

CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 6th October 2022 in the Boardroom, King's Mill Hospital

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| Present: | Claire Ward | Chair | CW |
| | Graham Ward | Non-Executive Director | GW |
| | Barbara Brady | Non-Executive Director | BB |
| | Steve Banks | Non-Executive Director | SB |
| | Manjeet Gill | Non-Executive Director | MG |
| | Andrew Rose-Britton | Non-Executive Director | ARB |
| | Paul Robinson | Chief Executive | PR |
| | David Selwyn | Medical Director | DS |
| | Shirley Higginbotham | Director of Corporate Affairs | SH |
| | Phil Bolton | Chief Nurse | PB |
| | Rachel Eddie | Chief Operating Officer | RE |
| | Rob Simcox | Director of People | RS |
| | Richard Mills | Chief Financial Officer | RM |
| David Ainsworth | Director of Strategy and Partnerships | DA | |
| In Attendance: | Sue Bradshaw | Minutes | |
| | Danny Hudson | Producer for MS Teams Public Broadcast | |
| | Paula Shore | Director of Midwifery | PS |
| | John Tansley | Clinical Director for Patient Safety and Chair Learning from Deaths Group | JT |
| | Claire Allison | Tobacco Dependence Maternity Lead | CA |
| Observers: | Sue Holmes | Lead Governor | |
| | Ian Holden | Public Governor | |
| | Claire Page | 360 Assurance | |
| | 9 members of the public | | |
| Apologies: | Aly Rashid | Non-Executive Director | AR |
| | Andy Haynes | Specialist Advisor to the Board | AH |
| | Emma Challans-Rasool | Director of Culture and Improvement | ECR |

| Item No. | Item | Action | Date |
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| 18/576 | 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> | | |
| 18/577 | DECLARATIONS OF INTEREST | | |
| 1 min | There were no declarations of interest pertaining to any items on the agenda. | | |
| 18/578 | APOLOGIES FOR ABSENCE | | |
| 1 min | Apologies were received from Aly Rashid, Non-Executive Director, Andy Haynes, Specialist Advisor to the Board and Emma Challans-Rasool, Director of Culture and Improvement. | | |
| 18/579 | MINUTES OF THE PREVIOUS MEETING | | |
| 1 min | Following a review of the minutes of the Board of Directors in Public held on 1 st September 2022, the Board of Directors APPROVED the minutes as a true and accurate record. | | |
| 18/580 | MATTERS ARISING/ACTION LOG | | |
| 1 min | The Board of Directors AGREED that actions 18/361, 18/477, 18/550, 18/554.1 and 18/554.2 were complete and could be removed from the action tracker. | | |
| 18/581 | 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, highlighting the Annual General Meeting and Annual Members Meeting, approval of changes to the Trust Constitution, Governor Elections and Staff Excellence Awards.</p> <p>The Board of Directors were ASSURED by the report</p> | | |
| 18/582 | CHIEF EXECUTIVE'S REPORT | | |
| 3 min | PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective. | | |

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| <p>3 mins</p> | <p>PR advised a critical incident was called at SFHFT, and across the Nottinghamshire Integrated Care System (ICS), on Thursday 29th September 2022. This followed an internal incident which was called by Nottingham University Hospitals (NUH) on 27th September 2022. The incident was called due to the extreme demand on the urgent care system. Extraordinary actions were taken within the Trust and across the system and the pressure eased going into the weekend. The Trust remains on Opel 4, but the incident was stood down on 5th October 2022 at SFHFT, NUH and across the system. PR expressed thanks to colleagues for going 'above and beyond' in response to the incident.</p> <p>The Trust's Finance Team have been awarded Level 3 accreditation by the NHS Finance Leadership Council.</p> <p>PR expressed thanks to Emma Challans-Rasool who is leaving the Trust to take up the role of Director of Organisational Development, Culture and Talent at Nottinghamshire Integrated Care Board (ICB).</p> <p>The Board of Directors were ASSURED by the report</p> <p>Integrated Care System (ICS) Update</p> <p>DA advised the wider system has been responding to the recent critical incident and the overall Covid vaccination programme. A current key piece of work, which the Trust is involved with, is the development of an integrated care strategy. There is an opportunity for members of the Board of Directors to attend an ICS assembly on 25th October 2022.</p> <p>SFHFT is part of the Provider Collaborative at Scale with NUH and Nottinghamshire Healthcare Trust. Priorities are starting to emerge, for example, discharges and how the acute trusts work with primary care colleagues.</p> <p>Rachel Munton stepped down as the convener of Mid-Nottinghamshire Place in September 2022 and Hayley Barsby has stepped down from her role as Executive Lead for Place.</p> <p>The Board of Directors ACKNOWLEDGED the update</p> | | |
| <p>18/583</p> | <p>STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE</p> | | |
| <p>12 mins</p> | <p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting safety champions walkarounds and Ockenden insight visit.</p> <p>PS highlighted the Professional Midwifery Advocate Service.</p> <p>The Board of Directors were ASSURED by the report</p> | | |

