

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 26th JULY 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
Tim Craft, Medical Director
Moirá Brennan, Non-Executive Director
Jane Scadding, Non-Executive Director
Jeremy Boss, 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
Lisa Cheek, Deputy Director of Nursing & Midwifery
Sharon Manhi, Lead for Patient and Carer Experience *(item 6 only)*
Dr Jay Suntharalingam, Consultant Respiratory Physician *(item 6 only)*
Dr Rob Mackenzie-Ross, Consultant Respiratory Physician *(item 6 only)*
Mark Grover, Senior Respiratory Nurse Specialist *(item 6 only)*
Sarah Cook, Specialty Support Manager *(item 6 only)*
Chris Dyer, Consultant Geriatrician *(item 14 only)*
Jane Davies, Senior Nurse, Quality Improvement *(item 14 only)*
Sandi Derham, Rheumatology Occupational Therapy Service Lead
Sara Burnard, Research Lead Obs and Gynae
Sharon Grieve, Lead Pain Research Nurse
Jane Carter, Research Manager Development

Observers

Amanda Buss, Public Governor
James Colquhoun, Public Governor
Julie Scriven, Staff Governor
Sue Smith, Wye Valley NHS Trust
Edward Jefferies, Locum Consultant Urologist
Raj Bumber
Kelly Spencer, R&D Manager

BD/17/07/01 Chairman's Welcome and Apologies

Apologies were received from Helen Blanchard, Director of Nursing and Midwifery and Nigel Sullivan, Non-Executive Director.

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BD/17/07/02 Written Questions from the Public

There were no written questions from the public.

BD/17/07/03 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/17/07/04 Minutes of the Board of Directors meeting held in public on
28th June 2017**

The minutes of the meeting held on 28th June 2017 were approved as a true and correct record of the meeting.

BD/17/07/05 Action List and Matters Arising

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

- PB500 – The Chief Executive confirmed that the team visited Parking Eye and used the new machines which were much clearer to use. He hoped that the Trust may have a demo machine available to try in a few weeks' time.
- PB523 – The Chief Operating Officer confirmed that she would provide an update at the Board of Directors meeting in September. Action to remain open.
- PB525 – The Chief Operating Officer confirmed that the year-to-date position would be added to the report in September.

BD/17/07/06 Patient Story: Pulmonary Hypertension

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

A 47 year old man was diagnosed with Pulmonary Arterial Hypertension in August 2016. He described his care as very compassionate, understanding and supportive. In January he began a clinical trial for a new drug in order to understand if others with PH could benefit from the results. He stated that the entire team had helped him throughout his treatment and diagnosis and the service had been first class.

He highlighted that when he received his letters after visiting the Trust and showed them to his family, a lot of them commented on how they were aimed at providing an update to his GP which made them difficult to understand.

Dr Jay Suntharalingam, Consultant Respiratory Physician, delivered a presentation providing an overview of PH and highlighted that the Trust was the only Pulmonary Hypertension centre in the Southwest (a 'shared care' centre under the guidance of the Royal Free). He advised that the survival rates were above the national average.

Joanna Hole, Non-Executive Director questioned whether the team were able to coordinate appointments to ensure individuals did not have to make lots of different appointments. The Consultant Respiratory Physician confirmed that the team had a Coordinator who administered appointments and tried to do as much as possible with each patient in one day.

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The Chief Operating Officer questioned whether there had been any learning following the annual report. The Consultant Respiratory Physician confirmed that following two peer reviews, the service was fulfilling most of the criteria, but it had been useful in ensuring the team looked at their services forensically. He stated that the waiting time within the annual report was an outlier that the team would address.

Jane Scadding, Non-Executive Director sought clarity on how the team opted in and out of research opportunities. The Consultant Respiratory Physician confirmed that research was a relatively new area within PH but the team were about to begin their fourth study. He added that they had contributed significantly and were increasing their research participation as when the Trust was research active it improved patient care.

Jeremy Boss, Non-Executive Director sought clarity on the Trust's relationship with the Royal Free and questioned whether the Trust could build a service sustainable away from them. The Consultant Respiratory Physician confirmed that the support from the Royal Free had been fantastic and he was in no hurry to change how the service currently ran.

Moira Brennan, Non-Executive Director questioned whether the Trust could provide paediatric PH care. The Consultant Respiratory Physician confirmed that all adult centres did not provide a cross over to paediatric services and he would feel uncomfortable doing so. He added that Great Ormond Street Hospital provided care for children.

