



**BOARD OF DIRECTORS – PUBLIC MEETING**

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Friday 23 October 2020 at 09:15 via Star Leaf Video Conferencing**

- Present:** Suzy Brain England OBE - Chair of the Board (In the Chair)  
Mark Bailey – Non-Executive Director  
Karen Barnard - Director of People and Organisational Development  
Pat Drake - Non-Executive Director  
Rebecca Joyce – Chief Operating Officer  
Sheena McDonnell – Non-Executive Director  
Richard Parker OBE – Chief Executive  
David Purdue – Deputy CE and Director of Nursing & Allied Clinical Health Professionals (NMAHP)  
Neil Rhodes – Non-Executive Director and Deputy Chair  
Jon Sargeant – Director of Finance  
Kath Smart – Non-Executive Director
- In attendance:** Simon Brown – Associate Director of Nursing, Clinical Specialities Division (Item P20/10/C2)  
Ray Cuschieri – Deputy Medical Director  
Fiona Dunn – Company Secretary  
Marie Purdue – Director of Strategy and Transformation  
Emma Shaheen – Head of Communications and Engagement  
Katie Shepherd – Corporate Governance Officer (Minutes)
- Public in attendance:** Peter Abell – Public Governor – Bassetlaw (Item P20/10/A1 - P20/10/G1)  
Dennis Atkin – Public Governor - Doncaster  
Hazel Brand – Lead Governor/Public Governor – Bassetlaw  
Mark Bright – Public Governor – Doncaster  
Sophie Gilhooly – Staff Governor – Other Healthcare  
Marc Goddard - Healthcare Development Manager, Wound & Infusion Care UKI, ConvaTec (Item P20/10/C2 - P20/10/G1)  
Gina Holmes - Staff Side Chair  
Phil Holmes – Partner Governor – Doncaster Metropolitan Borough Council (Item P20/10/A1 - P20/10/C6)  
Geoffrey Johnson – Public Governor – Doncaster (Item P20/10/A1 - P20/10/C6)  
Steven Marsh – Public Governor Bassetlaw (Item P20/10/A1 - P20/10/C6)  
Susan McCreadie – Public Governor – Doncaster  
Victoria McGregor Riley – Partner Governor – Bassetlaw CCG (Item P20/10/A1 - P20/10/C6)  
Lynne Schuller – Public Governor – Bassetlaw  
Sue Shaw – Partner Governor - Nottinghamshire County Council (Item P20/10/A1 - P20/10/C6)  
Mary Spencer – Public Governor - Bassetlaw  
Clive Tattley – Partner Governor - CVS Bassetlaw
- Apologies:** Dr T J Noble - Medical Director

The Chair of the Board welcomed all in attendance at the virtual Board of Directors, and extended the welcome to the Governors and members of the public in attendance via the audience functionality.

**ACTION**

**P20/10/A1 Apologies for absence (Verbal)**

The apologies for absence were noted.

**P20/10/A2 Declaration of Interests (Verbal)**

No declarations of interest were declared.

***The Board:***

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

**P20/10/A3 Actions from Previous Meetings (Enclosure A3)**

All three outstanding actions were complete and therefore were closed.

***The Board:***

- ***Noted the updates and agreed which actions would be closed.***

**P20/10/C1 ICS Update (Enclosure C1)**

Following the presentation of the paper, Pat Drake asked if movement had been made in the implementation of a governance process in the ICS. It was noted that there had been a governance review with the informal look at the outcome to take place. Further workshops would be undertaken to review the detail of what the future arrangements would be. It was noted that centred work on the formal structure of the ICS had been commissioned, to reflect some known issues and challenges including what had worked well and what could be improved and how. The Chair provided assurance of the level of involvement taken in this review, and would provide feedback in due course.

It was noted positively by Sheena McDonnell that the ICS had undertaken work to support equality, diversity and inclusion with the implementation of key actions, and asked what involvement the Trust had in the establishment of a BAME steering group. The Director of People and Organisational Development advised that the Trust had committed to be part of the BAME nurse development programme, implemented a step up programme to encourage colleagues to run similar programme groups for wider group participation and appointed an Equality, Diversity and Inclusion Lead who would commence on post in November.

