

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 5th January 2023 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
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	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
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	Rachel Eddie	Chief Operating Officer	RE
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Carl Miller	Deputy to the Chief Nurse/Director of AHPs	CM
	Paula Shore	Director of Midwifery	PS
	Grace Radford	Patient Experience Manager	GR
Observers:	Sue Holmes	Public Governor	
	Rich Brown	Head of Communications	
	Rhishana Edwards	Senior HR Assistant	
	8 members of the public		
Apologies:	Phil Bolton	Chief Nurse	PB

Item No.	Item	Action	Date
23/001	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>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 any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
23/002	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/003	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Phil Bolton, Chief Nurse.</p> <p>It was noted Carl Miller, Deputy to the Chief Nurse/Director of AHPs, was attending the meeting in place of Phil Bolton.</p>		
23/004	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 1 st December 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/005	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors noted there were no actions due for review.		
23/006	CHAIR'S REPORT		
3 mins	<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 support of the local community in the run-up to Christmas and the donations received by the Trust.</p> <p>CW paid tribute to the Trust's staff for their work and dedication during what has been an incredibly difficult and pressurised time over the Christmas and New Year period. In addition, CW expressed thanks to the public and patients for their patience and understanding during this particularly difficult time. It was acknowledged the Trust does not always get everything right and there are challenges which are difficult to manage. However, the staff are doing everything they possibly can to deliver the best possible care in the circumstances.</p> <p>The Board of Directors were ASSURED by the report</p>		

23/007	CHIEF EXECUTIVE'S REPORT		
37 mins	<p>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, highlighting the Trust's work with West Notts College and developments at Newark Hospital, including a £5.6m investment in theatre provision. PR advised the national planning guidance for 2023/2024 and 2024/2025 was issued on 23rd December 2022. This contains three key priorities, namely, recovering core services and productivity, delivering the NHS long term plan ambitions and transforming the NHS.</p> <p>In December 2022, the Trust received notification from the Integrated Care Board (ICB) of the Strategic Oversight Framework segmentation for Q2. The Trust remains in segment 2 of 4 due to the support required to address the underlying financial deficit.</p> <p>PR confirmed the questionnaire which was received by the Trust in relation to the Covid-19 Public Enquiry has been completed and was submitted by the due date.</p> <p>PR congratulated Phil Bolton, Chief Nurse, on his appointment as Honorary Associate Professor in the School of Health Sciences at the University of Derby.</p> <p>PR highlighted the pressures on the urgent care system, advising the Trust and the system remain in a critical incident which was called on 29th December 2022, noting at 8am on that date 49 patients were waiting in ED for a bed. The Trust has opened further capacity and all patients have received face to face senior reviews. Actions are being taken to expedite discharge. PR advised the Trust is unable to sustain the current level of pressure without taking decisions to stand down non-urgent activity. PR confirmed cancer procedures and urgent care are protected. The Trust continues to review the Infection Prevention and Control (IPC) approach in terms of flu and Covid. Vaccination uptake continues to be encouraged. PR expressed thanks to Trust staff for their work.</p> <p>BB noted Mansfield District Council work as part of the Transfer of Care Hub, which has been established at King's Mill Hospital, and queried if they are acting on behalf of the three district councils in the area to ensure patients from Newark and Ashfield areas are receiving the same level of provision. DA advised this is not the case. Mansfield District Council have a handyperson scheme, whereby they can respond to requests to make home adaptations to allow patients to get home quickly. This is solely Mansfield. However, the aim is to work with the other two councils to get the same level of response. The Trust has strong relationships with the local councils and voluntary sector and the aim is to formalise the agreement going forward.</p> <p>BB queried if an evaluation of the Transfer of Care Hub is ongoing to ensure learning.</p>		

PR advised the Transfer of Care Hub at SFHFT was established as part of the system-wide response to transfers of care and will form part of the longer term evaluation. A transfer of care hub was established at Nottingham University Hospitals (NUH) approximately one month prior to the one at SFHFT. Evaluation and learning from the hubs will be across both organisations. DS advised he has requested a timely review of the impact of the Transfer of Care Hub, both in terms of the internal impact and the difference it has made in the wider system. A best practice review process is taking place on 5th January 2023, which involves the Hub. Therefore, there will be some early learning from this.

