

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 3rd March 2022 via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Simon Barton	Chief Operating Officer	SiB
	Clare Teeney	Director of People	CT
	Marcus Duffield	Associate Director of Communications	MD
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Francesca Di Furia	Ward Leader	FD
Observers:	Vishal Savjani	360 Assurance	
	Robin Binks	Deputy Chief Nurse	
	Sue Holmes	Public Governor	
	Karen Glover		
Apologies:	None		

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
18/322	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
18/323	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/324	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
18/325	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors in Public held on 3rd February 2022, the following amendment was identified:</p> <ul style="list-style-type: none"> Item number 18/295, final line of final paragraph should read "DS acknowledged the work of AH, when he was Medical Director for the Trust, in starting the Clinical Fellows programme" <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
18/326	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 18/291 was complete and could be removed from the action tracker.		
18/327	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 the forthcoming governor elections.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/328	CHIEF EXECUTIVE'S REPORT		
4 mins	PR presented the report, highlighting the launch of the Anti-Racism Strategy and Simon Barton's appointment as Deputy Chief Executive at University Hospitals, Leicester.		

<p>2 mins</p>	<p>There has been a reduction in the number of Covid positive patients receiving treatment at the Trust. While national Covid restrictions have been relaxed, there is a need to remain vigilant as community transmissions remain high. All visitors to the Trust are required to wear a face covering, maintain good hand hygiene and adhere to distancing. Visiting arrangements have been relaxed and will be kept under review.</p> <p>There is a high level of demand for urgent care and the Trust is working hard to reduce the number of patients waiting for planned care.</p> <p>The Trust is working hard to support colleagues impacted by events in Ukraine and ways of providing support with charitable donations are being investigated. There is a programme of events planned to mark International Women’s Day on 8th March 2022. The requirement for staff to have mandated Covid vaccines has been reversed. Further guidance is awaited. However, the Trust continues to encourage all colleagues to have the vaccine.</p> <p>The Board of Directors were ASSURED by the report</p> <p>COVID-19 Vaccination Update</p> <p>CT presented the report, advising over 200,000 vaccines have been administered through the Hospital Hub. Covid vaccinations for healthcare staff are no longer mandated. Further guidance in relation to this is expected on 15th March 2022. However, the Trust is still encouraging colleagues to have the vaccine. Colleagues who have received a vaccine overseas and require this to be validated on the system, can have this completed at the Hospital Hub.</p> <p>Work to create a substantive home for the Hospital Hub continues. It is anticipated this will be in place and the hosting arrangements in the Education Centre will cease in April 2022.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/329</p>	<p>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>16 mins</p>	<p>Maternity Update</p> <p>Safety Champions update</p> <p>JH presented the report, highlighting the Professional Midwifery Advocacy (PMA) service, key themes identified from the walkarounds and Maternity Forum, compliance with NHS Resolution (NHSR) safety actions for Year 3, regional quality improvement programme for maternity, procurement of the SCORE safety survey and the Maternity Voices Partnership.</p> <p>The Board of Directors were ASSURED by the report</p>		

Maternity Perinatal Quality Surveillance

JH presented the report, highlighting Apgar and Friends and Family Test.

The Board of Directors were ASSURED by the report

Maternity Board Assurance Framework

JH presented the report, advising 86.2% of the standards are green, with the remaining 13.8% being amber with clear plans in place. The ambers relate to the Maternity Voices Partnership, progress with mandatory training, appraisals, the requirement for a quality board in all areas, reinstating learning events and development of a safety strategy.

AH referenced the requirement for a dynamic maternity safety plan to be in place, noting the Trust is developing a stand-alone plan. AH queried the timeframe for this to be completed. JH advised this aligns to the national programme to reduce still births. There is a local maternity and neonatal strategy which captures a lot of these actions. However, there is a specific requirement for the Trust to have its own plan. The aim is for the document to be presented to the Maternity Assurance Committee in April 2022.

StB queried when the work to support Black, Asian and minority ethnic (BAME) women and families will restart and when the home births service will be restored. JH advised in terms of the BAME population, the Saving Babies Lives care bundle is in place. The Maternity Continuity of Carer work is dependent on having certain building blocks in place. The aim is to reinstate home births in May and it should also be possible to begin the rollout of Maternity Continuity of Carer at that point. The Trust will prioritise women from a BAME background.

The Board of Directors were ASSURED by the report

Maternity Services Workforce Strategy

JH presented the report, advising the strategy will form part of the wider Women and Children’s Workforce Strategy.

