

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 20<sup>th</sup> DECEMBER 2017  
OASIS CONFERENCE CENTRE, RUH, BATH**

**Present:**

Voting Directors

Brian Stables, Chairman  
James Scott, Chief Executive  
Francesca Thompson, Chief Operating Officer  
Moira Brennan, Non-Executive Director  
Jane Scadding, Non-Executive Director  
Jeremy Boss, Non-Executive Director  
Joanna Hole, Non-Executive Director  
Nigel Sullivan, Non-Executive Director  
Moira Brennan, Non-Executive Director  
Bernie Marden, Acting Medical Director  
Lisa Cheek, Acting Director of Nursing and Midwifery

Non-Voting Directors

Joss Foster, Commercial Director  
Victoria Downing-Burn, Acting Director of People

In attendance

Xavier Bell, Board of Directors Secretary  
Florence Emerson, Office Manager and Executive Assistant (*Minute Taker*)  
Simon Wade, Deputy Director of Finance  
Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 only*)  
Martin Fricker, Pets as Therapy Volunteer, and Fudge the Dog (*Item 6 only*)  
Rosemary Gaskell, Pets as Therapy Volunteer, and Milo the Dog (*Item 6 only*)  
Debs Wakeford, Pets as Therapy Volunteer and Muddy the Dog (*Item 6 only*)  
Melinda Hicks, Pets as Therapy Volunteer and Harvey the Dog (*Item 6 only*)  
Jo Flint, Ward Manager, Pulteney ward (*Item 6 only*)  
Lynn Gardiner, Play Specialist (*Item 6 only*)  
Nigel Harris, Chief Executive, Designability (*Item 7 only*)  
Dr Tim Craft, Acting Research and Development Director (*Item 7 only*)  
Sarah Merritt, Head of Nursing, Women and Children's Division (*Item 9 only*)  
Bev Boyd, Senior Matron, Paediatrics (*Item 9 only*)  
Mel Gittins, Senior Sister, Children's Ward (*Item 9 only*)  
Rhianon Hills, Divisional Manager, Women and Children's Division (*Item 10 only*)

Observers

Amanda Buss, Public Governor  
Julie Scriven, Staff Governor  
Jacek Kownacki, Public Governor  
Chris Callow, Public Governor  
James Colquhoun, Public Governor  
Mike Welton, Public Governor

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**BD/17/12/01      Chairman's Welcome and Apologies**

The Chairman welcomed members of the Board of Directors along with the five governors observing and the volunteers from Pets as Therapy.

Apologies were received from Sarah Truelove.

**BD/17/12/02      Written Questions from the Public**

There were no written questions from the public.

**BD/17/12/03      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/17/12/04      Minutes of the Board of Directors meeting held in public on 29<sup>th</sup> November 2017**

The minutes of the meeting held on 29<sup>th</sup> November 2017 were approved as a true and correct record of the meeting.

**BD/17/12/05      Action List and Matters Arising**

Action updates were approved as presented with the following amendments:

- It was agreed that PB460 would remain open until resolved.
- It was agreed PB461 would remain open as the policy and strategy would be revisited in January.
- Moira Brennan, Non-Executive Director, confirmed that in relation to PB463, Joanna Hole had volunteered to take on the role of Freedom to Speak Up Guardian from 1<sup>st</sup> April 2018 and this action could now be closed.

**BD/17/12/06      Patient Story: Pets as Therapy**

The Chairman welcomed Sharon Manhi, Lead for Patient and Carer Experience to the meeting to present the patient story along with the Pets as Therapy dogs and volunteers.

The Lead for Patient and Carer Experience shared a short video, filmed predominantly at the Trust, by a Bath Spa University student Harriet Clulee who studied the impact of pets as therapy.