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| 27 mins | <p>Maternity Perinatal Quality Surveillance</p> <p>PS presented the report, highlighting 3rd and 4th degree tears, still birth rate and progress against NHS Resolution (NHSR) 10 Steps to Safety.</p> <p>BB queried if the deep dive into 3rd and 4th degree tears will be visible to the Quality Committee. PB confirmed following the deep dive, a report will be presented to the Quality Committee. Peers are invited to meetings of the Maternity Assurance Committee and the Trust is seeking to benchmark against, and get advice from, other trusts.</p> <p>Action</p> <ul style="list-style-type: none"> • Deep Dive into 3rd and 4th degree tears to be reported to the Quality Committee <p>CW sought an update regarding the home births service. PS advised referrals for home births are increasing and there are no staffing issues or reduction in services. A home birth has not yet been performed. Two women were cared for at home, but were transferred into the hospital for clinical reasons. PS advised she is working with the Communications Team to look for ways in which home births can be promoted.</p> <p>DS queried what, if anything, can be done to influence the occurrence of 3rd and 4th degree tears. PS advised this is not a quality marker but it is used to provide assurance there are no themes or trends with the operator, mode of birth, position in labour, etc. To date, no themes have been identified. The Maternity Team has access to a fantastic obstetric physiotherapy service and can make a rapid referral to them.</p> <p>SB noted there are a number of external standards linked to maternity and the Trust is performing well against those. SB queried if there is an overall plan to pull everything together. PS advised a current area of work is looking at the increase in bed rate and what impact that has. The data will be feeding into a plan looking at what is required for services at SFHFT. PB advised there is a need to look at plans and data at system level.</p> <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p> <p>Learning from Deaths</p> <p>JT joined the meeting</p> <p>DS presented the report, highlighting Hospital Standardised Mortality Rate (HSMR), work of the Learning from Deaths group, learning from Learning Disability Deaths, Standardised Hospital Mortality Indicator (SHMI) and changes which may result from the launch of the Patient Safety Incident Response Framework (PSIRF).</p> <p>DS acknowledged this is a complex subject matter and suggested patient safety and learning from deaths information be a topic for a future Board of Directors workshop.</p> | PB | 01/12/22 |
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| | <p>Action</p> <ul style="list-style-type: none"> • Patient safety and learning from deaths information to be a topic for a future Board of Directors workshop and added to the workshop schedule <p>BB noted the reference in the report in relation to end of life specialist palliative care and the step change in September 2019. BB advised she could not recall a change in arrangements at that time and it was an ongoing issue. BB queried what is at the root of that step change.</p> <p>JT advised this is still unclear, but it is unlikely to be a single issue. There are various levels of reason for the change, for example, a change in the way things are coded, a change in how things are documented or a change in what is being done. From the 360 Assurance report, JT advised he was confident the coding represents what is written in the notes, but the question is if what is written in the notes represents the situation. Changing the way things are recorded has an ongoing impact on the way that is coded and recorded and reported back. There was a documentation change relating to end of life care circa 2019. Specialist palliative care is different from end of life care, although in some organisations this is coded the same. The Trust has the split right, given hospice consultants are not directly involved in the care of patients on last days of life care. JT advised there are no significant concerns.</p> <p>BB felt there is a need to understand what learning can be taken from the exploration of looking at what is happening in relation to deaths. DS advised a lot of resource has been put in to try to understand the data. When anything is examined, things which can be changed and improved are always found. Coding colleagues are carefully controlled in what they can and cannot record. There is a focus on palliative care coding. It is acknowledged SFHFT is 'adrift' to peer organisations and the national picture and a lot of work has been done in relation to end of life care. The Trust has had discussions with the local hospice, which provides an in-reach service to the Trust. These links are developing and the End of Life Team is being strengthened. Improvements will be seen, but it will take time.</p> <p>BB felt structured judgement reviews are powerful in understanding the reality of what has happened rather than the artefact of the coding issue. DS advised there needs to be a more timely and agile way of identifying hotspots.</p> <p>GW acknowledged the 360 Assurance report has provided a degree of additional assurance in relation to the process for moving from notes to coding, with notes being the key driver to what is subsequently coded. GW queried if any checks and balances on the notes are undertaken.</p> <p>JT advised from a learning from deaths point of view, there is a very retrospective look at notes. If there are any flags, these are passed to more experienced consultant clinicians to go through the notes to check the coding reflects what was in the notes and if the notes reflect what was wrong with the patient. In an ideal world this would be part of 'business as usual', but when teams are under pressure, learning from the work done is difficult.</p> | <p>SH</p> | <p>03/11/22</p> |
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| | <p>It is not possible to review everything. Therefore, there is a need to look at areas which are providing 'soft signals'.</p> <p>DS advised if, for example, someone is coded as having a stroke, this can be anything from a patient who has had a minor weakness to a patient who is unconscious and on the critical care unit and will be associated with different outcomes. However, they go into the same diagnostic group, which comes with a 'norm' of what the outcome should be.</p> <p>GW noted while HSMR and SHMI are high, learning has to be the most fundamental aspect and acknowledged the work being undertaken to ensure things are done as robustly as possible.</p> <p>SB queried if the outcome of this work provides assurance that policies and procedures are 'fit for purpose' and are being followed. DS advised safety and output is not dependent on one particular aspect and there is always work to do and areas to improve. There are no other signals which are a concern in terms of the safety of patients.</p> <p>SB queried if there is any data on how often procedures are or are not followed, how often mistakes are made and any underlying causes. JT advised there is very rarely a single root cause. There is good evidence to suggest the circumstances which produce failure and success are very similar, the only thing which is different being the outcome. In a complex, adaptive system, policies are not always followed and there are tolerances between gross negligence and recklessness and working around issues. No organisation has the granularity of data in relation to the work which is done on a day to day basis. It is an interest in terms of modern safety culture and thinking that there should be a greater focus on learning from everyday working. The health service as a whole is not very mature at analysing why things work.</p> <p>DS advised there is a move in the investigation process towards finding themes rather than looking at root causes.</p> <p>The Board of Directors were ASSURED by the report</p> <p>JT left the meeting</p> | | |
| <p>18/584</p> | <p>STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p> | | |
| <p>7 mins</p> | <p>Flu Vaccination Plan</p> <p>RS presented the report, advising the flu vaccination programme commenced on 3rd October 2022 and will run until February 2023. The programme is built on a model which has been proved to work in previous years and is being led by the Occupational Health Team. It is possible for staff to receive both the flu and Covid vaccinations together at the Hospital Hub.</p> <p>CW noted there is a change in the option for staff to donate their meal deal vouchers to Street Health and queried the reason for this change.</p> | | |

