

**Minutes of the Public Trust Board Meeting held virtually on  
Thursday 28 January 2021 at 10.00am**

**Present:**

<b>Michele Romaine</b>	Chair	<b>Evelyn Barker</b>	Chief Executive
<b>Tim Gregory</b>	Non-Executive Director	<b>Karen Brown</b>	Chief Operating Officer
<b>Kelvin Blake</b>	Non-Executive Director	<b>Helen Blanchard</b>	Director of Nursing & Quality
<b>John Everitt</b>	Non-Executive Director	<b>Chris Burton</b>	Medical Director
<b>Kelly MacFarlane</b>	Non-Executive Director	<b>Neil Darvill</b>	Director of Informatics
<b>Richard Gaunt</b>	Non-Executive Director	<b>Catherine Phillips</b>	Director of Finance
<b>John Iredale</b>	Non-Executive Director	<b>Jacqui Marshall</b>	Director of People & Transformation
		<b>Simon Wood</b>	Director of Estates, Facilities & Capital Planning
<b>In Attendance:</b>		<b>Pete Bramwell</b>	Acting Director of Communications
<b>Xavier Bell</b>	Director of Corporate Governance & Trust Secretary	<b>Glyn Howells</b>	Director of Operational Finance, incoming Director of Finance
<b>Isobel Clements</b>	Senior Corporate Governance Officer & Policy Manager		

**Presenters (present for minute item 08):**

<b>Juliette Hughes</b>	Divisional Director of Nursing, ASCR Division	<b>Su Monk</b>	Deputy Director of Nursing & Quality
<b>Morwenna (Mo) Maddock</b>	Intensive Care Unit (ICU) Sister and wellbeing lead	<b>Valentien Crook-Jones</b>	Intensive Care Unit (ICU) Matron

**Observers:** Due to the impact of Covid-19, the Trust Board met virtually via MS Teams, but was unable to invite people to attend the public session. Trust Board papers were published on the website, and interested members of the public were invited to submit questions in line with the Trust's normal processes. A recording of the meeting was published on the website until it was replaced by the following meeting recording (two months later).

		<b>Action</b>
<b>TB/21/01/01</b>	<b>Welcome and Apologies for Absence</b>  Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public. Apologies had been received from Ade Williams and LaToyah Jones, both Associate NEDs.	
<b>TB/21/01/02</b>	<b>Declarations of Interest</b>  There were no declarations of interest, nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.	
<b>TB/21/01/03</b>	<b>Minutes of the previous Public Trust Board Meeting</b>  <b>RESOLVED</b> that the minutes of the public meeting held on 26 November 2020 be approved as a true and correct record subject to	

the following amendment:

- On page 6, 'Pulse Auxiliary Service' is corrected to 'PULSE Oximetry Service'.

**TB/21/01/04 Action Log and Matters Arising from the Previous Meeting**

Regarding Action 19, a Staff/ Patient Story was scheduled for later in the meeting and for March's Board meeting. However, due to NBT's vacant Patient Experience Lead role, there was not yet a six-month forward work-plan for Staff/Patient Stories at Board.

Regarding Action 22, NED involvement in walk-arounds would be discussed at the next NED catch-up meeting.

No matters arising were raised.

**RESOLVED that updates on the Action Log were noted.**

**TB/21/01/05 Chair's Business**

Michele Romaine, Trust Chair, described visits to the following pressure points of the Trust during the previous week: Intensive Care Unit (ICU), Emergency Department (ED) and the Breast Care Centre.

Michele described conversations with staff across various professions including consultants, nurses and deep-clean teams. Michele's overarching perception was that of calm professionalism but with signs of staff distress from prolonged, intense pressure. This was particularly evident in international staff that had not seen family for over a year.

The Integrated Performance Report (IPR) - discussed in detail below - further evidenced the pressure on the above areas and the Trust. However, on the visit to the Breast Care Centre, Michele received significant assurance regarding how the Trust was managing two week wait referrals and long-waiters in cancer pathways by ensuring long waiters were clinically reviewed and did not fall through safety nets.

Michele further described conversations with the deep-clean teams who were under intense pressure to turn wards around. Simon Wood, Director of Estates and Facilities, quantified this pressure as an increase from 270 weekly deep-cleans pre-pandemic to 900 deep-cleans per week during the pandemic. Simon thanked Michele for the recognition and commended the Domestic team for their hard work.

