

## Trust Board of Directors Meeting - Part 1

**DRAFT** Minutes of the Trust Board of Directors meeting held in public on Thursday 28 November 2019 at 13:30 at The Tower Hotel, St Katharine's Way, London E1W 1LD

### Present:

Mary Elford	Vice-Chair and Non-Executive Director (Chair of meeting)
Aamir Ahmad	Non-Executive Director
Ken Batty	Non-Executive Director
Paul Calaminus	Chief Operating Officer and Deputy CEO
Dr Navina Evans	Chief Executive Officer
Mason Fitzgerald	Executive Director of Planning and Performance
Dr Paul Gilluley	Chief Medical Officer
Jenny Kay	Non-Executive Director
Kingsley Peter	Interim Chief Financial Officer
Lorraine Sunduza	Chief Nurse
Eileen Taylor	Non-Executive Director
Dr Mohit Venkataram	Executive Director of Commercial Development
Tanya Carter	Director of People and Culture
Richard Fradgley	Director of Integrated Care (non-voting)
Dr Amar Shah	Chief Quality Officer(non-voting)

### In attendance:

Cathy Lilley	Associate Director of Corporate Governance
Elizabeth Holford	Corporate Minute Taker
Nicki McCoy	Corporate Secretariat Manager
Steph Quitaleg	Senior Executive Assistant
Janet Flaherty	Head of Communications (from item 10)
Jeni Bremner	Deputy Chair, Southern Health Trust
Ola Ogunyomi	Freedom to Speak Up (Item 3)
Ade Dosunmu	Freedom to Speak Up Guardian (Items 3 and 12)
Shirley Biro	Public Governor, Newham
Caroline Diehl	Public Governor, Hackney
Jamu Patel	Public Governor
Felicity Stoker	Public Governor
Susan Masters	Appointed Governor Newham
Suzana Stefanic	Public Governor
Keith Williams	Public Governor

### Apologies:

Anit Chandarana	Non-Executive Director
Steven Course	Chief Financial Officer and Deputy CEO
Robert Taylor	Non-Executive Director
Marie Gabriel	Trust Chair

*The minutes are produced in the order of the agenda*

## 1 Welcome and Apologies for Absence

1.1 Mary Elford, chairing on behalf of Marie Gabriel, welcomed all to the meeting.

1.2 All were reminded that the ELFT Board meeting is a meeting held in public, and not a public members meeting; there is an opportunity for members and members of the public to ask questions at the end.

1.3 Apologies were noted as above.

On behalf of the Board, Mary Elford wished Marie Gabriel well; Marie was unable to attend due to family circumstances.

## **2 Declarations of Interests**

2.1 Mary Elford advised that she had two further declarations of interests to add to the published list.

2.2 Mason Fitzgerald declared his interest as Deputy Chief Executive of Norfolk and Suffolk NHS Foundation Trust.

## **3 Patient Story: Freedom to Speak Up**

3.1 Mary Elford welcomed Ola Ogunyomi and Ade Dosunmu to talk to the Board about their experience of encouraging service users, carers and staff to use Freedom to Speak Up opportunities.

3.2 Ola explained that:

- He had been a peer support worker in Bedfordshire and Luton and had experience of promoting high quality care.
- In his current role he promotes awareness of Freedom to Speak Up, for example, by producing a service user newsletter and speaking at inductions.
- He has attended the national Freedom to Speak Up Guardians' training and ensures service users are aware that they will be protected if they raise concerns.
- Working in a service user involvement role is positive for recovery.
- It is very important point that staff speak up on behalf of patients as this would benefit patient care.
- Scandals such as those in Staffordshire and Shropshire, could have been avoided if people had spoken up.
- ELFT is very good at encouraging patient and public involvement.

Ola stressed that Freedom to Speak Up and other service user involvement opportunities enable patients to invest in themselves so that they can recover and use the care pathways open to them.

3.3 Mary Elford, on behalf of the Board, thanked Ola for his inspiring talk.

3.4 In discussion, the Board noted :

- Ola works closely with Ade and the Freedom to Speak Up Ambassadors
- Ola is on a learning journey and is expecting the range of his involvement to expand as a result of his commitment and learning.
- ELFT the leads the way on service user involvement in Freedom to Speak Up initiative.
- Consideration of how best to make Freedom to Speak up effective is ongoing.