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| <p>6 mins</p> | <p>RS advised a monetary donation will be made to Street Health at the end of the programme. This is due to difficulties in previous years with some individuals donating food, which was not distributed in a timely manner and was wasted.</p> <p>BB queried what efforts will be made to offer long stay patients, particularly those medically fit for discharge, the flu and Covid vaccinations. RS advised this has been offered in previous phases of the Covid vaccination programme. DS advised previous campaigns have offered an individualised approach. If patients are well enough and giving them a vaccination will not impact their clinical course, they will be offered a vaccination.</p> <p>SB noted in previous years there has been a financial incentive for the Trust to reach a certain target and queried if this applies this year. RS advised there is a Commissioning for Quality and Innovation (CQUIN) attached to the target of 90% delivery to front line staff.</p> <p>The Board of Directors APPROVED the flu vaccination plan for 2022/2023</p> <p>Covid Vaccination Update</p> <p>RS presented the report, advising Phase 5 of the Covid vaccination programme commenced on 12th September 2022. To date the Did Not Attend (DNA) rate is lower than previous phases. In terms of vaccine supply, the Moderna vaccine was supplied for the initial weeks of the Autumn boosters, with the Pfizer vaccine being available from 3rd October 2022.</p> <p>The Trust is still unable to access NEMS. Therefore, consistently reporting progress regarding the workforce accessing the vaccine, whether through the Hospital Hub or elsewhere, is difficult. However, across the system to date just over 13% of healthcare workers have been vaccinated.</p> <p>DS advised both the Pfizer and Moderna vaccines are mRNA technology. The Moderna vaccine was the first to be approved as a bivalent vaccine and the new Pfizer vaccine is also a bivalent vaccine.</p> <p>The Board of Directors were ASSURED by the report</p> | | |
| <p>18/585</p> | <p>PATIENT STORY – THE PHOENIX TEAM, TREATING TOBACCO ADDICTION IN PREGNANCY</p> | | |
| <p>15 mins</p> | <p>CA joined the meeting</p> <p>CA presented the Patient Story, which highlighted the work of the team treating tobacco addiction in pregnancy.</p> <p>CW expressed thanks to CA and her team for their work, noting it is having a positive impact.</p> <p>GW felt it is a brilliant service and noted the device provided for individuals to measure their carbon monoxide levels. This is a real strength as it demonstrates the improvement individuals are making.</p> | | |

