

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 2nd March 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
	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
	David Selwyn	Medical Director	DS
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Shantell Miles	Director of Nursing	SM
	Paula Shore	Director of Midwifery	PS
	Emma Dawkins	Speech and Language Therapist	ED
	Cornel Lincoln	Dietetic Service Lead	CL
Observers:	Ian Holden	Public Governor	
	Linda Dales	Appointed Governor	
	Rich Brown	Head of Communications	
	3 members of the public		
Apologies:	Phil Bolton	Chief Nurse	PB

Item No.	Item	Action	Date
23/066	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>		
23/067	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/068	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Phil Bolton, Chief Nurse.</p> <p>It was noted Shantell Miles, Director of Nursing, was attending the meeting in place of Phil Bolton.</p>		
23/069	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 2 nd February 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/070	MATTERS ARISING/ACTION LOG		
3 mins	<p>The Board of Directors AGREED that action 23/052 was complete and could be removed from the action tracker.</p> <p><i>Action 23/037</i> – DS advised the Trust has a Digital Strategy in place, covering 2020-2025. The Trust is currently in the process of reviewing progress against the timelines set out in the strategy.</p> <p>The Board of Directors AGREED this action was now complete and could be removed from the action tracker.</p>		
23/071	CHAIR'S REPORT		
6 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 Care Quality Commission (CQC) inspection of the Trust's maternity services, the work of the Tobacco Dependency Team and the work of the Emily Harris Foundation.</p> <p>DS acknowledged the importance of the Tobacco Dependency Team's work and queried if there were any plans for the results to be published or made more widely available.</p>		

	<p>PS advised this work will feature in this year's iteration of Saving Babies Lives as a good case example. In addition, the Trust will be presenting to a national conference.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Council of Governors highlight report</p> <p>CW presented the report, highlighting discussions in relation to the development of the Trust's 2024-2029 strategy and timeline for governor elections.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/072	CHIEF EXECUTIVE'S REPORT		
2 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 continued pressure across the Trust, preparations for industrial action, CQC inspection of maternity services, Department of Health and Social Care approval of the Community Diagnostic Centre (CDC) at Mansfield Community Hospital, expansion of apprenticeship offer and review of the Board Assurance Framework (BAF) risks by the Risk Committee. PR advised the results of the National Staff Survey are due to be published on 9th March 2023.</p> <p>The Board of Directors were ASSURED by the report</p>		
11 mins	<p>Partnership Update</p> <p>DA presented the report, highlighting the Integrated Care Board (ICB) Joint Forward Plan, Discover Ashfield Place Board and partnership mapping and analysis.</p> <p>GW queried how the Discover Ashfield Place Board interfaces with the mid-Nottinghamshire Place Based Partnership (PBP). DA advised there is an equivalent of the Discover Ashfield Place Board in Mansfield and Newark and Sherwood. All these organisations report into the PBP in order to identify any good work in the districts which can be spread across mid-Nottinghamshire.</p> <p>AR queried if opportunities for income generation, both for the Trust and working with partners, is being considered. DA advised there is a need to have a 'line of sight' to the Trust's strategic thinking in everything the Trust does. For example, the contractors for the CDC have been asked to buy their supplies locally as far as possible and to employ a percentage of local people. There is a need to do more of this.</p> <p>AR queried what opportunities partnerships might create which will bring income into the Trust. DA advised the Trust does not have a commercial arm. However, there have been some discussions in relation to commercial opportunities which exist in the area. There will be opportunities where the Trust can add value and solutions to partners which will help generate income. These have not yet been scoped out.</p>		

	<p>RM advised income generation is something which needs further exploration, noting income streams for the organisation have changed. The move to block contracts has reduced the Trust's ability to generate income. Part of the work to review the Financial Strategy will be gaining an understanding of what the opportunities might be. There is a need to be clear where SFHFT can add value to partner organisations and 'commercialising' that aspect.</p> <p>PR advised there are opportunities for partnership working in terms of making joint bids for available monies, which single organisations would be unable to access, and having the ability to access other grants which, as an NHS organisation, the Trust would be unable to access.</p> <p>AH felt partnerships create a platform and relationships through which outcomes can be delivered, noting some non-health benefits from partnership working are becoming evident. However, it is important not to lose sight of the health benefits. For example, AH felt the Trust's relationship with Primary Care Networks (PCNs) in terms of tackling health issues such as diabetes it is not clear. There is a need to ensure the balance between social aspects and the wider determinants of health are maintained.</p> <p>DA advised he and DS are undertaking some work with the PCNs and health benefits of partnership working will be part of the Joint Forward Plan. There is an expectation through the planning cycle, as an organisation and a system, to start to tackle the NHS Long Term Plan ambitions.</p> <p>SB noted the work in relation to partnership mapping and analysis and felt there is a need to include the benefits patients have already received from partnership working and if no benefit has been received, when this expected to become evident. There is a need to be clear on the areas which add the most value for patients and focus on those areas.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/073	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
16 mins	<p>Maternity Update</p> <p>Safety Champions update</p> <p>PS presented the report, highlighting the service user voice, home birth service, staff engagement sessions, governance, quality improvement work and safety culture survey. SM advised the voice of the local community and the confidence they have in the Trust's services is very important for driving maternity services in the future, noting the reduction in confidence in maternity services nationally.</p> <p>BB noted the reference in the report to a change in acuity levels and sought further information in relation to this.</p>		