GW advised he was aware of a number of frameworks being established by district councils for handyman services. GW acknowledged the update in relation to Newark Hospital, noting the delivery of additional parking spaces and the funding for theatres. This provides a timely opportunity to look at the Newark Strategy. PR advised the Trust is pleased with the relationships which have been built with Newark and Sherwood District Council.

AR noted some elective activity has been stood down and queried if consultants who are not operating have been redeployed to ED. DS advised all medical staff are working flat out. On 4th January 2023 the Trust was running 6 of 7 theatres, all of which was emergency activity. There were three trauma theatres and, therefore, orthopaedic surgeons are doing additional work. The only activity which has been stepped down is that which would free-up beds. Therefore, day case work has continued as far as possible and the impact on elective activity is limited. To date, no cancer or urgent cases have been cancelled.

MG queried if there is anything members of the Board of Directors can do to help support the executives and wider workforce through the current challenges. PR advised the Executive Team are currently taking stock of the past 2-3 weeks in terms of how the Trust plays its role in the system and how the system collectively responds to the challenges of sustained pressure. There is a need to build a strategic future to cope with future demands. The Board of Directors will be kept updated and involved in terms of playing a wider role in building a strategic future through the provider collaboratives and working with acute and community colleagues.

AH felt the debrief after the incident will be critical. AH queried what measures the Trust has in place to keep patients safe at a time when ED is overcrowded. DS advised the pressure on ED is repeated across the country. ED is built for a set number of patients, which is being exceeded. This means patients are waiting in cramped conditions and causes some difficulties for patient reviews. However, all patients are reviewed. The Trust has uplifted and maximised all medical and nursing staffing ratios, noting the recently approved business case for enhanced ED staffing. Nursing staffing ratios are good, but patients are 'scattered' which makes it difficult to ensure patients are getting timely care, comfort rounds, observations, etc. If patients are waiting in ED for prolonged periods, they will be put on a bed, rather than a trolley.

In terms of patient safety, to date there are no huge concerns, but there has been an increase in pressure ulcers and it is likely some patients may not get medications in a timely way. It is important to note that to date there have been no catastrophic events. However, there is a concern about the safety of staff due to the pressure they are working under.

AH noted there have been reports in the press about patients being nursed in less than ideal environments, for example, corridors, store cupboards, etc., and queried if this is an issue for the Trust. DS advised the Trust does not do 'corridor care'. The Trust takes the view the highest risk to patients is holding ambulances. Therefore, everything possible is done to release ambulances back into the community as quickly as possible. However, this leads to crowding in ED. Patients are waiting in different areas, but not in corridors. Patients are cohorted as far possible and are as close to ED as possible.

CM advised the Trust is aware harm does increase at times of increased activity, but there is a focus on the quality and safety agenda. The heads of nursing and matrons have been stood down from their normal activity to be more present on wards and the emergency pathway to ensure the risk of harm is mitigated as far as possible. Staff wellbeing is very important. Staff expect to be able to deliver a certain level of care, which is difficult to achieve at times of intense pressure. This is affecting staff.

RS advised the wellbeing of the workforce is imperative and the Trust is taking a variety of steps to support this. A dedicated helpline has been introduced to enable staff to speak to a member of the People Team to get support. The additional steps being taken will start to form part of the core offer in the future to ensure the workforce can access support.

DS advised he, together with RE and PB, spend every working hour maximising the safety of patients. It was acknowledged the care currently being provided is not what the Trust aspires to provide and this has an impact on staff. The letter from the Board of Directors to all staff was well received and staff recognise the Board of Directors understand the pressures and supports colleagues, as there is concern about working in the current conditions.

PR advised there is a good understanding of where patient risk is and there is a focus on decompressing ED. There is a need to work together and reinforce the messages in the letter from the Board of Directors. There will be difficult clinical decisions to be taken and things which will test people individually, but it is important to take decisions as a team and for colleagues to understand they have the support of the Board of Directors in those decisions which are taken to reduce patient risk.

