

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 7<sup>th</sup> November 2024, in the Boardroom, King's Mill Hospital

<b>Present:</b>	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
	Neil McDonald	Non-Executive Director	NM
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	David Selwyn	Acting Chief Executive	DS
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
	Phil Bolton	Chief Nurse	PB
<b>In Attendance:</b>	Hannah West	Ward Sister- Day Case	HW
	Nicola Short	Deputy Ward Sister – Day Case	NS
	Paula Shore	Director of Midwifery	PS
	Mark Stone	Emergency Planning & Business Continuity Officer	MS
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
<b>Observers:</b>	Ian Holden	Public Governor	
	Mark Bolton	Associate Director of Operational Performance	
	Chris Wilson	Operational Performance Manager	
	Claire Page	360 Assurance	
	Paul Butterworth		
	Kalindi Tumurugoti		
	Gary Hardman		
	2 members of the public		
<b>Apologies:</b>	Sally Brook Shanahan	Director of Corporate Affairs	SBS

Item No.	Item	Action	Date
<b>24/336</b>	<b>WELCOME</b>		
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&amp;A function.</p>		
<b>24/337</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>24/338</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Sally Brook Shanahan, Director of Corporate Affairs.		
<b>24/339</b>	<b>PATIENT STORY - POSITIVE EXPERIENCE THROUGH SURGERY</b>		
11 mins	<p>HW and NS joined the meeting.</p> <p>HW introduced the Patient Story, which highlighted the work of the Surgical Day Case Unit.</p> <p>SB noted Dr Milligan, the patient featured in the story, is a consultant at the Trust and sought assurance every patient going through the Day Case Unit would have the same experience. HW advised Dr Milligan was treated no differently to any other patient on the unit. PB advised when staff are patients there is the risk they are not given the same attention and healthcare professionals are sometimes more critical.</p> <p>GW felt it would be useful to share this video with patients who are due to have surgery to highlight the positive experience.</p> <p>AH queried if the Trust does enough to prepare patients for surgery, in terms of explaining what will happen when they are admitted, and in explaining the next steps post-surgery. HW advised she works closely with the Pre-op Team. If any concerns are raised by patients, in terms of them not receiving relevant information, this is fed back to the Pre-op Team. The information provided to patients has improved. In terms of post-surgery, not many patients go to the Discharge Lounge from the Day Case Unit. Therefore, TTOs (To Take Out medication) is dispensed on the Unit and any information required by the patient is provided by the nursing team.</p> <p>DS advised Dr Milligan is now back at work and acknowledged there are aspects of her journey which can be improved.</p> <p>HW and NS left the meeting.</p>		

<b>24/340</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 3 <sup>rd</sup> October 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>24/341</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 24/252.2, 24/308, 24/313.2, 24/316.1 and 24/316.3 were complete and could be removed from the action tracker.		
<b>24/342</b>	<b>ACTING CHAIR'S REPORT</b>		
7 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 progress to recruit two non-executive directors (NEDs) and an associate NED, visit to West Notts College, contribution of the Trust's volunteers and Board-to-Board meeting with Nottingham University Hospitals (NUH).</p> <p>BB noted the work underway with West Notts College and felt there is a need to consider how the learning from that partnership can be taken forward into work with Academy Transformation Trust Further Education (ATTFE) and Newark College.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>24/343</b>	<b>ACTING CHIEF EXECUTIVE'S REPORT</b>		
16 mins	<p>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 operational demand pressures and activity, Respiratory Syncytial Virus (RSV) vaccination campaign, Community Diagnostic Centre (CDC) public information event, partnership work, one-stop clinic for cataract patents, Celebrating Excellence event and review of Board Assurance Framework (BAF) Principal Risk 7 (PR7), major disruptive incident.</p> <p>DS advised the Trust's Electronic Patient Records (EPR) has now received Cabinet approval and is out to Invitation to Tender. DS informed members of the Board of Directors about events across the Trust to mark Armistice Day. DS advised an Automatic Number Plate Recognition (ANPR) system will shortly be introduced for car parking across the Trust's sites.</p> <p>RS advised the National Staff Survey is currently open and is in its fifth week. The current response rate across the Trust is 43%. The indications are the organisation is on trajectory for a similar level of engagement which was achieved in the 2023 survey.</p> <p>BB advised when she previously visited the CDC, staff reported some GP practices had stopped undertaking blood tests and were advising patients to attend the CDC. BB queried if this remained an issue.</p>		