Joanna Hole, Non-Executive Director questioned whether the disease was increasing because healthcare professionals were better at looking for it. The Consultant Respiratory Physician stated that he did not think that prevalence had increased but confirmed that the ability to diagnose was better because GP's were looking for it. He added that the volume of diagnoses were typically increased closer to the national centres.

Joanna Hole, Non-Executive Director questioned whether Welsh patients paid their bills. The Consultant Respiratory Physician confirmed that every Welsh referral had the correct IFR forms and were now being followed up via the Finance Department to ensure treatment was paid for.

The Chairman asked the team to reflect on the patients comments regarding the use of jargon within the letters. The Consultant Respiratory Physician stated that it was difficult to get the balance right as referrals come from secondary care doctors who do not know what is wrong with the patient. He added that the team provided their diagnosis or advice to the GP in clinical language.

Dr Rob Mackenzie-Ross, Consultant Respiratory Physician confirmed that all results were discussed with patients face to face before they leave the hospital, and that the patients feedback related to when he showed the letter to rest of family.

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Mark Grover, Senior Respiratory Nurse Specialist added that the team also had leaflets available which could be given to the family which provided less jargon. He confirmed that they would ensure that patients were made aware of the published leaflets and telephone support available.

The Chairman stated that a patient support group may also help with this. The Senior Respiratory Nurse Specialist confirmed that the Trust's Health Psychologist was looking into establishing a patient support group.

The Chairman thanked the team for their presentation and commended them such a positive patient story.

BD/17/07/07 Quality Report

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

- Sepsis Training continued across all wards, with one ward each month receiving focused training. Recruitment of a band 6 Sepsis Nurse to support training and spread trust wide had been advertised with planned interviews in August.
- The Sepsis champions event which took place in May 2017 was well attended and 1400 staff had been trained Trust wide since July 2016 and numbers were fed back to the divisions with the aim of achieving 90% by April 2018.
- Improvement work within the AKI work stream focused on fluid balance and hydration. An amended Hydration chart launched in April 2017 and had been well received and was now embedded on the wards. An amended fluid balance chart was currently being tested.
- A revised NEWS chart was helping clinical teams to support a standardised clinical NEWS score. NEWS accuracy was now improving and was demonstrated in table two on page nine of the report.
- There were six cases of hospital acquired C Difficile reported in June. RCA investigations had been undertaken on all of these cases, following which 3 cases were found to have had no lapses in care.
- During June 2017, four Serious Incidents were reported and remained under investigation.
- The Nursing Quality Indicators chart was attached as Appendix A. Five wards had been flagged this month as having nursing quality indicators of note. Pultney and Parry Ward had flagged for the third consecutive month and improvement plans were in place.
- The "Nurse Staffing Datix Report" indicator on the triangulation chart currently flagged negatively if a ward scored 5 or more. The team had listened to ward Sisters who have highlighted that flagging this item negatively could discourage staff from raising incidents via Datix. She confirmed that it would remain on the chart but not be picked out negatively against the ward.

The Medical Director stated that he had welcomed the new Junior Doctors to the Trust prior to the Board of Directors meeting and confirmed that they could get involved in quality improvement work. He confirmed that the contrast sticker

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described on page 6 of the report had arisen from an F1's quality improvement work which had paid huge dividends in improving patient care.

Joanna Hole, Non-Executive Director stated that within the Pulteney Ward narrative it highlighted that the appraisal rate was less than 80%, but when looking at the chart it was actually 42%. She sought clarity on why there was such a difference. The Deputy Director of Nursing and Midwifery stated that narrative should be read in conjunction with the triangulation chart and confirmed that appraisals was part of the wards improvement plan.

The Board of Directors noted the update.

BD/17/07/08 Infection Prevention and Control Action Plan

The Deputy Director of Nursing and Midwifery presented the Infection Prevention and Control action plan and highlighted:

- A revised letter from NHSI had been received and was circulated which now included the correct figures for C Difficile.
- 16 recommendations for improvement were made and an improvement plan (Appendix B) had been developed which detailed the actions that would be taken to address the recommendations. Each action had been RAGB rated to indicate whether they were progressing according to the timescales identified within the improvement plan.
- Key areas for improvement related to antimicrobial stewardship, including the role of the antimicrobial pharmacist, and consistency of cleaning standards, systems and processes were identified as the top risks.
- The Board was asked to approve the improvement plan and approve the Infection Prevention and Control Committee (IPCC) monitoring the implementation of the plan.