Jo Flint, Ward Manager, Pultney Ward, shared a patient story with the Board about the impact Pets as Therapy had on a sixty eight year old patient with mental health issues here at the Trust. She advised that the patient came into the Trust very frightened and aggressive and was reluctant to allow the staff at the Trust to support him. She described how visits from Martin Fricker, Pets as Therapy Volunteer, and his dog Fudge, over a period of four months changed this and eventually even enabled the patient to leave his room and go out and about in the hospital. She concluded that once well enough the patient moved to a new Care Home, one that was animal friendly.

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Rosemary Gaskell, Pets as Therapy Volunteer, shared a story about her experience on the stroke ward and the impact pets as therapy had on a particular patient over a period of three months.

Debs Wakeford, Pets as Therapy Volunteer, shared her experience of bringing Pets as Therapy into the Emergency Department. She noted the impact of pets as therapy in reducing staff stress levels within the Emergency Department. She also shared a patient story from one of her visits to the Emergency Department where the presence of Milo the dog engaged a very distressed teenage boy and lead to enabling the staff to provide the treatment needed.

The Lead for Patient and Carer Experience reiterated a big thank you to the Pets as Therapy volunteers.

Joanna Hole, Non-Executive Director queried how the risk analysis is done before going on to wards where the patients, staff or visitors may be uncomfortable with dogs. The Lead for Patient and Carer Experience confirmed that before bringing the dogs on to a ward, a walk around is always done first to check the patients, visitors and staff are comfortable.

The Commercial Director queried how the risk of allergies is managed. The Lead for Patient and Carer Experience advised that there are strict guidelines set by Pets as Therapy which require permission to be checked with the ward managers prior to bringing the dogs onto the ward.

The Chairman thanked the Lead for Patient and Carer Experience and the Pets as Therapy volunteers and dogs.

## **BD/17/12/07                      Opportunities for Non-surgical Robotics in Hospitals**

The Acting Research and Development Director introduced the Chief Executive, Designability. The Chief Executive, Designability, presented on exploring the use of robotics to support patient care in the hospital.

The Chief Executive, Designability, outlined some of the existing work in Designability and some of the key products that have been developed thus far. He informed the Board of the Care at Home using Intelligent Robotic Omni-functional Nodes (CHIRON) project and how robotics of care can be applied. He also referenced some of the state of the art projects that currently exist.

The Chief Executive, Designability, advised that in order to ground the project in the real needs to the users they would be working with Three Sisters Care, a care provider providing care and support to several thousand clients in East London. He confirmed they have recruited CHIRON pioneers from Three Sister's Care, who will stay through the project to feedback on ideas and assist with confirming if the technology being developed is suitable. He advised that they had also had much discussion with users to explore support needs and confirm that the proposed developments are useful.

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The Chief Executive, Designability, advised that they had two million pounds to invest initially. He detailed how it was determined where the technology was best applied first: a clinical frailty scale was used to grade hypothetical cases. He confirmed that the initial focus was mobility, cleaning and tidying and getting out of bed. He noted that with the initial two year period ending in February 2018 they had not yet advanced on to the higher graded tasks, which requires further work.

The Chief Executive, Designability, confirmed that they are looking to have a partnership in place with University West of England and the Bristol Robotics Laboratory.

The Chief Executive, Designability, confirmed that the aim is not to recreate existing products on the market. He outlined the new concept being developed to allow users to live independently, which utilises the existing ceiling track hoist system already present in a number of homes. A short video was shared to outline JUVA.

The Chief Executive, Designability asked the Board to consider whether the Trust would like to participate in a joint application for funding to explore opportunities in secondary care.

The Chief Executive, Designability confirmed that funding from UWE had been received for a patient public engagement exercise in April. Subject to risk sign off four commercial robots will be coming to the hospital: Pepper, Tiago, Jaco arm and Padbot.

The Chief Operating Officer queried whether Designability have any health economics background in the team in relation to the technology becoming self-funding in years to come. The Chief Executive, Designability, advised that they are working on proof of concept at the moment, and predict that there will be two years of development and two years of testing. He confirmed that they estimate ten thousand pounds a year for the JUVA service contract which would save time and money on the cost of care provided by people.

