

Report to:	Board of Directors	Agenda item:	9.0
Date of Meeting:	22nd July 2024		

Title of Report:	Chief Executive & Chair's Report
Status:	For Information
Board Sponsor:	Cara Charles-Barks, Chief Executive & Alison Ryan, Chair
Author:	Helen Perkins, Senior Executive Assistant to Chair and Chief Executive
Appendices	None

1.	Executive Summary of the Report
<p>The purpose of the Chief Executive's Report is to highlight key developments within the Trust, which have taken place since the last Board of Directors meeting.</p> <p>Updates included in this report are:</p> <ul style="list-style-type: none"> • Overview of current performance • Finance • People • NHS Oversight Framework Segmentation Review – Quarter 4 2023/24 • Junior Doctors Industrial Action • Nurses Paid Breaks • Annual Awards Ceremony • The RUH celebrates 21,000 hours of volunteering • RUH unveils expanded Maternity Outpatients Department • Patients and Staff in Bath, Salisbury and Swindon to benefit from a new Shared Electronic Record • Paediatric Team host 'teddy bear hospital' Event for Local Community • RUH Membership • Mendip (Somerset) By-Election • 2024 Annual General Meeting • Consultant Appointments • Chairs Update 	

2.	Recommendations (Note, Approve, Discuss)
The Board is asked to note the report.	

3.	Legal / Regulatory Implications
Not applicable	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Strategic and environmental risks are considered by the Board on a regular basis and key items are reported through this report.	

5.	Resources Implications (Financial / staffing)
Not applicable	

6.	Equality and Diversity
Nothing to note	
7.	References to previous reports
The Chief Executive submits a report to every Board of Directors meeting.	
8.	Freedom of Information
Private	
9.	Sustainability
Not applicable	
10.	Digital
Not applicable	

CHIEF EXECUTIVE AND CHAIR'S REPORT

1. Performance

Elective Recovery 24/25 has started well with the strong position for M1 continuing into M2, despite unforeseen challenges such as the closure of the Modular Theatre for 10 days. We delivered 113% of 19/20 activity and 101% of our 24/25 M2 activity plan. This translates into a financial performance of 119% of 19/20 and 104% of our M2 24/25 plan. This has delivered a surplus of over £322k in-month and over £1m year-to-date, with Day Case and Outpatient new attendances being the significant contributors to this position.

In April, the 62 Day cancer performance was 74.8%, a further improvement above the 70% target set by NHSE in the 2024/25 Operational Planning Guidance. Urology recorded the most breaches with two thirds being for prostate patients, but performance remained above 70%. MRI scans were the most frequent contributing factor, although waiting times for joint clinic appointments post-MDT also led to breaches. Colorectal remained the most challenged pathway, although performance did improve to 46%. Diagnostic waiting times continued to be the common factors in breaches. We recognise that we are not yet achieving the standard required across each specialty, continuing to improve access to services remain a key priority. Lung performance also improved with surgical waiting times at UHBW continuing to reduce.

28 Day Cancer Faster Diagnosis Standard performance improved to 69.0% but remained below the 77% target, as a result of the performance the RUH is being placed into NHSE tiering. The top contributor to performance is Colorectal, with breaches due to outpatient and diagnostic waiting times. Histology waiting times are increasing for most tumour sites due to Consultant Pathologist vacancies and increasing demand. There is a further risk to performance from June due to increasing waiting times for first urgent suspected Cancer appointments in Skin and Urology, both impacting by increasing demand and consultant vacancies. An increase in Endoscopy capacity has been agreed through creation of additional recovery space in the department, and in Radiology with the use of extra mobile units supported by Cancer Alliance funding. An insourcing proposal for Skin first appointments is in the final stages of review, with plans in place to proceed rapidly within the month pending approval of the case. Recovery of the position in Skin is expected to be achieved by the end of August. A longer term plan is in development to ensure the position can be maintained beyond the end of the proposed insourcing contract. The Urology team have agreed additional capacity with Sulis, allowing the RUH team to increase ring-fenced capacity to reduce the waiting time for first appointments on the cancer pathway from August.