The Medical Director stated that the letter from NHSI explained why antimicrobial stewardship was the highest risk to the Trust and added that the Antibiotic Guidelines Policy was being updated monthly. He added that a critical friend would join the Trust in August to offer ways of improvement which would meet part of letters recommendations regarding an external review. He confirmed that he was offering executive support to staff that were leading antimicrobial stewardship and was meeting monthly with them.

Joanna Hole, Non-Executive Director questioned what the timescale was regarding the development of a D&V action card for staff when they suspected an outbreak. The Deputy Director of Nursing and Midwifery confirmed that the card had been developed by a nurse and sent to colleagues for comment. She added that the card would be taken to the IPCC in August.

The Board of Directors approved the action plan and the monitoring of it through the IPC Committee.

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The following items were discussed together:

BD/17/07/09 Operational Performance Report
BD/17/07/10 4 Hour Performance Report

The Chief Operating Officer and the Director of Human Resources presented the report and highlighted:

- The Trust was rated 2 overall against the NHSI Single Oversight Framework.
- In June four operational performance metrics triggered concern; 4 hour performance, RTT Incomplete Pathways, and diagnostics maximum 6 week wait and 62 day referral to treatment for all cancers and from screening.
- Improved 4 hour performance was at 90.3% above the Trust’s Improvement Trajectory but below the 95% national standard.
- RTT incomplete pathways in 18 weeks were at 89.7%; this was below the Trusts Improvement Trajectory and the 92% national standard. A recovery plan had been presented to Management Board and would be presented to the Board of Directors in September. The Trust was speaking to NHSI to see if they could offer intensive support through the national programme. Additional Senior Management support was being offered to the Surgical Division.
- Diagnostic tests – 6 week wait was at 3.28%, failing the national standard of 1%. There had been a large number of ultrasound breaches which were unexpected as a result of a sharp spike in GP referrals. More in depth analysis was taking place.
- The 2 Week GP Referral to first outpatient – breast symptomatic was 75.6%; this was below the national standard of 93%.
- The Trust had now pulled back the position regarding 62day breaches and was now ahead of the national trend.
- The implementation of SAFER would be discussed at Fit for the Future Board next month. It had been recognised by the Urgent Care Collaborative Board, that this was a large and complex transformation agenda in which the Trust was drawing upon best practice where available. The testing on Haygarth ward was proving beneficial, both in terms of understanding how to lead cultural change amongst clinicians but also how to spread and sustain change across the remaining core wards.
- Appraisal rates within facilities had now dropped to 75% and were being closely monitored through monthly performance reviews.
- The Trust’s vacancy rate continued to be higher than expected and work was ongoing to understand why made staff stayed with the Trust in order to identify how the Trust could recruit and retain.

Moira Brennan, Non-Executive Director questioned whether there was a cohort of cancer patients within the 62 day measure that had been missed. The Chief Operating Officer confirmed that all patients on a cancer pathway were part of a daily patient tracking system at specialty level.

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Moira Brennan, Non-Executive Director stated that cancer referrals appeared to have plateaued. The Chief Operating Officer concurred but stated that this would vary by tumour site. She confirmed that she would present this information at the next meeting.

Action: Chief Operating Officer

Jeremy Boss, Non-Executive Director stated that there were a cluster of concerns regarding the Well Led workforce particularly focusing on Information Governance Training Compliance. He sought assurance that these figures would not increase. The Director of Human Resources stated that unfortunately when wards were busy, staff often did not attend training sessions. She added that the team were looking to put the Core Skills module onto e-learning. The Deputy Chief Executive and Director of Finance added that there was a cluster of Maternity staff who required IG training as they had recently changed the process of using a workbook.

The Chairman reminded the Board of Directors to ensure that their mandatory training and Core Skills training were up to date.

Joanna Hole, Non-Executive Director stated that she has recently undertaken an e-learning module and found accessing the modules extremely cumbersome. The Director of Human Resources confirmed that a new ESR portal was due to be launched which would make e-learning much easier.

The Chairman noted the concerns raised regarding RTT and welcomed the updated plan at the next meeting. The Board of Directors noted the report.

