

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 6th April 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
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Maggie McManus	Deputy Chief Operating Officer	MM
	Terri-Ann Sewell	Research Nurse	TS
	Laura Davison	Specialist Nurse - Street Health	LD
Observers:	Sue Holmes	Lead Governor	
	Ian Holden	Public Governor	
	Ashton Green	Bank Communications Officer	
	Sally Brook Shanahan		
	5 members of the public		
Apologies:	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	Steve Banks	Non-Executive Director	SB
	Rachel Eddie	Chief Operating Officer	RE
	Shirley Higginbotham	Director of Corporate Affairs	SH

Item No.	Item	Action	Date
23/096	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>		
23/097	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/098	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Manjeet Gill, Non-Executive Director, Andy Haynes, Specialist Advisor to the Board, Steve Banks, Non-Executive Director, Rachel Eddie, Chief Operating Officer and Shirley Higginbotham, Director of Corporate Affairs.</p> <p>It was noted Maggie McManus, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.</p>		
23/099	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors meeting in Public held on 2nd March 2023, the following amendment was identified:</p> <ul style="list-style-type: none"> Item number 23/074, paragraph 1, line 1 should read "DS presented the report....." as opposed to "DA presented the report....." <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
23/100	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 23/042.2 and 23/075 were complete and could be removed from the action tracker.		
23/101	CHAIR'S REPORT		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the pressures faced by the Trust, Staff Survey results and visit to the Lifespring Centre in Ollerton.</p> <p>The Board of Directors were ASSURED by the report</p>		

23/102	CHIEF EXECUTIVE'S REPORT		
5 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 impact of industrial action by the British Medical Association (BMA), continued high demand on the urgent care pathway, rise in Covid infections, reduction in extremely long waits for patients, Staff Survey results, NHS Overseas Workers Day, partnership working and the review of the Board Assurance Framework (BAF) by the Risk Committee.</p> <p>ARB queried if patients are still being tested for Covid in ED. DS advised there has been a recent change in the national guidance. The Trust has, until recently, been undertaking a large number of tests but is now taking a more focussed approach, for example, patients who are symptomatic, patients who deteriorate without a known cause, etc.</p> <p>The Board of Directors were ASSURED by the report</p>		
8 mins	<p>Provider Collaborative Progress</p> <p>PR presented the report, highlighting the development of the Provider Collaborative, visioning session held in January 2023, agreed priorities for the Collaborative, next steps, operating model and leadership / delivery arrangements.</p> <p>BB queried if the recommendations of the Carter Review will be considered as part of the future scoping. PR advised the Collaborative will consider how partners can work more efficiently and effectively. The Carter Review has not been specifically referenced but the recommendations will be returned to.</p> <p>AR felt fragile services, particularly how staffing in fragile services is going to be addressed, has to be a priority for the Provider Collaborative. In addition, there has to be an emphasis on preventative care which acute trusts must take responsibility for, for example levels of obesity.</p> <p>PR advised, in terms of fragile services, the leadership model which is proposed will enable those type of conversations. The overall priorities described are those which all providers felt they could work together on and add value. Individual organisations may have fragile services and those discussions can take place within the Operational Executive Team to prompt collaborative thinking. In terms of preventative care, this is an area which can be brought into the conversations regarding the Integrated Care Board's (ICB) development of the 5-year forward plan in terms of what role everyone can play.</p> <p>DS advised, in terms of fragile services, there is a maturing group, the East Midlands Acute Providers (EMAP), which was established approximately 12 months ago. A key workstream for the group is fragile services. EMAP is not currently a provider collaborative, but it cuts across ICBs and regions and it may mature into a different form of provider collaborative.</p>		