3.5 Navina Evans stressed that having a service user involved in a discussion or process leads to better outcome.

3.6 The Board echoed Ola's view that patients sometimes need staff to speak up on their behalf.

3.7 Mary Elford thanked Ola and Ade for the excellent way in which they had enabled the Board to understand how service user involvement improves Freedom to Speak up.

3.8 The Board **RECEIVED** and **NOTED** the presentation.

#### **4 Minutes of the Previous Meeting held in Public on 3 October 2019**

4.1 The Minutes of the meeting held in public on 3 October 2019 were **APPROVED** as a correct record.

#### **5 Action Log and Matters Arising from the Minutes**

##### **5.1 Action Log**

Progress with the action log was noted and the following updates were noted:

- Action 302 LGBTQ+, funding for Bedford project: this action is ongoing; Paul Calaminus will scope out in early December 2019.

The Board requested that the 'closed column' includes more detail explaining the decision to close the action.

##### **5.2 Matters arising**

The Board noted that:

- Paul Gilluley had circulated Coroners' guidance.
- A co-production steering group is being established to review service changes and delivery at Flo Ball House.

#### **6 Chair's Report**

Mary Elford presented highlights from Marie Gabriel's report.

##### **6.1 Council of Governors**

Mary echoed Marie's tribute to outgoing Governors (para 2.3 of the report). The Board is highly indebted to the work of the individuals and the richness that the Council of Governors brings to ELFT.

Mary was pleased to see that those Governors who are standing down will nevertheless still be making a contribution to mental health.

##### **6.2 Recognition**

On behalf of the Board, Mary Elford thanked Rob Taylor for the unique and highly valued contribution he has made over the last eight years. This was Rob's last meeting and he will be very much missed.

Mary also recognised that this would be Mason Fitzgerald's last Board meeting and thanked him for his excellent work for and contribution to the Trust over many years. She was pleased to note, however, that ELFT would continue to benefit from Mason's advice and guidance.

##### **6.3 Non-Executive Director Visits to Services:**

Aamir Ahmad and Eileen Taylor reported on their visit to Newham Service for Learning Disabilities.

The Board noted that:

- The Clinical Director for learning disabilities Sanjay Nelson, and Strategic Lead for Learning Disability and Autism and Interim Associate Clinical Director, Ruth Klawza, joined the NEDs for the visit, providing an excellent chance for collective learning.
- This was an extremely interesting and informative visit.

- Learning included the overlap between learning disabilities and autism and the role of speech and language therapy.
- Speech and language therapy services have a major role in reducing risk and improving quality of life.
- Eileen and Aamir had the experience of using the materials in the art therapy room as their sole means of communication about what they had learned on their visit. This enhanced their understanding of service users who are non-verbal.
- Commissioning varies across localities, so that some learning disability teams will only work with people with severe difficulties whilst others provide input to those with mild and moderate problems.
- There are continuing challenges with transition to adult services.
- Availability of equipment for people with higher levels of dependency is also causing difficulties. Budget for wheelchair provision is being considered by the Finance, Investment & Business Committee.

By way of assurance, the Board noted that:

- As part of its focus on population health, the Trust is committed to making links between services effective, even if the Trust is not the provider including, for example, influencing commissioners.
- The report on management of spending on wheelchairs is available in draft.
- An art therapist is on a bank contract because commissioners have asked for this as a condition of funding.

Mary Elford advised she had visited specialist community nurse teams in Bedfordshire with Ruth Klawza where the ongoing issues regarding IT and phone connectivity continued to be a challenge.

#### 6.4 **Learning Disabilities Conference**

Paul Gilluley reported that the 2<sup>nd</sup> learning disabilities conference had been well attended with energetic and enthusiastic contributions by users, staff and others. Service users had made inspiring contributions. Of particular note was the insight gained into the role of palliative care in learning disability services.

The Board noted that despite many excellent services, life expectancy for a woman with learning disabilities is still 29 years less than the average.

Mary Elford, on behalf of the Board, congratulated all those involved in the conference.