PS advised the predicted births for January 2023 were less than usual and staffing levels have improved. The elective caesarean pathway is now running and staff can feel the benefits of the improvements which have been made. February was busier than January. However, the induction of labour pathways and the elective caesarean pathway has taken the pressure off acute services.

MG sought further information in relation to learning from improvement actions, particularly audit. PS advised information was outlined to the CQC inspectors in relation to the changes to the way audits are carried out due to moving from a paper based system to a digital system. Previously it was a manually based audit, but the move to Badgernet allows for electronic notes audit. The audit is now set up and ready to run. This will have a positive effect on the 2023/2024 audit plan as it is a slicker process and audits can be run in real time. The CQC want to see the process embedded. This could not be demonstrated at the time of the inspection as the system had only just gone live. The national audits were built into the system but the local audits had to be built in. The Digital Midwife secondment has been extended to ensure the system is embedded.

MG sought further information on the cultural aspects of unmet need in relation to communities who may not fully understand how to access the home births service. PS advised the biggest area for the Trust is the Eastern European community. The Trust is working with the Local Maternity and Neonatal System (LMNS) who have Eastern European Maternity Voice Partnership (MVP) members. Support is available from the MVP to community midwives in relation to antenatal education to ensure women understand homebirth is an option. Someone also provides support in completing risk assessments. In addition, there is the Birth Options Clinic, which is run by the Professional Maternity Advocate (PMA) service, and women can be referred to that service. Information on Badgernet is in different languages.

The Board of Directors were ASSURED by the report

Maternity Perinatal Quality Surveillance

PS presented the report, highlighting 3rd and 4th degree tears, post-partum haemorrhage, still birth rate, elective caesarean section pathway and term admission rate.

AR noted the raised post-partum haemorrhage rate and sought further information in relation to this. PS advised the Trust is involved in some regional work in relation to this. The first part of this process is the measurement of blood loss, noting previously this was an estimation rather than a physical measurement. It is known blood loss was usually underestimated, so this may be part of the reason for the increase, but it will be investigated further. Quality indicators linked to port-partum haemorrhage are considered, for example, length of stay, whether a blood transfusion was required, percentage haemoglobin drop, etc. No harm has been identified. A working group, led by the obstetric lead, is in place.

AR queried if the same trend was evident in other trusts.

	<p>PS advised the same trends were evident nationally, which is why the Trust is involved in the region work. It was noted SFHFT's rates are low compared to the rest of the region.</p> <p>DS advised steps have been taken to triangulate the information with the number of units issued by the blood transfusion laboratory and no correlation is evident. However, this will continue to be monitored. DS advised there has been a focus in blood transfusion services in relation to shortages. The Trust is trying to ensure blood usage is minimised by using appropriate agents, such as tranexamic acid.</p> <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p>		
<p>23/074</p>	<p>STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p>		
<p>24 mins</p>	<p>Guardian of Safe Working</p> <p>DA presented the report, advising there are 19 vacant trainee posts, which are unfilled by Health Education East Midlands (HEEM). There were 87 exception reports in the period from 1st November 2022 to 31st January 2023, of which two were categorised as immediate safety concerns, both of which are now closed. It was noted the majority of exception reports are raised by Foundation Year 1 (F1) trainees. Overall the number of exception reports is increasing, which is seen as a positive as reporting is being encouraged. The Clinical Fellows are now using the exception reporting system. It was noted Martin Cooper, Guardian of Safe Working has retired. The post is currently out to advert.</p> <p>AR noted the gap in trainee doctors and queried if there were opportunities for the Trust and Integrated Care System (ICS) to have more robust discussions with Health Education England (HEE), given the financial implications to the Trust of having to fill the gaps in other ways. DS advised the Trust has robustly expressed its disappointment in relation to this issue. A number of organisations are exposed to gaps and the Trust has been informed by HEE it is not disadvantaged in relation to other organisations.</p> <p>AR noted the number of exception reports raised by F1 and Speciality Trainee 3 (ST3) doctors has been increasing over the last three years. AR queried what the reasons for the increase are. In addition, AR queried if the Trust has had conversations with junior doctors in relation to any particular issues and what is being done to address these.</p> <p>RS advised the terms and conditions framework for junior doctors is nationally set and it is difficult for the Trust to influence the direction of travel. However, there are things which are within the Trust's 'gift', for example, to ensure access to food overnight, a 'dial a meal' service has been introduced. The Trust is able to ensure appropriate rest areas are available and discussions are ongoing in relation to the Junior Doctors' Mess. The Junior Doctor's Forum is well attended and provides a formal space for discussion, which leads onto local conversations with individuals. There is a need to continue the 'you said, we did' approach.</p>		

