

## Council of Governors

Minutes of the 59<sup>th</sup> Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 25 July 2019 from 2.45pm to 4.45pm in the Circle, Voluntary Action Sheffield, Rockingham Lane, S1 4FW

### Present:

Name	Governor Constituency	Name	Governor Constituency
Cllr Steve Ayris	Appointed (SCC)	James Barlow	Appointed (Sheffield Carers)
Angela Barney	Public South West	Jayne Brown	Chair
Adam Butcher	Service User	Tyrone Colley	Service User
Fay Colphon	Appointed (SACMHA)	Billie Critchlow	Carer
Liz Friend	Carer	Mark Goodwin	Staff (Social Work)
Jonathan Hall	Service User	Nick Hall	Service User
Sylvia Hartley	Public North West	Steve Hible	Public North East
Ahmed Ibrahim	Public North East	Jules Jones	Public SE
Nusrat Mir	Staff (Medical)	Toby Morgan	Service User
Cllr Josie Paszek	Appointed (SCC)	Julian Payne	Service User
Charlotte Porter	Public South West	Terry Proudfoot	Service User
Dr Abdul Rob	Appointed (PMC)	Sue Roe	Carer
Adam Rodgers	Staff (Clinical Support)	Varria Russell-White	Carer
Antony Sharp	Staff (Support Work)	Janet Sullivan	Appointed (Sheffield MENCAP)
Joan Toy	Service User	Susan Wakefield	Appointed (SHU)
Prof. Scott Weich	Appointed (UoS)	Maggie Young	Staff (AHP)

### In attendance:

Name	Governor Constituency	Name	Governor Constituency
Clive Clarke	Deputy Chief Executive	Holly Cubit	Head of Communications
Phillip Easthope	Executive Director of Finance	Fiona Goudie	Clinical Director, Strategic Partnerships
Sandie Keene CBE	Non-Executive Director	Liz Johnson	Head of Equality & Inclusion
Rashpal Khangura	KPMG	Liz Lightbown	Executive Director, Nursing & Professions
Richard Mills	Non-Executive Director	Jason Rowlands	Director of Strategy & Planning
Margaret Saunders	Director of Corporate Governance	Laura Serrant	Non-Executive Director
Sam Stoddart	Deputy Board	Ann Stanley	Non-Executive

Name	Governor Constituency	Name	Governor Constituency
	Secretary		Director
Christopher Wood	Associate Clinical Director		

### Apologies:

Name	Designation	Name	Designation
Cllr Olivia Blake	Non-Executive Director	Dr Mike Hunter	Executive Medical Director
Kate Steele	Service User Governor	Professor Brendan Stone	Associate Non-Executive Director
Bradley Wass	Staff (Central Support)	Dean Wilson	HR Director

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CoG 59/01	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed everyone and informed them that it was Toby Morgan's first meeting as Lead Governor and Kevan Taylor and Laura Serrant's last meeting. She asked CoG to show its appreciation and thanks to both.</p> <p>The Chair also welcomed all new Governors to their first meeting.</p>	
CoG 59/02	<p><b>Declarations of Interest</b></p> <p>Rashpal Kanghura from KPMG declared an interest in item 10 and confirmed he would leave the room for the item.</p> <p>Ann Stanley and Richard Mills both declared an interest in item 7 and confirmed they would leave the room for the item.</p>	
CoG 59/03	<p><b>Minutes of the Meeting held on 25 April 2019</b></p> <ul style="list-style-type: none"> <li>• <b>Apologies</b> were noted from Kevan Taylor, when he should be recorded as in attendance</li> <li>• <b>CoG 58/05a</b> an amendment was noted regarding the number of carers in Sheffield which should read 56,000 and not 16,000.</li> </ul> <p>Subject to these amendments, the minutes were accepted as a true and accurate record.</p> <p>Angela Barney commended the minutes for their clarity, given the complexity and detail of the discussion at the meeting.</p>	Agreed
CoG 59/04	<p><b>Action Log and Matters Arising</b></p> <p>Outstanding actions were noted. Mark Gamsu informed CoG he would pursue the CCG for a response to the query regarding the Care Identification Scheme. Adam Butcher stated he would press ahead with securing the information regarding the Annual Safeguard Report to share with governors. Care Opinion would be scheduled for the next</p>	<p>M Gamsu</p> <p>A Butcher</p>

