



**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



**NOT PROTECTIVELY MARKED**

## **MINUTES OF THE 183<sup>RD</sup> PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD**

**10.00 A.M. ON WEDNESDAY 30 SEPTEMBER 2020**

### **VIRTUAL MEETING BY MS TEAMS**

To observe Scottish Government guidelines on social distancing and protect public health, the Board meeting is being held by videoconference. The agenda and papers are available on our website [www.scottishambulance.com](http://www.scottishambulance.com)

#### **Present:**

Board members: Tom Steele, Chair (Chair)  
Julie Carter, Director of Finance, Logistics & Strategy  
Stuart Currie, Non Executive Director  
Pauline Howie, Chief Executive  
Liz Humphreys, Non Executive Director  
Irene Oldfather, Non Executive Director & Vice Chair  
Carol Sinclair, Non Executive Director (from item 5)  
Madeline Smith, Non Executive Director  
Dr Francis Tierney, Non Executive Director  
Martin Togneri, Non Executive Director  
Dr Jim Ward, Medical Director

Regular attendees: Paul Bassett, Director, National Operations  
Lewis Campbell, Regional Director, East  
Lyndsay Lauder, Director of Workforce  
Frances Dodd, Director of Care Quality & Professional Development  
Lindsey Ralph, Board Secretary (minutes)  
Milne Weir, Regional Director, North

In Attendance: Sarah Stevenson, Risk Manager (Item 06)

### **WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the 183<sup>rd</sup> Scottish Ambulance Service Board meeting. Apologies were noted from Cecil Meiklejohn, Non Executive Director, John Riggins, Employee Director and Garry Fraser, Regional Director, West. Due to the COVID-19 situation and social distancing measures, this meeting was not open to members of the public and the agenda and papers were available on the Service's website.

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## ITEM 01 PATIENT STORY

Board members viewed a film which shared the experience of three patients who were diagnosed with Spontaneous Coronary Artery Dissection (SCAD) and had been assisted by the Service. Board members noted that the causes of SCAD were unknown, and was reported across a wide age range and the majority of cases were in young to middle aged women. 90% women and 10% men were diagnosed with SCAD and were mostly aged between 44 to 53 years old. Symptoms include central chest pain or discomfort, arm pain or numbness, pain the jaw, nausea/vomiting and diaphoresis and dyspnoea.

The patients, who shared their powerful stories with the Board, were all extremely grateful for the treatment they received from the crews and wanted to raise awareness of the condition, both for the public and also for the responding crews. One of the patients believed that because of the way the symptoms presented, which did not fit the normal cardiac profile, if it had not been for the attending Paramedic's judgement on the day that something was still not right after the clear test results were known, she would not have survived.

Jim Ward described the Service's clinical decision making framework and highlighted that good clinical history taking and further exploration with the patient or their carer often highlighted subtle red flags when there were very few risk factors presenting with the symptoms. Although Board members recognised that this was a rare condition which was difficult to detect, they were encouraged to hear about staff confidence to trust their own judgement around clinical decision making in these situations.

Board members noted that the video would be shared with the Service's training and education team and the Communications team to raise awareness of this life threatening condition. Jim Ward advised that he would discuss this case study with the Chair of the Service's clinical guidelines group and arrange for it to be shared with the UK wide JRCALC group.

### Actions:

1. **Director of Care Quality & Professional Development and Head of Corporate Affairs and Engagement** - to arrange for the video to be shared with the training and education team and the communications team to raise awareness of this life threatening condition across social media channels.
2. **Medical Director** - to discuss the case study with the Chair of the Service's clinical guidelines group and arrange for it to be shared with the UK wide JRCALC group.

## ITEM 02 DECLARATION OF INTERESTS

The following declarations were noted: -

- Martin Togneri - Non Executive Director, NHS 24
- Irene Oldfather - Director of Scotland's Health and Social Care Alliance
- Madeline Smith – Non Executive Director and Vice Chair, NHS 24 and Non Executive Director, Digital Health and Care Institute
- Carol Sinclair - Associate Director, Public Health Scotland
- Liz Humphreys - Non Executive Director, Public Health Scotland

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## ITEM 03 MINUTES OF MEETING HELD ON 29 JULY 2020

The minutes were approved.

