

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 28 OCTOBER 2020
VIA MICROSOFT TEAMS**

Present:

Voting Directors

Jeremy Boss, Non-Executive Director
Cara Charles-Barks, Chief Executive
Lisa Cheek, Director of Nursing & Midwifery
Rhianon Hills, Interim Chief Operating Officer
Joanna Hole, Non-Executive Director
Bernie Marden, Medical Director
Anna Mealings, Non-Executive Director
Ian Orpen, Non-Executive Director
Alison Ryan, Chair (*Chair*)
Nigel Stevens, Non-Executive Director
Libby Walters, Director of Finance

Non-Voting Directors

Jocelyn Foster, Director of Strategy
Brian Johnson, Director of Estates and Facilities

In attendance

Victoria Downing-Burn, Deputy Director for People
Nicky Greenwood, Junior Sister – ACE Ward/FAU (*Item 6 only*)
Alex Hurst, Physiotherapist (*Item 6 only*)
Adewale Kadir, Head of Corporate Governance
Kathryn Kelly, Executive Assistant (minute taker)
Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 only*)
Victoria Neilson, Medical Nurse Practitioner (*Item 6 only*)

Some items were discussed out of order.

BD/28/10/01 Chairs Welcome and Apologies

The Chair welcomed the Board members and members of the public, and noted that apologies had been received from the Director for People. She stated that any questions submitted by members of the public during the meeting would be reviewed and answered on the Trust website afterwards.

BD/28/10/02 Written Questions from the Public

The Chair informed the Board of Directors that there were no written questions from the public.

BD/28/10/03 Declarations of Interest

The Chair informed the Board of Directors that she was currently working on a voluntary basis with the British Liver Trust on their new campaign to raise early awareness of liver disease.

BD/28/10/04 Minutes of the Board of Directors Meeting held in Public on 30th September 2020

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Ian Orpen highlighted that he had been omitted from the list of attendees at the last meeting. With this correction, the minutes of the meeting held on 30th September 2020 were approved as a true and correct record of the meeting.

BD/28/10/05 Action List and Matters Arising

PB553 Sustainable Development Management Plan – the Director of Estates and Facilities reported that this issue had been discussed with the Executive Team but a conversation had not yet happened with the Non-Executive Directors. Joanna Hole suggested that one of the Non-Executive Directors from the Non-Clinical Governance Committee should be involved in the discussion. **Open.**

BD/28/10/07 CEO Report

The Chief Executive presented her report to the Board. She highlighted the financial plans that were in place for the remainder of the year and that actions were being taken to manage the current situation. The Chief Executive reported that the number of COVID-19 patients was now increasing and thanked colleagues who were actively working to respond to the changing climate and continuing to treat emergency and elective patients. She explained how the Trust's plans were very focussed on balancing the needs of the local community. The Chief Executive also highlighted the outstanding service delivery from the Haematology Myeloma Service and congratulated them on achieving an excellent rating for best practice standards.

The Chief Executive reported that the Trust had successfully appointed a new Chief Operating Officer (Simon Sethi) and he would be joining the hospital in mid-January 2021. The Chief Executive thanked the Interim Chief Operating Officer for taking on the role during this time.

Jeremy Boss questioned whether the ward accreditation programme would be restarted as planned in October. In response, the Director of Nursing and Midwifery confirmed that a lot of work was underway and the programme would look different but that, with adaptations, the hospital should still hold true to the programme. The Chief Executive reported that the teams were working hard to maintain standards across the organisation with a view to maintaining the innovation for which the Trust had been acknowledged historically. She described that new adjustments were being made Trust-wide to adapt to the new landscape.

Nigel Stevens questioned whether any feedback had been received from the public following the recent Annual General Meeting (AGM). The Head of Corporate Governance reported that nothing specific had been received as yet, although the team were still working on responding to some of the questions raised. He added that the AGM had attracted an audience of over 80 attendees which was felt to be quite a good level of attendance for a virtual event.

Ian Orpen issued a plea to members of the public to follow the current Government guidance to restrict the spread of the pandemic.

The Board of Directors noted the update.

