

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 4th July 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
	Claire Hinchley	Interim 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	
In Attendance:	Debbie Kearsley	Deputy Director of People	DK
	Jen Leah	Deputy Chief Financial Officer	JL
	Chris Dann	Deputy Chief Operating Officer	CD
	Richard Clarkson	Divisional Director of Nursing for UEC	RC
	Nikki Turner	Chief Digital Information Officer	NT
	Paul Moore	Deputy Chief Digital Information Officer	PM
	Mark Bolton	Associate Director of Operational Performance	MB
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	Rich Brown	Head of Communications	
	Deborah Dowsing	Communications Officer	
	Liz Barrett	Lead Governor	
	Ian Holden	Public Governor	
	Elly Holmes	NHS Professionals	
	Lauren Monaghan	Notts TV	
1 member of the public			
Apologies:	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	Rachel Eddie	Chief Operating Officer	RE

Item No.	Item	Action	Date
24/212	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>		
24/213	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/214	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Rob Simcox, Director of People, Richard Mills, Chief Financial Officer and Rachel Eddie, Chief Operating Officer. It was noted Debbie Kearsley, Deputy Director of People, was attending the meeting in place of Rob Simcox, Jen Leah, Deputy Chief Financial Officer, was attending the meeting in place of Richard Mills and Chris Dann, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.		
24/215	PATIENT STORY: THE EMERGENCY DEPARTMENT – TREATING PATIENTS WITH MENTAL HEALTH		
15 mins	<p>RC presented the Patient Story, which highlighted the case of a patient with mental health problems who had a prolonged stay in the Emergency Department.</p> <p>PB advised this is a powerful, but not uncommon story. The patient presented to ED in crisis and the Trust and system failed to respond promptly and offer them the right care, in the right place, at the right time. Lots of care was provided in ED and the team did a good job in ensuring the patient had access to food, showers and somewhere to rest.</p> <p>GW felt it was a powerful video which highlights the issue of getting the right care in the right place for patients with mental health problems.</p> <p>AH noted it is a story everyone will recognise and queried if the Trust tracks Section 2 patients and what the average delay is in getting them to a bed in the right place. PB advised patients are tracked and debriefs take place if there has been a prolonged stay in ED. System processes have improved, with calls taking place throughout the day and at weekends. However, there is evidence of a significant difference between weekdays and weekends. It is important to get the right people on the calls who can make decisions. The Trust is working to identify where and when the longest delays occur. The concern is the availability of beds, noting the bed stock for mental health services is reducing and patients are being sent further afield, away from family, for their care.</p>		

	<p>DS advised cases are reported to the Quality Committee and Strategic Executive Information System (StEIS) reports are completed to highlight cases. Noting the impact on the patient, there is also an impact on staff and other patients in the department. PB advised patients require at least 1:1 care, with some requiring 4:1 care, which has resource implications for ED.</p> <p>NM noted getting a care packing in place is quicker during the week than over a weekend and queried what actions can be taken to improve decision making capabilities at weekends.</p> <p>PB advised there is a need to have the right people on call who can make those decisions, acknowledging this is variable depending on what the substantive role is of people on call. Some of the issues are out of the Trust's control, particularly if the patient is from out of area. There is usually a better response, and ability to get the right people, even out of hours, from the Nottinghamshire system. The challenge is when the patient is from a different area, in this case Liverpool, who were dealing with their own patients, in their own system, as a priority. Delays still occur during the week, but it is more problematic at weekends.</p> <p>SB felt the answer should still have been within the Nottinghamshire system as the family wanted the patient to remain in this area. PB acknowledged this point, advising the longest stay patients should be taken into the most appropriate bed. However, in this case there were no beds in the local system. This is a challenge which needs to be raised at system level.</p> <p>MG noted it was positive to see the team working together.</p> <p>PB advised the Trust escalates cases appropriately. However, the response from the Integrated Care System (ICS) could be improved. The concern is the constraints, lack of facilities, beds, etc. to support patients with mental health problems.</p> <p>BB felt this case is an example of 'Cinderella Services' for patients with mental health problems. DS acknowledged there is a disconnect between the importance of mental health versus physical health, noting patients do not receive any treatment for their mental health while they are waiting in ED.</p>		
24/216	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 6 th June 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/217	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 24/106.2, 24/140 and 24/183.1 were complete and could be removed from the action tracker.		