AR noted there is a 12.37 whole time equivalent (WTE) shortfall for midwives and queried how these posts will be recruited to. AR sought clarification in relation to the role of maternity support workers. JH advised the 12.37 WTE are new roles based on increased activity in maternity. The Trust has a good pipeline of international recruitment, a good preceptorship programme and has been attracting experienced midwives via a rolling advert. In addition, funding is available regionally to improve retention.

There have always been healthcare support workers in maternity and there is a clear framework for the duties they undertake. They have a role in postnatal care for supporting infant feeding, bathing, supporting with nappy changes, etc. Some are also able to do the heel prick on Day 5 but they are not a substitute for midwives. Their work on the labour ward involves supporting midwives to ensure women are kept clean and tidy, rooms are turned around, etc.

	<p>BB noted there is no reference to Allied Health Professionals (AHPs) in the strategy and queried if this is the first of a series of different workforce plans by service area. JH advised it is a nationally mandated requirement for maternity for the Board of Directors to have oversight of the workforce plan. It is not yet complete as it does not include neonatology and some of the other supporting structures. It is in the early stages of development.</p> <p>CT advised the updated Strategic Workforce Plan will be presented to the People, Culture and Improvement Committee. This will be broken down by service area. There is a national steer from NHSI/E to prioritise a piece of work in relation to workforce planning at an organisational and system level.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/330	STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
5 mins	<p>Guardian of Safe Working</p> <p>DS presented the report, advising there have been no fines or work schedule reviews in the past quarter and the vacancy rate is relatively low. There have been 39 exception reports in the past quarter, none of which were classed as an immediate safety concern. There was one immediate safety concern in the previous quarter which has now been closed. Some comparative data is included in the report. The Clinical Fellows are now using exception reporting. The impact of the medical business case is outlined in the report, which also contains some reflections by Dr Martin Cooper, Guardian of Safe Working, following events he has held with trainees.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/331	STRATEGIC PRIORITY 4 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
23 mins	<p>Equality, Diversity and Inclusion (EDI) Update</p> <p>CT presented the report, highlighting the launch of the Anti-Racism Strategy, review of the EDI policy, the launch of a staff network to support carers and Project SEARCH.</p> <p>AR noted there is a difference between abuse against BAME colleagues versus other colleagues, this being 5% colleague to colleague and 10% abuse from managers. AR queried what this equates to in numbers. CT advised she would need to clarify this information but the numbers which are reported proportionately for colleagues within the organisation are relatively small. Some people have spoken up but there is a need for a greater level of visibility. From the Staff Survey it is known the experience of staff with protected characteristics is not as good as those without. More information is available via the Staff Survey than via complaints, incidents and issues which are raised directly. This is improving but there is more work to do.</p>		

	<p>Action</p> <ul style="list-style-type: none"> • The difference between abuse against BAME colleagues versus other colleagues to be provided as a number rather than a percentage <p>AR queried how the impact of abuse on individuals in terms of health, psychological wellbeing and career progression is measured. CT advised there is no programme of absolute measures, but information is available annually through the Staff Survey, which enables trends to be tracked. There is currently no work looking at a direct correlation in terms of career progression. There is nothing to suggest a higher level of known absence for BAME colleagues as opposed to White colleagues. However, what is not known is where people are at work but are experiencing trauma as a consequence of abuse. This is an important piece of work.</p> <p>AR felt there needs to be a programme of work looking at this issue, particularly in relation to career progression. CT advised it is important to engage with the staff networks as they are key in understanding people's experience and what needs to be measured. As the Trust moves forward with the overall EDI strategy there is a need to set out measures and be clear about setting the ambition of the organisation.</p> <p>MG queried if consideration has been given to having an independent review looking at anti-racism, etc. to draw upon best practice. CT advised nothing has been commissioned but this can be considered. The issues are not isolated to SFHFT so it may be beneficial to do a broader piece of work with partners.</p> <p>MG felt one of the key measures relates to managers and sought clarification if the strategy provides more detail about the actions being taken to develop managers, etc. CT advised this information is detailed in the strategy. However, the focus is on supporting colleagues, with a particular focus on anti-racism. Behind this is a broader drive to redefine what is acceptable and unacceptable. Further details are in the Anti-Racism Strategy and the EDI policy.</p> <p>AH noted the Trust's medical workforce is diverse, but medical colleagues do not always use the Staff Survey as a way of providing feedback. AH queried if it is known what it is like to be a medic from an ethnic minority working at SFHFT and if enough is being done to ensure their voice is heard. CT advised the development and launch of the strategy has been embraced by clinicians who have worked with the staff network to run consultation and 'let's talk' sessions. This helps to make the strategy 'live'.</p> <p>DS advised the Trust is starting to hear the medical voice through Freedom to Speak Up (FTSU). The anti-racism campaign started from a story from one of the medical trainees. DS acknowledged it is difficult for him to understand some of the racist comments and microaggression which the workforce receive every day. It was noted the population the Trust serves is not as ethnically diverse as the Trust's workforce. The key challenge is to have a clear stance on racism and to spread education to the community.</p>	<p>CT</p>	<p>07/04/22</p>
--	--	-----------	-----------------