BD/28/10/06 Patient Story

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience, Victoria Neilson, Medical Nurse Practitioner, Nicky Greenwood, Junior Sister, and Alex Hurst, Physiotherapist.

The Lead for Patient and Carer Experience explained that she had met Richard Johnson (the patient) on the cardiac ward and she proceeded to play his story, which had been recorded by phone.

Richard introduced himself as a 76 year old architect from Bath. Back in February/March he was unwell with cold and flu symptoms and continued to have a cough. He was treated as a potential COVID-19 patient but the resulting test proved negative. Richard reported that he was then admitted to the hospital in April with shortness of breath but discharged the following day. He was on a waiting list for a pacemaker, which was fitted and he was put on a waiting list for cardioversion. He started his medication but became very sick and nauseous and in August he saw his GP three times. It was felt that the sickness may be due to his medication but his low blood pressure continued to be a problem. His cardioversion was booked for 22nd October 2020. In September Richard reported that he was still not feeling himself and so he had some routine blood tests, after which his GP was asked to review him.

Richard reported that he arrived at approximately 22.45 hours in the Emergency Department (ED) and highlighted the poor parking facilities and difficulties with access. He stated that the ED was crowded and very busy, but the Frailty Assessment Unit (FAU) was an oasis of calm. He was thoroughly assessed and the nurse talked through everything in a calm and reassuring manner. However, he did have one criticism and that was the unit had no toilet of its own. He explained that patients had to cross through the ED to access toilets which were inadequate and unpleasant, and in his opinion a definite contamination problem. Richard reported that by the end of the week he was assessed as well enough to go home.

On 14th October Richard was notified that his cardioversion was postponed and he was to be seen in outpatients as his fluid levels had increased and his breathing was poor. He was subsequently admitted the next day with fluid overload. Richard's cardioversion was eventually carried out on 21st October and he was then taken to the cardiac ward, where he reported he was very well looked after and had nothing but praise for the staff.

In conclusion, Richard finished with a warming anecdote. He had remembered that after his cardioversion he saw the staff involved all gowned and masked, but as he lay there a familiar voice asked if he remembered her, stating her name was Helen. He then explained that Helen had been involved in his rehabilitation over 33 years previously when he had been admitted to hospital after a heart attack. Richard thanked her for her encouragement and help.

The Lead for Patient and Carer Experience reported that Richard was now back at home and doing well.

Victoria Neilson, Medical Nurse Practitioner, explained that she was part of a multidisciplinary team reviewing all frail patients upon admission. The team used a frailty score and saw patients who were generally over 70 years of age and scored 5 or more upon assessment. The FAU had been in its current location for six months but it was agreed that the location was not ideal. The Medical Nurse Practitioner reported that they were in the process of moving to Area C on ACE (Acute Care of the Elderly) Ward.

Ian Orpen commented that it was good to hear about the work being done in the FAU and questioned how much space would be available upon completion of the planned move? The Medical Nurse Practitioner confirmed that it was hoped to increase the number of patients to

about 8 in the new area. In response to a question from Ian Orpen, the Medical Nurse Practitioner confirmed that the FAU were able to access integrated care records in the community.

In response to a question from the chair, the Medical Nurse Practitioner confirmed that the FAU was open 7 days a week, 8am-8pm (Monday to Friday) and 8am-6pm at weekends. Joanna Hole asked if there was a reason why Richard had not received a frailty assessment during his first admission. The Medical Nurse Practitioner explained that when Richard had first presented he was very independent and still working. The team focussed on patients with a score of 5 or more and Richard had scored 2/3 at the time, meaning he was not on their radar. He had then become more frail during the year, which was the reason why he then triggered.

The Lead for Patient and Carer Experience highlighted that one of the main points Richard had made related to the location of the FAU and whether there were plans to have dedicated car parking spaces. The Chair acknowledged that this was very important. The Director of Estates and Facilities reported that there was currently an ongoing wholesale review of parking on the site, but recognised the issues. The Chair reported that she was happy to hear this issue was being looked into.

The Chair expressed the Board's thanks to Richard Johnson, the FAU Team and the Lead for Patient and Carer Experience.