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	available CoG.	
CoG 59/05	<p><b>Strategic Objectives – New Developments</b>  Clive Clarke led on the item informing CoG of exciting new initiatives for mental health which are aligned to the Trust’s strategic objectives. These are:</p> <ul style="list-style-type: none"> <li>• Development of Secure Care</li> <li>• Effective Recovery Services</li> <li>• Development in Primary Care</li> </ul> <p><b>Development of Secure Models of Care</b>  Jason Rowlands, Director of Strategy &amp; Planning, introduced himself and informed the meeting that he had been working with 5 separate organisations on delivering low and medium secure care within South Yorkshire and Bassetlaw via a new secure care model. He explained providers of services have been tasked to come together and form a collaborative to take on the responsibility to deliver services in partnership to enable real transformation and strengthen connections with local services.</p> <p>At any given time, there are 220 beds in the South Yorkshire &amp; Bassetlaw area and the collaborative needs to consider how to use these beds to best effect. The collaborative is working on producing an inclusive, holistic care pathway focused on people living successful and fulfilled lives in the community and its aim is to provide high quality forensic care that supports recovery, is community focussed, delivered in the least restrictive setting and as close to home as possible. By doing this it will reduce the amount of care provided by secure hospitals.</p> <p>To ensure success the collaborative needs a lead provider who will hold the contract with NHS England. They will also provide the leadership and governance structure for the partnership and Jason confirmed SHSC has been selected as the lead provider.</p> <p>Sylvia Hartley congratulated the Trust on this achievement, but queried whether SHSC was too small to be the lead provider. Kevan Taylor informed CoG the Trust is known as national leaders in this field.</p> <p>Anthony Sharp asked if there were any implications for the Trust as the lead provider. Jason said the Trust will be the ultimate contract holder with NHS England and will therefore be responsible for the delivery of the sub-contractual framework. However, each other provider within the collaborative will still be accountable for the quality of their services and accountable to and regulated by the CQC; therefore, the Trust’s liabilities are similar to that of</p>	

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	<p>Commissioners at the moment. The Chair assured the committee that Board is very conscious of liability, risk and risk share – both clinical and financial – and it will ensure any risk is carefully managed.</p> <p>Adam congratulated Jason on the progress made so far and queried any plans for the collaborative to work with service users to ensure best practice. Jason confirmed an engagement plan was in place with the 5 in-patient providers plus a network organisation that facilitates the service user and carer engagement. However, he acknowledged this may need further development.</p> <p>Angela Barney raised three questions regarding timely step-downs, namely (a) whether there were any commissioning issues, (b) any legislation issues regarding the Mental Health Act and Mental Capacity legal frameworks which may prove as disincentives to the Collaborative’s ability to step-down people into the community and finally (c) inviting Jason’s thoughts on the questions governors would need to ask NEDs to hold them to account for this area of development.</p> <p>Jason responded that:</p> <p>(a) This is being addressed in the Collaborative Development Plan which will ensure that what is in place in the community to support earlier discharge and successful discharge will be done in conjunction with the provider commissioning plans in Rotherham, Barnsley, Doncaster and Bassetlaw. This will ensure that things are not done in a fragmented way. Mental Health providers and commissioners in each area will be consulted in relation to this item.</p> <p>(b) This is a national issue and is something that the collaborative needs to factor into their plans as they move forward.</p> <p>Clive Clarke replied to the question (c) as he felt that this followed on from a governor and board development session which had been held the previous week. He explained the executives need to provide assurance to NEDs on the project. It was felt that the three main areas of concern would be financial risk, quality risk and performance risk.</p> <p><b>Development of Effective Recovery Services</b> Chris Wood, Associate Clinical Director in the Acute and Crisis Care Network, introduced himself and informed the meeting that the Trust was given the opportunity to bid for funding for £1.4m in the year 2020/21 and £1.8m in the year 2021/22 to increase and enhance the crisis care provision in Sheffield and</p>	

