

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 6th February 2025, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	David Selwyn	Acting Chief Executive	DS
	Andy Haynes	Specialist Advisor to the Board	AH
	Steve Banks	Non-Executive Director	SB
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Manjeet Gill	Non-Executive Director	MG
	Richard Cotton	Non-Executive Director	RC
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
	Phil Bolton	Chief Nurse	PB
	Sally Brook Shanahan	Director of Corporate Affairs	SBS

In Attendance:	Adam Grundy	Head of Occupational Health	AG
	Paula Shore	Director of Midwifery	PS
	Clare Jones	Minutes	
	Olivia Hammond	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	

Observers:	Lisa Maclean	Non-Executive Director
	Paul Robinson	Chief Executive Officer
	Rebecca Herring	Corporate Matron
	1 member of the public	

Apologies:	None
-------------------	------

Item No.	Item	Action	Date
25/011	WELCOME		
1 min	<p>The meeting being quorate, GW 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. GW welcomed RC to the meeting.</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 the public were able to submit questions via the live Q&A function.</p>		
25/012	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
25/013	APOLOGIES FOR ABSENCE		
1 min	It was confirmed that no apologies for absence have been received.		
25/014	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 5 th December 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
25/015	MATTERS ARISING/ACTION LOG		
3 mins	The Board of Directors AGREED that actions 24/223, 24/312, 24/314.1, 24/314.2, 24/314.3, 24/314.4, 24/345.1, 24/347.3 and 24/377.2 were complete and could be removed from the action tracker.		
25/016	ACTING CHAIR'S REPORT		
4 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective, paying tribute to the late John Wood, Governor, alongside sending condolences to John's family. GW welcomed DS into the substantive Deputy Chief Executive role and welcomed the appointment of 2 Non-Executive Directors (NED) RC, and Lisa Maclean who is observing the meeting online. GW then announced the appointment of Professor Sir Jonathan Van-Tam as an Associate NED to work within the research and innovation team. GW noted the pending Council of Governors elections with a view to appointing 10 vacancies. GW highlighted the extensive valuable volunteer work and fundraising.</p> <p>DS paid tribute to colleagues within the Trust who have recently passed away and confirmed the offer to provide support to their families and colleagues impacted.</p> <p>The Board of Directors were ASSURED by the report.</p>		

25/017	ACTING CHIEF EXECUTIVE'S REPORT		
14 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, including an update on Paul Robinson's progress.</p> <p>DS highlighted operational activity challenges, noting the difficult time for the Trust and patients despite the Winter Plan that has been in place to aid with mitigation. DS raised the importance of vaccinations. DS stated both Independent Television News (ITN) and Sky News have visited sites during the winter period, promoting a strong relationship between media and the Communications team.</p> <p>DS highlighted strengthening partnerships with the Academy Transformation Trust Further Education (ATTFE) College.</p> <p>DS also highlighted the ICS led Lifting the Gaze event at which leaders from health, social care, education and the third sector came together.</p> <p>DS drew attention to the Integrated Care System (ICS) newsletter reporting on the Community Diagnostic Centre (CDC). DS noted the delay in planning permissions and complexities, stating work continues to take place.</p> <p>DS highlighted Daisy and Tulip Awards presentations to colleagues. PB described the international recognition awards for registered and non-registered professionals. DS encouraged NEDs to attend a presentation. DS highlighted clinical colleague Rob Fleming has been honoured with the Kathleen Ferguson award, stating Rob is a powerful advocate for alternative career paths towards becoming an expert clinician.</p> <p>DS thanked the Emily Harris Foundation and Mansfield FM Toy Appeal for their donations.</p> <p>DS noted the work in progress in terms of the Sexual Safety Charter.</p> <p>DS highlighted the arrival of the Magnetic Resonance Imaging (MRI) Scanner in December 2024, alongside noting the nationally acclaimed Phoenix Smoking Cessation team are celebrating 3 years. DS then highlighted the success following the opening of the Surgical Same Day Emergency Care (SDEC) service and the positive impact on patients.</p> <p>DS raised the release of national planning guidance. RM elaborated NHS England released planning guidance on 30th January 2025. Work is taking place to address the priority objectives and regular updates will be provided. RM stated headline plans will be submitted by 27th February 2025, and final plans will be submitted by 27th March 2025. RM noted the later receipt and earlier deadline.</p> <p>DS highlighted a visit from Steve Yemm, Member of Parliament (MP) for Mansfield. PB discussed the areas visited. DS stated Mr Yemm is keen to act as conduit to the Secretary of State.</p>		

