

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 28<sup>th</sup> September 2017 in the Board Room, Newark Hospital

<b>Present:</b>	John MacDonald	Chair	
	Ray Dawson	Non – Executive Director	RD
	Neal Gossage	Non – Executive Director	NG
	Tim Reddish	Non – Executive Director	TR
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Dr Sean King	Non – Executive Director	SK
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Dr Andy Haynes	Executive Medical Director	AH
	Julie Bacon	Director of HR & OD	JB
	Denise Smith	Acting Chief Operating Officer	DS
	Suzanne Banks	Chief Nurse	SB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Kerry Beadling-Barron	Head of Communications	KB
<b>In Attendance:</b>	Joanne Walker	Minutes	
	Steve Jenkins	Divisional General Manager – Surgery	SJ
	Nick Watson	Consultant	NW
	Ceri Charles	Patient Safety Culture - Programme Lead (NUH)	CC
	Sarah Addlesee	Nurse Advisor to Patient Safety Programme	SA
	Priyanka Sharma	Consultant Ophthalmology	PS
<b>Observers:</b>	Ian Holden	Governor	
	David Parker	Newark Advertiser	
<b>Apologies:</b>	Ruby Beech	Non – Executive Director	
	Paul Moore	Director of Governance & Quality Improvement	
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	

Item No.	Item	Action	Date
16/566	<b>WELCOME</b>		
	The meeting being quorate, JM 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.		
16/567	<b>APOLOGIES FOR ABSENCE</b>		
	Apologies were received from Ruby Beech Non-Executive Director, Paul Moore-Director of Governance & Quality Improvement and Shirley Higginbotham-Head of Corporate Affairs & Company Secretary.		
16/568	<b>DECLARATIONS OF INTEREST</b>		
	JM declared his position as Chair of the Better Together Alliance Leadership Board.		
16/569	<b>PATIENT SAFETY CULTURE CHECK - UPDATE</b>		
30 mins	<p>NW introduced discussion of the Patient Safety Culture Check, highlighting the emphasis on culture in bringing about patient safety improvements.</p> <p>CC had been seconded for a year to work with SFH to develop and build the patient safety culture programme. It had been clear from the outset that the project would be wholly inclusive, with as many patients and staff participating as possible. This was achieved by a roving patient safety board who visited all sites/areas of the Trust on a daily basis to question patients and staff about patient safety. Comment cards had been received highlighting that patient safety was about having the right skills, time and compassion. People had some great ideas but did not know who to raise them with and what the next step was.</p> <p>Examples of excellent practice were the 'falls grab bag' and an app to do manual blood pressure rather than relying on machines. Ideas were shared on the NHS fabulous stuff website and enquiries were received from across the country on how this was achieved.</p> <p>The programme was completed in March 2017 and wards had been re-visited to check on progress and identify areas where support may be required. Pascal online surveys and the EMAHSN had been used and each ward had a heat map. Feedback was given to Ward Leaders, in a supportive way and followed up with individual staff conversations. This had been a very positive exercise and the honesty of staff was appreciated. Feedback had also been provided to Senior Managers, Divisional General Managers, Lead Nurses and there had been direct access to present to the Executive Team, who had been very supportive.</p> <p>SA reiterated the process that had been adopted and there had been 43 questions between 9 categories, which were quite in-depth with some uncomfortable questions, e.g. morale, patient safety and their own personal health and wellbeing. As a leader herself, prior to this</p>		

