



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 17 November 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 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:** Marie Purdue – Director of Strategy and Transformation
Katie Shepherd – Corporate Governance Officer (Minutes)
Adam Tingle – Senior Communications and Engagement Manager
- 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
Gina Holmes - Staff Side Chair
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
Lynne Schuller – Public Governor – Bassetlaw
Mary Spencer – Public Governor - Bassetlaw
Clive Tattley – Partner Governor - CVS Bassetlaw
- Apologies:** Fiona Dunn – Company Secretary
Emma Shaheen – Head of Communications and Engagement

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

P20/11/A1 Apologies for absence (Verbal)

The apologies for absence were noted.

P20/11/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.***

P20/11/A3 Actions from Previous Meetings (Enclosure A3)

Action 1 – Council Motion on Climate and Biodiversity Emergency – It was noted that although a session had been organised for 23 October 2020, due to other operational priorities that had been postponed. It was agreed that this action be closed and revisited in the future;

Action 2 – Medical Director Office and Action 4 Interest Declaration Form – On the basis that both items were included in the Medical Directors Update, these actions would be closed;

Action 5 – Absence Data – Absence data had been discussed in depth at the People Committee on 3 November 2020 and would therefore be closed.

The Board:

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

P20/11/B1 Nursing Midwifery and Allied Health Professionals Update (Enclosure B1)

The Director of NMAHP highlighted the key patient safety, quality and experience performance for October 2020 which included 137 falls reported in month, which was the highest number of reported falls in month for the year. Post incident reviews had been undertaken and identified that the use of low beds may help to minimise the risk of injury. Another area identified as a factor was ‘enhanced supervision’ which had been more difficult during the Covid19 pandemic. Work had been undertaken on Nerve Centre to allow for the instant identification of patients that require enhanced supervision. It was noted that current staffing levels were at a sub-optimal level due to the levels of sickness absence due to Covid19, and although all wards were safely staffed, it presented a challenge for the supervision of patients with the requirement of enhanced care. To deal with this issue a Care Team had been implemented consisting of medical and nursing students who would provide intermittent supervisions in which a group of students would walk around the ward every fifteen minutes with actions aligned to the 5 Ps: Personal care, Positioning, Pain, Possessions and People.

The minimisation of nosocomial spread of Covid19 in hospitals remained a key challenge for Trust’s and key to this was maintaining the principles identified in the Board Assurance Framework for Infection Prevention and Control. The Trust had a robust process in place to minimise the risk of nosocomial infections, which included that all inpatients were re-swabbed at day five. This was managed via the patient administration system.

The CQC completed the Trust structured assurance interview on the 21st of October, to assess the Trust’s preparedness for winter. The key lines of enquiry were on whether the Trust was safe, prepared and well-led. Following the meeting the Trust had not been required to submit any further information and the CQC were assured by the responses provided.

The Trust had been chosen to take part in the Magnet for Europe Study, following the positive work that had been undertaken by the quality improvement teams. Magnet was an accreditation model with five components of leadership, empowerment, professional practice, innovation and improvement and quality results. The Trust had been teamed up with a US hospital that had already achieved Magnet status who would assess the Trust to review where the Trust scored in relation to the Magnet standards. It was noted that this research programme would not result in the Trust achieving Magnet status.

As per action P20/10/D1 further detail on falls trends would be provided at the next Board meeting, however it was noted that although there had been a recent increase in the numbers of falls, the Trust had not returned to the levels seen in previous years. The recent increase in falls was attributed to the Covid19 pandemic, and had been seen nationally. The Trust had temporarily lost the indirect benefit of visitors acting in a supervisory capacity whilst with patients, due to the visiting restrictions in place. It was agreed that a comprehensive review of falls trends would be provided to the Quality and Effectiveness Committee on 2 February 2021.

In response to a request from Pat Drake it was agreed a focused report be provided on hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021.