6.5 The Board **RECEIVED** and **NOTED** the Chair's report.

### **7 Chief Executive's Report**

7.1 Navina Evans highlighted:

- ELFT has received funding for providing services for homeless people in North London jointly with other mental health trusts.
- Consideration is being given to moving inpatient beds currently at Mile End Hospital to East Ham Care Centre. Plans are at an early stage. There will be a wide-ranging consultation and the Board will be kept informed.
- The Trust has entered in an education partnership with Maltepe University in Istanbul.
- ELFT is sad to say goodbye to RESET addiction service colleagues in Tower Hamlets. The transition has been managed well.
- One day remains for staff to complete the NHS Staff Survey; the current completion rate is 43.5% compared to 48% for last year
- Flu vaccination uptake is around 35% but there is still time for staff to come forward.

7.2 In discussion, the Board:

- Noted the impact of continual service re-tendering on service users and staff, and

agreed that this would continue to be monitored.

- Noted that ELFT's responsibility is to improve service user experience and population health through partnership working; this mitigates risks associated with not holding a service contract.
- Noted that carers and families will be supported to respond to the consultation on inpatient beds for older people moving from Mile End to East Ham Care Centre. Transport for patients and their visitors is a concern.
- Congratulated the many award winners listed in the report and acknowledged the role of supporting teams behind the winners

7.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

## 8. Quality Report

8.1 Amar Shah introduced the Quality Report advising that the Quality Assurance section presented a thematic analysis of findings from Executive walkrounds. Themes from Executive visits had then been triangulated with data from other sources including staff and service user views and surveys, as well as complaints. The themes identified were consistent with those previously identified following the IHI visit. Further consideration will be given to strengthening this area of the report.

8.2 In discussion, the Board:

- Agreed the report provides a holistic and helpful overview
- Noted that findings from Executive visits are first discussed with the team visited.
- Requested that the themes identified following Director walkabouts that cut across Committees should be identified
- Suggested that responses to themes and actions (including timescales) identified could be strengthened.
- Noted that grass roots improvements in digital working are being encouraged via digital collaboratives who use QI methods.
- IT network problems are being taken seriously and progress is overseen by the FBIC.
- Governance arrangements regarding the digital transformation agenda are being reviewed.

8.2 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

## 9 CQC Update

9.1 Lorraine Sunduza updated the Board on the unannounced CQC visit which was in progress in Luton and Bedfordshire inpatient wards. She highlighted:

- CQC readiness is integral to the way the Trust works .
- The process starts with data triangulated from various sources of intelligence.
- Staff are enthused by preparing for CQC visits and like taking ownership of actions afterwards.
- All Executive Directors are allocated actions.
- Community services will be inspected next week, after completion of the inpatient ward reviews.

9.2 In discussion, the Board noted that:

- A key for abbreviations will be included in the action plan.
- There is a focus on improving supervision for 1:1s as well as consistency across clinical and performance management supervision. Work is being undertaken to ensure there is a clearer and consistent definition.
- The new CQC model of inspection which now combines community and mental health inspection teams in one department, with experts in each type of service. Inspectors work to scripts that standardise what is being looked for. Some standards are specialist service specific but others apply to all, e.g. are staff safe to practice.

9.3 Mary Elford thanked Lorraine for her excellent work in embedding quality and improvements in clinical standards and services through the CQC preparation programme.

9.4 The Board **NOTED** the update.

## 10 People Plan Update

10.1 Tanya Carter presented the People Plan update, highlighting:

- The response rate for the 'Friends and Family' test has increased.
- The objective of respect and dignity at work has been taken further forward with a Through Someone Else's eyes event attended by 80 managers.
- Statutory and mandatory training compliance is now 90%.
- ELFT has been shortlisted for a Health Service Journal award for staff engagement.
- A parenting training course is being run for staff by ELFT staff, as part of promoting staff wellbeing.

10.2 In discussion, the Board:

- Commended the progress in improving the appraisal system.
- Praised the leadership event attended by 40 ELFT staff who demonstrated a wide breadth of talent, creativity, skill and confidence
- Enquired about applications for Settled Status: 50% of eligible staff have applied; 30% do not intend to apply, many are from the Republic of Ireland and are not required to apply. A few will not apply as they feel that the UK has turned its back on them. There are projected to be 300 vacancies as a result of decisions not to apply for Settled Status, including psychiatrists from Germany.
- Noted the long service awards will be presented at the Staff Awards in February 2020. The awards recognise NHS rather than ELFT service alone.