24/218	ACTING CHAIR'S REPORT		
3 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 the contribution of volunteers at the Trust, particularly during National Volunteers Week. GW expressed thanks for donations to the Trust's Charity.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/219	ACTING CHIEF EXECUTIVE'S REPORT		
22 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, industrial action by the British Medical Association (BMA), ICS performance and assurance update, 2023/2024 Quarter 4 segmentation review letter, Martha's Rule pilot, recognition of Armed Forces Week, Community Diagnostic Centre (CDC) engagement event and review of Board Assurance Framework (BAF) risks.</p> <p>DS acknowledged the recent sentencing of Edward Finn, trainee doctor hosted by the Trust a number of years ago, and apologised to the patient and family affected. The Trust has conducted a robust internal review to understand how the strict measures which are in place to protect patients were breached, noting only Edward Finn knows how he committed these crimes, which are the ultimate betrayal of trust to patients, family and colleagues.</p> <p>SB felt there is no evidence of progress in the ICS update. DS acknowledged this and expressed the hope more tangible results will become evident as the updates and work mature.</p> <p>ARB noted activity levels are 10% above plan. If this trend continues, ARB queried how the Trust will manage this in terms of finance and patient care. DS felt there is the need to identify the reasons for the increased activity.</p> <p>NM noted the Trust's good performance in terms of ambulance turnaround times and queried what impact that is having on the Trust's workload and capacity, noting ambulance crews may choose to convey to King's Mill Hospital, rather than elsewhere, as they will be turned around quicker.</p> <p>CD advised, from the available data, the local population is driving the increased demand on ED. There is an increase in ambulance conveyances from the border of different catchment areas, noting typically the admission rate is higher for ambulance conveyances compared to walk-ins. This has an impact on the Trust's bed stock. This has been raised at a system level. DS advised where ambulances are coming from is kept under regular review.</p>		

	<p>MG queried what the underlying causes for increased activity are and what actions are being taken to address this at a system and organisational level. SR advised the issue has been raised with the system analytics unit who are undertaking some work to try to understand the drivers, as the Trust is seeing a disproportionate increase in demand compared to other providers, a significant portion of which is local activity.</p> <p>BB felt there is a need for the Trust to have good working relationships with primary care colleagues.</p> <p>AH felt there is a need to understand the demographics of the local population and identify if people are not accessing services which are available or if there are some services which are not available.</p> <p>GW expressed thanks to staff who covered shifts during the recent period of industrial action.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>24/220</p>	<p>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</p>		
<p>9 mins</p>	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB presented the report, highlighting the service user voice, rollout of Electronic Prescribing and Medicines Administration (EPMA) in the Maternity Department, staff engagement, regional maternity heatmap and work in relation to improving the triage process.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>PB presented the report, highlighting reduction of massive obstetric haemorrhage, home births service and recruitment event. There were no suspensions of service in May 2024.</p> <p>BB expressed the view that the number of third and fourth degree tears continues to be a concern. PB advised benchmarking information is available which highlights this is a national problem and the Trust benchmarks well compared to others. However, this does not justify the rates. There is still work to be done, including implementing the Obstetric Anal Sphincter Injury (OASI) care bundle. There is work underway at the Local Maternity and Neonatal System (LMNS), which will be reported through Quality Committee. There is a lot of focus on this issue both internally and nationally.</p> <p>AR expressed concern for the long term outcomes for patients who have suffered a third or fourth degree tears and asked for this information to be reported to the Quality Committee. PB reminded members of the Board of Directors of the review into third and fourth degree tears which is underway and confirmed the outcomes are included in that work. This will be reported to the Quality Committee.</p>		