BD/28/10/08 Board Assurance Framework

The Head of Corporate Governance presented the Board Assurance Framework. He reported that work was continuing on the BAF to ensure it reflected the risks and thanked the Board for their helpful comments on how to improve it, particularly in relation to BAF 3. The Head of Corporate Governance stated that the People Committee had looked at BAF 2 and BAF 9 and it had been agreed that both risks should be left on the BAF for further work. He reported that he had looked at BAF 10 and BAF 11 with the Director of Strategy, and that BAF 11 need to more sharply reflect work within the system. The Head of Corporate Governance asked that the Board consider whether BAF 10 needs to remain on the Framework as it considered to be superfluous. The Board agreed that BAF 10 should be removed from the register.

Joanna Hole posed a question on behalf of Sumita Hutchison regarding an update on risk appetite and when this might be agreed for each item. The Head of Corporate Governance agreed that it would be a good idea at some point for the Board to have a general discussion. The Chief Executive reminded the Board of the Head of Corporate Governance's wider governance review and indicated that she would ensure this was built into the annual plan.

Joanna Hole questioned whether some elements of BAF 10 might be merged with BAF 8. Jeremy Boss suggested that BAF 1 might include Complaints data and that BAF 8 might add the MOU that is being developed.

Ian Orpen suggested that some of the BAFs did not have dates and that would be helpful to include in future.

Action: Head of Corporate Governance

The Chair questioned whether Infection Control was included in the BAF. The Director of Nursing and Midwifery confirmed that the main points had been incorporated but that she would cross-reference it to ensure all the actions were present.

Action: Director of Nursing and Midwifery

Joanna Hole posed another question on behalf of Sumita Hutchison in relation to BAF 5, reporting that the risk description was not clear and requested more thought be given to this. The Head of Corporate Governance and Chief Executive agreed to this request.

Action: Head of Corporate Governance

The Board noted the report.

BD/28/10/09 Update on COVID-19 Response

The Interim Chief Operating Officer presented the COVID-19 Update and highlighted that the Trust was seeing an increase in prevalence for COVID-19 and continued to monitor this closely. There was a total of 16 cases as of yesterday, with five patients in the Intensive Care Unit. There were currently no symptomatic patients but this was being monitored on a daily basis. The Interim Chief Operating Officer reported that clear triggers were in place and that the hospital was keen to maintain as much elective diagnostic and outpatient activity as possible. She reported that the staffing command had seen an increase in calls but this was not currently impacting on staff resources. The Board congratulated the teams for their hard work and tenacity.

The Chair asked to what extent did staff feel liberated about problem solving to cutting down waiting times and maintaining better flow. The Interim Chief Operating Officer reported that the Trust continued to have support from the clinical cabinet in looking at different ways of working, and also learning from other Trusts in the North of the country about their response to Wave 2. Some good ideas had emerged from this liaison and the team would be incorporating these ideas as the hospital moved into planning and implementation. The Interim Chief Operating Officer also confirmed that the hospital was working closely with system partners in building on virtual capacity to support patients in different settings.

The Chair acknowledged that staff were providing a high quality service and reiterated the Government's message to stay safe.

The Board of Directors noted the update.

BD/28/10/10 Quality Report

The Director of Nursing and Midwifery and Medical Director presented the Quality Report and highlighted two key areas to draw the Board's attention to.

Firstly, in relation to Serious Incidents (SI's) the one key piece of work the SI panel was concentrating on related to the information which families received during the SI process and how the Trust kept in touch with them. An information leaflet had been drafted for families about what to expect and the Duty of Candour letters had been changed as these were felt to be too formal. The Trust's SI investigation template had also been modified to ensure it was more understandable, ensuring that families' concerns were addressed through the investigation report.

The Director of Nursing and Midwifery reported that the second area to highlight related to the hospital's Infection Prevention and Control (IPC) performance and in particular the Clostridium difficile performance which continued to be a challenge. The report highlighted the actions that were currently being taken. The Director of Nursing and Midwifery stated that the key areas of focus continued to be in relation to antibiotic prescribing and

stewardship. There was now a new medical lead in the Medical Division to help drive the IPC agenda and, in particular, antibiotic usage.

