Chesterfield Royal Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the meeting of the trust's board of directors on Wednesday 28 September at 1.00 pm in the board room, Royal Hospital

Present:
Mr R Gregory, Chairman (in the chair)
Mr T J Alty, Executive Director - Corporate Secretary
Mrs J Birkin, Non Executive Director
Mr P Briddock, Executive Director – Finance and Contracting
Ms D Fern, Non Executive Director
Dr I Gell, Executive Medical Director
Mr M R Hall, Non Executive Director
Mrs P Liversidge, Non Executive Director
Mr E J Morton, Chief Executive
Mr A Tramontano, Executive Director - Chief Nurse
Mr D Whitney, Non Executive Director

In attendance:
Mr J A Jones, Corporate Director - Allied Clinical and Facilities Services
Mrs N Tucker, Corporate Director - Performance and Operations
Mrs S Turner-Saint, Head of Communications
Mrs E Watts, Executive Assistant to the Chief Executive (minutes)

Apologies: None received

ACTION

BD172/11 Attendance of the corporate directors

It was noted that Mr Jones, Mrs Tucker and Mrs Turner-Saint were in attendance in an advisory capacity.

BD173/11 Declaration of interests

The board **received** the declaration of interests pursuant to section 6 of Standing Orders.

BD174/11 Minutes of the meeting held on 26 July 2011

The board **received** and **approved** the minutes of the meeting of the board of directors held on 26 July 2011.

BD175/11 Matters arising from the minutes held on 26 July 2011

BD156/11, BD133/11 fire – main entrance – Mr Gregory confirmed that thank you letters had been sent to chairs of agencies supporting the trust during the fire.

BD156/11, BD135/11, BD103/11, BD85/11 - National inpatient survey – Mr Tramontano addressed this item and referred members to the documents he had tabled that included July 2011 data. He summarised the results acknowledging that overall the performance had improved. He explained that the process would continue – although not during August due to the national inpatient survey. He added that in September the trust will be able to recommence its questionnaire using the "to take out" (TTO) method to distribute. He suggested that future reporting be undertaken via the quality report and monitored accordingly. Board members accepted the way forward of reporting.

In response to a question from Ms Fern regarding the timely fashion of reporting this data, Mr Tramontano explained that data was available two weeks into the new month, distributed and actioned accordingly. He added that these reports were purely for reporting and trend analysis purposes. Mrs Tucker added that every month a very small "snapshot" of these are reported in the performance report as patient experience is part of the CQUINS for this year. Patients' responses are taken from this report and reported on a monthly basis which enables the board to note if trends are moving in the wrong direction.

Mr Morton felt that some of the questions were not appropriate for some of the wards for example EMU and Robinson ward because of the small numbers involved. Mr Tramontano agreed and would look at doing something separate to accommodate specific wards.

Mr Hall questioned the increase with regard to admission dates and Mrs Tucker advised that this was due to the temporary relocation of booked admissions because of the fire with the temporary accommodation not being as accessible as within the main concourse. She added that the position had not improved enough and staff had been reminded to advise patients appropriately following their appointment.

BD161/11 – clinical governance committee – quality accounts – Mr Gregory explained that the quality accounts had been discussed at the risk committee on 19 September where it had been suggested and agreed that to enable the council of governors to provide a commentary on the quality accounts, a rolling action plan would be compiled from governor comments.

Mr Tramontano (as a Patient and Public Involvement member) would address the process and engagement of the governors at the next PPI committee for them to take to the council of governors to agree an appropriate way forward. **AT**

Care Quality Commission – review of compliance – Mr Tramontano confirmed that a summary of the report had been shared with the commissioners.

BD164/11 – finance and contracting report – it was noted that following a request at the last board meeting from Mrs Liversidge, graphs illustrating the trends of agency spends and track back on the agency figures had been included within the finance report.

BD168/11 – dates of meetings for 2012 – Mr Alty addressed this item advising on the difficulties faced with changing the dates of board committee meetings for 2012. The non executive directors recognised the difficulties and acknowledged the need not to compromise governance issues. Following a discussion, it was agreed that Mr Alty would look again at this item to try and "streamline" some of the meeting dates where possible. **TJA**

BD176/11 Chairman's items

No items were raised.

BD177/11 Council of Governors

Mr Gregory advised that he had provided a verbal update on the council of governors meeting held on 20 July at the July board meeting and he had nothing further to add.

