



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public
on Tuesday 25 January 2022 at 09:30
via Star Leaf Video Conferencing**

- Present:**
- Suzy Brain England OBE - Chair of the Board (Chair)
 - Mark Bailey - Non-Executive Director
 - Karen Barnard - Director of People and Organisational Development
 - Alex Crickmar – Acting Director of Finance
 - Pat Drake - Non-Executive Director
 - Sheena McDonnell - Non-Executive Director
 - Dr Tim Noble - Executive 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 – Interim Director of Recovery, Innovation & Transformation
 - Kath Smart - Non-Executive Director
- In attendance:**
- Lois Mellor - Director of Midwifery
 - James Nicholls - Programme Director
 - Angela O'Mara - PA to Chair & Chief Executive (Minutes)
 - Debbie Pook - Deputy Chief Operating Officer – Non-elective
 - Marie Purdue - Director of Strategy & Improvement
 - Jodie Roberts - Director of Allied Health Professionals
 - Emma Shaheen - Head of Communications & Engagement
 - Ian Stott - Speciality Medicine Clinical Director & Consultant Nephrologist
 - Abigail Trainer - Director of Nursing
- Public in attendance:**
- Peter Abell - Public Governor Bassetlaw
 - Dennis Atkin - Public Governor Doncaster
 - Ann-Lousie Bayley - Public Governor Doncaster
 - Hazel Brand - Public Governor Bassetlaw
 - Geoffrey Johnson - Public Governor Doncaster
 - Lynne Logan - Public Governor Doncaster
 - Susan McCreadie - Public Governor Doncaster
 - Mick Muddiman - Public Governor Doncaster
 - Lynne Schuller - Public Governor Bassetlaw
 - Pauline Riley - Public Governor Doncaster
 - Sue Shaw - Public Governor Bassetlaw
 - Clive Tattley - Partner Governor
 - Mandy Tyrrell - Staff Governor
 - Mike Waites - Member of the Public
 - Sheila Walsh - Public Governor Bassetlaw
- Apologies:**
- Fiona Dunn - Deputy Director Corporate Governance/Company Secretary
 - Rebecca Joyce - Chief Operating Officer

P22/01/A1 Welcome, apologies for absence and declaration of interest (Verbal)

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and members of the public, via the audience functionality. The above apologies for absence were noted.

No declarations of interest were noted, pursuant to Section 30 of the Standing Orders.

P22/01/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 – Diagnostic Framework Self-Assessment – Board Leadership – an update was included within the Our People Update – action to be closed.

Action 2 – Safeguarding Information to Board – this item would be included within the February's Chief Nurse report as a result of the reduced agenda in January 2022 due to the planning/response to Omicron.

DP

The Board:

- ***Noted the updates.***

P22/01/B1 Board Assurance Framework

The Board Assurance Framework, in respect of the True North Strategic Aim 1, had been updated to reflect the refreshed Infection, Prevention and Control Board Assurance Framework and NHSE/I Board Assurance Framework in respect of safer staffing.

The Board:

- **Noted and took assurance from the Board Assurance Framework**

P22/01/B2 Maternity Update

The Director of Midwifery brought the following items within the report to the Board's attention:

- Whilst an increase in still births had been seen in the perinatal mortality review, when those associated with Covid-19 were excluded, the underlying still birth rate remained static. Local and national studies linked to these outcomes continued, including those by the UK Obstetric Surveillance System (UKOSS).
- Plans for the Bereavement Suite had now been drawn up and work was expected to commence in Spring, with an anticipated completion date of June 2022.
- No Prevention of Future Deaths Reports had been received since the last report.
- Clinical Negligence Scheme for Trusts (CNST) – further evidence had been provided in respect of the Trust's year 3 submission. Notification of a pause to year 4 standards had been received, due to Omicron, this was expected to be reviewed in March 2022.

- Continuity of Carer remained on pause and was likely to remain on hold until Autumn 2022. The national team were aware of this and understood the position.

In response to a question from Pat Drake, the Director of Midwifery confirmed that Public Health and the Clinical Commissioning Groups were actively promoting the vaccination of pregnant women. All opportunities were being explored, including drop-in sessions and antenatal clinics.

