

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 25<sup>th</sup> JULY 2018  
OASIS CONFERENCE CENTRE, RUH, BATH**

**Present:**

Voting Directors

Brian Stables, Chairman (*Chair*)  
Jeremy Boss, Non-Executive Director  
Joanna Hole, Non-Executive Director  
Nigel Sullivan, Non-Executive Director  
Lisa Cheek, Acting Director of Nursing and Midwifery  
Libby Walters, Director of Finance  
Bernie Marden, Medical Director  
Francesca Thompson, Chief Operating Officer

Non-Voting Directors

Joss Foster, Commercial Director

In attendance

Xavier Bell, Board Secretary  
Vicky Cox, Executive Assistant (*minute taker*)  
Victoria Downing-Burn, Deputy Director of People  
Sharon Manhi, Lead for Patient & Carer Experience (*item 6 & 9 only*)  
Pat Bath, Patient & Volunteer (*item 6 only*)  
Jo Miller, Head of Nursing, Medicine (*item 9 only*)

Observers

James Colquhoun, Public Governor  
Amanda Buss, Public Governor  
Chris Callow, Public Governor  
Mike Welton, Public Governor  
Pak Wong – Insight Programme Observer  
Members of the Public  
Members of Staff

**BD/18/07/01 Chairman's Welcome and Apologies**

The Chairman welcomed members of the Council of Governors along with members of staff. Apologies were received from James Scott, Chief Executive, Nigel Stevens, Non-Executive Director, Jane Scadding, Non-Executive Director and Claire Radley, Director of People.

**BD/18/07/02 Written Questions from the Public**

There were no written questions from the public. Some were received late on 24 July, and will be covered at the September Board meeting.

**BD/18/07/03 Declarations of Interest**

Each Director present confirmed that they had no direct or indirect interest in any way in the proposed transactions to be considered at the meeting.

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**BD/18/07/04                      Minutes of the Board of Directors meeting held in public on  
27<sup>th</sup> June 2018**

The minutes of the meeting held on 27<sup>th</sup> June 2018 were approved as a true and correct record of the meeting.

**BD/18/07/05                      Action List and Matters Arising**

Updates were provided on the following actions:

**PB471** – The Medical Director provided a verbal update on this action. He informed the Board that this had been discussed at the Clinical Governance Committee, who felt that there was assurance that the work stream now has better evidence that screening is happening in a timely fashion. He requested that the action be closed. The Board agreed to this request.

**PB486** – The Deputy Director of People provided a verbal update. She explained that a deep dive has been undertaken for the relevant staff groups which show higher levels of turnover but some of the figures are inflated as they relate to small teams. She has also reviewed some of the exit interview data, and work-life balance/flexibility is a key consideration. Work is being undertaken to look at more flexible working options for staff. There are some areas where there are known issues, and HR are working with management to ensure that these areas are stabilised. She confirmed that there is a good understanding of the issues.

Joanna Hole, Non-Executive Director, queried whether in smaller teams there is less opportunity for advancement, meaning people will be more likely to leave. The Deputy Director of People confirmed that this can be an issue.

Board agreed to close the action.

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

Matters Arising:

The Chairman informed the Board that in July 2018 the emergency powers under the constitution (“Chairman’s action”) had been used to approve an urgent Cyber Security information return to NHS Digital. The return was approved by the Chairman, the Chief Executive and three Non-Executive Directors. A detailed update on Cyber Security will be coming to the Board of Directors in September.

**BD/18/07/06                      Staff Story**

The Board watched the NHS70 film created by the RUH Communications Team.

Sharon Manhi, Lead for Patient & Carer Experience, then introduced Pat Bath, who had been a patient and is now a volunteer at the RUH. She lives locally in Bath and both she and all her family have used the services at the RUH. She explained that three generations of her family have been cared for here. She has never had a bad

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experience of care at the RUH, and when she retired, she joined the Friends of the RUH as a volunteer and has been one for 17 years.