10.3 The Board **RECEIVED** and **NOTED** the update.

## 11 WRES and WDES

### 11.1 Workforce Race Equality Standards (WRES)

Tanya Carter introduced the WRES update report and action plan.

In discussion, the Board noted that:

- ELFT scores positively on most indicators.
- Non-statutory and mandatory training has been accessed proportionately more by staff from Black and Minority Ethnic (BAME) staff (61% compared to 53% for white staff).
- BAME staff are still more likely than white staff to enter formal disciplinary processes. Numbers are small and the gap has narrowed in 2019 compared to 2018. The focus is on whether white staff would have undergone formal processes in the same set of circumstances. Service users have been invited to review cases. Decision trees are in use, which have led to fewer staff overall being suspended; the aim is to change the culture.
- ELFT is behind target for BME staff in Band 8C, but this may be due to recent appointments of formerly 8C BME staff to more senior roles
- NHS England sets targets based on a model employer analysis.

Mary Elford thanked Tanya for the comprehensive report.

The Board **RECEIVED, DISCUSSED** and **NOTED** the update report.

### 11.2 Workforce Disability Equality Standards (WDES)

Tanya Carter introduced the report, highlighting that:

- This is the first report of this type. Findings are based on an online survey supplemented by information from the Ability Network.
- ELFT has more work to do which will be through the equality plan
- The workplace adjustment policy has recently been launched.

In discussion, the Board noted that:

- There is a link with population health; ELFT wishes to recruit more people who have a disability.
- There is a population health approach to wellbeing, e.g. supporting women at the time of menopause.
- The Ability Network conference with outside speakers and attendance by many Board Directors was successful.
- A new wellbeing post will include a focus on working with stakeholders in helping people with a range of disabilities and challenges into work as part of the work of the Trust being an anchor institution.
- Service users will be involved in developing and monitoring the WDES standards.

The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

## 12 Freedom to Speak Up Annual Report 2018/19

12.1 Ade Dosunmu presented the annual report, highlighting that:

- ELFT Freedom to Speak Up Guardian (the Guardian) received 138 concerns in the year 2018/19 compared to an average of 48 for Trusts of a similar size.
- The role of Guardian in ELFT is to provide a supportive response to concerns.
- There needs to be a focus on communicating the remit and boundaries of the Guardian role.
- The majority of concerns are from Allied Health Profession staff. There is also a high number from corporate staff.
- Concerns are categorised in nationally-set categories.
- Freedom to Speak Up concerns are similar to those raised in 'People and Culture' networks, e.g. work/life balance.
- Concerns about consistency in implementing HR policies remain.
- She receives a lot of support from other Guardians and national leadership.

12.2 In discussion the Board:

- Enquired whether the themes raised by Directorates which had a high volume of concerns (City & Hackney and Corporate), stood out against the general pattern. Assurance was given that a database of concerns is maintained, but not yet routinely analysed; if there is a large volume of complaints in a short period, this is raised in Ade's regular meetings with Navina Evans and Lorraine Sunduza.
- Noted that ELFT scores only slightly higher than the national average on a measure of 'speaking up culture' (80 compared to 79).
- Received assurance that staff value the process: staff who raise concerns are followed up to ascertain their experience and 80% say they would use Freedom to Speak Up again, regardless of outcome. Statistics will be included in future reports.
- Sought information on the factors underlying concerns with work-life balance; Explanations include some lack of support for flexible working due to the need to cover clinical shifts. However, work is taking place to change management culture to ensure there is a consistent and supportive approach.
- Noted that it is not always possible to give staff protected time to carry out the role of Freedom to Speak Up Ambassador.
- Sought assurance that ELFT treats staff involved in errors or incidents fairly (figures suggest that ELFT staff feel less confident about this than is the case nationally); assurance was received that ELFT's processes are fair, focussing on systems rather

- than individuals, but in some teams a culture of fear permeates.
  - Noted future priorities will be determined following more detailed analysis of themes and collaboration with the People and Culture team.
- 12.3 The Board congratulated Ade, the ambassadors and service user colleagues on the progress with this important area of work.
- 12.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the Freedom to Speak Up Annual Report.