The Medical Director highlighted that the roll-out of the electronic recording of vital signs (E-obs) was nearing completion. Trust-wide compliance with response to NEWS (New Early Warning Score) had improved to 80%. The Medical Director reported that the Sepsis and Kidney Injury Prevention (SKIP) team and Critical Care Outreach Team had been nominated for a national patient safety award for the educational work they had been involved in.

Nigel Stevens commented that this was a very comprehensive report and questioned how the information in the drivers could be used effectively. He asked for further clarification in relation to the colour coding and the Director of Nursing and Midwifery agreed to pull together an executive summary so that attention could be drawn to the right areas.

In relation to the discharges by midday, Ian Orpen asked what the issues were that prevented the target from being hit. The Medical Director agreed that this continued to be a challenge but that the team were looking at clinical work streams, whiteboard rounds, etc. to try to understand the local issues.

The Director of Finance commented that the data contained within the report gave her assurance that the right areas were being concentrated on and it was a really focussed way of prioritising key areas.

Joanna Hole questioned why it was difficult to maintain audit data for compliance with antibiotics in an hour from first red flag signs. The Medical Director agreed that this was a challenge but the Trust consistently performed well in the diagnosis of sepsis.

The Medical Director also explained that the reason for medical staff appraisal figures being low was that the General Medical Council had suspended the revalidation process, and that this had impacted on the figures reported. The appraisals had now been resumed and momentum was being regained. The Deputy Director for People reported that a similar process was now being followed for non-medical staff and the Trust was reviewing whether a more concise and meaningful appraisal process could be adopted.

In relation to the rise in medical device related pressure ulcers, Joanna Hole asked what action was being taken to level this out. The Director of Nursing and Midwifery responded that these were really small numbers but work was continuing in critical care and that more oxygen therapy work was being done to alleviate this. She reported that she was confident that the hospital performed well in this area and that it was getting back on track.

In response to a request from Nigel Stevens that the driver reports should be looked at, the Chief Executive suggested that further discussion take place outside of the meeting. Ian Orpen asked if some of the data in the Falls graphs might need adjusting as they could give a false impression, taking into account the reduction in patient flow earlier in the year. The Director of Nursing and Midwifery reported that the Falls Group were looking at different ways of displaying the information in future. In response to a question from the Chair regarding who supported this group to ensure they obtained the right statistics, the Director of Nursing and Midwifery confirmed that this was provided by the Business Intelligence Unit.

The Chair enquired as to what were the key factors impacting on the Trust's Clostridium difficile performance. The Medical Director reported that the Head of Division, Medicine, was

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leading on this with the Chief Pharmacist and Clinical Lead for Pathology, and he anticipated a positive impact in future.

The Board of Directors noted the update.

BD/28/10/11 Flu Campaign Update

The Deputy Director for People explained that the report gave an update on the campaign to vaccinate staff against the flu, and was presented for Board approval. She reported that the Trust had a commitment to vaccinate 100% of the individuals employed. As a result of the COVID-19 outbreak, some different actions had been taken this year. There were roving vaccinators and a bleep system was being operated to support this service. The Deputy Director for People explained that the new electronic booking system was working well and had enabled the Trust to receive very up-to-date data, with regular updates on compliance through the divisions taking place.

In response to a question from Jeremy Boss as to whether the Trust had a sufficient number of vaccines to cover all staff and volunteers, the Deputy Director for People confirmed that the Trust ordered supplies of the vaccine in advance and did have sufficient amounts to cover all staff and volunteers.

Ian Orpen asked whether any blocks existed and the Deputy Director for People explained that feedback was provided every year by the peer vaccinators that some people were terrified of needles. She reported that the Trust website had a question and answer page and it was hoped that this, along with discussion, would help alleviate any fears. The Deputy Director for People confirmed that the national campaign ran from 1st October 2020 to the end of March 2021, but the Trust tended to run its campaign until the end of February.