	<p>exercise, she had not fully appreciated the feeling out in the ward/department areas and this had been a powerful experience. Data for individual areas could be drilled down and one of the areas highlighted was the definition of Senior Management, where ward staff assessed anybody who came into the clinical area asking detailed questions, or for newer NHS staff, anyone that was guiding or mentoring was classed as Senior Management.</p> <p>Overall, medical staff had been the most positive responders followed by registered staff and then support staff. Staff resilience had the lowest score and showed staff health, safety and wellbeing was as important as patient safety.</p> <p>The Trust had signed up to the national ‘Sign up to Safety’ campaign and this was being used to help staff understand their areas. An application had also been submitted to be an accredited Schwartz Round site, with staff training hopefully commencing in January 2018.</p> <p>CC thanked everyone for their support and confirmed that an online web based platform had been developed for staff to take those initial steps to service improvement. ‘My bright idea’ was just being finalised and anyone would be able to access the site which would become a knowledge repository.</p> <p>TR enquired what could be taken from this project to use in other areas of the Trust as the ‘My bright idea’ could assist in corporate services areas. SA advised that she undertook accreditation visits so could be incorporated. With regard to corporate areas, it was highlighted that all staff contributed to patient safety and the experiences that patients have and everyone needs to be heard and involved.</p> <p>NG noted in relation to the Pascal survey that the medical and registered staff tended to score higher than the support staff. CC confirmed that work had been undertaken during the summer at a time when some staff were moved to other wards to support and they felt they were letting colleagues down.</p> <p>AH confirmed that there had been discussion of how this could be combined with the OD, knowledge academy, etc and further work would be undertaken as this was an excellent vehicle to use in clinical and non-clinical work.</p> <p>TR asked if there was a view of the percentage of concerns that had been raised. SA confirmed that consideration was given to what was stressful for staff and sometimes they just required signposting. Divisions had been open to conversations to resolve issues. She also confirmed that a video was being prepared that afternoon for the National Guardian visit and this would be included.</p> <p>JM thanked staff for providing the presentation and confirmed that culture would be discussed at the Board Time Out in November.</p>		
<p><b>16/570</b></p>	<p><b>PATIENT STORY - OPHTHALMOLOGY</b></p>		
<p>30 mins</p>	<p>SJ presented a story of the patient journey through Ophthalmology. Ophthalmology provide outpatient appointments, procedures and</p>		

	<p>theatres at both Newark and King's Mill Hospital. Further to the CQC Review undertaken in 2015, a full service review, led by the Medical Director took place to look at all pathways. This resulted in a more simplified service provision, which was documented and had robust audit processes in place. Governance structures were re-integrated and 2 new Consultants had been appointed which invigorated the department. Although some delays existed, there was now much improved communication and leadership rounding, which took place on a weekly basis and would support the move to outstanding.</p> <p>There was also a Royal College of Surgeons (RCS) review of the service which was positively received by the team and the final report was awaited, although the summary indicated that it was a safe and well led service. A getting it right first time (GIRFT) team were also impressed with the work that had taken place.</p> <p>As of the current week, only 10 patients were waiting for appointments and would be seen within 6 weeks. Patient led Focus Groups would continue and there was an ambition that no patient would wait longer than 6 weeks for an appointment. 'Health Harmony' would commence the following week, with some pathways moving into the community, which would relieve some of the pressures created by the delays.</p> <p>PS highlighted the process of the validation undertaken, and deep dives into electronic systems to ensure that waiting times were realistic and there were no data issues.</p> <p>TR confirmed that the Quality Committee were aware of the challenges faced by Ophthalmology and congratulated them on the work undertaken. From a personal perspective and user of the service, TR asked for a meeting with the team to share some ideas he had for improving the patient experience in the department.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Meeting to be arranged for TR with Ophthalmology Team</b></li> </ul>	DS	30/11/17
16/571	<b>MINUTES OF THE PREVIOUS MEETING</b>		
	<p>Following a review of the minutes of the Board of Directors meeting that was held in Public on 31<sup>st</sup> August 2017, NG requested that 'were' be changed to 'where' in paragraph 6 of page 16. SK requested that he be added to the attendees. Pending these amendments the Board of Directors APPROVED the minutes as a true and accurate record.</p>		
16/572	<b>MATTERS ARISING/ACTION LOG</b>		
2 mins	<p>The Board of Directors AGREED that actions 16/501, 16/508.1 and 16/554.3 were complete and could be removed from the action tracker.</p> <p>Action 16/554.1 - Public information regarding the CQC's view of functionality of Board and Board Committees is to be circulated to the wider Board Members.</p> <p>Action 16/554.5 - Board members to consider what would be a successful CQC visit and be assured that what is believed to be happening within this Trust is what is actually happening.</p>		