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	<p>its surrounding area. This was in line with the Trust's strategic aims and the crisis care concordat. The Trust was able to submit a competitive and clinically appropriate bid in a relatively short time frame.</p> <p>The bid was based around 6 main areas:</p> <ul style="list-style-type: none"> <li>• Increased call handling facilities to 24/7;</li> <li>• Increased clinical capacity within Adult Service to 24/7;</li> <li>• Increased capacity of Out of Hours services to 24/7;</li> <li>• Dedicated crisis care in the first 72 hours of a crisis;</li> <li>• Home Treatment Team 24/7 across all age ranges;</li> <li>• Support all the above by a 24/7 Crisis Support Line and Crisis Care Café which would be open from 6.00 pm to 10.00 pm co-located alongside existing community services. The Crisis Café would provide people with open access to crisis support through face-to-face means and access to experts by experience.</li> </ul> <p>Clive informed the meeting the Trust put together a bid for £1.2m which has been successful. Therefore, this financial year the Trust will receive £560K with the remaining funds being released at a later date.</p> <p>Billie Critchlow asked if the six main areas would be achieved through the appointment of new staff or through existing staff. Chris responded that new staff will need adding to existing establishments. Clive informed CoG of a strategic issue relating to workforce that will need managing, explaining that current staff may apply for the new roles which in turn will create vacancies in existing services. The Chair assured governors the Board will be monitoring this closely and will feed back to CoG at future meetings.</p> <p>Scott Weich commended the Trust on responding very agilely to the bid within a very short timeframe. However, the problem of successful bids undertaken in this way is that it does not give the organisation time to fully think through the bid, consult upon it and gather evidence to ensure its long-term success. This could result in a short-lived development which does not have any longevity. Scott hoped the Trust would use the money wisely to make service improvements and gains. The Chair agreed Scott made a valid point.</p> <p>Toby Morgan queried support structures currently in place for staff and how this will develop as the 24/7 service develops. Chris responded the above plan will work because it will be sandwiched between existing services. The services will work around a "clinical pathway" or a "crisis pathway" for service users which will help them through their treatment journey, but it will also help support managers and leaders involved in</p>	

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	<p>taking difficult decisions in terms of how they are going to deploy their resource at any given stage. The Trust has increased its Out of Hours co-ordination and availability of managers over the last year to help to manage the increase in demand.</p> <p>Varria Russell-White, a newly elected Carer Governor, asked whether the one-hour response requirement was an achievable target. She also questioned the difference in crisis services between working age adults and older age adults.</p> <p>Chris stated the one-hour response is a difficult target because the referral may have come from a third party or the service may be trying to contact someone by telephone who may not be available. The Trust's SPA services in Sheffield have identified the one-hour response target as very difficult to deliver.</p> <p>Working-age adults and old age services are run separately at the moment. This development will bring the two together. There is also a dementia service response team.</p> <p>Jules Jones asked how support for carers has been built into the model and queried whether assessments will be undertaken in people's homes, and any safety issues surrounding this. She also queried the degree of reliance of the model on the telephone and whether phones will be manned by qualified staff or volunteers.</p> <p>Chris explained the telephone line will be manned by a support worker with access to qualified staff within the Crisis Hub which would enable staff to deliver interventions and support.</p> <p>The Trust is hopeful assessments will be carried out in people's homes as is the case at the moment with crisis assessments. Carrying out assessments in the home gives staff the opportunity to interface with the carers who are often central to the initial crisis resolution package. Where home assessment is not appropriate the Trust would be seeking to bring people into the Crisis Hub.</p> <p><b>Development in Primary Care</b>  Fiona Goudie, Clinical Director for Strategic Partnerships, introduced herself and informed the group the Development in Primary Care was another bid made by the Trust at short notice. However, over the last two years the Trust has been working and looking at how things should be done differently between primary and secondary care.</p> <p>Therefore, when the Trust was informed it had 10 days to submit a bid it was an opportunity to do some "joined up work"</p>	

