

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 6th May 2021 via video conference

Present:	Claire Ward	Chair	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Andy Haynes	Specialist Advisor to the Board	AH
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
	Clare Teeney	Director of People	CT
Lorna Branton	Director of Communications	LB	
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Producer for MS Teams Public Broadcast	RS
	Richard Mills	Deputy Chief Financial Officer	RMil
	Lauren Brown	Ward Leader	LBro
	Leanne Beardsley	Corporate Matron	LBea
	Debbie King	Corporate Matron	DK
Observer:	Donna Broughton	Communications Specialist	
	Danny Hudson	Digital Communications Officer	
	Tracey Brassington	Community Involvement Manager	
	Claire Page	360 Assurance	
	Ian Holden	Public Governor	
	Philip Marsh	Public Governor	
	Sue Holmes	Public Governor	
	Roz Norman	Staff Governor	
	Jason Grundy		
	Sam Fathers		
Sian Bruce			
Apologies:	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG

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

Item No.	Item	Action	Date
17/960	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 with regard to Covid-19 and social distancing compliance, the meeting was held, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
17/961	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda		
17/962	APOLOGIES FOR ABSENCE		
1 min	Apologies for absence were received from Neal Gossage, Non-Executive Director and Manjeet Gill, Non-Executive Director.		
17/963	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 1 st April 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/964	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 17/899 and 17/933.1 were complete and could be removed from the action tracker.		
17/965	CHAIR'S REPORT		
1 min	<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 visits made to wards and Newark and events to mark International Day of the Midwife on 5th May 2021.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/966	CHIEF EXECUTIVE'S REPORT		
13 mins	<p>RM presented the report, highlighting the current position in relation to Covid and advising the communications in relation to maintaining flexible working across the organisation will be reviewed. RM acknowledged restoring services while providing long term support to colleagues is difficult, but not impossible, and the Trust is well placed to do this effectively.</p> <p>RM advised finances are likely to be more challenging in 2021/2022.</p>		

