

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 28th JUNE 2017
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

Brian Stables, Chairman
James Scott, Chief Executive
Sarah Truelove, Deputy Chief Executive and Director of Finance
Francesca Thompson, Chief Operating Officer
Helen Blanchard, Director of Nursing and Midwifery
Moira Brennan, Non-Executive Director
Jane Scadding, Non-Executive Director
Jeremy Boss, Non-Executive Director
Nigel Sullivan, Non-Executive Director
Joanna Hole, Non-Executive Director

Non-Voting Directors

Claire Buchanan, Director of Human Resources
Joss Foster, Commercial Director

In attendance

Roxy Poultney, Membership and Governance Manager
Xavier Bell, Interim Trust Secretary
Sharon Manhi, Lead for Patient and Carer Experience *(item 6 only)*
Leon Massey, Diabetes Specialist Nurse *(item 6 only)*
Marc Atkin, Diabetes Consultant *(item 6 only)*
Jo Miller, Head of Nursing, Medicine *(item 24 only)*
Melanie Say, Senior Sister, Haygarth Ward *(item 24 only)*
Tracy Francis-Evans, Junior Sister, Haygarth Ward *(item 24 only)*
Lisa Patton, Junior Sister, Haygarth Ward *(item 24 only)*
Nicky Kelly, Junior Sister, Haygarth Ward *(item 24 only)*

Observers

Amanda Buss, Public Governor
Mike Welton, Public Governor
Jane Shaw, Public Governor
James Colquhoun, Public Governor
Vic Pritchard, Stakeholder Governor
Chris Gough, Senior Registrar, ICU

BD/17/06/01 Chairman's Welcome and Apologies

There were no apologies received.

BD/17/06/02 Written Questions from the Public

There were no written questions from the public.

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 1 of 12

BD/17/06/03 Declarations of Interest

Each Director present confirmed that they had no direct or indirect interest in any way in the proposed transactions to be considered at the meeting.

**BD/17/06/04 Minutes of the Board of Directors meeting held in public on
31st May 2017**

The minutes of the meeting held on 31st May 2017 were approved as a true and correct record of the meeting.

BD/17/06/05 Action List and Matters Arising

Action updates were approved as presented. Updates were provided on the following actions:

- PB508 – The Deputy Chief Executive confirmed that she would circulate an interactive Wiltshire Health and Care report to the Board of Directors. This action could be closed.
- PB519 – The Director of Nursing and Midwifery confirmed that the Six Monthly Safer Staffing report had been updated and the revised report would be added to the Trust's website. This action could be closed.

BD/17/06/06 Patient Story: Diabetes

The Chairman welcomed Sharon Manhi, Lead for Patient and Carer Experience to the meeting to present a patient story about diabetes.

The Patient Experience Lead welcomed Leon Massey, Diabetes Specialist Nurse, and Marc Atkin, Diabetes Consultant, to the meeting and explained that the patient story was from a member of staff who wished to remain anonymous.

She stated that the patient had been admitted 3 weeks ago via the Emergency Department in acute pain with a kidney stone. The patient was a type 1 insulin dependent diabetic who carried an insulin pump for daily management of her diabetes.

The patient said she felt that staff were not adequately trained in diabetes management. She was admitted via ED on a Saturday and the night staff did not check her blood sugars despite putting her on a nil-by-mouth diet. This meant that she was left to manage her own diabetes and, in view of her illness, at times she felt unsafe and in danger of a hypoglycemic episode.

The Diabetes Consultant confirmed to the Board that the patient was appropriately managed but that it was unacceptable that she felt unsafe. He added that approximately 20% of patients at the Trust were diabetic at any one time and advised that there was no way to readily identify them on the wards. It was suggested that some of the community screening markers could be used in future.

The Deputy Chief Executive questioned whether the 20% of patients could be identified through Millennium. The Diabetes Consultant confirmed that there was no current way of identifying patients on their electronic patient record. He stated that

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 2 of 12

the Trust's system would need to interface with community databases in order to identify patients.