	<p>One of the Trust's senior leaders is doing a bespoke piece of work supporting colleagues at Nottingham University Hospitals (NUH) to review and consider equality and diversity of their senior medical roles.</p> <p>JH advised when looking at the development and ethnicity of nurses, midwives and AHPs in roles at Band 7 and above, there is clearly more work to do as the Trust does not have a strong pipeline. Matrons, heads of nursing and ward leaders are supporting a piece of work supporting the Anti-Racism Strategy. The Trust is launching a development programme which will be open to all, but a number of places will be reserved for colleagues from a BAME background. In addition, the Trust is adopting a strengths based recruitment approach which is proven to increase diversity. The Board of Directors and Senior Leadership Team will be completing cultural humility training.</p> <p>EC advised steps are being taken to ensure the Trust's internal offers are representative and there is equity of access in terms of career progression and development. The culture collaborative is a key enabler for open conversations in relation to the challenges some colleagues face.</p> <p>PR welcomed the strategy advising this sets expectations and the zero tolerance approach. The next level is to gain a better understanding of the issues and measure the impact.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/332</p>	<p>STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE</p>		
<p>6 mins</p>	<p>Place Based Partnership (PBP) Strategic Objectives update</p> <p>PR presented the report, advising the paper was previously presented to the PBP Forum. The report provides examples of actions and impacts at a Place and neighbourhood level. A query was raised at the PBP Forum in relation to the green status of Objective 3.2, (<i>Make sure people known to be frail are looked after in the best possible way</i>). It was felt the narrative did not indicate that green status is appropriate. This is being followed up.</p> <p>The role and purpose of the PBP is being refreshed. As of 1st July 2022 it will become a formal part of the new system architecture. The Forum is reviewing future priorities to incorporate the responsibilities which will be delegated from the Integrated Care Board (ICB) and the governance processes required.</p> <p>CW queried, in terms of engagement from other partners, if consideration has been given to how we can be more ambitious and if this is being built into what is already being delivered by the Trust's work in terms of outreach into the community. PR advised there are active discussions in relation to budgetary responsibilities, which might be delegated to Place. There is strong joint working in terms of the end of life pathway and the Trust is working with the independent sector and voluntary partners to improve this. While the PBP will have statutory responsibilities, the 'art of the possible' is being explored in terms of what the partnership can add value to.</p>		

	<p>AH felt there is an opportunity in terms of reset and recovery. The local profile has changed as a result of the pandemic. AH queried if there are plans to reset the view of the local population and to be clear what we want the PBP to move forward on. PR advised the key piece of work to enable the PBP to move forward in setting priorities, is looking at health inequalities, what community services offer and the role primary care play. There is a need to ensure there are bespoke community offers, designed to improve health inequalities.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/333	PATIENT STORY – A FINAL WISH		
10 mins	<p>Due to technical difficulties FD was unable to speak to the meeting.</p> <p>A video was played, which highlighted the work of the staff on Ward 32 in making a terminally ill patient's final wish of getting married become reality.</p> <p>JH acknowledged the extraordinary effort of the team in arranging the wedding.</p> <p>CW felt it was an incredibly moving story and expressed thanks to the staff for what they did for the family.</p> <p>PR noted this is a good example of patient centred care in difficult circumstances.</p>		
18/334	SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT		
47 mins	<p>PEOPLE AND CULTURE</p> <p>EC highlighted mandatory and statutory training, apprenticeships, career development pathways and Staff Survey.</p> <p>NG queried when the Board of Directors will have sight of the results of the Staff Survey. EC advised the results will be published at the end of March 2022. The aim is to present a report to the April meeting of the People, Culture and Improvement Committee, detailing actions for improvement. This will then be reported to the May meeting of the Board of Directors held in Public.</p> <p>CT advised the overall absence rate is 6%, which remains higher than normal. The formal flu vaccination reporting finished at the end of February 2022. 76.7% of front line staff have had the flu vaccine. This is lower than last year but is in line with the national trend. Appraisals are below target but the Trust derogated from completing appraisals due to prioritising other operational activity.</p> <p>BB queried if any assurance is available in relation to the quality of appraisals. CT advised the Trust continues to perform well in terms of completing appraisals. A metric and report are available through the Staff Survey in relation to the quality of appraisals. However, this does underperform compared to the number of appraisals undertaken and is variable across the organisation. This needs to be addressed.</p>		

MG advised the People, Culture and Improvement Committee look at the quality of appraisals and has asked for a deeper dive looking at non-Covid related sickness. MG asked EC to expand on the next stage of the staff wellbeing support journey.