	<p>NM noted third and fourth degree tears is a national issue and queried how this is linked into the training provided to trainee midwives. PB advised this links with the OASI care bundle.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>24/221</p>	<p>STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</p>		
<p>18 mins</p>	<p>Equality and Diversity Annual Report</p> <p>DK presented the report, highlighting mandatory aspects and successes and work taken forward over the past year. It was acknowledged there is more work to do and progress will be reported to the People Committee. In addition, there is more work to do in relation to patients. It was noted an inequalities group has been established, which is a collaborative with system colleagues.</p> <p>BB felt the report did not contain much information relating to the patient aspect. BB queried what the added value is for staff who are part of the various staff networks. DK advised the staff networks provide a peer group for staff where they can share experiences and take the learning out into the wider organisation. The networks are an outward demonstration to the organisation that the diverse workforce of the Trust is valued. Steve Banks, Chair of the People Committee, is planning to meet with the chairs of the networks to discuss the value the networks add and what the Trust can do to further support the networks. BB felt the report could be improved by including feedback from members of the staff networks.</p> <p>SB felt there is a need to consider how the voice of the staff networks can be brought into discussions. DS advised there is reference in the Acting Chief Executive’s report to the creation of an Armed Forces Staff Network, advising this has been very well received.</p> <p>MG queried what areas have been covered by the Equality Impact Assessments (EqIA) and what learning has been identified as a result. DK advised all policies, procedures, service changes, etc. should have an EqIA completed to identify anything which may disproportionately impact on protected characteristics. In terms of learning, there have been some practical issues identified, for example, improving access.</p> <p>MG felt it would be useful for more strategic information to be available, for example, numbers of EqIAs carried out, thematic areas, how they are helping to drive improvement, etc. MG queried if an EqIA had been carried out on the Trust Strategy. CH advised an EqIA had not been undertaken on the whole strategy as that is difficult to complete at a high level. However, where changes are proposed, EqIAs are undertaken.</p> <p>DK advised information in relation to the number of EqIAs undertaken, etc. can be sourced and reported to the People Committee.</p>		

	<p>The Board of Directors APPROVED the 2024/2025 Capital Expenditure Plan.</p>		
<p>24/223</p>	<p>DIGITAL UPDATE</p>		
<p>24 mins</p>	<p>NT and PM joined the meeting.</p> <p>PM presented the report, highlighting the growth in the senior leadership team for digital services, governance arrangements, EPR progress, Public Facing Digital Services (PFDS) and milestones in the Digital Strategy.</p> <p>ARB sought clarification in relation to the tender process for EPR. PM advised each organisation has to follow a full procurement process, noting the national programme, which had previously been established, no longer exists. DS advised there is a balance between buying a product which has been designed for the majority and buying a product which works for individual organisations, noting there are advantages and disadvantages of both approaches.</p> <p>GW advised there is a framework agreement the Trust can procure through, which is limited to organisations which can deliver the required system.</p> <p>SB queried what the current costs are to maintain the Trust's digital landscape and what the cost of change is. PM advised the capital programme, from an IT perspective, is focussed on maintenance and there are no plans to do anything vastly different due to EPR and other activities. When the full EPR business case is developed, the Trust will look to identify some of the opportunities, for example, some systems will be retired and, therefore, will not require upgrades, etc.</p> <p>DS advised there will be an internal and external focus in terms of where SFHFT positions itself, not just with NHIS but also across the Integrated Care Board (ICB). There will be a need to work together to create efficiencies.</p> <p>SB queried what the cost is (as a percentage of turnover) of maintaining the IT landscape currently and what it will be in five years' time. JL advised the current costs are as documented within the capital programme. In terms of getting the information as a percentage, this information can be obtained and will be reported to the Finance Committee. From the EPR business case perspective, the capital programme spend is unlikely to reduce as the spend will be on maintaining the new software for the future. The EPR business case will demonstrate savings in relation to workforce and the way the Trust operates.</p> <p>PM advised the overall cost of IT goes beyond EPR. For example, the Trust has just responded to the Model Hospital Corporate Return which gives an overarching cost of workforce and some of the technical elements. NT advised there is work to do to look at what the 'fast forward' looks like. In five years' time there may be opportunities across the ICS to further build on progress and provide collaborative services.</p>		