***The Board:***

- ***Noted the update from the ICS.***

**P20/10/C2 Learning Disability Strategy (Enclosure C2)**

Simon Brown outlined that in response to the four standards within the National Learning Disability Improvement Standards for NHS Trusts, launched in June 2018 by NHSI, the Trust had created a Learning Disability Strategy for 2020 – 2023. The four standards were:

- Respecting and protecting rights,
- Inclusion and engagement,
- Workforce,
- Learning disability services standard (aimed solely at specialist mental health trust's providing care to people with learning disabilities, autism or both).

The strategy had been considered at the Quality and Effectiveness Committee and any comments received had been used to amend the strategy accordingly. Pat Drake, asked that the Learning Disability Strategy be cross-referenced with the recent CQC report to identify if anything supplementary was required in addition. It was confirmed that this had been done.

In response to a question by Mark Bailey regarding evidenced outcomes, it was noted that the actions detailed in the strategy had been undertaken in part already and that it would be evidenced in colleagues aware of patients and being able to recognise individual needs. Colleagues should feel empowered to support patients with a learning disability to improve patient pathways and reduce complaints.

Kath Smart welcomed the strategy and asked how the achievement of 'Objective 7: Be compliant with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards' would be achieved. Simon Brown advised that this training was already part of Safeguarding Training to colleagues, and with the addition of Learning Disability Ambassadors, targeted training would commence which would include Annette's story.

Sheena McDonnell commended the strategy and noted that the presentation to the Quality and Effectiveness Committee provided assurance of the actions.

The Director of NMAHPs advised that the review of mental capacity act training formed part of the CQC assessment and following this the Trust formed pocket guides for colleagues to be aware of key things. Safeguarding training was under review and this included mental capacity act and deprivation of liberties training.

The Chair thanked Simon Brown for his presentation and the collective Board approved the Learning Disabilities Strategy for 2020 – 2023.

***The Board:***

- ***Approved the Learning Disability Strategy 2020 - 2023.***

**P20/10/C3 Covid19 Wave2 Plan (Verbal)**

The Chief Operating Officer presented to the Board to Covid19 Wave 2 Plan, which outlined that South Yorkshire had entered into wave 2 of Covid19 at a faster rate than in wave 1. Critical Care was proportionally lower than in wave 1 with the current rate at 3%. The peak during wave 1 was 6.5%. The challenges faced were workforce fatigue due to the extended response to Covid19, higher demand on beds with a constraint related to social distancing and the infection prevention and control challenge due to transmission and isolation issues. Substantial learning from wave 1 had informed planning for the winter period with positive features of preparations for wave 2 including: there were four-month' supply of PPE in the UK, the majority of which was manufactured in the UK which provided improved resilience. The Trust had also invested in additional critical care capacity which would provide further bed resilience throughout the winter period.

Trust priorities remained the same to provide safe care to patients in the order of emergency, urgent, cancer and routine planned care (according to chronological date). The health and wellbeing of colleagues would remain a priority whilst ensuring the Trust achieved quality standards whilst spending money wisely.

Neil Rhodes noted his confidence in the plan following the presentation and asked for reassurance of long-term resilience in the command structure and asked for clarification of what would trigger the step up of elective activity. The Chief Operating Officer advised that the current response was an enhanced operational response as opposed to the command and control structure used in wave 1. Additional leadership would be provided but it was confirmed that wave 2 would not currently be managed as a national Level 4 incident but a local one. The Executive Team would meet three times a week to provide rapid escalation as required. The Senior Managers on Call would change their work pattern to provide evening cover until 20:00. Leadership had been strengthened on the Bassetlaw site. The final Winter Plan would be presented to the Finance and Performance Committee on 27 October 2020 for formal oversight. The winter plan budget within the financial plan was £1.5m.

The Director of People and Organisational Development advised that the Information Team had looked at absence trends to identify if there was any correlation between the number of positive Covid19 patients in hospital or in the community. The outcome would be presented to the People Committee on 3 November 2020. Staff absence had increased over recent weeks. The wellbeing offer for colleagues had been revamped and leaders and managers would be supported to support their staff. The TLC line had been reconvened.

In response to a question from Mark Bailey regarding whether the use of the Nightingale Hospitals would take place during wave 2 and if there was movement on regional work, the Chief Operating Officer advised that collaborative work was taking place to provide joined up elective services. There were no current plans to open the Nightingale Hospital at Harrogate as there was no indication that the number of patients requiring ITU support would exceed that of the first wave, however this eventuality had been planned for.

