

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 1st August 2024, in the Boardroom, King's Mill Hospital

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| Present: | Graham Ward | Acting Chair | GW |
| | Steve Banks | Non-Executive Director | SB |
| | Barbara Brady | Non-Executive Director | BB |
| | Aly Rashid | Non-Executive Director | AR |
| | Andrew Rose-Britton | Non-Executive Director | ARB |
| | Andy Haynes | Specialist Advisor to the Board | AH |
| | David Selwyn | Acting Chief Executive | DS |
| | Claire Hinchley | Acting Director of Strategy and Partnerships | CH |
| | Sally Brook Shanahan | Director of Corporate Affairs | SBS |
| | Phil Bolton | Chief Nurse | PB |
| | Simon Roe | Acting Medical Director | SR |
| | Rob Simcox | Director of People | RS |
| Rachel Eddie | Chief Operating Officer | RE | |
| In Attendance: | Paula Shore | Director of Midwifery | PS |
| | Emma Mutimer-Hallgarth | Family Liaison Officer | EM |
| | Amelia Bradley | Patient's mother | AB |
| | Luke Sherwood | Patient's father | LS |
| | Sue Bradshaw | Minutes | |
| | Jess Baxter | Producer for MS Teams Public Broadcast | |
| Caroline Kirk | Communications Specialist | | |
| Observers: | Clare Jones | Corporate PA | |
| | Laura Keeling | Communications Officer | |
| | Debbie Kearsley | Deputy Director of People | |
| | Andrew Fooks | 360 Assurance | |
| | Lauren Monaghan | Notts TV | |
| 0 members of the public | | | |
| Apologies: | Neil McDonald | Non-Executive Director | NM |
| | Manjeet Gill | Non-Executive Director | MG |
| | Richard Mills | Chief Financial Officer | RM |

| Item No. | Item | Action | Date |
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| 24/242 | WELCOME | | |
| 1 min | <p>The meeting being quorate, GW 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 the public were able to submit questions via the live Q&A function.</p> | | |
| 24/243 | DECLARATIONS OF INTEREST | | |
| 1 min | There were no declarations of interest pertaining to any items on the agenda. | | |
| 24/244 | APOLOGIES FOR ABSENCE | | |
| 1 min | Apologies were received from Neil McDonald, Non-Executive Director, Manjeet Gill, Non-Executive Director, and Richard Mills, Chief Financial Officer. | | |
| 24/245 | PATIENT STORY: THEO'S STORY | | |
| 31 mins | <p>PB and PS presented the Patient Story, which highlighted the failings in care provided, which resulted in the tragic death of Baby Theo.</p> <p>PB expressed apologies to AB and LS, acknowledging the difficult time for the family. The Trust has fully taken onboard the Coroner's findings and welcomes the feedback and input from AB and LS.</p> <p>GW expressed apologies to AB and LS on behalf of the Board of Directors and the Trust and thanked them for taking the time to share their story. The Trust does not always 'get it right' and it is important to recognise this and do as much as possible to ensure the same thing does not happen again.</p> <p>LS queried what measures will be put in place to ensure Theo's outcome does not happen to any more babies. PS advised there have been very open reflections with all midwives about this case, with clear expectations. The Prevention of Future Deaths Order, issued by the Coroner, has been shared with the Team and the Trust is very clear about the required actions highlighted in that report, which include actions in relation to education, expectations of staff and professional behaviours. Trust guidance has been updated.</p> <p>PB advised the Trust is keen to produce a video highlighting this case, which the family has agreed to support. This will be very powerful and will be shared with regional colleagues. The Trust will work with regional colleagues to ensure learning is shared.</p> <p>GW felt this story highlights there are lessons to be learned across the whole Trust and not just in the Maternity Service.</p> | | |

AB advised at the inquest into Theo's death, the Coroner noted there was a poor culture at the Trust. AB queried, what action the Trust is going to take to improve the culture and ensure complacency is removed.