As NED Safety Champion, Pat Drake acknowledged the merging of the Doncaster and Bassetlaw Maternity Voice Partnerships (MVP). The Director of Midwifery confirmed the combined groups were working well together. Comments on the Facebook page were responded to within 24 hours and concerns were addressed, or signposted, as appropriate. Visits for those raising concerns were arranged either on the ward, or at home, and feedback had been positive; subsequent engagement/involvement with the MVP was encouraged as part of this interaction. The Chief Nurse clarified that although the boundary changes would result in the Trust spanning two Integrated Care Systems, this would not impact on either the MVP or the Local Maternity & Neonatal System (LMNS).

In respect of the pause of the Continuity of Carer service, the Director of Midwifery confirmed this was due to the current vacancy levels, sickness absence and isolation requirements. The age profile of the Trust's midwives saw a split between those who had qualified within the last five years and a large cohort of midwives aged 50 years and over. Despite initiatives to increase uptake there remained a national shortage of midwives. International recruitment had taken place and a further recruitment campaign was planned for February 2022, opportunities to increase the initial plans to recruit four midwives to potentially twelve international midwives were being explored. Student midwives would also come on board in October 2022.

Further to the maternity safety meeting with the national team, there was a clear desire for the Director of Midwifery to be actively involved in Trust Board meetings. As clinical Non-executive Director and Maternity Safety Champion Pat Drake welcomed the opportunity to actively involve the Director of Midwifery at Board Meetings. The Chair of the Board supported this request and sought a view from the Board, which received unanimous agreement. The Director of Midwifery and the Chief Nurse worked together collaboratively and are held to account by both the Board and the Local Maternity & Neonatal System (LMNS) for the provision of Midwifery services.

The Executive Medical Director acknowledged the apparent impact of Covid-19 in pregnancy and encouraged vaccination, to limit the chance of a poor outcome. Adherence to the vaccination advice was also supported by the Head of Communications & Engagement.

The Chief Executive recognised that the Trust was the only organisation within South Yorkshire and Bassetlaw with a dual site maternity unit, which covered both town and rural locations and that this did add a further demand and dimension to staffing challenges. There was a need to address vacancies at pace, which included appropriate support for the health and well-being of colleagues. A renewed maternity improvement plan would be developed, which would be shared with Board in due course. Inclusion of the Director of Midwifery at the Board of Directors meeting would ensure that maternity safety remained front and central.

In response to a question from Kath Smart with regards to the risks and mitigating actions associated with pausing the Continuity of Carer, the Director of Midwifery identified that the risks were greater to provide the service, than to pause. Without the required number of midwives, a disjointed and unstable service would be provided, it was envisaged that the service could be offered when vacancies reduced to approximately ten.

Mark Bailey welcomed the improvement plans and enquired what attention would be paid to improving the attractiveness of the role and if there was a role for the Teaching Hospital Board to play. The Chief Nurse confirmed the Trust was already working closely with the universities, including opportunities to convert from general nursing to midwifery. There appeared to be a lack of long-term career aspiration for the role and the potential for apprenticeship opportunities to improve longevity may be an option to explore. In addition, as one of only eight trusts to be involved in the international midwife recruitment this provided excellent opportunities to attract increased numbers.

The Board:

- **Noted and took assurance from the Maternity Update**

P22/01/B3 Infection Prevention & Control Board Assurance Framework

An update to the NHSE/I Infection, Prevention and Control Board Assurance Framework had been made in December 2021, this incorporated updated guidance and learning from Covid-19. The assurance framework provided a tool against which organisational compliance could be measured, the outcome of which were reported at the Quality & Effectiveness Committee and Board of Directors meetings.

There remained a reliance on FFP3 and GVS masks for staff working in high-risk areas. Fit mask testing continued for both new and existing users and was now supported by trained Band 2 Health Care Assistants. Support from the national team continued in respect of testing for disposable masks.

The Director of Nursing confirmed that HEPA filtration air scrubbers had been purchased and more were on order, with the support of the Estates Team priority areas for use had been identified.

Patient segregation in the Emergency Department was in place to manage cross infection, with the facility for on-site Abbott testing. Appropriate signage at entrances and in patient waiting areas would be standardised to set clear expectations in respect of mask wearing and presenting with symptoms.

