several strands to how the Trust engages with the public and there is a need to think about a coherent way to manage this.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Consideration to be given to how feedback from previous engagement opportunities is analysed and used to inform engagement in relation to the Trust's Strategy for 2024-2029</b></li> </ul> <p>BB queried how the Trust is ensuring the engagement opportunities include the communities which are traditionally 'harder to reach'. BB felt the engagement should include what the public can do for the Trust, not just what the Trust can do for them.</p> <p>DA advised the future strategy needs to enable the Trust to know who lives in the local communities and local intelligence will be key to achieving this. The Trust has already reached out to Portland College, who care for and educate people who are neurodivergent. Once the information has been gathered, analysed and put into the strategy, the plan is to hold a compact with the local population to get the message across the Trust cannot be all things to all people in a world where demand and complexity is increasing, and finances are constrained. There is a need to be sensible and proportionate in relation to what future healthcare will look like.</p> <p>GW noted the messages highlighted from the engagement undertaken so far are as expected, indicating that what people want is already known to a large extent. GW felt the Trust will not gain much additional information and, therefore, should pull together the feedback which has already been received and progress the work to develop the strategy.</p> <p>DA advised while there is a need to learn from the past, things have changed since going through the Covid pandemic and demands on the Trust's services are changing. This is not a rolling programme of engagement, but is time limited. The engagement work is being run in parallel to developing the strategy. The Trust has only received 100 responses so far. Therefore, further engagement is required.</p>	<p>DA</p>	<p>03/08/23</p>
--	---	-----------	-----------------

	<p>PR advised the Trust has not engaged in any earnest way since the development of the current 5-year strategy. PR acknowledged the Trust holds a lot of data, comments, etc. but there has been no conversation with the local community. Engagement will help inform the strategy which is being developed.</p> <p>GW felt there is a need to get the balance right between engagement and developing the strategy document. PR advised the Trust's future values and strategic objectives have already been agreed. This is the basis of any engagement being undertaken. DA advised some people who have responded to date have provided contact details, indicating they wish to continue to be involved. Therefore, as the strategy evolves the Trust can go back to those people and undertake a check and balance process as work progresses.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>23/220</b>	<b>IG / DATA SECURITY PROTECTION TOOLKIT (DSPT) SUBMISSION</b>		
5 mins	<p>SBS presented the report, advising the report provides an overview of the Trust's compliance with the Information Governance (IG) and security agenda, both nationally and locally.</p> <p>All of the 113 mandatory standard evidence items are now complete for the DSPT. It has been submitted with an overall compliance and the relevant certification has been received.</p> <p>During 2022/2023, there were six incidents requiring investigation, one of which was referred to the Information Commissioners Office. This has now been resolved with no further action taken.</p> <p>It was noted during 2022/2023, the Trust processed a total of 710 Freedom of Information (FOI) requests and 3,172 requests for access to patient records.</p> <p>SBS outlined some of the work priorities going forward.</p> <p>GW advised the internal auditors have provided their overall assessment on the DSPT as Moderate. This will be discussed further at next internal audit meeting.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>23/221</b>	<b>USE OF TRUST SEAL</b>		
1 min	<p>SBS 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 102 was affixed to a document on 13<sup>th</sup> June 2023 for Keir Construction Ltd. The document related to the refurbishment of Ward 3 at King's Mill Hospital.</li> </ul>		

	<ul style="list-style-type: none"> <li>Seal number 103 was affixed to a document on 27<sup>th</sup> June 2023 for Keir Construction Ltd. The document related to comprising works to modular building by others and associated line structure.</li> </ul> <p>The Board of Directors NOTED the Use of the Trust Seal numbers 102 and 103.</p>		
<b>23/222</b>	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
4 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting implementation of internal audit recommendations and counter fraud. GW advised the work in relation to 'no purchase order, no pay' will be monitored through the Finance Committee.</p> <p><b>Finance Committee</b></p> <p>ARB presented the report, highlighting the 2023/2024 Financial Plan submission.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<b>23/223</b>	<b>OUTSTANDING SERVICE – SUPPORTING OUR VETERANS AND ARMED FORCES COLLEAGUES</b>		
6 mins	A short video was played highlighting the work being undertaken to support veterans and Armed Forces colleagues within the Trust.		
<b>23/224</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
2 mins	<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 – caring for patients with dementia</li> <li>Support for veterans and Armed Forces colleagues</li> <li>Launch of maternity triage system</li> <li>Compliance with Ockenden recommendations</li> <li>Governor elections</li> <li>Preparations for industrial action</li> <li>Engagement activities in relation to the Trust strategy for 2024/2029</li> <li>Ambitions for digitally enabled transformation, being mindful of the potential impact on patients who are digitally excluded</li> </ul>		
<b>23/225</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>23/226</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 3 <sup>rd</sup> August 2023 in the Boardroom, King's Mill Hospital.		

	There being no further business the Chair declared the meeting closed at 12:10		
<b>23/227</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="margin-left: 200px;"><b>Date</b></span></p>		

23/228	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
2 mins	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>Kevin Stewart, Appointed Governor, noted the election of new governors will provide an opportunity for governors to be more fully involved with engagement activities, particularly, at this stage, in relation to the Trust strategy.</p> <p>Ashton Green, Co-Chair of the Youth Forum, queried if there will be specific engagement on the strategy focussed on youth engagement and involvement. DA advised he would support Ashton in taking this forward through the Youth Forum.</p>		
23/229	<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>		