## ITEM 04 MATTERS ARISING

Board members approved the removal of Matters Arising 182/3/5, 182/6/6, 182/8/10(i), 182/8/10(ii) and agreed the removal of the following items:-

- 176/5/5(i) - A full review of the performance information presented to the Board will be completed at the October Board Development session.
- 177/4/5 - This action has been progressed through the Clinical Governance Committee.

## ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT AND TOWARDS 2020: TAKING CARE TO THE PATIENT

Carol Sinclair joined the meeting.

Pauline Howie provided a summary of the main points from the paper and highlighted that during the reporting period the COVID-19 restrictions has eased and the Service had seen improvements in some of its performance measures and clinical outcomes. The Service had started to remobilise and had reviewed its planning assumptions for the winter period based on the latest COVID-19 modelling scenarios.

Martin Togneri welcomed the improvements in the paper and commented that the explanation provided for the purple median response times was an exemplary example of the analysis information that Board members required for their role of scrutiny and assurance. Board members agreed with this feedback and thanked the teams involved for their collective efforts.

Board members noted performance against the Service's strategic plans for clinical, operational, scheduled care and staff experience measures. An increase in response times had been observed and Board members noted this had to be seen in the context of strong outcomes in terms of VF/VT Return of Spontaneous Circulation (ROSC) and 30 day survival, which reflected the point that timeliness of ambulance response was one of a range of elements that influenced outcomes. As part of the Service's recovery planning, the Service was progressing its demand and capacity modelling work, which was essential to improve the timeliness of response across all of the Service's response categories, with full implementation anticipated in 2022.

Madeline Smith noted that the volume of demand was returning to pre-pandemic levels and asked if the Service was seeing similar patient presentations as it had been before April. Jim Ward advised that the case mix of patient presentations was similar although there had been a significant increase in the number of calls related to mental health. Board members received assurance that it remained a priority area for the Service to engage with Integrated Joint Boards regarding access to alternative pathways to the emergency department.

In response to a question from Madeline Smith about hear and treat performance, Jim Ward reported that there was a recording issue which meant that the Service was not able to capture information related to people who were advised by the Service to contact NHS 24 as the most suitable response.

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Madeline Smith asked for further information about the slight reduction in see and treat performance. Jim Ward advised that this was consistent with the perceived increased confidence of patients to attend hospital that was absent at the height of the pandemic and while performance had settled down to a more typical level, the Service was seeing an enhanced confidence in paramedic clinical decision making to refer to alternative pathways.

Stuart Currie referred to hospital turnaround times and asked whether the trend would show an improved position if the additional COVID-19 related elements were disaggregated. Jim Ward advised that there were a number of elements related to this which would make it difficult to disaggregate such as the donning and doffing of PPE, enhanced vehicle cleaning, different hospital COVID-19 zones and processes for handover.

Following on from Stuart Currie's point, Carol Sinclair noted that there was a healthy use of mean and median in the charts. She advised that the median was useful to identify extremities and understand where, and whether, these polarities clouded the information. She offered her support to explore this further out with the meeting. The Chair advised that the Board would undertake a deep dive of the performance information provided to the Board at its Development session in October 2020 and these points could be captured as part of this review.

The Chair asked for further information about the actions being taken to ensure patients were not being kept in ambulances for extended periods of times on arrival at hospital sites. Jim Ward explained that this related to processes for COVID-19 social distancing and enhanced infection control measures at hospital sites. Board members were concerned that this had a detrimental impact on patient experience and with winter approaching, they did not consider this to be a sustainable solution. Jim Ward assured Board members that this issue was being raised as a priority by local management teams with the relevant hospital sites.

Board members remained concerned about increased hospital turnaround times and the anticipated additional winter pressures which would further impact on these. Jim Ward reported that he chaired the Ambulance Turnaround Times Strategic Review Group, established at the request of Scottish Government, and the group would reconvene in October. A priority area of focus would be the escalation process when ambulance vehicles were starting to queue at hospital sites.