	<p>In terms of health inequalities, across the ICB there is a commitment from acute trusts in relation to what the priorities are going forward. There is a need to include looking after colleagues within this to get the message across and make every contact count.</p> <p>AR felt issues such as obesity need to be addressed early in the 5-year strategy.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/103	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
5 mins	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB presented the report, highlighting service user voice feedback, Maternity Safety Champions walkarounds, Care Quality Commission (CQC) action plan and quality improvement work. The 3-year delivery plan for maternity and neonatal services, which pulls together various reports, for example, Ockenden, East Kent and Morecombe Bay, has recently been published. The Trust is starting to work through the requirements of the report and updates will be provided to the Maternity Assurance Committee and Quality Committee.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>PB presented the report, highlighting a suspension of services for high acuity for a five hour period in February 2023, elective caesarean section list and home births service.</p> <p>AR queried what the elective caesarean section rate is, noting if this is increasing, there may be a need to rethink the staffing model. PB advised the rate is increasing, noting previously the Trust did not have an elective caesarean section list and the increase in rate led to an urgency to move the work forward. There were some workforce challenges, but staffing is now in place. PB advised he would provide the figures to the Board of Directors.</p> <p>Action</p> <ul style="list-style-type: none"> • Figures relating to the elective caesarean section rate to be provided to the Board of Directors <p>The Board of Directors were ASSURED by the report</p>	PB	04/05/23
11 mins	<p>Learning from Deaths Report</p> <p>DS presented the report, highlighting Hospital Standardised Mortality Ratio (HSMR), Standardised Hospital Mortality Indicator (SHMI), Structured Judgement Reviews (SJR), scrutiny by independent medical examiner and increase in coronial work.</p>		

	<p>AR advised he welcomed the report and felt assured by the level of scrutiny in this important area of work. AR noted the reference to requiring a small amount of extra resource in terms of personnel and felt steps should be taken to put this in place.</p> <p>BB confirmed reports relating to the Learning from Deaths programme of work are presented to the Quality Committee.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>23/104</p>	<p>STRATEGIC OBJECTIVE 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>14 mins</p>	<p>Staff Survey and Action Plan</p> <p>RS presented the report, advising the Trust has undertaken an analysis of the results of the Staff Survey since they were published on 9th March 2023. The response rate was 61%, which is down on last year. However, the Trust had the third highest response rate nationally. The Trust performed well in a number of areas, the details of which are outlined in the report.</p> <p>The focus areas for the Trust, identified after the 2021 survey, will remain in place, with actions being developed under the same three key themes of Valuing you, Caring for you and Developing you. These focus areas were discussed in depth at the recent meeting of the People, Culture and Improvement Committee, with an action plan in development which will be shared with the Committee in May 2023.</p> <p>It was acknowledged the data in relation to violence and aggression suggests there is more work to do in this area, particularly with partners.</p> <p>PB acknowledged there is a lot of work to do in relation to the violence and aggression agenda and a piece of work has been commissioned to look at this issue. Aggression from patients is a significant area which is increasing. Staff are increasingly likely to highlight incidents and seek help, hence the increase in reporting. This is positive, but the fact incidents of violence and aggression are still happening is not acceptable. Staff speaking up about violence and aggression provides the opportunity for the Trust to respond and target areas of concern. There is a need to work with partners and get the message across society and the community that such behaviour is not acceptable.</p> <p>CW queried if there were any areas of surprise in the results, positively or negatively. RS advised the results in relation to appraisal work was a pleasant surprise, noting there are some positive signs that appraisals are more meaningful. In terms of violence and aggression, the Trust has tried to create a culture where individuals can report incidents in the workplace. However, it is acknowledged there is more work to do to address violence and aggression than was originally anticipated. There is a need to work collaboratively at Place with partners in relation to this. As the Trust considers the introduction of Year 2 of the People Strategy, the care values will be an integral part of this, particularly in relation to how leaders are encouraged to act as role models and ambassadors of the values.</p>		