The board **received** the minutes of the council of governors meeting held on 20 July 2011.

Mr Gregory gave an oral update on the council of governors meeting held on 14 September 2011 advising that the formal minutes of this meeting would be presented to the November board meeting.

Presentation from Derbyshire Community Health Services (DCHS) – Mr Fry, chairman and Mrs Rawlings, director of HR and organisational development attended to provide a presentation on the proposal and application for DCHS to become a Foundation Trust.

Further details are provided under item 179/11 below.

Health and Wellbeing Board – Mr Gregory advised that Mrs Smith, public governor, had attended this County Council event adding that it didn't seem likely that providers would get representation on this group going forward. It was going to be made up of councillors and commissioners. Members felt it was important for the trust to access outside the formal meetings via the Clinical Commissioning Groups.

Mrs Birkin referred members to a paper circulated with the Derbyshire Partnership Forum agenda pack on governance arrangements now going forward covering the shadow health and wellbeing board, their terms of reference and membership. She felt it was worthy of the board having sight of this. She referred to the SWOT analysis in the Trust's current strategy review regarding partnership and queried whether local authority could be added to the analysis as she felt it was important to have a good relationship with the local authority as they would be key going forward.

FTGA – the governors congratulated Mr Everett on his election to the role of vice chairman of the FTGA.

PPI committee update

- Governors welcomed the "voluntary feeding buddies" pilot due to take place during November. This initiative was well received.

- Chesterfield Eye Clinic – plans had been well received. Governor representatives on the new care pathways had been identified. Mrs Tucker advised that Sight Support Derbyshire had declined to be involved. Ms Fern asked Mrs Tucker to forward the details for her to follow up. **NT/DF**

BD178/11 **Joint meeting of the board of directors and council of governors**

Mr Gregory reflected on the joint meeting of the board and governors held on 27 September. The meeting addressed an update on the work on the strategy going forward, an update on the front entrance and the responses to the DCHS consultation.

Mr Gregory felt it was a useful forum in terms of the number of comments and engagement from the governors on such a detailed piece of work. He asked members for their views on the event.

Mr Briddock welcomed the excellent response rate – over 2,200 – to the "Best, Trust and Able consultation, which clearly identified the top five responses for each of the three categories. Mr Gregory echoed the success of this exercise that had not been undertaken in this way before and congratulated Mrs Turner-Saint on this great project.

Mrs Birkin and Ms Fern also acknowledged the outstanding piece of work but expressed their disappointment in relation to the focus of the event - and felt that it was confusing for governors at times - in the sense they were unclear about their role on the day. Both non-executives felt that approving decisions about the strategy (that is in this case of the mission, values and aims of the organisation) should be led by the board - and that the board should have the final say - whilst taking governor views in to account.

Mr Gregory explained that this was not the end of the process as there was more work to be undertaken in terms of the mission statement. He acknowledged the complete endorsement of the "strap line" "We're Proud to Care" and of the process overall. He added that the event was aimed more at getting comments and advice – working collaboratively together on an important piece of work and what the event did achieve was an overwhelming endorsement of the seven bullet point aims and the recognition that there is some real solid work behind this. He acknowledged the presence of the clinical directors and general managers involving them in the governance process sharing their views and comments.

Mr Gregory noted his concern that non-executives had not expressed their sentiments on the day, but agreed that the role of governors for the joint meeting (ie to review work undertaken to date as part of the trust's strategy development) could have been made clearer. He advised board members that final decisions relating to the strategy would be made at the board later in the year, but that governor input was crucial.

Mr Morton acknowledged the difficulty with these events and the difficultly in constructing an agenda. He confirmed that the ultimate responsibility sits with the board. He added that the strategic plan has to be approved by the board with governor engagement. The corporate strategies would be presented to the board in November for approval and would be shared with the governors in December.

Mr Gregory thanked the board for their views and acknowledged the useful discussion.

BD179/11 **Derbyshire Community Health Services (DCHS) NHS Trust consultation**

Board members reflected on the DCHS presentation at the council of governors meeting on 14 September and aired their views on the DCHS consultation document to become an NHS Foundation Trust. During the discussion the following areas were outlined:-

- Mr Gregory commented on the number of questions put to DCHS by the governors but felt that these had not been answered in enough detail.

- Board members acknowledged the council of governors' response to the consultation document.