	<p>Action</p> <ul style="list-style-type: none"> • Information in relation to the cost of maintaining the current IT landscape, and what the costs are likely to be in five years' time, to be reported to the Finance Committee. <p>NM advised he attended the first meeting of the EPR Programme Board and felt this was a very good meeting, noting a lot of work has been completed in terms of workload mapping, etc. The full business case will need the support of the Board of Directors and the Executive Team. There is a need to have the commitment of the Executive Team at the right level to enable decisions to be made in a timely manner.</p> <p>AH felt there is an important synergy between EPR and the data strategy and queried if the data strategy and the EPR programme are adequately aligning to get maximum benefit.</p> <p>PM advised currently the organisation is at a low position from a data and information perspective. To address this, the Trust has recently appointed a Head of Information to drive forward the agenda, noting this is a new role. The Trust is starting to make some improvements in terms of the technology the organisation is using and the ability to provide data. As part of the EPR procurement work, the Trust has detailed the importance of how to extract data from systems. There is a long way to go from a data and information point of view, but it is a core part of the EPR programme.</p> <p>DS advised the appointment to the Head of Information post was brought forward and expressed the view the terminology should be changed to Head of Intelligence. Historically the Trust has been chasing data. There will be a system repository for data and the Trust needs a support unit which provides the intelligence.</p> <p>MG noted the need for the end user to embrace the benefits and the new technology and queried if there was any learning from the 'tap and go', which has been delivered in Urgent and Emergency Care, regarding the realisation of benefits for the end user.</p> <p>PM advised the first role appointed to as part of the EPR programme was Head of People, which is in recognition of the change the organisation will undergo. This role is responsible for driving change and engagement. In addition, the Trust will be recruiting a Head of Operational Change to look at how to make improvements with users. The digital champions have done some good work and there is now a small number of very bought in staff. The next challenge will be looking at how to free up time to give people the ability to become involved.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>NT and PM left the meeting.</p>	<p>DS</p>	<p>05/09/24</p>
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24/224	INTEGRATED PERFORMANCE REPORT (IPR) ANNUAL REVIEW			
15 mins	<p>MB joined the meeting.</p> <p>MB presented the report, highlighting the indicators to be amended in the IPR for 2024/2025, the indicators to be removed, the indicators to be added, activity indicators to be moved from the Timely Care domain and consolidated into a separate activity section and the proposal to add benchmarking information from Quarter 2 (Q2).</p> <p>MG noted the proposal to increase the target for the vacancy rate from 6% to 8.5%, but with tighter caps on agency usage. MG queried if the target was stretching enough and if there were any risks to patient safety and availability of staff.</p> <p>DK advised the People Directorate were reporting different figures to the Finance Directorate. Therefore, the reason for the change is to ensure reporting is from one data source. In deciding the target, the last two years have been reviewed and the vacancy rate over the past two years has been calculated. 8.5% does represent a stretch target. Moving forward it is important to look at the vacancy rate on a month on month and quarterly basis in terms of how vacancies change. This will be key in terms of monitoring vacancies and understanding the impact that has on the Trust from a finance and patient safety perspective and also how this interrelates with agency usage.</p> <p>JL advised there has been an alignment of the start point of what the percentage is being benchmarked against. What is recognised in the finance ledger as being fully established and what has been recognised in HR as fully established has differed. Therefore, there is a need to ensure the start points are the same.</p> <p>AR queried if it is possible to include serious incidents which result in significant harm. PB confirmed this can be included.</p> <p>Action</p> <ul style="list-style-type: none"> • The number of serious incidents which result in significant harm to be included in the IPR report. <p>NM queried if the targets in relation to agency usage are a financial measure or a percentage. DK confirmed this is a percentage and is linked to the national guidance.</p> <p>NM noted in the Best Value Care domain the measure is agency expenditure against plan and expressed the view this should be total variable cost against plan. JL advised bank usage is reported in terms of number as a percentage, rather than cost as a percentage.</p> <p>Action</p> <ul style="list-style-type: none"> • Agency expenditure against plan to be reported in the IPR as total variable cost against plan. <p>SB sought clarification if staff turnover in month is planned or unplanned turnover.</p>	RE	01/08/24	
		RE	01/08/24	

