

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 27th JUNE 2018
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

Brian Stables, Chairman (*Chair*)
James Scott, Chief Executive
Jeremy Boss, Non-Executive Director
Joanna Hole, Non-Executive Director
Nigel Stevens, Non-Executive Director
Jane Scadding, Non-Executive Director
Helen Blanchard, Director of Nursing and Midwifery
Libby Walters, Director of Finance
Bernie Marden, Medical Director
Francesca Thompson, Chief Operating Officer

Non-Voting Directors

Claire Radley, Director of People
Joss Foster, Commercial Director

In attendance

Xavier Bell, Board Secretary (*minute taker*)
Sharon Manhi, Lead for Patient & Carer Experience (*item 6 only*)
Gina Sargent, Head of Therapies (*item 6 only*)
Angela Hayday, Associate Director of Organisational & People Development (*item 6 only*)
Jade Skeates, Advanced Practice Physiotherapist, Rheumatology (*item 6 only*)
Yvonne Pritchard, Senior Infection Prevention and Control Nurse (*item 11 only*)
Dr Emma Boldock, Consultant Microbiologist & Infection Prevention Control Doctor (*item 11 only*)

Observers

James Colquhoun, Public Governor
Mike Newport, Public Governor
Nick Houlton, Public Governor
CQC Representatives
Members of Staff

BD/18/06/01 Chairman's Welcome and Apologies

The Chairman welcomed members of the Council of Governors along with members of staff and representatives from the CQC. Apologies were received from Nigel Sullivan, Non-Executive Director.

BD/18/06/02 Written Questions from the Public

There were no written questions from the public.

BD/18/06/03 Declarations of Interest

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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/18/06/04 Minutes of the Board of Directors meeting held in public on 30th May 2018

The minutes of the meeting held on 30th May 2018 were approved as a true and correct record of the meeting.

BD/18/06/05 Action List and Matters Arising

Updates were provided on the following actions:

PB471 – Quality Report: Sepsis and AKI: The Medical Director provided an update, noting that the information required on AKI and Sepsis is now embedded in the report to Clinical Governance Committee. The second part of the action remains open for update at the July Board meeting.

PB479 – Quality Report: “Meds on Time”: The Director of Nursing & Midwifery asked that this action be closed. The issue identified by the action is a recording issue rather than the activity not being undertaken and correcting it is an ongoing piece of work. Board approved the closure of the action.

PB480 – Quality Report: Emergency Department Safety: The Director of Nursing & Midwifery has asked for the additional narrative to be added to the report, and it will be added to the next iteration. Board approved the closure of the action.

PB481 – Patient & Carer Experience: this action relates to ensuring that there is a further discussion on this topic in July. The Director of Nursing & Midwifery noted that a “one-year on” update on the Carer and Patient Experience Strategy will be provided in July to facilitate this discussion.

PB482 – Smoke Free Site Update: the Director of People noted that she has undertaken some investigation with support from the Trust library into the possible staff retention risks that were raised last month, and there is very little helpful information available in the public domain. She does not believe there will be a significant retention issue as all Trusts in the area moving to smoke-free.

All other action updates were accepted as set out on the action list.

BD/18/06/06 Staff Story

Sharon Manhi, Lead for Patient & Carer Experience introduced the staff story to the Board. She provided a summary of the Schwartz Round where the staff story was first discussed. She explained that the RUH has very good engagement in the Schwartz round programme. She introduced the member of staff, Jade Skeates, Advanced Practice Physiotherapist, Rheumatology, RNHRD.

The member of staff spoke the new ways of working required from her team following the acquisition of the RNHRD by the RUH, and in particular about her experience of

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being put in an unfamiliar situation during redeployments to support the RUH inpatient therapy service during periods of high operational pressure. She described how this required the cancellation of the outpatient activity normally undertaken by her team.

