

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 26<sup>th</sup> SEPTEMBER 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  
Lisa Cheek, Acting Director of Nursing and Midwifery  
Libby Walters, Director of Finance  
Bernie Marden, Medical Director  
Francesca Thompson, Chief Operating Officer  
Nigel Stevens, Non-Executive Director  
Jane Scadding, Non-Executive Director

Non-Voting Directors

Joss Foster, Commercial Director  
Claire Radley, Director of People

In attendance

Xavier Bell, Board Secretary  
Katie Maslen, Executive Assistant (*minute taker*)  
Sharon Manhi, Lead for Patient & Carer Experience (*For item 6 and 8*)  
Laura Davies, Patient Experience Manager (*For items 6 and 8*)  
Leon Massey, Inpatient Diabetes Specialist Nurse (*For item 6 only*)  
Kastas Gkasparris, Diabetes Consultant (*For item 6 only*)  
Helen Meehan, Lead Nurse, Palliative Care and End of Life (*for item 11*)

Observers

Amanda Buss, Public Governor  
Chris Callow, Public Governor  
Anne Martin, Public Governor  
Members of the Public  
Members of Staff

**BD/18/09/01 Chairman's Welcome and Apologies**

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

**BD/18/09/02 Written Questions from the Public**

The Chairman informed the Board of Directors that questions had been received from a member of the public following the TV series "Hospital" shown on BBC2 earlier this year, which showed QMC Nottingham facing significant winter pressure for bed space. A significant proportion of this was elderly patients who could not be discharged due to a lack, or inadequate options for supported care in the community. The follow questions had been received and were read out, together with the Trust's response:

Author: Katie Maslen, EA to the Director of Finance	Date: 01 November 2018
Document Approved by: Brian Stables, Chairman	Version: 1.0
Agenda Item: 4	Page 1 of 13

**1. Did the Bath NHSFT face similar pressures at the beginning of this year**

*ANSWER: Yes*

**2. Do the Board of Directors believe that having council policies to increase the amount of supported care options are in the wider public interest (as it reduces demand on the NHS)**

*ANSWER: Yes but we also recognise that it is difficult to balance the ever increasing demands on health and social care services and we continue to work together as a system to look at ways we can address the challenges faced.*

**3. Finally, do the Board of Directors believe that in a certain (or the majority of cases?), families can provide this care, provided their homes have been adjusted/extended with suitable accessible ground floor living space for the patient concerned?**

*ANSWER: Every case is different, this would help in certain cases but would not be a suitable way forward for everyone.*

The Chairman confirmed the Trust had also responded directly to the member of the public by email.

**BD/18/09/03            Declarations of Interest**

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

**BD/18/09/04            Minutes of the Board of Directors meeting held in public on 25<sup>th</sup> July 2018**

The minutes of the meeting held on 25<sup>th</sup> July 2018 were approved as a true and correct record of the meeting.

**BD/18/09/05            Action List and Matters Arising**

Updates were provided on the following actions:

**PB481** – The Chairman confirmed the conversation on patient experience would be covered under agenda item 8. The Board confirmed this action could therefore be closed.

**PB484** – The Chairman confirmed this action related to the Friends and Family Test but it was more about the wider patient experience and whether there was learning to be had at an away day. The Chairman confirmed progress had been made on this and one or two people had been identified from the private sector to attend a future board away day. The Board agreed this action could be closed.

**PB488-** The Acting Director of Nursing and Midwifery confirmed minor amendments had been made and she was happy that no specific patient or incidents could be identified. Action closed.

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

**BD/18/09/06 Staff Story**

Sharon Manhi, Lead for Patient Experience introduced the patient story from a patient with long-term diabetes. His story explained his experience as an inpatient on Parry Ward at the RUH receiving treatment for an infection. The patient confirmed he had had type 1 diabetes for over 30 years and had always managed his own condition. He was pleased that although he was admitted he was still able to keep control of administering his own diabetes medication which was very important to him.

During his stay he noticed that the inpatient menus were not diabetic friendly and did not include information on sugars/fats which would have made controlling his condition easier. Overall, he described his time on the ward as positive.

