

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 6th June 2024, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	David Selwyn	Acting Chief Executive	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Phil Bolton	Chief Nurse	PB
	Rachel Eddie	Chief Operating Officer	RE
Simon Roe	Acting Medical Director	SR	
In Attendance:	Paula Shore	Director of Midwifery	PS
	Navtej Sathi	Guardian of Safe Working	NS
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	Rich Brown	Head of Communications	
	Liz Barrett	Lead Governor	
	Ian Holden	Public Governor	
	Claire Page	360 Assurance	
	Joe Locker	Notts TV	
	1 members of the public		
Apologies:	Claire Hinchley	Interim Director of Strategy and Partnerships	CH

Item No.	Item	Action	Date
24/169	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>		
24/170	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/171	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Claire Hinchley, Interim Director of Strategy and Partnerships.		
24/172	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 May 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/173	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 23/356.1, 24/108.1, 24/108.3, 24/142.2, 24/142.3, 24/144.1 and 24/144.2 were complete and could be removed from the action tracker.		
24/174	ACTING CHAIR'S REPORT		
5 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 temporary changes to the Board of Directors and Staff Excellence Awards. GW expressed thanks to Claire Ward, outgoing Chair, for her work for the Trust over the last 11 years. GW advised during his first week in post he has been setting up initial meetings with stakeholders.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Council of Governors Highlight Report</p> <p>GW presented the report. NM advised it was a very good meeting, with pertinent and challenging questions raised.</p> <p>ARB noted the concern raised by the Quality Committee in relation to the Medical Lead for Sepsis and queried if any progress had been made.</p>		

	<p>DS advised a job description has been developed and the post will shortly be advertised for expressions of interest. There is a Medical Lead for Sepsis in ED, which was the area of most concern.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/175	ACTING CHIEF EXECUTIVE'S REPORT		
7 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 actions required during the pre-election period, ongoing high levels of demand across the urgent and emergency care pathway, opening of the new Discharge Lounge, industrial action, midwifery retention scheme, relaunch of staff networks, Community Diagnostic Centre (CDC) information event, Patient-Led Assessment of the Care Environment (PLACE) inspections, increased car parking capacity at Newark Hospital and the successful joint bid, with Nottingham University Hospitals (NUH), to deliver the Sexual Health Service across the Integrated Care Board (ICB).</p> <p>On behalf of the Board of Directors, DS sent best wishes to Paul Robinson, Chief Executive, and his family.</p> <p>BB noted previous discussions in relation to the year on year increase in demand for services, particularly on the emergency care pathway, and the increase in acuity and queried if any progress had been made in terms of understanding acuity.</p> <p>SR advised a report will be presented to a meeting of the Emergency Task Force to look at the initial early warning score for patients, as this is available on Nervecentre, which will allow the data to be tracked. PB advised a report is due to be presented to the People Committee in July 2024, which demonstrates the acuity tool used in inpatient areas for nursing and midwifery.</p> <p>ARB queried if the Discharge Lounge was starting to make an impact. RE advised the number of patients going through the Discharge Lounge is tracked each week and the numbers are increasing. RE advised she would include data in relation to the usage of the Discharge Lounge in the next Integrated Performance Report (IPR) for the Board of Directors.</p> <p>MG queried if any feedback had been received from patients using the Discharge Lounge. RE advised the video which was shared at the May meeting of the Board of Directors included positive feedback from patients. This has continued.</p> <p>Action</p> <ul style="list-style-type: none"> • Data in relation to usage of the Discharge Lounge to be included in the Integrated Performance Report (IPR) <p>The Board of Directors were ASSURED by the report.</p>	RE	01/08/24