Pat Drake noted that at the last Finance and Performance Committee a discussion took place regarding surge in ED attendance and whether this was due to challenges within Primary Care and access for the public to see GPs. In response to a question about the Primary Care Networks role in providing enhanced care packages to those with chronic conditions, it was noted that primary care were dealing with similar challenges to acute care in adapting to new ways of working, and that a local resilience forum had been recommenced to ensure that there was senior level interaction between partners. Further work was required to support the enhanced care packages for those with chronic conditions. A new bay would open on 26 October 2020 in the Emergency Department at Doncaster which would provide extra cubicles for patients.

In response to a concern raised by Kath Smart regarding the protection of colleagues via the use of asymptomatic screening, it was noted that as the region moved into Tier 3 of the Covid19 response, the Trust would gain access to mass testing analysers which would allow the process of 1,800 non-invasive saliva Covid19 tests per day with a results turnaround of 2 hours. This would be alongside the increased PCR testing and point of care testing on all sites which would allow for immediate action to isolate positive colleagues and patients.

Following a question regarding the support to care homes by Pat Drake, the Director of NMAHPs confirmed that the Trust had two senior individuals that had supported care

homes within all four localities in Doncaster and had provided proactive education virtually and support in the assessment of any outbreaks to ensure that it was managed efficiently.

In response to a query from Sheena McDonnell regarding Occupational Health capacity, the Director of People and Organisational Development advised that Occupational Health support through the pandemic had relied heavily on staff redeployment and the Trust continued to review how this would be managed. It was noted, however, that the support that the Occupational Health team provided regarding the personal risk assessment forms in wave 1, would be managed by respective managers and leaders through ongoing wellbeing conversations.

The Chair was assured that learning from wave 1 had informed the planning for winter and wave 2 of the Covid19 pandemic, and wished to extend the Board's thanks to all colleagues working hard to support patients and the community.

***The Board:***

- ***Noted the update on the Covid19 Wave2 Plan.***

**P20/10/C4 Winter Plan (Enclosure C4)**

This was discussed as part of Item P20/10/C3.

***The Board:***

- ***Noted the update on the winter plan.***

**P20/10/C5 NHS Core Standards for Emergency Preparedness, Resilience and Response (2020-21)  
(Enclosure C5)**

Kath Smart, Chair of the Audit and Risk Committee advised that the Committee had received this document on 22 October 2020, which outlined the detailed arrangements for business continuity and remote working. The Committee were assured and recommended the paper to the Board for approval.

The Chief Operating Officer advised that this annual statement was provided to assure colleagues of the Trust's emergency preparedness, resilience and response and noted that this had been incorporated in the Covid19 Wave 2 response.

***The Board:***

- ***Approved the NHS Core Standards for Emergency Preparedness, Resilience and Response (2020-21).***

**P20/10/C6 EU Exit Update (Enclosure C6)**

The UK would leave the EU as planned on 31 December 2020, however noted the significant risk for the Trust whilst dealing with other pressures such as the Covid19 pandemic and winter pressures. Other considerations include the risk of delays at ports which could result in a build-up of lorries at ports and on the surrounding road networks. It was unknown what impact this would have on suppliers. The EU Governance Group would reconvene from November 2020 to discuss the Trust's preparedness and any emerging issues. It would continue to be reported to Board throughout November and December.

**The Board:**

- **Noted the EU Exit Update.**

**P20/10/D1 Nursing, Midwifery and Allied Health Professional Update (Enclosure D1)**

Following a number of falls in month, a review of the current falls risk bundle had commended and would be rewritten to simplify the process. Pat Drake requested that information on trend patterns be provided within the falls report, in addition to the discussion points on learning from falls.

**Action: Information on trend patterns would be included in the Falls section of the Director of Nursing, Midwifery and Allied Health Professionals update to Board.** DP

**The Board:**

- **Noted the information in the Nursing, Midwifery and Allied Health Professional Update.**

**P20/10/D2 Medical Director Update (Enclosure D2)**

The Deputy Medical Director was in attendance on behalf of the Medical Director. And provided an update to the Board. HSMR data for May, June and July demonstrated an increase, which was related to Covid19. The monthly HSMR was influenced by associated comorbidities as well as the ratio of deaths to discharges.