	<p>Actions 16/555.1 and 16/555.2 are included in items on the agenda and can therefore be removed from the action tracker.</p>		
<b>16/573</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>JM presented the Chair's Report and reminded members of the Open Day taking place at Newark Hospital on Saturday 14<sup>th</sup> October 2017.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/574</b>	<b>CHIEF EXECUTIVES REPORT</b>		
16 mins	<p>RM presented the Chief Executive's Report and commented on ED performance and winter planning.</p> <p>The Trust is working in partnership with Notts Healthcare Trust, commissioners and GPs and playing an active role in the STP and the ACS. From an NHSI perspective, there are 2 key areas of focus which were ED and financial performance over the next 12 months.</p> <p>RM confirmed the appointment of Simon Barton as COO. There had been 17 applications and over 45 stakeholders participated in the recruitment process. RM thanked DS for her support and commitment in covering the COO and Deputy COO roles.</p> <p>Good progress had been made on flu vaccination, which was linked to winter planning and this would need to be maximised.</p> <p>RM outlined progress on his 100 day plan which would conclude on 14 October. By that date he would have delivered the element of visiting clinical and non-clinical areas twice and provided many opportunities for staff to meet him.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/575</b>	<b>NOTTINGHAM &amp; NOTTINGHAMSHIRE ACCOUNTABLE CARE SYSTEM - MEMORANDUM OF UNDERSTANDING</b>		
	<p>RM confirmed that the Trust was a member of the local STP and as part of that would be moving to an ACS, led by David Pearson and Wendy Saviour. The Trust and all partner organisations had been asked to present a short briefing paper to their September Public Trust Board meeting for noting and for any questions to be raised.</p> <p>The 8 or 9 pilots that were going ahead as ACSs had free movement to do things that would also receive transitional funding, although the Trust would not receive this. RM highlighted that there were clear expectations for any funding flowing into the ACSs.</p> <p>PW confirmed that from a mid-Notts Alliance perspective, there was no expectation of any transitional funding. There had been significant investment via the Vanguard which would cease at the end of this year.</p> <p>JM highlighted that Vanguard funding this year had been £6.6m and the Memorandum of Understanding (MoU) was principally how organisations would work together. There would need to be a clear</p>		

	<p>understanding of the relationship of the mid-Notts Alliance and the wider STP.</p> <p>SK asked if there was an understanding of what difference this would make to patient choice. AH confirmed that the principle of choice would still be in place and pathways would be strengthened. Usually patients prefer to be treated as close to home as possible.</p> <p>JM confirmed that urgent care and elderly patients had more choice in a defined pathway, whereas with elective there was now an intention to refer the patient to where was best.</p> <p>RM suggested that the Trust's emergency pathway was closely aligned with local GPs, Commissioners, Social Care and Notts Healthcare and with regard to elective care there were continuing pathways with NUH in particular and the Trust would continue to keep an active role with other acute providers. The ACS and STP supported some of this on an ongoing basis.</p> <p>The Board of Directors CONSIDERED the update on the MoU.</p>		
<b>16/576</b>	<b>NEWARK STRATEGY IMPLEMENTATION PROGRESS REPORT</b>		
	<p>PW presented the quarterly report on the implementation of the Newark Strategy.</p> <p>He reported there had been a slight reduction in elective activity over the summer months, but that the range of services available at Newark had increased and utilisation rates were generally strong. Activity levels at the Urgent Care Centre continued to increase.</p> <p>The inclusion of market share data relating to surrounding CCGs was a step in the right direction but would need to be followed up with an active marketing campaign if the Trust were to increase its market share in the peripheral areas. Ant Rosevear and KBB are going to be progressing this in the coming months.</p> <p>GW re-affirmed the need to focus on the long term objective of increasing market share and utilising the capacity available at Newark Hospital to the maximum extent possible.</p> <p>In response to a query from RD, PW confirmed that all the Newark and District GPs were keen to refer their patients to Newark Hospital whenever possible. We are keen to influence those who currently choose to refer elsewhere where Newark Hospital is a realistic choice.</p> <p>SK observed that the local signage in Newark to the hospital was poor. PW agreed to re-connect with the Council Highways Department to address this deficit.</p> <p>The Board of Directors NOTED the update.</p>	PW	30/11/17
<b>16/577</b>	<b>ALLIANCE DELIVERY PLAN PROGRESS REPORT/COMMISSIONING INTENTIONS</b>		
	PW presented the Alliance Progress Report.		