She described the changing experience of being a patient over the 20<sup>th</sup> century, and most notably in her experience, the doctors are much more personable and more prepared to discuss and answer questions than they were in the past.

The Chief Operating Officer asked what was important to patients, and what the Board should ensure is included in their strategy for the future from her perspective. The patient & volunteer confirmed that from her perspective the key is making sure the patient feels relaxed and well-looked after. She confirmed that in her experience this has always been the case.

Joanna Hole, Non-Executive Director, asked whether over the period that the patient & volunteer has been involved with the RUH, patients' experience has improved. The patient confirmed that this is the case.

The Chairman noted that 2018 is the 70<sup>th</sup> anniversary of the NHS, and asked that the RUH communications team thank all the RUH staff on behalf of the Board of Directors.

## **BD/18/07/07                      Quality Report**

The Deputy Director of Nursing & Midwifery presented the Quality Report.

She advised the Board that there is a key focus on improving the turnaround time of complaints. She noted a slight deterioration in turnaround time, but confirmed that there is now a new complaint manager who is making this her focus to ensure that this improves.

There has been improvement in the number of *C-Difficile* infections, and a number of the cases identified in April have been successfully appealed. The two remaining cases of infection were on the same surgical ward, and steps are being taken to ensure that the lapses of care which were identified are corrected.

In relation to Serious Incidents, two were declared in June. She noted that at the last Board there were a number of overdue incident reports. She explained that a weekly task and finish group has been created to ensure that all overdue reports are completed and back on target by the end of August. This has also required some extraordinary OGC and Falls Group meetings. There is also work ongoing with the Matrons group to ensure that Serious Incident actions are completed and that this is reflected on Datix.

A number of wards have flagged during the month, and these are being reviewed to identify any themes. She noted that Critical Care has flagged for the first time, she advised the Board that this is not a concern as the data is based on funded establishment and staff are flexed according to acuity of patients. This did not relate to safer staffing.

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The Medical Director presented on the Trust's AKI work, and noted that there continue to be incremental improvements as work progresses. He highlighted the outcome data which shows a continual improvement, including in length of stay. There are still challenges which are being focused on, and he remains confident that the improvements will continued.

He noted that work continues to ensure that benefits arise from the implementation of EPMA.

With regards to NEWS, the Medical Director highlighted that performance remains good, but requires ongoing attention. NEWS2 will be adopted in due course, which requires electronic recording of observations. He advised the Board that this will be taken forward as a quality improvement project rather than an IT project, using pilot sites initially.

The Medical Director noted that the Trust holds itself to a higher standard when it comes to measuring when a Sepsis patient receives antibiotics. The national CQUIN requirement is that antibiotics are given within one hour of diagnosis of Sepsis; however the Trust measures itself against the first signs of Sepsis. He confirmed that there is a new process for obtaining real-time data on identification of Sepsis, and this will be shown in the report moving forward.

Joanna Hole, Non-Executive Director, noted that there are two wards who have usually performed well using NEWS, but have now deteriorated. She drew his attention to ASU's performance, and queried whether there is any understanding as to why this has occurred. The Medical Director confirmed that the data is taken back to the Wards, but his view is that there is no specific concern or failure leading to this decrease in performance. He expects it to become more consistent when E-Observations are implemented.

Joanna Hole, Non-Executive Director, also queried whether there are any mitigations in case E-Observations are not implemented. The Medical Director outlined his expectations for the roll-out of E-Observation, and noted that NEWS2 will also be rolled out in analogue in some areas which will provide some back-up.

Joanna Hole, Non-Executive Director, also queried in relation to Complaints why the trend line is increasing, and whether there is any work being undertaken to understand this. The Acting Director of Nursing & Midwifery confirmed that there is a piece of work currently underway to look at this. She noted that complaints coming in can relate to a long time ago, so it can be hard to ascertain trends. She will share the outcomes of this in due course.

