

**BOARD OF DIRECTORS – PUBLIC MEETING**

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 15 December 2020 at 09:30 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  
Dr T J Noble - Medical Director  
Richard Parker OBE – Chief Executive  
David Purdue – Deputy Chief Executive and Chief Nurse  
Neil Rhodes – Non-Executive Director and Deputy Chair  
Jon Sargeant – Director of Finance  
Kath Smart – Non-Executive Director
- In attendance:** Fiona Dunn – Deputy Director Corporate Governance/Company Secretary  
Lois Mellor – Director of Midwifery (Item P20/12/B1)  
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)  
Hazel Brand – Lead Governor/Public Governor – Bassetlaw  
Mark Bright – Public Governor – Doncaster  
David Goodhead – Public Governor - Doncaster  
Lynne Logan – Public Governor - Doncaster  
Steven Marsh – Public Governor Bassetlaw (Item P20/12/C1 onwards)  
Susan McCreadie – Public Governor – Doncaster  
Lynne Schuller – Public Governor – Bassetlaw
- Apologies:** None

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**

The Chair advised that if members of the public and Governors in the audience had any questions arising in relation to the business of the meeting, which were not answered in the meeting, they could contact the Trust Board Office and all answers would be collated for tabling at a future CoG meeting.

**P20/12/A1 Apologies for absence (Verbal)**

There were no apologies for absence.

**P20/12/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.***

**P20/12/A3 Actions from Previous Meetings (Enclosure A3)**

The following actions were closed:

- Action 1 – Council Motion on Climate and Biodiversity Emergency
- Action 2 – Falls Trends
- Action 3 – Falls Trends reporting to the Quality and Effectiveness Committee
- Action 4 – Hospital Acquired Pressure Ulcers at the Quality and Effectiveness Committee
- Action 5 – Completion of Personal Risk Assessment Forms at People Committee
- Action 6 – On-Call Accommodation Rooms

***The Board:***

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

**P20/12/B1 Chief Nurse Update (Enclosure B1)**

The Chief Nurse provided an update on November 2020 which included that the Trust had seen challenges with staffing levels, however noted that efforts had been made to ensure wards were safely staffed on a 24-hour basis. An action plan had been agreed to address learning from falls and the fall strategy had been rewritten in response to an increase in falls which included the implementation of an enhanced falls team and re-established virtual training session for colleagues. There were three cases of clostridium difficile in November, two of which were hospital associated however it was identified that there were no lapses in care.

There had been a continued focus on the Board Assurance Framework for Infection Prevention and Control which had been renewed to include the operational changes made in preparedness for wave 2 of the Covid19 pandemic. This work had taken place at place level to ensure that organisations were working towards the same methods.

Pat Drake assured the Board that work on complaints would continue to move at pace and a deep dive would take place at the Quality and Effectiveness Committee on 2<sup>nd</sup> February 2021. Sheena McDonnell acknowledged that the Trust had continued to respond to complaints during the Covid19 pandemic when it had the option not to, however noted that unless the Trust was able to fulfil the responses in a timely manner it was not effective. Sheena McDonnell asked that any further update provided to the Quality and Effectiveness Committee regarding falls include the investment made into supporting the work and how learning from falls would result in an avoidance of further falls.

In response to a question from Kath Smart about the key lines of enquiry that the Trust Board would have oversight of ongoing outbreaks and action plans, it was confirmed by the Chief Nurse that details were included in the monthly reports to Board, and advised that further works had taken place to make environments Covid19 safe and social distancing rules were continually reiterated to colleagues. The Chief Executive advised that the CQC would undertake a targeted infection prevention and control review as a result of lessons learned during wave 2 of the Covid19 pandemic and noted that the Trust had made significant changes between wave 1 and 2 as there was a deeper understanding of asymptomatic carriage and transmission. It was noted, however that where the Trust saw Covid19 outbreaks, this was in areas where the estate was significantly older, and environmental changes were limited.

It was agreed, following a request from Mark Bailey that the Chief Nurse would provide a report on the effectiveness of learning from serious incidents, over the previous 18-months. This would be in the context of a changed landscape due to the Covid19 pandemic.