AR queried what progress had been made in relation to the mess. RS advised a space has been identified and work is ongoing.

DS advised the concern he has for trainees is they do not necessarily feel they 'belong' to SFHFT, noting a component of that is they do not have a 'home'. DS advised he views the mess as a 'home'. There is a commitment from the Capital Oversight Group to deliver an improved mess.

DS advised SFHFT was an early adopter of the East Midlands Charter for trainees and felt there is a need to develop a local charter which goes above and beyond the regional version. There is a need for trainees to feel they 'belong' and feel valued. Other things which support trainees is to ensure they have parking facilities, access to hot food and for moves between organisations to be seamless.

SB queried, given the creation of HEEM and the ICB, if is there an opportunity to lobby in relation to different approaches to pipelines for the future.

ARB queried if trainee doctors coming to the Trust is on an allocation basis or if that can be influenced.

DS advised if the Trust is able to provide the training required, it will be able to compete favourably with other organisations. There are some specialities where the Trust is unable to provide training. Therefore, it will not attract those training programmes. The Trust will try to attract trainees wherever possible and the Education Department is very proactive. While trainees come to the Trust to receive training, they do provide a significant service.

In terms of looking to the future, HEE is going through a period of change and will come under the auspices of NHS England (NHSE). It is not yet known what this will 'look like'. There is a need to be mindful medical trainees are one component of the medical workforce. Over the past few years, as the number of training posts has decreased, the Trust has had to look to alternative mechanisms, for example locally employed doctors, clinical fellows and a blended workforce approach. This will need to continue. Different mechanisms are in the pipeline for doctors to qualify. While acknowledging the current disquiet among junior doctors nationally, it is evident from the number of doctors who progress from foundation years into training programmes that a number of people leave at that point and make different career choices.

RS advised the August 2021 rotation was the largest number of junior doctors the Trust has had. The Trust wishes to continue to support the junior doctor rotation. The Clinical Fellows programme has been a success and is a continuation of SFHFT's commitment to complementing the medical workforce through slightly different roles.

AH advised only circa 30% of output from medical schools in the East Midlands remains local for training. This is recognised as an issue across the East Midlands. The balance between training grades and non-training grades for SFHFT is critical as the prediction is for more non-training doctors to be supporting the medical workforce.

	<p>AH noted the increase in reporting from ST3 doctors and queried the reason for that. DS advised until recently the majority of exception reports were from the most junior of the junior doctors. The expectation was for problems faced by this cohort to be replicated in more senior junior doctors. Therefore, the Trust actively targeted the more senior group and encouraged them to report as this provides the mechanism to identify and address the issues they are facing.</p> <p>AH queried the current position in relation to chief registrars. DS advised chief registrars are Royal College of Physicians funded posts where an interested trainee undertakes a leadership role and act as a focus point for the trainees to feed in information. They are invited to attend senior management meetings, clinical chairs meetings, etc. This is a valuable development opportunity and a useful resource in terms of gaining information from trainees and getting messages out to trainees. Unfortunately, no-one applied to be Chief Registrar last year and this was missed. The post is currently out for interview for this year and there are two people interested.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>23/075</p>	<p>PATIENT STORY – THE IMPORTANCE OF NUTRITION AND HYDRATION</p>		
<p>23 mins</p>	<p>ED and CL joined the meeting</p> <p>ED and CL presented the Patient Story, which highlighted the Importance of Nutrition and Hydration for patients' recovery.</p> <p>CW felt it was an excellent patient story, which brought to life the enthusiasm of staff to support patients in a range of different ways.</p> <p>BB queried, given the Speech and Language Service and Dietetics Service are small teams, if there is any additional support which can be provided. CL advised the team wishes to be involved with apprenticeships as a way of growing the future workforce. There is a need to create posts but apprenticeships are a different way of getting people on board. ED advised there is a need to use opportunities of staff already working for SFHFT to provide the next steps on the career ladder.</p> <p>CL advised she wants to reinvigorate nutrition champions. There is a need to ensure there is time and training available to support this.</p> <p>AR advised he had recently visited a trust which had a market stall outside the main entrance selling fresh fruit and vegetables and queried if something similar could be done at SFHFT. PR advised before the Covid pandemic there used to be a stall near the main entrance to King's Mill Hospital. However, this had to cease due to the pandemic and there was a lack of profitability for the stall holder due to reduced footfall. This is something which can be revisited.</p> <p>Action</p> <ul style="list-style-type: none"> • Explore the possibility of reintroducing the market stall for fresh fruit and vegetables at King's Mill Hospital 	<p>RM</p>	<p>06/04/23</p>