	<p>RE advised this is a general theme but was unsure if this is increasing. However, RE advised there has been an increase in walk-ins for blood tests at both Newark Hospital and the CDC. Recently there has been a move to an appointment system in an attempt to control the demand and avoid long waiting times.</p> <p>DS advised patients value the service, but there has been some feedback that patients have experienced long waits due to the number of people attending, hence the move to an appointment-based system. There is a need for further discussion within the system as to who should be providing this service to ensure it is appropriately funded.</p> <p>NM queried what uptake there has been for the RSV vaccination. PB advised the uptake has been positive.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>24/344</p>	<p><b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b></p>		
<p>17 mins</p>	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the Service User Voice, Maternity Forum and the NHS England (NHSE) Perinatal Culture and Leadership Programme.</p> <p>PS advised there has been good uptake of the RSV vaccination. There is a vaccinator who covers the antenatal clinic 9am-5pm, Monday-Friday. The need to reach out to women who receive midwifery led care has been recognised and additional funding has been secured to run pop-up vaccination clinics around antenatal classes at evenings and weekends.</p> <p>BB requested uptake of the RSV vaccination be looked at from an inequalities perspective as the programme is rolled out. PS advised postcode analysis will be captured to identify uptake. Some variation is currently evident, but there is more community engagement work to do and more work is required at a system level.</p> <p>AH noted the work undertaken to hear the voice of service users and queried if there are any voices which are not being heard, for example, teenage mums, cases where medical termination is required, etc. PS acknowledged there is more which can be done and the Maternity and Neonatal Voice Champions (MNVP) have started to visit a community hub to undertake listening sessions. In addition, the Trust has appointed into the role of Senior Advocate, who will have a focus on governance and look at complaints.</p> <p>ARB sought further information in relation to timescales for the implementation of the three-year Maternity and Neonatal Delivery Plan. PS advised the end of the three years is March 2026. Data is being collated, which is starting to be looked at collectively at a system level. This work is progressing well.</p>		

	<p>MG sought clarification in relation to the work of the peer review teams. PS advised there is an internal and external peer review team. The internal team will undertake visits akin to a Care Quality Commission (CQC) inspection, which will include requesting documents prior to the visit. The external team is based within the system and SFHFT is on an annual inspection programme for these visits. PB noted the challenge is to triangulate information from the various sources of external scrutiny which the maternity unit is subjected to.</p> <p>NM noted morale within maternity has declined and advised it is important not to underestimate the impact of the recent Coronal cases. GW noted the sickness absence rate is fairly high (at 7%) and queried what the drivers of this are and if this is linked to staff morale.</p> <p>PS advised there has been some sickness due to the Coronal cases. In addition, there has been an increase in sickness which is linked to the high levels of maternity leave in the unit, i.e. sickness in early pregnancy before maternity leave starts.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>PB presented the report, highlighting suspensions of service and a slight reduction in the number of massive obstetric haemorrhages and third and fourth degree tears. PB advised the Trust will be hosting a visit by the new Regional Chief Midwife early in December 2024.</p> <p>PS advised a deep dive looking at the reasons for the suspensions of service is underway. This will focus on what actions can be taken internally and what external actions are required.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
<p>24/345</p>	<p><b>STRATEGIC OBJECTIVE 3 - IMPROVE HEALTH AND WELLBEING WITHIN OUR COMMUNITIES</b></p>		
<p>12 mins</p>	<p><b>Flu Annual Checklist</b></p> <p>RS presented the report, highlighting the Trust's approach to the flu vaccination campaign in 2024, how staff can access the Covid-19 vaccination and compliance with the flu vaccination best practice checklist. RS advised to date approximately 4/10 colleagues have received the flu vaccination. National figures will not be available until later in November 2024. However, local benchmarking indicates SFHFT has a higher uptake than local partners. RS advised an open letter has been circulated to all colleagues encouraging them to access the flu and Covid vaccinations.</p> <p>ARB noted uptake of the flu vaccination by front line staff is lower than non-front-line staff and queried if there was any targeted work to improve this. RS advised there is a continued focus in relation to peer vaccinators. However, some vaccine hesitancy appears to remain and, therefore, the message to staff about protecting themselves, colleagues and patients is very important.</p>		