In response to a question from Kath Smart regarding the Trust's actions following the recommendations from the NHSI patient safety investigation into nosocomial transmission, the Director of NMAHPs advised that the Trust had reviewed the recommendations, however noted that the challenge for the Trust was largely the estate and the infection prevention and control driven changes required to make areas Covid19 secure. It was noted that there were multiple pathways in place to ensure patient safety. It was suggested by Kath Smart that a review of the board assurance framework for infection prevention and control be undertaken, however it was confirmed that the Quality and Effectiveness Committee would receive a comprehensive update on the Trust's actions to reduce nosocomial transmission of Covid19.

In response to a suggestion by Mark Bailey regarding the training on falls for colleagues, it was confirmed that manual handling training had continued throughout the Covid19 pandemic and additional video-based training for falls was already in place.

Action: It was agreed that a comprehensive review of falls trends would be provided to the Quality and Effectiveness Committee on 2 February 2021. DP

Action: A focused report be provided on hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021. DP

The Board:

- **Noted and took assurance from the Nursing, Midwifery and Allied Health Professionals report.**

P20/11/B2 Medical Director Update (Enclosure B2)

The Medical Director provided an update on the comprehensive revalidation and appraisal process for medical staff and the value that it added. It was noted that although the appraisal documentation was different from that of the Trust's standard appraisal framework, that wellbeing discussions did and would continue to form part of the medical appraisal process. Work was underway to embed the Trust's values into the medical

appraisal process. Pat Drake noted that the addition of the Trust's values and objectives into the medical appraisal process was a positive step.

It was reported that the compliance of completed declarations of interests for medical staff was 53.2% with over 150 responses received to date. The plan was to ensure that the Trust achieved 100% compliance by 31 March 2021. The Medical Directors Office had worked with the Trust Board Office to simplify the process and both teams were thanked for their efforts. Kath Smart wished to record her specific thanks to Rosalyn Wilson for her input into the simplification of the process, and asked that the Medical Director continued to monitor progress until the next Audit and Risk Committee meeting on 29 January 2021. It was suggested by Neil Rhodes that the Finance and Performance Committee review the compliance position on a monthly basis.

Following a question from Sheena McDonnell regarding the target of compliance for completed appraisals it was confirmed that the non-medical appraisal key performance indicator was 90%, however there was an expectation that 100% of appraisal were completed on an annual basis. The Medical Director advised that all medical staff undertake the appraisal process on an annual basis.

It was reported that there had been a small increase in crude mortality with an expectation that it would continue to rise.

The Medical Directors Office structure review was ongoing. In response to a question from Mark Bailey regarding the strategic outlook for the Medical Directors Office, it was confirmed that in light of the Board and Committee structure changes the detailed work, expectations and change performance would be monitored at the Committee level to allow Board to focus on strategic change. It was confirmed following a question from Kath Smart, that risk management would be managed by the Deputy Director of Patient Safety who would be the Board's patient safety advisor and champion.

The Board:

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

P20/11/B3 Radiology Network (Verbal)

The Chief Executive advised the Board that that Trust had been requested to join and collaborate within a radiology network called North 2A. This was in line with a number of other collaborative networks created to work together to achieve consistent improvements and standards to ensure that money was spent wisely. The network would focus on the development on radiology reporting systems to provide consistency across the network so that patients can receive improved care.

The Board:

- ***Noted that the Trust would join the radiology network North 2A.***

P20/11/C1 Our People Update (Enclosure C1)

The Director of People and Organisational Development presented the People update which highlighted that Covid19 related absence rates continued to rise. Colleagues who had been shielding had mostly returned to work, albeit small numbers were unable to return following the announcement of the national lockdown and subsequent letters sent

to clinically extremely vulnerable people. The Trust would explore what tasks these people could potentially undertake at home whilst shielding.

An increase was reported in-month for statutory and essential training compliance, reported at 85.09%, followed by an increase in the number of completed wellbeing appraisals undertaken at 22.21%.

