Portsmouth Hospitals University NHS Trust

Trust Board Meeting in Public
Held on Wednesday 24th November 2021
Via Zoom

MINUTES

Present:	Melloney Poole	Chairman
	Roger Burke-Hamilton	Non-Executive Director
	Gary Hay	Non-Executive Director
	Inga Kennedy	Non-Executive Director
	David Parfitt	Non-Executive Director
	Martin Rolfe	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Vivek Srivastava	Non-Executive Director
	Aswinkumar Vasireddy	Non-Executive Director
	Penny Emerit	Chief Executive Officer
	Chris Evans	Chief Operating Officer
	John Knighton	Medical Director
	Mark Orchard	Chief Financial Officer
	Liz Rix	Chief Nurse
In Attendance:	Anoop Chauhan	Director of Research
	Nicole Cornelius	Chief People Officer
	Alison Fox-St Marthe	Director of Governance and Risk
	Graham Terry	Director of Strategy and Performance
	Lisa Ward	Director of Communications and Engagement
	Cdr Karen McCullough	Commanding Officer – Joint Hospital Group (South)
	Dave Gordon	Committee Clerk (minutes)

Item No	Minute
109.21	**Welcome, apologies and declarations of interest** The Chairman welcomed all to the meeting, particularly Commander Karen McCullough who would attend future meetings of the Board as part of the Trust's partnership with the Military. Apologies were given by Graham Galbraith (Non-Executive Director). No declarations of interest were given.
110.21	**Minutes of the last meeting – 29th September 2021** The minutes of the meeting of 29th September 2021 were approved as an accurate record.
111.21	**Matters arising / summary of agreed actions** The Board noted the summary of agreed actions.
112.21	**Notification of any other business** No supplementary business was raised.

113.21	**Military partnership** Commander Karen McCullough presented the item on behalf of Joint Hospital Group (South). This was one of five such groups across the United Kingdom, with the majority of those involved based at Portsmouth Hospitals University NHS Trust. The partnership was of significance to both parties and had also been adapted to the requirements of the pandemic. Many of these innovations were likely to remain in place after normality had returned to the NHS. Joint Hospital Group South worked particularly closely with the Chief Executive Officer, Chief Nurse and Chief People Officer in developing its relationship with the Trust. The Group's stated objective was the provision of capable secondary healthcare personnel for operational deployments and exercises. The Trust was vital in this as the provider of training for clinicians; meanwhile, the Military worked to prepare them for their operational role on assignments. The benefits of this relationship had been evident in the significant progress made in military medicine during campaigns in places such as Afghanistan. The Trust had demonstrated its support for the Military in many ways, with the provision of COVID testing for the crew of the Queen Elizabeth at short notice one prominent example. This had been vital in allowing the aircraft carrier's deployment and avoiding unnecessary delay in the wider ships programme. Joint Hospital Group (South) staff had worked alongside Trust staff in the vaccine hub. Following training, nearly 3,000 vaccinations for the Navy were delivered in a short time; without support this would not have been delivered. The Group was undergoing a period of change to reflect the dangers presented by the emergence of new threats to national security. The collaboration between the Trust and the Military during the pandemic, and the adaptability of all involved in resolving the challenges encountered, had demonstrated the potential for this to be supported. As a personal example, the Joint Hospital Group (South) undertaken a wide range of developmental courses and training on operational planning and leadership. This had been supported by increased experience in senior roles for the Navy and in field activities. This had prepared her for roles in managing field hospitals or maritime facilities, which involved liaison and co-operation with very senior international health professionals. The Transformation Programme had necessitated a change of approach; it was imperative that this would be shaped to the benefit of the Trust and the Military. As a result, stakeholders had been engaged to ensure they supported proposals for new activity. An emphasis on practical learning for clinicians as to the environment they may face on military deployment was stressed. The alignment of military and Trust staff was being developed, with Joint Hospital Group (South) representatives embedded within the workforce planning, emergency resilience and business continuity teams. This was with the long-term objective of greater integration between the Trust and the Military, with Joint Hospital Group (South) often quoted nationally as an example of best practice. Inga Kennedy had led the Royal Navy Medical Service until April 2021; this had required the management of the response to the pandemic for 32,000 personnel. Prior to this she had led the Plymouth contingent through a period of change similar to that outlined in Commander Karen McCullough's presentation. During this experience, she had observed the importance of clinical training from the NHS and preparation for deployment from the Military in ensuring that those delivering care in the field were prepared for their roles. This required attentive advanced planning from both parties as time for such personal development was not available once staff were deployed. The participation of Commander