	<p>Delivery was beginning to fall behind the year to date target.</p> <p>Board members acknowledged a level of risk being introduced to the Trust in the delivery of its control total from this slippage.</p> <p>It was reaffirmed that the Trust should continue to engage constructively in the Alliance and deliver the greatest level of cost reduction possible without compromising safety, quality or performance.</p> <p>The Board of Directors NOTED the update.</p>		
<p><b>16/578</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
<p>59 mins</p>	<p><b>NURSING</b></p> <p>SB highlighted the additional focus on CDiff actions during September and performance had improved. Consultant Microbiologists would undertake a deep dive exercise and had met with SB and AH and there had been no evidence of cross infection. Through the Infection Control Committee (ICC), there would be a robust decant programme going forward. It had been identified that refresher training on PPE and hand hygiene was required for medical, nursing and therapy staff. SB was reviewing the ICC Terms of Reference as it had been highlighted that attendance could be improved.</p> <p>In terms of MRSA bacteraemia, there had been 1 case, which was the first in a significant number of months.</p> <p>Falls performance remained positive and continued on a downward trend with no moderate or severe harm. There had been an increase in repeat falls, which partially related to changes in reporting processes. The Falls Lead Nurse had undertaken RCA to understand what the issues were. There was a focus on a 'get up and go' fortnight and this would form part of the Falls Strategy going forward.</p> <p>SB reminded members of the grade 4 pressure ulcer from the previous month and confirmed that she had visited the area and additional education and training was being undertaken. There had been 2 grade 2 pressure ulcers during August and she would be meeting with ward staff to understand the reasons for this.</p> <p>Harm free care had deteriorated during August but had improved significantly during September.</p> <p>The Nursing &amp; Midwifery Board continued to meet on a monthly basis and had included harm free care on the agenda. Consideration had also been given to metrics and weekly priorities around infection control and tissue viability.</p> <p>There was good performance on the Friends &amp; Family tests and the Trust remained better than the national average.</p> <p>SB provided an update on the improvements in safe staffing, confirming that this was now in line with expectations, which had been achieved by staff working more flexibly.</p>		

	<p>In response to JM, SB confirmed that the wards were aware of the increase in pressure ulcers and were working to ensure improvements. An application had been made to the Tissue Viability Collaborative for support.</p> <p><b>OPERATIONAL STANDARDS</b></p> <p>DS confirmed emergency access performance of 94.6% and acknowledged the standard would not be achieved in September. Consideration would need to be given to the financial implications. August performance related to vacancies and ensuring good quality cover.</p> <p>With regard to discharge rates, DS confirmed there had been fewer discharges, and these were also later in the day. There had also been issues on medical leadership in ED, particularly at night time and herself and AH had discussed this with Ben Owens, PR and RM. There were plans to relaunch and reinvigorate performance via Octflowber. The key actions had been agreed and were designed to focus on senior assessment investigation and initiation in the first 30 minutes.</p> <p>A further focus was required on ward discharges, use of the discharge lounge and TTOs. A change in pathways for acute surgical patients had been agreed by the surgery team.</p> <p>The Executive Team had agreed to some support for ED and a review of cover at present had been undertaken with a view to reduce reliance on locum junior doctor cover. The ED team were keen to work together on the relaunch, as were the acute medical Consultants who had all signed up to the approach being taken.</p> <p>NG noted ambulance handover performance which had not been below the threshold until now and DS confirmed that the Trust had a good operational relationship with EMAS. Some of this linked to the 4 hour standard and issues of recording data, which was currently being reviewed.</p> <p>CW asked if the Trust was doing all it could on pathways and onward referrals, particularly as the winter came in. Were there any issues relating to triage or utilisation of nursing staff and moving patients onto the next stage. DS confirmed that improvements had been made and the Trust received excellent responses from the community teams which put the Trust in a good position going into winter.</p> <p>SB confirmed that there had been a lot of work with NHS111 to make improvements and JM reminded members that internal systems should be working appropriately initially.</p> <p>DS confirmed that there was a really good model of care and the specific issues relating to staff were being addressed. The rotas were reviewed on a daily basis, although there was still some work to do on what happens during the first 30 minutes of a patient arriving. AH supported this and stated that staff needed to engage in doing things differently.</p> <p>TR suggested that it would be helpful when reporting good performance</p>		
--	--	--	--