BD/17/07/11 Finance Report

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

- Elective income had seen a deterioration of £0.3m in Month 3 due to lower levels of actual activity compared to planned levels, mainly within Trauma and Orthopaedics, General Surgery, Colorectal Surgery and Cardiology.
- The income position as at June was £0.9m under plan. High cost drugs was marginally over plan, therefore the normalised Trust position was £1m underperformance.
- Capital expenditure to the end of June totalled £2.4m, resulting in an underspend of £3.3m. It was expected that expenditure would move closer to plan over the coming months.

Jane Scadding, Non-Executive Director questioned whether anything could be done to mitigate activity levels. The Deputy Chief Executive and Director of Finance confirmed that as the activity was decreased within Trauma and Orthopaedics there was much less ability to do this. The Medical Director added that it was also an emergency service.

The Board of Directors noted the report.

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BD/17/07/12 Estates and Facilities Sustainability Quarterly Update Report

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

BD/17/07/13 Health and Wellbeing Report

The Director of Human Resources presented the report and highlighted:

- In 2016, the Trust developed and signed up to a five year Health and Wellbeing Strategy, which focused on four key themes.
- A significant amount of work had been conducted under each of the 4 themes within the strategy during 2016-17 and the plans and current activity plan for 2017-18 showed a high level of organisational commitment to staff and their well-being.
- The outcomes of the work programmes were seen in the results from the staff survey and the CQUIN measures which were positive.

The Chief Executive stated that the September cycle to work day was not noted within the report and confirmed that he would be the champion for this.

The Board of Directors noted the report and confirmed that they would become Health and Well Being Champions to support staff's physical and mental wellbeing.

BD/17/07/14 Dementia Strategy Update Report

The Chairman welcomed Chris Dyer, Consultant Geriatrician and Jane Davies, Senior Nurse, Quality Improvement to the meeting who presented the Dementia Strategy Update report and highlighted:

- The Trust's vision was to be the first truly dementia friendly hospital in England by 2020. "An innovative hospital leading in research and delivering the highest standards of care for people with dementia"
- The new ward charter mark was completed in line with the ward accreditation assessments for the Bronze standard. There were 33 standards set out under the CQC domains, including an assessment of the environment. All areas across the Trust had been assessed during the past year.
- Three clinical areas did not achieve the charter mark and the team was working with them to ensure that they do achieve the standard.
- There was a plan to develop a charter mark for the Emergency Department
- Length of Stay had increased to the highest in 5 years at 13.3 days mean, (2519 spells). This was likely due to discharge problems vs. a skewed mean.
- Carer feedback was lacking but there was now a plan in place to restart this initiative.
- It was key to secure funds for dementia and discussions had begun with the Finance Team to establish a fund for training and resource for the team as well as a fundraising appeal.
- Last year the Trust participated in the National Audit for Dementia, which looked at all aspect of dementia care. The results were received last week and indicated that the Trust could improve in the areas of governance and nutrition. A National Workshop was taking place in October to look in detail at the results.

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The Chief Executive questioned why length of stay had increased as it was on a downward trajectory. The Consultant Geriatrician stated that there was a large cohort of patients within the hospital awaiting discharge that required psychiatric or mental health input. The median had not changed much over past 2 or 3 years (9 days), therefore this was likely a result of a skewed mean.

Jeremy Boss, Non-Executive Director stated that he had attended a Bath City Forum meeting at which Maggie Depledge, Dementia Coordinator delivered a presentation which was very comprehensive and detailed.

The Chief Operating Officer stated that more needed to be done regarding length of stay and advised that many of the patients would not be suitable for the Home First initiative. She added that she was planning to establish a Transformation Board across BaNES regarding more complex discharge pathways and would welcome the support and knowledge from the Consultant Geriatrician.

The Board of Directors thanked the presenters for the presentation and supported the future action plans.

BD/17/07/15 Mental Health Annual Report

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

- The report provided an overview of activities relating to patients with Mental Health needs within the Trust during 2016/17 and included the reporting requirements under the Mental Health Act.
- The Trust had the following ratified policies associated with mental health provision;
 - Mental Health Act -Care of Adults detained under the Act
 - Safe and Supportive Observation Policy
- A Mental Health Coordinator was recruited in October 2016 within the RUH to review patients' mental health needs and coordinate access to appropriate mental health support, including RUH HCAs and AWP bank HCAs and nurses as well as agency RMNs. The role has achieved a reduction in agency spend and also improved care for patients and staff whilst working collaboratively with AWP.

