

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on Thursday 2<sup>nd</sup> February 2023 in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
Rachel Eddie	Chief Operating Officer	RE	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Andrew Marshall	Deputy Medical Director	AM
	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up Guardian	KB
	Amy Gouldstone	People Wellbeing Lead	AG
	Jacqueline Read	Head of People Partnering and People Operations teams	JR
Donna Bowler	Associate Director of People Resourcing	DB	
<b>Observers:</b>	Sue Holmes	Lead Governor	
	Linda Dales	Appointed Governor	
	Shantell Miles	Director of Nursing and Deputy Chief Nurse	
	Caroline Kirk	Communications Specialist	
	Claire Page	360 Assurance	
	4 members of the public		
<b>Apologies:</b>	David Selwyn	Medical Director	DS
	Aly Rashid	Non-Executive Director	AR

Item No.	Item	Action	Date
<b>23/030</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&amp;A function.</p>		
<b>23/031</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>23/032</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from David Selwyn, Medical Director, and Aly Rashid, Non-Executive Director.</p> <p>It was noted Andrew Marshall, Deputy Medical Director, was attending the meeting in place of David Selwyn.</p>		
<b>23/033</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 5 <sup>th</sup> January 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>23/034</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 18/583.1, 18/615, 18/652, 18/653 and 23/009 were complete and could be removed from the action tracker.		
<b>23/035</b>	<b>CHAIR'S REPORT</b>		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the 'Step into the NHS' recruitment event hosted by the Trust in partnership with West Notts College. CW expressed thanks to the governors for their work and the support they provide to the Trust.</p> <p>The Board of Directors were ASSURED by the report</p>		



	<p>DA advised the Trust has a Digital Strategy Group which helps ensure digital is integral to everything the Trust does. The Digital Strategy will feature as part of the Trust's future strategic direction. DA acknowledged the Digital Strategy is not yet in written form. This will take followed up with the Strategy Group.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Confirm when the Digital Strategy will be available in written form</b></li> </ul> <p>GW advised EPR is a major transformational project which will need to go through a number of stages. There is a need to get processes right and the Trust should start to look at process changes now, ahead of implementation.</p> <p>PR advised the Trust is developing a new 5 year strategy. Implementation of EPR is an important step forward, but it is not the end of the journey. EPR implementation will be within 1-2 years of the 5 year strategy and what the future state will 'look like' and the benefits of implementation will be in the latter part of the 5 year strategy.</p> <p>SB sought clarification regarding the governance arrangements for the Digital Strategy Group. PR advised the group reports into the Executive Team and to the Board of Directors via the Chief Executive's report. RM advised the Group will report into the Finance Committee for any specific investments.</p> <p>SH advised an update in relation to the Digital Strategy is due to be presented to the Board of Directors in June 2023.</p> <p>MG felt for future years it would be useful to include inputs and outcomes in the updates presented to the Board of Directors as this will help identify and assess the impact of actions.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>DA</p>	<p>02/03/23</p>
<p>23/038</p>	<p><b>STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE</b></p>		
<p>11 mins</p>	<p><b>Maternity Update</b></p> <p>PS joined the meeting</p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the Service User Voice, Safety Champions walkarounds, Ockenden and Kirkup singular assurance framework, Care Quality Commission (CQC) draft report and SCORE cultural survey.</p> <p>MG queried what PS and PB felt should be the main area of focus for improvement, risks or opportunities.</p>		

PS felt this should be how the Trust communicates out to all areas, noting there are a variety of dependencies within the community and the national picture is very different to the local picture. There is a need to increase awareness of the risks related to pre-term births, for example smoking, and to help women understand why they may not be able to stay at SFHFT if they deliver pre-term.

PB noted maternity is a big agenda and the streamlining of some of the 'asks' would help. PB advised he welcomed the introduction of the joint oversight framework. PS advised this will be a single reporting portal. Currently the Trust reports to multiple external bodies. The single assurance framework will reduce duplication.