SB noted the activities which are ongoing to maximise patient safety and felt the Trust is also under pressure to deliver financial targets and efficiencies and queried if any additional funding was available to support the increased costs.

RM advised some additional funding was made available in the latter part of Q3 to support systems and social care with some of the extra pressures over the Winter period and how best to utilise this funding is being considered by the Trust and the system. There will be costs associated with the pressures being faced and it is important to understand the decisions made to evidence the right governance is in place to understand the costs so they can be factored into the forecast and ensure they are reflected in discussions with the regulators.

MG queried what actions are being taken as a system in terms of managing patient and family's expectations in order to prevent stress escalating into abusive behaviour. DA advised in this area, particularly Ashfield, it is known there is a significant issue with domestic violence. Through December 2022, there was a local public campaign in relation to domestic violence, reporting incidents and how to get out of the house safely. The Trust has a place on the Community Safety Partnership Board. In terms of messaging to the public, a revised approach to communications, including social media, was discussed by the Executive Team on 4th January 2023.

MG sought clarification what steps are being taken to manage the expectations of people waiting in ED. DA advised the volunteers are assisting in ED by providing drinks to staff and listening to concerns from patients.

ARB queried if there are any ways the non-executive directors (NEDs) could be more visible and if this would help support staff. DS advised there is a need to get the balance right and a rolling programme of visits has been established. The NEDs could be involved with this. Staff appreciate the visits. RS reflected how powerful a simple 'thank-you' and some acknowledgment can be.

AH noted it is known from the Staff Survey results the Trust has an issue in terms of abuse towards staff from members of the public and this is likely to be worse with the current pressures. While in some respects this is understandable, it is not acceptable. The Trust needs to take a strong line and be clear in the messaging.

The Board of Directors were ASSURED by the report

Integrated Care System (ICS) Update

DA presented the report, highlighting feedback on the draft ICS strategy, ICS Forward Plan and examples of SFHFT's role as an anchor organisation in the local area.

AR queried what actions the ICS is taking to alleviate some of the current pressures on the system, particularly in relation to working with primary care. DA advised as an organisation, the Trust is concerned about the sustainability and resilience of general practice. It is well documented in the media that the public have concerns about the equity and accessibility of general practice, particularly the issue of contacting surgeries by phone. DA expressed the view there is a direct causal link to some of the acuity of patients requiring hospital admission, as a direct result of some of the proactive management which has not been undertaken in general practice.

7 mins

	<p>In terms of what the system is doing to address these issues, this is a question which has been asked of the ICS Medical Director.</p> <p>RE joined the meeting</p> <p>DS advised there is a need to remember 'we' are the system and have a role to play in terms of changes and improvements. Once the critical incident is stood down and the Winter pressures are over, there is a need to review, as a system, what has gone well and what lessons need to be learnt to make improvements for future years.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/008	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
7 mins	<p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PS presented the report, highlighting the Maternity Parent Voice Champion flash report, Safety Champions walkaround, CQC Inspection, Ockenden compliance, NHS Resolution (NHRSR) submission, Maternity and Neonatal Safety Improvement Programme and safety culture work.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PS presented the report, highlighting third and fourth degree tears, stillbirth rate, staffing red flags, home birth service and elective care. PS advised postpartum haemorrhage and the Apgar score are slightly raised this month, noting there is no harm associated with this. The Friends and Family test remains on track.</p> <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p>		
23/009	STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
16 mins	<p>Covid Vaccination Update</p> <p>RS presented the report, advising December 2022 saw the second anniversary of the Hospital Hub, with just under 250,000 vaccines administered in the Hub during this time. The current phase (Phase 5) of the vaccine programme has been challenging in terms of vaccine uptake nationally. However, the Trust continues to promote vaccine uptake through a flexible model and uptake is above the national average for the majority of cohorts. The vaccine programme beyond Phase 5 remains unclear, but there will be an ongoing requirement for people to receive vaccines and the Trust is likely to play a contributing role. Future reporting of vaccine uptake will form part of the Single Oversight Framework (SOF) report.</p>		