	<p>DK advised this is unplanned turnover, noting anything which is deemed as planned is taken out of the figures, for example, resident doctors.</p> <p>GW felt there should be more focus on productivity in the Best Value Care domain. JL advised the ambition is to build the implied productivity into the IPR and work is underway to establish what this will 'look like'. Currently a report is presented to the Finance Committee in relation to the productivity metrics and the ambition is that will continue.</p> <p>AH sought assurance that in relaxing the agency usage over price cap indicator, this will not create a tension with meeting the target for overall agency usage. JL advised it is important not to report the Trust is achieving the agency price cap through other measures, while agency usage remains the same. It is important to understand exactly what the agency spend is, what the drivers are and what is being done to reduce agency spend.</p> <p>DK advised agency usage over price cap was set at 30% in 2023/24, but this target was never achieved and it was over ambitious. An exercise has been undertaken to complete some triangulation and this suggests if 40% is achieved for agency usage over price cap, the target of 3.2% for overall agency usage will also be achieved.</p> <p>GW felt it would be useful to see the plan and trajectory for areas where improvements are required. MB advised the datasets include the plan values through to year end. Therefore, this information can be included within the graphs.</p> <p>The Board of Directors APPROVED the IPR indicators for 2024/2025, subject to the requested amendments being made.</p> <p>MB left the meeting.</p>		
<p>24/225</p>	<p>IG / DATA SECURITY PROTECTION TOOLKIT (DSPT) SUBMISSION</p>		
<p>4 mins</p>	<p>SBS presented the report, advising the report provides an overview of the Trust's compliance with the Information Governance (IG) and security agenda, both nationally and locally.</p> <p>All of the 108 mandatory standard evidence items are now complete for the DSPT. It was submitted with overall compliance and an auditor's opinion of substantial assurance.</p> <p>During 2023/24, three incidents were escalated as reportable to the Information Commissioners Office, none of which have resulted in action from the regulator as the Trust provided appropriate assurance.</p> <p>It was noted during 2023/2024, the Trust processed a total of 863 Freedom of Information (FOI) requests and 3,710 requests for access to patient records, noting this is a year on year increase.</p> <p>SBS acknowledged there is more work to do, particularly in relation to improving response times to FOI requests.</p>		

	<p>AH queried what the decline rate is for FOI requests and how the Trust benchmarks with other organisations. SBS advised very few requests are declined. No benchmarking information is available and it would be difficult to compare as each request is unique. However, this can be explored.</p> <p>Action</p> <ul style="list-style-type: none"> • Explore the possibility of producing benchmarking information for the number of FOI requests received and decline rates. <p>AH noted some people make multiple requests and queried what is being done to address this. SBS advised the Trust links up with partners in relation to this to ensure, where appropriate, there is a consistent approach to the responses. DS advised there will be opportunities in the digital world to address this, noting requests for the same information are often received by Nottingham University Hospitals (NUH), Nottinghamshire Healthcare Notts HC and ICB. Ways of requests being submitted via one portal are being actively explored.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>SBS</p>	<p>01/08/24</p>
<p>24/226</p>	<p>ASSURANCE FROM SUB-COMMITTEES</p>		
<p>6 mins</p>	<p>Audit and Assurance Committee</p> <p>MG presented the report, highlighting annual reports, Internal Audit progress report and register of interests.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting the Financial Improvement Programme (FIP) and capital allocation.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting palliative care provision, increase in the number of complaints and potential links to litigation, Prevention of Future Deaths and Regulation 28 Report and serious incident themes.</p> <p>ARB queried if the increase in the number of complaints is a national trend. AR confirmed it is a national trend.</p> <p>GW queried if there were any themes emerging from the complaints received. PB advised a Patient Experience Committee has recently been established. In terms of themes, there has been an increase in complaints across all areas, particularly in relation to delays in appointments, access, etc. CD advised there is a 'ripple effect' in terms of delays to treatment caused by periods of industrial action.</p>		

	The Board of Directors were ASSURED by the report.		
24/227	OUTSTANDING SERVICE – OPUS MUSIC – MAKING MUSIC AN INTRINSIC PART OF HEALTHCARE		
8 mins	A short video was played highlighting the work of the OPUS Musicians within the Trust.		
24/228	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"> • Thanks to colleagues for maintaining essential services during periods of industrial action. • Martha’s Rule pilot. • Armed Forces Network. • Value of staff networks. • Financial position. • Capital Plan commitments. • Patient story. • OPUS Musicians. • IPR update. 		
24/229	ANY OTHER BUSINESS		
	No other business was raised.		
24/230	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st August 2024 in the Boardroom at King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:40.</p>		
24/231	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>		

24/232	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>		
24/233	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>		