The Board of Directors were ASSURED by the report

**Maternity Perinatal Quality Surveillance**

PB presented the report, highlighting Friends and Family Test recommendation rate and commencement of the elective caesarean section list.

CW welcomed the elective caesarean section list and sought clarification if this has caused any displacement of the gynae lists and what impact this has had. RE advised this was reviewed carefully before the decision was made. Gynae and general surgery are affected but the impact is low. The main impact will be for patients lower down the list but it will not impact on the trajectory for long waits and will not impact cancer and urgent pathways. This is an interim plan, pending introduction of a substantive caesarean section list from April 2023. The recruitment to support that is underway and is on track.

SB noted postpartum haemorrhage appears to be a worsening trend and sought clarification if it is a worsening position or if it is being measured more accurately.

PS advised the Trust is undertaking some work with the regional team. The first aspect of the care bundle which has been introduced relates to monitoring blood loss and how this is measured. Historically blood loss is generally underestimated and, therefore, there has been an increase. It is hoped this will settle. A risk assessment tool has also been introduced. Therefore, it is unclear which of the two changes has caused the difference. In addition, the Trust is currently working on two databases. All cases are reviewed and no harm has been identified. As part of the harms review, length of stay, percentage haemoglobin drop, etc. are looked at. All possible steps are being taken to improve the position. It was noted the national auditable standard is due for review.

SB sought clarification if the situation will 'settle' at the new higher level. PS advised this will be the benchmark figure, i.e. below the threshold.

The Board of Directors were ASSURED by the report

PS left the meeting

23/039	<b>STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</b>		
17 mins	<p><b>Freedom to Speak Up (FTSU)</b></p> <p>KB joined the meeting</p> <p>KB presented the report, highlighting consistent engagement, people profile of concerns raised, themes identified, learning and triangulation, Speak Up Month and updates to the FTSU Policy.</p> <p>ARB queried if there is any further support the Board of Directors can provide. KB advised FTSU is growing and developing. KB feels she has access points when she needs them, noting DA is a FTSU Champion, which will help leaders who come forward with a concern.</p> <p>BB noted how the agenda is maturing and how KB uses intelligence and works with the People Team to get triangulation in relation to what issues are live and what work needs to be done. RS advised he has an open dialogue with KB and this has extended across the wider team. There is a wider pool of FTSU champions, which is testament to how KB wants to take the agenda forward.</p> <p>MG queried what KB felt is the positive maturity over the last two years and if there is anything for the Board of Directors to tackle. KB advised consistent themes relate to how individuals interact with their line manager. This raised the question if there is assurance the people the Trust puts into line management positions have the skills and mindset to navigate the early conversations in Speaking Up and respond appropriately. This message has been taken to developing and evolving leaders through educational and training programmes. There is a need to ensure the offer is put to everyone who is in a line management position.</p> <p>PR advised KB has good executive support from DA, RS, SH and himself. PR advised he has regular catch-up meetings with KB, during which any thematic issues are raised. These meeting also provide the opportunity to discuss anything which is required to support KB in her role. PR acknowledged the role KB has played in growing the number of FTSU champions. KB advised the Trust has good reserves of champions, noting taking on the role helps colleagues' personal development.</p> <p>RM noted concerns are being raised by students, noting the steps taken to ensure students feel Speaking Up is for them as well as the substantive workforce. Students are the future workforce and it is important to learn from them. RM queried if there is anything further the Trust can do in terms of the teams who interact with students to enhance their experience. PB advised while FTSU is new for students, there are many other forums for them to raise concerns, providing lots of mechanisms to gather information. It is important to ensure all information is triangulated.</p> <p>The Board of Directors were ASSURED by the report</p> <p>KB left the meeting</p>		