24/176	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
18 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the Maternity Safety Champions' walkaround, Maternity Forum and the successful NHS Resolution (NHSR) Year 5 submission. PB expressed thanks to Claire Ward for her work as Non-Executive Maternity Safety Champion. GW advised Neil MacDonald will be taking this role on.</p> <p>PS highlighted the quality improvement focus on induction of labour and safety culture work.</p> <p>NM queried when the triage system was introduced. PS advised the triage system was introduced in 2023, but there is ongoing work in relation to the process. There is a task and finish group which is focussing on any key issues as they arise. Currently the main area of work relates to digital. A new lead midwife for the triage project has been appointed to support and take the lead on improvement work. Women going through triage will not have been through the process previously and, therefore, they have nothing to compare to when giving their feedback.</p> <p>PB advised the Trust previously had a triage system, but the Care Quality Commission (CQC) recommendation was to implement the recognised model. The Trust is working on improving each strand of the model.</p> <p>AH queried what the current areas of concern are and queried if the Trust is active in relation to pre-conception, given some of the issues affecting the local population. PS advised the Trust is able to recruit staff and is able to retain early career midwives. However, an area of concern is retaining midwives who are mid-career, noting this reflects the regional and national picture. There is a need to increase focus on this issue and look at Band 6-7 development. The Trust has been informed the funding for the recruitment and retention post has been made recurrent. Therefore, the Trust is now able to substantively recruit to this role.</p> <p>In terms of pre-conception, there is a role within the Phoenix Team which will be developed into a lead midwife for public health to look at weight management issues, in addition to sustaining the smoke free pregnancy service.</p> <p>PB advised there is a need to focus on neonatal services. An area of concern is the ongoing external pressure on maternity services, noting the media focus and need to review care in all organisations. This is having a huge effect on teams.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	<p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting improvement in the obstetric haemorrhage rate and maternity recruitment event. PB advised there were three suspensions of service during April 2024.</p> <p>MG noted there had been three suspensions of service in April 2024 and sought further information. PB advised the decision to suspend service is usually due to having no physical space or the acuity and pressure on the unit means the Trust is unable to accept any more patients. A process is in place where the safest option is to divert patients to another department which is in a position to accept them. If a patient presented, they would not be turned away and if no-one could accept patients when the unit was closed, the Trust would still accept patients and manage that, but this increases the risk. There are clear processes in place to manage this scenario, noting the safest process is to divert work in a proactive manner. Four patients were affected in April 2024. Sometimes the service can be suspended and no patients require transferring. Suspensions of service are usually for between two hours and half a day.</p> <p>ARB noted the high number of home births in April and queried if there were any capacity issues. PS advised the Community Team are currently fully recruited to and are providing a really good service, with very positive feedback being received. It is important the service is maintained.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
<p>24/177</p>	<p>STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</p>		
<p>14 mins</p>	<p>NS joined the meeting</p> <p>Guardian of Safe Working</p> <p>SR presented the report, highlighting the number of doctors in training, allocation of an additional 15 Foundation Year 1 doctors in August 2024 and delays to completing work on the doctor’s mess.</p> <p>SR advised there were 27 exception reports in the period from 1st February 2024 to 30th April 2024, 26 of which are now closed and one of which was categorised as an immediate safety concern. Further information on the exception reports raised is included in the report. The mean time to dealing with exception reports is 13.5 days and the team are working to improve this.</p> <p>AR queried if the junior doctors’ concerns relate to them working unsupervised or their shifts overrunning. NS advised it is a mixture of factors, including issues in relation to time management and the degree of supervision and teamworking. NS outlined some of the work which has been undertaken recently to address the issues raised.</p>		

AR queried if there were any patient safety concerns linked to the issues raised and how this is being measured. NS advised no patient harm has been identified. Any issues would be highlighted through Datix reporting, with measures of harm being delay in treatment, adverse outcomes, etc.

DS advised any immediate safety concerns are raised with the Governance Support Unit (GSU) who will triangulate them with Datix reports, look at patients' pathways and outcomes, etc.

PB advised there is a daily review of all Datix reports by division. Depending on the grading and harm rating, this will feed into the governance process and Patient Safety Incident Response Framework (PSIRF) meetings. When harm is identified, or if there has been an incident, part of the review looks at if there was appropriate staffing.

BB queried if work in relation to making doctors aware of Freedom to Speak Up (FTSU) and triangulating information between FTSU and the Guardian of Safe Working had progressed. NS advised he has not yet had a formal meeting with the FTSU Guardian. However, when he attends the Grand Rounds, he encourages junior doctors to approach him with any issues. Having a joint discussion with the FTSU Guardian at the Grand Round may be beneficial.

PB advised people are made aware of FTSU at the Trust induction sessions and there are FTSU Champions across the organisation. DS advised historically not many FTSU concerns were raised by people from a medical background. However, this has increased over the past year, which should be viewed as positive as the Trust has actively encouraged reporting. The medical workforce has a number of different routes available to raise any concerns.