**RESOLVED that the Chair's briefing be noted.**

**TB/21/01/06 Chief Executive's Report**

Evelyn Barker, Chief Executive, provided an update to the Board regarding the Trust's operational pressures which were expected to continue throughout January:

- NBT had taken a lead role in supporting the system and providing mutual aid further afield. The Trust had accepted patients from Weston General Hospital, surgical diverts, and regional transfer of ICU patients when required. This extended to cross-regional transfer as far as accepting patients from Kent, Swindon and Bath (total of 19 ICU patients to date);
- The current situation demanded an agile operational response given

the need to manage both Covid-positive and non-Covid patients within the building. Teams were thanked for their collaborative working and thanks were also extended to military personnel on-site who were supporting NBT by carrying out mainly non-clinical duties;

- BNSSG had the highest infection rate in the South West region but ICU capacity had not been challenged enough to trigger use of the Nightingale Hospital Bristol (NHB);
- Exeter was using its Nightingale hospital as a step-down facility for Covid patients with 53 patients currently in situ;
- An NHSE/I letter had been received regarding reducing regulatory elements and reporting. This included suspension of all non-essential oversight meetings, flexible year-end submissions and a focus of resources and recovery on Covid-19;
- It was noted that NBT's Quality & Risk Management Committee (QRMC), Audit Committee, Charity Committee and Trust Board would continue to take place virtually but other committees would be stood-down this quarter and People Committee had been re-scheduled from February to March;
- Glyn Howells, Operational Finance Director, was introduced as the incoming Director of Finance who would start following Catherine Philips' departure in February.

Queries from the Board were as follows:

- Kelvin Blake, NED, noted that the majority of patients in NBT's ICU were out-of-area (19/27) and queried if this reflected that the South West region was doing better than elsewhere. Evelyn Barker responded that the region was doing better regarding the numbers of Covid patients in hospital (18% bed base Covid at NBT but in London this figure was much higher);
- Tim Gregory, NED, queried continuation of the transformation agenda and digital initiatives in light of NHSE/I endorsement to focus transformation resource on Covid-19. Neil Darvill, Director of IM&T, clarified that no IM&T work had been formally suspended. Digital transformation work continued as scheduled but with recognition that clinician-led elements had slowed due to clinicians returning to the front-line. Jacqui Marshall, Director of People & Transformation, reiterated that many workforce transformation projects continued as they did not affect the Trust's response to the pandemic. The People & Transformation team were working closely with divisions to establish priorities based on recovery for 2021/22.

**RESOLVED that the Chief Executive's briefing be noted.**

#### **TB/21/01/07 Green Plan (2020/21)**

Simon Wood, Director of Estates, Facilities and Capital Planning, presented the 2020/21 Green Plan for Board approval. It was explained that the Plan had a time lag as the normal presentation to Board in September had not been possible due the previous year's data having been unavailable. It was noted that in future the Board would receive the Green Plan for the financial year in March. Therefore, the 2021/22 Green Plan was expected at the next public Board meeting with a half-year data update in September 2021 when data was available.

The Green Plan promoted sustainable thinking and behaviour in the Trust and activity regarding sustainability was ever increasing nation-wide. The expanded Sustainable Development Team would take forward

the organisation's zero carbon aim route map.

During the ensuing discussion the following points were noted:

- John Everitt, NED, supported the report's aspirations but raised concern regarding resources required to achieve these as the report referred multiple times to issues being dealt with in the 'later business plan'. Simon Wood responded that the sustainability team (small but recently expanded) would coordinate the changes required but the rest of the Trust employees would have an active part in delivering aspirations such as carbon neutrality by 2030. Furthermore, each component of business planning now had a sustainability element. For example, business cases must complete a sustainable development assessment before being considered. Tenders had also been received for assistance with creating a carbon route map which would be presented in the latter part of 21/22. It was confirmed that the route to being carbon neutral would require significant investments;
- Tim Gregory, NED, highlighted that the key way to make a difference regarding sustainability would be to change the Trust's procurement. Tim queried if there were currently sustainability experts within the procurement team and if a focus on sustainability was reflected in the procurement policy. Simon Wood confirmed that the head of procurement was involved and had bought-in to the Trust's sustainability journey with a number of his team interested in the topic. However, a specific sustainability procurement team was not currently in the Trust;
- Michele Romaine queried the impact of Covid-19 on the Trust's sustainability ambitions. Simon Wood confirmed Covid-19 had caused a move away from public transport to car use but an increase in cycling had also been seen (80 new cyclists signed up online and the try-before-you-buy scheme was over-subscribed). It was expected that data for 2020/21 would see a large increase in car use and waste which would move the Trust in the wrong direction regarding sustainability for a time but that momentum was there to move in the other direction following the pandemic.