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| | <p>CA advised a number of years ago the National Institute for Health and Care Excellence (NICE) recommended at least two carbon monoxide tests at 36 weeks. The NICE guidance changed in November 2021 and the Trust now tests every woman at every contact. The kit provided as part of the incentive scheme is a good motivational tool and women regularly send in updates via text messages.</p> <p>BB felt it is a wonderful service. BB noted the contribution this will have in tackling health inequalities and queried what learning can be taken from this and applied to other opportunities the Trust has as a health service provider. CA advised women on the incentive scheme receive vouchers, which they are using to buy school uniform, groceries, petrol, etc. rather than a treat for themselves. It is sad to listen to what they are spending the vouchers on.</p> <p>MG queried what the team feel about the outcomes being achieved. CA advised the team have the ability to build relationships with the families they are treating and are very motivated.</p> <p>PR noted it is very early days but the team are having a huge impact and improving outcomes. They should be very proud of their success to date.</p> <p>CA left the meeting</p> | | |
| <p>18/586</p> | <p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p> | | |
| <p>23 mins</p> | <p>QUALITY CARE</p> <p>PB highlighted clostridium difficile (C.diff), nosocomial Covid-19 infections and MRSA bacteraemia.</p> <p>BB queried if there is currently a decant ward. PB advised there is currently no decant ward as all capacity is open. However, there is a decant programme and a decant ward has been factored into the Winter Plan.</p> <p>CW queried if there is anything further which can be done to support staff in terms of their wellbeing in the context of this busy period. PB advised a lot of the extraordinary measures are taken to ensure staff are looked after. For example, the Trust provides the right number of staff with the right skills and offers enhanced bank rates for short periods of time to recognise people are going 'over and above', as well as incentivising people to come forward to cover shifts. Wellbeing offers remain in place and there is a need to ensure these are accessible to front line staff. The Trust is reliant on people working additional hours, but there is a need to ensure they do not do too many and they can have some down time.</p> <p>RS advised it is important to support colleagues this Winter. There are dedicated themes in terms of mental and physical health and there is also the need to recognise some of the current financial challenges. There is a strong offer available to staff, but there is a need to ensure it is accessible. The Trust has a flexible workforce model.</p> | | |

PB advised staff are very tired and it is important leaders are visible to offer support.