	<p>BB noted there is a lot of intelligence / information in the organisation relating to staff feedback and queried if the People, Culture and Improvement Committee look at the triangulation of data throughout the year, rather than waiting for the annual staff survey results. RS advised the Trust is committed to launch a heat map in Year 2 of the People Strategy. This will allow for the triangulation of all forms of data.</p> <p>GW noted it is good to see increased reporting of incidents of abuse and violence faced by staff from visitors, patients, etc. The next step is to create a culture whereby staff notice incidents automatically and step in to provide support at the time. This shows immediate support by colleagues and also gets the message across to the perpetrator that it is the wrong thing to do.</p> <p>PB advised it is essential staff do not normalise some behaviours, particularly in clinical areas. In ED, for example, staff often did not report incidents as they would 'make allowances' and try to understand why a patient may behave in a particular way, i.e., the patient 'could not help it' or lacked understanding. There is a need to capture and respond to all incidents, noting the response may be different. No abuse or aggression is acceptable.</p> <p>PB felt, in terms of triangulation of information, feedback from patients should be included.</p> <p>PR felt there is a need to consider how to react and support colleagues when an incident of violence or aggression happens. There is work to do with partners to understand their experience and to stand together on a zero tolerance approach and get the message across to the community. There is a need to set expectations for acceptable behaviour, what will not be tolerated and what are the consequences of unacceptable behaviour.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/105	STRATEGIC OBJECTIVE 4 – TO CONTINUOUSLY LEARN AND IMPROVE		
17 mins	<p>Research Strategy – Annual Report</p> <p>TS joined the meeting</p> <p>TS presented the report, highlighting performance, commercial studies, workforce accreditation, finance, patient experience and launch of new strategy.</p> <p>DS felt the strapline on the strategy, 'Research is for Everyone', gives a clear message. DS gave further information in relation to two studies the Trust is involved with, one looking at the use of antithrombotic stockings and the other looking at pre-habilitation prior to surgery.</p> <p>GW asked TS to consider if there was anything further the Board of Directors could do to support the Research Team in generating more commercial income. PB advised the initial work in relation to the design programme for the clinical research facility has started and requested support from the Board of Directors regarding this, noting the facility is essential to move research forward.</p>		

	<p>BB asked TS to consider anything the Board of Directors could do to support research generally. TS advised she would consult with Alison Steel, Head of Research and Innovation.</p> <p>AR felt there is a need to consider how to get younger doctors onboard with research at an early stage of their career as this will help with research output. In terms of commercial income, the Academic Health Science Network in the East Midlands will help the Trust source commercial research activity. It is important to try to increase external funding, particularly Department of Health funding, as this is often the research funding which leads to prestigious publications. The Clinical Research Network (CRN) should be able to help the Trust access those grants.</p> <p>DS also felt it important to engage with younger doctors. There is an opportunity to link in with the increasingly strong partnership the Trust has with Nottingham Trent University. The Trust has had some success applying for Fellow posts with Health Education England (HEE) and there may be an opportunity for Research Fellow posts. The Trust is putting resource into developing analytics aspects, noting there is data already being captured from nursing colleagues. There is a need to work with the nursing team to develop this.</p> <p>PB felt, as part of the research strategy, there is a need to develop clinical academic pathways throughout all the workforce. The Trust is about to launch three fellowships with the University of Nottingham which will be Allied Health Professional (AHP), midwifery and nursing. The Trust is trying to build pathways to help recruit and retain staff who may otherwise go to a teaching hospital.</p> <p>The Board of Directors were ASSURED by the report</p> <p>TS left the meeting</p>		
<p>23/106</p>	<p>PATIENT STORY – STREET HEALTH OUTREACH CHANGED MY LIFE</p>		
<p>19 mins</p>	<p>LD joined the meeting</p> <p>LD presented the Patient Story, which highlighted the work of the Street Health Team.</p> <p>CW felt the story was extremely powerful and outlined how the Team have changed people’s lives.</p> <p>GW advised it was good to see how the work of Street Health is continuing and making a difference.</p> <p>DA felt the story serves as a reminder that the people who live in the communities served by the Trust do not have straightforward lives. Future services are often designed for ‘one size fits all’ but this does not work for many. The outreach service bridges that gap and the Team provide hope for service users.</p> <p>ARB queried if LD felt she had enough support to undertake her role.</p>		