An action plan is in place and a trajectory for improvement at Trust-level is reviewed with NHSE.

The national operational standard for diagnostics is 95% to be delivered within 6 weeks (DMO1) by the end of March 2025. In May 2024, >6-week performance was 71.77%, a deterioration compared to 76.61% in April and not in line with the trajectory for May of 81.1%. The number of patients waiting more than 6 weeks has increased in month by 4.84% accounting for the deterioration in performance between April and May which is equivalent to an additional 872 patients breaching. Performance has been affected by an increase in demand for diagnostics (13% across all modalities since April 2024), with a noted increase in the suspected cancer referral cohort, which impacts directly on the

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available capacity for the routine 6-week (DM01) activity. The diagnostic modalities of MRI, Sleep Studies and Ultrasound remain the top contributors to adverse performance. Additional capacity will be coming online from July 2024, with additional CT and MRI mobile capacity on the Combe Park site and increased capacity at Sulis. Year to date Sulis – Community Diagnostic Centre (CDC) has delivered 1957 diagnostic investigations and have a further 714 patients booked for June 2024. Focus for June is to recover the performance across all modalities in line with the revised performance trajectory, including additional activity provided by Sulis-CDC at the weekend for colonoscopy and CT/MRI and the option for a mobile endoscopy unit to support colonoscopy recovery from October 2024.

In May, the Trust lost a total of 2,296 hours in ambulance handovers, a reduction from the previous month. The percentage of ambulances handed over within 30 minutes also improved in May (42.7%). Through the BSW ambulance handover improvement group, there is an action to review the handover process with SWASFT to align across BSW aiming to streamline processes and improve quality standards, including patients seen within 15 minutes of arrival. The Urgent and Emergency Care (UEC) improvement plan will support flow out of the Emergency Department, which will increase the number of patients handed over within 30 minutes. The RUH is continuing to experience discrepancies regarding ambulance handover data in May, which, following validation, totalled 132 hours which would make our hours lost position for May 2,164 hours. Work continues with SWASFT as the hours lost relate to SWASFT processes which include leaving the Combe Park site freeing capacity for the next ambulance arrival. Ensuring that we are able to off load ambulances as quickly as possible is a key priority for us. We recognise that this causes stress and anxiety for our population but have in place a comprehensive recovery plan to enable us to sustainably improve our services.

RUH 4-hour performance in May was 68.6% and 60.0% on the RUH footprint (below the unmapped trajectory of 70.05%). This was the same position as April 2024. Attendances during May were 9,121, an increase from April and the second highest monthly attendances seen through the Emergency Department. The non-admitted 4-hour performance was adverse to plan due to an increase in the predicted number of attendances to the Urgent Treatment Centre, and the current staffing model not able to support this demand level to deliver within 4 hours. Admitted performance was affected by an increase in the occupancy of patients without a criteria to reside (92 patients), occupancy at 94% (target 92%) and ward discharges occurring after midday. Improvement in performance will be supported by the delivery of the UEC improvement plan, specifically the integrated front door workstream for non-admitted 4- hour performance and the In Hospital workstream which will support the 4-hour admitted pathway recovery.

2. Finance - RUH M2 Performance

The RUH Group (Trust & Sulis) I&E position is -£4.1m, which is £0.1m adverse to plan. Savings of £3.1m have been delivered to date (8.5% of the annual target). Both pay and income performed well, but non-pay is overspent by £0.5m predominately across supplier and services, which is being investigated.

The QIPP Programme was broadly on target at M2 reporting a slight adverse variance of £0.06m against a plan of £3.2m. Clinical productivity underperformed against plan (driven in part due to the modular theatre being out of action for 10 days) and there was a slight under-performance in non-pay, although both were largely offset by additional performance in pay.