- The board acknowledged receipt of Mr Fry's (chair of DCHS) follow up letter but felt that the response provided limited detail and did not provide any specifics.

- Members stressed the importance of integrated care pathways and cited the recent bringing together of acute and rehabilitative stroke services as a good example. It was felt that the aspirations set out in the consultation would not achieve the integrated care pathways that are so important to patient-centred services. Integrated working to put the patient first was the key issue in taking healthcare forward in this area.

- Members felt that the current proposal did not set out a clear vision of what DCHS could achieve as a foundation trust.

- Board members expressed concern with regard to insufficient capacity to support discharges from the trust, especially in the winter and quoted the experience of the last two winter periods that had shown that there had been insufficient access to community beds. It was felt that the proposal for using beds in the community hospitals in a different way to support the delivery of care closer to home carries the risk that there will be insufficient capacity to support discharges.

After careful consideration the board felt that although it did not oppose the application insofar as it relates to community services, it believes that an opportunity to examine alternatives which would create better partnership working around integrated patient pathways and inpatient services had been lost and therefore the board did not feel able to support the application on the basis of the proposed organisational model.

Subject to minor amendments, the board **agreed** the trust's response to the consultation by Derbyshire Community Health Services NHS Trust on its application to become a foundation trust

BD180/11 Risk committee

Mr Gregory presented the minutes of the risk committee held on 19 September 2011 and summarised the following areas:-

Audit reports – quality accounts – committee discussed how to engage the governors and agreed to compile a rolling action plan on their comments on the quarterly quality reports.

Verification report – risk committee members received assurance that the work currently taking place within the trust would enable the risk committee and the other board committees to easily identify any action points that had not been completed from both external and internal verification exercises.

The board **received** the minutes.

BD181/11 Corporate risk register

Mr Morton presented the corporate risk register, which documented the high level risks affecting the trust. There were currently two risks on the register. Mr Morton summarised the background and the controls in place.

The board received details with regard to the new risk – medical staffing on ITU at night and weekends – delay in treatment of patients on both ITU and the birth centre due to lack of middle grade anaesthetic cover out of hours and at weekends – raised by the critical care directorate and had been added to the register on 1 August.

Mr Whitney summarised the background advising that this issue was discussed at great length with the directorate at the clinical governance committee. It was recognised that as this had been raised as an appropriate risk, the board now had the responsibility to mitigate it. The board discussed the details at length.

In response to a question regarding a solution Dr Gell explained that there was no easy solution given that it was linked to a number of fundamental issues. He briefed the board on the measures in place to address. A meeting had been arranged with the directorate to fully understand what the current position was in terms of the work patterns of all staff within the directorate so the executives can obtain a view on what the staff requirements are, the workload they currently have. He added that a lot of work had been undertaken in this area to start to address this risk, however the directorate now needed to provide reassurance that they had a plan to improve theatre efficiency – which was currently only productively working at 65%. The plans would need to identify different ways of working that will deliver a more efficient service – an area well advanced in other directorates.

A lengthy discussion ensued with board members sharing their views and frustration at the length of time this issue had been ongoing. It was acknowledged that there was clear evidence that there were efficiencies to be made and the directorate now needed to step up and deliver plans for a more efficient service and find their required savings.

Mr Gregory summed up the discussion stressing the importance of this issue and the responsibility as a board to mitigate the risk sooner rather than later. He asked for this item to be included on the next agenda to track progress. **IG**

Board members raised their concern and frustration regarding the lack of an ITU bed at the trust given the high levels of patient transfers. Mr Morton acknowledged that the trust was an ITU bed short but the problem facing the trust was persuading the network to move a bed where it isn't required to where it is.

Mr Gregory queried what the trust could do in this respect. Mr Morton explained that the networks are empowered to manage the beds to provide enough intensive care across the network not in each hospital and the only way to address this was via the network. He added that the trust has more evidence that our patient transfers are one of the highest in the country and that there are enough beds in the network but in the wrong place, but stressed that all channels of negotiation had to go via the network. Dr Gell agreed and explained that our commissioners were fully aware of the trust's position and this would be raised at the next North Trent Clinical Network board meeting.

The board **received** the update.