Joanna Hole, Non-Executive Director, queried whether the Padbot could be used in replacement of a nurse call button allowing the nurse to see if the patient is OK.

The Commercial Director queried how much resource might be needed externally. The Chief Executive, Designability, advised that there are other innovation funding streams that could be applied for and proposed that they would look to recruit a Research Nurse or Therapist to act as liaison here in the hospital.

Jeremy Boss, Non-Executive Director, highlighted the positives of the proposal with links to the importance of technology in the future.

The Chief Executive, Designability, stressed the need to ensure a strong Wi-Fi to enable the use of these technologies.

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*The Board moved to item 9 as the Head of Nursing, Women and Children's arrived to present.*

## **BD/17/12/08      Quality Report**

The Acting Director of Nursing presented on the Quality Report and highlighted:

- There was a slight decrease in complaints received from the previous month.
- There is a current focus on closing complaints within the time frame, with the main challenge being the organisation of meetings. However, staff do maintain constant contact with complainant during this time.
- Currently looking at how complaints process is managed to see if the Trust is receiving less reopened complaints rather than just looking at response times in isolation.
- Falls work stream continues to be real priority in the Trust improvement programme and is being led by the Head of Nursing, Medicine.
- Have seen a reduction of falls since the immersion event in May and the full launch in June. Work ongoing looking at how can maintain the trajectory.
- There were four falls resulting in harm.
- Falls work stream are looking at triangulation across falls resulting in harm to identify any common themes. Also looking at repeat fallers and ensuring all interventions post fall are put in place.
- Have introduced a revised nursing and midwifery peer audit programme.
- Compliance in National Safety Standards in theatres remains good.
- Progress with checklist implementation outside of theatres shows a decrease in compliance in Cardiology.
- Improved picture of compliance in Emergency Department , oral surgery and ophthalmology.
- Incident safety focused around the work plan. Largely focused around the rollout of EPMA and how the benefits of this can be achieved to support the programme around improving incident safety.
- In relation to the overdue serious incident reports, the focus is now to see if can get more traction on how the Serious Incident process can be managed and supported close on time. This programme of work will come back to the Clinical Governance Committee in February to confirm if it can be piloted in February/March time.
- Nursing quality indicators flagged around falls, sickness, appraisals and qualified nurse staff levels.
- Nurse staffing remains challenging but a business case was supported at Management Board for overseas nursing recruitment.

Nigel Sullivan Non-Executive Director queried why Radiology wouldn't it be 100%. The Acting Medical Director advised that this was due to new methodology within Radiology.

Jeremy Boss, Non-Executive Director, noted reference to the new technology available around NATSIPS and improving insulin and queried the level of confidence around resource and timescale for this. The Acting Medical Director advised that in

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recent weeks the IT resource has been focused on Big 3, the challenge is to how this is prioritised but it is a risk going forward. Jane Scadding, Non-Executive Director, queried whether there was scope to utilise third party IT help for the electronic checklist. The Acting Medical Director advised that the Chief Information Officer is looking at what work programmes can be funded through the system.

Joanna Hole, Non-Executive Director, queried the gynaecology NatSSIPS compliance matter and when this will improve. The Acting Medical Director advised that he is confident that there is a process in place to ensure this is improved and will report back on this by March 2018.

**Action: Acting Medical Director**

The Board of Directors noted the report.

## **BD/17/12/09 Children and Young People Survey Results**

The Head of Nursing, Women and Children's Division presented on the Children and Young People Survey Results and highlighted:

- Commissioned PICKER to do Children and Young People Survey along with seventy other Trusts.
- Based upon 1245 paediatric inpatient and day cases discharged in November and December 2016.
- The Trust was significantly better than average.
- Areas of improvement identified were affected by a period of works where the patient kitchen and sitting room were out of action.
- Action plan developed:
  - Washing line in the playroom,
  - Pasta jars voting system for spending money
  - Golden ticket of the month
  - Million point cheque
  - Visit areas in the hospital where children are cared for
  - Involve CYP on recruitment
  - Hold a take-over day
  - Have a graffiti board and/or video booth
  - Communication boards for staff and parents.