The board were pleased to hear about the patient’s positive stay on Parry Ward

The Inpatient Diabetes Specialist Nurse and Diabetes Consultant provided the Board with more information on the services currently being provided for diabetics at the RUH and confirmed there was currently a pilot on 5 wards (SAU, Robin Smith, Cardiac, Stroke and Coronary Care Unit) where Diabetic patients were being encouraged (if they were able) to administer their own medication.

The Diabetes Consultant confirmed that the pilot for self-administration on these wards had reduced the length of stay and the number of medication errors. He confirmed they had been in contact with the medicines advisory group regarding the medication for this condition being kept at the patient’s bedside. The Medicines Advisory Group did not object to this practice. It was highlighted that although the medication was kept at the patient’s bedside it was very low risk of any other patients stealing the medication, this had never happened at the RUH or Bristol. This process enabled patients to administer their own medication at the normal times for them and be in control of their own condition when a nurse may not have been available to administer.

Joanna Hole, Non-Executive Director, queried whether it would be possible to adjust the inpatient menus to make it easier for diabetic patients. The Diabetes Consultant confirmed this information was previously included but the decision to remove this was made nationally. Joanne Hole, Non-Executive Director queried whether foods could be marked low sugar, the Diabetes Consultant confirmed he was looking into this and they currently provided diabetic patients with a separate carbohydrate guide to enable them to cross reference with the hospital menu.

Jeremy Boss, Non-Executive Director queried why this process had not been rolled out to other wards, the Diabetes Consultant confirmed that although the pilot was a success the wards still required daily support and it would not be possible to roll out

currently, further education was happening and it was hoped all wards would be following this process by the end of next year.

The Commercial Director highlighted the wording in the leaflet as she felt “you have the right” wasn’t encouraging enough. The Diabetic Consultant confirmed he would review this.

The Chairman thanked the patient and staff.

**BD/18/09/07                      Quality Report**

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

She advised the Board that the Complaints and PALS department had received 21 formal complaints, 15 of which were for the Medicine Division. As the levels of complaints remained high there was a challenge to meet the turnaround time of 35 days to respond but confirmed that communication was constant with the complainant and they were always updated on progress made.

The Acting Director of Nursing and Midwifery, Medical Director and Head of Nursing had met to work out better ways of keeping in touch.

There had been an increase in the number of falls and repeat falls in August. 8 wards had flagged and 2 wards had had a notable increase. The Falls Steering Group were reviewing the falls pathway to revise it. There had been an increase in the focus on falls training.

There was a drive to reduce the number of overdue SI reports which had resulted in the Trust now being on target. As a result, the number of outstanding actions had increased and the matrons were meeting on a weekly basis to review these.

7 areas had flagged this month as having nursing quality indicators of note, nurse staffing had affected this but all the wards were supported by a matron.

The Medical Director confirmed there had been good performance in the operating theatres with the WHO safety checklist and they were now moving towards a routine debrief. Issues discovered seemed to arise where there were a range of procedures carried out by various members of the team, there was not enough communications on which checklist they should be using.

There was greater success when there was a narrower focus and better use of technology.

Nigel Stevens, Non-Executive Director, requested further clarity on whether the median line in the graphs on page 6 of the report provided any useful insight. He queried what “good” looked like. The Medical Director confirmed it was hard to assess what good may look like as there was not a specific focus on any one procedure. The Medical Director confirmed he would review the graph to assess whether the median line was adding value.

**Action: Medical Director**

Author: Katie Maslen, EA to the Director of Finance Document Approved by: Brian Stables, Chairman	Date: 01 November 2018 Version: 1.0
Agenda Item: 4	Page 4 of 13

Jeremy Boss, Non-Executive Director, requested assurance on the Nursing Quality Indicators for Cardiac Ward as the ward underwent a Nursing & Intensive Support Team (NIST) review in April. The Acting Director of Nursing and Midwifery confirmed NIST meant that a ward had flagged due to concerns, the senior nurses within the Quality Improvement Centre had devised a Terms of Reference for that Ward before taking part in a deep dive. These issues could range from nursing handover to leadership and she was confident that the correct processes were in place.

Joanna Hole, Non-Executive Director, queried whether there were any preliminary findings in the additional analysis on falls that showed any direct correlation with staffing levels.