	<p>LD advised the Team used to sit under Surgery Division, but is now under Urgent and Emergency Care Division (UEC), so things are evolving. Currently funding for the Team comes from service level agreements from local councils. There are plans to seek additional funding to expand the Team, as that is where support is currently required. The Team has a waiting list, which is not ideal. The homeless and inpatients are prioritised. In addition to working with the homeless, the Team are commissioned to work with the severely multiple disadvantaged cohort of patients and this is where the waiting list is.</p> <p>BB queried if the Team have published anything about the work they are doing and the impact it is having. LD advised currently there is no time to produce anything but it is something they would like to do.</p> <p>PB felt the responsibility as a Board of Directors is to consider how to commit to supporting this work. It is patient centred and cuts across the system. There is a need for the system to provide finance to support this work. The Team were moved to UEC to align with the High Volume Service User Team, but that pooling of resource is not sufficient.</p> <p>MM noted there is a recognition some of the patients helped by the Team are longer staying and more complex to discharge patients. PB felt this demonstrates how inaccessible the Trust's services still are for some of the population.</p> <p>CW queried if there had been an opportunity to present this work to the Place Based Partnership (PBP) as the holistic needs of many of these patients need to be supported by a range of different partners. DA advised he, PB and LD will be presenting this story to the PBP.</p> <p>GW felt the work of the Team demonstrates something is being done to address health inequalities and shows the difference which can be made.</p> <p>LD left the meeting</p>		
<p>23/107</p>	<p>OPERATIONAL PLAN 2023-24 SUBMISSION</p>		
<p>10 mins</p>	<p>PR presented the report, advising the ICB operational plan for 2023/2024 was submitted to NHS England (NHSE) by the deadline of 30th March 2023. PR confirmed it is a system submission, build up from the submissions of individual organisations.</p> <p>The SFHFT submission is fully compliant in all operational requirements, except for a reduction in outpatient follow up appointments. It is also non-complaint for finance, noting the financial plan submitted by the Trust is a deficit of £21m. This does not meet the NHSE expectation of financial break-even.</p> <p>MM advised the Trust is making every effort to reduce outpatient follow ups through remote monitoring and other avenues.</p>		

	<p>RM confirmed the Trust's financial plan stands as a deficit of £21m, within which is a large element of excessive inflationary pressures. The NHSE expectation is break-even for all systems. The Trust's deficit is part of a £43m deficit for the Nottingham and Nottinghamshire Integrated Care System (ICS). However, the plan does meet a number of expectations and asks by NHSE, noting the efficiency and Covid costs reduction exceeds the expected 2.2% which is within the planning guidance. In addition, the plan shows inroads into agency expenditure and there is an increase in activity to secure Elective Recovery Funding (ERF). Discussions as a system and with NHSE continue in relation to any opportunities to accelerate savings, deliver more, ensure all allocations are accurately reflected and ensure the best use is being made of available resources.</p> <p>ARB confirmed the submission was robustly discussed at the recent meeting of the Finance Committee. The Committee understands the reasons for the deficit and this will be continually monitored.</p> <p>RS advised from a workforce perspective there is a need to recognise there is some pre-committed growth which is included in the plan, in addition to growth linked to capital investment. However, some growth is offset by a reduction in bank and agency usage.</p> <p>GW felt there may be an increased focus on workforce. Therefore, it is important to understand the drivers for the changes in the Trust's workforce over the last few years.</p> <p>CW noted it is important to utilise the committees to track progress where additional resource has been approved as there is a need to demonstrate any investment has delivered greater levels of productivity and best value.</p> <p>PR advised it is important to recognise the Trust takes the break-even requirement and the non-compliant plan which has been submitted seriously. The Trust is engaging with system partners in preparation for discussions with NHSE to ensure the Trust and ICS positively engage in those discussions to achieve compliance.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>23/108</p>	<p>TRUST STRATEGY – 2023/2024 PRIORITIES</p>		
<p>16 mins</p>	<p>PR presented the report, advising the proposed priorities for 2023/2024 have been developed and agreed by the Executive Team. The priorities demonstrate alignment and consistency with a number of areas. 2023/2024 is Year 5 of the Trust's current 5-year strategy and the priorities are consistent with the objectives within that. In addition, it is consistent with the operational priorities and planning guidance for 2023/2024, the transformation and priorities of the improvement faculty, the Financial Improvement Programme (FIP) and with the ambition to establish a framework and underpinning work which will help in the development of the next 5-year strategy for the period from 2024 to 2029. Therefore, this is a preparatory year.</p> <p>It was noted all priorities are aligned with the strategic objectives, have clear outcome measures, an executive lead and clear governance.</p>		