The Chief Operating Officer updated the Board that the Executive team is supporting the temporary closure of 5 beds on Midford ward. This sits alongside a plan to focus on reducing length of stay, to increase and improve the efficiency and throughput on that ward.

Nigel Sullivan, Non-Executive Director, raised the issue of staff absence in certain areas. He queried whether this is driven by poor application of the Trust's policy or

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whether the policy is not fit for purpose. The Deputy Director of People confirmed that the policy has been reviewed in the last 12 months to ensure that it has sufficient robustness to properly manage staff returning to work from short or long-term sickness. There are also some changes in the occupational health service which will assist in this. A reduction in sickness is part of the expectation of the new Agenda for Change pay deal, so it will remain a focus of the Trust.

Board noted the report.

## **BD/18/07/08                      Complaints Annual Report**

The Acting Director of Nursing & Midwifery presented the report, and asked for the Boards' approval of the report.

She outlined some of the key themes, and noted that over the 2017/18 period there has been a decrease in complaints and PALS contacts (16.8% decrease in complaints).

The Acting Director outlined some of the work that is being undertaken to help divisions and specialties understand the complaints and what has driven them and how improvements can be made.

She noted that the majority of complaints on individual care fall into the "clinical care and treatment" category. She noted that they are very individual to the complainant, and do not identify any clear common themes. This means it can be hard to identify what the learning for the overall organisation can be.

There has been an improvement across the year in meeting complaint response times.

The Chairman noted that on page 13 there is an incorrect table reference.

Nigel Sullivan, Non-Executive Director, noted that overall, the annual report shows a very low rate of complaints compared to total number of patients. He congratulated the staff on this achievement. He queried whether the thresholds for complaints are right, and how patient experience is reviewed more holistically. Acting Interim Director of Nursing & Midwifery outlined the other routes for obtaining patient experience/satisfaction and experience. She confirmed that there are numerous routes for this to take place.

Nigel Sullivan, Non-Executive Director, queried whether there could be some other routes for obtaining this data, such as TrustPilot, or a "smiley face" survey switch. The Acting Director of Nursing & Midwifery confirmed that these sorts of things have been considered, but it is the specific feedback and detailed comments where the Trust receives the most useful intelligence and information that can be used to identify what needs to be changed.

Joanna Hole, Non-Executive Director, confirmed that in her experience of reviewing complaints, it can be very hard to identify what learning the Trust can take from some

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complaints due to the very personal or specific nature of some of the issues or concerns raised. She feels that making sure patients feel listened to can be very helpful in ensuring they feel their complaint is taken seriously.

The Chairman noted that the Governors constituency meetings with members and patients offers a useful triangulation of patient concerns and complaints.

The Commercial Director noted that the learning from complaints section of the report contained quite a high level of detail. She queried whether this detail represents a risk of being able to identify specific incidents or patients. Jeremy Boss, Non-Executive Director, confirmed that this is a relevant concern from his perspective. The Chairman asked that the Acting Director of Nursing & Midwifery consider this before the paper goes into the public domain.

**Action: Acting Director of Nursing & Midwifery**

Board approved the report.

**BD/18/07/09                      CQC 2017 National Inpatient Survey Results**

Sharon Manhi, Lead for Patient & Carer Experience and Jo Miller, Head of Nursing, Medicine, presented on the inpatient survey results.

The Lead for Patient & Carer Experience explained the difference between the Picker and CQC surveys, which ask the same question, but compare the RUH against different peer groups.

The RUH scored significantly better than average on two categories, which is an improvement from 2016. The RUH has not scored statistically worse in any category when compared to 2016.

Five questions showed a statistically significant improvement, in areas including waiting for beds, noise from other patients, whether doctors talk in front of patients as if they are not there, and whether patients have an overall good experience.

The Lead for Patient & Carer Experience also shared some details on how the RUH compares to other Trusts, both nationally and locally. The RUH compares favourably, particularly across the local STP area.