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A detailed forecasting exercise for both the I&E and QIPP positions is due to commence in M3 and will report regularly thereafter.

3. People

A key focus throughout 2024/25 will be the delivery of the programmes within the People Plan. As a portfolio of work, the People Plan has been captured in eleven programmes, spanning a three-to-five-year period, with associated projects.

The immediate priorities within our People agenda will be to continue our work around pay efficiencies, improve how we manage sickness absence and achieve a 90% appraisal uptake.

Recently we introduced Wagestream, which is our toolkit of simple-to-use financial products and services. Wagestream offers colleagues flexible pay, a budgeting tool, the opportunity to build a pot (put money aside each month) and a benefits checker.

To date Wagestream has been used by 1052 colleagues, here are the key highlights:

- 305 colleagues used flexible pay in May 2024
- Since launch, £939,390 has been advanced with zero impact on organisational cash flow
- The top 3 reasons for using flexible pay: Bills (35%), Groceries (17%) and Shopping (17%)
- 111 colleagues checked their government benefits (76% of Wagestream users who complete the checker are entitled to £563)
- 787 colleagues use track, on average 11 times a month to support with budgeting and money management
- Colleagues have built up £40k in build pots

Whilst Wagestream has been a success, it is also a timely reminder of the financial challenges colleagues across our organisation face, which is why a key part of our People Plan focuses on well-being.

Here are some highlights from our programmes that enable delivery of the People Plan:

People Plan Programme 1 – Foundations

We continue to develop the People Hub, which is our 'one stop shop' in the people directorate for managing HR and medical workforce queries.

Following the procurement of the Halo HR portal, we are now working through our requirements for an employee relations case management system and the self-service portal. This work is being undertaken in partnership with IM&T colleagues who are also using the system. The Halo build is now underway with an expected launch of the case management system in July 2024 and the self-service portal in Q3. Later functionality in 2024 will be incorporating a chat bot, providing another method for colleagues to get support from the People function.

Starting in July 2024, we are rolling out Supporting Attendance training both face to face and virtually. Work is also beginning on new guidance for conducting investigations and flexible working requests.

People Plan Programme 4- Diverse and Inclusive

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The 2023 Staff Survey results showed a very slight improvement in our scores on 'inclusivity' (but not enough to be statistically significant). The Anti-Racist statement launched in March 2024 and work is underway to undertake targeted team development interventions (in collaboration with HR) to address identified issues, including emergency medicine.

The planned introduction of Report and Support in early July 2024 (to coincide with launch of the Dignity at Work Policy), is linked with RUH People Hub and enables better, swifter support to areas most affected by discrimination. Report and Support enables anonymous reporting to help create psychological safety for those reporting. Other central support to the operational team's interventions include:

- A network of Inclusion Champions has now been launched
- The next cohort of Positive Action Programme (Routes to Success) is planned for the autumn
- The pre-recruitment stage for Independent Advisors (RCN Cultural Ambassadors)

People Plan Programme 6 – Health and Well-being

A new Employee Assistance Programme (EAP) was introduced in June 2024, this now includes the ability for managers to refer (with consent). This model will improve the targeting of well-being support to RUH colleagues.

People Plan Programme 7 – Leadership

Design of organisational leadership development offer/framework is underway with the Coach House and Strategy Team, and in collaboration with the Improvement Programme Lead. Focus is on change management and effective leadership in times of transformation. Uptake of leadership apprentices is increasing, and we continue to work with WHI Consulting for senior leadership development.

An Appraisal A3 has been developed with the Improving Together team to support increased compliance, which is currently falling short of our 90% target. Outcomes were presented to the People Committee and Trust Management Executive. In June, 360 feedback has been launched in Learn Together, which supports the drive to improve appraisal rates.

People Plan Programme 9 – Talent Acquisition

This quarter we'll also be launching our employer value proposition to showcase all that the RUH has to offer to current, potential and future employees supporting attraction, engagement and retention.