RE advised a pragmatic approach to recruitment has been taken. It was noted Castle Ward was largely staffed by bank and agency staff, but this is now staffed mainly by substantive staff. There is a need to ensure there is stability within teams.

DS advised it is important to note teams are operating under relentless pressure. CW noted the issues relating to staff wellbeing and felt these have an implication and a risk factor on the quality and timeliness of care.

DS highlighted Venous thromboembolism (VTE) assessment, noting there is now good compliance with this indicator.

PEOPLE AND CULTURE

RS highlighted staff health and wellbeing, appraisals, mandatory training, manager training offer and Staff Survey.

TIMELY CARE

RE advised there has been a decline in 4 hour performance, largely driven by exit block in terms of the number of patients who are medically fit for discharge. However, ambulance turnaround times remain good and the Trust benchmarks well in terms of admittance avoidance. Internal actions are in place aimed at improving patient flow through the organisation. The Transfer of Care Hub, which is the culmination of the Discharge to Assess business case, is due to open at King's Mill Hospital in mid-October 2022.

In terms of elective care, the Trust benchmarks well in terms of long waits and there are currently no 104 week waits. SFHFT is carrying some 104 week waits which are cases taken to help reduce long waits at other trusts. These are not reported in the figures for SFHFT as part of a system wide agreement, but they are tracked carefully. The 78 week waits are on trajectory and the position is continuing to improve. The next challenge and area of focus is the 52 week waits.

In terms of cancer, the 62 day backlog is reducing. The faster diagnosis standard remains very strong but some capacity issues remain in relation to the treatment part of the pathway, particularly in lower gastrointestinal (GI).

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 5, highlighting income and expenditure performance against plan and agency expenditure.

The Board of Directors CONSIDERED the report

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| 18/587 | WINTER PLAN | | |
| 30 mins | <p>RE presented the report, highlighting the current bed deficit position, the key principles on which the plan is based, assumptions made, model outputs, mitigations, financial implications, workforce requirements, wraparound support for the plan, risks and next steps.</p> <p>RM advised the £13.2m mitigation cost highlighted in the report is the full year cost. From October 2022, 24 beds will be returned into use at Mansfield Community Hospital (MCH) and there will be a cost associated with that. There will be a further cost in March 2023 when the second ward re-opens at MCH. Some of the costs in the Winter Plan are already included in the financial forecast. The likely impact of the Winter Plan in terms of the forecast will be circa £4m. It was noted the plan is built up to manage a safe winter and to have capacity which can be put in place for the demand to avoid overcrowding in ED. The next step is to review the value for money against the Winter Plan and identify any elements which can be done in a more efficient way.</p> <p>MG noted nationally there has been mention of the North Bristol Model for Winter planning. MG requested further information on this and queried if any of the 'best practice' is relevant to the Trust's approach.</p> <p>RE advised the Trust is currently refreshing the full capacity protocol and is reviewing the Bristol Model to identify any areas which can be incorporated. In the Bristol Model they send a patient from ED to the ward every hour on the hour, regardless of whether there is capacity on the ward or not. SFHFT and many other trusts do not do this. When the Trust is on Opel 4, we will go one over on the ward when there is a planned discharge for later in the day. What the North Bristol Model does, which is above and beyond that, is something called 'boarding'. This is putting an extra patient on a ward when there is no patient due for discharge and, therefore, putting a patient where there is no bed space and there may not be oxygen or appropriate staffing, etc. It comes down to a balance of risk and the driver in Bristol for taking the approach they have is they have some very long ambulance waits. If SFHFT was to go down that route, there would be a need to finely balance the risk of holding ambulances verses overcrowding in ED verses putting patients on the ward where they would not be in the right environment to be properly cared for. Boarding is a red line, but the pressure on ambulance waits is pushing trusts down that route.</p> <p>DS advised he would be nervous about boarding, advising it comes down to where the risk is being held, noting the Trust is prepared to hold the risk from the ambulances in ED. The danger of boarding is ill patients are being moved from an area where the Trust is well staffed, with equipment available, etc. to an area which is not necessarily as well staffed and the same resources are not available. The Trust has actively uplifted ED staffing to manage the capacity in ED and has put other mitigations in place. There is a need to be careful an unmitigated risk is not transferred onto the ward.</p> | | |