<p>AR queried if the Trust was able to return any unused vaccine and receive a refund of the cost. RS advised the Trust is able to return approximately 15-20% of unused vaccine. AR queried what the monetary cost of unused vaccine is. RM advised this is something which needs to be looked into and will be included in the loses and special payments report, which is routinely presented to the Audit and Assurance Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Cost of unused flu vaccinations to be investigated and included in the loses and special payments report to the Audit and Assurance Committee.</b></li> </ul> <p>DS advised the Trust has to 'bid' for vaccine supply. An aspirational target is set as part of this process. The Trust had anticipated being able to vaccinate more local citizens, but this has not yet been the case. There is a need for a more flexible approach and to work with community pharmacists, etc. across the Integrated Care System (ICS) to provide stocks of unused vaccine where it is needed.</p> <p>BB queried if vaccinations were offered to the Trust's volunteers. RS confirmed vaccinations are offered to this cohort, but uptake is not included in the figures.</p> <p>BB expressed disappointment that the model chosen for delivery of the Covid vaccinations does not allow uptake to be tracked and queried if this is a system decision and if there has been any pushback to change the approach. DS advised it was a national decision. RS advised he would look into this issue further.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Confirmation required in relation to the approach to offering Covid vaccinations to staff, to enable tracking of uptake in future years.</b></li> </ul> <p>AH noted the predictions that the peak of flu cases is likely to be in late December 2024 and queried if work is being targeted in areas likely to be most affected by this to ensure staff are protected in time. RS advised the first phase of the flu vaccination campaign was offering the vaccine through 'Grab-a-Jab' sessions and this has seen some success. The second phase is doing more targeted work with departments and making the vaccine more readily available to specific staff groups. RS advised he would share the trajectories for uptake with members of the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Trajectories for uptake of the flu vaccination to be shared with members of the Board of Directors.</b></li> </ul> <p>PB advised he has met with nursing leaders to outline his expectation in relation to vaccine uptake and to look at ways of myth-busting.</p> <p>The Board of Directors were ASSURED by the report.</p>	<p>RM / RS</p> <p>RS</p> <p>RS</p>	<p>06/02/25</p> <p>06/02/25</p> <p>05/12/24</p>
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24/346	<b>EMERGENCY PREPAREDNESS</b>		
16 mins	<p>MS joined the meeting.</p> <p><b>Emergency Preparedness Overview</b></p> <p>MS presented the report, advising the overall Core Standards compliance rating has improved from Partial (82%) to Substantial (91%), with no areas deemed non-compliant. It was noted 6 of the 62 standards were deemed as partially compliant and MS provided further information in relation to those.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Business Continuity Audit Report</b></p> <p>MS presented the report, advising the internal audit opinion, in respect of the Trust's business continuity arrangements, was Significant Assurance. There were four recommendations made as a result of the audit, the details of which are included in the report.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Emergency Planning Policy</b></p> <p>MS presented the report, advising there are no major changes to the policy. It has been subject to the Core Standards Assessment and was deemed Fully Compliant.</p> <p>The Board of Directors APPROVED the Emergency Planning Policy.</p> <p><b>Business Continuity Policy</b></p> <p>MS presented the report, advising there are no major changes to the policy. It has been subject to the Core Standards Assessment and was deemed Fully Compliant.</p> <p>DS noted neither the Emergency Planning Policy or the Business Continuity Policy were shared with the Police and queried if it would be helpful to share these policies. MS advised it would be helpful from a collaborative perspective and advised he would follow this up.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Emergency Planning Policy and Business Continuity Policy to be shared with the Police.</b></li> </ul> <p>The Board of Directors APPROVED the Business Continuity Policy.</p> <p>It was noted MS is due to retire in 2025 and, therefore, this is the last time he will present a report to the Board of Directors. Thanks were expressed to MS for his work and contribution over the years.</p> <p>MS left the meeting.</p>	RE	05/12/24