PS advised there is a need to identify if there are any wider issues and she will be seeking assurance from her team in relation to this. The Trust has engaged with the national programme and has reviewed other cases. Ward staff have had support to address the issues which have been identified in this case and there have been disciplinary consequences. The Trust has Maternity and Neonatal Safety Champions and there is a safety culture workstream. Listening events have been held and these have provided assurance. However, there are still some areas to work on.

PB advised one of the key responsibilities of the Board of Directors is to set the culture of the organisation. There is a relentless drive to improve. GW advised the complacency aspect is the real lesson to learn across the whole organisation. The operational pressures within the NHS are recognised, but there is no excuse for complacency. It is important to continually highlight this.

LS queried how training will be improved across maternity services and how the Trust will ensure staff are competent to be able to identify emergency equipment when it is required.

PS advised the Trust has a standard resuscitation trolley. There are now two training trolleys on the unit and all staff are given the opportunity to look at the training trolleys. In addition, live simulation events are held to increase the opportunities for staff to open the trolleys and have a good look through the equipment they contain to ensure they are familiar with it. Simulation training also takes place out of hours and is part of the induction process for new starters.

AB queried how the Trust is ensuring the duty of candour is maintained and families receive accurate information.

PS advised there is a process in the Trust which is led by the Quality Governance Team. There is a need for open and honest conversations, which should be led by a senior clinician. Every patient and every family are different. Therefore, it is important to take a person-centred approach and be directed by the needs of the family. PB advised the Trust employs a family liaison officer, who provides a single point of contact for families.

AB advised on the night Theo was born, she and LS received no information and they want to ensure families are kept informed. PB noted this was poor communication. A fundamental aspect of the Trust's work is how patients and families are communicated with and ensure they are kept updated.

AB advised she was seen by the Clinical Matron and another member of staff the morning after Theo's birth and AB got the impression they were trying to establish what she knew, but they did not share any information. AB queried if this was standard practice.

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| | <p>PS advised this is the verbal duty of candour, which should be led by a senior clinician. PB advised investigations serve multiple purposes, but a key factor is to answer the questions the family has.</p> <p>LS advised he is aware there is public enquiry into maternity services nationally going to Parliament later in the year and queried if the Trust supports this. LS acknowledged in Theo's case SFHFT has accepted mistakes were made and changes will be made, but this is not the case in other organisations. DS advised the Trust is already supporting a public enquiry, which is led by Donna Ockenden, and is, therefore, involved in those processes. GW advised progress in maternity services is monitored by the Board of Directors each month.</p> <p>GW advised this is a story the Board of Directors needed to hear and to action.</p> <p>DS expressed thanks to AB and LS for their bravery in sharing their story and acknowledged the Trust failed them. DS shared some personal reflections from his clinical career and advised he wants Theo's story to be a defining story for the Trust.</p> <p>PS, EM, AB and LS left the meeting.</p> | | |
| 24/246 | MINUTES OF THE PREVIOUS MEETING | | |
| 1 min | Following a review of the minutes of the Board of Directors meeting in Public held on 4 th July 2024, the Board of Directors APPROVED the minutes as a true and accurate record. | | |
| 24/247 | MATTERS ARISING/ACTION LOG | | |
| 1 min | The Board of Directors AGREED that actions 24/142.1, 24/175, 24/221.2, 24/224.1, 24/224.2 and 24/225 were complete and could be removed from the action tracker. | | |
| 24/248 | ACTING CHAIR'S REPORT | | |
| 4 mins | <p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective, highlighting meetings with chairs and other key stakeholders across the Integrated Care System (ICS) and the work of the volunteers across the Trust.</p> <p>The Board of Directors were ASSURED by the report.</p> | | |
| 24/249 | ACTING CHIEF EXECUTIVE'S REPORT | | |
| 14 mins | DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, highlighting continued high levels of demand for emergency pathways, industrial action, Integrated Care Board (ICB) performance report, contact with newly elected Members of Parliament (MPs), a patient who received a new treatment for Parkinson's disease, the visit to the Trust by Professor Sir Jonathan Van-Tam, 'Veterans Aware' accreditation, Pride events, Project SEARCH initiative and installation of electric vehicle charging points. | | |