<p>8 mins</p>	<p>SFHFT has a strong relationship with Nottinghamshire Healthcare and PR is to take the lead on exploring this further. A three way strategic discussion with NUH, Nottinghamshire Healthcare and SFHFT took place on 5th May 2021. The organisations are already closely aligned but there are opportunities to work closer together to improve patient services.</p> <p>RM gave his reflections on the achievements over the last 12 months and the challenges for the next 12 months.</p> <p>CW noted additional services are being introduced at Newark Hospital and queried how this has been received by staff. RM advised Newark Hospital is an important site and the Trust has been able to protect it from the more challenging aspects of Covid. RM advised he and other executive colleagues are visiting Newark Hospital with the same level of frequency as pre-Covid. Orthopaedic services have been restored to Newark Hospital and there is a huge opportunity for the site to become a thriving elective hub. The Trust continues to work with commissioners and other organisations to identify services which would be best placed at Newark Hospital. There may be services which can be moved into the community to bring in other specific services to Newark Hospital. SB advised elective orthopaedic surgery has been moved to Newark Hospital and there is ambition to extend operating there. SB acknowledged the good work of colleagues at Newark Hospital.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Covid Vaccination Update</p> <p>CT presented the report, advising over 80,000 people have been vaccinated through the hospital hub at King’s Mill Hospital and 89% of SFHFT colleagues have received the vaccine. The Trust continues to work with individuals who have not yet been vaccinated to provide support, answer questions, etc. Over 4,000 colleagues have been on-boarded to the flexible workforce working on the vaccination programme across 9 sites. Plans are in place for how this resource hub can be utilised in the future. System wide, over 500k first doses have been given and 182k second doses. Onward planning at a system level starts in May 2021.</p> <p>BB queried if there has been any discussion in relation to making the Covid vaccine compulsory for healthcare workers. CT advised it is not yet mandated, but it is being looked into for certain settings. The focus is on care home staff, rather than wider healthcare workers at this point. No final decisions have been made but it is an ongoing conversation. Currently the message remains to encourage colleagues to have the vaccine.</p> <p>BB noted the vacancy fill rate is 66% and this is a downward trend and queried if this is creating any challenge. CT advised there has been a recalibration of rota requirements against fill rates. No challenge has been experienced overall, either at the hospital hub or in the wider system.</p>		
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	<p>RM felt the fact nearly 90% of staff have been vaccinated is strong performance. In general, the reason for the remaining 10% not to have been vaccinated is due to individuals feeling anxious about being vaccinated. If receiving the vaccine was mandated, this would simply increase anxiety for those individuals. While national conversations about mandating the vaccine will continue, as an organisation it is important to have individual conversations with staff to explore why they feel nervous and provide reassurance.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/967	STRATEGIC OBJECTIVES UPDATE		
5 mins	<p>RMil joined the meeting.</p> <p>RMil presented the report, highlighting overall vacancy levels, the SFHFT Green Plan and the fact the Trust has been the lead workforce provider for the Covid vaccine programme.</p> <p>CW referred to the Green Plan and queried the timetable for the Sustainability Manager to be in post. RMil advised the post is currently out to advert and this closes on 7th May 2021.</p> <p>BB sought further information regarding progress on plans for the year ahead. RMil advised objectives for 2021/2022 are currently in development and will be in line with the planning submission. EC has met with clinical chairs to discuss priority themes and how these might be turned into SMART actions.</p> <p>EC advised a set of themes has been developed, focussed on the next 12 months in terms of restoration, recovery, planning guidance and the key priorities at a system level. Following discussions across the Executive Team, corporate teams, clinical chairs and divisional general managers, an outline of specific actions for 2021/2022 will be developed and these will be the breakthrough objectives.</p> <p>The Board of Directors were ASSURED by the report</p> <p>RMil left the meeting.</p>		
17/968	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
4 mins	<p><u>Maternity Update</u></p> <p>Maternity Perinatal Quality Surveillance Model</p> <p>JH presented the report, highlighting staffing and obstetric haemorrhage and advising stillbirths remain above the threshold. Incident reporting remains stable and all incidents were low or no harm. The Trust continues to make good progress in relation to the NHS Resolution programme and the Ockenden recommendations. Excellent progress has been made in relation to mandatory training and the Trust continues to make progress in relation to the Friends and Family test.</p> <p>The Board of Directors were ASSURED by the report</p>		

17/969	STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
20 mins	<p>Staff Survey and action plan</p> <p>EC presented the report, advising there are three key indicators in the Staff Survey and the Trust’s results have significantly improved in all of those areas. However, there are still areas for improvement and these are highlighted in the report. A key area to address is reducing the experience of violence and aggression felt by colleagues and JH is leading a piece of work in relation to this.</p> <p>CW noted colleagues under the age of 21 and over the age of 66 continue to have a poorer experience at work and queried the reasons for this and the actions being taken to address this. EC advised exploratory sessions with colleagues in those age groups are being undertaken to gain further understanding.</p> <p>RM noted staff experience of violence has been poor for a number of years and queried why the Trust scores poorly in relation to this and what action has been taken, and will be taken, to improve the perception of violence. EC advised some focus work was undertaken in Q3 and Q4 of 2019/2020 and there was a slight improvement in the 2020 Staff Survey results in terms of experience and reporting of incidents, which is another key area where the Trust needs to improve. It is important staff report incidents as this provides the opportunity for learning.</p> <p>JH advised a deep dive has been undertaken to look at incidents of violence and aggression and to identify the types of patients who display these behaviours, which is three main cohorts. An external risk assessment was commissioned and this provided a series of recommendations. A piece of work is also being undertaken in relation to the NHS Improvement (NHSI) reducing violence and aggression standards. The Executive Team has oversight of both of these areas of work and good progress is being made.</p> <p>The Trust has invested in a significant amount of training in relation to minimising the use of restraint, including investing in trainers to provide the training, to have oversight of every episode of violence and aggression and to be on hand to support staff as necessary. A series of communications have been issued in relation to learning from restraint.</p> <p>A lot of work has been done and the Trust will continue to embed the actions required. It is likely there will be an increased reporting of incidents as staff go through training, as the training encourages staff to report incidents. If incidents are reported, action can be taken. A number of patients have been yellow and red carded over the last 6 months.</p> <p>RM noted the actions which are taking place and sought clarification if the extent of this work is being communicated to the wider organisation. Success in 2021/2022 has been defined as a return to the national average against these indicators. However, RM felt the Trust should challenge itself to do better than the national average.</p>		