The Chief Operating Officer stated that the report was of a high standard and was pleased to note the support and compliance of the Site Team who were responsible for overseeing the operational delivery of the Mental Health Act requirements in relation to detained patients. She added that she would like to see detail focusing on mental health provision within the Emergency Department as this was an area with increased scrutiny. The Deputy Director of Nursing and Midwifery confirmed that this could be included in the 2017/18 report. The Chairman requested an update to the BoD in October.

Action: Deputy Director of Nursing and Midwifery

The Commercial Director stated that she had attended a Health and Well Being Board on behalf of the Chief Executive which requested a champion for mental

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health from all organisations. She confirmed that the Director of Nursing and Midwifery would undertake this role.

The Board of Directors noted the annual report.

BD/17/07/16 Tissue Viability Annual Report

The Deputy Director of Nursing and Midwifery presented the Tissue Viability Annual Report and highlighted:

- The annual report highlighted the initiatives undertaken by the Tissue Viability service, the training provided and the impact the service had on improving the standard of tissue viability care at the Trust during 2016/17
- Two wards and two departments had been pressure ulcer free for 2016-17.
- There had been five wards that had been pressure ulcer free for 2015-17.

The Chairman stated that good progress had been made within the Tissue Viability Service.

Moira Brennan, Non-Executive Director stated that a number of pressure ulcers were present on admission and questioned whether the Trust provided the CCG with data regarding these figures. The Deputy Director of Nursing and Midwifery stated that the numbers were high and confirmed that the Tissue Viability team did link with community teams but more work needed to be done.

Joanna Hole, Non-Executive Director questioned what the challenges were regarding avoidable and unavoidable pressure ulcers. The Deputy Director of Nursing and Midwifery confirmed that it often related to operational challenges when the Trust was busy. She added that the turnover of staff and newly qualified staff had also presented challenges in 2016/17 and so there was a constant need to revise training.

The Board of Directors noted the annual report.

BD/17/07/17 Management Board Update Report

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

BD/17/07/18 Research Presentation

The Medical Director introduced the Research presentation and outlined the benefits of participating in research. He advised that he would provide a strategic research presentation to the Board of Directors in September.

Action: Medical Director

The Medical Director invited the following people to present:

- Sara Burnard, Research Lead Obs and Gynae who presented on Research in Maternity Services
- Sharon Grieve, RGN Pain Lead Research Nurse who presented on COMPACT (Core Outcome Measurement set for complex regional Pain syndrome Clinical Studies)

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- Sandi Derham, OT Clinical Specialist (Rheumatology) & Musculoskeletal Clinical Research Specialty Lead who presented on Allied Health Professions Research.

Jane Scadding, Non-Executive Director questioned how the Trust chose which research opportunities to participate in. The Medical Director confirmed that this would form part of his presentation in September.

The Medical Director concluded and stated that the Board of Directors had heard three really good presentations which demonstrated that research was far from being just about Doctors and stated that research was taking place everywhere which made him proud of the RUH.

On behalf of the Board of Directors, the Chairman thanked Sara, Sharon and Sandi for their presentations.

The Board of Directors noted the report.

BD/17/07/19 Chief Executive Report

The Chief Executive presented the report and highlighted:

- Claire Buchanan, Director of Human Resources, would be leaving the Trust at the end of September to take on the role of Director of Human Resources at the University of Bristol.

The Board of Directors noted the report.

BD/17/07/20 Chairman's Report

The Chairman provided a verbal updated and highlighted that he had attended:

- An update meeting with NHS leaders to review and progress STP governance and future plans
- Quarterly meeting with the Leader of Wiltshire Council, Baroness Scott of Bybrook
- Chaired RUH Research and Development Committee which linked nicely to today's presentation – he stated that he looked forward to the update in September.
- Attended the Wiltshire Health and Wellbeing Board
- Attended the Caring for You membership event on Falls and Fracture Prevention

The Board of Directors noted the report.

BD/17/07/21 Items for Assurance Committees

The Chairman asked the Board of Directors whether there were any items discussed during the meeting that should be discussed in more detail at the assurance committees.

The Board of Directors agreed that there were no items to be delegated.

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BD/17/07/22 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 12:10

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