	Karen McCullough in future Board meetings was welcomed as part of this closer co-operation. The Chief Nurse highlighted the importance of practical application of skills learnt during this integration process. The pandemic had demonstrated the potential advantages arising from this, with the Trust valuing the closer links which had been forged prior to and during this time. The impact of leadership roles had emerged as vital in this, with the Trust's Infection Prevention and Control Team having included military personnel in its number. The Trust was committed to developing this relationship over coming months. The Chief Executive Officer placed the partnership in the context of delivering benefits for patients. Given this, the development of skills to provide healthcare in a wide range of settings was imperative in ensuring this. Leadership role modelling and the development of Trust staff were further considerations in the evolution of the partnership. The Director of Research added that workforce resilience may be an area of further study after the pandemic as the learning taken from COVID-19 became apparent. Further ties between the Trust and Military on research and innovation were currently under active discussion. The Board noted the presentation.
114.21	**Chairman's opening remarks** The Chairman indicated that the meeting would have a strong focus on ensuring patient safety was maintained during the operational pressures which would be encountered over the winter. The Quality and Performance Committee had emphasised this area in recent meetings, with its work on this commended. Staff wellbeing and resilience would be imperative in delivering this.
115.21	**Chief Executive's Report** The Chief Executive Officer commented on the following matters: <u>Winter pressures:</u> the atypical levels of activity experienced during summer 2021 had seen operational pressures at unusually high levels for the time of year. This had continued since, with urgent care and the recovery of elective services having seen particularly heightened demand. Infection risks were being identified and managed appropriately, with cases of respiratory syncytial virus (RSV) and flu presenting at the Trust in addition to COVID-19. As a result, planning for the second half of 2021 – 22 had prioritised the reduction of bed occupancy. This was the case not just at the Trust in isolation but across the whole Portsmouth and South East Hampshire system. To achieve this, increased capacity within the healthcare system was vital with methods of working being reviewed given the connection between high occupancy and risk in the provision of care. In the context of the Trust, performance on ambulance handovers was of paramount importance. This planning would be considered under minute 117.21, with waiting lists, prioritisation of cancer treatment and the delivery of a breakeven year-end financial position central elements of this. The scale of change associated with this required careful management. Several work programmes supporting healthcare provision were being initiated before the end of 2021, tasked with delivering sustainable change for the organisation. Their interconnectivity was complex but central to the achievement of the overall objectives. As part of this, an ongoing programme of staff engagement had been initiated to provide oversight and establish the

	views of employees on developments in their workplace. Clinical models were also being reviewed in this context, with any associated ward moves planned and risk assessed in advance of their implementation. Staff wellbeing and resilience: The Chief People Officer was co-ordinating workforce planning to deliver the staffing for additional capacity and revised delivery plans. The funded establishment would be reviewed as part of this to ensure that the Trust's employee base was the correct size for its revised level of service delivery. In terms of staff recognition, monthly employee and volunteer awards were being presented whilst the Pride of Portsmouth event on 30th November 2021 would highlight outstanding work at the Trust during the past year. The Board accepted the Chief Executive Officer's report.
116.21	**Operating context** The Chief Operating Officer summarised the position at the Trust as of the time of the meeting. 78 COVID positive patients were presently on site, with seven of these requiring intensive care. As with national prevalence rates, the numbers of people recording cases of coronavirus in the Portsmouth area had been fluctuating over recent weeks and currently exceeded the national average. The proportion of Portsmouth residents testing positive had fallen below 400 per 100,000 population in early November 2021 but now stood at 485 / 100,000. Attendances at the Emergency Department had remained at an elevated level for some time, with an average of approximately 310 arrivals per day for the week ending 14th November 2021. This had a direct impact on occupancy, with the average level standing at 100.4% during this period. This demand was particularly high for Medicine and Urgent Care, with the funded bed base exceeded as 114.6% occupancy was recorded. Whilst there had been some mitigation put in place through the provision of 20 additional escalation beds for the Emergency Department during periods of peak demand, patient flow was affected by the lack of spare capacity. Elective recovery had continued to progress well, with accelerator plans to support delivery. However, some activity reprofiling had been required in recent weeks given the operational pressures being experienced. Roger Burke-Hamilton inquired as to the modelling being undertaken for the system as a whole and whether this involved any changes to the Trust's risk profile. The Chief Operating Officer replied that initial projections had placed the peak of COVID-19 occupancy for this phase of the pandemic in early November 2021. This pattern had proved broadly accurate thus far, with approximately 100 COVID positive patients on site earlier in the month. However, the decline in numbers was slower than predicted since then whilst the impact of recent increased prevalence would be monitored closely. The Medical Director referred to the other viruses in circulation at present (e.g. RSV) and the uncertainties associated with viral transmission amongst local residents (e.g. emergence of variants, impact of previous lockdowns on immunity). The Board noted the report.