	<p>BB noted the positive links with ATTFF College, and suggested further focus is needed on Newark Hospital alongside the benefits of linking with Lincoln educational establishments. RS discussed the established relationship with West Notts College, noting the intention of utilising the relationship as a blueprint in terms of supporting services. ARB acknowledged the Trust CARE values.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/018	STAFF STORY, WELLBEING – STAFF MENTAL HEALTH		
23 mins	<p>RS introduced AG to the Board of Directors and a short video was played highlighting the work of the Occupational Health Team in terms of staff mental health.</p> <p>GW acknowledged the value of the Occupational Health Team and the work they do.</p> <p>NM queried the percentage of leaders and managers trained to have difficult conversations and trained in wellbeing, alongside the level of the training undertaken. RS promoted a supportive approach, raising benchmarking figures of 95% of new leaders who attend training sessions within the first 90 days of taking up post. NM queried the percentage of the remainder. RS stated whilst the percentage is not to hand, every opportunity is taken to support the key messages including work taking place with Divisional leaders to support development days. NM queried whether the training is voluntary or mandated. PB confirmed the training is mandated. NM raised the current significantly high rate of absence, noting the cost and pressures on the Trust. NM then suggested mandated training is carried out during development days. RS noted the challenge in staff attendance due to work duties, resulting in Bank and Agency staff providing cover. RE raised the role-based development programmes in place in terms of leadership training, noting the broad offer. NM suggested the offer be mandated. RS noted the work taking place with medical colleagues. PB noted the difficult decisions in terms of training, noting the capacity and financial constraints.</p> <p>MG noted the positive examples of excellence, acknowledging the pressures, then queried how to identify which leaders need the skills alongside how to address the areas where leaders need the skills but there is no capacity. RS referenced the Deep Dive into sickness absence conducted by the People Committee in January 2025 and the further discussion due to take place in March 2025 where an action plan has been incorporated. RS acknowledged the request to mandate training however, staff should feel empowered to participate. A discussion took place in terms of striking the correct balance. GW noted the wellbeing of staff is key to mitigation. MG raised the importance of leaders having an informed choice. RS recognised the ask of leaders is now far more complex and challenging.</p> <p>AH raised stress levels from outside work, noting the uptake of support has decreased since the Covid-19 pandemic and querying whether there is enough in place to aid mitigation. AG acknowledged the Occupational Health service needs to develop further, stating the reactionary measures during the pandemic now need to evolve to</p>		