In response to a question from Carol Sinclair about whether the Service had experienced an increase in demand as a result of the way GP services had been operating during the pandemic, Jim Ward reported that emergency demand from GPs had returned to pre-pandemic levels. He referred to Scottish Government's Redesign of Urgent Care programme and assured Board members that the Service was engaged and represented in this programme of work, which would include a review of potential risks to sustain GP out of hour services, COVID-19 readiness and the remobilisation of scheduled care services.

Pauline Howie reported that the Service operated as part of the wider health system and confirmed it had recently been invited to join the COSLA Health and Social Care sub group. Board members noted that Garry Fraser, Regional Director, West would represent the Service at these meetings and this was a positive development in terms of alternative pathways working within the wider system.

In response to a request from Madeline Smith about COVID-19 related absence, it was agreed that the Director of Workforce would include this information in the workforce section of future reports.

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**Action:**

3. **Director of Workforce** - to include COVID-19 related absence information in the workforce section of future reports.

**ITEM 06 CORPORATE RISK REGISTER (PUBLIC)**

Sarah Stevenson joined the meeting for this item.

Julie Carter provided a summary of the paper and the Chair asked for further information about the description of risk 4651 and whether the focus was on uncertain demand or capacity issues, or a combination of both. Pauline Howie and Julie Carter explained that most of the risks in the Service's Remobilisation Plan risk register were aligned to this corporate risk which was a main priority for the Service. Based on this, their view would be to keep it under both descriptors, at a high level, with the assumption that the Service would see a gradual reduction as more redesign work was progressed and additional resources were deployed over the coming months. Pauline Howie reminded Board members that progress of the demand and capacity review would resolve a number of the Service's high focus areas over the next 2 to 3 years and the Service would focus on addressing the highest risks first.

Board members completed a detailed review of the Corporate Risk Register and agreed the following actions: -

- **Workforce risks 4636 and 4637** - Director of Workforce and Risk Manager would meet with Madeline Smith and Irene Oldfather to review the wording and mitigating actions connected to these risks.
- **Strategic risk 4639** - Risk Manager to review this risk following a point raised by Liz Humphreys that it was unlikely the Service could mitigate against the likelihood of this risk.
- **Operational risk 4651** - Risk Manager to arrange for the forecast risk scoring to be reviewed following a point raised by Liz Humphreys about the length of time it would take to work through the associated major programmes of work.
- **Strategic risk 4640** - Director of Finance, Logistics and Strategy to report back to the Board on the collective review of the associated risks identified by each service to determine the overall programme risks related to Strategic Risk 4640 Emergency Service Mobile Communications Programme delays.

The Chair sought clarity about the forecast risk column and whether this related to forecast or tolerance. Julie Carter confirmed that this related to risk tolerance and advised that she was working with the Risk Manager to include timescales for risk forecast.

Julie Carter informed Board members that further improvement work was being undertaken to align the corporate risks to Board agenda items.

The Chair thanked Julie Carter and Sarah Stevenson for progressing work to present a more dynamic Corporate Risk Register for the Board's review.

**Actions:**

4. **Director of Workforce and Risk Manager** - to arrange a meeting with Madeline Smith and Irene Oldfather to review the wording and mitigating actions of Workforce risks 4636 and 4637.

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5. **Risk Manager** - to review Strategic risk 4639 following a point raised by Liz Humphreys that it was unlikely the Service could mitigate against the likelihood of this risk.
6. **Risk Manager** - to arrange for the forecast risk scoring of Operational risk 4651 to be reviewed following a point raised by Liz Humphreys about the length of time it would take to work through the associated major programmes of work.
7. **Director of Finance, Logistics & Strategy** - to report back to the Board on the collective review of the associated risks identified by each service to determine the overall programme risks related to Strategic Risk 4640 Emergency Service Mobile Communications Programme delays.