The national staff survey was live and would close on 27 November 2020. 40.1% of colleagues had responded which was slightly above average for acute Trusts using Picker for their survey. It was noted that since the report the Trust had received a response rate of 42.7% for the staff survey. The Trust continued to encourage colleagues to provide feedback.

The newly formed People Committee had its first meeting on 3 November 2020 and the Chair's log provided further detail on the discussion points.

A team was working on the plan for the Covid19 vaccination programme for colleagues to commence in December.

The asymptomatic Covid19 screening programme for colleagues would commence in the coming weeks and therefore the plans would be finalised to include information and training on how colleagues would undertake the test. It was noted that both the asymptomatic Covid19 screening programme and the Covid19 vaccination programme would require intense administration support ensure that the programmes were coordinated efficiently.

Over 74% of front-line staff had received their flu vaccinations which was reported as the second highest in the North East and Yorkshire region. It was noted that Doncaster performed well within the region in the numbers of community members vaccinated for flu.

In response to a question from Kath Smart regarding the changing national guidance related to ethnicity and Covid19, it was confirmed by the Director of People and Organisational Development that all staff were asked to complete a personal risk assessment form as there were other risk factors associated with Covid19, and it was from the personal risk assessment that it was identified if a further risk assessment was required. The data on the completion of personal risk assessments would be provided to the People Committee on 1 December 2020.

Sheena McDonnell noted that at discussion took place at the People Committee on 3 November 2020, regarding psychological support for colleagues and noted that although the offer was there it might not be known by all and therefore work would be undertaken to make colleagues aware of the additional support available to them. Following the launch of the People Committee a video would be produced for colleagues to make them aware of the new Committee and its ambitions.

Neil Rhodes left the meeting.

Action: The data on the completion of personal risk assessments would be provided to the People Committee on 1 December 2020. KB

The Board:

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

P20/11/C2 Report from Guardian for Safe Working (Enclosure C2)

The Director of People and Organisational Development presented the report from the Guardian for Safeworking for January to September 2020. The three-quarterly reports had been delayed due to the challenge of information gathering and exception reporting due to the Covid19 pandemic and changes in working patterns. There were forty-one exception reports raised within the three quarters however it was noted that none were reported between the months of April and June due to the change of working patterns.

It was noted that the 2016 national contract for Junior Doctors was varied during wave 1 of the Covid19 pandemic, however this would not be the case for wave 2. A contractor had been appointed to undertake the work to change the old Silks restaurant into a junior doctor's mess. Work was expected to finish by January 2021.

In response to a point raised by Mark Bailey regarding the ongoing improvements of on-call accommodation, it was advised by the Chief Executive that different options had been reviewed in the past and it was agreed that the Estates and Facilities Committee would take an action to review options for the improvements of the on-call rooms. The People Committee would ask for assurance regarding the accommodation strategy.

Action: The Estates and Facilities Committee would take an action to review options for the improvements of the on-call rooms. The People Committee would ask for assurance regarding the accommodation strategy. KB

The Board:

- ***Noted and took assurance from the report from the Guardian for safe working.***

P20/11/D1 Performance Update – September 2020 (Enclosure D1)

The Chief Operating Officer provided the highlights of the performance report for September 2020. The 4-hour access challenges continued, however the Trust achieved 82.5% against a national target of 95% which was higher than the national average. The Trust reported positively against the local trajectory for outpatient new and follow up and elective activity for September 2020 however remained slightly behind trajectory for day case and diagnostics. The Trust achieved four out of the five national standards for cancer in August 2020 and improvements had been seen against peers on the 104-day and 62-day waiters. It was noted that stroke had performed well across all five standards which further reflects the A rating received on SNNAP.

In response a question raised by Pat Drake regarding the refusal of patients to come onto site for treatment due to the Covid19 pandemic, it was noted by the Chief Operating Officer that all of these patients were known of within urgent and cancer services and discussions had taken place with GPs to try to influence patients to receive their care. It was not known which non-urgent patients refused treatment in areas such as outpatients.