	<p>preventative measures whilst noting the balance between addressing both, taking capacity challenges into account. AG raised the importance of both digitally and directly promoting services, stating there is work to do as a team to convey the message appropriately. RS referenced timely, appropriate impact which is both measured and sustainable.</p> <p>DS noted caution in terms of putting staff through mandatory training in order to 'complete' training, suggesting inclusion within the Pulse survey to focus on compassionate leadership and to provide feedback. RS raised the importance of appropriately conveying messages to staff, suggesting the utilisation of the staff story in order to provide a powerful message.</p> <p>GW summarised by stating the importance of embedding training into culture as opposed to mandating, alongside enquiring how the Board of Directors can provide further support. RS and AG agreed to develop further prior to presentation at the March 2025 People Committee.</p> <p>Action: To incorporate the training provision for leaders in terms of wellbeing and the resulting impact on staff sickness within the updated Deep Dive into staff sickness at the March 2025 People Committee.</p>	RS/AG	03/04/25
25/019	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
19 mins	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB introduced the report, highlighting the plans in place to mitigate Neonatal sickness, the continuation of Maternity forums, the positive focus on culture and visibility of the Divisional Leadership Team (DLT), the launch of the new Staff Council and compliance with the NHS Resolution, resulting in further investment opportunities as well as a quality marker.</p> <p>PS highlighted results of the Care Quality Commission (CQC) survey, noting improvements within most areas and benchmarking above the national average within significant areas. Work will take place in terms of key areas of focus, utilising a live action plan.</p> <p>PS highlighted the development of a virtual tour of the Neonatal Unit alongside the plan to incorporate within service user information and potential recruitment adverts. GW suggested similar development in other areas to mitigate service user stress prior to admission.</p> <p>NM noted the excellent CQC survey results, acknowledging the work taking place towards making improvements. NM then supported the creation of a Maternity virtual tour.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	<p>Maternity Perinatal Quality Surveillance Model</p> <p>PB presented the December 2024 report, highlighting key areas of focus, alongside the intention to further discuss the 3rd/4th degree tear work taking place at the next Quality Committee.</p> <p>ARB queried the level of risk in terms of the Home Birth Service. PS responded the risk is due to the number of pregnant staff within the community and the resulting restrictions. Plans are in place to mitigate shortages in terms of offering secondments alongside noting the uplift in establishment.</p> <p>AH reflected on the positive improvements made, enquiring whether there is enough focus on when things don't go well. PB raised the importance of consistency and balance, confirming focus on bad days and the resulting learning. PS compounded the consistency in terms of the introduction of a model of clinical educators, working alongside junior staff to provide support Trust wide. PS stated further support will be given upon identification, adding a robust Preceptorship is also provided. PB raised the importance of staff communication. AH suggested reflection within the feedback.</p> <p>MG thanked PS for sharing concerns as well as compliments in a transparent way. PB confirmed assurance will always be sought from the Board of Directors.</p> <p>BB raised concern in terms of further discussion of 3rd/4th degree tears at Quality Committee, referencing the recent Perinatal Pelvic Health Service and Obstetric Haemorrhage Deep Dives. PB will share both Deep Dives and will meet with BB to discuss prior to the next Quality Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/020	Q3 REVIEW AND INTEGRATED PERFORMANCE REPORT (IPR)		
73 mins	<p>DS introduced the Quarter 3 review alongside the IPR, raising the significant impact during the winter period. DS referenced full reporting at the end of month 6, resulting in the shorter Q3 review in conjunction with the IPR.</p> <p>PB referenced some of the most challenging days in many years, noting the processes and plans worked well despite making some very difficult decisions. PB referenced previous Board of Directors sight in terms of the one-over process to aid with mitigation, stating the decision was taken to introduce a 2-over protocol to avoid critical incidents at times, apologising to service users for the resulting impact. PB stated the winter report will be presented at Quality Committee in order to triangulate. PB noted the positive management in terms of respiratory illness and Norovirus. PB reported the CQC have received feedback from staff in order to provide assurance.</p>		