In response to a question from Pat Drake, the Director of Nursing confirmed that whilst some ward accreditation had been paused during the pandemic, compliance in respect of Infection, Prevention and Control standards had continued to be monitored. The introduction of Perfect Ward in Q1 2022 would result in a restart for the full suite of ward accreditation. The Director of Nursing also confirmed that whilst risk assessments in some non-clinical areas had seen the socially distanced measure reduce from two metres to one, all clinical areas continued to adhere to the two-metre rule, which had been preserved due to Omicron.

A reported increase in sepsis at the Clinical Governance Committee by the Director of Infection, Prevention and Control was being reviewed with the Executive Medical Director. It was confirmed that the pathway was subject to audit.

In response to a question from Kath Smart with regards to the resourcing of the IPC team, the Director of Nursing confirmed that a reworking of the budget had allowed recruitment of a Band 2 and 3 to provide audit and administration support, which would release time from the clinical nurse role.

The Director of Nursing confirmed that the potential for place-based IPC support was to be explored, to deliver consistency across all settings.

Recognising the volume and pace of change to IPC messaging, Sheena McDonnell sought assurance in respect of clarity of staff's understanding. Messaging via social media platforms and the Trust's intranet was accessible and popular. Both the IPC and Communications & Engagement Team were extremely responsive, and messaging was supported via the Director of Public Health.

The Board:

- ***Noted and took assurance from the Infection Prevention & Control Board Assurance Framework***

P22/01/B4 Covid Response - keeping patients and staff safe

The Director of Nursing presented to the Board a summary of the steps taken throughout the pandemic to ensure the safety of our staff and patients, which included:

- IPC Measures
- Partnership working with Public Health
- Management of Visiting Arrangements
- Patient Flow
- Vaccination Programme

Neil Rhodes thanked the Director of Nursing for the comprehensive presentation. In response to managing challenges from members of the public the Director of Nursing confirmed the need to maintain professional, sensitive communication, appropriate to individual patient requirements. Front line colleagues were well informed and supported in these difficult conversations by senior colleagues. As the current relaxation on mask wearing did not affect healthcare settings in England, the Executive Medical Director confirmed the message had been reinforced across place and supported by the Director of Public Health.

In respect of patient flow, the Director of Nursing confirmed that work to reduce the number of patients who were medically fit for discharge was underway, specifically for those pathways under the Trust's control (pathways 0/1). Pathways 2 and 3 were more difficult to influence, as they were reliant upon social care/care homes and with 34 and 30 closures across Doncaster and Bassetlaw respectively, this position remained challenging. Currently 69 patients do not meet the criteria to reside, only 7 of which were medical outliers.

Bed occupancy remained high, at approximately 95%; currently there were 110 active Covid-19 patients and a total of 152 in-patients who had been admitted with Covid-19. Although

the numbers remained high this was not currently resulting in the need for intensive care, with just one Covid-19 patient currently on the Intensive Care Unit.

In response to a question from Kath Smart, with regards to the management of the discharge position, the Chief Executive confirmed flow, bed occupancy and discharge was reviewed at the operations meeting, which took place 4 times throughout the day. Alongside this there were various pieces of work driving the required improvements, including red to green, weekly system ward rounds and bed capacity escalations.

The Deputy Chief Operating Officer confirmed plans to run a system perfect week during w/c 31 January 2022, working closely with commissioners and partners with the intention to reduce the 14 day+ length of stays by 50%.

The Board:

- ***Noted the measures taken and took assurance from the COVID-19 response***

P22/01/B5 Winter/Covid Nursing Workforce Board Assurance Framework

In November 2021 NHSE/I published a Board Assurance Framework which identified best practice in ensuring safe staffing. The key elements of focus being:

- Planning
- Decision making and escalation
- Staff training and well-being
- Indemnity and regulation
- Governance and Assurance actions are noted in

The publication builds on previous guidance in relation to Covid-19 workforce models and the fundamental principles for the nursing and midwifery workforce set out in the National Quality Board Safe, Sustainable and Productive staffing guidance.

The Director of Nursing acknowledged nursing and midwifery staffing remained a significant challenge. The framework identified the necessary actions, control mechanisms, means of assurance, next steps, and the required monitoring/review. The need to standardise risk processes across the divisions and implement the roll out of the SafeCare model and perfect ward were noted. In addition, work was ongoing with the senior nurses and Chief Nurse to determine Covid-19 risk appetite and the impact on staffing levels.