<p>13 mins</p>	<p>EC advised this was one of the ‘You said, together we did’ actions, based on learning from 2019 Staff Survey results and the learning from Covid exercise. The information described by JH has been included in the latest quarterly update which will be communicated across the organisation.</p> <p>TR noted the correlation in relation to staff aged under 21 and over 66 and queried if the survey is linked to the volunteers as there is a cohort of people within that age range among the volunteers. In addition, TR sought clarification how learning is shared with Medirest colleagues.</p> <p>EC advised the Community Involvement Manager, who is the lead for volunteers, attends the People, Culture and Improvement Committee. The Staff Survey results are shared widely and where areas of focus are identified, appropriate engagement is undertaken to identify any actions which can be taken to improve people’s experience. While SFHFT does not have access to Medirest’s Staff Survey results, the Trust has tried to interact and engage with Medirest colleagues as they are viewed as part of the SFHFT team. RM advised he and executive colleagues have met with Medirest colleagues every month since September 2020 and RM writes directly to them each month. RM outlined the four areas where the Trust is working closely with the Medirest site leadership team in response to concerns raised.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing Annual Report</p> <p>JH presented the report, highlighting the reduction in the vacancy rate for nursing and midwifery. There have been 274 nursing and midwifery staffing related incidents, of which 8 have been identified as a red flag incident (as defined by the National Institute for Health and Care Excellence - NICE). The Trust has continued to implement the Safer Nursing Care Tool. A full BirthRate Plus® exercise has been completed which shows the Trust is 12.37 whole time equivalent (WTE) posts short. Funding has been secured from the Local Maternity and Neonatal System (LMNS) to support some of the shortfall but additional funding is required and this has been approved by the Executive Team.</p> <p>In relation to AHPs, there is a strong vacancy position and an AHP project placement lead has been appointed to support increasing representation of Black, Asian and Minority Ethnic (BAME) colleagues in the AHP workforce.</p> <p>CW noted the Trust’s AHPs have been nominated as the lead for the Integrated Care System (ICS) in relation to long Covid, but pressure on resources may make this a challenge. CW queried how the Trust can support AHPs in this process and ensure they have everything required across the system. JH advised the team are working closely with David Ainsworth, at the CCG. It is not clear if funding has been agreed nationally.</p>		
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	<p>DS advised the risk to the long Covid programme relates to the resources given to the 'downstream' rehabilitation of patients. The funding provided so far has been used to identify and signpost patients into existing rehabilitation facilities. This is likely to be a developing situation. Some funding has been released to research to establish what will help patients and what is required. Following this, it is likely more targeted funding will be made available.</p> <p>PR explained the funding routes for the additional workforce, providing assurance a robust process has been followed which includes approval by the Executive Team.</p> <p>GW sought clarification regarding the investment required as there are two figures (£1.6m and £3.1m) quoted in the report. JH acknowledged this is an error and confirmed the total investment is £1.6m, of which circa £1.1m is for nursing and £500k for midwifery.</p> <p>BB queried if the additional establishment posts are across the pay bands and if there will be any opportunity for career progression. JH advised across ED and maternity there is some opportunity for career progression but the majority of posts are across the Band 3 and Band 5 workforce.</p> <p>AH felt there is an opportunity to work at a system level in relation to long Covid and queried if any discussions have taken place with partners or at system level, particularly in relation to the National Rehabilitation Centre. Pulmonary rehabilitation will be important for a tranche of long Covid patients. AH queried what the situation is in terms of staffing in this area, noting there have been some long standing issues in relation to this. DS advised the system 'description' of what the long Covid provision will 'look like' is awaited. Some initial information has been received regarding the requirements for pulmonary rehabilitation and a significant component is expected to be community based. However, the Trust has received some referrals into respiratory clinics of patients who have ongoing symptoms.</p> <p>The Board of Directors were ASSURED by the report and AGREED the recommendations</p>		
17/970	STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE		
6 mins	<p>Integrated Care Partnership (ICP) Strategic Objectives update</p> <p>RM acknowledged the report does not provide an update on the ICP strategic objectives, advising an update will be presented to the ICP Board on 20th May 2021 and an update will be provided to the Trust Public Board of Directors meeting in June 2021.</p> <p>BB noted the priorities for 2021/2022 and queried what success against those priorities will 'look like'. In addition, given time pressures, BB queried if it is realistic to have seven priority areas. RM noted the relationship between the areas of focus and the aims which underpin the ICP strategy are not made clear in the report. There will be a discussion at the forthcoming ICP Board meeting in relation to how focussing on the seven areas will support the delivery of the longer term commitment.</p>		