117.21	**Winter Operational Plan 2021 – 22** The Director of Strategy and Performance had been involved in the submission of the plan for the second half of 2021 – 22. This had been completed at system level, with proposals the subject of briefings to Board members and regular reporting to the Finance and Infrastructure Committee. The Trust Leadership Team had provided executive-level oversight of the process. The final draft had been informed by the national guidance issued on 30th September 2021 and the experience of the first six months of the financial year. In particular, the level of expected demand for emergency services had been revised upwards given the number of arrivals throughout the late summer 2021. Central aspects of the plan were that no patient would be waiting for treatment over 104 weeks and the number of those listed for over 52 weeks would be reduced. Performance on diagnostics remained positive, with cancer standards being met at a high rate in comparison with similar trusts. The process of clinical prioritisation remained in place to ensure that those waiting the longest periods were not put at unnecessary risk. In terms of outpatients, advice and guidance services continued to perform well whilst remote appointments were available where appropriate. Capacity was set to increase, with the recent opening of the Emergency Care Centre to be supplemented by modular wards in December 2021 and the subsequent establishment of the Medical Village clinical model. The workforce plan had been compiled to support this, with all aspects above triangulated to provide a breakeven forecast year-end financial position. The Integrated Care System would be approached for additional support funding where this was available, with the shared interests of partner organisations across the footprint to be emphasised in this regard. The key risks which had been identified were levels of demand for emergency care, any rise in COVID hospitalisation and workforce capacity. Surge and escalation plans were in place to mitigate the first two of these concerns. The Chief Operating Officer acknowledged the importance of the matters discussed above, with the challenges faced by social and primary care a further consideration in planning. These had an impact on the demand for emergency services at the Trust, with the redirection of patients to appropriate care settings requiring capacity in these areas. In order to deliver the operational plan, improved performance on ambulance handovers and reduced bed occupancy levels had been nominated as central objectives. Continued performance without any response was estimated to lead to a shortfall of 156 beds. This would also require an Emergency Department with 80 care spaces rather than the current provision of 53 to avoid delays. As a result, a system-level response had been collated. The increased use of urgent treatment centres was a central aspect of this, with teams at the front door to support redirection of patients where appropriate. NHS 111 First and clinical assessment services had also indicated their support for the aim of ensuring appropriate referrals to the Emergency Department at Queen Alexandra Hospital. Additional beds in community provision were to be used where possible. At the Trust itself, the four main areas of activity were the Emergency Care Centre, the capacity offered by the modular ward block, the implementation of the Medical Village and the expansion of acute oncology. The first of these had been in operation since 1st November 2021, offering nine additional treatment rooms and ten waiting chairs outside of the existing Emergency Department. This was intended to receive 34 patients per day in its initial stages, with this number increasing over the next few months to 60 by January 2022.

In addition, this allowed for the commencement of a 'Fit to Sit' programme in Majors given the fact that not all such patients required stretchers. This had a consequent impact which increased capacity in this area. Overall, this should support the reduction of waiting times for those requiring emergency treatment and the overall length of stay. The facility was already having a positive impact on ambulance handover times and waiting times in Majors. The original target of 34 patients per day was being exceeded on several occasions.

The modular ward was due to become operational on 6th December 2021, providing an additional 53 overnight inpatient beds and 18 spaces for Same Day Emergency Care. This was enabled through the increased flexibility it offered to the Queen Alexandra site. The provision of these spaces would address the issue of occupancy directly and support the Medical Village model. The logistical arrangements associated with this had been mapped out to support the co-location of services required, with the Estates Team engaged on the project.