## **ITEM 07 FEEDBACK, COMMENTS, CONCERNS, COMPLAINTS ANNUAL REPORT 2019/20**

Board members noted the paper and the Annual Report that was approved by the Clinical Governance Committee at its meeting in August 2020.

Martin Togneri highlighted that the request made by the Clinical Governance Committee in August to amend the introduction section of the report to reflect that the bad weather referred to was in 2018 and not 2019 as stated, had not been actioned. It was agreed that this amendment would be made before the report was published.

With the above amendment, Board members approved the Annual Report.

### **Action:-**

8. **Director of Care Quality & Professional Development** - Head of Corporate Affairs to amend the typing error in the introduction of the report which referred to the bad weather being in the early part of 2019 instead of 2018, before publication.

## **ITEM 08 WINTER CONTINGENCY PLAN 2020/21**

Paul Bassett provided a summary of the main points from the paper.

Board members noted the aim of the plan to provide safe and effective care for people using services and to ensure effective levels of capacity and funding were in place to meet expected activity levels. The plan supported Scottish Government's plan of integration, improved delayed discharge and focussed on the redesign of urgent care, which detailed how the Service escalated and focussed resources during prolonged periods of reduced capacity or increased demand.

In response to questions from Board members, it was noted:-

- Feedback would be provided to the Board on the Service's exercise on 7 October to test its winter arrangements.
- The Service was working with territorial Boards and IJBs to review arrangements and take the learning from the first wave of the pandemic. At a national level there were plans for a focussed winter planning emergency response group to test various scenarios to understand the trigger and escalation processes within the health and social care system.
- The Community First Responders were being remobilised and the majority of schemes would be in place from October.
- The Service's flu vaccination campaign had started and the NHS Scotland target was confirmed as 60%.

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- All staff were actively being encouraged to have the flu vaccination and the supply and take up of this was being monitored weekly by the Executive Team.
- The Service had processes in place to capture the number of staff who received the flu vaccination out with the Service.
- The Service was keen to help support the administering of the COVID-19 vaccination should one become available and was considering options for this.

Martin Togneri requested that the wording of paragraph 23 was amended to reflect that the 31<sup>st</sup> December 2020 was the date of the end of the EU transition period and not the date the UK left the EU.

Board members discussed the anticipated concurrent risks of winter pressures, COVID-19, seasonal flu and EU exit and the Strategic Command arrangements that would be in place from October 2020.

Stuart Currie asked if the issue of hospital turnaround times was being prioritised by territorial boards as part of their winter plans. Jim Ward advised that there was increased focus on this and referred to the Service’s work with Greater Glasgow and Clyde and Ayrshire and Arran health boards. The Service would meet its Scottish Government sponsor team on 2 October 2020 and this issue was on the agenda for discussion.

Madeline Smith asked if the Service had visibility of the arrangements related to hospital turnaround times that territorial Boards would put in place for the winter period to ensure this was done in a bilateral way with the Service. Paul Bassett advised that this detail would be included in the local level winter plans, which would be an appendix to this plan. These local arrangements would be tested at the winter planning exercise on 7 October.

Board members approved the Winter Contingency Plan 2020/21.

**Action:**

9. **Director, National Operations** - to amend the wording of paragraph 23 to reflect that the 31<sup>st</sup> December 2020 was the date of the end of the EU transition period and not the date the UK left the EU.

**ITEM 09 REVISED GOVERNANCE ARRANGEMENTS**

The Chair presented the paper and Board members noted that the Corporate Governance Steering Group was considering options for a Once for Scotland approach for public scrutiny at Board meetings during the pandemic.

Madeline Smith referred to section 2.3 and noted that while there was a provision for Board and Committee agendas to be stripped down to cover only essential items this had not been required as business had progressed as planned. Board members agreed that this flexibility should be retained to ensure management and operational staff could focus on the Service’s response to the pandemic if the current situation escalated. It was agreed the wording would be changed to insert ‘if required’ at the start of the second sentence of section 2.3.

**Action:**

10. **Board Secretary** - to amend section 2.3 to insert “if required” at the start of the second sentence.