24/347	<b>HALF YEAR PERFORMANCE REVIEW AND INTEGRATED PERFORMANCE REPORT (IPR)</b>		
68 mins	<p><b>Financial Position</b></p> <p>RM outlined the Trust’s financial position at the end of Half 1 (H1), highlighting risks, Financial Recovery Plan opportunities, NHSE Investigation and Intervention (I&amp;I) programme, recurrent / non-recurrent split of efficiency savings and initial discussions in relation to approaches to planning for 2024/2025.</p> <p><b>Workforce</b></p> <p>RS highlighted the position against plan at the end of H1, work in relation to substantivizing the workforce and reduction in bank and agency usage.</p> <p><b>Activity / Operational Performance</b></p> <p>RM highlighted the Statistical Process Control (SPC) charts included in the report which show increasing levels of activity.</p> <p>RE highlighted cancer performance, advising the Trust is on plan year to date, but acknowledging the 62-day performance needs to be improved. In addition, RE highlighted diagnostics, Referral to Treatment (RTT), elimination of 78 week waits, Elective Recovery Fund (ERF) schemes, Urgent and Emergency Care and a reduction in the number of patients who are medically safe for transfer.</p> <p><b>Quality of Care</b></p> <p>PB highlighted a reduction in the number of complaints, a reduction in the conversion rate of concerns into complaints, Patient Safety Incident Response Framework (PSIRF), CQC inspections, national inpatient survey, never events and challenge in infection control metrics.</p> <p>SR highlighted Hospital Standardised Mortality Ratio (HSMR).</p> <p><b>Discussion</b></p> <p>AR queried if cancer patients, who are experiencing long waits, are being signposted to other providers and if the Trust is working across the region to ensure delays are minimised for patients on the cancer pathway.</p> <p>RE advised patients will be signposted to other providers if that is the appropriate pathway. There are a multitude of reasons for patients being in the backlog and, from undertaking a deep dive, a theme has been identified in relation to patient choice and fitness. Some of the delays are due to capacity issues, noting a single critical post can have a disproportionate impact on the waits in a service. Reasons for delays are multifactorial and across all tumour sites. The Trust is not an outlier in terms of cancer performance and nationally many pathways are challenged.</p> <p>SB queried what can be done differently to meet the demand on the emergency pathway.</p>		



RE advised there is a need to work with system partners to try to manage the demand, noting there is a lot of ongoing work to tackle this, for example, in relation to frailty pathways. There are actions the Trust can take to manage the demand, for example, the use of Same Day Emergency Care (SDEC). There is a need to look at capacity plans for the future. In terms of the forthcoming planning round, there is a need for the ICS to understand the level of unfunded growth at SFHFT, which is disproportionate to the rest of the system. Therefore, there is a need to look differently at how resources are allocated across the system.

SR advised there is a need to think about things which can be done differently to manage the demand, while accepting demand will continue to rise, which will drive different decisions having to be made about the Trust's bedded capacity.

ARB noted the Trust is going to be under pressure from NHSE in terms of productivity and workforce. NM felt the H1 report does not provide information in relation to efficiencies made and if the increased workforce is delivering more.

MG felt it would be useful to consider producing an integrated strategy and performance report as this would help identify if resources are being prioritised on strategy actions. In addition, MG felt there is a need to look at how more granular assurance can be provided at sub-committee level. MG sought further information regarding the comment in the H1 report that the increased fill rate to vacant roles will contribute to the £9.1m increased costs in H2. MG noted the trial of dynamic rostering in ED during October 2024 and queried if there is any early feedback in terms of any benefits this may be delivering.

RE advised there is a need to use available shifts as effectively as possible and to staff shifts which will have the most impact accordingly. The aim of the trial is to look at using fewer resources in a more effective way and it is unlikely to drive huge performance gains. In addition, the Trust is substantivising bank and agency shifts as this will provide more flexibility.

SR advised, in terms of medical agency spend, he chairs a meeting which looks at every agency member of staff listed line by line to determine why they are required. Some of this is related to ERF schemes and some agency locums, who have been used for a length of time, relate to fragile services. The Trust is looking at pipelines for future workforce.

RM advised the fill rate, referred to in the H1 report, relates to filling vacant posts, which have not necessarily been covered by bank or agency usage. All divisions and corporate areas are being asked to look at the realism of forecasts. A weekly vacancy control panel is in place. Mainly the only recruitment is to replace like for like when a colleague leaves the Trust. Therefore, increasing pay spend in H2 is unlikely. In terms of productivity, a new metric has been included in the IPR. A report on all productivity metrics, which are published by NHSE on a monthly basis, will be presented to the Financial Recovery Cabinet meeting on 8<sup>th</sup> November 2024.