The Medical Examiner appointments have now been completed and this had enhanced the process of scrutinising deaths. The Medical Examiner team had provided independent scrutiny of over 90% of deaths that occurred within the Trust and were approaching the achievement of the 100% target.

Further guidance had been received from the Risk Stratification Assurance Body in regards to ensuring that elective waiting lists and performance were managed at system as well as Trust level to ensure equal patient access and effective use of facilities. The Trust had therefore uploaded the validated and risk stratified admitted patient waiting list so that it could be reviewed at a regional level.

A discussion took place regarding the completion of the 'interest declaration form' by medical staff as current compliance was 37.5%. Neil Rhodes highlighted that this was a poor level of compliance by medical staff when other staff groups were 90%+ compliant. It was agreed that the Medical Director would need to address this to improve the position. Pat Drake advised that the Divisional Directors could support this.

In response to a question from Sheena McDonnell regarding the approach to medical staff appraisal and if wellbeing formed part of that discussion, the Deputy Medical Director advised that a decision was taken not to utilise the revised documentation for medical appraisals, on the basis that it was a good opportunity to consider achievements. The Chair emphasised that appraisals were not only an opportunity to discuss CPD and revalidation but an opportunity to ensure that each colleague was aligned to working towards the Trust values and achievement of objectives, and wellbeing discussions were an important part of this. The Chief Executive echoed that all staff had moved to a process where values and objectives form part of the appraisal discussion.

Sheena McDonnell noted that it did not appear that there was much use of telemedicine in the outpatient performance report, given the conversations regarding innovation. The Trust had undergone a significant change since the start of the Covid19 pandemic, in the use of technology and discussion were ongoing how this could further develop.

**Action: Action was required from the Medical Director to improve the compliance of the completion of the 'interest declaration form' by the medical staff group. A plan to achieve an improved position would be included in the Medical Director Report for November 2020.** TN

**The Board:**

- **Noted the information in the Medical Directors Update.**

#### **P20/10/D3 Performance Update – August 2020 (Enclosure D3)**

The Chief Operating Officer provided the highlights of the performance report for August 2020. There were ongoing pressures with 4-hour access, however the Trust reported an achievement of 88.6% against a national target of 95%, which was higher than national the national average. Improvements were made on RTT and Diagnostics as elective activity had increased, however further improvements were required. The 52-week wait position was challenging with 278 reported breaches in August 2020, which was ahead of the trajectory submitted to NHS England. Cancer performance remained positive. It was noted that the Integrated Quality and Performance Report included new metrics related to Covid19 activity, but included trends over time against performance from the previous year.

**The Board:**

- **Noted the Performance Update.**

#### **P20/10/D4 People and Organisational Development Update (Enclosure D4)**

The Director of People and Organisational Development presented the Workforce Report for month-4 which highlighted that there had been an increase in absence rates and a detailed analysis would be presented to the People Committee on 3 November 2020. Due to the time lag of colleagues receiving their Covid19 test results, the opening of the swabbing station at weekends would be reviewed. Good progress had been made with the uptake of the flu vaccination by colleagues. There had been a small improvement of the number of appraisals undertaken, which would continue throughout September and October. Following the successful international recruitment of nurses in early 2020, there would be a further two cohorts of international nurses to commence in post in the new year.

Following the disappointing numbers sent to the Trust following the 'Bring Back Staff' campaign during wave 1 of the Covid19 pandemic, the Trust would take part in a second campaign. It was noted that the ICS received 20% of all staff returning to NHS trusts during wave 1 of the Covid19 pandemic, which was higher than the national average, however the Trust received very low numbers.

Following a request from the Chair on what efforts were in place for the recruitment of substantive service assistants, the Director of People and Organisational Development advised that it was a challenge to recruit to the posts requires due to the timing of shifts, but efforts would continue. It was noted that the Trust would look at how it could safely

reduce the time lag between the pre-employment checks and new starters commencing in post.

Kath Smart noted that pre-Covid19 there had been a focus on statutory and essential training and appraisals following the CQC visit, and although training and paused and restarted with the majority of training taking place via eLearning, asked that as the Trust moves operationally into wave 2 of the Covid19 pandemic, how the regulators would view the potential drop in compliance. The Director of NMAHPs advised that statutory and essential training would continue and for staff and they would be encouraged to undertake eLearning.