EC advised a wellbeing lead has been appointed, who is reviewing the current offer and defining future offers. An assessment is being undertaken from an evidence based perspective. The Trust is linking into the system offer to ensure consistency and equitable access.

CT advised the Trust has continued to put additional resource into occupational health and an assessment is being undertaken to determine the onward requirement. A piece of work is ongoing to gain an understanding of who is accessing wellbeing offers and ensuring colleagues who are in need, are the people who are accessing the support. There is a need to ensure the right psychological support is in place.

QUALITY CARE

JH highlighted falls and nosocomial Covid infections.

DS highlighted venous thromboembolism (VTE) and cardiac arrests.

BB queried if there is a risk for the Trust being able to access lateral flow tests following the recent government announcement about lateral flow tests not being widely available. CT advised further guidance on the changes made in relation to 'Living with Covid' and the implications on NHS working and NHS staff is due to be issued on 15th March 2022. It is hoped staff will still be able to access lateral flow tests.

NG queried if the policy of encouraging patients to mobilise, rather than keeping them in bed, has impacted on the increase in the number of falls. JH advised this policy has been in place for approximately 6 months. However, JH felt the increase in falls is not attributable to that. There is data showing patients are out of bed where possible. There will always be some falls and falls where patients are lowered to the floor have been separated out in the data. The increase in falls is more likely to be due to conditions within the organisation.

AH noted the organisation has been stress tested due to the pandemic and there will be a threshold level of risk when the falls rate increases. AH queried what learning has been taken from this in relation to being more proactive in terms of escalation and proactively flagging to key areas or staff when a level of 'busyness' is reached. JH advised the Trust has invested in the falls team and the 'yellow blanket' system is rolling out in ED. This is as a result of learning from when ED was crowded. There is more work to do in considering how to put in plans which can be stepped up when there is a surge. This will need to be built into staffing plans in terms of people working differently.

	<p>SiB advised there has been a significant increase in the number of patients who are medically fit for discharge, noting these patients are often complex and elderly. During December 2021 and January 2022 there was a record numbers of beds occupied by patients aged over 70 and who are, therefore, at a higher falls risk. This is a contributing factor. The number of patients who are at a risk of falls is growing, largely due to the fact they are unable to get to their onward care.</p> <p>Action</p> <ul style="list-style-type: none"> • Consider how plans can be put in place, which can be stepped up when there is a surge, to assist with falls prevention <p>TIMELY CARE</p> <p>SiB advised the ED 4 hour was 86%, ranking SFHFT third in the NHS. It was noted 40 patients waited over 12 hours for admission to a bed in the first week of January 2022. The number of medically fit patients continues to increase. A business case is being developed by the local councils to develop a more strategic approach to workforce within the community. 18% of the Trust's bed baseline is occupied by patients waiting for onward care. There were a small number of elective cancellations during February 2022.</p> <p>In terms of cancer care, performance was slightly above the reforecast trajectory. The overall concern is the increase in demand, which is almost 20% of 2 week wait referrals. The Trust has worked with the Integrated Care System (ICS) to get some work in train across SFHFT and NUH to identify what capacity the system requires to meet the growth in demand. There is a need for a sustained capacity plan. Overall the average wait is two weeks longer than in 2019 and at the 85th percentile this is five weeks longer.</p> <p>NG queried if harm reviews are completed for patients who cannot be seen within the set standards and if there is sufficient diagnostic capacity to service the increased demand for cancer diagnosis. SiB advised harm reviews are completed for all patients who go over 104 days and there is a safety netting process in place for patients who are in the backlog. There will have been some harm to cancer patients caused by waits and delays due to the pandemic. From the growth in referral demand, there is no marked increase in cancers being diagnosed. The diagnostic capacity falls into the ICS piece of work. Capacity has improved but a lot of this is temporary capacity. The Trust is trying to ensure patients are diagnosed who have been waiting the longest. There is not enough capacity and this requires a system approach.</p> <p>AR sought further clarification in relation to what constitutes a harm review, for example, are serial scans and tumour markers completed where possible. SiB advised a report has been presented to the Quality Committee outlining the process for harm reviews and risk management of patients. The initiation is for a clinical nurse specialist to make contact with patients, doing relevant tests as necessary and pulling them out of the backlog to see a clinician if there are any concerns.</p>	<p>JH</p>	<p>07/04/22</p>
--	--	-----------	-----------------