A central Vacancy Control and Agency Reduction Panel continues to support having the right people, in the right posts against our workforce plans. The new controls and scrutiny are a fundamental element of the financial recovery plans.

People Plan Programme 10 – Temporary Staffing

The Agency Reduction plan continues to support the Trust to be within or below our internal target position. The work supports managers to develop exit plans for agency workers by recruiting substantively, if required or moving high cost workers onto the Bank, moving to framework suppliers to secure price caps which all supports financial savings and increased compliance.

We continue to review our People Plan and the priorities within it to ensure it continues to enable our organisational objectives.

4. NHS Oversight Framework Segmentation Review – Quarter 4 2023/24

Under the NHS Oversight Framework, NHS England is required to work with Integrated Care Boards to conduct a quarterly segmentation review of NHS Provider Trusts. The outcome of the RUH’s review for Quarter 4, 2023/2024, took place in April 2024 and focussed on identifying areas of improvement and/or deterioration against previously flagged challenges. It also highlighted, by exception, any new areas requiring further consideration, and detailed any required exit criteria and/or support, to improve performance and quality of care outcomes for patients.

The segmentation review for the Trust identified a number of areas of challenge, following a meeting of the NHS England Regional Support Group, it was agreed that the Trust would remain in segment 3 for Quarter 4, 2023/24. This was based on the following Oversight Framework metrics:

- Cancer (62-day backlog)
- Finance (Efficiency, Stability and Agency Spend)

The Trust has a comprehensive improvement programme in place which we are monitoring through our Finance and Performance Committee.

During the review, the NHS England Regional Support Group recognised an improvement within Urgent and Emergency Care (Proportion of patients seen within four hours) and Elective (Diagnostics). Therefore, these areas are no longer within the above list.

Further information regarding the NHS Oversight Framework can be found via <https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/>

5. Junior Doctors Industrial Action

RUH Junior Doctors participated in further industrial action beginning at 7am on Thursday 27th June 2024 and ending at 7am on Tuesday 2nd July. In line with Great Western Hospital and Salisbury NHS Foundation Trusts, the Trust declared a Business Continuity Incident for the entirety of the strike period. The Trust, led by the Deputy Chief Medical Officer, Chief Operating Officer, Chief Nurse and Director for People and Culture put plans in place to respond.

As with previous strike activity, the Trust worked to prioritise resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and maintain planned and routine care where safe to do so. Additionally, this strike fell on the weekend of Glastonbury Festival, which had the further pressure of an additional 200,000 people visiting the region. Our Emergency Preparedness Resilience and Response Team worked closely with the Glastonbury Health Information Centre to prepare for this and were commended for their hard work by the NHS South West.

At time of writing there has been no further notice of future planned industrial action.

6. Nurses Paid Breaks

In 2016 the Trust agreed to pay for a 30 minute break for Nurses, Midwives and Allied Health Professionals working greater than 12 hour shifts, this was in addition to their 30

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minute unpaid break. Paid breaks were introduced at a time when the Trust had high vacancy levels which resulted in colleagues being unable to take their breaks.

Over the last 2.5 years the Trust has increased its workforce and significantly reduced its vacancies and therefore the Trust recently held a consultation to remove the 30 minute paid breaks from shifts greater than 12 hours, reverting back to the 60 minute unpaid break. The reasons for this are:

1. Nurses, Midwives and Allied Health Professionals do not receive a paid break as part of agenda for change agreement
2. Nurses, Midwives, Allied Health Professionals do not receive a paid break working other shift patterns i.e. 7.5 hour shifts, therefore the current system is inequitable
3. Benchmarking with other Trusts, identified that other NHS Trusts do not pay Nurses, Midwives and Allied Health Professionals for a paid break
4. The Trust, like all others in the NHS is being asked to be more financially efficient to meet the financial targets agreed with the Integrated Care System.