**RESOLVED that the Board commended the report, the sustainability team's work and the commitment the Trust had regarding sustainability. However, the Board recognised Covid-19 would negatively affect the sustainability targets for a period.**

TB/21/01/08

### **Staff Story**

The Board received a presentation from members of NBT's Intensive Care Unit (ICU) regarding various well-being initiatives within the team. Juliette Hughes, Divisional Director of Nursing for ASCR, introduced Morwenna (Mo) Maddock, ICU Sister and wellbeing lead, and Valentien Crook-Jones, ICU Matron, who were both involved in supporting staff and patient wellbeing prior to and during the pandemic.

The team described a video received by the ICU department from a patient and their family *{link on website}* where previous patient Anne-Marie sent her heartfelt thank-you to the ICU team. She described the compassion, care and clinical excellence NBT provided.

Key elements of ICU well-being support were then detailed as follows:

- After-care service for ICU patients with a Covid-19 specific follow-up

clinic was important for patients to finish their recovery journey, but it was also important for staff to see patients recover. Videos such as above boosted staff morale and evidenced that their hard work and dedication pays off even in incredibly difficult times;

- The department has had a well-being offering in place for a number of years with emphasis on the Trauma Risk Management (TRiM) System. TRiM is a peer delivered risk assessment and ongoing support system, designed specifically to help in the management of traumatic events. It provides expert staff well-being and peer support and NBT now had a number of staff members trained to deliver TRiM-based support;
- NBT's ICU team had also worked alongside prominent psychologists specialising in designing support systems for teams;
- ICU staff were now actively engaged with well-being initiatives and offerings and it was reported that a tangible difference could be seen within the team. Visitors to the unit commented that ICU was positive despite the difficult nature of work and that staff maintained support for one another. Valentine agreed with this and highlighted that having only been in the Trust for 10 months, the team was positive, resilient and had a can-do attitude which allowed them to take difficult situations in their stride such as looking after colleagues with Covid-19;
- Juliette Hughes further thanked all those who had supported the ICU throughout the pandemic and noted the additional need to support those not normally exposed to the pressures of ICU to ensure their wellbeing was looked after.

During the ensuing discussion the following points were noted:

- Michele Romaine noted how impressed she was with the team's calmness and professionalism at her recent visit to ICU. She noted how proud the team should be and requested that the Board's sincere thanks be passed on to the whole team;
- Helen Blanchard, Director of Nursing and Quality, thanked the team for presenting to Board and for their work regarding Just Culture, well-being and quality of care improvements. Helen reiterated the challenges the department was under and commended the team for tackling them head-on. It was noted that support from staff across the Trust during the pandemic also reflected the team-spirit and supportive environment of NBT;
- Evelyn Barker also thanked the team personally and highlighted the extent of mutual aid provided by the Trust to those in and out of the region in addition to providing care for NBT's local population;
- John Iredale, NED, praised the teams' ability to flex in this unprecedented time and noted that NBT was held with great respect by partners in the system. On behalf of the University of Bristol and the Board John thanked the team. John also celebrated that mental health and moral support was addressed directly and queried if there was a way to share the team's wellbeing knowledge across the wider organisation to assist those who may be struggling;
- In response, Mo Maddock explained that she had attended the British Association of Critical Care Nurses meeting in Scotland to present the well-being changes made in the unit and positive effects

- on retention of staff from staff feeling valued. Mo also trained MDTs and worked frequently with the Trust's mega-teams created during the pandemic to ensure all staff felt cared for;
- Karen Brown commended the incredible support from staff Trust-wide to deploy the mega-teams and reduce the elective programme in order to continue to support the most vulnerable patients;
- Jacqui Marshall highlighted that a Trust-wide wellbeing update was included in the IPR and that NBT was acknowledged nationally for its wellbeing support; winning national NHS prizes. The Military had also stated that they were humbled by the emotional resilience of NBT staff and would use NBT's example for learning going forward.