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## ITEM 10 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points from the paper. Board members noted:-

- The financial position showed a deficit of £11.2 million against a trajectory deficit of £3.0 million.
- Efficiency savings of £2.0 million have been delivered against a target of £5 million for the period.
- Additional expenditure of £8.3 million has been incurred in this period as a result of the Service's COVID-19 mobilisation plan.
- To date approx. £1.7 million of efficiency savings could not be delivered due to COVID-19 and was included within the £3 million shortfall
- Additional funding for COVID-19 related expenditure of £10 million is assumed to be received from Scottish Government, in line with agreed timelines this is due to be approved by Scottish Government by the end of September 2020.

Board members noted that the underlying position for the Service was £1.2 million behind target which was broadly in line with the Service's financial trajectory to 31 August 2020, assuming that all COVID-19 related expenditure was fully funded by Scottish Government.

Board members discussed the current position and challenges related to the delivery of efficiency savings which were a key element of the Service's 3 year financial plan. Julie Carter explained that a deep dive review of efficiency savings to 31 March 2021 had resulted in a revised risk of £4 million and a detailed report on the Best Value Programme would be provided to the Audit Committee in October 2020.

The Chair thanked Julie Carter for the report and her update which provided a good level of assurance to the Board. He confirmed that it was important that the Board was sighted on any risks that emerged as early as possible.

## ITEM 11 PERSON CENTRED CARE UPDATE

Frances Dodd provided a summary of the main points from the paper.

Board members noted that 309 compliments had been received by the Service since 1 April 2020. Following a point made by Carol Sinclair, it was agreed that any good practice or learning from East region, that had received over 50% of these compliments, should be shared across the Service.

Board members noted the Patient Focus Public Involvement strategy would be presented to the Clinical Governance Committee in November for approval.

Board members welcomed the improvements made in Stage 2 complaints compliance which was above target at 88.1%. There had been a sustained increase in the percentage of complaints that were being handled at a Stage 1 level and further improvement work was required around compliance levels.

In response to a question from Irene Oldfather about the timescales to complete SPSO case 35926, Mark Hannan confirmed that the Service had completed its actions and was waiting feedback from the SPSO to confirm the case was closed. Frances Dodd added that in terms of completeness, the Service would not remove the cases from the list until it had received

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confirmation from SPSO that these were closed. It was agreed that it would be helpful if the Service could include timescales for each action to be completed by the Service to provide further assurance to the Board.

**Action:**

11. **Director of Care Quality & Professional Development** - to include timescales for each action to be completed by the Service on the SPSO tracker.

**ITEM 12 PATIENT AND STAFF SAFETY - HEALTHCARE ASSOCIATED INFECTION REPORT**

Board members noted the paper and the work activities of the Infection Prevention and Control Team to support the Service's remobilisation plan and that the audit of stations and vehicles had recommenced on 3 August 2020. The team continued to monitor compliance with greater focus on local ownership of local infection prevention and control practice.

Board members were pleased to note overall compliance in the recorded use of the PVC insertion care bundle was being consistently sustained above the quality indicator of 95%. Compliance for the months of July and August 2020 was 96.7% and 96.3% respectively.

Frances Dodd provided an update to Board members on two outstanding actions from the IPC Programme of Work 2019/20 which had not been completed as planned in July 2020. Board members noted the IPC team were working with the relevant stakeholders to complete these actions.

**ITEM 13 CHAIR'S VERBAL REPORT**

The Chair gave a verbal update on recent meetings and activity during the reporting period which included his recent attendance at the NHS Chairs meeting, the OHCA strategy group meeting and Corporate Governance Steering Group meetings.

Board members noted that the Chair had met with Peter Murray, Chair of the IJB group to discuss the Service's engagement with the IJB group around the development of community pathways.

The Chair was pleased to inform Board members that Cecil Meiklejohn, Non Executive Director had been reappointed for 4 years from December 2020.

**ITEM 14 CHIEF EXECUTIVE'S VERBAL REPORT**

Board members were provided with an overview of matters not covered elsewhere on the agenda and recent meetings attended by the Chief Executive.