Pat Drake offered assurance to the Board that safe staffing would continue to be monitored through the Quality & Effectiveness Committee. In answer to a question with regards to recovery of the elective position, the Director of Nursing confirmed there would be a need to consider the staff establishment and skill mix and SafeCare would support this through the provision of case mix/patient acuity information.

Sheena McDonnell acknowledged the positive approach of the Board Assurance Framework and as Chair of the People Committee confirmed a commitment to consider these workforce challenges as part of the business of the meeting.

The Chief Executive emphasised the importance of appropriate multidisciplinary staffing levels. In respect of elective recovery, the impact on staffing would be dependent upon the

model of choice, discussions in respect of the potential for elective hubs continued, such dedicated facilities would not face the same challenges arising from emergency/winter pressures. Discussions to date had identified two potential options, with DBTH, the Rotherham NHS FT and Barnsley Hospital working in partnership with Montagu as the hub location or the use of the Royal Hallamshire Hospital in Sheffield. Staffing in respect of an elective surgical hub would need a multi-disciplinary team approach with overnight cover being provided collaboratively from across the system. The Chief Executive agreed to keep the Board updated on this matter.

The Chair of the Board thanked the Director of Nursing for their contribution.

The Board:

- ***Approved and took assurance from the Winter/Covid Nursing Workforce Board Assurance Framework***

P22/01/C1 Our People Update

The Director of People & Organisational Development's update provided an overview of sickness absence, absence line reporting and staff testing and swabbing. A rapid rise in Covid-19 related absences had been seen in December 2021, related to Omicron.

In respect of the vaccination programme, the reported position at 10 January 2022 identified 97% of staff had received the first dose, 94% had received the second dose and 82% the booster vaccination. The Trust's results were in line with the regional picture for the Northeast & Yorkshire.

On 6 January 2022 the Department of Health & Social Care's confirmed a decision to mandate Covid-19 vaccination for all NHS workers who had face to face patient contact unless they were medically exempt. Significant work to validate staff vaccination records had been undertaken, followed by an assessment of those members of staff who were classed as being in scope for the mandated vaccination. Sessions for vaccine hesitant colleagues, were being arranged with the support of the Freedom to Speak Up Guardian, and a wealth of resources, regional and national webinars were available to support managers with difficult conversations. Where colleagues had not received their first vaccine by 3 February 2022 formal meetings would commence and options to explore redeployment opportunities would be considered during this period. However, in some cases serving notice would have to be considered. The Director of People & Organisational Development acknowledged the tight timescales being worked to and the demands of managers and the People Organisational Development team.

The Health and Wellbeing update included a summary of the outcomes of the diagnostic exercise which assessed the Trust's approach against the best practice framework. A supporting action plan identified clear next step. Board had signalled a clear commitment to improve colleagues' health and well-being and an outline business case had been developed with the support of the finance team to validate funding streams and support from charitable funds. Regular updates would be received at Board from the Chief People Officer and Wellbeing Champion, Mark Bailey. Having reviewed the commitment and support of the Board, the Director of People & Organisational Development was satisfied that board leadership would increase to a 90% standard of achievement.

Sheena McDonnell was pleased to see the improvement in the assessment of Board leadership compliance and thanked the Director of People & Organisational Development and her team for their significant efforts in respect of the vaccination programme and vaccination as a condition of deployment work, at what was a challenging time operationally. In response to a question regarding the scale of unvaccinated colleagues, the Director of People & Organisational Development indicated that following initial work to update records there remained 200 unvaccinated colleagues and 170 who had only received their first vaccination. For pregnant members of staff vaccination was required 16 weeks post-delivery, or on return to work.

In respect of determining those team members in scope it was clarified that national guidance had indicated that this was those staff who undertook CQC regulated activity. The guidance had been interpreted by Sheffield Teaching Hospitals and shared across SY&B ICS. Adjustments to the location of duties, for non-clinical staff may be necessary for example where a post was ward based but no face-to-face patient contact was required.

Sheena McDonnell queried if the vaccination requirement for pregnant workers conflicted with the message received in the maternity update, which encouraged vaccination. It was confirmed that the medical exemption was only temporary, providing a post-natal option. The Royal College of Obstetricians and Gynaecologists recommendation remained to be vaccinated, but ultimately the decision was the individuals. Support and resources to inform that decision were available.