A rapid assessment team had worked in the Emergency Department at weekends to turn around patients to avoid admission which had been worked positively. It was expected that this would be implemented mid-week to further alleviate pressures. Further work was required at Bassetlaw and discussions would take place with partners to further build on this.

In response to a question from Pat Drake regarding the work with partners on the discharge of patients to care homes, the Director of NMAHPs advised that a new 'home first' model was in place at Doncaster, however the beds in Bassetlaw were awaiting the assessment by CQC as standard practice before it was in place there.

A discussion took place regarding the ongoing culture challenges within ED, and Sheena McDonnell requested an update on how the work was progressing. The Chief Executive advised that there were many teams that had faced many challenges during the Covid19 pandemic, and noted that work was ongoing to with several teams to improve this however noted that these challenges had not reflected in the quality of care that patients received and advised that colleague remained focused on that element. Sheena McDonnell noted that the challenges were cultural and not professional, and asked that this work remained an area of focus. The Chief Operating Officer advised that there had been new Consultant appointments made and the departmental leadership arrangements had been strengthened. It was noted that there was further work required however this was part of the plan in place to achieve. The Chair noted that this would be reviewed at each People Committee.

A discussion took place following a query from Mark Bailey, regarding the rate of virtual appointments versus face-to-face appointments. Approximately 40% of appointments were undertaken on a face-to-face basis and the requirement for the implementation of video conferencing kit was to be completed. It was noted that technology was in place to remind patients via text before their appointment, however as Dr Dr had been implemented just before the Covid19 pandemic, there was no baseline data to determine whether this had any positive impact of the DNA rate. The Chair asked that communications be devised to reiterate the message to attend appointments or cancel in advance if unable to attend, followed by the assurance to patients that all steps had been taken to ensure of their safety during their appointment. It was advised by Adam Tingle that a press release was in place as normal standard practice at this time of year to advice patients to keep appointments or cancel if unable to attend. This would be released via more traditional communications in the local papers and via social media also.

The Board:

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

P20/11/B2 Finance Update (Enclosure B2)

The Trust's deficit for month-7 was £160k. The underlying year-to-date financial position was reported as £5.4m before the retrospective top up payment for months 1-6. The in-month financial position was c. £1.1m favourable to plan was submitted to NHSI/E in month 7 before any fines related to the elective incentive scheme. The in-month financial position was c. £0.1m favourable to plan after potential year-to-date fines.

There had been an increase in pay and non-pay expenditure above months 1-6 run rate of £1m. The Trust had included a provision for annual leave of £483k related to the expectation that the Trust would have increased liability to carry forward annual leave as a result of the Covid19 pandemic.

The Trust had now reset its budget which would be presented to the Finance and Performance Committee meeting on 24 November broadly in line with the financial plan submitted to NHSI/E. It was noted that the main changes related to further work undertaken to align budgets more closely to rotas.

Capital expenditure spend was reported as £2.8m, which was £0.5m behind plan in-month.

The cash balance at 31 October 2020 was £64.1m which remained high due as the Trust received two months' work of block income in April 2020.

Following a query from Kath Smart regarding the elective incentive scheme, the Director of Finance advised that the Trust would continue to undertake elective activity as planned.

It was confirmed, following a question from Kath Smart, that it was unknown when the Trust would be in receipt of the Bassetlaw capital money, however noted that the Director of Finance had escalated this to DHSC and was awaiting further correspondence.