The Deputy Chief Executive asked specifically whether patients under the Diabetes team's care were flagged. The Diabetes Consultant confirmed that they were not. The Deputy Chief Executive stated that it could help with patients care if it was noted on their electronic patient record.

The Chief Operating Officer questioned whether the patient would have received a better service if they had been admitted during the week. The Diabetes Consultant stated that it was possible as the Specialist Team would have been available to the patient. He added that the patient was safe during her time at the Trust, and that the correct procedures were completed, but her diabetes was seen as secondary to her presenting medical problem. The Diabetes Specialist Nurse added that communication between the ward staff and the patient was critical.

Moira Brennan, Non-Executive Director questioned whether there was more that could be done to reassure patients with diabetic pumps. The Diabetes Consultant explained that patients needed to be empowered and given a greater understanding of what would happen to them if they were ever admitted to hospital.

Moira Brennan, Non-Executive Director questioned whether blood sugar alarms could be given to patients. The Diabetes Consultant confirmed that blood sugar alarms were currently only available privately and not available via the NHS.

Joanna Hole, Non-Executive Director stated that the patient felt her blood sugar would not have been checked at all had she not prompted the staff and questioned how this fitted with the protocol. The Diabetes Consultant stated that in this case it appeared that the patient was not properly assessed, but added that the team would be reviewing the case in detail to identify further learning, as it only happened within the past 3 weeks.

The Chairman questioned what could be done differently in the future. The Diabetes Consultant stated that the Trust was learning a lot from visiting Halo and insulin pump training was part of the diabetes training module. The Diabetes Specialist Nurse added that although insulin pump training was part of the module they were not used by many patients at present, and that awareness would improve gradually. He stated that the team needed to ensure that staff knew where to get information from and ensure that staff followed the correct protocols.

The Chairman thanked the team for the presentation which helped the Board to further understand the experience of the patient. He acknowledged that the Team had some work to do regarding the patient's admission and their experience and looked forward to seeing how the Trust progressed with pump awareness training and empowering patients. He added that it would be important to understand whether being admitted on a weekday would have made a difference to the patients care and that the electronic patient record need to identify diabetic patients.

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 3 of 12

The Chairman asked the Chief Operating Officer to provide an update on progress later this year as part of her regular report on the patient safety priority; Improving Insulin Safety. The Chief Operating Officer confirmed that she would advise the Membership and Governance Manager of the timescale for this.

Action: Chief Operating Officer

BD/17/06/07 Quality Report

The Director of Nursing and Midwifery presented the Quality Report and highlighted:

- Response times for complaints in May were included in the patient experience section of the June quality report. The significant improvement could be seen when compared to response times reported in the last quarterly report.
- A time line of the time taken to respond to complaints would be included in the next quarterly patient experience report.
- The Nursing Quality Indicators chart had been circulated to the Board, and six wards had flagged this month as having nursing quality indicators of note.
- The number and category of falls were fairly consistent again this month. Following the Falls Emersion Event which took place in May 2017 a Falls Improvement Programme was due to commence on all the adult inpatient wards from Monday 19th June 2017
- There were 3 cases of hospital acquired C Difficile reported in May. RCA investigations had been undertaken on all of these cases, following which 2 cases were found to have had no lapses in care.
- During May 2017, four Serious Incidents were reported and remained under investigation. Incident 53205 should read orthopaedic not obstetric

Nigel Sullivan, Non-Executive Director sought clarity on the C difficile target for 2017/18. The Director of Nursing and Midwifery confirmed that it was 22 cases.

Joanna Hole, Non-Executive Director stated that 51% of patients did not receive insulin at a prescribed time and sought clarity on whether the Board should be concerned by this. The Chief Operating Officer stated that this had been an area of focus and added that now the data was being measured the team would be continuing on an improvement journey to drive this down.

Jane Scadding, Non-Executive Director sought clarity on the number of open serious incidents as the numbers differed on page seven of the report. The Director of Nursing and Midwifery confirmed that she would circulate the correct number to the Board of Directors.

Action: Director of Nursing and Midwifery

The Board of Directors noted the update.

