

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 1st September 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Emma Challans-Rasool	Director of Culture and Improvement	ECR
	Rachel Eddie	Chief Operating Officer	RE
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Paula Shore	Director of Midwifery	PS
	Lisa Milligan	Consultant in Anaesthetics and Intensive Care Medicine	LM
	Laura Collington	ICU Organ Donation Link Nurse	LC
Observers:	Debbie Kearsley	Deputy Director of People	
	Rich Brown	Head of Communications	
	0 members of the public		
Apologies:	Manjeet Gill	Non-Executive Director	MG
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	David Ainsworth	Director of Strategy and Partnerships	DA

Item No.	Item	Action	Date
18/543	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held in person 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>		
18/544	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/545	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Manjeet Gill, Non-Executive Director, Aly Rashid, Non-Executive Director, Andrew Rose-Britton, Non-Executive Director and David Ainsworth, Director of Strategy and Partnerships.		
18/546	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 4 th August 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/547	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/438.3 and 18/512.1 were complete and could be removed from the action tracker.		
18/548	CHAIR'S REPORT		
2 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.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Council of Governors highlight report</p> <p>CW presented the report, advising governors are increasing engagement activity, with a focus on increasing active membership.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/550	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
11 mins	<p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the Service User Voice role, Maternity Safety Champions walkarounds, Ockenden report and SCORE survey.</p> <p>BB acknowledged the improvement in relation to smoking cessation. PS advised the Trust put in a bid to be an early implementer site. The Trust is one of only three sites in the country using the Manchester Model. There have been successful outcomes so far and the data to support this is becoming evident.</p> <p>SB noted the CQC ratings in 2019 were either Good or Outstanding. Noting the emphasis which is being placed on work in maternity, SB queried if there is a longer term aim to move the ratings higher and, if so, in which domain. PB advised a gap analysis will be undertaken as part of the CQC readiness work. The Ockenden work helps ensure a strong focus on many of the domains. A round of CQC inspections in maternity services is about to start. The Trust is keen to triangulate the different requirements and benchmark against other organisations.</p> <p>PS advised the Local Maternity and Neonatal System (LMNS) are undertaking quality insight visits, which uses the same format as a CQC inspection. The regional team are also performing Ockenden peer assessments. The information will be triangulated to identify any areas which can be strengthened, as well as areas of excellence to highlight.</p> <p>CW noted the Ockenden review which is continuing at NUH and queried if the Trust is working with colleagues at NUH to share any learning at an early stage. PS advised SFHFT is in regular contact with NUH and there has been a focus on staff support during week commencing 29th August 2022 as there has been some further media coverage. The LMNS are supporting NUH and will be sharing information across the system. PB advised the Trust also shares incidents and learning.</p> <p>DS invited the Non-Executive Directors (NEDs) to observe a meeting of the LMNS.</p> <p>Action</p> <ul style="list-style-type: none"> • Arrange for Non-Executive Directors to observe a meeting of the Local Maternity and Neonatal Systems (LMNS) <p>AH noted the good progress in terms of smoking cessation and queried if the opportunity was being taken to look at breast feeding rates. PS advised the Trust has secured additional funds from the LMNS for incentivisation, stretching smoking cessation beyond the point of delivery. The initial success rates appear positive.</p>	DS/PB	04/10/22

	<p>The Trust is also looking at increasing breast feeding rates. It is acknowledged smoking and breast feeding rates within the local population has been a challenge over the years.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting third and fourth degree tears, still births and increase in birth rates.</p> <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p>		
<p>18/551</p>	<p>STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p>		
<p>21 mins</p>	<p>Guardian of Safe Working</p> <p>DS presented the report, advising there were 40 exception reports in the period from 1st May 2022 to 31st July 2022, 35 of which related to safe working hours, three related to educational issues and two related to service support. There were four reports categorised by the post-graduate trainees as immediate safety concerns. It was noted three of these are closed as not representing immediate concerns, with one remaining open.</p> <p>DS advised there has been an improvement in the time to the first meeting. It was noted the majority of reports were from the Medicine Division and from Foundation Year 1 and Year 2 doctors. The Trust is working to encourage more senior trainees to exception report. DS advised this report will be actively shared at junior doctors' forums.</p> <p>CW felt there was a disproportionate number of reports relating to hours in trauma and orthopaedics and queried if this is a general concern, rather than being limited to trainee doctors. If this is the case, is a different approach required in terms of the organisation of that particular speciality. DS advised there have been some 'pointers' towards trauma and orthopaedics in previous exception reports. This has been investigated and no underlying systemic issues have been identified. However, the rotas have been reviewed.</p> <p>GW felt it would be useful to obtain feedback from junior doctors in relation to the changes and if they feel this has made a difference. DS advised there can be a degree of short-termism if people are rotating every 4 or 6 months. However, GMC data and internal spot data in relation to medical information should provide some information.</p> <p>AH noted the changes made in out of hours cover for senior trainees due to concerns about workload and queried how the Trust is assessing the impact of the changes.</p>		