GW noted the number of exception reports has significantly reduced over the past quarter, compared to the same period in previous years, and queried if this is a cause for concern. NS advised two colleagues have recently attended a meeting at which some work undertaken in relation to exception reporting in Plymouth was discussed and there are plans to replicate this work at SFHFT. There are some concerns juniors do not know how to exception report. NS advised he has attended the Grand Round and signposted people to the intranet. However, currently the Guardian of Safe Working site and information relating to exception reporting are on different parts of the Trust's intranet site. Work is underway to improve this.

AR felt consideration needs to be given to the amount of protected time available to NS to undertake the Guardian of Safe Working role, noting currently this equates to only one session per week.

The Board of Directors were ASSURED by the report.

NS left the meeting

24/178	STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE		
27 mins	<p>2024/2025 Plan</p> <p>RM presented the report, advising the Integrated Care System (ICS) plan for 2024/2025 was submitted to NHS England (NHSE) on 2nd May 2024. RM outlined the areas covered by the plan, advising the Trust’s plan sets out the ambition to improve clinical and operational performance and meets most of the national priorities and operational requirements published by NHSE. The Trust acknowledges the need to ‘live within its means’ and the plan recognises the need to reduce reliance on high cost temporary staffing. The planned financial deficit for 2024/2025 is £14m, which matches the reported deficit for 2023/2024. However, the 2023/2024 position was supported by a lot of one-off financial benefits. The Trust’s overall efficiency programme is targeting £38m of savings.</p> <p>The Trust’s ability to deliver ambitious improvements in operational performance carries a lot of risk and will require transformational actions across the Trust and ICS. Performance against the plan will be managed via the established performance review processes.</p> <p>NHSE wrote to all systems during week commencing 27th May 2024 requesting a further plan submission by 12th June 2024. No material changes to the SFHFT plan are anticipated. RM sought delegation of authority to the Executive Team to confirm the submission due on 12th June 2024.</p> <p>GW noted the letter from NHSE refers to ‘fair share’ adjustments in terms of capital. Noting the ICS is in deficit, GW queried if there will be any implications for the Trust and the system. RM advised NHSE have published some changes to the financial regime and ‘fair share’ allocations have been calculated. The difference between the revenue plan limit, which is £100m deficit for Nottinghamshire, and what would be deemed fair share allocation is circa £55m. This means there will be a reduction to the capital envelope for Nottinghamshire for 2024/2025 to the tune of £8.2m for the system. This will create further challenge in terms of capital ambitions.</p> <p>GW noted the Trust and the ICS has a huge Financial Improvement Programme (FIP) to deliver and queried how system partners are working together to deliver this. RM advised there is an ICS oversight group, which meets every two weeks, and is focussing on the system transformation actions. All parties across the ICS are part of this group. In addition, there is an ICS financial recovery group, which meets weekly. A half day workshop is scheduled for later in June 2024 to review progress against the plan which was submitted and there will be a Quarter 1 (Q1) stocktake in July 2024 to consider how the ICS is performing against the ambition set out in the plan. It is important to avoid duplication when working at a system level and have the right conversations in the right place and at the right time.</p> <p>SB noted the Trust’s ambition to improve A&E waiting times by 6% and sought clarification what this is based on.</p>		

RE advised the financial plan and the operational plan do not triangulate, noting the growth in the plan is 0.6%, which does not match the growth in demand which is being seen. ED performance has improved by 9% since January / February 2024 following the 'March Sprint' and this position is being held. There are a number of internal actions which can be taken, for example, embedding the use of the Discharge Lounge, expanding the hours of the surgical Same Day Emergency Care (SDEC) which has recently been introduced and other flow improvement work. However, the Trust does require support from the system in terms of demand management. The Trust has undertaken a lot of work over the past 12 months in relation to the 'back door' and the metrics are showing the Trust is moving in the right direction. The concern is if something is not done to stem the demand at the 'front door', the 78% target will be difficult to achieve.

DS advised performance against the plan is very closely linked to the Trust's strategic direction and objectives in the 2024-2029 Trust Strategy. Updates in relation to the delivery of the Strategy will be provided to the Board of Directors. The ICB are aware of the increased demand and the executives are giving a consistent message in relation to this.

RE advised the Trust has put additional staffing and shifts in place to match the demand. There is a constant challenge to match the two expectations of achieving the financial target and delivering operational targets.

BB requested an update regarding the maturity of the Trust's relationship with the Primary Care Networks (PCNs). SR advised the relationship is developing. There is a lot of work happening at a system level in terms of frailty. However, there are opportunities for more collaborative working with primary care colleagues. There are actions which can be taken in relation to respiratory and cardiology which would make a difference in terms of admission avoidance.