The Medical Village model was planned for initiation on 13th December 2021. This would see Same Day Emergency Care, the Acute Medical Unit and short stay patients housed within the same environment to increase the efficiency of delivery to these service users. The improvements in the ambulatory pathway were then intended to reduce the level of unnecessary admissions to the Emergency Department. A frailty model for Same Day Emergency Care was to be implemented to support the impact of this, whilst acute oncology would move to F1 ward to reduce the need to hold patients elsewhere.

Quality, safety, infection control and surge plans for any future peaks in hospitalisation for COVID-19 had been created to support these initiatives. The Chief Nurse had been involved in the socialisation of these plans across the Trust, with the realignment of staff the subject of comprehensive consultation. The Medical Director was assessing the causes for the high levels of demand and occupancy with partners across the healthcare system. The implications of this for specific services was being analysed, with the findings shared with teams and their role in addressing this discussed. The time spent by admitted patients in the Emergency Department had been demonstrated to have an impact on levels of risk by a range of studies.

The Chairman sought guidance as to the greatest risks associated with the Winter Plan. The Chief Operating Officer concurred with those articulated by the Director of Strategy and Performance (levels of demand for emergency care, any rise in COVID hospitalisation and workforce capacity). In addition, the ability of the wider system to maintain current discharge levels and the availability of staff would be crucial. The Chief Nurse was ensuring that pastoral care was available for employees who required support with the changes involved in plans. Patient safety would be monitored closely throughout the process.

Martin Rolfe raised the importance of employees making safety observations as innovative working practices and facilities were introduced at all stages in managing risk. This was particularly important at the start of processes given the propensity for reporting levels to decline as initiatives became integrated into business as usual. The Chief Operating Officer had reported a reduction in waiting times for Emergency Department patients since the Care Centre had opened. A daily cycle for reporting and learning had been established to support the processes involved in risk mitigation, with a detailed review to be held within two months of the facility becoming operational.

	Inga Kennedy sought assurance as to the arrangements for military clinicians engaged at the Trust and the protection of their time to support the work required by the Winter Plan. Commander Karen McCullough had held a meeting on 19th November 2021 with Trust leadership to consider the arrangements for staff deployment. Military leadership would be engaged on this matter as required. Christine Slaymaker inquired as to any learning taken from previous studies of discharge processes at the Trust and their incorporation into planning. The potential impact of system communications on appropriate referrals to urgent care was also raised. Regarding lessons learned, the Chief Executive Officer was attending fortnightly Urgent Care Board meetings alongside clinical leaders from the Trust to assess the impact of activity. The Trust was focusing on discharges before midday given their proven consequences for improving the flow of patients through care. On the latter, the Director of Communications and Engagement was meeting with equivalent postholders at system partners. Whilst messages were being developed to clarify the local position, existing national campaigns were also used to ensure consistent themes were emphasised. Gary Hay asked for details on staff engagement; the Chief People Officer was co-ordinating this with the Chief Nurse, with all affected to receive clear information on proposals and their impact. The staff involved in the modular wards had been involved in the planning of the utilisation of the new space. Roger Burke-Hamilton sought guidance as to the potential role of research and development in establishing the impact of processes or facilities introduced by the Winter Plan. The Director of Research would be working with his team on the development of data sets to provide sophisticated modelling; the University of Portsmouth would be engaged to support this, with any Digital Health Chair appointment to be central in this work. David Parfitt noted the amount of work involved in establishing the support for the Winter Plan and sought assurance that this could be managed alongside quotidian duties. The Chief Operating Officer responded that some aspects (e.g. Medical Village) had been the subject of a lengthy planning process. As a result, staff had been thoroughly briefed on the associated measures required for their implementation. However, it was acknowledged that other elements (e.g. Emergency Care Centre) had been delivered at greater pace. The work undertaken by teams to deliver this was recognised and appreciated, with rotas and other logistics adjusted accordingly. The Chairman wished to record her thanks for contractors in changing their shift patterns to deliver the facilities required for the Winter Plan on schedule. The Board noted the report.
118.21	**Quality and Performance Committee feedback** The Committee Chair (Martin Rolfe) outlined the work of the Committee at its last two meetings. This had a strong focus on patient safety, with the context of the Trust's operational pressures a recurrent theme throughout its discussions. The work undertaken to address this (as discussed under minute 117.21) was welcomed, with other initiatives also underway. The learning from the pandemic was being applied to patients admitted with respiratory conditions, whilst a risk stratification tool had been introduced for mental health services. An overall review of processes was being undertaken, with a view to increasing clinicians' availability through either automating processes to avoid duplication or reassigning work to non-clinicians where that was possible. The role of human factors was raised, with particular consideration given to Maternity Services in this regard.