	<p>In terms of the IPR, PB reported 8 off-track metrics and the areas of focus for improvement, noting the positive benchmarking figures. SR added infection metrics as an area of focus. SR then referenced Hospital Standardised Mortality Ratios (HSMR) and HSMR+, hoping for concentration in terms of underlying factors as opposed to figures.</p> <p>BB acknowledged the issues and assurance provided, voicing concern in terms of infection control and antibiotic stewardship issues. DS reflected on the focus on sepsis and the consequences and difficulties in navigation. BB referenced risk adjustments, noting this is not a new issue. SR referenced previous sepsis guidelines and the resulting change in antibiotic usage alongside the importance of the 24-hour review. SR noted the recruitment of a Microbiologist in terms of further support on the wards.</p> <p>RS built on the conversations in terms of the impact on sickness absence alongside the resulting Deep Dive presented at the January 2025 People Committee. RS referenced the prevalence of short-term sickness and infection within hospitals alongside the number of deaths in service and the impact on staff. RS reported the increase in Flu vaccination uptake, noting the Trust is still under target. RS reported positive local benchmarking data alongside the intention to increase Trust uptake. RS reported consistent appraisals and mandatory & statutory training indicators, noting the ongoing challenges. RS reported a positive Month 9 position on Agency usage, highlighting achievement of the 3.2% NHS England target. RS reported a reduction in overprice cap. RS reported Workforce plan month 9 figures, noting the work that has taken place in terms of variable pay.</p> <p>GW raised that whilst the Trust is under plan, the plan isn't affordable, unless further reductions are achieved. GW noted Facilities Management Services staff are not included within sickness benchmarking figures.</p> <p>NM referenced Trust sickness rates at 6.1% compared to the 2.6% UK Plc national average, emphasising the challenge to reduce. RS acknowledged the challenge, recognising the current elevated ask of some staff. GW acknowledged the timing of the Staff Story and resulting impact.</p> <p>MG enquired in terms of how staff can prepare for vaccinations prior to winter 2025 / 2026. RS highlighted the importance of the return-to-work discussion to address, noting some staff have chosen their vaccines elsewhere therefore no data is recorded. GW referenced recent illness, noting the reduction in symptoms due to the vaccination.</p> <p>NM commented on the effect of the flu virus in Australia, suggesting utilisation to aid with mitigation. DS confirmed the message was conveyed by the Communications team. DS stated the vaccine for 2025 / 2026 has already been manufactured, anticipating the next strain.</p>		
--	---	--	--

	<p>DS reported the systemwide community vaccine rate at approximately 57%. MG queried how to compound the importance of the vaccination to staff. RS feels the message needs to be appropriately conveyed. CH referenced more targeted communications as a potential route, suggesting communications conveying personal impact. MG referenced social media influencers. BB enquired in terms of the consistency in conveying the message to medical staff. SR confirmed sessions are in place at the end of the vaccination season to address the results.</p> <p>AH observed the early commencement of vaccinations within the Trust, noting the difficulties in terms of timing communications in order to maintain momentum. AH suggested a 'drip feed' of learning over the summer period. CH added the Communications team have been surveying people in terms of their understanding of the messaging, resulting in various suggestions, alongside reporting 98% of staff responding that they knew about the vaccine but chose not to participate. DS confirmed the community vaccine rate at 57.1%, welcoming the contribution and experience Professor Sir Jonathan Van-Tam will bring to next year's planning.</p> <p>ARB highlighted the reduction in Agency usage from 2023 to date. GW compounded the real progress made. RS referenced the planning guidance in terms of efficiency.</p> <p>AH referenced the Deep Dive into sickness absence, noting the difference in divisional patterns and the understanding that will be gained. RS responded, as demonstrated within the Staff Story, the intention is to offer additional support to leaders who need it in terms of managing wellbeing. GW offered support from the Board of Directors.</p> <p>RE presented the report, noting the pressures in terms of demand and the resulting impact on performance targets. RE referenced the hard work of staff despite extremely difficult circumstances, highlighting the New Year as the most pressured. RE reiterated the requirement to incorporate the 2-over protocol. RE reported positive progress in terms of medically safe patient figures, highlighting the Discharge team and the Transfer of Care Hub in terms of contributors. RE reported planned care activity levels, referencing the targets exceeded, alongside positive benchmarking figures. RE noted two 78-week breaches, stating both patients will be treated in February 2025. RE stated planning guidance will focus on managing the 18-week standard. RE noted the expectation of exceeding the 65% Referral to Treatment (RTT) target as the Trust currently stands at 63%. RE reported strong figures in terms of cancer performance.</p> <p>SB recognised the hard work of staff, then enquired in terms of Accident & Emergency whether to plan optimistically prior to next winter, referencing planning guidance, and can the Board of Directors provide support. SB then acknowledged the reduction in terms of medically safe to discharge figures, enquiring what would be the potential next step change to enable further reduction. RE acknowledged the annual challenge in triangulating, stating internal planning is based more on actual than projected figures. RE highlighted the physical capacity constraints. DS noted the difference within this year's planning guidance, as it requests Board of Directors sign off. Once signed off</p>		
--	--	--	--