The Acting Director of Nursing and Midwifery confirmed that the number of nurse vacancies in August was high, but noted that there had still been a high number of support staff in these areas, so they may not be fully educated on advanced observations. Further work was taking place on training.

Joanna Hole, Non-Executive Director, queried why there had been no National Safety standards Invasive Procedures data since April 2018 for ENT. The Medical Director confirmed he would look in to this.

**Action: Medical Director**

Joanna Hole, Non-Executive Director, queried what the definition of a 'never event' was. The Medical Director confirmed this was when an error occurred when the ability to control the event was so enforceable that it should have never happened. He confirmed that many things should never happen, but these are not always classed as a 'never event'.

The Chief Operating Officer highlighted that she had recently visited the Children's Ward for a patient safety visit and was struck by the acuity and how busy the nursing staff were and highlighted that the indicators on the triangulation chart were not necessarily relevant to the Children's ward. The Acting Director of Nursing and Midwifery confirmed the Head of Women and Children's was working with the Lead Nurse for Workforce Development and Education to review the matrix and decide whether a different set would be more relevant.

Jane Scadding, Non- Executive Director, queried whether it would be possible to add more context to the Complaints report for example when the complaint was received, when they breach, when we responded etc. The Acting Director of Nursing and Midwifery confirmed she would look to add this to the next report.

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

Jane Scadding, Non- Executive Director, highlighted the Serious Incident reports and action plans and confirmed it would be helpful to understand the trend as it was currently not going in the right direction. She would like to see what it looked like and where we could get to. The Acting Director of Nursing and Midwifery confirmed progress had been made, the number of overdue Serious Incident reports had gone down from 17 to 4. The Acting Director of Nursing and Midwifery confirmed she would provide further assurance in the next report.

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

Jane Scadding, Non- Executive Director queried the electronic recording on the National Safety standards Invasive Procedure as this was in place in some departments but was not being fully used, was this something that could be done to provide further IT support? The Medical Director felt we had to be careful not to reach for electronic solutions when they may not be fit for purpose and that we needed to get systems and processes right before they are translated to a digitised system.

Nigel Stevens, Non-Executive Director, queried what the Acting Director of Nursing & Midwifery thought would create the greatest improvement, and what was the greatest hurdle? How big an issue is the lack of staff?

The Acting Director of Nursing and Midwifery confirmed it was potentially having an impact in terms of falls and complaints.

The Board noted that there was a concern over staffing levels.

**BD/18/09/08 Patient Experience Report and Strategy Update**

The Lead for Patient and Carer Experience and the Patient Experience Manager provided the Board with an update on the Patient and Carer Experience Strategy. The following points were highlighted;

- The strategy was launched May 2017
- The next “seeing it my way” event was called ‘living with deafness’ this was taking place on Tuesday 23 October at 2pm
- Carers boards had been introduced to ward areas
- Information screens had been added to waiting areas
- Toolkits available on the intranet to help staff provide written information
- A new cancer associated thrombosis telephone service had been set up

The Acting Director of Nursing and Midwifery confirmed there was an overview included in the report of each of the divisions which highlighted some bespoke patient experience projects, for example with A&E and older persons as there were a higher number of complaints in these areas.

Joanna Hole- Non-Executive Director, felt the new report format provided better assurance.

The Board approved the report.

**BD/18/09/11 End of Life Care Annual Report**

Helen Meehan, Lead Nurse, Palliative Care and End of Life provided the Board with an overview of the End of Life Care Annual Report. The following points were highlighted;

- CQC rated End of Life care as ‘Outstanding’
- In 2017/18 the RUH supported 1435 patients that died
- The Palliative and End of Life Care Steering Group met quarterly, overseeing the improvement in the quality of end of life care
- 64% of patients were supported to be discharged, this figure was above the national average

- They had not been successful in 7 day working funding through MRET but did receive funding for a 2 year pilot from cancer support
- Appointed 1.6WTE nurses and would start 7 day working in November
- Had been successful in a bid to the health foundation 18 months ago for £30k funding to support quality improvement initiative
- No clinical code for end of life care patients who had been discharged, but hopefully this would be resolved by the end of the year
- Nice standards had been published for End of Life Care
- The video from the see it my way event around bereaved families is now played at induction
- A new role for a Compassionate companion Service had been funded for 3 years

The Chief Executive asked the Lead Nurse to name her one biggest challenge. She responded that this was information sharing between the Trust and partners for patients coming in or out of the hospital.