	<p>RM noted the performance metrics which are off track and advised there is a need to be able to stand back and make longer term decisions which will impact on performance. Steps have been taken to tighten up governance arrangements to re-establish and evidence grip and control.</p> <p>GW felt it would be useful to build on the unmitigated forecast in the H1 report and show what the Trust is aiming to achieve. In addition, it would be useful to see the monthly run rate and the forecast run rate.</p> <p>BB felt there was no information in the data relating to acuity and felt this is required to understand the profile of need of patients. PB advised a report has been presented to the People Committee, outlining the acuity tool used when undertaking establishment reviews. This could also be presented to the Quality Committee. SR advised acuity is multifaceted and acknowledged there is more work to do. However, data is available which feeds into acuity.</p> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Finance reports to include mitigated forecast to year end with highlighted risks and risk ranges.</b></li> <li>• <b>Information on the acuity tool used when undertaking establishment reviews to be presented to Quality Committee.</b></li> </ul> <p>SB noted the Trust's ED performance is in the upper quartile compared to peers and queried if by prioritising ED performance, and cancelling elective work, is the Trust doing the best for the long-term health of patients.</p> <p>RE advised elective work is not being cancelled to deliver ED performance. However, the Winter Plan does include a short spell where elective orthopaedic work may be paused. A lot of the Trust's normal work is day case activity and the Trust does everything possible to protect cancer and long waits elective work. Therefore, there is no correlation between ED activity and elective work in 'normal' times. However, it may be necessary over Winter to pause some elective work, but this will be mitigated as far as possible by utilising theatres at Newark Hospital.</p> <p>GW noted the Trust benchmarks well with peers in terms of sickness absence rates. However, not all those organisations have a Private Finance Initiative (PFI). As traditionally there are higher rates of sickness absence in Soft and Hard FM services, in order to provide more granularity, it would be useful to see how the Trust compares to other PFI organisations.</p> <p>The Board of Directors AGREED a further performance review, similar to the H1 review, would be undertaken at the end of Quarter 3 (Q3) and presented to the Board of Directors in February 2025.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Performance review to be presented to the Board of Directors at the end of Q3.</b></li> </ul>	<p>RM</p> <p>PB</p> <p>DS</p>	<p>05/12/24</p> <p>05/12/24</p> <p>06/02/25</p>
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	The Board of Directors CONSIDERED the report.		
<b>24/348</b>	<b>TRUST STRATEGY PROGRESS</b>		
6 mins	<p>CH presented the report, highlighting the supporting strategies, progress made against each of the strategic objectives, achievements and work to be undertaken over the next 6 months.</p> <p>NM noted the report does not include any metrics which would assist the Board of Directors to identify areas which are going well and areas where further work is required. CH advised methods of capturing metrics in relation to the Strategy, and potentially including them in the IPR, will form part of the discussion at the Board of Directors workshop on 13<sup>th</sup> November 2024.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>24/349</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>		
3 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 five risks, namely PR1 (Significant deterioration in standards of safety and care), PR2 (Demand that overwhelms capacity), PR3 (Critical shortage of workforce capacity and capability), PR4 (Failure to achieve the Trust's financial strategy) and PR7 (Major disruptive incident) are significant risks. All risks except PR5 (Inability to initiate and implement evidence-based Improvement and innovation) are above their tolerable risk ratings.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
<b>24/350</b>	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
9 mins	<p><b>Finance Committee</b></p> <p>GW presented the report, highlighting 2025/2026 planning, Financial Improvement Programme (FIP), Foundation Trust potential commercial opportunities, Microsoft agreements, Phase 2 I&amp;I support and review of the BAF.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Partnerships and Communities Committee</b></p> <p>BB presented the report, highlighting ongoing concerns regarding capacity to engage and support partnership work, the need to constantly prioritise work in light of competing priorities and items for discussion by other committees.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	<p><b>Charitable Funds Committee</b></p> <p>ARB presented the report, highlighting the proposal to launch a Charity Lottery, the decision to not proceed with the Breast Services Appeal and the recommendation to the Corporate Trustee to approve the Charity's annual accounts for 2023/2024.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>24/351</b>	<p><b>OUTSTANDING SERVICE – THE LIBRARY SERVICE – SUPPORTING DOWN'S SYNDROME CHILDREN AND THEIR FAMILIES</b></p>		
7 mins	<p>A short video was played highlighting the work of the Library Service in supporting children with Down's Syndrome and their families.</p>		
<b>24/352</b>	<p><b>COMMUNICATIONS TO WIDER ORGANISATION</b></p>		
3 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Patient story</li> <li>• Outstanding service video</li> <li>• Importance of receiving the flu and Covid vaccinations</li> <li>• H1 performance report</li> <li>• Progress made in performance metrics in IPR</li> <li>• Improvement Week</li> <li>• CDC open day</li> <li>• Changes to public car parking payment arrangements</li> <li>• Acts of Remembrance</li> </ul>		
<b>24/353</b>	<p><b>ANY OTHER BUSINESS</b></p>		
1 min	<p>GW expressed thanks to AR for his contribution to the work of the Trust, noting this is his last Board of Directors meeting.</p>		
<b>24/354</b>	<p><b>DATE AND TIME OF NEXT MEETING</b></p>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 5<sup>th</sup> December 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:15.</p>		
<b>24/355</b>	<p><b>CHAIR DECLARED THE MEETING CLOSED</b></p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward</p> <p><b>Acting Chair</b> <span style="float: right;"><b>Date</b></span></p>		

24/356	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
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>		
24/357	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></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>		