The Chief Executive recognised the benefits of the vaccination programme. The work undertaken to date supported the required action in law, whilst ensuring well informed decisions and exploration of potential adjustments in minimising the impact on workforce challenges.

Neil Rhodes recognised the challenging position and was encouraged by the approach, he suggested more challenge was likely, however, reinforced the need to follow the law and guidance, as well as fulfilling the responsibilities as an employer. In response to his question the Director of People & Organisational Development confirmed a local equality impact assessment was underway and this could be circulated under confidential cover before the next Board meeting.

Divisions and directorates had risk assessed their service provision, with discussions taking place at the Focus and Delivery groups. Where a risk to service delivery was identified this was required to be escalated to NHSE/I.

Some press coverage had indicated the potential for change to the mandate, but to date no formal notification had been received.

In response to a question from Pat Drake with regards to the flu vaccination rate, it was confirmed that flu levels were extremely low across the country, hands, face, space, and ventilation measures had significantly reduced the incidence of flu and norovirus. The Chair of the Board advised Board members of a recent article co-authored by Mr Quraishi OBE, Consultant Ear, Nose and Throat Surgeon which highlighted a significant decrease of ENT admissions due to the interventions put in place to restrict the spread of Covid-19 and encouraged those in attendance to share this message widely.

The Board:

- ***Noted and took assurance from the Our People Update***

P22/01/D1 Ambulance Handovers

The Board received the mandated monthly report, the following highlights were brought to their attention:

- Improved performance for 30–60-minute waits with Doncaster Royal Infirmary moving from the 4th highest reporting Trust to 6th, and Bassetlaw from 22nd to 29th
- A small improvement in patients waiting for less than 15 minutes at Doncaster Royal Infirmary, increasing from 49.60% to 51.26%
- Extension of the frailty pilot until 30 April 2022, initial positive feedback had been received
- Implementation of Criteria to Reside, Red to Green and MDT Long Stay Wednesday walk-arounds to reduce length of stay and increase discharges
- The use of an ambulance handover bay for the yellow pathway, which would allow some ambulance delays to be resolved
- A time and motion study would be undertaken during w/c 7 February to review the entire process from arrival to discharge, identifying required tasks, the associated timeframes and areas of improvement.

In response to a question from Pat Drake, it was confirmed that a clinical harm review was undertaken for any 12 hour waits. The Executive Medical Director was not aware of any serious incidents arising from such a wait/review.

In response to a question from Mark Bailey re the pace of improvement, the Deputy Chief Operating Officer confirmed this had been impacted by Covid, both in respect of workforce challenges and the site's capacity. The Board could be assured that the right actions were in place to address areas of required improvement. The Chief Executive confirmed the impact of site capacity should not be underestimated, as had been seen at the time of the incident in the Women's and Children's Hospital. As the report was received on a monthly basis this would evidence the improvement journey. The Trust's medical team continued to work closely with ambulance staff to ensure that all medical emergencies were assessed, with the provision of bed, rather than trolley waits.

The Board:

- ***Noted and took assurance from the Ambulance Handovers***

P22/01/E1 Strategic Outline Case – DRI New Build

Dr Ian Stott, Specialty Medicine Clinical Director and Consultant Nephrologist and Jodie Roberts, Director of Allied Health Professionals were welcomed to the meeting to support the Executive Director of Recovery Innovation and Transformation's update on the DRI New Build and development of the strategic outline case.

The comprehensive paper provided an executive summary and an extensive summary of the strategic outline case, the full strategic outline case had been subject to review at the Finance & Performance Committee and was available upon request.

A summary of the background and work to date was shared with the Board, the strategic case was the first of a three-part process to seek investment for a new build. There were significant infrastructure challenges on the Doncaster Royal Infirmary site, as a result of the structure being at, or beyond its life span. The Trust had worked closely with NHSE/I to ensure appropriate contingency plans were in place to manage the current estate risk but a plan beyond that was required. The New Hospital Programme presented an opportunity for investment and the Trust had expressed an interest in the proposed next tranche of proposals.