**RESOLVED that the Board:**

- **Thanked the ICU team for their attendance and requested that the Board's sincere thanks to all staff was passed on;**
- **Acknowledged and thanked the wide-ranging staff who had supported ICU to ensure it was possible to continue to deliver quality care for all patients throughout Covid-19.**

**TB/21/01/09 Annual EPRR Report/ EPRR assurance report**

Karen Brown, Chief Operating Officer, presented the Emergency Preparedness Resilience and Response (EPRR) Annual Report 2019/20 required under the 2004 Civil Contingencies Act. Key elements of the highly relevant report were highlighted to the Board as follows:

- NBT was substantially compliant as indicated by the annual self-assessment that the Trust had completed;
- An issue to action was regarding the availability of loggists. A number of trained loggists had been used to support Silver and Gold Command during the pandemic but more trained loggists across the Trust were required;
- The biggest issue the Trust was experiencing was the gap in an EPRR manager lead. Three separate leads had been recruited but none had continued or started for a variety of reasons.

John Everitt highlighted that Care UK was non-compliant and queried if this was an issue for NBT to action. Karen Brown responded that Care UK provided a service to BNSSG rather than NBT alone so this would be picked up as an action under BNSSG's EPRR assurance rather than NBT's. In addition, NBT had been verbally informed that there were no concerns within Care UK's more recent 2020 assessment.

**RESOLVED that the Board noted that the Trust was 'substantially compliant' with the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR) for 2019/20.**

**TB/21/01/10 Integrated Performance Report**

Evelyn Barker, Chief Executive, presented the Integrated Performance Report (IPR) for discussion. The data was not typical of the Trust's usual good performance which reflected Covid-19 and winter pressures experienced at NBT. Key points of the IPR were noted as follows:

- ED performance fell to 73% in December 2020 with 52 12-hour trolley waits. This indicated delays in off-loading ambulances due to getting patients into suitable Covid-19/ non-Covid-19 pathways;
- The Board were reassured that the Trust was not an outlier regarding the above figures and that the surrounding Trusts were reporting many more 12-hour trolley waits and ambulance waits;
- Elective recovery was working well especially compared to the South West region. MRI and CT activity reported good figures as teams had gone above and beyond to recover;
- Increased breast demand due to GPs not having face to face appointments had led to significant pressure at NBT though 31/62 day performance was improved due to NBT's prioritisation;
- Infection Prevention Control (IPC) was prevalent in everyone's minds and Su Monk, Deputy Director of Nursing and Quality, had led the IPC team well through the team's leadership vacancy;
- Lateral flow tests were being carried out twice weekly for all ward staff and majority of on-site staff;
- Staff turnover improved in December with extra staff allocated for recruitment during winter.

Karen Brown, Chief Operating Officer, highlighted the key operational performance elements of the IPR as follows:

- NBT was in **Internal Critical Incident** and OPEL 4 for much of December due to flow of patients, ED and Covid-19 pathways;
- **Stranded patients** (129) was a significant pressure point, with quality and safety of patient care a priority for NBT;
- **Planned care** had been significantly reduced due to the Covid-19 response with no green wards in the organisation aside from Medirooms which was continuing an elective programme to deliver safe care to those in highest risk groups. Anaesthetists and the ASCR division were commended for managing this which had allowed the waiting list to remain static;
- **Cancer:** NBT was leading work to understand breast waits across the system. For NBT, the breast service was fragile in terms of radiology support. This was divisionally recognised and sickness had compounded the activity issues. The Board were reassured that the Trust's focus was on cancer support and delivery within the organisation.

Helen Blanchard highlighted the key Quality elements of the IPR and Chris Burton, Medical Director, reported on the IPC elements of the IPR as follows:

- **Maternity services** had been a focus of QRMC and the IPR now included an additional slide regarding maternity indicators which was an action in response to the Ockenden Report. The maternity data slide presented was the first iteration which would be developed further to ensure the Board was fully sighted on maternity data and issues. John Iredale, NED, further noted that the Trust felt it was best practice to also present patient voice within the maternity data and that work to best capture this was ongoing;
- **Covid-19:** Page 28 of the IPR detailed hospital onset infections which were expected to be higher in January's IPC. The Board were

reassured that a daily outbreak huddle was ongoing to manage outbreak events occurring in patients and staff. It was acknowledged that the Trust was having to increase pressure on an already pressured front door by closing wards when outbreaks occurred;

- Positively, Public Health England data showed very low levels of **influenza** this winter which meant significantly less pressure than there could have been on the hospital.