DA advised this is a single work programme with strategic alignment. By having all the priorities 'in one place' it is hoped bureaucracy will be reduced.

A general discussion followed, during which the following points were raised:

- Distributed accountability is welcomed.
- Other areas which could be included as priorities are electronic prescribing, electronic patient records, aspiring leaders to attend learning programme for wider prevention, fragile services, virtual wards and more definitive information in relation to the frail elderly.
- Planning appears to be geared around Q4; some of the work should start sooner.
- Would be useful to see how the Clinical Services Strategy fits with the ICS and how the Trust's services interface with and relate to changes in patient pathways as appropriate.
- Work in relation to health inequalities should start as soon as possible and not wait for the ICB to develop their approach. Need to take learning from work which is already underway and embed it across the Trust before Q3 / Q4.
- How is the Trust working with the PBP and other partnership forums and how are partnerships adding value to the delivery of objectives.
- Year 5 of a 5-year strategy can be the hardest year. It is important for this year not to be seen as a holding year in the movement towards establishing a new 5-year strategy. This year has to be an enabling year.
- There is a need to link in with the ICB and NHSE strategy.
- 2023/2024 will be the building blocks for the direction of travel for the next 5 years.
- There is a need to consider wider issues in the Hewitt Report.
- The priorities for 2023/2024 will be implemented as a 'springboard' for the next 5 years.
- The Clinical Services Strategy will be a test piece which can be put to the Provider Collaborative.
- Roll out of Electronic Prescribing and Medicines Administration (EPMA) has started. Implementation is Stage 1. The challenge will be stabilisation and optimisation before transformation. This is likely to take two years.
- The Trust is on an externally derived trajectory for the introduction of Electronic Patient Records (EPR).
- Virtual Ward is currently running at circa 50% of the target of 44 beds. The Trust has the capacity but the challenge is to find suitable patients in a consistent way. An update on Virtual Ward will be provided to the Quality Committee in May 2023.
- Resources are constrained. Therefore, there is a need to be clear where resources should be directed in order to achieve the best value.