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| | <p>DS advised the Trust's Annual report and Accounts for 2023/2024 was laid before Parliament on 26th July 2024.</p> <p>RS advised the planned industrial action by the GMB, in their dispute with Medirest, has been postponed. This is a positive sign, reflecting the conversations the Compass Group are having with the GMB in relation to the long-standing dispute. In terms of the pay offer for NHS staff, the recommendations from the NHS pay review body and the doctors and dentists pay review body have been accepted. The Trust is working through the details of when the 2024/2025 pay award will be processed. Colleagues on Agenda for Change terms and conditions will receive a 5.5% increase in their salary with effect from 1st April 2024 There will be a 6% increase for doctors.</p> <p>AR queried if the junior doctors at the Trust are supportive of the pay offer made for junior doctors. DS advised the soft intelligence indicates there has been a mixed response. Noting the significant disruption caused by the junior doctors taking industrial action, it is hoped this is a deal which has been negotiated with good faith on both sides and it has been recommend to the members that it is accepted.</p> <p>AR queried what the nurses' views are of the offer which has been made to the junior doctors, noting the 5.5% offer for Agenda for Change grades. PB advised the Royal College of Nursing (RCN) have been 'watching and waiting' prior to consulting with their members. There is likely to be a range of opinions and there may be a ballot of all Agenda for Change grades.</p> <p>The Board of Directors were ASSURED by the report.</p> | | |
| <p>24/250</p> | <p>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</p> | | |
| <p>6 mins</p> | <p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the case of Arlo Lambert, service user voice, Maternity Safety Champion walkarounds, maternity forums, first progress update of NHS Resolution (NHSR) Year 6 and the UNICEF Baby Friendly Award.</p> <p>BB noted the free text report for the annual Care Quality Commission (CQC) survey has been made available and queried if this contains any new information or if it is reflective of what is known from other sources. PS advised this reaffirms the themes which are already known. The Trust is working closely with the Maternity Voices Partnership (MVP) chair. It was noted the report contains positive comments about staff.</p> <p>The Board of Directors were ASSURED by the report.</p> | | |

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| | <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting third and fourth degree tears, massive obstetric haemorrhage rate, prevention of future deaths orders and positive vacancy position. It was noted there was one suspension of service in June 2024.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p> | | |
| <p>24/251</p> | <p>STRATEGIC OBJECTIVE 4 – CONTINUOUSLY LEARN AND IMPROVE</p> | | |
| <p>17 mins</p> | <p>NHS Impact</p> <p>CH presented the report, advising the Trust has completed the NHS Impact self-assessment tool, with the scores predominantly being starting or developing. This benchmarks similarly with other health providers in Nottinghamshire. The outcome of the self-assessment tool is included in the report and has been translated into a draft continuous improvement strategy.</p> <p>The initial step is to make visible and set expectations of the 200 colleagues across the Trust who have undertaken Quality, Service Improvement and Redesign (QSIR) training. The next steps will include identifying colleagues who have received other improvement training and put an improvement network in place. There are pockets of good practice and improvement across the organisation.</p> <p>GW felt this feels like a restart and there are some areas which have slipped. There is a need to understand any lessons learned from that. GW queried, in going through the process again, what assurance can be provided to evidence the Trust can embed processes.</p> <p>CH advised NHS Impact’s scoring criteria is quite specific and the Trust took a harsh line in completing the self-assessment tool. There may be good pockets in some areas which would put the Trust further up the maturity scale, but this is not consistent. There is a need to celebrate those areas and learn from them but the scoring tool suggests there is more work to do to make it consistent across the organisation.</p> <p>BB queried if QSIR features in the appraisals for staff who have completed the training. CH advised the Trust is seeking to set expectations of people who have attended QSIR and other improvement training. For future QSIR training cohorts, the Trust wants to ensure they have an improvement project aligned to their service or division so they can work on that while undertaking the training. This will then feed into their appraisal.</p> <p>BB queried if progress on embedding QSIR training and the link to appraisals will be monitored via the People Committee. RS acknowledged there are occasions when individuals attend training courses and the learning is not taken back into their workplace. There is a balance of giving colleagues time to attend training, given the conflicting pressures. There is a need to make the expectations clear from the outset.</p> | | |