<p>11 mins</p>	<p>While the areas of focus are of value, success will be monitored over the coming year by restoring services, dealing with financial pressures, ensuring staff wellbeing, etc. There is a need to find a way of delivering in both of these areas. While it will be possible to measure some of the areas the ICP will be focussing on in specific ways, a lot of the work will be related to building momentum and trust which, as the CCG infrastructure moves into the ICS, will enable us to gain greater autonomy to deliver at Place level.</p> <p>An update on 2020/2021 performance and the framework for delivery for 2021/2022 will be presented to the Board of Directors in June 2021.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on ICP 2020/2021 performance and framework for delivery in 2021/2022 to be presented to the Board of Directors in June 2021 <p>The Board of Directors were ASSURED by the report</p> <p>ICS Compact</p> <p>RM presented the report, advising the Trust had responded within the timescale. Through Compact the ICS is trying to achieve a recognition of the individual and collective behaviours which will drive delivery. RM outlined the areas which underpin successful system working and highlighted the core values for the way in which partners will work together.</p> <p>PR queried how it can be ensured all partners adhere to the principles outside of ICS Board meetings. RM advised there is a need to move towards a culture where it is possible to behave in line with the values but feel it is appropriate to disagree as necessary.</p> <p>PR felt onward communication of Compact is important as it relies on everyone understanding the principles. RM advised this will be an ongoing piece of work and trust takes time to build.</p> <p>AH felt the principles are what will build trust and there is a need for this to extend below executive teams. There is a need to clarify what is meant by external scrutiny.</p> <p>The Board of Directors APPROVED the ICS Partnership Compact</p>	<p>RM</p>	<p>03/06/21</p>
<p>17/971</p>	<p>PATIENT STORY – CARING THROUGH COVID</p>		
<p>19 mins</p>	<p>LBro, LBea and DK joined the meeting.</p> <p>LBro, LBea and DK presented the Patient Story which related to the Carers' Passport initiative and RITA (Reminiscence, Interactive, Therapeutic, Activities).</p> <p>AH queried what the potential is for this initiative to be 'upstream' as it would be useful to have the information available to all people caring for patients with dementia, etc.</p>		