In response to a query from Sheena McDonnell regarding patient discharge to care homes, it was advised that the strategy was in place to support patients to return to their home. Further work would be undertaken at Bassetlaw, however noted that there were no delays in patient discharge to care homes.

The Board wished to congratulate Ian Dawson and Hayley Head, two Trust Optometrists that had been successful in the completion of their IVT injection training, which allowed them to run independent clinics. This extended role had historically been undertaken by nursing staff and it was noted that there were only five Optometrists in the country who undertake this role.

### Maternity Update

The Trust had received the outcome of the Ockenden Review which provided key actions to be undertaken. A gap analysis had been commenced to inform action planning.

The Chief Nurse welcomed the Director of Midwifery to the meeting. The Director of Midwifery provided the Board an update on transformation programme in Maternity Services driven by the NHS Long Term Plan and the Better Births (2016). There were five work streams as part of the transformation programme:

- Continuity of Carer,
- Maternity voices partnership involvement,
- Improving outcomes,
- Personalised care plans,
- Improving choice of place of birth.

Continuity of Carer, refers to the implementation of a dedicated midwife following pregnant women throughout their entire pregnancy and after care, which would impact the midwifery workforce but improve the continuity of care. This would be rolled out at Bassetlaw in February 2021.

Areas for improvement were identified in the report which included an increase in planned homebirths, the number of emergency caesarean sections undertaken, 3/4<sup>th</sup> degree tears, a reduction of induction of labour, breastfeeding initiation and a reduction of smoking in pregnancy. It was noted that the Trust had the lowest stillbirth rate in the region.

An internal dashboard had been created which included both Trust and national data which allowed for monitoring of compliance against other Trusts.

Midwifery staffing was a challenge however, as signed off within the workforce planning tool in use, Birthrate+, a skill mix can be applied to use band 3 Midwifery Support Workers of up to 10%. A plan was in place to increase the numbers of midwives in training, however the effect would not be seen for three-years.

The collective Board noted the impressive quality improvement events held by Maternity Services and the positive steps taken to transform the services.

In response to a question from Kath Smart, the Director of Midwifery advised that the Trust did not have in place a Midwife led unit, however championed that a resolution be found to this as it would be significantly beneficial for pregnant women.

Following a question from Kath Smart regarding the confidence that the Trust would meet the CNST (Clinical Negligence Scheme for Trusts), it was confirmed that due to the COvid19 pandemic, submission dates and standards had been changed several times. It was expected that the submission would be dated for July 2021. It was noted that the Trust was confident it would meet all standards, with the potential exception of 'maternity voices partnership' as submission period was from December 2019, and although the Trust had recently secured the Chairs for the meetings to commence, the requirement to meet the standard included approved terms of reference and minutes of meetings on a quarterly basis.

Since Maternity Services had returned to Bassetlaw, colleagues and pregnant women under their care were delighted, however it was noted that during the months that Doncaster and Bassetlaw were merged to one site due to the Covid19 pandemic, this had created an opportunity for team building and increased communication between the two units.

Pat Drake noted that during her tenure she had witnessed the positive changes made in the care delivered to women including that of the cultural change. Pat Drake asked for clarification on how the use of band 3 Midwifery Supports Workers would be evaluated and it was confirmed that the Board would continue to receive a bi-annual Midwifery report that would include this.

It was agreed that the Quality and Effectiveness Committee would be in receipt of the action plan identified from the gap analysis against the Ockenden Report on 2 February 2021.

The Board of Directors noted that the Trust had been in receipt of the Ockenden Report and that there was a plan in place to address the key findings, as already commenced by thr Chief Nurse through a gap analysis, as the Trust was required to formally respond to NHSEI to indicate how it would take the key findings forward. A full action plan would be presented to the Quality and Effectiveness Committee on 6<sup>th</sup> April 2021 and to the Board of Directors on 18<sup>th</sup> May 2021.

The Chair asked that the Communications and Engagement Team continue to spread good news stories including that of the great work undertaken within Maternity Services.

It was noted following a query from Mark Bailey, that monthly audits were undertaken on the number of still births and the reduction in them would form part of the sustainability and transformation of maternity care within the Trust.