	<p>DS advised one of the drivers for significantly investing in the medical side of the rotas was the Trust was struggling to attract short-term bank workers when there were gaps in rotas. The feedback received was as the rota was so onerous, people did not feel it was an attractive locum slot. Since the changes have been made, the feedback has altered and rotas are now filled. Feedback from the senior trainees is the 'mood' is much better. Formal exit interviews are not conducted when trainees leave as this is part of the rotation. However, feedback is sought in relation to their time at the Trust.</p> <p>RS advised the main feedback received relates to balance in terms of wellbeing. Individuals feel there is a better work-life balance, attributed to better shift distribution and better opportunities to leave work in a timely manner. The Trust has a keen drive to always seek feedback to identify if changes are making a difference. It is early days in terms of the changes to the rota, but the early indicators are positive.</p> <p>AH queried if a formal lessons learned process had been undertaken. DS advised some lessons learned were included in previous reports in relation to the rota change and the impact of that and the Board of Directors has previously discussed the changes to the Medical Education Team. It was noted other local organisations have invested in pastoral support within their medical education teams and this is something SFHFT will need to address.</p> <p>BB noted the number of postgraduate doctors in training has increased by 11, but a gap remains. BB queried what needs to be done differently to effectively close that gap. DS advised the Trust needs to have a discussion with colleagues at Health Education England (HEE) to request trainees for those gaps. Doctors are not being rotated into the posts the Trust has available.</p> <p>BB queried if there was anything the Board of Directors could do to facilitate and enable discussions with HEE. DS advised if someone leaves the rotation, this may create a natural gap in the rotation which has to go somewhere. HEE try to ensure rotations are fair, but there are some logistics the Trust has no control over. The gaps the Trust has have been filled by different members of the workforce team. Further information on what constitutes the gaps will be included in the next report.</p> <p>RS advised there has been an improvement in terms of the number of gaps and this year has seen the greatest number of placements at the Trust. The pipeline is improving but the detail of numbers from HEE can be unclear.</p> <p>Action</p> <ul style="list-style-type: none"> • Further information regarding gaps in the number of postgraduate doctors in training to be included in the next Guardian of Safe Working report <p>The Board of Directors were ASSURED by the report</p>	<p>DS</p>	<p>01/12/22</p>
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18/552	<p>STRATEGIC OBJECTIVE 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
16 mins	<p>Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES)</p> <p>RS presented the reports, highlighting the highlights for the year and actions identified as outlined in both reports. In terms of the WRES, there are nine indicators. There has been an improvement in one indicator, minimal change in five and a slight decline in three. In terms of the WDES, there are 10 indicators, of which there are 14 data scores. There is an improvement in six of those, minimal change in four and a slight decline in four.</p> <p>There will be a further discussion at the next meeting of the People, Culture and Improvement Committee in relation to how the actions link into the re-launch of the staff networks and introduction of quality ambassadors. The first draft of the Ready to Talk, Ready to Listen sessions has been received and this data will be a key component in some of the actions attributed to the WRES and WDES.</p> <p>CW noted there has been an increase in the percentage of staff experiencing harassment and bullying. The Trust previously took steps to reduce this, but it is on the increase again. CW queried if this is in the context of a wider increase in bullying and harassment across all staff from relatives, patients and the public and what impact the poster campaign launched by the Trust is having on reducing this.</p> <p>RS advised the poster campaign and other approaches has raised awareness of bullying and harassment. Staff are encouraged to speak up and there has been an increase in Datix reporting. There is a wider piece of work, linked to the Staff Survey, in relation to the wider violence and aggression agenda. The Trust is taking forward After Action Review, which looks at the wraparound support provided to individuals after an incident.</p> <p>ECR advised in terms of addressing the increase in bullying and harassment and violence and aggression from members of the public and patients, conversations have started at a community level. The Trust is working with partners in relation to having shared messages and approach and a consistent response to any form of abuse, wherever it happens. ECR advised she continues to link in with PB in relation to the Violence Reduction Policy.</p> <p>RB advised there have been some complex and challenging patients recently, which has resulted in staff being assaulted, verbally and physically. There is a need to ensure this is not normalised and accepted.</p> <p>PR advised the Anti-Racism Strategy encourages individuals to speak out to enable signposting and support to be provided. Therefore, the increase in reporting is expected and is positive.</p>		