BD182/11 Clinical governance committee

Mr Whitney presented the minutes of the meeting of the clinical governance committee held on 26 July 2011. The following items were highlighted:

Paediatric diabetic service – the committee were provided with an update to this issue. Mr Tramontano advised that a positive teleconference had taken place with Dr Gell and Mr Tramontano with their counterparts at Sheffield Children's Hospital, with Sheffield taking the trust's concerns on board. A meeting is in the process of being arranged which hopefully will resolve any outstanding issues.

Care and Compassion – document detailed appalling catalogue of case studies of where care had gone wrong. The report identified several common themes and in order to give further assurance an assessment against these is being undertaken, with early indications so far positive. It was noted that PPI committee members had received the report and the trust's response.

Quality accounts and quality report process – Mr Whitney reported on a good meeting with Mike Riley, RSM Tenon. It was noted that RSM Tenon would be more involved in the quality accounts process going forward.

Care Quality Commission – inspection report – the committee received the action plan and agreed to monitor its progress.

Incident – safeguarding adults – pressure ulcer – the committee received details of the incident. The root cause analysis identified several areas of poor practice which had been shared in detail with the relevant ward staff members. The committee agreed that this incident be included on the medical directorate's team agenda for discussion when they attend a future clinical governance committee.

Quarterly claims report – the committee received the quarterly claims report and discussed the high legal costs involved.

Clinical incident report – the committee received details of an incident relating to a medication error. Measures have been put in place to stop this type of incident re-occurring. Mr Whitney advised that this issue had also been discussed with the critical care directorate team at the meeting on 27 September.

Mortality – Dr Gell provided details on a piece of work currently being undertaken to change the way the trust reviews mortality. He commented on a system currently being used at Wigan and Leigh NHS Foundation Trust – which is a similar sized hospital - that has made significant improvements in their HSMR score. The committee acknowledged this innovative idea.

The board **received** the minutes.

Mr Whitney gave an oral update from the meeting of clinical governance committee held on 27 September 2011, adding that the minutes from this meeting would be presented to the October board meeting. He drew the board's attention to the following items:

Critical care directorate team – the team had been invited to the meeting to be involved in relevant discussions and raise any issues. It also provided the opportunity for the directorate to give further assurance to the committee that they took clinical governance issues seriously.

MHRA blood compliance – the committee acknowledged the positive visit and received the draft action plan

Feedback, Learning, Improvement Programme (FLIP) – internal audit report – the committee reviewed the internal audit report. It was acknowledged that this was overall a positive report. Good feedback was also received from the critical care directorate team.

Anorexia incident – the committee discussed this incident. It was acknowledged that the patient had been treated appropriately by the trust. The issues were of a wider Derbyshire community nature.

The board **received** the update.

BD183/11 Quality report

Dr Gell presented the quality report for the period April – June 2011 and highlighted the following items:-

Fractured neck of femur – Dr Gell advised that the trust was down slightly in two areas: % of patients with fractured neck of femur who were operated on within 48 hours; and % of patients assessed for mobilisation within 24 hours. Dr Gell added that the directorate management team were continuing to monitor the situation looking at ways to relieve the pressure to hopefully move back by the end of the year.

Hospital acquired infections – ESBL was off trajectory with five cases reported in the last quarter against a trajectory of four.

Stroke care – good performance was noted. Targets for - % of patients who are assessed and managed by stroke nursing staff and at least one member of the specialised rehabilitation team within 24 hours of admission to hospital and - % of patients who are assessed and managed by all relevant members of the specialised rehabilitation team within 72 hours of admission to hospital - will be determined by agreement with the PCT once baseline data is known.

Education – attendance at induction - Dr Gell commented on the improvement since last year however junior doctors' induction figures were still down. He added that the data he had received today indicated 80% achieving but he was still not satisfied with this result. Once clear data was available for August he would follow up with the directorates to address accordingly.

Education – attendance at essential training – the poor performance was noted with only four directorates on or exceeding the target expected. Dr Gell advised that this issue would be addressed during the forthcoming directorate reviews.

Non executive directors stressed their frustration regarding this ongoing issue and emphasised the importance of having mechanisms in place for all staff to attend and equally mechanisms when staff do not attend. The non executive directors were keen to see progress in this area and it was agreed that this would be addressed during the directorate reviews and also taken to the November hospital management team "name and shaming" directorates under performing in this domain. **IRG/AT**

Falls report – report illustrates the work undertaken by the trust. The findings of the first audit undertaken in August and any subsequent recommendations/actions will be reported in the next quarterly report.