	<p>the Board of Directors will provide support. RM added it must be planned for however, new money will not be provided therefore, the Trust must work with system partners in terms of recovering finances. RS stated NHS England are clear that they are unable to provide extra resources therefore, the plan is to redirect the resources to the right places, noting the shortened time scales and potential emergency growth. SB suggested identification of areas the Trust are not going to achieve and being publicly accountable. RM highlighted the importance in terms of the practicality of patient care. RE stated there is more to be done in terms of working with partners to discharge medically safe patients, taking complexities into account. RE noted early planning upon admission is key to ensure a smooth discharge and is being addressed, incorporating the whole Multidisciplinary Team (MDT) approach.</p> <p>GW highlighted the presentation of the report, suggesting non-elective admissions are shown as a percentage rate as the level of admissions is higher than plan. RE confirmed inclusion.</p> <p>ARB queried January 2025 ambulance turnaround figures. RE referenced increased ambulance turnaround, noting anticipation of the final figures. RE noted deterioration in terms of 4-hour performance during January 2025 however, this is being managed appropriately. RE is meeting with the Urgent and Emergency Care (UEC) triumvirate to discuss further, recognising the ongoing challenges.</p> <p>RM compounded the current challenges, noting the exacerbation of the financial situation. RM reported the Q3 stance, noting the positive progress of the financial improvement programme, resulting in an over delivery against plan of £2.5m, and a year to date £26.6m of efficiency savings. RM highlighted the input from colleagues across the organisation. RM reported the reduction in Agency and Bank usage, referencing the sickness challenges. RM reported value weighted activity targets at above NHS England targets, referencing the plan to go above and beyond. RM referenced employer productivity, noting the inclusion within the IPR, utilising October 2024 figures; RM awaits the release of figures from NHS England. RM reported higher activity growth than 80% of providers. RM noted the Winter Plan from a financial perspective is positive but not in terms of practicality.</p> <p>RM reported an overall deficit position to date, referencing the extra challenges in terms of the vaccination programme redundancy costs, Consultant pay awards and UEC pressures, resulting in the current £1.9m off plan position. RM reported cash support has ceased from NHS England over the last quarter, resulting in the delay of payments to suppliers. RM stated the intention to continue to do everything to aid with financial recovery, referencing the regular release of communications alongside the ongoing budget holder briefing sessions. RM stated feedback is positive following the honest conversations. RM noted the capital forecast is on track and will be monitored via the Finance Committee.</p> <p>NM recognised the huge amount of work taking place to deliver, noting most schemes are not recurrent. NM encouraged the mindset of continuous delivery, referencing the benefit of recurrent programmes. DS referenced the capital forecast and the lack of future finances.</p>		
--	--	--	--