	<p>SB felt it should be noted staff may also receive abuse, harassment and bullying from colleagues, noting SFHFT is in an average position compared to the national picture in relation to this. SB noted the figures are from last year's staff survey and are, therefore, 12 months out of date. SB acknowledged good progress has been made in some areas, but further work is needed in others.</p> <p>BB noted the report provides percentage increases and felt it would be useful for future reports to include the quantum. In addition, an understanding of the profile of Trust staff, compared to the broader community in terms of race and disabilities would be useful information to be included in future reports.</p> <p>DS advised the Trust has a diverse workforce, particularly the medical side. This does not reflect the local community and this stark difference is sometimes taken in an unhelpful way by patients. Therefore, the education component in the community is vital.</p> <p>GW noted changing the community's view and approach is difficult to achieve, advising he would like to see staff receiving support from colleagues as an incident is happening. RS advised some of the ambassador work which is being taken forward is a prime example of where advocates can act on behalf of others when poor behaviour is witnessed. This work is in its infancy and there are opportunities to strengthen the offer.</p> <p>The Board of Directors were ASSURED by the report and APPROVED the WRES and WDES reports for publication on the Trust website</p>		
<p>18/553</p>	<p>PATIENT STORY – A PRECIOUS GIFT – AN ORGAN DONOR'S STORY</p>		
<p>19 mins</p>	<p>LM and LC joined the meeting</p> <p>LM presented the Patient Story, which highlighted the work of the Organ Donation Team.</p> <p>CW felt this was a very powerful story and expressed thanks to the team and those people who give the gift of life to others. It is an important message to communicate to patients and the public in relation to the work which goes on at the Trust and how decisions are taken with the utmost compassion for patients and families.</p> <p>AH noted the Trust has a strong record in relation to organ donation and queried how the Covid pandemic has affected this. LM advised it was difficult for the first year of the pandemic as nearly all organ donation ceased. This has now been built up and is almost back to pre-pandemic levels. Organ donation is a big logistical exercise, involving a huge number of people within the Trust.</p> <p>ECR queried what aftercare is in place for donors' families. LC advised this is picked up the recipient transplant team. They support families and share what information they can. In some cases, years down the line recipients will contact the donor's family and arrange to meet. This is an emotional but good experience for both parties.</p>		

	<p>PR queried if there was anything the Board of Directors could do to support the team and how they could get involved with Organ Donation Week (19th-25th September 2022). LC advised the Board of Directors could support with the promotion of Organ Donation Week. LM advised events are being planned to promote Organ Donation Week in ICU and theatres. This has been highlighted to the Communications Team. DS chairs the Organ Donation Committee, which provides a link to the Board of Directors as necessary.</p> <p>DS advised the law changed approximately three years ago and in England you now have to opt out of organ donation. However, it is important for everyone to convey their wishes to family members as this helps with the decision making should this become necessary.</p> <p>LM and LC left the meeting</p>		
<p>18/554</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
<p>57 mins</p>	<p>QUALITY CARE</p> <p>DS highlighted the pressure being faced by the Trust and cardiac arrest rate.</p> <p>PB highlighted falls, clostridium difficile (C.diff), MRSA bacteraemia and nosocomial Covid-19 infections.</p> <p>AH noted a deep dive into falls is due to be presented to the Quality Committee, advising this needs to identify the reason for the increase in falls as this has been off track for some time. AH felt it may be useful for a secondary measure to be reported to the Board of Directors, for example, falls per spell or falls assessment process not completed. In terms of C.diff, AH queried what themes have been identified from the case reviews.</p> <p>PB advised in terms of falls, there are a lot of components, some of which are within the Trust's control in terms of the fundamentals and falls practices, but there are other issues, for example patients who are deconditioned. The deep dive will look into this. There is a focus on the negative aspect of falls, but this needs to be put into the context of how many patients are being mobilised as positive mobilisation may be leading to falls. There is a lot of good local quality improvement happening within the Trust and this needs to be consistently shared across the organisation.</p> <p>In terms of C.diff, there are also a combination of issues at play, but there are fundamental issues in terms of the Trust's practices. There is a theme in relation to equipment cleaning and additional training is being put in place to address this. PB advised there is a focus currently on fundamentals and there is a need to recognise what the Trust can influence and change.</p> <p>DS advised the increase in falls is mirrored across other organisations, noting there is increasing evidence of Covid significantly impacting on radiographic changes and cognitive function, which may also be contributing to the number of falls.</p>		