### 13 Safe Staffing Report

- 13.1 Lorraine Sunduza introduced the Safe Staffing report, highlighting that:
- This report is the first to present safer caseload data for community health staff.
  - Data is drawn from District Nursing teams and includes activity, time spent and dependency level. The findings are mainly positive and there are no resource gaps.
  - There are challenges with regard to staffing inpatient wards in City & Hackney; this is due to a number of factors including staff leaving, sickness and opening a new 'place of safety'.
  - A copy of the presentation embedded in the report would be circulated to Board members.
- Action: Lorraine Sunduza**
- 13.2 In discussion, the Board:
- Noted striking differences in dependency levels in Bedfordshire. Safer caseload reports will be completed twice more to determine whether this is a consistent finding that requires investigation.
  - Noted that the two acute Trusts in Luton and Bedfordshire are to merge. There will be a meeting with the new Chair and Chief Executive next week.
  - Expressed concern about red ratings for the Coborn PICU; assurance was given that the NHS safe staffing methodology cannot reflect the rostering system at Coborn in which staff levels are determined each day according to the number of inpatients and their level of dependency. A red rating can arise from just a single day of under-staffing; the narrative in the report seeks to add this context to assist in assurance.
- 13.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

### 14 Integrated Performance Report

- 14.1 Amar Shah introduced the non-financial part of the Integrated Performance Report, highlighting that:
- A new 72 hour post discharge follow up target is being monitored.
  - From 2020/21 the Trust will be reorganising the way in which its strategy is delivered by starting with populations instead of the four strategic outcomes. This will mean that the activities and measures within the report will be redesigned around populations.
- 14.2 In discussion, the Board noted that:
- Currently an annual report on complaints is considered by the Quality Assurance Committee including those submitted to the Ombudsman. However, a review on how thematic learning from complaints is included in the Quality Report. The Board will receive updates and assurance on complaints through the QAC assurance report.
  - None of the Trust's complaints submitted to the Ombudsman have been upheld.
  - The Trust's work on social prescribing through the CMHT transformation and working with the voluntary sectors and also through the Dialog system which can monitor social and physical activity prescribing. The QAC will consider a deep dive on physical health in the near future (Amir Ahmad to attend).



**Action: Lorraine Sunduza/Paul Calaminus**

- The Population Health Task and Finish Group considers the two strategic risks in relation to population health including the broad risk in relation to external stakeholders. The Group will provide a mid-year update at the January 2020 Board meeting and an update on population health governance arrangements will be presented to Board in summer 2020.

**Action: Richard Fradgley**

14.3 Kingsley Peter introduced the financial performance part of the report, highlighting that:

- There is a total net surplus of £1.7m.
- There is an operating overspend of £6m, due in part to having to rearrange a contract for Bedfordshire IT and digital services.
- Cash balances are significant and rising.
- A focussed programme to improve invoicing systems and reducing debtors is in progress.

14.4 In discussion, the Board:

- Noted that HR overspend is due to HR team budgets not having kept pace with HR demand following expansion of the Trust's services, and increased costs associated with medical recruitment to keep agency costs down.
- Noted that there is a focus by Executives on managing corporate overspend. The Board requested clarity about which cost pressures are non-recurrent, for example, senior capacity required to manage set-up of integrated and primary care networks.
- Expressed concern that corporate overspend had increased quickly and unexpectedly in the budgetary year and received assurance that there is a focus by Executives on the management of this. The Board requested clarity about which cost pressures are non-recurrent, noting that it is not always feasible to plan for the whole year, for example, the need for a North East London public health consultant emerged during the year, as did opportunities for involvement in primary care.

**Action: Kingsley Peter**

- Received assurance that the FBIC regularly monitors the Trust's financial position including identification of possible cost pressures.
- Requested a forward projection to the year end; the FBIC received this information but it will also be added to the Board report.