She set out some of the challenges they faced, such as not knowing the RUH site, not having used the relevant paperwork before, and having to relearn some of the skills required for work on an acute ward rather than a specialist outpatient service. She described that sometimes she felt like a new member of staff, and that initially she had felt she wasn't able to provide the effective support that she normally likes to provide.

She also explained some of the difficulties and pressures involved with cancelling the outpatient activity that makes up her day job, and the difficult conversations this required with patients, and the emotional pressures this put on her and her team.

The member of staff explained that she and her colleagues want to be part of the bigger team, and are very keen to help, and feel a sense of responsibility to support the RUH as a whole. This responsibility outweighs the negative experiences she has described, and she feels that it is becoming easier as she becomes more used to the new environment and way of working.

The Head of Therapies and Associated Director for Organisational & People Development then spoke on some of the work that is being taken forward in light of the feedback and experience described by the member of staff and other staff. They both described the work that is being taken forward to help integrate and support RNHRD staff as the move from the Mineral Hospital to the new Therapies and RNHRD building takes place.

The Chairman asked the member of staff to describe some of the key changes she would like to see happen to this process to make it easier. The member of staff explained that things are already done differently. There is already planning being undertaken for next winter, and a more strategic approach is being taken which is helpful and something that she feels is very important. As staff become more experienced with the requirement of occasional redeployment, it becomes easier. She noted that new staff will need to be inducted and supported when being involved in this process. She described the value of the Schwartz Round as being the opportunity to share this experience with other staff.

The Chief Executive noted that in a years' time, the RNHRD teams will be on the RUH site. He has no concerns with the technical issues but would like some more information on the behavioural/emotional/cultural issues of the move. The Head of Therapies described the support that is being provided to help people with the non-operational/technical parts of the move, particularly those to understand the human behaviours elements of the move. The member of staff also explained that there are discussions around having a Schwartz Round at the RNHRD, focused on closure and leaving the site.

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Joanna Hole, Non-Executive Director, asked whether there is a way of having a roster in place so that there is a better and clearer understanding of whether a team is likely to be asked to cancel activity and support the inpatient service. The Head of Therapies explained that this is one of the initiatives being taken forward.

The Chief Operating Officer asked whether the member of staff felt she received sufficient professional support during the periods of redeployment. She confirmed that she and her colleagues always felt supported on the ground by the teams and colleagues at the RUH site. They felt that sometimes the communications could be better, and that it would be better to have the RNHRD site teams coming to the same wards/areas in the RUH each time, so that they understand the specific areas better.

The Chief Operating Officer committed that the feedback received will be taken into account as part of winter planning.

Jeremy Boss, Non-Executive Director noted that in relation to the closure of the mineral hospital and the RNHRD site, there is lots of opportunity for celebration, and is glad that this is planned.

Jane Scadding, Non-Executive Director, asked whether the team had sufficient support and information available on the Schwartz Rounds, and that staff are aware that it takes place. The Lead for Patient & Carer Experience confirmed that it is very well attended, and described some of the challenges with getting staff to the rounds, given clinical commitments. There will also be different staff interested in different rounds as they focus on different themes.

Jane Scadding, Non-Executive Director, also noted that she has personal experience of the inpatient physiotherapy at the RUH over winter and would like to thank them for the care they provided.

The Commercial Director asked a question regarding the impact on patients of the cancelled activity at the RNHRD, and asked that the impact on those patients also be considered as part of the Winter Plan. She noted the Trusts commitment on acquisition of the RNHRD to maintain the care and services to RNHRD patients.

Action: Chief Operating Officer

The Chairman thanked the member of staff for her story to the Board, and noted that it had generated very productive discussion.

BD/18/06/07 Quality Report

The Director of Nursing & Midwifery presented key points from the report. She drew the Boards attention to the patient safety element and noted that there is an emerging trend of reducing inpatient falls; however she noted that the Trust's national benchmarking position has not yet changed. This reduction reflects the Trust's focus on this work. She explained some of the schemes and the approach taken by the Trust to move forward the falls improvement work.