Feedback, Learning and Implementation Programme (FLIP) – Mr Tramontano drew the board's attention to the FLIP information contained within the report explaining that he would look at presenting this information in a different format for future reports.

The board congratulated Dr Gell and Mr Tramontano on a comprehensive report.

The board **received** the report

BD184/11 Care Quality Commission (CQC) – review of compliance

Mr Tramontano presented this item advising that the paper circulated with the agenda provided information for board members on the progress of actions arising from the CQC site visit which took place during May 2011. He added that the trust had implemented an action plan to address the six improvement actions listed by the CQC, these had been added to the trust's clinical governance committee report to ensure that progress against each item is monitored until closed.

He tabled a revised extract from the clinical governance committee's progress report for September 2011 to advise on the trust's progress against each of the improvement actions.

The board **received** and **noted** the information.

BD185/11 Report of the chief executive

Mr Morton presented the report of the chief executive. The following items were discussed:

Ambition for transition and organisation design - NHS Midlands and East Strategic Health Authority Cluster – Consultation document
Mr Morton referred members to the consultation document setting out the plans for establishing the Strategic Health Authority cluster for the Midlands and East of England. He tabled a paper listing the first set of appointments to the NHS Midlands and East executive team adding that the new SHA will start operating on 3 October.

2011/12 High Activity Resilience Plan
Mrs Tucker explained that the trust's 2011/12 High Activity Resilience Plan had been built up on experience from successful initiatives implemented in previous years together with new procedures for the coming year. The board received the details.

Delivering Excellence in Dementia Care
Mr Tramontano explained that the trust has identified that the prevalence of dementia is increasing and this in turn is placing an increased demand on staff delivering acute services. As a result of this a dementia strategy is being developed to drive improvements in dementia care. He added that in line with this priority the trust has been successful in gaining funding from the PCT to implement dementia training for staff at all levels. A total of £62K has been identified to deliver training and provide backfill for staff release. This will enable the trust to support staff on three wards through dementia training; with the aim of developing a critical mass of knowledge in these areas. Once training is complete the trust will review the impact this has on a number of dementia quality outcomes. The board welcomed this.

WHO – hand hygiene self assessment
Mr Tramontano commented that in August 2011 the Senior Matron, Infection Prevention and Control, undertook a self assessment of the hand hygiene programme in place at the trust using the World Health Organisations (WHO) hand hygiene self assessment framework.

The score achieved by the trust was "advanced level" – where hand hygiene promotion and practices are sustained or improved across the organisation. The board acknowledged the good result but were mindful however that the assessment should not lead to complacency.

New Appointments
The board noted for information the following new appointments:

- Mr Timothy White appointed to the post of consultant general/ colorectal surgeon and will take up his post on 1 February 2012.

- Mr Samir Mahmood and Mr Sanjay Choudhary appointed to the post of consultant ophthalmologist with start dates to be confirmed.

The board **received** the report.

Debrief from Derbyshire Fire Service
Mr Morton provided an update following the debrief from Derbyshire Fire Service which took place on 22 September and which requires the trust to undertake action within 14 days.

The following four areas of action were highlighted:-

- *Fire safety training* - strengthen fire safety training for specific individuals i.e staff in charge out of hours;

- *Vehicular obstruction* - ensure vehicular access is clear to the exterior of the building. Mr Jones advised that he would ascertain from the fire service which specific areas to look at options to enable this to be managed as tight as possible.

- *Review on reporting risk assessment* – review all risk assessments to ensure that findings are addressed and that there is an audit trail to show completion – "closing the loop".

- *Switchboard response to calls* – a number of areas were highlighted. These would now be followed up and addressed and actioned accordingly.

Mr Morton advised that the trust would develop an action plan to respond to the issues in collaboration with the fire service within 14 days. He added that this would operationally be managed via the health and safety management committee and reported to the risk committee to monitor performance against it. Risk committee would receive the action plan and update at their next meeting on 17 October.

The board **noted** the update.

BD186/11 Performance management report

Mrs Tucker presented the performance management report for the period to 31 August 2011. The board's attention was drawn to the following:

Mrs Tucker referred members to the Department of Health's changes to the A&E clinical quality indicators for 2011/12 advising that subsequent to the changes, Monitor have confirmed that from Q2 onwards their Compliance Framework for 2011/12 will only score trusts for failing to achieve the indicator relating to total time in A&E monitored using the % of patients who have waited less then 4 hours (within the threshold set at 95%). She added that this change had been reflected within the report and although the target was currently off plan she was confident that this would start to move in the right direction.