The Board thanked the Director of Midwifery for the comprehensive update and commended the work undertaken so far to transform maternity services.

*The Director of Midwifery left the meeting.*

***Action: A report would be provided to the Board in March 2021, on the effectiveness of learning from serious incidents, over the previous 18-months. This would be in the context of a changed landscape due to the Covid19 pandemic.*** DP

***Action: The Quality and Effectiveness Committee would be in receipt of the initial action plan identified from the gap analysis against the Ockenden Report on 2 February 2021. The final action plan would be reported to the Quality and Effectiveness Committee on 6<sup>th</sup> April 2021 and to the Board of Directors on 18<sup>th</sup> May 2021.*** DP

***Action: The Chair asked that the Communications and Engagement Team continue to spread good news stories including that of the great work undertaken within Maternity Services.*** ES

***The Board:***

- ***Noted and took assurance from the Chief Nurse Update;***
- ***Noted that the Trust had been in receipt of the Ockenden Report and had commenced the gap analysis to identify steps for taking forward any actions.***

## **P20/12/B2 Medical Director Update (Enclosure B2)**

As of 20<sup>th</sup> November it was reported that the monthly and overall rolling HSMR continued on a downward trend at 102.76 in line with crude mortality, although it was noted that this did not reflect the second wave of the Covid19 pandemic. Since the establishment of the Medical Examiner's Office at the beginning of the year, 86% of deaths had been scrutinised, which had incurred positive feedback from bereaved families as it provided additional communication and explanations. Medical colleagues had also noted a greater benefit from the implementation of the team. Pat Drake noted the significant challenges that the Medical Examiner Office team experienced in the context of an achievement of 86% of all death scrutinised, which was involved multiple teams and individuals. This was during a period where families of patients were unable to visit on site, unless in exceptional circumstances which was difficult for them.

The Trust achieve 30% against an expectation of 0% for completed medical appraisals and these would continue wherever possible. Although medical revalidation was postponed for 12-months from March 2020, the Trust had continued to review where possible and had recommended 29 clinicians for revalidation to the GMC.

The declaration of interests by medical staff had reached 64.2% to date, and further correspondence would be circulated to those yet to complete it. Neil Rhodes thanked the Medical Director for his continued focus on this matter.

It was noted that the Clinical Audit and Effective Committee terms of reference were under review to ensure the outputs were focused on closing the loop on activity undertaken by the Committee.

Kath Smart welcomed a continued focus on clinical audit and effectiveness and noted that further reporting on outcomes on improvement and sustained improvement would be further welcomed. The Medical Director advised that there was a volume issue as audit appeared in speciality governance and work was required to relay this through other tiers of the organisation. It was agreed that the Medical Director would provide an update on clinical audit and effectiveness following the receipt of the Annual Clinical Audit Report to Quality and Effectiveness Committee in April 2021.

***Action: The Board would receive an update on clinical audit and effectiveness following the receipt of the annual clinical audit report at the Quality and Effectiveness Committee on 6<sup>th</sup> April 2021.*** TN

***The Board:***

- ***Noted and took assurance from the Medical Director Update.***

#### **P20/12/C1 Our People Update (Enclosure C1)**

The roll out of lateral flow testing for colleagues had continued, led by the Director of Strategy and Transformation. To date, there was a positive Covid19 return rate of 0.79%. Those individuals then undertaken a PCR test to confirm the positive result. The Trust saw an increase in sickness absence for October, in particular for Covid19 related absence, however this had reduced significantly over the previous six-weeks, and the up to date position at 13 December was 9.36% absence, 3.88% of which was Covid19 related absence.

The Trust continued to offer the flu vaccination to colleagues and have vaccinated over 4,000 staff to date, which was the second highest rate in the region.

Following the final validation of the staff survey results to remove leavers of the Trust from the final response, it was confirmed that there had been a 50.3% response rate which was a good response rate.

An update was provided on the Covid19 vaccination programme. It was anticipated that the Trust would receive vaccines in the new year, however noted that extremely clinically vulnerable staff had been offered any spare vaccines from the national programme that had commenced to prioritise the over 80 group, care home residents and care home staff. Everyone in receipt of the vaccine would be required to wait for 15-minutes following the vaccination as a precautionary measure.