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| | <p>DS advised improvement needs to become everyone’s business and this is a cultural change which will require a continuous focus. In terms of the training provided, there is a need to be very clear there are expectations of anyone attending the QSIR training. There is also a need to understand the resource of people who have already completed the training and harness that resource. In terms of monitoring progress, improvement sits with the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Report outlining progress in relation to Quality, Service Improvement and Redesign (QSIR) training, including lessons learned, etc. to be presented to the Quality Committee. <p>AH noted the desire for improvement to be part of the culture of the Trust and queried if enough visibility and recognition is given to improvement work. RS felt it forms part of the community of practice concept. There is further opportunity to review, for example, how appraisal practitioners are brought together to celebrate achievements.</p> <p>GW acknowledged the Trust does an element of celebrating success, but there is more to do.</p> <p>PB advised it is not just what people are doing with the QSIR training in terms of the project, but also how it changes people as a practitioner / individual.</p> <p>AH noted there is an award for the most improved team at the Annual Staff Excellence Awards and queried if anything is done directly in relation to service improvement. CH advised the Trust has introduced an improvement ambassador role as a way of celebrating success and there will be opportunities to build on that.</p> <p>In terms of what the QSIR training provides personally and professionally, CH advised she has received feedback from senior decision makers in another organisation who have advised the training supports decision making and the identification of the problem they are trying to solve. There is a need for SFHFT to think about the skillset across the senior leadership team, as well as the rest of the organisation.</p> <p>SB felt there is a need for members of the Board of Directors to be made aware of any actions they need to take to support and lead on the improvement agenda. CH advised it would be useful to have a workshop session on the improvement culture.</p> <p>Action</p> <ul style="list-style-type: none"> • Improvement Culture to be topic for a future Board of Directors Workshop. | <p>CH</p> <p>CH</p> | <p>03/10/24</p> <p>TBC</p> |
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| | <p>DS advised currently CH is in an acting role. Therefore, there is currently a vacant substantive executive role which includes improvement in that portfolio. There have been discussions within the Executive Team in relation to the make up of that portfolio and the expectation is for improvement to be 'front and centre' of that role.</p> <p>The Board of Directors were ASSURED by the report.</p> | | |
| <p>24/252</p> | <p>QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)</p> | | |
| <p>51 mins</p> | <p>QUALITY CARE</p> <p>PB highlighted MRSA, reduction in the number of Clostridium difficile (C.diff) cases, Patient Safety Incident Response Framework (PSIRF), Patient Safety Incident Investigations (PSII), falls, never event, Klebsiella and Hospital Acquired Pressure Ulcers (HAPU).</p> <p>SR highlighted Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).</p> <p>SB noted the last three never events were all within Dermatology and queried if there is a link between them. SB noted one of the actions being taken is for these procedures and biopsies to be undertaken by substantive staff only, which will cause a delay for some patients. SB queried what the next steps are in relation to this.</p> <p>PB advised the immediate suspension of locums undertaking procedures was the right action to take while the Trust worked to gain an understanding of what the issues were. This has been assessed and locums undertaking procedures has been reintroduced, with control measures in place.</p> <p>SR advised the similarity between the most recent Never Event and the previous one led to the decision to look at this case from a human factors perspective. This did lead to an increase in waiting times. There is now an enhanced induction and changes introduced to ensure locums are working with substantive staff.</p> <p>DS advised a walkthrough has been undertaken to test whether the new processes are having the desired impact. If the process had been followed, this latest Never Event would not have happened, hence looking at human factors.</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted mandatory training, vacancies and turnover, workforce loss, appraisals, sickness absence, employee relation cases and bank and agency usage.</p> <p>BB queried what preparations are underway for flu vaccinations for staff. RS advised the Trust has not yet been made aware of when vaccine supplies will be available. However, work has been ongoing for some time to recruit peer vaccinators. Plans for the flu vaccinations will be shared at the next meeting of the People Committee.</p> | | |