Mrs Tucker referred members to the off plan performance currently against the delayed transfers of care. She briefed on the amount of work undertaken by the trust adding that the trust followed the guidance properly.

In response to a question from Mr Gregory, Mrs Tucker confirmed that the trust was reporting an amber/red rating against Monitor's Compliance Framework. She summarised the trust's position against c difficile and MRSA standards.

The board **received** the report and **noted** the performance.

BD187/11 Finance and contracting report

Mr Briddock presented the finance and activity monitoring report for the period to 31 August 2011 adding that the trust currently remained on plan to achieve its year-end financial targets.

Mr Briddock referred members to Appendix 2 which provided the subjective breakdown of income and expenditure, and included an adverse variance of £1,397k on impairments resulting from the front entrance fire. In addition there was also a £303k adverse variance behind the bottom line position resulting from the fire, mainly relating to lost income from car parking and catering outlets. In total the effect of impairments and other losses from the fire amount to £1,700k. It was anticipated that the total adverse variance resulting from the fire will largely be offset by the insurance claim within the current year.

The board noted that spend on agencies to cover medical posts continues to grow and members discussed the reasons behind the increase with pressure points in some specialties such as emergency care and critical care highlighted as concern.

Dr Gell expressed his concern with the lack of trainees coming through the system and the subsequent backfill with locum cover. He advised on a piece of work being undertaken on an overseas recruitment programme to try and reduce the spend on medical locums across the organisation. With the medical staffing department, Dr Gell would also look at alternative models used by other trusts. He stressed the need to have a robust system in place to ensure overseas recruitment was of a high standard and quality "fit for purpose"

The board **received** the report and **noted** the contents.

BD188/11 Audit Committee

Mr Hall presented the audit committee minutes of the meeting held on 25 July 2011 and highlighted the following areas:-

Patient property in emergency care – the committee noted that the implementation of 'one time' seal envelopes had been well received.

Orthopaedic stocks – follow up review – the follow up work on orthopaedic stocks had been completed. A number of recommendations would be completed with the implementation of phase two of the Agresso system at the end of the calendar year.

Letter to Agresso project team – the letter of thanks from Mr Gregory to the Agresso project team had been well received.

Addition of recommendations to Datix – all recommendations arising from internal and external audit reports provided to the audit committee had been added to Datix as required.

Quality accounts – benchmarking of data to ascertain how the trust compared with other trusts was still underway and would be presented to the board once complete.

External audit plan for 2011/12 – Mr Hall advised that the trust had been commended by Price Waterhouse Cooper (PWC) with regard to Monitor's quality governance audit adding that the trust's process for quality assurance of the plans were some of the best PWC had seen both nationally and internationally.

Counter fraud progress report – audit committee discussed the two referrals relating to fraudulent agency invoices that were being investigated. Letters had been sent to authorising managers in this respect to remind them of the need to be vigilant in this area.

The board **received** the minutes.

Annual report of the audit committee - Mr Hall advised that the report had been presented to the council of governors on 14 September and the recommendations approved. He added that in future the report would include the fees for both internal and external audit services.

The board **received** the annual report from the audit committee for the 2010/11 accounts year

BD189/11 Assurance Framework

The board **received** the board assurance framework as at 31 August 2011.

BD190/11 Tripartite committee

Mr Gregory presented the minutes of the tripartite committee held on 19 September.

Referring to the development of a 'management club', it was confirmed that Professor Brian Edwards had agreed to present at the launch of the club. Mrs Turner Saint agreed to notify the board members of the date once arranged adding that this was likely to be in the New Year. In response to a question it was confirmed that the event would at this stage be open for Chesterfield Royal staff only. **STS**

The board **received** the minutes.

BD191/11 Date and time of next meeting

The members noted the date and time of the next meeting –

Wednesday 26 October
12.30 – 4.30 (with lunch available from 12.00 noon)
Board room, Chesterfield Royal Hospital

Post meeting note:- the charitable funds meeting with the trustees will now take place on 30 November 12.00 noon – 1.00 pm followed by the board meeting.

BD192/11 Any other business

No items of other business were raised.

BD193/11 Open discussion

No items were raised.