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| | <p>PB advised he does not feel the Bristol Model is a best practice model and it does contain risk. The main aim is to decompress ED and release ambulances. SFHFT does not currently have an issue with ambulance turnarounds due to other actions which are being taken. There are other 'unpalatable' actions which the Trust can and would take before considering a discussion about boarding. DS felt there can be a danger if something such as boarding is not done, the risk is entirely held by ED. Boarding does give an organisational sharing of the risk.</p> <p>GW noted the Trust is in a positive position in terms of ambulance turnaround times and felt this should be noted in the Winter Plan, given the current national focus on ambulance turnaround times.</p> <p>CW noted the planning in relation to staffing and queried if the Trust will be able to recruit the additional staff required to support the increased bed capacity. RE advised the recruitment offer available at SFHFT, and the organisation's ability to attract staff, is very good. It was acknowledged there are national shortages in some professions, but the Trust is able to attract individuals. There is a need to start recruitment as soon as possible as all organisations will be looking for people at the same time and there is a lead time to people being able to take up post.</p> <p>PB advised from a nursing perspective, SFHFT has a better base line compared to other organisations. There is some flexibility to safely reduce numbers on other wards and the Trust has a good bank. RS advised there is a degree of flexibility in employment modelling and the bank is a good example of how the Trust can flex up and down depending on acuity and demand. The Trust has a strong recruitment offer.</p> <p>SB advised he felt some of the risks identified will happen and queried if the actions the Trust would take if the circumstances are worse than the modelling should be included. RE advised it is important work on preparing for Winter does not to stop here and improvement work, both inside and outside the organisation, will continue. In terms of capacity, there is scope to go further, but it is unlikely this will be in time for this Winter. Throughout this Winter the Trust will look at any opportunities to safely surge further, noting there is a need to look at doing things in a planned rather than reactive way. The most concerning risk is demand, particularly the flu and Covid issue. The Trust has used national and system modelling, but the full impact of this is not known.</p> <p>The Board of Directors APPROVED the Winter Plan.</p> | | |
| <p>18/588</p> | <p>ASSURANCE FROM SUB COMMITTEES</p> | | |
| <p>8 mins</p> | <p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting implementation of internal audit recommendations, the period of time taken to agree terms of reference for internal audit work and Healthcare Financial Management Association (HFMA) sustainability audit. The Committee agreed other committees should have a specific agenda item of 'Internal control issues to report to Audit and Assurance Committee'.</p> | | |

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| | <p>ARB queried if the Trust has the resources to complete the 72 items on the HFMA sustainability audit. RM advised the audit contains various topics relating to financial management, budgetary control and reporting, etc. The Finance Team and Project Management Office (PMO) have led on completing this work and all the evidence has been submitted to 360 Assurance for review,</p> <p>The Board of Directors were ASSURED by the report</p> <p>Quality Committee</p> <p>MG presented the report, highlighting the deep dive into performance relating to strokes and advising the Board Assurance Framework (BAF) risks were reviewed.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Finance Committee</p> <p>GW advised an extraordinary meeting of the Finance Committee was held on 27th September 2022 to review the current financial position and the forecast for the remainder of the year.</p> <p>The Board of Directors were ASSURED by the report</p> | | |
| 18/589 | OUTSTANDING SERVICE – THE DIGITAL MIDWIFE | | |
| 7 mins | A short video was played highlighting the work of the Digital Midwife and the Badgernet system. | | |
| 18/590 | 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"> • Phoenix Project • Learning from Deaths • Digital Midwife • Winter Plan • Current pressure being faced by the Trust • Staff Excellence Awards • Staff Survey | | |
| 18/591 | ANY OTHER BUSINESS | | |
| | No other business was raised. | | |
| 18/592 | DATE AND TIME OF NEXT MEETING | | |
| | <p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3rd November 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> | | |

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| 18/593 | CHAIR DECLARED THE MEETING CLOSED | | |
| | Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward Chair Date | | |

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| 18/594 | QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT | | |
| | No questions were raised | | |
| 18/595 | 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> | | |