23/040	<b>STRATEGIC OBJECTIVE 5 - TO PROVIDE BETTER VALUE</b>		
3 mins	<p><b>2023/24 Planning Guidance update</b></p> <p>DA presented the report, advising the planning guidance was received on 23<sup>rd</sup> December 2022. It was noted the ICS are required to make the submission on behalf of the whole system by 30<sup>th</sup> March 2023, with draft plans required by 23<sup>rd</sup> February 2023. The Trust has a process in place to feed the Trust's activity and performance, workforce and financial information into the ICS plan submission. It was noted the Trust has submitted the initial draft plans within the requirements of the ICS timelines.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/041	<b>STAFF STORY – IT'S OK NOT TO BE OK</b>		
11 mins	<p>AG and JR joined the meeting</p> <p>AG and JR presented the Staff Story, which highlighted the wellbeing support available to staff, noting the message 'It's OK not to be OK' and to ask for help when required.</p> <p>CW expressed thanks to Justin, the member of staff featured in the video, for opening up and sharing his story.</p> <p>PR expressed thanks to AG, JR and their team for providing the necessary support to colleagues, noting it is important for colleagues to feel supported. PR felt it was humbling to hear a senior member of staff, and staff governor, being able to speak about vulnerability.</p> <p>GW felt it was a powerful video, from a member of staff who most colleagues would not think would be in the position of needing help. GW noted Justin recognised he reached the point of needing some help and he reached out. He has been able to talk about his experience. It is important to get the message across to staff to help people recognise early when support is required, to look for that support and to know support will be forthcoming.</p> <p>ARB advised he found the video moving and humbling, noting it needs to be shared as widely as possible with staff. AG advised the video will be shared, noting it shows the importance of reducing the stigma of asking for help. Justin feared asking for help would stifle his career, but it has made him a stronger and better person and leader.</p> <p>AG and JR left the meeting</p>		
23/042	<b>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</b>		
30 mins	<p><b>QUALITY CARE</b></p> <p>PB highlighted serious incidents, falls, Covid-19 outbreaks and dementia.</p> <p>AM highlighted Hospital Standardised Mortality Ratio (HSMR).</p>		



	<p>SB noted the measures highlighted are RAG rated (Red, Amber, Green) as Red. However, most of these are within the upper and lower limits on the Statistical Process Control (SPC) charts. SB queried if this is an indication about how indicators are measured.</p> <p>RM advised this may be similar to the discussions in relation to tolerance and target for the Board Assurance Framework (BAF). BB advised RAG ratings are a crude measure, which do not pick up on the 'direction of travel'. GW felt there may be a need to look more at the SPC process. AH advised consideration also needs to be given to the targets which are set.</p> <p>PR advised a review of the indicators used and how these are shown in the SOF can be undertaken.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Review the indicators used and how they are shown in the SOF to give clarity on the 'direction of travel'</b></li> </ul> <p><b>PEOPLE AND CULTURE</b></p> <p>RS highlighted sickness absence, appraisals, employee relation cases and flu and Covid vaccinations.</p> <p>GW noted the sickness absence level of 5.3% for Q3, advising 1% equates to in excess of £1m per annum. There is a need to maintain focus on this to ensure as much as possible is being done to address this issue. GW acknowledged the actions the Trust are taking, noting there is also the need to recognise the pressures faced by staff. While the Trust's position is good compared to peers, there is a need for the rate to be as low as possible from both a financial and quality of care perspective.</p> <p>MG noted the vacancy rate is 5.6% and requested a deep dive report be presented to the People, Culture and Improvement Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Deep dive into the vacancy rate to be presented to the next meeting of the People, Culture and Improvement Committee</b></li> </ul> <p>DA highlighted the number of Quality Improvement (QI) projects.</p> <p>PR advised the Trust has established an improvement faculty.</p> <p>BB queried if the correct metric is being measured in the SOF in relation to QI projects. PR advised the metrics and targets were agreed in March 2022 and the Trust continues to report against those. The SOF is currently under review for 2023/2024 reporting and this indicator will change.</p>	<p>SH</p> <p>RS</p>	<p>06/04/23</p> <p>06/04/23</p>
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**TIMELY CARE**

RE advised the Trust has been on Opel 4 for the majority of Q3 and there have been four critical incidents. In the Winter Plan it was predicted Q3 would be busy. However, the numbers have exceeded those which were planned for. It was noted the indicators on the emergency care pathway have declined. However, the Trust still benchmarks well regionally and nationally, particularly for ambulance handover times.