BD/17/06/08 Patient Surveys – Emergency Department National Patient Survey

The Chairman welcome Jo Miller, Head of Nursing, Medicine to the meeting who presented on the Emergency Department National Patient Survey and highlighted:

- A green score identified that the Trust was above average.
- The Trust scored significantly better than average on 11 questions.

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 4 of 12

- The key areas of focus included the discharge process and communication with patients.
- The Trust was ranked 7 out of 75 Trusts

The Board of Directors thanked the Team in the Emergency Department for their hard work and excellent survey results.

The Chief Executive stated that the Board of Directors could take assurance from the report that despite seeing a much higher volume of patients, they were still receiving a fantastic service.

The Chief Operating Officer stated that this assurance could be strengthened when the data was triangulated with feedback received from paramedics on a daily basis.

The Commercial Director stated that it was good to see the team had identified the areas of focus but questioned if the survey results could be distinguished between major and minor presentations. The Head of Nursing, Medicine stated that unfortunately the survey did not provide this detail.

The Board of Directors noted the report.

BD/17/06/09 Patient Surveys –National Patient Survey

The Chairman welcomed Sarah Merritt Head of Nursing and Midwifery to the meeting who presented on the National Patient Survey and highlighted:

- The report provided a summary of the results of the Care Quality Commission (CQC) National Inpatient Survey 2016.
- The detail from the CQC survey results was attached at Appendix A which included a comparison of the scores for 2015 and 2016; whether the Trust has improved on each question or deteriorated and how the Trust compared for each question against all 149 other Trusts.
- Appendix B showed how the Trust benchmarked against other hospitals for 76 questions.
- The report identified areas where the Trust scored better than average together with areas where the Trust needs to improve.

The Chief Executive expressed his disappointment that after looking at the results the overriding view was that the Trust was “average”.

The Director of Nursing and Midwifery stated that cleaning audits and performance had been improved across the Trust. She added that there was a detailed action plan to improve this further which would be monitored.

Moirá Brennan, Non-Executive Director questioned whether call bells impacted on the scores regarding disturbances during the night and questioned whether technology could help the Trust in the future for example with silent alarms. The Deputy Chief Executive stated that within ITU it had been agreed to fund different alarm bells and to monitor the noise at night. She added that the learning from ITU could then be shared across the hospital.

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 5 of 12

The Director of Nursing and Midwifery asked the Board to acknowledge and thank those who took part in survey. The Board of Directors endorsed this.

The Chairman noted the ongoing actions which provided a good level of assurance and stated that although the Trust was average, the aspirations were to be better next year.

The Board of Directors noted the report.

The following items were discussed together:

BD/17/06/10 Operational Performance Report

BD/17/06/11 4 Hour Performance Report

The Chief Operating Officer presented the reports and highlighted:

- The Trust was rated 2 overall against the NHSI Single Oversight Framework.
- In May four operational performance metrics triggered concern; 4 hour performance, RTT Incomplete Pathways, 2 Week GP Referral to first outpatient - breast symptomatic and diagnostics maximum 6 week wait.
- 4 hour performance was at 80.8% below the Trust's Improvement Trajectory and the 95% national standard.
- Diagnostic tests – 6 week wait was at 2.75%, failing the national standard of 1%.
- The 2 Week GP Referral to first outpatient – breast symptomatic was 92.3%; this was below the national standard of 93%.
- RTT incomplete pathways in 18 weeks was at 90.0%, this was below the Trusts Improvement Trajectory and the 92% national standard.
- An RTT recovery plan would be discussed at Management Board in July.
- Out of 28 beds, Haygarth Ward had 11 patients medically fit for discharge. The Trust was hoping to increase the level of social worker support within this ward.
- Feedback received on the Home First initiative was positive, and the majority of the 30 day milestones had been met.

Jeremy Boss, Non-Executive Director sought clarity on when the Trust would be back on track with diagnostic testing. The Chief Operating Officer stated that this information could be found on page 20 of the report. She added that the Trust had established 'best', 'worst' and 'mid case' scenarios and although recovery was expected in quarter four, the Trust had not given up on the best case scenario.