There were a number of areas identified for improvement in 2016. The work undertaken by the Trust appears to have been successful, with improvements in 2017 results seen against most of the relevant survey questions.

The Trust will be focusing on a number of key areas following the 2017 results. These areas have been chosen either because there was a deterioration compared to 2016 or it is an area that the Trust has identified as a particular priority.

Jo Miller, Head of Nursing for Medicine, informed the Board that the Divisional Heads of Nursing will be taking the results back through the Clinical Divisions to explore

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what actions can be taken to improve areas where the Trust did not perform as well as might be hoped. She outlined some of the pieces of work already underway, including projects to ensure that Nurses introduce themselves properly to patients, and ensuring that the right information is shared with patients on their discharge from hospital.

Nigel Sullivan, Non-Executive Director, noted that on some of the questions where the Trust has done better (noise at night etc.) are aligned to some of the things that are reviewed via the Ward Accreditation process. He queried whether there is triangulation between the results of the survey and the focus of the accreditation programme. Both the Head of Nursing and the Lead for Patient & Carer Experience confirmed that this is the case.

Joanna Hole, Non-Executive Director, noted that she has also been involved in the Ward Accreditation process, and she can understand how from a patient's experience it might be hard to know who the nurses are who are responsible for their care. She queried whether the whiteboards could be used more effectively. The Head of Nursing confirmed that this is one option that will be explored.

The Acting Director of Nursing & Midwifery noted that work has also been commenced on "own medications" and triangulating this with information from PALS and Complaints, to help focus on the areas with the most issues.

Board noted the report.

## **BD/18/07/10      Guardian of Safe Working**

The Medical Director presented the report.

The report is valuable in that it provides intelligence on how junior doctors work within the Trust, and provides useful information on patient safety issues.

There are key themes arising in the report, including identifying medical staffing levels and pressures across the Trust. This allows the Medical Director and others to review how medical staff are rostered across the Trust to ensure the correct distribution of junior doctors relative to workload.

The Medical Director noted that there were seven immediate safety concerns raised via the Guardian of Safe Working process. These are reviewed by the Guardian, and of these seven, three were upheld. One related to the extreme weather experienced over the winter, and two others, one relating to weekend work and one relating to the Children's ward. The Medical Director confirmed that these are being played back to the teams to determine whether there are any learnings and whether anything can be done differently in the future.

A qualitative review has been undertaken as to how doctors in training are experiencing exception reporting. This has been a useful experience and learnings have been shared with external agencies.

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The Chief Operating Officer queried whether there is any trend data available. She noted that the report does not provide a sense of whether the pressures are the same, improving or deteriorating. The Medical Director confirmed that the data available does show a reduction in exception reporting over the last year. He agreed that some additional trend data in the report would be useful in the future.

The Chief Operating Officer also queried the rota gaps set out in the report. She noted that Emergency Medicine is flagging, but they have more junior doctors in their rota, so the way that the information is presented is misleading. This needs more context and narrative so that the true risk is clearer.

Jeremy Boss, Non- Executive Director, queried what impact specific consultant attitude and working practices have on exception reporting. The Medical Director agreed that there can be differences, but there are very clear messages given to both senior and junior medical staff around what the expectations are for exception reporting.

Board noted the report.

## **BD/18/07/11          Gosport Hospital Report & RUH Assurance**

The Medical Director presented this report and noted that this relates to very recent issues, and may need to come back to Board as the findings of the report and the learnings are better understood.

He explained that the RUH report considers the key findings of the Gosport Hospital Report and reviews how they might apply in the RUH. He set out the RUH conclusions against each of the findings in the Gosport Hospital Report, including key structures and process/practice in the Trust that provide assurance that practice in the RUH is safe and appropriate.

The Trust has a generally very good incident reporting culture, particularly around medicines management.