The Board:

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

P20/11/D3 Covid19 Operational Update (Presentation)

The Chief Operating Officer shared a presentation to provide an update on the operational impact of the Covid19 pandemic on services. There had been a continual growth of community acquired Covid19 infections and the Trust had run at approximately 34% of Covid19 bed occupancy with a particular peak in early November 2020 at Doncaster. Senior management cover out of hours and at weekends had been strengthened and enhanced operational meetings would take place four times each day. There was regional mutual aid support in place to consider critical care needs and the most urgent patients that required surgery. Action had been taken the previous week to increase the number of medical beds available at Bassetlaw which meant that day surgery would be consolidated to Doncaster and Mexborough to allow for this. 100% of Park Hill capacity had been utilised.

Following a question from Pat Drake regarding the usage of the new HSDU unit as a ITU ward, it was noted that it was expected that should critical care mutual aid be required that Sheffield Teaching Hospitals were likely to mobilise their super surge plan to accommodate this. The Deputy Director of NMAHPs advised that it was likely, if the HSDU unit was to open that it would be used for general bed capacity so other areas could care for patients with Covid19. It was noted that the Trust continued to effectively manage staffing levels and had redeployed nurses to ensure that wards were safe. Pat Drake noted the tremendous efforts of colleagues. A focus would continue into the new year on the focused operational management following the release of the national lockdown on 2 December 2020. It was noted that the Trust would not open new wards if it meant that the skill mix would be diluted and that management decisions were taken to ensure that both patients and colleagues were safe. The Emergency Department remained an area of focus following significant pressures seen over the previous several months.

Kath Smart noted the overwhelming support provided on the Staff Facebook page to the Paediatric and Neonatal Nurses that had supported adult wards.

In response to a question from Kath Smith, it was noted that the length of stay for Covid19 positive patients had decreased, although the number of inpatients with Covid19 had increased, but were not as acutely ill due to the different steroids and treatments in place that were not in place during wave 1 of the pandemic.

Kath Smart asked for further information of the management of long Covid19. The Medical Director advised that this condition would be managed similarly to a chronic disease through primary care, however would include acute follow up care as required.

The Board:

- ***Noted and took assurance from the information provided in the Covid19 operational update.***

P20/11/D4 Winter/Covid19 Plan (Enclosure D4)

The Chief Information Officer presented the Covid19 Wave 2 Super Surge Plan, Covid19 Management Response Framework and the 2020 Winter Plan to provide assurance on the contents and the plans to manage the high level of risk through the winter months.

The Covid19 Wave 2 Super Surge Plan was a modified version of the Covid19 Wave 1 plan which incorporated lessons from the various evaluations undertaken. This included a single financial assessment of the overall winter and Covid19 plan which totalled £1.5m in line with the allocation in the financial plan.

The Covid19 Management Response Framework outlined the management structure and approach that the Trust would take to manage wave 2 and also included the lessons from the various evaluations undertaken.

The Winter Plan 2020 outlined the Trust's winter plan, but it was noted that this was written prior to the scale and projected demand of the Covid19 wave 2 phase and was why there was the addition of the Covid19 Wave 2 Super Surge Plan to build on the winter plan.

The Board:

- ***Approved and took assurance from the winter/Covid19 plan.***

P20/11/D5 EU Exit Update (Enclosure D5)

An update was provided on the Trust's preparations for the potential issues associated with the UK exit from the EU on 31 December 2020. The Trust continued to monitor and react to national and local intelligence and guidance. Business continuity measures had been implemented which included that Trust Leads were ready to react to potential challenges, a weekly EU Exit Governance Group meeting to discuss the Trust's preparedness and any emerging issues and working with Partners to share information and approaches. It was noted that there was a combined risk of winter and Covid19 pressures and the corporate risk register would be updated to reflect this.

The Board:

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

P20/11/D6 Financial Regime (Verbal)

The Director of Finance advised that the ICS would take part in a pilot for the 2021/22 financial regime on which he would be a part of to review and make recommendations. Further feedback would be provided at the Finance and Performance Committee on 24 November 2020 following the second meeting. No further communications had been received.