There has been an impact on the elective programme due to the pressures on emergency care. It was noted the 78 week wait trajectory was slightly off track at the time of writing the report. However, this position is improving and the prediction is for zero 78 week waiters by the end of March 2023. The Trust has agreed to offer additional mutual aid to Nottingham University Hospitals (NUH) to support them in achieving the 78 week target and to equalise the very long waits across the system.

The cancer pathway is on trajectory and the Trust is outperforming other organisations for the faster diagnosis standard. It was noted the 62 day backlog is down to 63 patients, which is the best position this year.

GW felt the Trust's performance for ambulance turnaround times was exemplary. In terms of bed base planning, GW queried if this is being looked at strategically as an ICS and Place Based Partnership (PBP), noting the need to look at where beds are best positioned for the short, medium and longer term.

RE advised this is not yet the position as an ICS. From an organisational perspective the opportunity to see the bed model at such an early stage is positive, noting this is highlighting that the configuration is not yet correct between acute beds at King's Mill Hospital and sub-acute beds at Newark Hospital and Mansfield Community Hospital. In addition, the split is not right between divisions and there is a bottleneck in assessment unit capacity, which is impacting flow.

In terms of the wider system, there was a discussion at the Provider Collaborative workshop on 27<sup>th</sup> January 2023 in terms of starting to consider how organisations can work together on out of hospital capacity. Every organisation is taking a slightly different approach to this and there is value in looking at this more holistically as a system. Discussions are in their infancy, but are progressing in the right way.

**BEST VALUE CARE**

RM outlined the Trust's financial position at the end of Month 9.

ARB confirmed there had been an in depth discussion about the Trust's financial position at the recent meeting of the Finance Committee.

The Board of Directors CONSIDERED the report

23/043	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>		
6 mins	<p>PR 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>There are three risks, namely PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity and PR4, Failure to achieve the Trust's financial strategy, where the current risk rating is above the tolerable risk rating.</p> <p>BB advised the Quality Committee had a robust discussion regarding the ratings for PR1 and PR2. The Committee took the decision to recommend increasing the rating for PR2.</p> <p>SH noted the discussions at Quality Committee, advising the same rigour needs to be applied when considering reducing the ratings. When the strategic priorities for 2023/2024 are agreed, there may be a need to consider how the principal risks are worded and how they are scored.</p> <p>PR advised there is a need to take a step back and consider if the BAF reflects where the Trust is as an organisation and if it reflects where the focus is for plans, discussions and strategies.</p> <p>ARB confirmed the Finance Committee had an in depth discussion in relation to PR4.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
23/044	<b>APPLICATION OF THE TRUST SEAL</b>		
1 min	<p>SH presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents:</p> <ul style="list-style-type: none"> <li>Seal number 100 was affixed to a document on 18<sup>th</sup> January 2023 for Keir Construction Ltd. The document related to the repair and upgrade of firestopping installation (Keir project number 036356).</li> </ul> <p>The Board of Directors APPROVED the Use of the Trust Seal number 100</p>		
23/045	<b>EXTERNAL WELL-LED RECOMMENDATIONS, PROGRESS REPORT</b>		
9 mins	<p>SH presented the report, advising there were 15 recommendations from the Well-led review undertaken in March 2022. The report provides progress against those recommendations, noting 11 are complete and four remain outstanding, for which progress reports are provided.</p>		