Following a question from Mark Bailey regarding the use of trainee nurses in wave 1, it was confirmed that placements had increased from 161 to 237 so discussions would take place with universities to understand the breakdown of students. An ask would be that the placements were staggered as due to current operational challenges the Trust may have the ability to supervise the numbers it previously had. It was confirmed that there were no current plans to utilise trainee nurses in wave 2 as they had been during wave 1 of the Covid19 pandemic.

The Chief Executive suggested that there be a presentation to the People Committee on the absence data to provide an understanding on the different types of absence.

**Action: Further analysis of absence data would be presented to the People Committee to identify the different types of absence.** KB

**The Board:**

- **Noted the information in the People and Organisational Development Update**

**P20/10/D5 Finance Update – September 2020 (Enclosure D5)**

The Director of Finance provided an update on the financial position for month-six, which outlined that the Trust's deficit before the retrospective top-up was £3.1m, as had been the case in previous months. The year-to-date financial position was a £5.2m deficit before the retrospective top-up. The main movement in month related to the payment of the Medical Pay Award of c£900k (that also included five months of backdated pay award to the beginning of the financial year) and the increase in costs associated with the restarting of activity per Divisional plans.

The Trust would reset its budget and financial plan for the new national financial arrangements that commence from month-7.

The Trust reported a cash balance of £61.6m at month end, which remained high as the Trust received two months' worth of block income in April 2020. Clarification on when the extra months income received in advance would be requested back was yet to be agreed nationally, however the Trust would receive at least two-month' notice ahead of any movement.

Capital expenditure was reported as £1.3m spend in-month which was £3.3m behind the £4.6m plan.

Neil Rhodes noted the increasing dependency on the ICS and other colleagues, and asked for clarity on how the increase in elective activity would impact finances moving forward. It was noted that the Trust would undertake its business in line with patient and colleague safety and spending public money wisely so that the Trust would be in a strong position in



2021/22. The Chief Executive noted that the priority for the Trust was to improve patient experience, achieve the highest level of quality and care and effective use of public money.

Following a request from the Chair for clarity on further estates work required and whether this had been accounted for in the plan, it was confirmed that the Trust was awaiting further information of when the funding for wave 1 capital expenditure would be received. It was expected that information would be received within the next month. Any further capital works were to assist with infection, prevention and control measures and were much smaller works than in wave 1.

***The Board:***

- ***Noted the information in the Finance Update – September 2020.***

**P20/10/D6 Patient Story (Enclosure D6)**

The Director of NMAHPs introduced the patient story of a lady called Annette who sadly died in 2014, which led to an independent investigation by Niche Health and Social Care Consulting Ltd, commissioned by RDASH with involvement from the Trust, Doncaster CCG and Doncaster Council. The main purpose of the independent investigation was identify lessons from this case to effectively prevent recurrence. The report found failings across all organisations involved and highlighted key areas for improvement, including:

- Awareness of the risk of diagnostic overshadowing in people with a learning disability and assuring accurate descriptions of symptoms,
- Listening to and engaging meaningfully with families, and taking seriously their concerns and complaints,
- The application of the Mental Capacity Act and Mental Health Act,
- Ensuring the regular review of psychiatric medication including high doses.

It was noted by the Board that this was a historical case and significant changes had taken place since this case, including, but not limited to the introduction of flow balance charts and different colour lids on water jugs to indicate fluid balance, the introduction of e-observations and Nerve Centre.

The Trust had worked closely with the family of Annette, and had agreed to share their story on film and the effects that it had on them, for learning purposes.

In response to a query from Kath Smart regarding the implementation of a flagging system in January 2020, which would enable all patients with a learning disability to be easily identified by Trust Acute Learning Disability Nurses, the Director of NMAHPs advised that this system worked well from feedback from the Acute Medical Unit. Other measures implemented were that it was clear how patients wished to be communicated with. Learning Disability Ambassadors worked at weekends and out-of-hours to support throughout.

The Chair extended the Boards thanks to the family of Annette for sharing their story and working together with the Trust to improve care.

***The Board:***

- *Noted the information provided in the Patients Story.*

**P20/10/G1 Corporate Risk Register (Enclosure G1)**

The Board were assured that the Corporate Risk Register had been considered appropriately at the Board Committees.