The Director of Estates and Facilities highlighted the 'opt out' forms and the Deputy Director for People confirmed that people do have the right to opt out and the new electronic system supported this.

The Board of Directors approved the Flu Campaign Update Report.

BD/28/10/12 Quality Account 2019/20 – Final version for publication

The Director of Nursing and Midwifery explained that this document was the final quality account for approval, following the amendments suggested when the draft was presented in July earlier this year. She reported that, although the requirement for the external auditors to test the accounts against the guidance was removed this year, the Trust continued to ensure the accounts were in line with the guidance available.

Ian Orpen highlighted that there was a question mark on page 48 in relation to Mental Health – Care in Emergency Departments, and questioned whether this was an error. The Director of Nursing and Midwifery agreed to double check this.

Jeremy Boss highlighted that in the priorities for 2020/21, working with volunteers might prove difficult, but the Director of Nursing and Midwifery reported that different opportunities were being explored with the volunteers.

The Chair expressed her thanks for the completion of the report and the Board of Directors approved the Quality Account 2019/20.

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BD/28/10/13 Finance Report

The Director of Finance presented the Finance report and reported that September was the final month in which the Trust was reimbursed for all costs incurred. From October to the end of the financial year, the Trust would receive a fixed level of income to cover all costs including those resulting from actions taken to manage COVID-19. The Director of Finance reported that the Trust would be expected to deliver all services within this financial envelope, to ensure that the BaNES, Swindon and Wiltshire (BSW) system achieved financial balance at the end of the financial year. She explained that the Trust was also expected to deliver activity in line with national targets to ensure a reduction in patients waiting for treatment and a penalty would be applied if the specified activity levels were not delivered.

The Director of Finance reported that the financial position at the end of September was a breakeven position with the inclusion of an additional £4.27 million retrospective top up, £1.63 million relating to Month 6 to ensure all additional costs relating to the hospital's COVID-19 response were covered.

Nigel Stevens commented that the Trust was in difficult territory but reinforced the message that the hospital had to manage what it could and not worry about what was not within its control. The Director of Finance agreed that the Trust needed to focus on how it used resources and more work needed to be done on this.

The Board of Directors noted the report.

BD/28/10/14 Operational Performance Report

The Interim Chief Operating Officer provided the Board with an update on operational performance and highlighted that waiting times in the Emergency Department (ED) and ambulance handovers remained a key challenge. She explained that the hospital was currently working with SWAST to smooth out presentations to ED and ensure the admission of patients in a more timely manner. The Interim Chief Operating officer reported that the hospital was currently reviewing the processes around emergency admissions and would update the Board next month. The Delayed Transfers of Care (DTC) reporting had now ceased nationally and the hospital had moved to a new Criteria to Reside process instead.

The Interim Chief Operating Officer explained that there was good news in terms of Phase 3 recovery and, although the Trust was not at national target, it was making good progress. Improvements had been seen in referral to treatment performance and waiting list sizes had started to decrease. The number of 52 week waiters had increased but the Interim Chief Operating Officer assured the Board that the all decisions made were based on clinical need and the reduction of 52 week waiters was currently a focus for the hospital.

Joanna Hole highlighted Think 111 and asked whether any intelligence was available to evidence any improvement. The Chief Operating Officer confirmed that in Cornwall and Wales a real impact had been seen in terms of smoothing demand. Joanna Hole asked whether there was any sense of how big an impact the CT scanner would have. The Chief Operating Officer confirmed that this would provide dedicated scanner capacity for emergencies and would also create overall additional capacity for the Trust.

Jeremy Boss asked if there was enough information available on diagnostics to provide a view to the mid-term picture and expressed concern regarding readmissions. The Chief Operating Officer reported that the teams had worked hard to make inroads into the backlog

and for each diagnostic area a forward projection was being completed. The Criteria to Reside process would provide two key elements of improvement; enabling the Trust to develop discharge criteria and working with community colleagues to support patient's care needs.

Nigel Stevens highlighted that he was very conscious that the issues with SWAST had been long-standing and asked when improvement might be seen. The Chief Operating Officer reported that the Trust was looking at changing pathways and splitting emergencies to improve patient flow. It was hoped that this would provide a release valve during periods of high pressure.