to the Board, that any background issues relating to systems, processes or staffing were also highlighted. He also asked when the process for TTOs would be improved as assurance was required. DS confirmed that divisions had been challenged to understand what the issues were and to find a solution.

With regard to RTT, DS confirmed that the Trust continued to achieve in most areas and work was taking place with specialties where performance improvements were required. There were no 52 week breaches and the longest wait was currently 46 weeks on the PTL.

The Diagnostic waits standard would not be achieved in August but would in September.

Cancer standards are not forecast to achieve until December, however, there had been some significant improvements and numbers waiting were now reducing. There had also been improvement in 62 day waiting times.

**ORGANISATIONAL HEALTH**

JB confirmed that sickness absence remained below target for the second month in a row. Narrative had been included in the report relating to the staff counselling service and support available particularly linked to long term absence. The current waiting time was 39 days and was related to recruitment and sickness issues at Nottinghamshire Healthcare NHS Foundation Trust. Occupational Health at the Trust provided a listening service which was welcomed by staff and satisfaction surveys continued at 100% satisfied or extremely satisfied.

With regard to staffing, band 5 nurse vacancies had risen during August, although this did not include students and 14 were due to commence in October and then a further 4 after that.

Other metrics for appraisal and mandatory training were at 93%.

GW noted that if staff counselling could be improved, this would support staff and asked if this was impacting on length of long term sickness.

JM also noted that the news had reported increasing numbers of staff requiring mental health support and JB confirmed that stress and anxiety was the highest area of long term sickness, although it was not known if this was work related or other reasons.

**FINANCE**

PR provided an update on the financial position as at 30<sup>th</sup> September 2017, confirming that there is a £16.7m deficit which was in line with the plan. Four of the five divisions were currently adverse to plan and have action plans in place to address this. A deep dive was being undertaken in the surgical division which would report to the Finance Committee at its next meeting.

The agency ceiling spend has reduced in month and is £5m less than at this time last year.

	<p>The CIP plan was currently £150k behind with actions to mitigate and actions being taken to identify further opportunities.</p> <p>With regard to the yearend forecast, PR confirmed that this was forecast to achieve the control total. Scenario planning had been introduced, which included the impact of any CCG contract notices and associated risk.</p> <p>PR highlighted the non-achievement of the Q2 ED 95% target, which was the level required to attract S&amp;T funds attached to ED delivery. New guidance has been issued by NHSI clarifying that Trusts are now required to achieve both ED performance and have primary care streaming in place to receive ED S&amp;T funds.</p> <p>JM noted the position and asked if there were other Trusts that had received their full S&amp;TF. PR confirmed that unclaimed S&amp;TF monies were with NHSI and, last year, Trusts that achieved their plan received a percentage of this as a bonus payment and it was expected that the same process would apply for this year.</p> <p>In response to GW, PR confirmed that with regard to approval of capital monies, the Trust's application had been approved by NHSI and is now awaiting Department of Health approval.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>16/579</b></p>	<p><b>COMMISSIONING INTENTIONS</b></p>		
<p>5 mins</p>	<p>This item was considered under 16/577.</p>		
<p><b>16/580</b></p>	<p><b>WINTER PLAN</b></p>		
<p>5 mins</p>	<p>DS presented the Winter Plan confirming that the previous year, there had been 620 – 650 beds for winter and there were currently 590 – 595, 580 being core and the others escalation. It had now been identified that core and escalation capacity could rise to 638 beds to enable flexing capacity to meet winter demands and still achieving reasonable bed occupancy rates. This capacity could then be reduced in March 2018. These numbers were on the assumption that bed capacity would be kept open at Mansfield Community Hospital and King's Mill, with flexible capacity at Newark Hospital.</p> <p>RM outlined his understanding of bed capacity/staffing was that there was earlier confirmation this year regarding capacity than the previous year and the Trust would not be in a position to staff all those substantively. There remained an element of difference of opinion across the wider healthcare in relation to commissioning intentions and the meeting with NHSI on 10 October would be important.</p> <p>JM noted the warning of significant flu over winter and asked if capacity was adequate, with contingency plans in place. DS confirmed that the elective plan would continue with the exception of a switch to day case rather than inpatients over the Xmas and New Year period. If there was significant flu then this would impact on the elective plan.</p> <p>RM confirmed that consideration would need to be given to the whole</p>		