**Action: Kingsley Peter**

14.5 The Board **RECEIVED** and **NOTED** the non-financial performance report.

## 15 Financial Viability and Value

15.1 Mohit Venkataram and Eileen Taylor introduced the financial viability and value report highlighting that:

- The Board has already supported the new approach which focusses on culture change and giving power to front line teams.
- The FBIC manages day-to-day delivery of the plan; the Audit Committee's role is to scrutinise BAF scores related to financial viability risks.
- For 2019/20 there is currently a gap of £1.2m; this is because the full effects of culture change and transformation in ways of working cannot be achieved in this financial year. The benefits from the shift away from 'salami slicing' are considered to justify the temporary gap.
- A value campaign is in operation, including QI resources, an intranet-based exercise for staff to contribute ideas which are themed and voted on (200+ ideas received to date) and Mohit's monthly vlog.
- There are three steering groups for specific programmes (e.g. waste reduction) with a flow of ideas between them.
- Learning from peers in Leeds and from the Institute for Health Improvement has re-inforced the importance of socialising the new cultural approach which is about value

and delivering against population health.

- Priorities include getting commissioners on board, strengthening completion of QI projects and for the Executive to focus on supporting front line teams.

15.2 In discussion the Board:

- Sought assurance on Quality Impact Assessment (QIA) in relation to the financial viability projects. Confirmation was received that a more meaningful way of undertaking QIAs is being developed which would include service users as well as Governors and will be a phased approach. QIAs will be reported to the Quality Committee and then QAC; one QIA arising from financial viability projects has been sent to commissioners.
- Noted that the IHI has been highly supportive, stressing that ELFT should not underestimate the action needed to maintain culture change and value improvements after the initial successes.

15.3 Mary Elford thanked Mohit Venkataram and Eileen Taylor for their leadership and clear presentation, noting that for ELFT, delivering value for money is one of the organisation's values.

15.4 The Board **RECEIVED, DISCUSSED** and **NOTED** progress on financial viability and value.

**16 Trust Board Committees Assurance Reports:**

- **Audit Committee**
- **Finance, Business and Investment Committee**
- **Mental Health Act Committee**
- **Quality Assurance Committee.**

16.1 The Committee reports were taken as read.

**17 Any Other Urgent Business: *previously notified to the Chair***

**17.1 Population Health**

People Participation at the Trust is focused on service users. Population Health Task & Finish Group to consider how to communicate meaningfully with people in the Trust's localities who currently do not use our services to ensure their voices are heard.

**Action: Richard Fradgley**

**17.2 NHS Providers Award for the Governors and Members Office**

Mary Elford was pleased to announce that the Trust's Council of Governors had won the NHS Providers Membership Showcase Award for Members and Governors Engagement for their work on member engagement and feedback.

**18 Questions from the Public**

**18.1 Governors**

Question 1: Highlighted the importance of ensuring IT and systems is a priority on the Board.

Response 1: Confirmation that the challenges are mainly about governance, planning and time taken to recruit to new senior digital roles. Input from service users with IT expertise would be very welcome through ELFT's people participation structures

Question 2: Query on administration roles to support people participation.

Response 2: The Trust is working to identify roles that service users might be encouraged to access including, but not limited to, administrative roles.

Question 3: Query on improving access to QI meetings in Central Bedfordshire for people who do not drive.

Response 3: The Trust is aware of transport difficulties and is working on identifying solutions.

Question 4: What is ELFT doing strategically to ensure joined up services in Hackney as these are run by many organisations and there is a lack of clarity about who service users should go to. What is the Trust's strategy in relation to the voluntary sector.

Response 4: Integrated Care Systems are helping the Trust to build relationships and to influence joint working with the voluntary sector. Executives and Non-Executive Directors are developing their understanding of community assets linked into the Integrated Care Systems. The local authority, ELFT, Homerton hospital, the GP federation, Healthwatch, voluntary organisations and CCGs are working on a single way of understanding of the services each provide. The aim is to improve services irrespective of who holds the contract.

Question 5: What are the communication plans regarding the possible transfer of beds from Mile End Hospital to East Ham Care Centre

Response 5: Communications is key to any change process. Service user and carer involvement and people participation are a standard part of planning change from the start.

**19 Dates of Future Meetings:**

- Thursday 30 January 2020
- Thursday 26 March 2020
- Thursday 21 May 2020
- Thursday 23 July 2020
- Thursday 24 September 2020
- Thursday 3 December 2020
- Thursday 28 January 2021
- Thursday 25 March 2021

All meetings will commence at 13:30 – 16:30; lunch will commence at 13:00 and lunchtime presentation at 13:30; venues to be confirmed.

*The meeting closed at 16:26*