The Board:

- ***Noted the information in the Finance Regime update.***

P20/11/E1 Chairs' Assurance Logs for Board Committees (Enclosure E1)

Audit and Risk Committee – 22 October 2020

Kath Smart noted that the Committee had received the Annual Cyber Security Update as requested on behalf of the Board. There were four internal audit reports discussed at the meeting, two of which received significant assurance: Covid19 Financial Governance and Control and Covid19 Business Continuity, Pandemic Response Plan and Remote Working. A further two received partial assurance: Legacy IT Review and Recruitment and Staff Records. Kath Smart noted her thanks to Lesley Barnett, Deputy Director of Quality and Governance who presented the progress of the Clinical Governance WHO Checklist. No questions were raised.

Finance and Performance Committee – 27 October 2020

Pat Drake noted in Neil Rhodes absence that the issues pertinent to the meeting had been covered by the Chief Operating Officer and Director of Finance. No questions were raised.

People Committee – 3 November 2020

This was the first meeting for the People Committee and therefore there was good debate. The terms of reference would be kept under review. No questions were raised.

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***

P20/11/F1 Corporate Risk Register (Enclosure F1)

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.***

P20/11/F2 Use of Trust Seal (Enclosure F2)

The Board were advised of the use of the Trust Seal for the following:

Seal no. 122 – Doncaster Metropolitan Borough Council and Doncaster and Bassetlaw Teaching Hospitals Supplement Deed for the provision of Knowledge, Library and Information Services;

Seal no. 123 – Nottinghamshire County Council and Doncaster and Bassetlaw Teaching Hospitals Deed of variation of the contract of Sexual Health Services.

There were no questions raised.

The Board noted the update from the:

- *Noted the use of the Trust Seal.*

P20/11/G1 Information Items (Enclosures G1 – G8)
-G8

The Board noted:

- *The Chair and NEDs Report;*
- *The Chief Executives Report;*
- *ICS Update;*
- *Minutes of the Finance and Performance Committee – 29 September 2020,*
- *Minutes of the Audit and Risk Committee – 16 July 2020;*
- *Minutes of the Management Board Meeting – 12 October 2020;*
- *Minutes of the Public Council of Governor Meeting – 24 September 2020;*
- *Procurement Policy.*

P20/11/H1 Minutes of the Meeting held on 23 October 2020 (Enclosure I1)

The Board:

- *Received and Approved the Minutes of the Public Meeting held on 23 October 2020.*

P20/11/H2 Any Other Business (Verbal)

There were no other items of business.

P20/11/H3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/11/H3(i) Hazel Brand

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

1. Was the Trust learning anything from these serious incidents and falls?

Hazel Brand noted that this had been extensively covered in the Director of NMAHPs report.

2. Super surge plan – had anything been done on development of intermediate care to facilitate timely discharge?

The Director of NMAHPs advised that the Strategy and Transformation Team had undertaken some work with Partners to look at intermediate care steps and what the requirements were for the future. The Trust would take over the work that the CCGs commenced several years ago to look at outcomes measures which was a positive step. The outcomes would be measured based on value added in terms of patient pathways. This work would continue and anticipate that the outputs would be finalised by April 2021.

3. Was there anything that might identify why a 1/3 of the medical wards have a RAG rating of amber or red?

It was unknown what this specific question was in reference to and would be picked up outside of the meeting to provide an accurate response.

Post meeting note: The statement related to the Skin Integrity Assessment as part of the IQAT, the reason for 6 wards not being green was due to lack of audits during the period. This was primarily due to the activity on the ward areas due to Covid19. Additional support had been identified for these areas.

Hazel Brand extended the Governor's thanks to all colleagues on their tremendous efforts throughout 2021.

The Board:

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

P20/11/H4 Date and Time of Next meeting (Verbal)

Date: Tuesday 15 December 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

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

P20/11/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.***

P20/11/J Close of meeting (Verbal)

The meeting closed at 12:00.



**Suzy Brain England
Chair of the Board**

**Date
2nd December 2020**