The Chief Executive commended the high scores. He advised he had visited the ward on a patient safety visit last year when the kitchen was out of action and the negative impact of this, but noted that this was now resolved.

The Chief Executive queried whether the difficulties for children and parents accessing Wi-Fi had yet been resolved. The Head of Nursing, Women and Children's, advised this was still an on-going problem. The Chief Executive confirmed he would follow this up with IT.

**Action: Chief Executive**

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Nigel Sullivan, Non-Executive Director, queried whether the team were happy with the response rate. The Head of Nursing, Women and Children's advised they also receive feedback in a number of other ways.

The Board of Directors noted the report.

*The Board returned to item 8.*

## **BD/17/12/10          Maternity Transformation Plan**

The Divisional Manager, Women and Children's presented on the Maternity Transformation Plan and highlighted:

- The plan covers the whole STP: Bath and North East Somerset, Swindon and Wiltshire.
- Four core commitments:
  - Women and family as partners in care
  - Collaborative working across the STP
  - Focus on safety and patient experience
  - Optimise health throughout pregnancy and beyond.
- New governance structure being put in place.
- The Trust's own maternity redesign programme with form part of the overall Local Maternity System.
- Revised plan to be produced in early January.

The Acting Director of People queried how staff are feeling in terms of engagement. The Divisional Manager, Women and Children's, advised that staff had been involved in the initial working groups, which included visits to birth centres and there are plans to revisit in January.

Nigel Sullivan, Non-Executive Director, suggested it would be useful to learn from this experience in relation to any challenges or success criteria in working across the STP. The Divisional Manager, Women and Children's, advised that the maternity network had good links across the STP prior to this due to the existing patient movement across hospitals.

The Chief Executive stated that the STP board agreed to this plan last week but the Trust have slowed down to let the STP catch up. He suggested that there was likely to be contention around the outcomes of this including some political debate which featured on the STP board discussion last week. He informed the Board that he had discussed with the Divisional Manager, Women and Children's, an offer from AHSN regarding using swarm technology to capture the views of those who use the service, by engaging using social media type opportunities. It was noted that there may be some contention regarding the areas of locations where babies are delivered.

The Chief Operating Officer advised that there are several assurance tests which need to be taken, these will be brought back to the board in detail in January 2018.

The Board of Directors noted the report.

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## **BD/17/12/11      Operational Performance Report**

The Chief Operating Officer stated that the Trust remained rated two against the single oversight framework. She advised that the RTT performance metric was triggering concern and that four hour was a significant challenge in November (achieving 75.9% against a forecast of 81.2%) which remained a significant concern for NHSI Improvement and NHS England. The Board were informed that the Trust had arrested the decline and the Operational Improvement Lead was leading a lot of the deep dive work around this. The Chief Operating Officer noted that Cardiology had greatly improved performance.

The Chief Operating Officer stated that the diagnostics was very disappointing but confirmed that the Trust would be back on track by the end of the year with a task and finish group setup to address this and forecast more effectively. She also advised that the DTOCs were not where they needed to be at 4.3%. The Chief Operating Officer confirmed that the Trust had sustained all cancer targets which was commended as this was not the national picture.

The Chief Operating Officer stated that there was external scrutiny around our elective plan through winter and how the Trust accommodate non-elective pressures. She confirmed that delayed transfers of care were still not on target but had improved particularly working more effectively around delays particularly with the Home first pathway. She informed the Board that the Trust had been successful in achieving the leadership award putting all those involved with the Home First pathway through a quality improvement programme.