	<p>SB felt the story was helpful in terms of gaining an understanding of the role of speech and language therapists. SB queried how easy it is to continue the services into the community after discharge.</p> <p>ED advised this is challenging, noting Nottinghamshire Healthcare provide the community services and, due to pressures, there is an average of a 3-4 month delay for patients to be seen for follow up. A solution being explored to help facilitate discharge, is for speech and language therapists from SFHFT to continue providing the service for a couple of weeks post discharge. CL advised the Dietetic Service will try to see a patient once as an outpatient following discharge before referring back to the GP.</p> <p>SM advised both speech and language and dietetics services nationally are challenged, with workforce issues limiting the capacity to meet increasing demand. There have been discussions in relation to closer working with the ICB regarding pathways for patients, rather than the need to refer from one service to another. This work is ongoing. This is a specialist field which need the pipeline of workforce.</p> <p>SB felt there is a need for the People, Culture and Improvement Committee to look at some of the more specialised areas of workforce. RS advised there have been discussions at the Committee in relation to having a focus on the Allied Health Professionals (AHP) workforce.</p> <p>DS advised there is an increased national focus on the Enhanced Recovery After Surgery (ERAS) programme and there is a Commissioning for Quality and Innovation (CQUIN) target linked to this, which has been extended into next year. DS advised there is a need to explain to patients that there will be an expectation they will be able to drink and eat after their operation and to empower them to query if this is not the case.</p> <p>AH noted the story focussed on adults and queried if something similar was in place for children and young people.</p> <p>CL advised the Food and Drink Strategy will shortly be published and input for this has been sought from the Paediatric Team. Excellent work is being done by the Neonatal Team in terms of early breast feeding. Funding has recently been made available for a Neonatal Intensive Care Unit (NICU) dietician. There is a need to look at nutrition from birth right through to care of the elderly.</p> <p>ED advised currently there is no speech and language input into the paediatric ward. This is noted on the risk register as it is not an equitable service between adults and paediatric services.</p> <p>ED and CL left the meeting</p>		
<p>23/076</p>	<p>INTEGRATED CARE SYSTEM (ICS) STRATEGY</p>		
<p>19 mins</p>	<p>DA presented the report, advising this is the final version of the ICS Strategy. DA highlighted the development of the Joint Forward Plan.</p>		