Joanna Hole, Non-Executive Director stated that 634 bed days had been lost due to infection and questioned whether there was any more that could be done to reduce this. The Chief Operating Officer stated that the Trust was much better at outbreak management and the recovery of wards happened much earlier than it used to. She stated that rapid testing of influenza was needed and the Trust was developing a business case to ensure this was possible.

Joanna Hole, Non-Executive Director stated that on page 8 of the report she noted that Trust capacity was impacted due to bariatric patients which she had not seen

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 6 of 12

highlighted before. She questioned whether bariatric patients had a significant impact on bed closures. The Chief Operating Officer stated that bed space was lost when caring for bariatric patients because the equipment took up more room. She added that more bariatric patients were seen in May.

The Chief Executive asked that a year to date position was added to the table on page 9 of the report (Non-Elective activity levels).

Action: Chief Operating Officer

The Director of Human Resources highlighted the following workforce information:

- The Women and Children's division had reduced their sickness rate to 2.7% which was a significant reduction from 2016/17 rates of 7%.
- A deep dive into the Estates & Facilities sickness rates had taken place and there was now an action plan in place to reduce sickness rates further.
- There was a typo on page 31 of the report and it was confirmed that performance figures related to May's data rather than April's.

Nigel Sullivan, Non-Executive Director questioned whether the Trust had any data regarding staff speaking up or engagement scores that could be identified. The Director of Human Resources stated that the Cleaning department now had open meetings which were helping staff engagement. The Chief Executive added that the latest Schwartz round focused on cleaning team and had been well attended.

The Medical Director provided a presentation on Hospital Standardised Mortality Ratio (HSMR) and SHMI Data. He highlighted:

- HSMR was the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups which represent approximately 80% of in hospital deaths.
- SHMI data did not attempt to risk adjust for palliative care; this was the significant difference between HSMR measurements and SHMI measurements.
- The Clinical Outcomes Group failed to find any clinical diagnosis or procedure which consistently flagged as having a high mortality rate.
- The Clinical Outcomes Group in depth reviews had not demonstrated concerns with care. They had however, highlighted concerns with coding, but this did not imply that coding was incorrectly performed.
- Trends in coding at the RUH showed that the Trust was recording fewer co-morbidities than it had done historically and was doing so at a rate that was falling against national coding rates.
- The Trust was coding patients as receiving palliative care at a much reduced rate by comparison with national average coding rates.
- Both these coding matters influenced the predictive risk of a patient dying, with a palliative care code placing the patient in an 'expected to die' category.
- External assurance could be taken from NHSI who was assured by the Trust's explanation of HSMR.

Maira Brennan, Non-Executive Director questioned whether the way palliative care was coded should be changed. The Medical Director stated that the Trust should not

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 7 of 12

change how palliative care was coded and highlighted that other Trust's had been criticised for reducing their HSMR by adjusting their palliative care coding.

The Director of Nursing and Midwifery stated that the tone of the presentation implied that coding was the problem and questioned whether this was something that required reviewing. The Medical Director stated that it was not a problem with the coding, the coders were coding accurately but other Trusts had applied the code more loosely.

The Director of Nursing and Midwifery questioned how the Board could seek assurance regarding mortality at the weekend. The Medical Director stated that weekend mortality was different and added that both scores were higher than the national average. He highlighted that the Clinical Outcomes Group looked at whether there were underlying causes of mortality rates.

The Chairman stated:

- The Board could note the Trust's HSMR was above average in England but this was related to the way palliative care was coded.
- Assurance could be taken from the Trust's Clinical Outcomes Group who monitored individual parameters on a monthly basis.
- External assurance had been received from NHSI
- Patients could be assured that this was a high priority for the Trust.

The Board of Directors noted the report.

BD/17/06/11 4 Hour Performance Report

The Chief Operating Officer presented the 4 Hour Performance Report. The Board of Directors noted the report.