<p>BB felt the language in terms of a 'target' for nosocomial Covid infections should be changed to 'tolerable threshold' and queried how this 'target' had been selected. PB advised it had been set nationally.</p> <p>BB queried if there was an equivalent 'tolerable threshold' for flu infections. DS advised flu infection rates are not captured on the SOF, noting there is a difference between nosocomial flu and nosocomial Covid, i.e., Covid is more transmissible. However, if social distancing and masks wearing is maintained within the Trust, nosocomial flu transmissions should be low.</p> <p>AH noted it is likely there will be an early peak of flu infections in October/November, which may precede the vaccination programme. There is a need to identify measures to prevent infection of staff and patients. DS advised the Trust has requested an early start to the flu vaccination programme, but this is dependent on supply. The programme will commence as soon as vaccine supply is received.</p> <p>AH left the meeting</p> <p>PEOPLE AND CULTURE</p> <p>ECR highlighted preparations for the launch of the Staff Survey, Pulse Survey results, appraisals and Civility, Respect and Kindness system event.</p> <p>GW sought further information on the actions being taken to improve the position in relation to appraisals. ECR acknowledged the appraisal rate is not in the ideal position. The Trust has linked with system partners to identify approaches being taken. An appraisal working group has been established to look at improving compliance and the quality of appraisals. Leads across professional areas and services have been asked to look for protected time for appraisals. However, it is noted the demand on the Trust's services is impacting on people's ability to have protected time.</p> <p>RS advised the divisions have been asked to provide a reasonable trajectory to turnaround the position in relation to appraisals, noting the need for appraisals to be meaningful. Further information on the work being undertaken in relation to appraisals will be provided to the People, Culture and Improvement Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Further information on the work being undertaken in relation to improving the position in relation to appraisals to be provided to the People, Culture and Improvement Committee <p>RS highlighted sickness absence, wellbeing champions, Financial Wellbeing Group, re-launch of menopause work, recruitment event and NHS pay award.</p>	<p>RS / ECR</p>	<p>06/10/22</p>
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TIMELY CARE

RE advised July was a challenging month in terms of emergency care. However, there was some improvement in the ED 4 hour wait performance and the Trust benchmarks well regionally and nationally. It was noted a system wide critical incident was declared on 27th July 2022 and the Trust opened a number of additional beds and took other extraordinary actions. The learning from this incident, in terms of what is possible to mitigate pressure, will be built into Trust policies going forward. The pressure was driven by a number of factors, the main one being the high number of medically safe for discharge patients. While there was an increase in the number of ED attendances, this did not lead to increased admissions.

In terms of the elective pathway, the Trust is performing well in terms of long waits relative to other organisations. There are no 104 week waits and the 78 week waits are on track. There has been a small increase in 52 week waiters, due to trying to bring in the longer waits first. There is an increased backlog from an outpatient perspective and there is a need to focus on virtual appointments, noting this requires a nuanced approach as virtual appointments are not always clinically appropriate.

In terms of cancer, the 62 day backlog is above trajectory and off track. Theatre capacity is expected to improve as anaesthetists come into post, which has been the main barrier to theatre capacity. There have been specific issues in relation to the 2 week wait, particularly in dermatology, which is associated with moving clinics around to accommodate additional bedded capacity. This should now improve.

CW sought clarification regarding potential risks for patients who have long waits and queried what communication there is with patients to assess the risks.

RE advised all patients waiting over a certain time are contacted to confirm they wish to remain on the list and establish if they have any concerns about their condition. Clinical reviews are undertaken every three months for patients waiting over 52 weeks. If their condition has deteriorated, they will be reassessed in terms of their priority. Any harm identified will go through the patient safety route. The focus, both locally and nationally in terms of reducing long waits, has been for patients requiring admittance and awaiting surgery. However, the position is being reached where the outpatient backlog has become more dominant. There are no long waits for first appointments. However, there are patients on long term follow up. These are tracked to ensure they are followed up appropriately.

CW noted the position in terms of patients who are medically safe for discharge and queried what system inputs are planned which will improve the position for the Trust and the system as a whole. RE advised there are a range of initiatives across the system, some of which are still in development. The two main initiatives are the Discharge to Assess business case and virtual wards. There are also lots of other smaller initiatives.