	The consideration of the Integrated Performance Report for October 2021 had led to a discussion on the reporting culture at the Trust and its maintenance during times of high activity levels. In particular, the need for events resulting in low or no harm to be raised was emphasised given their potential to highlight issues which may result in detriment to patients in subsequent events. The progress made on the mattress audit was welcomed, with its expected impact on pressure ulcers discussed. Visitor compliance with infection prevention and control measures was raised as crucial in the avoidance of in-hospital viral transmission. The appointment of a Learning from Deaths Manager would support work in this area. The Committee escalated the assurance processes for Maternity Services and the IT being installed to support them for the Board's attention. The Committee had approved the Trust's response regarding mortuary arrangements to NHS England and NHS Improvement following their request after the conviction of David Fuller. This had been done under delegated authority from Trust Board. The Board noted the report.
119.21	**Safety, quality and operational performance report analysis** The Medical Director commented on the maintenance of the reporting culture at the Trust despite operational pressures. This included events which had not resulted in harm and was assisting through the provision of learning which would otherwise not be recorded. The Hospital Standardised Mortality Ratio remained as expected, reflecting the positive impact of clinical prioritisation processes to mitigate the high levels of activity. The allocation of staff to specific areas given the fact that the workforce would not be expanding over the next few weeks required careful planning and monitoring, as surges in demand were likely. As discussed previously at this meeting, a focus on reducing occupancy would underpin much of the work in the immediate future and offer mitigation for many aspects of the current context. The Chief Nurse referred to the increase in the number of pressure ulcers and falls reported at the Trust. Each division had nominated driver metrics which would be used to measure the improvement in performance levels. Given the fact that their patients were particularly susceptible to these conditions, Medicine and Urgent Care had prioritised the issue and analysed the wards reporting the highest levels of incidence. It was also recognised that the process of rehabilitation being undertaken by many patients meant that falls could not be eliminated entirely. As a result, much of the work addressed the reduction in the level of harm arising. The Chief Operating Officer reported on progress being made to resolve the cancer treatment waiting list. Recent efforts to reduce the number of patients waiting over 62 days had significantly improved the Trust's position. Provisional data indicated that eight of the nine cancer standards had been met in October 2021. The Board noted the report.
120.21	**Medical Revalidation Annual Report 2020 – 21** The Medical Director introduced the report which had been considered by the Workforce and Organisational Development Committee on 12th August 2021. Whilst the national requirement to present the document annually had been suspended during the pandemic, the Trust had completed the process to provide assurance to Trust Board.