As part of the Consultation the Trust engaged widely with colleagues, working in collaboration with Staff Side. The outcome of the consultation was to implement the change from 2 September 2024, the decision outcome has generated a significant response from some of our colleagues as detailed in the recent coverage in local and national media. The Trust continues to be committed to ensuring that staff receive their break during their shift.

7. Annual Awards Ceremony

The Trust held the 2023/24 Annual You Matter Awards Ceremony on Friday, 17th May 2024 at Bath Pavilion where we celebrated the highest standards of care, compassion and innovation.

More awards than ever before were presented at the event, selected from over 130 nominations in 16 categories. Staff were thanked for their exceptional dedication to people they care for, the people they work with and people in the wider community.

Staff were also recognised for 25, 35 and 45 years of service.

Here is the full list of winners:

- Working Together Annual Award: Preceptorship team
- Making a Difference Annual Award: Dental Nurse Lorraine Forrester and Pharmacist David Skirrow
- Everyone Matters Annual Award: Talent Manager for Nursing Helen Slocombe
- Chief Executive’s Outstanding Achievement Award: Director of Midwifery Zita Martinez
- Chair and Chief Executive’s Outstanding Service Award: Senior Executive Assistant Helen Perkins
- Rising Star Award: Staff Nurse Vhari Macfadyen
- Leader of the Year: Consultant Oncoplastic Breast Surgeon and Clinical Lead Nicky Laurence
- Wellbeing at Work Award: Retention Lead Midwife Jess Murray
- Equality, Diversity and Inclusion Award: Estates Officer Nicky Bonner
- Kindness and Civility Award: Occupational Therapist Anna Hill
- Personal Achievement Award: Infection Control Nurse Dana Di.Iulio

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- Patient Safety Award: Anaesthetist Ronan Hanratty
- Research and Innovation Award: Non-Invasive Parameters of Pulmonary Hypertension in Systemic Sclerosis project
- Working with our Community Award: Junior Charge Nurse Manny Mabulay
- Student of the Year: Clinical Research Practitioner Victoria Page
- Volunteer of the Year: Children’s Therapies Volunteer Bob Gavin

8. The RUH celebrates 21,000 hours of volunteering

The RUH hosted a special party at the start of June to celebrate the invaluable contribution of volunteers to the hospital. The event kicked off National Volunteers' Week 2024, during which charities and organisations such as the RUH thank all those who give their time to help others.

In 2023, around 250 people volunteered with the RUH, ranging from 16-year-olds participating in the NHS Cadets programme, up to people in their 80s. Together, they gave 21,000 hours of time – with 71 individuals helping for more than 100 hours each. Receiving specialist training for their roles, the volunteers offer both practical and emotional support to those at all stages of a hospital journey, from the Welcome Volunteers in the Atrium who help visitors find their way around, to the Dorothy House Compassionate Companions who sit with end-of-life patients to ensure they are not alone.

9. RUH Unveils Expanded Maternity Outpatients Department

The Maternity Outpatients department has been redesigned to provide more capacity for women and pregnant people attending urgent and routine antenatal care.

It has been refurbished so that women and pregnant people attending pre-booked appointments at the maternity day assessment unit on the Combe Park site will be cared for in a new calming space on the first floor.

Urgent and non-routine care will now be facilitated in the new maternity triage area on the ground floor of the hospital's Princess Anne Wing, which consists of an extra five private consulting bays, providing a better experience.

10. Patients and Staff in Bath, Salisbury and Swindon to benefit from a new Shared Electronic Record

The three Trusts that form the Acute Hospital Alliance - Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust - have embarked on a new programme to implement a new shared Electronic Patient Record (EPR) across the three organisations

With backing from the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB), the significant investment over the 23/24 – 26/27 financial years will enable clinical staff within the region to digitally share patient information between Trusts.

The Shared EPR will ensure that staff have access to health-related information when and where it is needed, supporting them to deliver care efficiently, effectively and safely. In addition, it will help to reduce variations in care across the region and improve outcomes for patients.