	<p>LBro advised from a ward perspective this is discussed with each patient where it is felt the carers' passport would be beneficial. There are plans for a Trust-wide roll out.</p> <p>DK advised this has been trialled on a few other wards and it is hoped it will be launched in carers' week. The initiative fits with the NHS long term plan. There is a commitment to encourage national adoption of the carers' passport and there is KPI for primary care to start to identify suitable patients. The next stage is to look at how this can work from an outpatient perspective to identify patients pre-admission.</p> <p>LBro, LBea and DK left the meeting.</p>		
<p>17/972</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</p>		
<p>51 mins</p>	<p>PEOPLE AND CULTURE</p> <p>EC provided an update in relation to the package which is in place to support colleagues' health and wellbeing, highlighting the decompression sessions for teams. EC advised the continuous improvement training has been refreshed and highlighted the Bright Sparks initiative.</p> <p>CT advised the sickness absence rate has reduced and currently stands at 3.5%. Occupational health activity remains high and psychological support has been introduced for groups and individuals. Overall vacancies are low but the Trust is sighted on areas where pressures remain.</p> <p>QUALITY CARE</p> <p>DS highlighted never events, serious incidents, cardiac arrest rate and Hospital Standardised Mortality Ratio (HSMR).</p> <p>AH noted the never event in dermatology, advising he was aware of previous never events relating to incorrect identification of the lesion to be removed, and queried if the protocols which were in place were being followed or if they have slipped given the difficulties with Covid. DS advised the protocols were not followed as they should have been.</p> <p>JH highlighted Clostridium difficile (c. diff) rate, hospital onset Covid cases, Methicillin-resistant Staphylococcus Aureus (MRSA) and Methicillin-susceptible Staphylococcus Aureus. (MSSA) infections and patient experience.</p> <p>GW noted patients had to be moved around due to oxygen supply issues and sought clarification regarding oxygen capacity on wards and if this is sufficient on an ongoing basis. DS advised oxygen supply has been a focus for the Incident Control Team (ICT) meetings. The Trust has built in safety margins but despite this there have been times when a level has been reached which necessitated moving patients. One factor is the diameter of the oxygen pipes reduces on the higher levels of the hospital, which reduces supply. It was noted the respiratory wards are on the fourth floor.</p>		

JH advised all oxygen infrastructure equipment was placed under the control of NHSE/I. However, the Trust has been trying to obtain the equipment necessary to increase supply. DS advised the Trust has two large oxygen storage tanks but there is a recommendation for this to change. The Trust is waiting for BOC works to ensure the new requirements are met. Real time monitoring systems for oxygen usage and supply are in place.

AH noted the issues in relation to HSMR and felt it would be useful for the Quality Committee to look at the factors identified. DS noted there are three areas of concern for HSMR, alcoholic liver disease, palliative care coding and learning disabilities. These areas are being monitored.

TIMELY CARE

SB advised ED performance for the year was strong, with the 4 hour wait for the year standing at 94%. It is anticipated the standards relating to emergency care will change during 2021/2022.

Elective waiting lists have grown over the last 12 months, but the rate of growth has slowed. Patients are being dealt with in clinical priority order.

CW queried if it is possible to get a projection of when the waiting list will start to reduce if current levels of activity are maintained. SB advised there are a number of variables which will affect this. If referrals remain at the same and activity levels are achieved, the waiting list will decline. Nationally the focus is on activity rather than waiting list reduction and this this will be included in the SOF performance report for 2021/2022. The trajectory of what will happen to the waiting list and risks identified will also be included.

CW queried if timescales for how long patients will be on the waiting list can also be included. SB advised this should be possible. A further communication to patients in relation to their position on the waiting list will be issued shortly and the teams have been challenged to include an indicative wait on this.

AH queried if the scale of the risk the Trust is carrying in relation to the planning guidance on health inequalities and 'catching up' is known. SB advised only high level information is available but this may make it slightly harder for the Trust. More information can be included in future SOF performance reports.

SB advised cancer care is slightly outside the predicted range across the system. The cancer performance improvement plan will be presented to the Board of Directors in June 2021.