	The Board noted the report.
121.21	**Workforce and Organisational Development Committee feedback** The Committee Chair (Gary Hay) highlighted the Freedom to Speak Up Guardian's observations at their last meeting. This had indicated that there had been an increase in the number of referrals to the service related to management style. This would be followed by the Committee in future meetings to ensure that Trust values continued to be respected in the workplace in the face of increased pressure. Any observations in the NHS Staff Survey on the matter would also be of interest to the Committee. The Board noted the report.
122.21	**Workforce and organisational development performance report** The Chief People Officer's report reflected the themes of this meeting in her identified workforce risks. These related to the wellbeing of the workforce and the maintenance of their resilience. This would be monitored closely over coming months, with the Wellbeing Guardian reporting supporting this and providing Board-level oversight. The alignment of the workforce with demand would have to be mindful of the considerable period during which staff had faced increased activity. As a result, it would have to consider what could therefore be reasonably expected. The Workforce Plan had been developed as part of the Trust's proposals for the second half of 2021 – 22, as discussed under minute 117.21. This had been undertaken with a view to providing the capacity required by the local population, with the expansion of the Trust's facilities a key consideration. As a result, the vacancy rate had increased significantly reflecting the number of positions which had not yet been filled. The challenges in resolving this were recognised, but the previous track record that the organisation had in recruitment provided some confidence that this could be addressed. In the interim, the proportion of temporary staff who would be required would rise; the bank partners would be engaged on this where possible. Staff turnover rates had also increased. Much of this appeared to be linked with the unwillingness of employees to change jobs during the pandemic. As a result, there had been a suppression of demand which was now manifesting itself in increased requests to move between employers. A similar trend was being experienced across the NHS (and the wider economy). An in-depth review of questionnaires completed by those leaving the Trust was being conducted to identify any recurrent themes in their observations. Campaigns such as #ProudToBePHU would be used to support work on providing an environment which reflected the needs of staff. A ward companion scheme was currently being developed. This involved non-clinical staff having 10% of their working hours allocated to supporting a nominated ward. This location would remain fixed throughout the period of the scheme's operation (until early 2022) to establish a working relationship between the ward and the employee concerned. This would alleviate some of the pressure of existing staff based in wards and was based on the impromptu requests for support during the early phases of the pandemic. The appraisal process continued to feature a significant emphasis on wellbeing conversations. As a result, compliance with annual reviews of performance was increasing. Flu vaccinations were being administered by workplace vaccinators, whilst conversations with staff were being held in cases of hesitancy over the COVID jab. The

	265 employees who may be affected by the mandate becoming effective in April 2022 had been contacted. Christine Slaymaker inquired as to oversight arrangements for the maintenance of financial discipline during the implementation of increases in the workforce establishment. This was particularly important given the fact that much of the growth may not relate to business cases considered by the Committee. Instead, it would be linked with the provision of routine business; it was important that the financial implications of such recruitment were not overlooked. One potential method for this may be spotlight reporting on the matter to be taken to future meetings of the Finance and Infrastructure Committee. The Chief Executive Officer added that the six-monthly safer staffing reviews would monitor the funded establishment. Meanwhile, additions to the existing staff base would be treated as business cases and therefore referred to the relevant governance processes for oversight. The Board noted the report.
123.21	**Finance and Infrastructure Committee feedback** The Committee Chair (Christine Slaymaker) outlined the work undertaken by the Committee on providing assurance that planning processes accommodated proposed expenditure. The risks arising in relation to income streams was also being monitored as part of this. A paper on this would be taken to the Committee and reported to Trust Board as appropriate. The processes involved in project work becoming integrated into routine operations and the role of Private Finance Initiative partners in this had been discussed. Clarity on the delegation of responsibilities was being sought, with a report on the matter to be presented to the Committee. The Board noted the report.
124.21	**Financial performance report analysis** The Chief Financial Officer confirmed that the Trust had delivered a breakeven position for the first six months of the financial year. However, despite planning being split into halves, reporting on 2021 – 22 would be presented in its totality rather than two discrete parts. Whilst this was planned based on the Trust living within its means, October 2021 had seen the accrual of a £1.4 million deficit. Since this had been reported, income assumptions had been revisited. The pay bill had increased by £500,000 between October 2021 and the previous month. Given this, the plans for the second half of 2021 – 22 had been revisited. A significant finding of this review had been the fact that planning had been based on the workforce position for the first four months of the year. The gap to be closed in the delivery of a year-end breakeven position had been identified as £2.8 million, with the Cost Improvement Programme a central element of this. With divisional support, proposals were being implemented to resolve this shortfall. Other potential risks to the financial position (e.g. energy costs, annual leave) were being monitored closely. The Board noted the update.

125.21	**Audit Committee feedback** The Committee Chair (David Parfitt) summarised the Committee's recent meeting, with a particular focus upon internal audit and counter fraud activities. The Board noted the report.
126.21	**Record of attendance** The record of attendance was noted.
127.21	**Any other business** No other business was raised.
128.21	**Opportunity for the public to ask questions relating to today's Board meeting** No questions were raised by the public.
129.21	**Conclusions on key messages from the meeting** The Board would continue to monitor the progress made in areas such as winter planning, activity levels and workforce considerations given their current prominence.
130.21	**Additions to Board Assurance Framework and Risk Register** The Chairman asked that the implications of the current operational pressures should be considered fully in the preparation of the next iteration of the Board Assurance Framework.
	Date of Next Meeting: Wednesday 26th January 2022 9.30am