Joanna Hole, Non-Executive Director, requested clarification on rapid discharge and when a death was classed as HSMR or SHIMI, the Medical Director confirmed a HSMR was if a patient died while they were an inpatient and a SHIMI was if they died after 30 days of discharge.

The Lead Nurse requested that End of Life Care was added to the CQC update email to confirm that the standard of care was still 'outstanding'.

Board approved the report.

### **BD/18/09/09            Learning for Deaths Quarterly Update**

The Medical Director provided the Board with an update on the learning from Deaths Quarterly report. He confirmed the Trust was historically good at learning from deaths, but more triangulation was required between teams to bring this learning together. There was some capacity arising in the Risk team to assist in this triangulation.

The methodology had been standardised to improve reporting data, the main change in the new methodology meant that a senior clinician that had been involved in the patients care would be the clinician that would take part in the mortality screen. It was hoped that this would improve engagement and ease the process.

Executive colleagues were also assisting the Medical Director by covering Learning from Deaths in the Executive Performance Review process.

The Medical Director set out the results that were available, noting that no cases of poor or very poor care have been identified in the reviews, and where deficiencies in care have been identified, they have not contributed to the patient's death.

Jeremy Boss, Non-Executive Director, agreed that it was a work in progress. Joanna Hole, Non- Executive Director, noted that the reviews needed to consider both the

death but the circumstances around it. The Medical Director agreed; the reviews needed to consider whether there was appropriate access to palliative care, etc.

The Board noted the report.

**BD/18/09/10 Medical Revalidation Report**

The Medical Director provided the Board with an update on the Medical Revalidation Report. He noted that as Responsible Officer he makes recommendations on revalidation based on the evidence available across the hospital. He noted that it was quite a strong report, and that the RUH doctors were very engaged compared to some other Trust based on the feedback he had had from colleagues via national conferences/events.

The Medical Director confirmed that sometimes revalidation deferrals did happen but that these were as a result of maternity leave/sickness and never as a result of the doctor not being engaged.

Jeremy Boss, Non-Executive Director, queried the 59 doctors that were noted as missing in the report. He asked whether the Trust should be concerned. The Medical Director explained the process that would allow this to occur, based on Doctors who were only appointed on a short term basis and had no revalidation activity on their record at the RUH. He provided assurance that the Trust’s processes were set up to ensure there were no Doctors practicing who should not be.

Claire Radley, Director of People noted that there were a number of sections within the appraisals audit in appendix 1 that stated “data not collected”. She queried whether this was the nature of the data collection tool, or was there an issue in process. The Medical Director confirmed that it was the nature of the tool and that it was not a concern.

The Board approved the compliance statement.

**BD/18/09/12 Tissue Viability Annual Report**

The Acting Director of Nursing and Midwifery provided the Board with an update on the Tissue Viability Annual Report,. She drew the Board’s attention to the achievements in the past year, including wards remaining “pressure ulcer free” for multiple years. She noted that work continued on the number of patients that were being admitted to the RUH with existing pressure ulcers and better links were being made with community pressure ulcer teams, to ensure a system-wide focus on this issue.

There had been a reduction in category 2 pressure ulcers with one category 3 pressure ulcer being outlined, learning from this had been taken to clinical areas. There had been a marked decrease in medical device related pressure ulcers.

The Acting Director of Nursing and Midwifery set out the peer auditing programme that was a key tool in challenging and improving practice. She also noted that



teaching and education continued to remain a focus and training had been introduced for band 2-4's.

The Chief Operating Officer queried the costs detailed on page 6 of the report. She noted that the costs set out for the most severe pressure ulcers was low compared with the least severe, and queried whether this was a result of there being more of the low level pressure ulcers? The Acting Director of Nursing and Midwifery agreed to consider how to present costings.

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

Jane Scadding, Non- Executive Director, queried whether training compliance had dropped, the Acting Director of Nursing and Midwifery confirmed there had been a drop, but that training remained ongoing. This drop was driven in part by a large cohort of staff starting at the Trust, plus the addition of new training opportunities. She confirmed that the training had been positive and that this figure had already improved since March 2018.