BEST VALUE CARE

PR outlined the Trust's financial position at year end. The draft annual accounts have been submitted for audit

The Board of Directors CONSIDERED the report.

17/973	BOARD ASSURANCE FRAMEWORK (BAF)		
7 mins	<p>RM presented the report advising all the principal risks have been discussed by the relevant sub committees. The changes and amendments which have been made are highlighted in the report. There are four principal risks (1, 2, 3 and 4) where the overall risk remains significant.</p> <p>SH advised there is a need to review the BAF risks which are above their tolerable limit. RM sought clarification regarding governance for the review. SH advised it is for the sub committees to review the principal risks. However, the Risk Committee can make a recommendation for the sub committees to review the risks and identify actions to bring them back within tolerable levels.</p> <p>Action</p> <ul style="list-style-type: none"> • Risk Committee to review BAF and make recommendation to sub committees in relation to identifying actions to return principal risks to within tolerable levels. <p>GW felt there is a need to properly understand the tolerable levels and overall risk level.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework, noting there will be an in depth review of risk ratings over the next quarter</p>	RM	03/06/21
17/974	LEARNING FROM DEATHS QUARTERLY REPORT		
3 mins	<p>DS presented the report, highlighting HSMR and Summary Hospital Mortality Indicator (SHMI)</p> <p>The Board of Directors were ASSURED by the report</p>		
17/975	APPLICATION OF THE TRUST SEAL – QUARTERLY REPORT		
1 mins	<p>SH advised all applications of the Trust Seal over the last quarter have previously been reported to the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/976	NHSI SELF CERTIFICATION		
1 mins	<p>SH presented the report and advised this is an annual self-certification. This has previously been discussed by the Executive Team. There is no longer a requirement to submit the declaration to NHSI but it does need to be published on the Trust's website.</p> <p>The Board of Directors APPROVED the declarations required by General Condition 6 and Continuity of Service Condition 7 of the NHS provider licence.</p> <p>The Board of Directors APPROVED the FT4 declaration</p>		

17/977	ASSURANCE FROM SUB COMMITTEES		
13 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report, highlighting the draft Head of Internal Audit Opinion, Internal Audit Plan for 2021/2022, two reviews with limited assurance opinions and Covid-19 audit.</p> <p>The Audit and Assurance Committee Annual Report was noted.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting 2021/2022 planning, Financial Improvement Plans (FIP) for 2021/2022 and PFI contract.</p> <p>The Finance Committee Annual Report was noted.</p> <p>People, Culture and Improvement Committee</p> <p>AH presented the report, highlighting internal audit review of pre-employment checks, BAF, People, Culture and Improvement Strategy, safe staffing, volunteers and Staff Survey.</p> <p>The People, Culture and Improvement Committee Annual Report was noted.</p> <p>Charitable Funds Committee</p> <p>TR presented the report, highlighting Newark One Stop Breast Clinic and End of Life project.</p> <p>The Charitable Funds Committee Annual Report was noted.</p> <p>CW noted a review of the fund structure for the charity was discussed by the Committee and queried if changes which will make it easier for funds to be used where they are needed have been agreed. TR advised this is the case, although progress is slower in some areas. Members of staff are now being more proactive with the fund managers to enable some of those funds held on behalf of the different divisions to be utilised.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
17/978	OUTSTANDING SERVICE – BRIGHT SPARKS		
5 mins	A short video was played highlighting the Bright Sparks initiative.		

17/979	COMMUNICATIONS TO WIDER ORGANISATION		
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"> • Staff Survey • Nursing and AHP Staffing report, including increase in nursing and midwifery establishment figures • Patient Story • Newark plans • Partnership Agreement behaviours • Violence and aggression programme of work • Thanks to volunteers • Charitable funds work 		
17/980	ANY OTHER BUSINESS		
3 mins	No other business was raised.		
17/981	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3rd June 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:25.</p>		
17/982	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>		

17/983	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
17/984	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>		