Key points discussed by the Board were as follows:

- After John Everitt's query regarding higher than trajectory C. difficile infection rates, Chris Burton noted this was a prime area of focus for the Executive Team and himself as Director of Infection Control (DIPC). After investigation of December's numbers, nothing unusual had been found about the cases but it was hypothesised that the increased C. diff infections may be due to Covid-19 patients requiring high levels of antibiotics which increased chances of infections. This would continue to be closely reviewed;
- Kelvin Blake noted the good complaint work and reduction in numbers of pressure injuries;
- Kelvin Blake also queried why numbers of stroke patients had fallen by up to 50%. Chris Burton responded that the answer to this was unknown but speculation was that people were not presenting to NBT's front door as they were frightened of attending hospitals during the pandemic. This reduction in demand was apparent nationally and it was likely people were coming to harm due to non-attendance. The Board noted this as a significant concern;
- Chris Burton further agreed that the significant backlogs of demand and non-attendance would lead to unaddressed need in the community which in turn would likely lead to significant greater need of acute care. The Trust would continue public messaging that emphasised hospitals were safe to attend if care was needed;
- Michele Romaine requested that the Board receive insight regarding Covid-19 impact on all services (such as District General Hospital services) as well as the currently reported effects on specialist services such as cancer. It was noted by the Board that this would be difficult to unpick but Chris Burton agreed to discuss with executive colleagues how this could be shown within the IPR;
- It was confirmed that a positive Lateral Flow test result had to be confirmed by a PCR test;
- Michele Romaine queried the effect of Covid-19 on diagnostics as prior to the pandemic diagnostics was already challenged. Karen Brown responded as follows: MRI capacity was currently being increased with use of BioBank to reduce the backlog; NBT was on-plan for MRI performance; concern remained regarding non-obstetric ultrasound with work ongoing to resolve this; pre-pandemic, endoscopy was challenged and system discussions were ongoing to stabilise this for the future as a system-wide solution was required to solve the deficiency in BNSSG's endoscopy services.

Jacqui Marshall highlighted the IPR's key People elements as follows:

- **Statistics:** Sickness was in-line with previous years due to low levels of 'normal' cold and flu viruses seen this year. Most sickness was Covid-19 related with approximately 250 staff members absent per day (an average 90 self-isolating, 70 shielding and the remaining with Covid-19). January's IPR would show significantly higher staff absence;



- **Resourcing:** Retention was at an all-time low and was a significant concern going forward. Work continued to retain a strong resourcing pipeline as large staff turnover was expected following the pandemic: Oversees nursing recruitment continued with 40 nurses having started at NBT between November and January, and 60 expected in spring and summer; monthly recruitment campaigns were ongoing with 25 Healthcare Assistants recruited each month; and over 400 staff had been recruited for the mass vaccination programme. The Trust also hoped to convert a number of the mass vaccination staff from temporary to substantial staff following completion of the programme;
- **Well-being:** Anxiety, trauma, burnout, emotional fatigue and the impact on staff and their lives from not being able to process or recover sufficiently was a key area of focus for the Trust and would be critical to tackle to ensure staff well-being and retention.

Key points discussed by the Board were as follows:

- Richard Gaunt, NED, queried if the Trust had a significant backlog of annual leave that would affect staffing post-pandemic. Jacqui Marshall responded that staff had been allowed to carry 10 days leave into 2021/22 though staff were encouraged to take all annual leave for their well-being. Up to November, 70% of leave had been taken which did not reflect a huge back-log of untaken leave;
- Tim Gregory expressed concern that exhaustion down-stream would affect the Trust's staffing levels. Tim suggested thought should be given to thinking long-term, and queried if the Trust would pay for incoming overseas staff to quarantine when this was compulsory;
- It was acknowledged that it was not only front-line staff who were experiencing exhaustion, but also staff across the wider Trust;
- Jacqui Marshall shared all the NED's concerns and reassured the Board that she was already working closely with Helen Blanchard regarding retention and resourcing. NHSI had also provided funding to support international recruitment and the Trust had pipelines into the community (universities, schools etc.) and was one of five retention path finders in the UK. Jacqui emphasised that retention was critical and would be a key pillar of the Trust's 'Renew and Recover' plan;
- Michele Romaine noted that following a conversation with an ED sister, it was made clear that staff had no opportunity to decompress after a difficult shift at work as they could not socialise or spend time with family and friends under lockdown rules. This lack of decompression was using up staff's resilience across the organisation.