On behalf of the Board, Pauline Howie recorded her thanks to all staff involved in the recent major incident in Stonehaven.

Board members welcomed the weekly online staff engagement sessions that they had an open invitation to attend and were focused on a different topic each week. This was an additional channel for staff engagement with Executive Team members and provided staff with an opportunity to ask questions or share their valuable ideas about what mattered to them. An

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evaluation of these sessions was being completed and would be shared through the Staff Governance Committee.

Pauline Howie referred to the Mobile Testing Units that the Service had assumed responsibility of from the Armed Forces, reporting that this had gone live ahead of schedule on 31 August 2020. She recorded her thanks to the teams involved for a smooth transition recognising the scale of work that was required to be achieved in a short timeframe.

Board members noted that the Service's Annual Review with the Cabinet Secretary for Health and Sport would be held on 30 November 2020. Given the ongoing focus on the pandemic and planning for winter/mobilisation, the Service would be represented by the Chair and Chief Executive and a letter on the outcome of the review would be shared with Board members and published on the Board website in the usual way.

Board members noted that Lewis Campbell, Regional Director, East would retire from the Service in January 2021 and David Robertson, who was currently the General Manager, Ambulance Control Centres had been appointed as his successor.

## **ITEM 15 CLINICAL GOVERNANCE COMMITTEE**

Board members noted the approved minutes of 18 May 2020. Martin Togneri, Chair of Clinical Governance Committee provided the main points from the meeting on 17 August 2020. Board members noted the Committee:

- Approved Annual Reports 2019/20 for Controlled Drugs, Patient Experience and Annual Infection Prevention and Control
- Approved the Annual Infection Prevention and Control Programme 2020/21
- Noted and endorsed the recommendations made in the Public Protection Assurance Group Annual report 2019/20
- Received a special topic on the Service's Advanced Practitioner Remote Consultation Model which was implemented in response to COVID-19 and noted the fundamental changes that had taken place in relation to the Hear and Treat Model
- Reviewed the internal audit risks and actions
- Discussed an update on patient experience and learning from adverse events with a particular focus on assurance about the robustness of the SAERs process following feedback from the Audit Committee
- Noted and took assurance from the Clinical Risk Register, and Clinical Governance and Patient Safety Report, Infection Prevention and Control Update report, Education update, Clinical Services Transformation Programme update
- Noted minutes and updates from the National Clinical Operational Group, Clinical Assurance Group, Medicines Management Committee and Research and Development Group.

## **ITEM 16 STAFF GOVERNANCE COMMITTEE**

Board members noted the approved minutes of 11 June 2020. Madeline Smith, Chair of Staff Governance Committee provided the main points from the meeting held on 16 September 2020. Board members noted the Committee: -

- Approved the Black, Asian and Minority Ethnic (BAME) and Scottish Ambulance Service Equality and Diversity Plans

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- Received a special topic on Attendance Management
- Received a progress update on the Staff Governance Action Plan 2020/21
- Reviewed the Workforce Vector of Measures, Risk Register and Internal Audit Actions
- Received the Organisational Development Plan 2020/21
- Reviewed the Draft Workforce Health and Wellbeing Strategy which will be presented to the Committee for approval in December 2020, prior to Board approval.
- Received a verbal update on alternative/adjusted duties and Communications to Staff via Cab Devices
- Received updates on Health and Safety, Demand and Capacity Programme, Workforce education, training plan and recruitment, appraisal activity, Staff Experience, Integrated Support Services and Partnership working
- Received an overview of the principles of the Service's Learning from Events Group.
- Noted Lifelines Scotland Project Initiation document
- Received mid-year assurance report from the Remuneration Committee
- Reviewed its annual work plan
- Reviewed the Staff Governance Committee dates for 2021 which would be presented for approval by the Board in November.
- Agreed the key messages.

#### **ITEM 17 BOARD DEVELOPMENT REPORT - 24 AUGUST 2020**

Board members noted the report.

#### **ITEM 18 DATE OF NEXT MEETING**

The Board will meet at 10.00 a.m. on Wednesday 25 November 2020.

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