Ian Orpen enquired how well the Trust was targeting two week waits and diagnostics, and the Chief Operating Officer acknowledged that the biggest challenge at present was in skin cancer and the teams were finding innovative ways to solve this.

Workforce Performance Summary

The Deputy Director for People reported that, from the data, it was clear an impact was still being felt from the initiatives put in place at the start of the pandemic. The Trust's vacancy rate was currently stable and turnover remained low, with agency use below target across all groups of staff. She, however, highlighted cleaning as an area where bank/agency was increasing. The Deputy Director for People reported that the Trust was pressing ahead with the international recruitment process and also that the wellbeing programmes were continuing.

The Board of Directors noted the report.

BD/28/10/15 Guardian of Safe Working Hours Quarterly Update

The Medical Director explained that the Guardian had been appointed in relation to the Junior Doctor contract, focusing on the hours that junior doctors work and the long standing issue of them feeling under pressure to extend their hours to the detriment of their training. The report had been presented to the People Committee and the Guardian had found this to be a valuable process. The Medical Director reported how the Trust had changed the junior doctor rota during COVID-19 and a new system was in progress.

Sumita Hutchison asked what was being done to address rota gaps and how this linked in with health and wellbeing? The Medical Director reported that this was a key area of focus, and that the key step was merging the rotas onto a single system. He acknowledged that more work needed to be done in terms of bank and BAME staff and agreed to discuss this further with the Guardian of Safe Working.

Action: Medical Director

The Deputy Director for People reported that a new Inclusion Hub was being developed in the Education Centre and she undertook to ensure that the voice of junior doctors would be heard within that environment.

The Board of Directors noted the report.

BD/28/10/16 People Committee Report

The Board of Directors noted the report.

BD/28/10/17 Clinical Governance Committee Report

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Nigel Stevens, Chair of the Clinical Governance Committee, presented the report of the Committee's most recent meeting. He reported that COVID-19 and recovery of waiting list work had been the Committee's key focus, and he was pleased that the BAF had now been moved to the beginning of the agenda.

In response to a question from Joanna Hole, Nigel Stevens clarified that the Committee was reducing the frequency of report authors attending the meeting to enable time to be used more effectively and that it was now in the Directors' gift to get the balance right.

The Board of Directors noted the report.

BD/28/10/18 Non-Clinical Governance Committee Report

Joanna Hole, Chair of the Non-Clinical Governance Committee presented the report of the Committee's most recent meeting, and highlighted that the current focus was on planning and pandemic recovery.

The Board of Directors noted the report.

BD/28/10/19 Chair's Report

The Chair provided a verbal update and highlighted that she had attended a series of webinars and workshops recently, with the Annual General Meeting also taking place on 13th October 2020. She reported that Governor elections were currently ongoing and she extended her thanks to those governors not standing for a further term: Helen Rodgers, Mike Welton, Jacek Kownacki, Chris Hardy, Andrew Simpkins and Mike Coupe. The Chair expressed the Board's gratitude for all they had done and wished them well. She also acknowledged the contributions of Amanda Buss and the two staff governors, Darrin King and Sophie Legg, who were standing for re-election.

The Board noted the Chair's update.

BD/28/10/20 Items for Assurance Committees

The Head of Corporate Governance reported that he would be looking at the BAF and some items for the Clinical Governance Committee. He also noted the point about the drivers in the Quality Report.

The Head of Corporate Governance reported that he was currently in the process of pulling together the terms of reference and work plan for the Finance and Performance Committee. He explained that this committee would come into formal being in the new year and he was currently looking into how this should co-ordinate with other committees.

Any other business

The Chair acknowledged that this was Joanna Hole's last meeting and thanked her for her enormous wisdom and insight that she had provided over the last nine years. Joanna Hole thanked the Board and the Trust as a whole, stating that she had always been made to feel welcome and she would never lose her feeling of pride for the hospital.

BD/28/10/21 Resolution to Exclude the Press and Public

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 Chair at 12.41 hours.