	<p>A general discussion followed, during which the following points were raised:</p> <ul style="list-style-type: none"> • Prevention is everybody’s business but there are no figures included or an indicative budget for the prevention agenda. <ul style="list-style-type: none"> ○ This will come through the Joint Forward Plan. An allocation of funding has been offered for system partners to bid for. This relates to health inequalities and the prevention agenda. SFHFT has submitted a bid. • Prevention is everybody’s business but is in nobody’s job description. There is a need to change that mindset. • Looking forward to seeing how the Trust’s strategy aligns with the ICS Strategy, particularly picking up on the good work which is already happening in the Trust, for example, the smoking in pregnancy work, and scaling that up. • The NHS spends a lot of money on secondary and tertiary prevention but needs to improve work in relation to primary prevention as this is where the opportunities are for real innovation. • The local authorities receive a health and wellbeing grant. How will this be lined up to get maximum impact in some areas with the resource allocation. • Good to see something the Trust can start to work with. • Is there an intention to increase the objectivity of some of the aims. <ul style="list-style-type: none"> ○ This is the next stage and will feed into the Joint Forward Plan • Needs to be more specific as to what the ambition is. • How will the Trust pick up on all of the targets and ensure it is playing its part within the partnership. • Welcome the focus on measurable outcomes. • Little mention of digital innovations, for example, Electronic Patient Record (EPR) • What is the role of the system as a market developer for healthcare. • The key of having a measurable outcome focus starts from evidence and drivers. How is the capability to drill down into the more granular detail, and as a result being more focussed on limited resources and where they are deployed, being developed. • Gives good general direction but little objectivity. However, this provides the Trust with the opportunity, as its own strategy is developed, to consider what the areas to target are and be more objective. • Content of the ICS strategy is built on the Health and Wellbeing Strategy. It provides the opportunity to think differently about what SFHFT’s role is and to consider what the Trust’s core services deliver in response and support of this delivery and how could those services be enhanced or expanded, or provide a new offering, into the system in order to progress and deliver the strategy. • Measurables are a mixture of input / process measures, indicators and true outcome measures. Evaluation of progress is critical and there is a need to be more proactive. 		
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	<ul style="list-style-type: none"> • Will the evaluation be undertaken centrally or devolved down to a function at Place level or individual organisations. • The term 'proportionate universalism' is used. Clarity is required on what the key areas are for funding allocations. • The targets under 'Supporting our Workforce' appear to be what 'we' would want as opposed to what the workforce might want. <p>The Board of Directors CONSIDERED the report</p>		
<p>23/077</p>	<p>DISCHARGE LOUNGE FUNDING</p>		
<p>8 mins</p>	<p>RE presented the report advising the Trust has been awarded £1.57m national capital funding to enhance the discharge lounge at King's Mill Hospital and create a discharge lounge at Newark Hospital. A service improvement workstream, which includes demand modelling, has been created to look at maximising the benefits and opportunities an extended discharge lounge will deliver in efficiencies elsewhere in beds and ED crowding.</p> <p>CW queried what the timeline is for completion of the work. RE advised the money needs to be spent, and the discharge lounge operationalised, by 31st March 2023. This is a tight timescale, hence the commencement of work in advance. The facility will be open in some form by 31st March 2023 with any 'fine tuning' to be done after this date.</p> <p>ARB confirmed the Business Case was fully supported by the Finance Committee, noting an implementation review has been requested.</p> <p>AR sought assurance the staffing is sufficient for the expansion. RE advised the current staffing is appropriate for the current level of service in the expanded footprint. The opportunity comes with being able to expand the service over 7 days, further into the evening, etc. and potentially offer other pathways through the facility. If this has a direct impact on the overcrowding in ED, staff could potentially be released from that business case to support the discharge lounge. The same will apply to some of the escalation beds which are open across the organisation. Some of the developmental work in relation to more innovative pathways is ongoing.</p> <p>SB queried how long patients will be in the discharge lounge for. RE advised this is not clear at this stage. However, some metrics will be built into the post project evaluation. The typical things patients will be waiting for are transport, which is not always within the Trust's gift, and TTOs (To Take Out medication).</p> <p>SB sought assurance suitable nutrition would be available while patients are waiting. RE confirmed this would be the case, advising as it is an old ward environment, the location lends itself to being able to provide those services.</p> <p>GW felt the implementation review will be important as the project is still evolving. This review will provide some lessons learned. RE advised the divisions are coming up with lots of innovative ideas in relation to other pathways which could run through this unit.</p>		

	The Board of Directors APPROVED the Discharge Lounge, Capital Bid, business case.		
23/078	ASSURANCE FROM SUB-COMMITTEES		
1 min	<p>Finance Committee</p> <p>ARB presented the report, highlighting the Month 10 finance report, progress on the delivery of the year end position and submission of the 2023/2024 draft plans.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/079	OUTSTANDING SERVICE – NEWARK HOSPITAL – TURNING STRATEGY INTO REALITY		
10 mins	A short video was played highlighting investments into services at Newark Hospital.		
23/080	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"> • Looking forward to publication of national Staff Survey results on 9th March 2023 • Preparations for industrial action by junior doctors on 13th, 14th and 15th March 2023 • Patient Story – the importance of nutrition and hydration • Outstanding Service – Newark Hospital • ICS Strategy • Approval of discharge lounge business case 		
23/081	ANY OTHER BUSINESS		
	No other business was raised.		
23/082	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th April 2023 in the Boardroom, King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:20.</p>		
23/083	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>		

23/084	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<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 there were no questions from members of the public pertaining to the Board of Director's discussions.</p>		
23/085	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>		