A range of options had been considered, the preferred option of a new build would provide modern co-located facilities to support improved outcomes and experience for patients and a better environment in which staff could deliver care. The new hospital would be future proofed, digitally enabled, adaptable and support the green agenda. The Trust had worked in partnership with Doncaster Metropolitan Borough Council (DMBC) and a site on the waterfront, the basin site, had been identified. Subject to approval in this financial year the preferred way forward would deliver a new hospital by 2029.

As a clinician, Dr Ian Stott had been part of the project now for over 12 months, sense checking plans, developing options and considering the appropriate model of care, in line with the NHS Long Term Plan, the Trust's own vision, ICS and regional developments. It was recognised that the population's health care needs were changing and options for out of hospital care, interaction with primary care and new ways of personal care management had all been considered.

Jodie Roberts, Director of Allied Health Professionals, confirmed the model of care was at the heart of the business case to ensure a fit for purpose model to meet the needs of the hospital's population. The infrastructure would provide care in the right place, support clinical alignment, improve flow and have a positive impact on outcomes and efficiencies. From a staff perspective, an improvement in respect of recruitment and staff retention was also anticipated.

The Director of Recovery, Innovation and Transformation confirmed strong support from local MPs, the plan would contribute towards economic regeneration, promotion of the levelling up agenda and the town's ambition to be a University City. The expression of interest in the New Hospital Programme was recognised as a regional priority by NHSE.

In terms of next steps, approval was sought from Board today for submission to NHSE/I by 31 January 2022. Should the Trust be shortlisted further consultation and engagement would be required.

Neil Rhodes, Chair of the Finance & Performance Committee confirmed the strategic outline case had been subject to scrutiny at the Committee, all of the options had been considered before arriving at the preferred option. An extra-ordinary meeting of the Committee had taken place on 19 January, an extensive discussion took place in order to offer the final assurance to the Board. Neil Rhodes supported the submission and encouraged others to keep the plans at the forefront of their own and other's minds. The strategic outline case was extremely well constructed, and the enormous efforts of the team were recognised and their ongoing work in this respect was vital.

Mark Bailey acknowledged regional support and anticipated a keen level of interest from the population of Doncaster.

The Chief Executive recognised the importance of working in partnership with DMBC, the positive impact on economic regeneration, levelling up and the Trust's role as a teaching hospital. The advantage of the Basin site was noted to be the co-location with Doncaster College from an education and research perspective. The Chief Executive shared his appreciation of the significant effort which had gone into development of the strategic outline case.

The Chair of the Board signalled the Trust's clear commitment to the people of Doncaster and Bassetlaw in providing the best possible healthcare provision in a modern, future proof setting. Approval was sought from the Board and unanimously received for submission of the strategic outline case to NHSE/I.

The Board:

- ***Approved and took assurance from the Strategic Outline Case – DRI New Build***

P22/01/F1 Minutes of the meeting held on 21 December 2021

The Board:

- **Approved the minutes of the meeting held on the 21 December 2021**

P22/01/F2 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were raised.

P22/01/F3 Governor questions regarding business of the meeting (10 minutes)

Is there a breakdown of the reasons that colleagues are not receiving the Covid-19 vaccine? The Director of People & Organisational Development confirmed there was no central record, although reasons may become apparent through the conversations with the Freedom to Speak-up Guardian.

What action is being taken to deter the incidence of physical violence? The Chief Nurse confirmed the presence of on-site Saba security. In addition, colleagues undertook conflict resolution training. An update in this respect could be provided to the People Committee. Pat Drake raised awareness that some incidents where violence was reported had the potential to be linked to dementia or patients with behavioural issues and suggested there was a difference between such events and intended violence.

In respect of the new build, please can Bassetlaw be considered/referenced as residents may live closer or equidistant to Doncaster Royal Infirmary. The Director of Recovery, Innovation & Transformation confirmed that any future consultation would involve the residents of Bassetlaw.

In respect of transport between Doncaster and Bassetlaw is the provision of transport included within appointment letters, including details of how to book? This matter had been raised previously and it was understood this was included in the letters, but a further check would be made.

P22/01/F4 Date and time of next meeting (Verbal)

Date: Tuesday 22 February 2022.

Time: 09:30am

Venue: MS Teams

P21/12/E5 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.*

P21/12/F Close of meeting (Verbal)

The meeting closed at 12.07



Chair of the Board

22 February 2022