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In relation to Serious Incidents she noted there was a higher number than usual being reported during the period covered by the report. She confirmed that these have been reviewed to try and identify any trends, and no trends have come to light. She confirmed that in the most recent month there have been far fewer SI's reported. She also noted that there were a high number of overdue SI reports; however a number of these have subsequently been closed. She noted that the risk team has experienced capacity gaps recently and there is a plan to ensure that the reporting is back on track within the next 2 months. Commissioners are being kept informed of this process.

The Medical Director outlined the NatSSIPs programme and robust audits within theatres that provide assurance that the strong performance noted in the report is a correct reflection of the situation. The NatSSIPs checklists have been undertaken across other areas with more varying results, which is in line with expectations. He also noted that the performance graph on urology contained in the report is a data recording issue not reflective of true performance.

The Chief Operating Officer noted that the national audit position is improving. She also described the focus that is being put on hypoglycaemia results.

Joanna Hole, Non-Executive Director, queried the timeframe for the planned NatSSIPs IT support referenced in the report. The Medical Director confirmed that there are lots of competing requirements for IT support. He explained that the focus is on embedding the analogue process before implementing the IT solution.

Joanna Hole, Non-Executive Director, also asked where the variation comes from on the implementation of some of the standards across different clinical areas. The Medical Director noted that this reflects a number of things including the different settings, procedures and clinicians involved, and as the process is being reviewed and embedded, and like is compared with like, the situation will improve.

Jane Scadding, Non-Executive Director, asked whether the report needs to be clearer on the part that patient availability plays in arranging meetings that can result in delays to SI reports. The Director of Nursing & Midwifery confirmed that this is not the main driving reason for delays.

Jane Scadding, Non-Executive Director also asked for clarification on the process and timing on the completion of SI reports and how that relates to the associated action plans. The Director of Nursing & Midwifery explained that the SI report is considered closed once the action plan is developed, and the action plan is then monitored separately.

Jeremy Boss, Non-Executive Director, noted the good improvement seen in Pultney Ward over the last 5 months.

The Director of Nursing & Midwifery also drew the Board's attention to the benchmarking and analysis in the report relating to the Friends & Family Test (FFT). This has been considered and discussed at Quality Board, with a view to setting

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more realistic targets for the Trust. Quality Board have recommended a reset of the targets as set out in the report, to reflect the consistent positive feedback and acknowledge that the effort to achieve the current targets does not result in particularly useful feedback.

Nigel Stevens, Non-Executive Director, noted that trends are just as important as targets, and the response rates do seem to be trending down. He recommended that for all surveys, the Trust consider the response rate trends not just the content of the responses. The Director of Nursing & Midwifery confirmed that the scores are very consistent, but the response rate varies widely. The amount of feedback from other methods across the Trust is also increasing, with a wider breadth of feedback received, including face-to-face feedback.

The Chief Operating Officer supported the proposal to change the targets. She feels that the FFT is a blunt instrument, and it can be hard to convince patients in stressful situations like ED to complete the FFT.

The Commercial Director noted that the narrative on the back of the FFT is useful, and queried whether reducing the target to a level we know we can achieve is the right step. She asked for assurance that there are alternative ways to get this useful feedback. The Director of Nursing & Midwifery confirmed that some electronic options of delivering the FFT have been considered, and the Trust is going to be involved in the national review of the FFT, which recognises that the survey needs to be changed to add more value and be easier to complete. More information on other feedback routes used across the Trust will be presented at the July meeting.

The Board accepted and approved the revised targets but asked for further assurance on the other indicators and opportunities to obtain feedback. The Chairman asked that in September these indicators be reviewed again at Board, in light of the additional information on feedback to be provided at July Board meeting.

Action: Board Secretary

Board noted the report.