Catherine Phillips, Director of Finance, highlighted the key finance and annual planning elements of the IPR as follows:

- **Finance:** The half-year year-end deficit had reduced from £8.7m to £8.1m due to recovering more income than expected and delayed system mitigations. However, due to the current wave of the pandemic, predicted year-end deficit was likely to be greater than the predicted £24m;
- **Planning:** It had been confirmed that the current financial regime would be continued into Quarter 1 of the next financial year and a plan for Quarter 2, 3 and 4 was expected in June. Further discussion would be had at Private Board regarding intentions for next year and

resources required for internal priorities.

**RESOLVED that the Board:**

- **Noted the contents of the Integrated Performance Report and discussion detailed above;**
- **Approved the Provider Licence Compliance Statements.**

TB/21/01/11

**Quality & Risk Management Committee Upward Report**

Professor John Iredale, NED and QRMC chair, presented the QRMC upward report which covered a lengthy and detailed meeting. A large proportion of the meeting had focussed on Women & Children's division (W&CH) where work was ongoing to assure the Board of excellent governance to match the excellent clinical outcomes and the Trust's response to the Ockenden report.

During the ensuing discussion the following points were noted:

- Michele Romaine noted the requirement of the Ockenden report to provide a data set to Board, but queried if there were further elements that required the Board's attention. In response, it was clarified that Kelly MacFarlane, NED lead for W&CH, and John Iredale would work together with lead clinicians and execs to continue work on visibility of the division's processes and governance that had already been set in motion prior to the Ockenden Report. QRMC would receive a quarterly maternity service update on behalf of the Board and patient voice, positive culture change and improvement would be top of the agenda;
- Helen Blanchard clarified that the next step in response to Ockenden would be to complete the Assurance Assessment Tool by mid-February to assess NBT's compliance with the seven immediate and essential actions, NICE guidance and CNST safety actions. This would be received at the next QRMC;
- Michele Romaine noted that she was struck by the Ockenden Report in that the Trust reviewed in the Report had a Board, NEDs and data and still issues and failures (described in the report) had occurred. Michele emphasised that NBT's Board and its members needed to challenge, be curious and continue asking difficult questions;
- Tim Gregory highlighted that challenge at Board meetings was even more pertinent due to NHSE/I's requested suspension of all other committees aside from Board and Quality. In addition, Tim requested that diagnostics be reviewed again at QRMC or Finance & Performance Committee if available;
- Helen Blanchard highlighted that the Local Maternity System (LMS) fed into regional and national teams and had an emphasis on oversight of quality and safety across maternity services in BNSSG.

**RESOLVED that the Board:**

- **Received the QRMC upward report for assurance and noted the activities QRMC had undertaken on behalf of the Board;**
- **Noted the initial letter detailing a positive CQC Inspection of Gynaecology with publication of the formal report expected in February;**
- **Approved the QRMC Terms of Reference;**
- **Requested that a deep-dive into diagnostics be carried out**

KB/CB/JI/JE

- **at FPC or QRMC;**
- **Agreed to a future Board presentation regarding the BNSSG Medical Examiner Service.**

**IC/XB**

**TB/21/01/12 Any Other Business**

Evelyn Barker extended a huge thank you to Catherine Phillips, Director of Finance, at her last Board meeting before leaving NBT at the end of February. Catherine was thanked for her vast contribution to NBT over a number of years; she would be greatly missed but was wished all the best in her new role.

**TB/21/01/13 Questions from the public – None received**

**TB/21/01/14 Date of Next Meeting**

The next Board meeting in public is scheduled to take place on Thursday 25 March 2021, 10.00 a.m. The Board will meet virtually and a recording of the meeting will be available for two months when it will be replaced with the next meeting's recording. Trust Board papers will be published on the website, and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 11.40am