SB queried if it is known to what extent the lower uptake of Covid and flu vaccinations is contributing to the current pressures. DS advised this is unclear. However, for the first time in approximately 6 months, there are currently patients with Covid in the critical care unit. In addition, flu is having an impact on critical care. As of 4th January 2023, 50% of critical care capacity was taken up with patients with Covid or flu. Patients are primarily suffering with respiratory disease, rather than being admitted due to another condition and it being identified they have Covid or flu. It was noted there are some young, otherwise well, patients with flu requiring critical care. There is a need to continue to encourage all members of the public to take the opportunity to protect themselves from flu and Covid by having the vaccinations.

SB noted there has been a lower than expected uptake of the Covid vaccination by people in the 'at risk' category and queried if there is any rationale for this and if there is anything further which can be done to target this group. RS advised the Trust has tried to maximise flexibility in terms of opening times for the Hub and vaccinations have been made available at locations where people in these categories may congregate in order to make the vaccine as accessible as possible. Individuals are not quite as aware as they were of the potential impact of not having the vaccine. The targeted approach will continue but there is some 'vaccine fatigue'. SB felt the Trust needs to be continually mindful of vaccine uptake in any communications, noting the media is not reporting the lack of vaccine uptake.

BB noted 46% of healthcare workers have received the Covid vaccine and queried what percentage of Trust staff have received the Covid booster and flu vaccination. RS advised just over 60% of front line care workers at the Trust have received the flu vaccine and this is continually promoted as effectively as possible. It was noted SFHFT benchmarks well locally and regionally, but uptake of the flu vaccine is down on previous years. In relation to the Covid vaccine, it is still difficult to access reliable data. There is a need to continue to target key messages about protection.

GW queried what level of sickness absence is due to flu and Covid. RS advised there have been no significant changes to the sickness absence figures. However, there are some seasonal increases which are comparable with previous years.

GW noted it is getting late in flu vaccine season for any actions to make an impact for this year and queried if there is anything which can be done differently for next year. RS advised a debrief is undertaken at the end of every campaign to look at what went well and what could have gone better.

CM advised any outbreaks of flu and Covid are tracked closely through the Trust's outbreak meetings. Currently there are no flu outbreaks on record with NHS England (NHSE) and there are two Covid outbreaks, which were originally community acquired Covid. There is no strong evidence of staff to patient or staff to staff transmission.

	<p>DA advised the picture in relation to staff uptake of the flu vaccination is similar for community uptake, noting there is a financial aspect to this as GPs have stock of flu vaccine which will shortly expire and will, therefore, be wasted. There is some onus on people coming forward for vaccine to avoid wasting public resources.</p> <p>CW queried if the Trust could operate a 'pop-up' clinic for patients to receive the flu vaccine. DA advised this is something the Trust may be able to provide, noting GPs are unable to offer this due to restraints related to workforce capacity. RS advised a variety of members of the public attend the hospital daily and any opportunity to offer vaccine needs to be given due consideration, noting the challenges in terms of consent, vaccine storage, etc.</p> <p>Action</p> <ul style="list-style-type: none"> • Consideration to be given to establishing 'pop-up' flu vaccination clinics for patients and members of the public <p>The Board of Directors were ASSURED by the report</p>	RS / DA	02/02/23
23/010	PATIENT STORY – BEYOND THE HOSPITAL WALLS		
14 mins	<p>GR joined the meeting</p> <p>GR presented the Patient Story, which highlighted a patient's journey through Covid and the discharge process, noting the issues with the discharge process which can be learnt from.</p> <p>CW advised it is always good to hear patients' stories and while the Trust is delivering good quality care, there are always areas for improvement.</p> <p>MG noted the bravery and courage in acknowledging areas which require improvement and the difficult decisions which have to be taken about what can be improved. GR advised overall the patient story was positive, but there is some learning from it which has been shared.</p> <p>SB felt the story highlighted the importance of Allied Health Professionals (AHPs) in the patient journey and sought an update regarding the number of AHPs in the organisation. CM advised the Trust employs approximately 300 AHPs and a programme is being developed to job plan with individuals to identify what can be done with that group of staff and how it can be strengthened. Assessment and discharge into the community is something which is not easy and there are always steps which need to be in place for discharge.</p> <p>DA felt the story was a reminder of the impact health and poor health can have on people's lives and serves as a reminder for people to have healthy lifestyles and reduce the risks they choose to take.</p> <p>AH advised the story reminded him of other stories from cancer survivors who have psychological issues when they are recovering at home, noting there are services in place to support those patients. AH noted the Trust used to have an outpatients service for people who were in intensive care and queried if this service is still available.</p>		