Sheena McDonnell asked that the People Committee consider why the appraisal rate was low, considering the implementation of the wellbeing appraisal.

Sheena McDonnell acknowledged the good work that had contributed to the flu vaccination programme and the staff survey responses and noted that the People Committee would review people practices at its 12<sup>th</sup> January meeting.

**Action: The People Committee would consider and review why the appraisal rate was lower than anticipated.** KB

**The Board:**

- **Noted and took assurance from the 'our people' update.**

**P20/12/D1 Performance Update – October 2020 (Enclosure D1)**

The Trust reported that it was behind in-month on its phase 3 elective activity plan. 393 52-week breaches were reported against a target of 363 in-month. RTT remained a challenge at 64.9% for October 2020, however it had improved in-month as the Trust reported 10% ahead of peer/national benchmarking for RTT. The Trust achieved 58.8% against a target of 99% for diagnostics and 76.0% against a target of 95% for 4-hour access. There had been challenges in ambulance pathways and the Trust continued to work with YAS to identify how this could be improved. ECIST would provide support in late January. The cancer position for September was reflective of the impact of Covid19 and the Trust achieved 2 out of 3 31-day nationally reported measures and 1 out of 3 62 day measures.

It was noted that the delivery of performance measures were a challenge due to the impact of the Covid19 pandemic and a continued focus would be taken on the increase of outpatient throughput, a broader focus on elective restoration, key long-term work within the emergency pathway. Guiding principles throughout this period remained safety and sustainability.

Kath Smart advised she had visited the Emergency Department the previous week and advised it was positive to see the progression of the works, in particular the early senior assessment unit. In response to a question from Kath Smart regarding trolley waits, it was confirmed that the Trust had not reported any 12-hour trolley waits, however there had been an increase in 4-12 hour trolley waits. Guidance had recently changed from NHS England regarding the reporting of 12 hour trolley waits and the requirement for a harm review. A system is in place already in ED to review patients waiting for an extended period of time for a bed. It was agreed that further detail on extended waits be provided to the Finance and Performance Committee on 19 January 2021. The Chief Nurse confirmed all patients were moved onto a bed if experiencing an extended wait for admission in ED.

In response to several questions from Pat Drake it was confirmed that discussions regarding the quality of breast referrals with CCG had taken place. The Chief Operating Officer agreed to provide information to Pat Drake regarding whether improvement had yet been seen systematically. To tackle increasing DNAs, in some services a pre-call service had been introduced following an increase in non-attendance at appointments. Further work was still required. Efforts continued with YAS on issues relating to batching of ambulances and comparative data, a recent meeting had been held with YAS and comparative performance on relative performance had been requested. It was noted that as referrals were 42% less than the same period last year, this would inform capacity and demand projections for quarter-4 and beyond as it was expected that there would be an increase as a result of demand that is currently not presenting. Work was ongoing with the Primary Care Network to identify alternative services in the community and ongoing with the ICS to collectively deliver services where there were challenges. It was agreed that Communications and

Engagement would continue with messages to the public to keep appointments or cancel ahead if unable to attend.

The Chief Nurse advised that there were 18 outliers reported that day at DRI, with IPC requirements driving careful management of all these patients. . It was agreed that further detail would be included in at the next Board meeting.

**Action: Further detail on trolley waits be provided to the Finance and Performance Committee on 19 January 2021.** RJ

**Action: The Chair asked that the Communications and Engagement Team continue to spread the message to members of the public to keep their appointment or to cancel ahead if unable to attend. To include measures taken to keep them safe whilst at their appointment.** ES

**Action: Further detail and assurance would be provided on outliers at the next Board meeting.** DP

**The Board:**

- ***Noted and took assurance from the performance report for September 2020.***

#### **P20/12/B2 Finance Update – November 2020 (Enclosure B2)**

The Trust's surplus for month 8 (November 2020) was £0.1m before any fines related to the Elective Incentive Scheme (EIS). The position would have been a £0.7m deficit after potential fines of c. £0.8m in month.