The Acting Director of People advised that the Trust is at a static position but some changes in sickness levels. She confirmed that the Trust have a 4.8% vacancy rate which reflects positively on downward trend over the last six months. She advised that despite the recognised impact of the Big 3, this has not shown in the sickness behaviour of the workforce. Impact of go live and workforce behaviour does not show an impact.

Jeremy Boss, Non-Executive Director, noted that Somerset activity seems to be increasing and queried whether there was an underlying trend in Somerset to be concerned about. The Chief Operating Officer advised that there is a significant amount of redesign going on in Somerset at the moment and the Trust are not always aware of the changes until after the fact.

## **BD/17/12/12      4 Hour Performance Report**

The Chief Operating Officer presented the key updates from report. She asked the Board to note that Performance in month was impacted by the implementation of Big 3, but that an Emergency Department IT plan was now in place. She stated that the performance was also largely impacted by infection and bed closures, with major impact being from the number of ambulance conveyances.

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The Chief Operating Officer asked the Board to note the significant deterioration in four hour performance in all routes into ED (achieving 75.9% against a forecast of 81.2%) and the average time for assessment and treatment. She advised there is national interest and concern around this.

The Chief Operating Officer advised that the Emergency Care Improvement (ECIP) team had recently visited over a number of weeks and it was found to be a helpful encounter. She advised ECIP had revised their terms of reference and are sending in experts and one of them was an Emergency Department consultant. She confirmed they provided considerable help with the IT system, work around minors and urgent care. She stated that it was clear to the ECIP team from the data for November that the Trust is an outlier in patterns and growth rate in ambulance conveyance. It was confirmed that the team want to do further analysis of patterns of ambulance arrivals to see if anything further can be done to cope with surges over the week and weekend. The Chief Operating Officer advised that the ECIP team also suggested helping with the Trust's implementation of SAFER and around the BaNES system.

The Chief Operating Officer confirmed that winter monies were available and the Trust had made a submission and received confirmation that the BaNES system is to receive circa £500,000. She stated that the majority will be resource to support the winter plans and the remaining to help with earlier home visiting and non-urgent transport. She confirmed Internal funding will be used to establish a Discharge Lounge. Nigel Sullivan, Non-Executive Director, queried if this was a transition place between the wards and discharge. The Chief Operating Officer confirmed this was correct and that the discharge lounge would be used to drive discharges earlier in the day.

The Chief Executive expressed concerns that discharge lounges end up being used as additional impatient areas but he advised that it is clear that this is not a space to be used overnight.

The Chief Executive stated that the Trust are struggling to achieve four hours but noted that even on this basis the Trust were 94<sup>th</sup> out of one hundred and thirty seven trusts. He expressed confidence in the safety of our patients.

The Chief Executive advised that he had shadowed a Medical Registrar in the Emergency Department earlier in the week and had the opportunity to speak to junior doctors. He found that there is still a challenge around using Big 3 but there was a degree of confidence that this gets faster every day.

Nigel Sullivan, Non-Executive Director, queried the increase in ambulance arrivals and queried these rates were up nationally or whether the Trust was getting more. The Chief Operating Officer confirmed this would be part of the work done by ECIP. She noted that the rates were up generally but the Trust's seemed to be up considerably more. The Chief Executive noted the significantly older population in the local area as a potential contributor.

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### **BD/17/12/13 Finance report**

The Deputy Director of Finance presented the key updates from the Finance Report highlighting:

- The financial plan was being delivered at month 8.
- Full anticipated STF allocation was not achieved due to the performance targets relating to Emergency Department Performance being missed.
- Pay was up this month by a reasonable level
- Sustained costs in Estates and Facilities
- QIPP performance was good for year to date, achieving £5.3m against a plan of £5.1m. Concerns of non-recurrent QIPP which accounts for 33% of delivery.
- The Trust is behind plan on capital programme and anticipate being behind by around 8 million by year end. Looking at what can be brought forward for this year.
- The cash position is down on plan as the Trust has not had the funds from the RNHRD sale yet.
- There has been delay in completion on the sale of the RNHRD and this was noted to be the current biggest risk.