	<p>DS advised the Trust still has a critical care follow-up clinic. It was noted patients who have had a tracheostomy are unable to speak and, therefore, communication is difficult. The Team in critical care are trying to make improvements with signing, but this is one-way. There is an opportunity to invest in new technology which would help. It can take patients up to a year to recover from being in critical care for a month and it is important to support people through this process.</p> <p>GR left the meeting</p>		
<p>23/011</p>	<p>STRATEGY DEVELOPMENT PROCESS</p>		
<p>52 mins</p>	<p>DA presented the report, outlining the process which will be followed to develop the Trust's strategy for 2024-2029 and the proposed approach to increasing strategic focus by the Board of Directors. DA suggested the discussion point should be in relation to considering the pace and scale for encouraging a strategic approach, how this will be enabled and to agree the order of prioritisation for pieces of work. A further discussion point suggested by DA related to considering procuring external support.</p> <p>A general discussion followed, during which the following points were raised:</p> <ul style="list-style-type: none"> • Responsibility of a Board of Directors falls into three areas, creating the future, delivering today and improving today. There is a need to put the right effort into improving today within the 0-12 month timescale. • Creating the future is 3-5 years, managing today is here and now and the 'middle ground' covers 1-3 years. This is where the work of the sub-committees is key. • If a relatively large change was to be made over the next 2-3 years, this would initially come via the sub-committees. • Quality Committee has a huge workload and needs space to deal with wider strategic issues. There is a need to consider how to balance strategic thinking with operational and assurance issues. • The care agenda should drive all other committees. • Whatever changes are made will have implications for workforce, finance, etc. There needs to be a way of synchronising across the committees. The patient journey begins with quality but consideration needs to be given to other areas. • Improvement of today is already discussed by sub-committees but is not necessarily recognised on the agenda. • Need a clear sense from discussions at sub-committees in relation to operational aspects, strategic aspects and lessons learned. • Sub-committee agendas should include pertinent questions for chairs to address. • Sub-committees to identify top priorities for discussion. • Need to be mindful the sub-committees are assurance committees and not operational committees. • If the Trust is serious about population health management and changing and improving health outcomes, there is a need to look at pathways through an assurance lens. 		