The in-month financial position was c. £1.6m favourable to plan before potential fines and £0.8m favourable to plan after fines. The favourable variance in month against plan continued to be driven by activity being lower than Divisional plans, business cases/commitments not being spent in month, vacancies and non-clinical income being above plan (mainly relating to non-recurrent education funding received in month). However, there had continued to be an increase in the pay and non-pay expenditure run rate with an increase in spend of £0.8m from month 7 to month 8.

Capital expenditure spend in month 8 was £2.7m which was £1m behind the original £3.7m plan. YTD capital expenditure spend was £13.3m, and included the Covid19 capital spend of £1.5m. This was £4.4m behind the £17.7m plan as a result of the original phasing of the HSDU scheme in the Critical Infrastructure plan (£2.8m), a delay in progressing the Critical Infrastructure projects (£1.0m) and a delay in progressing some of the IT schemes (£0.6m).

The cash balance at the end of November 202 was £65.5m which remained high due to the Trust receiving two-month' worth of block income in April 2020.

**The Board:**

- ***Noted and took assurance from the finance update for October 2020.***

#### **P20/12/D3 Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)**



## Winter Update

A winter update was provided which highlighted that the current rate of Covid19 admissions had slowly declined from towards 40% bed occupancy, although remained high at up to 30% occupancy in recent weeks, and it was expected that this would leave residual numbers of patients as the Trust moved into January 2021 and a potential wave 3 of the Covid19 pandemic.

Significant challenges remained related to additional infection, prevention and control measures and workforce absence. Category 1 and 2 elective work has been maintained through Wave 2. Further elective capacity was being stepped up on 15 December following the easing of critical care pressures and therefore some staff being redeployed back to theatre. There were ongoing critical care and surgical mutual aid arrangements were in place. Enhanced leadership arrangements were in place for during the festive period. It was noted that members of the public played a vital role in the support in preventing the spread of Covid19.

Following a question from Neil Rhodes regarding nosocomial transmission, it was confirmed that this was reported as part of the Chief Nurse report. All admitted patients received a Covid19 test at day-1, day-3 and day-5. Only tests that were positive from day-6 onwards were reported as a nosocomial transmission.

The Chief Operating Officer advised, following a question from Mark Bailey, that the data presented, demonstrated a slow decline of the rolling 7-day average of new Covid19 admissions to the Trust. Recently, the number of discharges were at a similar level to admissions. It was noted that length of stays for Covid19 were lower than in wave 1.

## Elective Planning April 2021

The Chief Nurse outlined the Trusts approach to planning activity for April 2021 onwards however noted that the planning guidance had not yet been received from NHSEI. The Trust would focus on the recovery of elective activity to pre-pandemic levels which would include a reduction in the backlog of activity. Maximum use of capacity would be utilised across the system and there would be an outpatient's reform where face-to-face appointments would only take place where there was a requirement. There would be an effort to minimise inequality and there would be a targeted approach to high priority pathways. A programme of work had been identified and would make use of transformational opportunities. A governance structure would be implemented to ensure successful delivery. It was noted that plans were to be finalised by February as rotas were to be in place six-weeks before 1<sup>st</sup> April 2021.

In response to a comment by Pat Drake, that the workforce challenge could not be underestimate, the Chief Nurse advised that workforce planning would form a comprehensive part of this process. A review of capacity was underway and this would inform workforce planning. The Trust would undertake the overseas recruitment process with a view to recruit nurses with Theatre experience. The A piece of work was underway for 'outstanding organisation, outstanding divisions' which would ensure that all divisions have robust workforce plans. This would be reported through the Quality and Effectiveness Committee for assurance.

Following a question from Mark Bailey in relation to the wellbeing of colleagues, it was confirmed that colleagues were encouraged to take annual leave to rest and recharge. Colleagues in redeployed roles were provided with the right support during that process and wellbeing support had been increased to colleagues through the Vivup scheme.

The Chief Executive advised that the Trust would balance the achievement of quality standards against ensuring that services were responsive, and that patient needs were fully met.