MG queried which sub-committee will monitor each target to ensure there is a deeper dive into the risks and mitigations. RE advised the targets will cut across several committees. For example, Elective Recovery Fund (ERF) will be looked at from a planned care performance perspective through the Quality Committee, but the achievement of the ERF target from a financial perspective will be considered by the Finance Committee.

BB noted the Trust's local health community was deemed to be below the 'fair share' allocation and queried if this was still the case. RM advised, as part of the financial regime change, NHSE have determined an acceptable revenue plan limit for every system, which for Nottinghamshire is £100m. In addition, they have calculated what a 'fair share' allocation would 'look like' if all the resources in the NHS were allocated on a health needs basis. This calculation for Nottinghamshire is circa £45m deficit.

AH noted the scale of the 'ask' of the system and queried if there is an understanding of the impact the £250m savings partners have to make will have on the Trust's ability to deliver.

	<p>RM advised at the fortnightly system oversight group meetings, partners will share what actions they are taking, but the detail of the implications a scheme could potentially have on partner organisations has not been explored. This will form part of the ICS session planned for the end of June 2024.</p> <p>PB advised work is underway to establish a system-wide Quality Impact Assessment (QIA) process to enable schemes to be considered 'in the round'. RM advised the clinical voice is very important.</p> <p>RS advised similar conversations are taking place from a workforce perspective, in terms of considering the consequences for staffing if a service was reduced or provided in a different way.</p> <p>AH queried what the likely consequences will be if the system is significantly off plan at the end of Q1. RM advised this could potentially affect the Trust's decision making autonomy in terms of approving any new purchase orders and invoices over a certain value or the Trust may be penalised in terms of capital.</p> <p>NM noted the plans are ambitious and queried what the current level of confidence is in the Trust's ability to deliver. RM advised there are differing levels of risk in different aspects of the plan. RM advised he is confident the Trust will show improvement, but is less confident the Trust will deliver all the targets until Q1's data is available.</p> <p>DS advised there is some concern in relation to delivery of the FIP, noting the 'easy' work has been completed in previous years and now transformational changes are required which need time to develop. Given the current levels of demand on the organisation, the Trust does not have the luxury of time.</p> <p>RS advised the plan was based on a number of assumptions, one of which was no or limited impact from industrial action. However, there is already a period of industrial action planned by the British Medical Association (BMA).</p> <p>The Board of Directors were ASSURED by the report and APPROVED the delegation of authority to the Executive Team to confirm the plan submission due on 12th June 2024.</p>		
<p>24/179</p>	<p>STAFF STORY – MAKING OUR PEOPLE PROMISE A REALITY – WORKING AT SHERWOOD FOREST HOSPITALS</p>		
<p>7 mins</p>	<p>RS presented the Staff Story, which highlighted the work underway in relation to the People Promise aspect of the People Strategy.</p> <p>GW felt it was a good video which got across some good messages.</p> <p>MG noted the comments in relation to the sense of belonging at the Trust and access to learning and development opportunities.</p> <p>GW queried how the video will be used. RS advised it will be used as part of the Trust's Orientation Day and other learning opportunities.</p>		

24/180	PEOPLE STRATEGY		
13 mins	<p>RS presented the report, highlighting the sustained improvement in the Staff Survey results and building and embedding of relationships. RS advised the focus for the third and final year of the current People Strategy will be a continuation of the pillar concept, work on the retention agenda, increase work experience opportunities and learning more about the data available and how that can influence decisions made through the heatmap. There is a need to start to think about the strategy for 2025 and beyond.</p> <p>SB noted the good progress to date and advised there was a good discussion about the People Strategy at the recent meeting of the People Committee. NM felt it is a positive, progressive strategy. ARB advised the People Strategy shows the organisation is taking an interest in its staff.</p> <p>MG requested more information regarding the phrase “Triangulate the workforce element of the planning process with activity and finance”. RS advised this has been discussed at People Committee and the Committee will need to have visibility of performance against plan to identify successes and opportunities for further improvement. A component of the delivery of that will be the efficiency programme, which will be largely workforce related. There is a need to ensure this triangulates appropriately with growth demand and that the Trust lives within its means.</p> <p>BB felt the report was well presented, but felt more information of the impact of the key achievements would have been helpful.</p> <p>DS advised the Trust’s financial plans are predicated on workforce and there is a need to be cognisant of the impact this may have on staff.</p> <p>GW noted the good progress to date.</p> <p>The Board of Directors were ASSURED by the report and APPROVED Year 3 of the People Strategy.</p>		
24/181	BOARD ASSURANCE FRAMEWORK (BAF)		
2 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.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		