The Medical Director noted that overall, taking into account F2SU, Incident Reporting, exception reports from Junior Doctors, coroner findings etc, there is no indication that the RUH has a cultural issue comparable to that described in the Gosport Hospital Report.

Joanna Hole, Non-Executive Director, queried what controls and reviews are in place for patients who are on opioids. The Medical Director noted that there are safeguards in place in the prescribing practice to ensure that patients have the correct prescription. He confirmed that there are ongoing reviews, and the Trust has low usage of the drugs used to reverse inappropriate opioid prescription.

The Finance Director queried how far back the review went, as the issues at Gosport Hospital went back 20 years. The Medical Director acknowledged that this is potentially a difficult issue. He confirmed that the review did not go back 20 years, but

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the strong governance and management structures described in the report have been in place at the RUH for a very long time.

Board noted the report.

## **BD/18/07/12 “Improving Together” Organisational Development**

The Chief Operating Officer set out the governance structure and executive leads for the Trust’s planned organisational development programme over the next 3 years.

She confirmed that wave 1 will commence in mid-September, and the Trust is largely on-track to roll out the programme in line with its intended timeframe. Key work streams including Strategy Alignment and Leadership Support are rated as green, with Capability Building and the roll out of the Front-line System rated as amber. This reflects the slight delay caused by the need to obtain regulatory approval for the programme. This is now in place.

A communications plan has been developed to ensure the programme is properly communicated and understood across the organisation. The Executive Team has developed an “elevator pitch” which sets out the key goals and messages.

Board noted the update.

## **BD/18/07/13 Finance Report**

The Financial Director set out the position at the end of Quarter 1. She confirmed that the Trust has achieved its planned deficit for Q1, so has received its STF allocation. It has also received the ED allocation of STF, as the ED trajectory was achieved in Quarter as well. This means the Trust has achieved 100% of the STF for Q1.

There has been a £900k improvement in the final month of the quarter. This reflects an improvement in income but also a number of key one off benefits. She noted that there are underlying risks, including increased pay-costs. This is driven largely by nursing, where the high numbers of vacancies mean the Trust has to use high cost agencies. There are also some areas using high-cost locums.

The Trust needs to deliver £13.9M of QIPP savings. There is still a £1.4M gap in QIPP, which is an improvement from last month; however a number of the schemes are still red-rated. Areas of focus are on Medicine, Estates & Facilities and Corporate teams.

The Trust has a £20.5M cash position at the end of the quarter. This is £6M less than planned, and this relates to a late payment of STF. This has now been paid in July so this position has returned to expected levels.

The Trust has seen around £4M slippage in its Capital Plan over Q1, and this is being reviewed to ensure the plan is achieved over the full year.

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Joanna Hole, Non-Executive Director, asked for an update on the Director of Finance's focus on QIPP and the detailed plans in various areas. She confirmed that there are some areas where there are not robust plans, but she is satisfied that they have the right support to develop and deliver the opportunities.

Joanna Hole, Non-Executive Director, queried whether the Agenda for Change award will be funded centrally. The Director of Finance advised that the Trust has now been advised that it will not be fully funded, leaving a £1.5M gap. This is a pressure that will have to be managed.

Jeremy Boss, Non-Executive Director, queried the outpatient income in the report, noting that volumes are up, but income is down. The Director of Finance advised that this simply reflects the case-mix. This might increase or decrease from month to month.

Board noted the report.

### **BD/18/07/14&15    Operational Performance Report & 4 Hour Report**

The Chief Operating Officer presented the report. She noted that the Trust continues to be in segment 3 against the single oversight framework, and category 4 for 4 hours performance.

Four Hours, RTT and Diagnostic tests have all flagged in month. 4 hour performance has been impacted by DTOCs, a 7% adverse activity increase and by the hot weather. The issue of DTOCs has been raised with Commissioner colleagues at director level and will be discussed at A&E Delivery Board.