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| <p>PB advised 110 peer vaccinators are in place, compared to 20 last year. The best way to get staff vaccinated is for people to vaccinate colleagues in their own teams and areas. There are leads in each area who will drive this forward. This will be in addition to the usual roving and 'pop-up' clinics.</p> <p>DS advised he has sought permission from the ICB for the Trust to offer a vaccination to any patients who have contact with the Trust. This has not yet been confirmed, but this would be a key aspect to the Trust's flu campaign.</p> <p>Action</p> <ul style="list-style-type: none"> • Plans for forthcoming flu vaccinations to be shared with the People Committee. <p>AH queried what is driving the increase in agency usage. RS advised industrial action, elective recovery and vacancies are contributing factors. Dependency on bank and agency has followed periods of industrial action. There has been an increased application rate for consultant vacancies, with some high calibre applicants, including in some of the harder to fill roles.</p> <p>SR advised the increase in agency usage has been driven by the medical workforce. There has been some improvement, but significant challenges remain.</p> <p>GW felt it important to monitor sickness absence as this will impact on agency and bank usage. SB noted waiting times for treatment impacts on staff as well. There is a need to support staff wellbeing.</p> <p>TIMELY CARE</p> <p>In terms of the emergency pathway, RE highlighted A&E attendances, which are 11% higher than planned levels, non-elective admissions, planning for Winter, ambulance handover times, good Same Day Emergency Care (SDEC) performance, implementation of surgical SDEC, ED 4-hour wait performance and discharge lounge usage.</p> <p>In terms of elective care, RE highlighted the impact of industrial action, reduction in the number of long waiting patients, diagnostics, mutual aid with Nottingham University Hospitals (NUH), outpatient activity and Patient Initiated Follow Up (PIFU).</p> <p>In terms of the cancer pathway, RE highlighted the 28-day faster diagnostic standard and 62-day standard.</p> <p>ARB queried if there is any information available in relation to how many patients are attending ED who should be seen by primary care. RE advised it is known patients will attend ED as they are struggling to access either primary care or other services in the community. An audit has recently been completed and the aim is to gather this information on an ongoing basis. Previously the Trust had anecdotal information, but patients are now being asked if they tried to access an alternative service before attending ED.</p> | <p>RS</p> | <p>03/10/24</p> |
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AR queried the source of the pressure to not increase bed capacity and queried if this was for purely financial reasons. RE advised the national planning guidance required trusts to keep open all general and acute (G&A) bed capacity which was open last Winter. The current pressure to close beds is largely financially driven. The Trust supports the principle that if only appropriate patients come in, the 'outflow' is managed and demand is reduced, then beds would be closed to deliver the financial benefits. However, this is difficult to achieve given the current levels of demand. The Trust is working with partners in terms of SFHFT's asks of them.

DS advised for a number of years the Trust has opened beds associated with Winter, but has not been able to close them. These beds have now been assumed into the base bed stock. Discussions are ongoing to determine if this is a re-set or is still additional capacity, noting both the financial angle and quality and timely care angle. The issue going into Winter is most of the additional capacity is open, which limits the Trust's ability to open extra wards.

AR noted there is a tension between finance and quality and safety and felt there is a need to have open conversations about this as a system. RE advised the Trust is being asked to put forward 'brave' schemes. However, anything which is being considered will go through a Quality Impact Assessment (QIA) process. Beds will not be closed at the expense of keeping the hospital safe over Winter. Despite the increase in demand over the last 2-3 years, the Trust has not increased the bed baseline, which indicates the Trust is being more productive.