BD/17/06/12 RUH Trust Incident Response

The Chief Operating Officer presented the Trust Incident Response report and highlighted:

- The report summarised the new Trust Incident Response Plan and plans in place to develop Major and Mass Casualty incident responses.
- The report also provided an overview of the incident response training and exercising the Trust was putting into place
- A task and finish Mass Casualty Planning Group (MCPG) had been set up to plan and test the Trust's response to a Mass Casualty incident

Joanna Hole, Non-Executive Director sought clarity on when the task and finish group would be complete. The Chief Operating Officer confirmed that six monthly meetings had been established but she hoped the group would be completed within the next quarter.

Joanna Hole, Non-Executive Director stated that the Trust should also consider occasions where the whole of the City Centre could be on lockdown as a result of an

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 8 of 12

incident in the centre of Bath. The Chief Operating Officer confirmed that she would take this into consideration and added that the planning was still in progress.

The Board of Directors noted the report.

BD/17/06/13 Finance Report

The Deputy Chief Executive and Director of Finance presented and highlighted:

- The control total plan was to achieve a deficit of £2.6m at Month 2. The Trust was slightly above the control total plan and is therefore anticipating receiving the STF allocation related to months 1 and 2.
- Elective had seen a deterioration of £0.2m in Month 2 due to lower levels of actual activity than planned, mainly within Trauma and Orthopaedics and General Surgery.
- Although outstanding debt had reduced, it was still a level of concern.

The Board of Directors noted the report.

BD/17/06/14 Workforce Race Equality Standard and Action Plan

The Director of Human Resources presented and highlighted:

- The paper outlined the Trust's performance against the Workforce Race Equality Standard (WRES) and, where shortcomings had been identified. It included a number of actions to be undertaken over the next nine months, from 1st July 2017 until 31st March 2018.
- The relative likelihood of White staff being appointed from shortlisting compared to BME staff was 1.88 times greater. This was higher (worse) than the national figure of c1.74.
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was 3 times greater.
- BME staff reported significantly lower on the "percentage of staff believing that Trust provided equal opportunities for career progression or promotion" indicator.
- The nine point action plan would be monitored by the Trust's Equality and Diversity Committee.

The Director of Human Resources confirmed that she would bring an update report to the Board in December.

Action: Director of Human Resources

Joanna Hole, Non-Executive Director questioned whether the Trust still had a diversity champion. The Director of Human Resources confirmed that the Trust no longer had a diversity champion, but was looking to appoint another one.

The Board of Directors noted the nine point action plan outlined within Appendix 1 and noted the report.

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 9 of 12

BD/17/06/15 Clinical Governance Committee Update Report

Jane Scadding, Non-Executive Director presented the paper and asked whether it would be possible to have a discussion at future Board meetings identifying any items that CGC and NCGC could look at at future meetings.

The Chairman stated that the Non-Executive Directors would like a specific agenda item focusing on whether any items should be presented to assurance committees for review and further scrutiny.

The Board of Directors noted the report and agreed to include an agenda item going forward entitled “Items for Assurance Committees” as a discussion topic.

Action: Membership & Governance Manager

BD/17/06/16 Non-Clinical Governance Committee Update Report

Joanna Hole, Non-Executive Director presented the paper and highlighted:

- The Committee had reviewed the Board Assurance Framework and noted that there had not been any significant changes since it was last reviewed by the Committee.
- The Non-Executive Directors raised a query regarding the risks and asked the Interim Board of Directors Secretary to review the entire Board Assurance Framework and the associated risks to ensure they were still current.

The Board of Directors noted the report.

BD/17/06/17 Guardian of Safe Working Quarterly Update Report

The Medical Director presented the paper; the Board of Directors noted the report.

BD/17/06/18 Charities Committee Update Report

Moira Brennan, Non-Executive Director presented the paper; the Board of Directors noted the report.

BD/17/06/19 Audit Committee Update Report

Moira Brennan, Non-Executive Director presented the paper; the Board of Directors noted the report.

BD/17/06/20 Management Board Update Report

The Chief Executive presented the paper; the Board of Directors noted the report.

BD/17/06/21 Children’s Safeguarding Annual Report

The Director of Nursing and Midwifery presented the report and highlighted:

- The report provided an overview of safeguarding children activity undertaken within the Trust 1st April 2016 to 31st March 2017.
- The Trust did not achieve the training compliance, but measures remain in place to ensure the Level 3 training compliance would return to, and was sustained at, 90%. Training compliance remained on the Trust risk register.