RTT was a more positive story with increased focus on maintaining the position. RTT it is a very important standard for the Trust's elective care and its duty of care to patients. Performance was at 87.1% holding position into July. The over 18 week admitted backlog has also reduced.

Diagnostics deterioration is of significant concern. Some of this is still driven by Cardiology and the challenges around echocardiograms and consultant capacity. There were also issues with MRI and CT in the last month, which has been driven by equipment failure in the heat, with sufficient cooling equipment not able to keep up with the high temperatures. The maintenance companies have been responsive; however it only takes a few hours of downtime for there to be a significant impact on performance. The Trust has a Remedial Action Plan in place with commissioners which is being monitored closely.

The Deputy Director of People summarised the workforce elements of the Operational Performance Report. She noted that vacancy rates remain roughly the same, and agency rates continue to be challenging. There is significant work ongoing with Nursing leadership looking at options, and there is a focus on offering flexibility to help with the retention of staff.

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Appraisal rates have improved as staff sickness drops. The HR team are also reviewing the quality of appraisals to ensure they are used effectively.

Estates & Facilities has shown some improvement and stabilised recently which was a positive outcome.

Joanna Hole, Non-Executive Director, noted that there is very detailed information in the report, and queried whether there is anything more that can be done in relation to discharge of patients by midday. The Chief Operating Officer agreed that performance has been frustratingly flat. There is a national expectation that 33% of patients should be discharged by midday, with the Trust sitting at around 15%. Transport issues have been resolved. There are still some struggles with medicines to take home, which is improving, but a lot of it relates to senior reviews needing to take place earlier in the morning. Core wards are very slow, with some like ACE, SAU and MAU being better at ensuring ward rounds take place earlier. There is improvement work ongoing.

The Medical Director confirmed that there are issues with early senior review. He is trying to work with teams to increase consistency across teams in how ward rounds are undertaken, to ensure there is a standardised approach. He expects the OD programme to also have an impact on re-energising this work.

Jeremy Boss, Non-Executive Director, queried whether there is an underlying capacity issue with CT and MRI, and whether once the machines are fixed there will be an improvement. The Chief Operating Officer confirmed that the Radiology Business Case (5 years) was reviewed by Management Board to ensure benefits realisation, and the specialty has re-prioritised and brought forward investment into CT to ensure capacity is maintained. She recognises that there is also more work to reduce internal referrals for these diagnostics.

Board noted the reports.

## **BD/18/07/16      Workforce Race Equality Standard**

The Deputy Director of People presented this report and highlighted that workforce equality has received much more attention recently and is a priority for the Trust. She advised that the report had been compiled prior to plans put in place by the recently appointed Equality & Diversity Officer. It was hoped that the Board was clear on the aspirations of the inclusion agenda.

There has been a significant improvement in some key areas. She drew the Boards' attention to the action plan set out in the paper, and she confirmed that there is a strong governance framework to oversee the improvement action plan.

Board noted the report.

## **BD/18/07/17      Health & Wellbeing Report**

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The Deputy Director of People presented the report, and advised Board that the Trust is engaged with the STP workstream looking at Health & Wellbeing. Internally the programme of work is strong. The Trust is also reviewing NHS Employers new tool for health & wellbeing, and is also involved in the NHS Quest work stream to develop more effective KPIs and Metrics.

She confirmed that the CQUIN requirements for Health & Wellbeing are set out in the appendix, and the Trust is on track to deliver.

Board noted the report.

**BD/18/07/18            Management Board Update Report**

Board noted the Report.

**BD/18/07/19            Clinical Governance Committee Report**

Jeremy Boss, Non-Executive Director noted that the Committee is very busy and has a heavy workload.

The Chief Operating Officer queried some of the assurance ratings, and the Chairman asked that this be clarified offline.

Board noted the report.

**ACTION**

**BD/18/07/20            Chairman's Report**

Board noted the report

**BD/18/07/21            Items for Assurance Committees**

None identified.

**BD/18/07/22            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 12:17.*

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