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	<p>with Primary Care Sheffield, Sheffield City Council, the voluntary sector and clinical commissioners.</p> <p>The <a href="#">NHS Long Term Plan</a> states the need for more integrated support bringing together physical, mental and social care around what is called Primary Care Networks of which there are 14 at present in Sheffield. The population of each network is between 30,000 and 50,000.</p> <p>The bid was for our Trust to be part of a partnership, one of 16/18 in the country, to deliver a community-based service linking to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicine management and support for self-harming and substance misuse. The bid was successful and has secured funding of £2.5m this year and £2.5m next year. As well as the £5m there will be a further £2.5m for Mental Health in Primary Care within the commissioning baseline budget. This means the Trust will get new money early in order to test out new services.</p> <p>In two years' time the successful elements of the development will be permanently funded. The long-term plan is filling the gap between IAPT and secondary care mental health teams.</p> <p>The Trust will initially work with four of the 14 Primary Care networks in Sheffield and increase that in year two.</p> <p>The successful bid was submitted through and signed off by the Integrated Care System (ICS). Sheffield was the successful bidder from the ICS (Sheffield, Rotherham, Doncaster, Barnsley and Bassetlaw) and will be sharing its learning about this Primary Care partnership.</p> <p>The key features of the plan are:</p> <ul style="list-style-type: none"> <li>• Primary care support for the network enabling people to access treatment services within 4 weeks</li> <li>• 25% of the budget must be spent on personality disorder services;</li> <li>• Work with older adults and adolescent mental health trusts.</li> <li>• Some funds have been set aside to work with MIND to invest in capacity building resources within communities.</li> </ul> <p>Workforce will be a challenge therefore the Trust has committed to working with Universities and graduates who are interested in working in mental health, but the current training systems and funding means there is a “bottle neck” to access training.</p> <p>Nick Hall asked if the primary care networks included GP</p>	

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	<p>practices. Fiona said the networks bring together groups of GP practices and council neighbourhoods.</p> <p>Nick also asked how the partnership would be gathering intelligence from the crisis services, etc. Fiona responded by saying they were already looking at where referrals are coming from and the largest referrers and how they will work together to have the greatest impact.</p> <p>Jules Jones said she has been working with some of the primary care networks and understood that at Porter Brook (Sheffield 11) 67% of people were considered to be healthy whereas at the Seven Hills Network (Sheffield 9) less than 10% of people were considered to be healthy. Based on this she had a concern relating to the demographic allocation of resources. She therefore queried how the partnership would ensure areas such as Seven Hills receives a larger allocation to reflect its increased health needs.</p> <p>Fiona responded by saying that this is Public Health data and the partnership would be drawing on their expertise to help answer that question. Allocations will be based on needs assessments. The Chair said it was important not to inadvertently increase inequality.</p> <p>Adam Butcher queried how the new development would capture hard to reach groups. Fiona replied the partnership will be working on trying to remove the stigma related to mental health that exists within many groups.</p> <p>The Chair thanked everyone for their presentations.</p>	
CoG 59/06	<p><b>Governor Feedback</b></p> <p><b>(a) Governor Activities</b></p> <p>Jules Jones referred to the National Governors' Conference papers and hoped that Governors do read them.</p> <p><b>(b) Questions to the Board</b></p> <p>Terry Proudfoot raised concerns about articles that had recently appeared in the press and wanted to know how the NEDs are assuring themselves that actions are in place to deal with the issues raised as well as assuring themselves that similar issues do not exist in other areas.</p> <p>The Chair responded and confirmed that two articles had appeared in the press following which she carried out a "Deep Dive" and is assured that the Trust does not have an endemic problem. However, the Board are still seeking assurance that when individual issues do arise they are dealt with in an appropriate and timely manner.</p>	

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	<p>Kevan Taylor responded the staff survey results showed issues around bullying and harassment. Oversight of this issue is undertaken by the Workforce and OD Committee which provides assurance to the Board.</p> <p>Phillip Easthope confirmed the Trust is signing up to a national charter against bullying and is developing a plan to improve training for staff and increase mediation at early stages. He added the plan is almost ready for sign off and will be rolled out across the Trust.</p> <p><b>(c) Performance Overview Group Notes</b> These were received by CoG. No queries or questions were raised.</p>	Received
CoG 59/07	<p><b>Nomination &amp; Remuneration Committee Report</b> Ann Stanley and Richard Mills both declared an interest in this item and left the room.</p> <p>The Chair reminded the meeting that there were three vacancies, one of which was for an Audit Chair.</p> <p>There were two interview panels, and governors sat on both. One panel dealt with the two generalist non-executive director appointments and the other with the specialist appointment of Audit Chair.</p> <p>From the generalist panel two candidates emerged: Richard Mills and Heather Smith whose is now retired and was the Principal of Sheffield College. On behalf of the NRC the Chair recommended these 2 appointments to the Governors.</p> <p>The second panel interviewed three candidates but none were considered suitable to appoint. After discussion and due consideration, the panel agreed that Ann Stanley should be asked to continue her role as Audit Chair for one more year subject to CoG approval. The Chair informed CoG that Ann and agreed to this.</p> <p>Jules Jones, who had been a member of this panel, informed governors that only two of the three candidates had been interviewed as one had withdrawn. Jules stressed that this request is for an extension of Ann Stanley's existing contract. The Chair sought and received unanimous approval for the extension. The point was made that the extension would be for up to one year or until the successful appointment of an Audit Chair.</p> <p>The Chair was asked if there was any learning from the interview process. She said she did not think so. However, she did think that the job was marketed at the wrong time and</p>	Agreed