The Board of Directors noted the report.

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 10 of 12

BD/17/06/22 Adult's Safeguarding Annual Report

The Director of Nursing and Midwifery presented the report and highlighted that the report included the Learning Disabilities Annual Report as well as the Domestic Violence Annual Report.

The Board of Directors noted the report.

BD/17/06/23 Self-Certification NHSI License

The Deputy Chief Executive and Director of Finance presented the report.

The Board of Directors approved the NHSI self-certifications for condition FT4 and the training of Governors requirement.

BD/17/06/24 Haygarth Ward Improvement Process

The Chairman welcomed Melanie Say, Senior Sister, Haygarth Ward, Tracy Francis-Evans, Lisa Patton and Nicky Kelly, Junior Sisters, Haygarth Ward to the meeting.

Following sustained problems meeting the monthly Quality Indicators, a Nursing Intensive Support Team (NIST) were asked to assist Haygarth ward to improve quality, processes, patient safety and patient experience.

The Senior Sister explained that the aim of the intervention was to achieve Bronze Accreditation status by September 2017. She outlined the process and outcomes and stressed that the intervention had been positive and had resulted in improved morale, communication and service on the ward.

The Board of Directors applauded and thanked the presenters for their hard work and dedication to improving Haygarth Ward.

The Director of Human Resources sought clarity on how they got other staff involved. The Junior Sister confirmed that each of the NIST team had their own mentor groups which meant that they could talk to staff in much smaller groups. She added that because the request for improvement came from outside the ward, all staff had a desire to make changes and felt empowered to do so.

The Director of Human Resources questioned whether the team would have the confidence to take their improvement programme to other wards to help them make changes. The Presenters all confirmed that they would have the confidence to do so.

The Director of Nursing and Midwifery commended the team for their leadership and dedication to the improvement journey. She stated that they had all done a tremendous job and she was extremely proud of them.

The Chairman thanked the presenters for the update.

BD/17/06/25 CQC Improvement Plan Quarterly Update Report

The Director of Nursing and Midwifery presented the paper and highlighted:

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 11 of 12

- The purpose of the report was to update the Board of Directors on progress towards implementing the improvement plan following the Care Quality Commission (CQC) announced inspection to the RUH in March 2016.
- Appendix A detailed progress in implementing the outstanding actions.
- Four actions were now graded as 'blue' indicating they were complete.
- Two actions were graded as 'amber' indicating they were not progressing according to the timescales identified in the improvement plan but there was evidence of progress to ensure these were completed.
- The mock inspections which took place would be written up and very good practice was observed.

The Director of Nursing and Midwifery proposed that the action list should be closed and monitored via the relevant speciality performance meetings.

The Board of Directors agreed to close the improvement plan with the assurance that any outstanding actions would be looked at in more detail via the assurance committees.

BD/17/06/26 Chief Executive Report

The Chief Executive presented the report and highlighted:

- Sue Brown, Consultant Nurse in Rheumatology at the RNHRD, who was instrumental in the service being recognised as a Lupus Centre of Excellence, had been awarded an MBE in the Queens Honours. This honour was a reflection of Sue's long standing dedication and commitment to her patients.
- Following the terrible fire at Grenfell Tower, assurance had been sought from the Trust's Estates and Facilities Directorate that the hospital was compliant with relevant regulatory requirements and had appropriate safeguards in place in the event of a fire. This assurance was provided within the report.
- Fire Safety Officers were visiting all wards and departments to ensure all staff are aware of the evacuation policy and process for their area.

The Board of Directors noted the report.

BD/17/06/27 Chairman's report

The Board of Directors noted the report.

BD/17/06/28 Resolution to exclude members of the public and press

That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

The Board of Directors approved the resolution.

The meeting was closed by the Chairman at 12:15

Signed

Date

Author: Roxy Poultney, Membership & Governance Manager	Date: 27 July 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 12 of 12