	<ul style="list-style-type: none"> • For the Board of Directors to have the ability to think more strategically, assurance needs to be 'pushed back' into the sub-committees. • Need to keep the assurance element in the right place, which is the sub-committees. • Consider establishing a task and finish group, with the chairs of the sub-committees, to look at the strategic elements. This would provide focus without adding to the agendas of the sub-committees. • Board of Directors and sub-committees are interdependent. • Need to consider how sub-committees approach strategic work, for example via strategic workshops. • There is a need for a shared understanding / definition of strategic focus and thinking. • More information needs to be added to the headings of Strengths, Weaknesses, Opportunities and Threats (SWOT) in the report. • Culture sits as a strength in the report. While elements of the Trust's culture are strengths, there are others which are weaknesses and opportunities. • The People and Culture Strategy is owned by a sub-committee. • Need to think of a 5-year overarching Trust strategy, which individual strategies for People and Culture, Quality, etc. fit within. This makes the role of the sub-committees clearer. • Need to consider how the Trust will work with partners. • Need to consider what the Trust's assets are and how they can be best used. • The way the Trust works could tie in with the CQC domains as this provides a structure and assurance if the domains are being fulfilled. • Are we having an incremental strategy, continuing the direction of travel, or do we need to be more radical in approach? • There is an opportunity to build on current frameworks and learn from how sub-committees operate. • Part of the strategic discussions relate to defining the Trust as an organisation in terms of its function and services. • Need to consider how we look at the focus of the here and now, recognising in order to 'fix' some of those challenges there is a need to think further ahead and take longer term decisions to address issues for future years. • Need to be mindful of language; strategy is more than a single document. • Strategy is about 'painting the picture' of what we want the Trust to 'look like' in 5-years' time, taking into consideration what the data indicates demand will be and building a bold and radical framework to find a solution to the issues. • Being incremental will not deliver the significant change which is necessary to meet the increasing demands faced. Therefore, having bold ideas has to be the focus for strategic discussions. • Need to consider how healthcare is provided, recognising the demand. • Need to 'get ahead of the game' and address issues before they become risks. • Discussions and strategy development needs to happen in the context of a system conversation. 		
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	<ul style="list-style-type: none"> Longer term strategic discussions have taken place at an ICS / ICB level and a piece of work will be taking place in the coming months to review the urgent care / adult social care architecture, with a view to envisaging a new structure and future. <p>The Board of Directors CONSIDERED the report</p>		
23/012	ASSURANCE FROM SUB-COMMITTEES		
4 mins	<p>Finance Committee</p> <p>ARB presented the report, highlighting the significant discussion in relation to Principal Risk 4 of the Board Assurance Framework (BAF) and the business cases which were considered. ARB advised the Committee will review the Trust's financial forecast at the February meeting.</p> <p>The Board of Directors were ASSURED by the report</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting the potential risks of industrial action and the impact of pensions, implementation of the workforce plan and positive assurance received, particularly in relation to the appraisals measure.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/013	OUTSTANDING SERVICE – MACMILLAN CANCER INFORMATION AND SUPPORT		
11 mins	<p>A short video was played highlighting the work of the Macmillan Cancer Information and Support Service.</p> <p>BB acknowledged the services highlighted in the video, but noted patients have to have a cancer diagnostic 'label' in order to access services. There are patients who have a diagnosis of other conditions which are life changing in other ways. BB queried how the Trust can take the learning from the Macmillan Cancer Information and Support Service to ensure that level of support is wrapped around patients who are going through difficult times but do not have a cancer 'label'.</p> <p>GW felt support is not just about health support but can encompass meeting with patients who have faced a similar diagnosis.</p> <p>DS advised the need is recognised and advised the Trust has been able to grow certain services as they come with a 'badge' and, therefore, funding. It is difficult to transfer the same level of service for other patients, partly due to funding aspects. However, it is an aim which should be considered.</p> <p>CW felt there may be an opportunity to approach charitable funds. SB advised the Trust may also be able to link into other partnerships.</p>		

	CM advised services have previously been provided in different areas, but these have reduced, possibly due to Covid. CM gave the example of the dementia café and support for stroke services. Therefore, there is historic learning which can be applied.		
23/014	COMMUNICATIONS TO WIDER ORGANISATION		
^{2 min}	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Thanks to all colleagues for their work over the past month • Reiterate Board of Directors support for staff in the difficult clinical decisions they have to take • Understand current pressures should not become the 'norm' and the Board of Directors is working hard to find solutions • Continue to encourage vaccine uptake • Communications and support to patients and families to manage expectations • Patient Story • Outstanding service video • Return of the home births service • Theatre developments at Newark Hospital • Strategic partnership with West Notts College • Thanks to Bunches UK for their kind donation of flowers before Christmas 		
23/015	ANY OTHER BUSINESS		
	No other business was raised.		
23/016	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 2nd February 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:00.</p>		
23/017	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>		

23/018	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 mins	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>CW advised a question had been received via the Q&A function on the live broadcast in relation to the public voice in the development of the Trust strategy and how the Trust might enable more engagement with the public, hopefully before they actually become patients. DA advised this will be built into the process for developing the Trust's 5-year strategy. There will be a set of activities which go out into the community and engage with people who have not touched the Trust. The mid-Nottinghamshire Place can be utilised to assist with this. The Trust has well established communication partnerships with the voluntary sector who are very close to the local population.</p>		
23/019	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>		