	<p>Most of the harm relates to when patients were not seen during the pandemic. There is less risk of a longer wait with some cancers than others. The specialist nurse reviews are crucial.</p> <p>DS advised the Trust undertakes a forensic review of cancer backlogs per tumour site and there is regional oversight of this. Very little harm is identified from the harm reviews, but there is soft intelligence in relation to presentation and staging of cancers. Further tests are not undertaken as patients are on specific pathways. The risk is if a patient is not on a cancer pathway, but is in the general backlog and they have cancer. This is the unknown risk. The Trust contacts patients on the general waiting list to clarify their symptoms and identify if they need escalating. No specific cancers have been found.</p> <p>AR queried if a patient with Stage 1 ovarian cancer, who was not symptomatic would have any scans or tumour markers as this is the only way to measure if the cancer is progressing. DS advised if the cancer had been diagnosed, this would be tracked. SiB advised the current wait is only two weeks longer than pre-pandemic.</p> <p>GW noted there has been a high number of patient cancellations or patients not attending their appointments and queried if patients who do not attend are followed up. In addition, is there anything which can be done proactively to ensure patients do attend and to bring other patients in at short notice in the event of cancellations. SiB advised there was a spike in cancellations in December 2021 and January 2022 due to positive Covid tests. The did not attend (DNA) rate in a 'normal' month is relatively low. The Trust has a strong text messaging service, which allows interaction. If a patient cancels and the clinician is concerned about the risk to that patient, they are followed up by phone. There is a strong correlation between DNA and deprivation indices. More work will be required in the future with patients in higher areas of deprivation.</p> <p>SiB advised elective activity was 99% in January 2022 when compared to January 2019. Protecting critical care was the Trust's number one priority for Winter and this has been largely successful. It was noted for the last two weeks critical care have just been in A and B side of their unit and have not had to expand into theatre recovery.</p> <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 10.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>18/335</p>	<p>LOG4J - GLOBAL CYBER SECURITY VULNERABILITY</p>		
<p>6 mins</p>	<p>DS presented the report, advising this reflects guidance from the National Cyber Security Centre. There is a widespread vulnerability in a tracking/logging utility which is opensource. The report highlights the Trust's response and plans. Currently there are no known NHS security breaches related to Log4J. It was noted there is a heightened cyber security interest relating to events in Ukraine. There has been significant surveying of software which is logged and tracked.</p>		

	<p>GW advised he was assured the Trust is proactive in this area and cyber security is monitored through the Audit and Assurance Committee and Risk Committee.</p> <p>DS advised the Trust will be involved in a nationally run desktop exercise on 4th March 2022 in relation to cyber security. The Trust's emergency planning lead is taking the lead on most of this work. Penetration tests are being undertaken to understand the vulnerability across the Trust's own sites. In addition, an external test of cyber security processes, profile and vulnerabilities has been completed.</p> <p>PR advised the Trust has strong governance and oversight in respect of identifying threats and vulnerabilities of cyber security. The Head of NHIS and the Trust's Senior Information Risk Owner (SIRO) maintain good oversight for the organisation and across the system. Regular reports are presented to the Risk Committee on specific issues, which feeds into oversight at the Audit and Assurance Committee and, if necessary, into the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/336	OUTSTANDING SERVICE – E-LEARNING - IMPROVING TRAINING AND DEVELOPMENT THROUGH COVID-19		
9 mins	<p>A short video was played highlighting improvements to the Trust's E-Learning offer.</p> <p>EC expressed thanks to Nikki Green, E-Learning Development Officer for her work.</p>		
18/337	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Equality, Diversity and Inclusivity update • Patient Story • Cyber security • Impact on staff of events in Ukraine • SOF performance 		
18/338	ANY OTHER BUSINESS		
1 min	<p>CW advised Andrew Tinsley has recently retired, having worked for the Trust for 26 years within the critical care unit as a charge nurse and as a hospital out of hours practitioner.</p>		
18/339	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th April 2022 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:30.</p>		

18/341	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/342	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>		