BD/18/06/08 Item withdrawn

BD/18/06/09&10 Children Safeguarding Annual Report & Adult Safeguarding Annual Report (including Mental Health Annual Report)

The Director of Nursing & Midwifery advised that the reports are presented for noting by the Board. She asked the Board to note the important work of the safeguarding teams, and described the high calibre of the Adult and Children Safeguarding teams and their programme of work. The reports set out what has been delivered in the last year and the further improvement that is being pursued.

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The Medical Director confirmed his agreement with the Director of Nursing & Midwifery and described the support he has received from the teams in his work as a paediatrician.

Joanna Hole, Non-Executive Director, queried whether there are specific risks relating to the Mental Health support at the Trust, noting that the domestic abuse support adviser is funded year on year rather than substantively. The Director of Nursing & Midwifery confirmed that she recognised this risk, but the position is linked to yearly funding from commissioners.

Jane Scadding, Non-Executive Director, noted that there needs to be more clarity in the Adult Safeguarding report on the level of assurance given by Clinical Governance Report to the associated systems and processes. The Director of Nursing & Midwifery agreed to add this to the report.

Action: Director of Nursing & Midwifery

Board noted the two reports.

BD/18/06/11 Annual Prevention Infection Control Report

Dr Emma Boldock, Consultant Microbiologist & Infection Prevention Control Doctor and Yvonne Pritchard, Senior Infection Prevention and Control Nurse, attended and presented the key points from the report. The Senior Nurse noted the significant improvements achieved by the Trust in relation to *C.dif* infections, reflected in the Trust achieving the *C.dif* target in 2017/18 of less than 22 cases.

She noted that there is now a national target for the reduction of gram negative blood stream infections. This builds on the more limited target last year for reducing *E.coli* infections. This is a health community target, with commissioners also involved in delivering it. This is a challenging target and the area has seen an overall rise in these types of infections over the last year, although the RUH achieved a reduction in hospital cases. Work is ongoing on projects such as antibiotic prescribing and catheter infection reduction to challenge this issue.

The Senior Nurse outlined the challenges with flu and norovirus over the winter and spring. She noted the impact that having onsite flu testing has and the benefits and challenges that this can present in managing flu patients.

The Infection Prevention Control Lead outlined some other key points:

- The Trust has been set targets for reducing antibiotic use via a CQUIN. There was success in some indicators but not in reducing the overall use of antibiotics;
- Mandatory training is a challenge, and the Trust achieved 88% against a target of 90%;
- A formal reduction programme is being introduced for flu outbreaks.

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Jeremy Boss, Non-Executive Director, asked why there was such a significant increase in norovirus in the last year compared to the previous year. The Senior Nurse confirmed that this is both a normal event every 2-3 years, but also reflects the Trust's ability to do on-site testing so it has close to instant data about more infections, and probably identifies more cases as a result.

Jeremy Boss, Non-Executive Director, noted Somerset patients seem to be most affected with *E.coli* infections and queried the reasons behind this. The Senior Nurse explained that commissioners are aware but it is not fully understood at this time.

Nigel Stevens, Non-Executive Director, queried whether there is more that could be done if money was no object. The Infection Prevention Control Lead confirmed that more side-rooms would be useful, and doors on bays, which would help with containing infection. Physical barriers are one of the key tools to slow or stop infection.

The Director of Nursing & Midwifery confirmed that this is being built into the ward upgrade programme for the coming years, with ward upgrades planned every year for the next five years.

The Chief Operating Officer asked if the chart on regional *C.dif* infection rates across the STP and commissioner patch could be provided showing additional information on populations affected. The Infection Prevention Control Lead will speak with BIU to see if this information is available. She also committed to look looking into the infection rates at Somerset Trusts and whether there is any learning for the Trust on this topic.

Board approved the report.

BD/18/06/12 Equality & Diversity Priorities

The Director of People set out the key items in the report. She noted that it contains information that the Trust is required to publish under its contract with commissioners.