	<p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 4.</p> <p>GW noted the delivery of the Financial Improvement Programme (FIP) is behind trajectory and queried what actions can be taken to get this back on track. RM acknowledged delivery is challenged due to the pressures faced by the Trust, particularly staff unavailability affecting the Trust's ability to reduce and remove agency expenditure. The ICS has set up a high impact area working group in relation to agency spend to consider options and what additional controls can be put in place. The financial plan which was set included the FIP target based on a number of planning assumptions, in particular expectations in relation to urgent care demand, the number of medically fit for discharge patients and Covid transmission rates. There is a need to review the position in the context of operational pressures and to have a forward look at future needs to focus resources on how to get the best value for money while delivering a safe operating environment for patients.</p> <p>ECR advised the Senior Leadership Team has had a discussion about how to operate a safe Winter while delivering financially and there will be further discussions in relation to this on 8th September 2022. The areas to focus on need to be identified to ensure the Trust can deliver a safe Winter, within the financial constraints, in an effective and efficient way.</p> <p>GW felt it is important for the Finance Committee to have an in depth look at the whole financial forecast, but particularly in relation to FIP.</p> <p>Action</p> <ul style="list-style-type: none"> • Finance Committee to have an in depth look at the Trust's financial forecast, particularly FIP <p>SB queried when planning starts for next year, particularly in terms of longer term actions. RM advised the Planning Oversight Group is starting to develop plans for next year and the year after, a key element of which is the Transformation Efficiency Programme.</p> <p>GW felt there are a lot of issues in relation to how new capital issues are taken forward which have been raised with CNH and Project Co. It may be difficult to deliver all capital projects this year.</p> <p>The Board of Directors CONSIDERED the report</p>	<p>RM / ECR</p>	<p>06/10/22</p>
<p>18/555</p>	<p>REVISED CONSTITUTION</p>		
<p>3 mins</p>	<p>SH presented the report, advising the recent Governor elections did not result in all vacant posts being filled. Therefore, the Council of Governors agreed to revise the Constitution. SH highlighted the changes to the Constitution, as noted in the report. Legal advice regarding the proposed changes has been sought. The lawyers have advised some further revision is required to ensure the Constitution aligns with the latest legislation. The revised Constitution was approved by the Council of Governors on 9th August 2022.</p>		

	<p>GW expressed concern in relation to just having one staff constituency, which is no longer site specific, as there may not be any staff governors from Newark Hospital. SH advised no-one came forward to stand as a staff governor for Newark Hospital at the recent elections. The two current staff governors have been tasked with speaking to colleagues at Newark Hospital to promote the governor role, the same applies to the public constituencies which have been merged.</p> <p>The Board of Directors APPROVED the revised Trust Constitution.</p> <p>SH advised the revised Constitution will be presented to the Trust's AGM in September for final approval.</p>		
18/556	EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) POLICY		
2 min	<p>RE presented the report, advising there are two main changes to the previous version of the policy, namely specific reference to the regular review at Board level of Trust EPRR capacity and resources and the requirement for the Trust to have a process in place for learning from incidents.</p> <p>The Board of Directors APPROVED the updated Emergency Preparedness, Resilience and Response (EPRR) Policy</p>		
18/557	ASSURANCE FROM SUB COMMITTEES		
2 mins	<p>Charitable Funds Committee</p> <p>SB presented the report, highlighting Newark Breast One Stop Clinic and the purchase of further RITA (Reminiscence Interactive Therapy Activities) systems.</p> <p>The Charitable Funds Committee Annual Report was noted.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/558	OUTSTANDING SERVICE – SPEECH AND LANGUAGE THERAPY PILOT		
6 mins	<p>A short video was played highlighting the work of the Speech and Language Therapy Team within ED.</p>		

18/559	COMMUNICATIONS TO WIDER ORGANISATION		
3 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Maternity update • Guardian of Safe working update • WRES and WDES, noting actions the Trust is taking in response to reports of bullying and harassment • Amendments to Trust Constitution • Organ donation patient story • Concerns in relation to delivery of FIP • Speech and Language Therapy pilot in ED • Preparations for flu vaccination campaign • Newark Breast One Stop Clinic 		
18/560	ANY OTHER BUSINESS		
	<p>CW acknowledged the technical difficulties with the link to the live Public broadcast and advised a link to the recording of the meeting will be provided on the Trust's website.</p>		
18/561	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th October 2022 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:45.</p>		
18/562	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/563	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised		
18/564	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>		