The Director of Finance queried whether there was confidence in the Trust that what was being purchased (such as mattresses etc) was going to assist with the pressure ulcer work. The Acting Director of Nursing and Midwifery confirmed that the Tissue Viability Group was involved in relevant procurement processes.

The Board noted the update and were happy with the progress made.

**BD/18/09/13 Finance Report**

The Director of Finance provided an update on the finance position and noted that there had been a significant deterioration in the financial position in the last month, with the Trust being £2.5m adverse to plan. She explained that this was largely driven by income, and that this was potentially recoverable. She outlined steps being taken to improve this position.

There had been a reduction in non-allocated income and in elective activity, she had queried with divisions how it would be possible to create capacity to meet the elective activity.

The other area of pressure was on pay, largely driven by agency spend and the use of HCAs to cover gaps in the nursing roster. She outlined steps being taken to review and improve this position.

The final area of pressure was in QIPP. There remained gaps on red rated schemes, and a lack of delivery of transformational change. A 'Better Care, Better Value' Group had been established to try to drive these changes.

There had been slippage of £7.5m in the capital programme, but no significant risks were raised.

Jeremy Boss, Non-Executive Director, sought assurance that some of the position was recoverable. The Director of Finance confirmed that the income position was recoverable, as there was demand in the system. She was working with divisions to look at how capacity could be maximised. There was also things that could be done

to recover the pay position, although not entirely. The Director of Finance explained that the largest risk related to QIPP.

Joanna Hole, Non-Executive Director, asked for more assurance on how QIPP was being managed especially within the Estates and Facilities Division. The Director of Finance confirmed that opportunities within the division were high but that a large amount of change would be needed, there was a current issue with high turnover in senior management which was making it more difficult. The Director of Finance noted that both pressure and support was being provided to these areas.

Nigel Stevens, Non-Executive Director, felt that the Trust was now approaching a point where it needed to acknowledge that it may not hit its targets if it carried on in the same manner. The Director of Finance agreed, but noted that lots of action was being taken within the Divisions to ensure that they have very specific actions and that they were being delivered. She clarified that the aim was to deliver the control total, and that this can still be done even if not all QIPP was delivered, as long as income was recovered.

The Chief Executive outlined the implications of not delivering the control total, particularly on the Trust's capital plan. He confirmed that the Trust was not giving up on delivering its control total, and that the right plans were in place.

The Chairman summarised that the Board was noting a significant concern on the financial position, but noted that there were recovery plans in place. The Board must continue to monitor this in detail.

#### **BD/18/09/14&15 Operational Performance Report & 4 Hour Report**

The Chief Operating Officer presented both the Operational Performance Report and the 4 Hour Report and outlined the Trust's current position. Four performance metrics had triggered; 4 hours, RTT, Diagnostics and C.Diff. She clarified that the Trust was still within the annual tolerance for C.Diff.

The Chief Operating Officer noted that 4 hour performance had been pressured and remained below the national standard of 95%, ambulance conveyance rates had also increased. This was being looked at via the system A&E Delivery Board.

The Trust was still sustaining its RTT position and was continuing to improve its admitted backlog.

Diagnostics had exceeded the planned improvement trajectory. The Trust still benchmarked very well regionally.

The Chief Operating Officer confirmed that the Trust had failed the 62 day cancer target in the last month. This was being taken very seriously.

The local system had seen a deterioration in DTOC performance. She had sought some further information from system partners, and they were reporting workforce and capacity issues over the summer months, and domiciliary care capacity. The Chief Operating Officer had asked for more information on this last point, and expects to discuss this further at the A&E Delivery Board later in the week.

Finally, the Chief Operating Officer drew the Board's attention to the national letter annexed to the 4 hour report, and confirmed that the Trust had reviewed and actioned this.

The Director of People summarised the well-led elements of the Operational Performance report. She noted that with regards to vacancies, it was the Medicine Division that was most under pressure. This was having a knock-on effect on sickness absence in the same areas. There was a significant gap to be filled, and this was driving the increased spend on agency.

Joanna Hole, Non-Executive Director, queried what data was included in the 4 hour performance. The Chief Executive noted that there is no consistent treatment of MIU data. The Chief Operating Officer confirmed that this data was not pulled together locally; regulators do this at a national level.