	<p>MG queried the root cause of the failure to develop appropriate recurrent schemes, enquiring in terms of whether enough conversations are taking place with partners about the longer-term sustainability versus culture. RM responded the recurrency of efficiency is reflected within Principal Risk (PR) 4 of the Board Assurance Framework (BAF), alongside the need to focus on the longer-term, stating a 5-year finance strategy will be presented at the March Board of Directors meeting. In terms of root cause, RM feels that whilst identification is beneficial, due to the large target, the Trust focused on initial recoveries and schemes rather than recurrent schemes however, the intention is to address turning non-recurrent savings into recurrent savings within the planning guidance. DS raised the importance of changing culture. CH referenced the increase in financial improvement from £10m to £40m alongside the introduction of the Investigation and Intervention (I&I) process. CH stated Improvement Faculty staff are reviewing product efficiency, alongside working collaboratively with Estates, Digital and Research Teams to identify how to implement transformation across these areas without overwhelming the Trust. CH stated a single improvement plan is being developed, pending the release of planning guidance. CH highlighted the implementation of the Electronic Patient Record (EPR), noting the opportunity to think about processes. RS referenced the wider point in terms of the language around financial sustainability alongside the mindset both at home and work.</p> <p>AH queried the current spend within month 9 and the gap to the year-end position, alongside the gap to the next financial year-end position. ARB highlighted the Elective Recovery Fund (ERF) cap. RM responded stating the gap to the end of the next financial year is forecast to require approximately 30% improvement on the 2024/25 deficit, pending further consultation. RM reported in terms of Q4 a gap of approximately £13.4m. RM envisaged the reduction to approximately £5.8m, pending the release of Month 10 figures.</p> <p>GW commented on the amount achieved this year, recognising the non-recurrent spend, and stating the trajectory to deliver in excess of £60m, 11% of turnover, during the next financial year which is unachievable. GW suggested focus in terms of ensuring a percentage of the spend be turned into recurrent during the last 6 months of the year, alongside encouraging the mindset of continuous delivery. RM confirmed re-established grip and control processes continuing into the next financial year. RM reflected upon the ERF cap, noting a complex picture which is being addressed, and will compare upon receipt of month 10 figures.</p> <p>MG recognised the hard work, querying what messages of encouragement are being conveyed to the workforce to encourage motivation. DS referenced the wider communications, emphasising the efforts made to aid with recovery, alongside noting the further work to take place over the next 2 years.</p>		
25/021	BOARD ASSURANCE FRAMEWORK (BAF)		
5 mins	DS presented the report, highlighting the current position and the proposed changes in language. DS referenced the conversation in terms of cash alongside highlighting cyber security challenges.		

	<p>GW supported the current position, referencing the IPR conversations that have taken place.</p> <p>SB highlighted a rich conversation during the January 2025 People Committee and the action taken in terms of tangible ways to reduce the score from 20 to 16. DS acknowledged the action, referencing the ever-changing state alongside the material impact.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
25/022	WELL LED REVIEW – SUMMARY REPORT AND ACTION PLAN		
4 mins	<p>SBS presented the report, highlighting the results and progress in terms of arising actions. SBS referenced 5 areas for improvement within the action plan, stating the intention to report within appropriate Committee meetings.</p> <p>GW thanked Grant Thornton UK LLP for their work in terms of collating the report, noting the plan to deliver improvements.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/023	ASSURANCE FROM SUB-COMMITTEES		
28 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting the concern in terms of cash alongside the impact of the Band 2/3 Healthcare Support Workers review. DS has requested the Integrated Care Board (ICB) include the review within the next quarterly meeting with a view to discussing nationally. RS suggested Board of Directors write to NHS Employers to raise. GW noted assurance in terms of the Deep Dive into Surgery and ongoing Consultant vacancies, alongside the Deep Dive into Clinical Support, Therapies and Outpatients (CSTO) Division. GW noted positive assurance in terms of Did Not Attend (DNA) improvement rates.</p> <p>DS sought clarification in terms of Band 2/3 review costing terminology. GW responded in Accountant terms the costing is accounted for, but not provided.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Audit and Assurance Committee</p> <p>ARB presented the report, raising concern in terms of the proposed Mental Capacity Act actions alongside Safeguarding visibility. BB confirmed discussion during Quality Committee and the resulting focus. PB referenced an agreement to present a quarterly report in 2025 in order to provide assurance. SB raised concern in terms of providing visibility and assurance within Board of Directors other Committee meetings in order to provide accountability. PB confirmed the presentation of associated data within Quality Committee, suggesting wider presentation if required. SBS suggested presentation at a Board of Directors Workshop. BB stated a Safeguarding annual report is</p>		