***The Board:***

- *Considered and noted the information in the Corporate Risk Register.*

**P20/10/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)**

Finance and Performance Committee – 29 September 2020

No questions were raised.

Quality and Effectiveness Committee – 29 September 2020

No questions were raised.

***The Board noted the update from the:***

- *Finance and Performance Committee on 29 September 2020*
- *Quality and Effectiveness Committee on 29 September 2020*

**P20/10/H1 Information Items (Enclosures H1 – H6)**

-H6

***The Board noted:***

- *The Chair and NEDs Report;*
- *The Chief Executives Report;*
- *Minutes of the Finance and Performance Committee – 28 July 2020,*
- *Minutes of the Quality and Effectiveness Committee – 28 July 2020;*
- *Minutes of the Management Board Meeting – 10 August 2020 and 14 September 2020;*
- *Minutes of the Public Council of Governor Meeting – 23 July 2020.*

**P20/10/I1 Minutes of the Meeting held on 15 September 2020 (Enclosure I1)**

***The Board:***

- *Received and Approved the Minutes of the Public Meeting held on 15 September 2020.*

**P20/10/I2 Any Other Business (Verbal)**

New Build Update

The Chair of the Board advised that although the new build hospital for Doncaster had not been announced as part of the hospital infrastructure plan, the Trust would continue its endeavours for a potential new build hospital and would identify which protocols would be

followed to ensure that should the opportunity arise, the Trust was in a position to participate.

**P20/10/13 Governor Questions Regarding the Business of the Meeting (Verbal)**

P20/10/13(i) Hazel Brand

The Lead Governor asked on behalf of the Council of Governors:

Does the Board expect that patients would be updated as to when their treatment would be planned to commence? And would there be monitoring in place and reports available?

The Chief Operating Officer advised that all patients whose treatment was delayed were contacted initially via text, and would receive further communications regarding their care. The Trust would continue to work with the Primary Care Network to jointly review some patients care plans. The monitoring of patients was done so via the Ethical Framework Committee as part of its recovery efforts and checks were undertaken on patients regularly to see how they are. Performance data was reported as part of the Integrated Quality and Performance Report each month.

There was a perception that the Trust was not doing as much working from home, where possible, as in other Trust's in South Yorkshire and wondered what the Trust Policy on this was? And following the report regarding NHS workers requiring time to recharge their batteries, what additional measures would be implemented?

The Director of People and Organisational Development advised that colleagues had been asked to return to site to ensure that there remained a team connection, however as South Yorkshire had moved into Tier 3 regulations, a focus had been taken on the 'work from home' guidance, but would include that there must be regular presence on site where required to support front line services. Working from home was encouraged where colleagues can appropriately fulfil their role.

It was advised that colleagues were encouraged to take annual leave to recharge, but that the offer for staff to carry over their annual leave was an option, as some colleagues were reluctant to take time off as they were unable to take holidays away from home. Wellbeing conversations formed part of the line manager's role to ensure that all colleagues were well.

The Chief Executive noted that not all colleagues have the opportunity to undertake their role away from site and therefore the primary responsibility was to ensure that they were supported to do their roles. The 'work from home' guidance would take effect but noted that there was a 24/7 requirement for additional administration and support functions.

The Chair thanked the Council of Governors for the higher levels of participation seen in all governor activities via virtual technology, and noted that the Trust would showcase its use of virtual technology at the Governwell Annual Conference.

It was noted that since the Annual Members Meeting video was made public there had been over 12,000 hits.

The Lead Governor wished to thank all colleagues for their hard work during wave 1 of the Covid19 pandemic and continued efforts through wave 2.

**The Board:**

- *Noted the comments raised, and information provided in response.*

**P20/10/I4 Date and Time of Next meeting (Verbal)**

**Date:** Tuesday 17 November 2020

**Time:** TBC

**Venue:** Star Leaf Videoconferencing

**The Board:**

- *Noted the date of the next meeting.*

**P20/10/I5 Withdrawal of Press and Public (Verbal)**

**The Board:**

- *Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.*

**P20/10/J Close of meeting (Verbal)**

The meeting closed at 12:20.



**Suzy Brain England  
Chair of the Board**

**Date  
2<sup>nd</sup> November 2020**