	<p>SH highlighted Recommendation 8: The FTSU Guardian and Guardian of Safe Working Hours should capture data by gender and ethnicity where possible to allow for additional analysis, themes and trends. It was noted this information is included in the FTSU reports to the Board of Directors. However, the system used to collate the Guardian of Safe Working Hours report does not have the facility to record ethnicity and gender data, which would mean a manual investigation for each exception report, which would be very time consuming. This data is included in the Medical Workforce Report. Therefore, agreement was sought for this recommendation to be closed.</p> <p>SB noted the context for the recommendation was to highlight any groups being disadvantaged and sought clarification if the information provided in the Medical Workforce Report provide the same insights. SH advised it may not, but there are other methods where the information can be identified, which are not necessarily through the Guardian of Safe Working report.</p> <p>RS advised it is important to recognise FTSU is sometimes anonymous information which is provided. Therefore, it is not possible to get the level of detail from the information individuals are willing to disclose. This makes the process of obtaining the data difficult and requires manual intervention, which brings into question the reliability of the data being provided. There are other data sources, particularly for the Guardian of Safe Working, as reports are completed through a system and can be tracked to an individual. However, there are some caveats which may question the reliability of the data.</p> <p>AH felt there is a need to ensure all staff have the opportunity to come forward and there is no disadvantage in relation to gender, ethnicity, etc. If this information is not captured through FTSU Guardian and Guardian of Safe Working Hours reports, it needs to be captured elsewhere. RS advised the information is captured where possible, noting FTSU can be anonymous.</p> <p>SB felt Recommendation 8 is a low risk recommendation and the actions required to fully implement it are disproportionately high. However, there is a need to look for other ways to ensure people are not disadvantaged. SH advised the Trust makes use of the Equality, Diversity and Inclusion (EDI) networks.</p> <p>The Board of Directors AGREED Recommendation 8 should be closed, but with a review to take place in 6 months' time to ensure the data is monitored.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Recommendations from the external well-led report to be reviewed in 6 months, including ensuring data in relation to gender and ethnicity is monitored</b></li> </ul> <p>MG noted the recommendation for outcomes of quality improvement projects to be celebrated through the Trust's services and sought an update in relation to this.</p>	<p>SH</p>	<p>03/08/23</p>
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	<p>DA advised as part of closing down 2022/2023 and setting up the Quality Improvement Faculty to go live from April 2023, there will be the opportunity to look back at the QI projects undertaken and to celebrate those, while thanking the people involved.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>23/046</b>	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
10 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting implementation of internal audit recommendations, governance survey, register of interests, non-clinical policies and procurement.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Quality Committee</b></p> <p>BB presented the report, highlighting the Getting It Right First Time (GIRFT) programme, cancer services, water quality, deep dive looking at 3<sup>rd</sup> and 4<sup>th</sup> degree tears and the Maternity Incentive Scheme submission.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Charitable Funds Committee</b></p> <p>SB presented the report, highlighting the Supporting Colleagues Psychological Safety project and interim fundraising appeal.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Finance Committee</b></p> <p>ARB presented the report, highlighting monthly finance report, financial planning and budgeting and review of BAF risks.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>People, Culture and Improvement Committee</b></p> <p>MG presented the report, highlighting review of BAF risks, review of Committee Terms of Reference, annual report and effectiveness report, Workforce Plan, People, Culture and Improvement Strategy, EDI agenda and junior doctors experience feedback.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>23/047</b>	<b>OUTSTANDING SERVICE – WORKING IN PARTNERSHIP TO HELP PEOPLE STEP INTO THE NHS</b>		
9 mins	<p>DB joined the meeting</p> <p>A short video was played highlighting the work with West Notts College relating to recruitment, particularly the recent careers showcase event held at the college.</p>		

	DB left the meeting		
<b>23/048</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Freedom to Speak Up</li> <li>• Staff Story – wellbeing support</li> <li>• Recognition of response to the urgent care demands</li> <li>• Success of the ‘Step into the NHS’ careers event</li> <li>• Concerns about the Trust’s financial position</li> </ul>		
<b>23/049</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>23/050</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 2<sup>nd</sup> March 2023 in the Boardroom, King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:30.</p>		
<b>23/051</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

23/052	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
2 mins	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>CW advised a comment had been received via the Q&amp;A function on the live broadcast in relation to the use of acronyms. CW reminded members of the Board of Directors to provide an explanation of the acronym if one is used. In addition, a list of useful acronyms will be added to the Trust website.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>List of acronyms to be added to the Trust website alongside the Board of Directors reports</b></li> </ul>	SH	02/03/23
23/053	<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>		