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	<p>the one candidate who in theory would have been the ideal person did not turn follow through with their application.</p> <p>Toby suggested that as the role is a specialist appointment then maybe it should be handled by an external recruiter. The Chair agreed that this could be a possibility but needs to be discussed at NRC.</p> <p>Scott Weich asked whether someone from the generalist short list might have been suitable for the audit chair role. The Chair responded that it was not. Firstly, the appointed person must be a qualified accountant. There was one candidate from the generalist group who could potentially have carried out the role. She was asked if she was interested, but she was not.</p> <p>Ann Stanley and Richard Mills were invited back into the meeting.</p>	
CoG 59/08	<p><b>(a) 2018/19 Annual Report</b>  The Chair confirmed that the Annual Report had been e-mailed to everyone and asked if the Governors were happy to receive and approve the report which would be shared with members at the Annual Members Meeting on 24 September 2019.</p> <p>The Annual Report was received by the Governors.</p> <p><b>(b) Annual Governance Report from the Trust's Auditors</b>  The Chair introduced Rashpal Khangura a Director of KPMG, the Trust's external auditors. Rashpal informed the governors that he is the Director responsible for the audit of the Trust's financial statement and his three main responsibilities are:</p> <ul style="list-style-type: none"> <li>• <b>Financial Statements</b> - do the accounts give a true and fair view of the Trust's financial statements?  After carrying out risk assessments the auditors are happy that the financial statements give a true and fair view of the Trust's actual performance.</li> <li>• <b>Value for Money</b> – does the Trust spend its money in an efficient, economic and effective way?  The auditors looked at risk management arrangements, procurement strategies, and in particular the delivery of the cost improvement plan and how the Trust responded to the CQC report. They are satisfied that adequate arrangements are in place.</li> <li>• <b>Quality Report</b> – does the report give a true reflection of the Trust's performance?  The auditors used three quality indicators, one of which</li> </ul>	Received

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	<p>was governor determined (mortality) and are happy that the Trust is correctly reporting its performance against these objectives.</p> <p>Kevan Taylor asked Rashpal if he would give more information about the Trust's response to the CQC. Rashpal responded the National Audit Office sets out the arrangements on how auditors give their conclusions. Therefore, they had to consider the CQC report as a risk and looked at arrangements to tackle and deliver on the issues raised by the CQC. They are happy the Trust has an adequate action plan in place to address concerns.</p> <p>Steve Ayris referred to Appendix 1 – Page 32 and Appendix 2 – Page 35 in the Annual Report regarding new starters and asked why the process takes so long.</p> <p>Phillip Easthope responded the Trust accepts there is an issue around this process which is being addressed by the introduction of an electronic system which should be in place by next year.</p>	
CoG 59/09	<p><b>Annual Corporate Governance Statement</b> Margaret Saunders, Director of Corporate Governance, presented the Annual Corporate Governance Statement which had been submitted to the Audit Committee in May 2019 and was brought to the meeting today for approval. CoG duly accepted the statement.</p>	Accepted
CoG 59/10	<p><b>Appointment of Trust's External Auditors</b> Mr Khangura left the room for this item. Ann Stanley confirmed that KPMG are the Trust's current auditors and have a contract for three plus two years which means three years with an option to extend for a further two years. Their contract ends on 31 March 2020. The constitution dictates the Trust must go to market to appoint new external auditors. Appointment of the auditors is one of CoG's statutory responsibilities.</p> <p>CoG is therefore being asked to delegate the responsibility to a small working group comprising a minimum of two governors, two NEDs one of which is the Audit Chair and the other Councillor Olivia Blake, and representatives from the finance and procurement departments.</p> <p>CoG are therefore asked to approve the initiation of the working group which was duly given. Ann also asked for interest from governors to sit on the working group which will take responsibility for the process and receive the presentations. They will make an assessment based on weightings previously agreed by the group and then bring a recommendation to a future CoG.</p>	Approved