11. Paediatric Team host ‘teddy bear hospital’ Event for Local Community

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The RUH hosted a free event on 15th June 2024 to give primary school children the opportunity to experience a visit to the RUH in relaxed circumstances, and to give them lots of handy hints on looking after their own health at home.

Their visits replicated what it might be like to come to hospital: when they arrived, the children and their cuddly charges were first triaged at the nurses' station, before seeing a doctor to get their toy's legs, arms or tail plastered.

The day was organised and run by volunteers and children's ward staff.

12. Membership

We are always actively seeking new members to help us shape the future of the hospital and as a member of the Trust you can influence many aspects of the healthcare we provide.

By becoming a Member, our staff, patients and local community are given the opportunity to influence how the hospital is run and the services that it provides. Membership is completely free and offers three different levels of involvement. Through the Council of Governors, Members are given a greater say in the development of the hospital and can have a direct influence in the development of services. Simply sign up here:

<https://secure.membra.co.uk/RoyalBathApplicationForm/>

13. Mendip (Somerset) By-Election

We recently held a by-election to elect a Public Governor within the Mendip (Somerset) constituency. The election was uncontested and our new Governor is Chris Norman. Mr Norman will begin his induction over the coming weeks, I would like to take this opportunity to welcome Chris to RUH and we look forward to working with him.

14. 2024 Annual General Meeting

This September the Trust will be holding it's Annual General Meeting combined with Annual Members Meeting on 17th September at the Apex City of Bath Hotel, James Street West, Bath, BA1 2DA.

Last year's AGM was a huge success and we welcomed 150 members to the event. We hope that this year will prove to be even more successful, so please save the date and share the details with friends and family.

More details regarding the AGM agenda will be shared over the coming weeks on our website and directly to members, but this will be your opportunity to hear about the work the Trust has been doing over the past year and there will be an opportunity to ask questions to the Board.

15. Consultant Appointments

The following Consultant appointments were made since the last report to Board of Directors:

Dr Sheila Jen, Clinical Fellow (Year 7 Specialty Trainee) at North Bristol NHS Trust was appointed as a Consultant Haematologist on 29th April 2024. Dr Jen will start at the Trust on the 30th September 2024.

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Mr Paolo Scollo, Senior Clinical Fellow at John Radcliffe Oxford University Hospitals, was appointed at a Consultant ophthalmologist on 29th May 2024. Mr Scollo will commence his role at the Trust on 16th September 2024.

Dr Alison Montgomery, Year 7 Specialty Trainee at University Hospitals Bristol & Weston NHS Foundation Trust was appointed at a Consultant Gynaecological Oncologist on 12th June 2024. Dr Montgomery’s start date with the RUH has not yet been confirmed.

Mr Andrew Brown, Year 7 Specialty Trainee at North Bristol NHS Trust was appointed as a Consultant in Urological Robotic Surgery on 18th June 2024. Mr Brown will commence his role at the Trust on 14th October 2024.

16. Chairs Update

In addition to the routine interviewing of consultants and completing appraisals of the Non Executive Board members, I chaired the Steering Group responsible for bidding for the BSW Community tender and the Members’ Board of Wiltshire Health and Care, both responding to the challenges of managing demand through better community based services. With colleagues from BSW I have contributed to the development of our understanding of the potential benefits of closer Group working discussed on other papers at this meeting.

I was lucky enough to attend three delightful events – the Staff Awards Dinner, the MJ Church Race Day raising over £70000 for RUHX, and the Bath Cancer Unit Support Group’s evening celebration of their extraordinary and long lived fundraising achievements. As a member of the BaNES Future Ambitions Board I was honoured to speak at the launching of the BaNES Future Ambition Civic Agreement committing the anchor organisations of BaNES – in particular the universities, the Council and ourselves – to ever greater cooperation for the benefit of the communities we live in and serve.

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