	<p>Action</p> <ul style="list-style-type: none"> • Update on Virtual Ward to be provided to the May meeting of the Quality Committee <p>The Board of Directors APPROVED the Trust's strategic objectives for 2023/2024</p>	DS	01/06/23
23/109	ANNUAL SIGN OFF OF DECLARATIONS OF INTEREST		
3 mins	<p>GW presented the report, advising Declaration of Interests is an annual requirement and the report reflects the work done during 2022/2023. The conflicts of interest register will be published on the Trust website and will include details of people who have registered an interest, people who have made nil declarations and details of people who are non-compliant.</p> <p>For 2022/2023 96 people are non-compliant, of 1,088 staff who are required to declare an interest.</p> <p>It was noted the majority of staff who are non-compliant are new starters. GW queried if declarations of interest are requested prior to induction. RS advised he would clarify the process, noting it is important for this to be completed.</p> <p>Action</p> <ul style="list-style-type: none"> • Clarify process for requesting declarations of interest for new starters <p>The Board of Directors APPROVED the annual Declarations of Interest report</p>	RS	04/05/23
23/110	GENDER PAY GAP REPORT		
3 mins	<p>RS presented the report, advising the Trust is required under the Equality Act to publish gender pay gap information annually. The report has previously been presented to the People, Culture and Improvement Committee. It was noted the statutory duty of the Equality Act is to report gender in a binary way. It was acknowledged the requirements do not take into account people who are non-binary, intersex or where gender may not be the gender assigned at birth.</p> <p>RS advised there has been a slight change in the male to female split of the workforce, with a slight reduction in the number of females. There has been a reduction in the pay differential and there has been an increase in the number of female colleagues in the Upper Middle and Upper quartiles.</p> <p>The Board of Directors APPROVED the Gender pay gap report</p>		

23/111	ASSURANCE FROM SUB-COMMITTEES		
8 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting implementation of internal audit recommendations, terms of reference for internal audits and counter fraud.</p> <p>Finance Committee</p> <p>ARB presented the report, highlighting the Month 11 finance report and the review of Principal Risk 4 (PR4), failure to achieve the Trust's financial strategy, with the risk rating being increased.</p> <p>CW noted the reference to the Better Payment Practice Code, which relates to how quickly suppliers are paid. CW queried if this is on track. RM advised the target is 95% of invoices paid within 30 days. This is measured in two ways, total value and volume of invoices. The Trust performs better in terms of value of invoices, which is slightly below 95%. The challenge relates to volume of invoices, noting the Trust receives a lot of small value, high volume invoices, particularly through pharmacy. A high level action plan for improvement was presented to the Finance Committee. A key element of the action plan is creditor management and relationship with suppliers in terms of helping them to understand when to expect payment.</p> <p>GW advised the letter received from NHSE refers to making improvements. If there is no improvement, there will need to be an internal audit review of processes.</p> <p>People, Culture and Improvement Committee</p> <p>ARB presented the report, highlighting AHP workforce report, recruitment deep dive and review of PR3, critical shortage of workforce capacity and capability, and PR5, inability to initiate and implement evidence based improvement and innovation.</p> <p>The People, Culture and Improvement Committee Annual Report was noted.</p> <p>The Board of Directors were ASSURED by the reports</p>		
23/112	OUTSTANDING SERVICE – ENHANCING PATIENT CARE AND COLLEAGUE EXPERIENCE THROUGH SHARED GOVERNANCE		
7 mins	A short video was played highlighting the work to enhance patient care and colleague experience through shared governance councils.		
23/113	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"> • Thanks to colleagues for response to industrial action and ongoing pressures • Staff Survey results • Research strategy and annual report 		

	<ul style="list-style-type: none"> • Work of Street Health Outreach • Operational Plan for 2023/2024 • Strategic priorities for 2023/2024 • Gender pay gap report • Shared governance 		
23/114	ANY OTHER BUSINESS		
	No other business was raised.		
23/115	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th May 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:25</p>		
23/116	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>		

23/117	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
4 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>Ashton Green, Bank Communications Officer, advised he is the co-chair of the Trust's Youth Forum and asked for the Board of Director's support for the work of the Youth Forum.</p> <p>Ian Holden (IH), Public Governor, advised he was pleased to hear the reference to reducing bureaucracy through the strategic objectives. IH noted the shared governance process is a bottom up process, but there was no reference to the strategy being owned at that level. IH felt shared governance needs to contribute to the strategy. CW acknowledged the importance of ensuring all members of staff are engaged with the strategy to ensure it is delivered.</p> <p>Sue Holmes, Lead Governor, welcomed the presentation on Street Health and felt this would be useful to share with all governors.</p>		
23/118	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>		