Following a query from Sheena McDonnell, it was noted that there would be an ongoing approach to workforce planning linked to the business planning process. Nurse apprenticeships and overseas recruitment would contribute towards this.

***The Board:***

- ***Noted and took assurance from the information provided in the Covid19 Update/ Recovery of Elective Work – Looking Forward presentation***

**P20/12/D4 EU Exit Update (Enclosure D4)**

Local, regional and national professional planning had taken place. The EU Exit Governance Group met fortnightly and members were prepared for any potential challenges that may arise in their specific areas of leadership. A number of risks had been identified outlined in the report. It was noted that the risk associated with ports had been downgraded by NHS England, but the Trust would further probe the staffing risk associated with this given high expected absence levels at ports due to COVID. The key issue was that Brexit would coincide with the Covid19 pandemic. The Trust would incorporate the leadership oversight of EU Exit into the enhanced operational arrangements at Trust and Divisional / Departmental level

It was agreed that the EU Exit risk be added to the Corporate Risk Register so that this could be managed and mitigated the right way.

***Action: The overall risk of the EU Exit would be added to the Corporate Risk Register.*** RJ

***The Board:***

- ***Noted the information provided in the EU exit update.***

**P20/12/E1 Chairs' Assurance Logs for Board Committees (Enclosure E1)**

There were no comments.

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

- ***Audit and Risk Committee – 22 October 2020***
- ***Finance and Performance Committee – 27 October 2020***
- ***People Committee – 3 November 2020***

**P20/12/F1 Corporate Risk Register and Board Assurance Framework (Enclosure F1)**

There were no comments or queries related to the Corporate Risk Register. It was noted that as agreed at the Board meeting in October 2020, a workshop would take place to discuss risk appetite and tolerance in the new year and would be implemented in line with the Board review underway. The proposed new Board and Sub Committee style reports would be provided in January 2021 for implementation in April 2021 as in the action plan.

***The Board:***

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

**P20/12/F2 People Committee Terms of Reference (Enclosure F2)**

Kath Smart asked for an update on the delayed Committee effectiveness review process. The Company Secretary advised that this new process would be implemented in April 2021, and noted that the policy was yet to be written however, would provide an action timeline at the next Board meeting.

***Action: An action timeline would be received at the Board meeting on 19 January 2021 on the Board and Committee effectiveness review process to be implemented by April 2021.*** FD

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

- ***Approved the People Committee Terms of Reference***

**P20/12/G1 Information Items (Enclosures G1 – G7)**

-G7

***The Board noted:***

- ***Chair and NEDs Report***
- ***Chief Executives Report***

The Chief Executive advised the Board that following the generous donations received throughout 2020, the Trust was able to, as thank you to colleagues for their hard work during this challenging year, be gifted with a gift card of £25 which would be redeemable in a number of outlets. It was noted that this amount was not taxable. The Board of Directors wished colleagues a Merry Christmas and a Happy New Year.

- ***ICS Update***
- ***Minutes of the Finance and Performance Committee – 27 October 2020***
- ***Minutes of the Quality and Effectiveness Committee – 29 September 2020***
- ***Minutes of the Management Board Meeting – 12 October 2020***
- ***Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic***

**P20/12/H1 Minutes of the Meeting held on 17 November 2020 (Enclosure I1)**

***The Board:***

- ***Received and Approved the Minutes of the Public Meeting held on 17 November 2020.***

**P20/12/H2 Any Other Business (Verbal)**

There were no other items of business.

**P20/12/H3 Governor Questions Regarding the Business of the Meeting (Verbal)**

P20/12/H3(i) Hazel Brand

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

Would the Quality and Effectiveness Committee review videoconference and consultations in maternity services?

The Chief Nurse advised that those plans had been implemented.

***The Board:***

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

**P20/12/H4 Date and Time of Next meeting (Verbal)**

**Date:** Tuesday 19 January 2021

**Time:** TBC

**Venue:** Star Leaf Videoconferencing

***The Board:***

- ***Noted the date of the next meeting.***

**P20/12/H5 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.***

**P20/12/J Close of meeting (Verbal)**

The meeting closed at 12:10.



**Suzy Brain England  
Chair of the Board**

**Date  
29 December 2020**