The Chief Executive referenced the half million investment for winter pressures and confirmed that this money is part of the Chancellor's three hundred and fifty million NHS budget increase. He stated that the Trust will also be getting an additional £802,000 for this year. However, he noted that with the increase in the control total there is no immediate benefit but there may be a cash benefit in the future.

The Board of Directors noted the report.

### **BD/17/12/14 RUH Constitution Update**

The Trust Board Secretary advised that following changes agreed by Chairman's action, this was approved at Council of Governors with some minor amendments. He confirmed that the Governors had some concerns that they had asked to confirm with The Trust Board Secretary and the Chief Executive.

The Board of Directors approved the updated Constitution.

### **BD/17/12/15 Management Board Update Report**

The Board of Directors noted the report.

### **BD/17/12/16 Guardian of Safe Working Quarterly Update Report**

The Acting Medical Director highlighted:

- Dr Maggs was appointed in August 2016 and continuing work on raising awareness..

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- All Junior Doctors transitioned onto the new contract successfully.
- There have been 170 exception reports.
- They are encouraging team members to take time off in lieu rather than financial compensation.
- Some issues identified within Foundation Year 1 programme in surgery

Commercial Director queried whether the role of guardian is specific to the junior doctor contract or other issues such as supervision. The Acting Medical Director advised that the guardian specifically links in with the new contract and monitoring compliance.

The Board of Directors noted the report.

## **BD/17/12/17      Learning from Deaths Update**

The Acting Medical Director presented, and advised that the requirement to develop a Learning from Deaths policy came from the Secretary of State for Health following the PRISM 2 results relating to avoidable deaths. It was confirmed that the purpose of the Trust's policy is to identify improvements and enable individual and organisational learning. It was confirmed that avoidability will be addressed but that due to a lack of consensus on the definition it is difficult to represent and measure. Board of Directors were advised that the process is being led by the Interim Medical Director and a Non-Executive Director (Jeremy Boss).

The Trust's position pre-policy and post-policy were outlined in the presentation with the key differences being the following:

- the post policy inclusion of patients with mental health issues which may have impacted their death
- where concerns have been raised regarding quality of care
- a random sample (a process for determining this sample has not yet been identified)

The Acting Medical Director identified the key challenges in implementing this policy:

- Change in culture and Clinicians practice
- Large volume of work
- Organisation to ensure consistent data collection

The Acting Medical Director advised that these challenges are being looked at by the Clinical Outcomes Group and a sub division to the Mortality Surveillance Group.

Board were asked to note the following key messages:

- The localised policy was published in November
- Work still required to engage Clinicians
- Work on methodology required
- IT system to be developed to help with the process
- Administrative support required to better facilitate this process
- The data would be reported on to the Board quarterly

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Jeremy Boss, Non-Executive Director, asked the Board to note that there is a difference in opinion between practitioners, where in hospitals the emphasis is on learning and with politicians it is about identifying avoidable deaths. He queried when the Trust would publish further details on its learning. The Acting Medical Director, advised the Trust should be doing this now and that there is a good pace thus far but more support to engage clinicians is required.

The Chief Executive suggested that the Trust's consultants should debate what the Trust defines as avoidable deaths.

Jeremy Boss and Joanna Hole, Non-Executive Directors, stated that from attendance at conferences with other Trusts, it appears that similar issues are being debated across all Trusts.

The chairman confirmed that the next report on this will be in March 2018.

The Board of Directors noted the report.

#### **BD/17/12/18            Chief Executive's Report.**

The Chief Executive confirmed that Dr Clare Radley had been appointed as the new Director of People and her start date was currently being negotiated.

The Board of Directors noted the report.

#### **BD/17/12/19            Chairman's Report**

The Board of Directors noted the report.

#### **BD/17/10/20            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.

#### **BD/17/12/21            Resolution to exclude members of the public and press**

The Chairman proposed 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 12.24*

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