	<p>received incorporating the relevant data, suggesting inclusion within the Reading Room upon receipt, alongside other appropriate Quality Committee annual reports if required. PB confirmed bi-monthly reporting within the Safeguarding Committee meeting, prior to sharing externally.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting the Deep Dive into Cardiology. BB noted that colleagues choose the areas in terms of Deep Dives as external scrutiny is welcomed. DS raised the current spotlight on mental health, querying whether the Board of Directors are assured in terms of the Trust's mental health provision, and can assurance be provided via Quality Committee or Board of Directors meeting. SB requested Board of Directors sight of the provision. PB confirmed the presentation of the provision, incorporating the reporting of statistics.</p> <p>BB highlighted the positive assurance provided in terms of exposing the UEC pathway during the winter period, alongside raising the dangers in terms of normalising the previously unthinkable. BB raised the ongoing concern in terms of Quality Impact Assessments (QIA), particularly pertaining to joint areas with other Trusts and the resulting impact. BB welcomed the attendance of an ICB representative, noting a rich confirm and challenge conversation. PB confirmed robust internal QIA processes, noting no sight in terms of external procedures. RE referenced a systemwide meeting, discussing cost saving utilising the QIA process. RE raised concern in terms of 'normalising' risk, stating risk is being reviewed and balanced across the organisation on a daily basis and is never defined as normal. SR reflected on the additional actions that had to be taken in order to mitigate risk.</p> <p>Action: To present the Trust provision in terms of mental health to the Board of Directors, incorporating the reporting of statistics.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People Committee</p> <p>The Board of Directors RECEIVED and took the report as READ. No comments or questions were raised.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>The Board of Directors RECEIVED and took the report as READ. ARB presented the report, highlighting the planned initial draw of the hospital lottery in May 2025, the commencement of End-of-Life work on 2 wards, the donation of £44,000.00 from the Trust's charity to provide 36 Pain Drivers, and details of 2 fund-raising events.</p> <p>The Board of Directors were ASSURED by the report.</p>	<p>PB</p>	<p>06/03/25</p>
--	--	-----------	-----------------

	Partnerships and Communities Committee BB presented the report, highlighting the system level review in terms of Musculoskeletal (MSK) health, the lack of plan across the partnerships in terms of transformational change, alongside ongoing concerns in terms of resources to support collaboration and governance. BB commented generally in terms of partnerships being formed via different forums, referencing the People Directorate as impacting positively. BB raised the importance of focusing on smaller key partnerships. GW agreed, confirming the importance of prioritising. CH noted the challenges of prioritising, referencing the number of Strategic Reviews currently underway. NM noted the primary challenge is to ask what value is gained prior to focusing on the Strategic Reviews, in order to influence the reviews and take partnerships forward. DS raised the potential funding opportunities. The Board of Directors were ASSURED by the report.		
25/024	OUTSTANDING SERVICE – COMMUNITY DIAGNOSTIC CENTRE, SITE HERITAGE		
7 mins	A short video was played highlighting the work taking place on the Community Diagnostic Centre (CDC). GW commented on the progression of a tremendous facility and the resulting impact on patients.		
25/025	COMMUNICATIONS TO WIDER ORGANISATION		
3 mins	The Board of Directors AGREED the following items would be disseminated to the wider organisation: <ul style="list-style-type: none"> • NED and Associate NED appointments • Promotion of Council of Governor elections • Invitation to stand as Staff Governors • Reminder to members of the Trust to vote for Governors • Extend a thank you to all colleagues for their extraordinary efforts over the winter period. • Continuation to convey meaningful financial communications to staff and to ask for help to achieve the year end position, alongside extending a thank you for all the efforts achieved so far. • Promotion of CDC video • Communications plan in terms of the promotion of the Freedom to Speak Up Guardian and service including success stories in line with Well-Led review recommendations. 		
25/026	ANY OTHER BUSINESS		
1 min	RC introduced himself to the Board of Directors, sharing his background and experience, alongside reflecting on the contents of the Board of Directors meeting.		

25/027	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th March 2025 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12.22.</p>		
25/028	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>Graham Ward</p> <p>Acting Chair Date</p>		

25/029	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>GW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
25/030	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>		