The Chief Executive noted that there was a national move to change ED targets in the future. He also assured the Board that the Trust benchmarked at around average for waits in ED, which was an important patient experience metric.

The Chief Operating Officer confirmed that the FirstNet Task and Finish Group was meeting fortnightly to try and help IT prioritise the issues with firstnet within the Emergency Department.

Jane Scadding, Non-Executive Director, noted that a number of theatre sessions were lost in August. She queried whether this was due to leave. The Chief Operating Officer confirmed that this was a result of a new member of staff making a decision regarding staffing which had not been escalated. A new process had been put in place to ensure that this was escalated rather than decisions being made only locally.

Jeremy Boss, Non-Executive Director, noted that CT scanning was driving the performance in Diagnostics down. He asked the Chief Operating Officer to comment on the controls and mitigations in place. She confirmed that there were lots of actions being taken, but further work was required on workforce and on stemming both internal and external demand for this service. This was not a quick fix, but required in the longer term.

The Board noted the reports.

**BD/18/09/16 Winter Plan 2018/19**

The Chief Operating Officer provided the Board with an outline of the winter plan 2018/19. She noted that this was a high level summary of a much larger report that was approved at Management Board. There was some further work to ensure that it was triangulated to the high risk areas in the 4 hour report. A detailed presentation on this would be provided at the next A&E Delivery Board.

Joanna Hole, Non-Executive Director, queried whether there were some top actions that needed to be prioritised. The Chief Operating Officer advised that there was more work that could be done internally in the ED department. This could be on

admission avoidance, and work was being undertaken to increase the capacity of the “Flying Frailty Squad”. She confirmed that the Medical Director and Deputy Medical Director were leading a piece of work on the medical take, which involved a change in how job plans were looked at and how physicians interacted with emergency and acute medicine colleagues.

The Chief Executive noted that there were some external risks. One was the demand and capacity plan that was being led by commissioners. There was still no outputs of this work, which was disappointing. This analysis would tell us that we were not getting enough out of hospital capacity, but he was nervous that without this clear data soon, there would be limited opportunity to do anything about it. He also noted that the local council has accepted that it would not be able to achieve DTOC targets before winter.

The Commercial Director noted that the plan does contain specific information relating to the RNHRD, building on the issues discussed at the July Board Patient/Staff story. The Chief Operating Officer agreed, and identified the sections in the report that set out how this would play into the winter plan.

The Chief Operating Officer noted that one of the elective wards would become a non-elective ward, and steps were being taken to ensure that elective capacity was identified elsewhere.

The Board noted the report.

**BD/18/09/17 Estates and Facilities Sustainability Quarterly Report**

The Board noted the report.

**BD/18/09/18 Management Board Update Report**

The Board noted the Report.

**BD/18/09/19 Clinical Governance Committee Report**

The Board noted the report.

**BD/18/09/20 Non-Clinical Governance Committee Report**

Joanna Hole, Non-Executive Director noted that the Health & Safety system was assured as significant assurance, but this needed to be understood in the context of the work of the assurance committee. It did not mean that there were not H&S issues within the Trust.

The Board noted the report.

**BD/18/09/21 Governor Engagement Policy**

The Board approved the Governor Engagement Policy following the requested change on page 7 to ensure wording on Non-NHS income was consistent with the wording in the Constitution.

**Action: Board Secretary**

Author: Katie Maslen, EA to the Director of Finance	Date: 01 November 2018
Document Approved by: Brian Stables, Chairman	Version: 1.0
Agenda Item: 4	Page 12 of 13

Board approved the policy with this one change.

**BD/18/09/22 Chief Executive's Report**

The Board noted the Report

**BD/18/09/23 Chairman's Report**

The Board noted the report

**BD/18/09/24 Items for Assurance Committees**

No items were identified.

**BD/18/09/25 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 Chairman confirmed the date of the next meeting was Wednesday the 31<sup>st</sup> October and not the 21<sup>st</sup> as stated in the papers.

*The meeting was closed by the Chairman at 12:15.*

Author: Katie Maslen, EA to the Director of Finance	Date: 01 November 2018
Document Approved by: Brian Stables, Chairman	Version: 1.0
Agenda Item: 4	Page 13 of 13