24/182	USE OF THE TRUST SEAL		
1 min	<p>SBS presented the report which confirms the Trust Official Seal has been affixed to the following documents, in accordance with Standing Order 10 and the Scheme of Delegation:</p> <ul style="list-style-type: none"> Seal number 116 was affixed to a document on 7th May 2024 for Nottinghamshire County Council. The document related to the lease of the car park on Northfield Road at King’s Mill Hospital. <p>The Board of Directors NOTED the use of Trust Seal number 116.</p>		
24/183	ASSURANCE FROM SUB-COMMITTEES		
19 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting 2024/2025 planning, review of BAF, Electronic Patient Record (EPR) Governance and the importance of triangulation between the committees on the FIP, cash, productivity and capital. There is a request for the Board of Directors to delegate authorisation for cash requests for the remainder of 2024/2025 to the Finance Committee.</p> <p>The Board of Directors were ASSURED by the report and APPROVED the delegation of authorisation for cash requests for the remainder of 2024/2025 to the Finance Committee.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting sepsis training, programme of deep dives, Martha’s Rule pilot and review of BAF.</p> <p>PB advised sepsis training is mandatory from June 2024. It may be useful for a session on Martha’s Rule to be a topic for a future Board of Directors’ workshop.</p> <p>Action</p> <ul style="list-style-type: none"> Martha’s Rule to be topic for future Board of Directors’ workshop. <p>SB welcomed the programme of deep dives.</p> <p>The Quality Committee Annual Report was noted</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People Committee</p> <p>SB presented the report, highlighting delays to the new Doctors’ Mess, workforce perspective on NHSE planning guidance and agency usage reduction programme.</p> <p>GW noted the delays to the Doctors’ Mess, which have been caused by interpretation issues in relation to the new Building Safety Act.</p>	PB	TBC

	<p>DS advised there is a significant focus on this project. Ongoing delays will have an impact on the Trust's capital programme and cost of the project, as well as operational implications.</p> <p>The People Committee Annual Report was noted</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>ARB presented the report, highlighting the Charity Strategy and fundraising for the expansion to the breast service.</p> <p>The Charitable Funds Committee Annual Report was noted</p> <p>The Board of Directors were ASSURED by the report.</p> <p>GW noted there was a degree of inconsistency in the sub-committee annual reports, particularly in relation to attendance, and requested a more uniform approach be taken for future reports.</p> <p>Action</p> <ul style="list-style-type: none"> • Sub-committee annual reports to follow same format. 						SBS	April 2025
24/184	OUTSTANDING SERVICE – SUPPORTING PEOPLE LIVING WITH DEMENTIA - FIRST SPECIALIST ADMIRAL NURSE APPOINTED TO SUPPORT PEOPLE LIVING WITH DEMENTIA							
9 mins	<p>A short video was played highlighting the appointment of a specialist Admiral Nurse.</p> <p>BB noted the Dementia Team is only a Monday to Friday service and queried if there are any plans for the service to be available at weekends. PB advised this is the aim. The Team has only recently increased to three people and it is important caring for people with dementia is not seen as just the Team's job. The Team's role is to provide others with the necessary skills to enable them to provide the care required.</p> <p>SB queried if there are other mental health conditions, learning disabilities, etc. which the Trust should be providing support with. PB advised the Trust has a learning disabilities nurse specialist who specialises in conditions such as autism and ADHD.</p> <p>SB queried if the Trust is able to provide support to people in crisis. PB advised this is the case, but more people are needed.</p>							
24/185	COMMUNICATIONS TO WIDER ORGANISATION							
3 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Pre-election period • Staff Excellence Awards • CDC information event 							

	<ul style="list-style-type: none"> • Financial plan for 2024/2025 • Staff Story – People Promise • Appointment of Admiral Nurse • People Strategy • Support for colleagues during periods of industrial action • Pilot site for Matha’s Rule • National Volunteers Week • Work of the Trust’s charity 		
24/186	ANY OTHER BUSINESS		
	No other business was raised.		
24/187	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th July 2024 in the Boardroom at King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:25.</p>		
24/188	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>Graham Ward</p> <p>Chair Date</p>		

24/189	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>No questions were raised from members of the public.</p>		
24/190	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>		