There were four equality and diversity goals in the following area, each with an associated project:

- Better health outcomes;
- Improved patient outcomes and experience;
- A representative and supported workforce;
- Inclusive leadership.

The Director of People set out the work that has been undertaken to measure achievement against these goals, including a well-attended workshop which assessed performance of the associated projects. The workforce committee is now

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working to identify new objectives for 2018/19, incorporating results from the staff survey, WRES and feedback from patient sources.

The Chief Executive asked whether there are plans in place to get the Trust to a place of achieving all targets in 2018/19, particularly those where achievement is currently red. The Director of People confirmed that this is currently a focus, with work ongoing or planned particularly on ensuring equal opportunity for BME staff and unconscious bias in recruitment.

The Commercial Director commented that she attended the equality and diversity event and would commend future events to colleagues.

The Board noted the report.

BD/18/06/13 Innovation Panel Update

The Director of Finance presented the update from the panel. She outlined the work of the panel, which considers bids for up to £20,000 to support innovative ways of working.

The Chairman noted that the panel appears to be working well, and is a real success story for the Trust.

Board noted the report.

BD/18/06/14 Finance Report

The Director of Finance presented the key points from the report. She reminded Board of the targets that must be achieved to meet the financial control total, and noted that at Month 2 the Trust was £900k below plan. This is an improvement from Month 1, with elective income recovering to an extent; however still represents a significant risk that needs to be recovered.

The following risks were highlighted:

- Income levels need continued focus and improvement;
- Pay run-rates are increasing, with increase in agency in both nursing and medical staff. This reflects the high vacancy rate;
- QIPP schemes still have a gap of £2.5M, with an additional £1.6M schemes rated red. This is an area of priority, with work currently underway to close the gap;

The cash balance position was slightly below plan at Month 2; however this reflects late receipt of monies rather than an underlying issue.

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Joanna Hole, Non-Executive Director asked for further clarity on closing the QIPP gap. The Director of Finance explained that there is work with all Divisions to develop their schemes in more detail. This involves the Director of Finance meeting with the clinical divisions and with Estates & Facilities to ensure they work up detailed delivery plans.

Nigel Stevens, Non-Executive Director, queried whether the debt recovery processes with regards to Virgin Care is being reviewed. The Director of Finance confirmed this is something she is looking at.

The Chairman asked that the minutes note the concerns of the Board in relation to QIPP delivery.

Board noted the report.

BD/18/06/15 Operational Performance Report

The Chief Operating Officer presented the Month 2 (May) performance. The Trust is in Category 3 on the single oversight framework and is in category 4 for ED performance.

Three performance categories have flagged in Month 2:

- 4 hours;
- RTT;
- Diagnostic tests.

The Trust is in the process of developing a revised 4 hour trajectory for 2018/19 with partners and regulators. This will be discussed at A&E Delivery Board at the end of the week. There was improved 4 hour performance in May when compared to earlier months which has been encouraging, particularly when the MIU activity is also added. This is also an improved position from the same period last year and reflects the reduction seen in non-elective activity.

The RTT recovery plan is having an effect, with performance improving, and declines arrested. There are affordability issues which continue to affect this target. The Trust is developing a specific plan for RTT during the coming winter.

The Director of People noted that there have been no significant changes in workforce indicators since the M1 data other than an improvement in sickness rates, which reflects the move into summer from winter, where sickness rates are usually high. She outlined the work that is being undertaken to look at more flexible ways for staff to work, which comes up as a key consideration in exit interviews, and plays a part in improving retention. She also provided assurance that there are plans in place to work with Estates & Facilities and their high vacancy rate and turn-over.

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The Chief Executive noted the high turnover rate in professional and scientific staff, which is not something the Board has focused on in detail. He asked for more information to come to Board in July.