	<p>health system and there may be a requirement to transfer some staff from elective to emergency, and these changes would also need to be seen in primary care and other healthcare providers.</p> <p>Members noted that work was being undertaken in the community to ensure flu vaccinations were provided at nursing homes, etc.</p> <p>The Board of Directors APPROVED the Winter Plan.</p>		
<p>16/581</p>	<p><b>ASSURANCE FROM SUB-COMMITTEES</b></p>		
<p>4 mins</p>	<p><b>AUDIT COMMITTEE</b></p> <p>RD presented the report from the meeting held on 21<sup>st</sup> September 2017.</p> <p>Consideration of the situation regarding external auditors continued and it was hoped that there would be resolution by the end of the year.</p> <p>In response to JM regarding the £3m capital spend on IT and medical equipment, RD confirmed that total revenue turnover is approximately £300m, therefore this equated to 1%. Procurement were working extensively on this and had managed to reduce the figure and additional changes had been introduced relating to value for money.</p> <p><b>BOARD RISK COMMITTEE</b></p> <p>RM presented the report advising that the Committee met on 19<sup>th</sup> September 2017.</p> <p>RM confirmed that a recommendation had been made to change the rating for AF2 in respect of emergency demand. PM and his team had met with the Executive Team to discuss risk horizon scanning and risk over the next 12 months to 5 years and a report would be provided to the Risk Committee.</p> <p>SB had provided an update relating to flushing water systems and this had been discussed at length at the ICC and with Ward Sisters. There was now 100% compliance in risk assessments undertaken.</p> <p><b>FINANCE COMMITTEE</b></p> <p>NG confirmed that the Finance Committee had not met this month and a revised set of dates had been drafted, subject to Board approval. The slide pack would remain available each month.</p> <p>Significant focus would need to remain on financial performance for the remainder of the year and NG would continue to meet with PR on a monthly basis.</p> <p>The Board APPROVED the revised schedule of Finance Committee meetings.</p> <p><b>QUALITY COMMITTEE</b></p> <p>TR updated on the meeting held on 20<sup>th</sup> September 2017, confirming</p>		

	<p>that there was nothing of significant concern or risk. Discussion had taken place regarding the residual risk relating to capacity and some of these issues had been discussed under the Winter Plan item.</p> <p>Action was being taken to mitigate risks that had been highlighted.</p> <p>There were a significant number of committees that were reporting to PSQB which would confirm assurance.</p> <p>TR thanked members for their support whilst he had been acting Chairman of the Quality Committee.</p> <p>JM thanked TR for the work he had undertaken.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
<b>16/582</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors agreed that the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> <li>• Patient Safety Culture</li> <li>• ACS</li> <li>• Tissue viability &amp; A &amp; E</li> <li>• Board of Directors meeting held at Newark</li> <li>• Newark Open Day</li> </ul>		
<b>16/583</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		
<b>16/584</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 26<sup>th</sup> October 2017 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:50.</p>		
<b>16/585</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>John MacDonald</p> <p><b>Chair</b> <span style="margin-left: 200px;"><b>Date</b></span></p>		