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	<p>Ann informed the meeting that KPMG are eligible to re-apply if they so wish. Jules Jones asked if there was a limit on the number of times KPMG could apply to be auditors. Ann and Phillip Easthope responded there are no time limits so long as objectivity remains for the term of their contract.</p> <p>The Chair asked if anyone would be interested in volunteering for the working group. Nick Hall, Terry Proudfoot, Jules Jones and Adam Butcher all volunteered.</p>	All to note
CoG 59/11	<p><b>Performance Report</b> Received and for information only.</p>	Received
CoG 59/12	<p><b>Chief Executive's Update</b> The Chair invited Kevan Taylor to give his final Chief Executive's Update.</p> <p><b>a) CMHT Update</b> Kevan Taylor informed CoG the collective dispute has not yet been resolved. The Trust has a meeting with the Trade Union in two weeks' time and hopes that the two main issues can be resolved. These are:</p> <ul style="list-style-type: none"> <li>• that the demand on the Mental Health Teams (CMHT) is higher than was anticipated which puts the teams under pressure. Additional resources are now being provided which will in time bring caseloads down to a maximum of 35.</li> <li>• overall review of the working of the Mental Health Teams (CMHT). The Trust had agreed to this commissioned SchaRR to undertake this.</li> </ul> <p><b>b) Acute Care Modernisation (ACM) progress update</b> Phillip Easthope, Executive Director of Finance informed CoG that one of the items on the action plan was to give a presentation to CoG at a future meeting in order to give a full and comprehensive update. By way of assurance there is a Programme Board set up which reports into the Executive Director's Group (EDG) and Finance, Information and Performance Committee (FIPC).</p> <p>The project is currently at design stage III. There is a problem as to where the ECT Suite will be situated but lead clinicians are considering this. Once this decision has been made the overall design will be finalised.</p> <p>Sam Stoddart asked if the plan was for all services currently based at the Michael Carlisle Centre (MCC) to be moved to the Longley Centre following which the MCC would be sold. Phil responded the Trust is not sure where Pharmacy will reside in the future. This needs resolving before any sale can go ahead. Supporting this, the</p>	

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	<p>pharmacy strategy is due in the Autumn of this year.</p> <p><b>c) CQC Action plan progress update</b> Kevan wanted to assure CoG the Trust is actioning items that were raised by the CQC and feels that this has been demonstrated by the external auditors being satisfied that adequate arrangements are in place.</p>	
CoG 59/13	<p><b>Any other Business</b></p> <p><b>(a) Thank you from Kevan Taylor</b> As this was Kevan Taylor's last meeting he asked if he could say a few words. He thanked everyone in the room for challenging and supporting him; for giving up their free time and wished the Trust and its Governors all the best for the future. He said it had been a pleasure and a privilege working with CoG.</p> <p><b>(b) CEO Recruitment Process</b> The Chair informed CoG that Clive Clarke had accepted the position of Acting Chief Executive from the 1 October 2019 and she is currently working with external recruiters on the substantive appointment. The job description is being updated and CoG will be involved in the recruitment process once candidates have been short listed. The whole process should be completed by the end of October 2019. However, no interview date has been set at the moment.</p> <p><b>(c) Change to CoG Agenda</b> Janet Sullivan asked if the CEO's update could be brought forward on the CoG Agenda as she felt it was always rushed. Adam Butcher suggested a Task Group to look at the CoG Agenda. The Chair agreed to discuss this matter with Sam Stoddart.</p> <p>The Chair drew the meeting to a close and thanked everyone for their participation.</p>	J Brown
	<p><b>Date and time of next meeting</b> Thursday 31 October 2019 from 2.45 – 4.45 pm in the Conference Suite, The Circle, VAS, 33 Rockingham Lane, S1 4FW.</p>	