Action: Director of People

Jeremy Boss, Non-Executive Director, noted that if Ophthalmology and Oral Surgery are excluded, the Trust achieves the RTT target of 92%. The Chief Operating Officer confirmed that there is an improvement plan for Ophthalmology but it is being affected by changes in other local Trusts which impact the RUH service. In relation to Oral Surgery, the Trust is a specialist centre, but there needs to be more engagement from NHS England in demand management work. This has been escalated within NHS England, and will require working with local dentists to tighten referral criteria.

Joanna Hole, Non-Executive Director, asked for clarification on the diagnostics performance. She asked for assurance that all actions are being taken from an estates perspective to deal with equipment failures noted in the report as affecting delivery of this target. The Chief Operating Officer confirmed that the issues have been rectified.

Board noted the report.

BD/18/06/16 4 Hour Performance Report

The Chief Operating Officer presented the report, and pointed out the data showing that 4 hour performance improves as DTOCs and stranded/super stranded patients reduce.

She outlined the following key points:

- Time to triage continues to experience data quality concerns in reporting. This is being monitored on a manual basis, with an Executive-led Task & Finish group to look at some of the IT improvements required to improve this position;
- Home First still sees delays from decision to put a patient on the pathway to when they leave the hospital. This should be less than 24 hours but can be multiple days. This is being worked on by the whole system;
- Length of Stay – the system has challenged itself to reduce this by 30%.

Joanna Hole, Non-Executive Director, asked for further detail on the specialty doctor review delays in ED, and what is being done to improve this. The Medical Director noted there are numerous reasons behind these delays, and work is being done to understand the differences between specialties. There are some workforce capacity issues in some specialties, and where this is an issue, workforce deployment is being looked at, and job-planning will pick up how and where resources are allocated to improve this position.

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The Board noted the report.

BD/18/06/17 Apprenticeship Levy Update

Angela Hayday, Associate Director for Organisational & People Development, presented the paper and a presentation to the Board. She noted that the Trust achieves 87% of its target of 116 apprenticeships, and 90% of the target spend. This is very good achievement compared to others across the STP.

For 2018/19 there are already more expressions of interest than there is funding available for apprenticeships, which is a strong starting position.

She outlined some of the successes at the RUH during 2018/19 across various areas within the Trust, and the plans to engage further across the organisation to ensure equality of access, and to use the apprenticeship opportunities as a recruitment and retention tool.

Board noted the report.

BD/18/06/18 Management Board Update

Board noted the report.

BD/18/06/19 Charities Committee Report

Joanna Hole, Non-Executive Director noted that the Committee had received an update from the interim Chair of the Friends of the RUH Charity, who was able to provide some assurance that their governance position was improving.

Board noted the report.

BD/18/06/20 Audit Committee Report

Board noted the report.

BD/18/06/21 NHS Improvement Licence Self-Certification

The Board Secretary outlined the purpose of the paper, and set out the recommendation that Board certify compliance with Licence Condition FT4 and Governor training requirements.

Joanna Hole, Non-Executive Director, asked that the assurances set out on page 9 of the report be updated to include receipt of the Domestic Abuse Annual Report and the Learning & Development Annual Report. The Board agreed that this should be added.

Action: Board Secretary

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Board approved the report and the proposed self-certification on both points.

BD/18/06/22 Non-Clinical Governance Committee Update

Board noted the report.

BD/18/06/23 Chief Executive's Report

The Chief Executive noted that the Trust is part-way through a CQC well-led review, with regulators meeting with directors and staff focus groups. There is also an unannounced inspection going on in maternity, including the community birthing centres. There will then be a draft report provided within 12 weeks for the Trust to comment on for factual accuracy.

Board noted the report.

BD/18/06/24 Chairman's Report

Board noted the report.

BD/18/06/25 Items for Assurance Committees

None identified.

BD/18/06/26 Resolution to exclude members of the public and press

The Chair 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 12:19.

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