AH noted the increased demand in terms of ED attends and admissions on the non-elective pathway and queried if the drivers of this demand are understood.

RE advised there is good data available in terms of the demographic growth of the local population which has been produced by the System Analytics Intelligence Unit (SAIU) in the ICS. There is a disproportionate growth in the demographic, particularly in the elderly population, in mid-Nottinghamshire. The admission avoidance and community response work is critical.

SR advised the SAIU has tried to get some information on acuity and co-morbidities. This is a complex picture and the data suggests there may be access issues in terms of same day access to primary care.

RE advised there has been an increase in admissions from care homes. SR advised work is ongoing at a system level in relation to frailty.

BEST VALUE CARE

DS outlined the Trust's financial position at the end of Q1, highlighting risks, Financial Improvement Programme (FIP), capital allocation, agency spend and cash position.

GW felt it would be useful to include agency spend, in terms of the financial cost, as a graph in the IPR.

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| | <p>Action</p> <ul style="list-style-type: none"> Graph to be included in the IPR showing agency spend as a financial cost. <p>SB felt it would be useful to understand the amount of FIP which is recurrent in order to gain an understanding of the trajectory towards next year. DS advised these discussions feed into the conversations in relation to determining the core bed base.</p> <p>The Board of Directors CONSIDERED the report.</p> | RE | 07/11/24 |
| 24/253 | BOARD ASSURANCE FRAMEWORK (BAF) | | |
| 4 mins | <p>DS presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report.</p> <p>It was noted four risks, namely PR1 (Significant deterioration in standards of safety and care), PR2 (Demand that overwhelms capacity), PR3 (Critical shortage of workforce capacity and capability) and PR4 (Failure to achieve the Trust's financial strategy) remain as significant risks and they are also above their tolerable risk ratings. PR7 (Major disruptive incident) and PR8 (Failure to deliver sustainable reductions in the Trust's impact on climate change) are also above their tolerable risk ratings.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p> | | |
| 24/254 | ASSURANCE FROM SUB-COMMITTEES | | |
| 10 mins | <p>Audit and Assurance Committee</p> <p>ARB presented the report, highlighting concern about the capacity to deliver the Trust strategy and the Moderate Assurance opinion following the internal audit for FIP.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting Month 3 financial performance and review of BAF PR4.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting 62-day cancer performance, fragile services and internal audit report into safeguarding.</p> | | |

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| | <p>People Committee</p> <p>SB presented the report, highlighting work being undertaken in the Urgent Care Team to improve working conditions and lack of system capacity for patients with mental health concerns.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>AR presented the report, highlighting the project to re-scope End of Life rooms, Breast Services Appeal and approval of the purchase of a pair of Neptune 3 Rovers (a closed waste management system) for theatres at Newark Hospital.</p> <p>The Board of Directors were ASSURED by the report.</p> | | |
| 24/255 | OUTSTANDING SERVICE – PATHOLOGY - THE TEAM BEHIND AN OUTSTANDING SERVICE | | |
| 7 mins | A short video was played highlighting the work of the Pathology Team. | | |
| 24/256 | COMMUNICATIONS TO WIDER ORGANISATION | | |
| 2 mins | <p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Apology given to the parents of Baby Theo and the need to share his story. • Pathology Team outstanding service video. • Thanks to volunteers at the Trust. • Industrial action. • IPR. • Improvement offer. • Financial position. | | |
| 24/257 | ANY OTHER BUSINESS | | |
| | No other business was raised. | | |
| 24/258 | DATE AND TIME OF NEXT MEETING | | |
| | <p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 5th September 2024 in the Boardroom at King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:00.</p> | | |

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| 24/259 | CHAIR DECLARED THE MEETING CLOSED | | |
| | Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Graham Ward Acting Chair | | Date |

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| 24/261 | QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT | | |
| 1 min | <p>GW 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>No questions were raised from members of the public.</p> | | |
| 24/262 | 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> | | |