Northern Health and Social Care Trust

Minutes of the 31st meeting of the Assurance Committee meeting held on Thursday 8th December 2022 at 9.00am
Hybrid Meeting held via Zoom and
Boardroom, Trust Headquarters, Bretten Hall

Present	Mr P Corrigan, Non-Executive Director Mr B Graham, Non-Executive Director Mr G Houston, Non-Executive Director Mr B McCann, Chairman (Chair) Mr G McGivern, Non-Executive Director	
In attendance	Ms M Bradley, Boardroom Apprentice Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Maura Dargan, Divisional Director Women, Children & Families Mr P Graffin, OBO Mr Harkin Mrs A Harris, Divisional Director Medicine & Emergency Medicine Mrs W Magowan, Director of Operations Mr N Martin, Divisional Director Strategic Planning and Performance Management Mr D McAleese, Quality, Standards & Learning Manager Mrs M McAleese, Assurance Data & Systems Manager Mr K McMahon, Director of Surgery & Clinical Services Mrs S Pullins, Director Nursing & User Experience Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications Mrs D Spence, Director of Community Care Dr D Watkins, Medical Director Mrs M West, Assistant Director Governance & Risk Management Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Mr J McCall, Non-Executive Director Mr O Harkin, Deputy Chief Executive/Director Finance Mrs J Welsh, Chief Executive	
2.	**CONFLICTS OF INTEREST** Mr McCann asked if there were any conflicts of interest and reminded everyone that if anything arose throughout the meeting to highlight same.	
3.	**MINUTES OF MEETING HELD ON 8th SEPTEMBER 2022** The minutes of the last meeting held on 8th September 2022 were approved as an accurate record, proposed by Mr McGivern and seconded by Mr Corrigan.	

4.	**MATTERS ARISING** **Absence Management Figures** Mrs Reid confirmed HR had reviewed the figures however GB used a different calculation which the Northern Trust's HR department is still trying to understand in order to provide an accurate comparison. Mrs Reid will provide a further update on the absence figures when available. **Principal Risk Document** **ID905 – discuss whether wider system pressures should be incorporated into the unscheduled care risk** Mrs Magowan confirmed system pressures have been added to this risk. **ID28** – Mr McCann confirmed Mr Harkin provided an update at the recent Trust Board Meeting. **ID909 – Mr Martin to present results re fake phishing email to Trust Board.** Mr Martin prepared a presentation and it was agreed he will share same under the Principal Risk Document. **ID1049** – **Strengthen the challenges with regard to capacity and investment required to deliver new arrangements.** Dr Corr confirmed she had reviewed and amended the Risk to reflect the complex issues. **Annual Risk Management Report - Review resource to provide in-depth analysis of incident figures.** Mrs West confirmed that she and Dr Watkins have had initial discussions. **Overview of SAIs submitted in Q- 1 Review learning in terms of decanting of masks in ICU.** Mrs Pullins confirmed she had reviewed and recirculated the Safety Signal with staff to ensure decanting of masks does not take place. **Resuscitation Annual Report** - **Provide an update on Cardiac Arrest Audit.** Mrs Pullins explained a review of 8 Cardiac Arrests had been carried out and analysis will be shared under the Safety and Care Quality agenda item. **Health and Safety Annual Report - Review the Trust Priorities included within future report.** The next Annual Report will include Trust Priorities. **Complaints Quarterly Report - Complaint ref 17420 to be review for further detail re the DNR.** Mr McCann confirmed the Chief Executive provided an update confirming the family had declined a meeting offered with the Trust. With regard to Ref 17047, Mr Corrigan confirmed this item had been clarified during the last Assurance Committee meeting.	**Mrs Reid**

	March 2022 Assurance Committee Meeting – Update with regard to Radiology shortages. Mr McMahon confirmed an update with regard to the Radiology shortages had been shared at a recent Trust Board meeting.	
5. **5.1**	**RISK MANAGEMENT** **Principal Risk Register** Mrs West presented this report and explained all risks have been reviewed and updated by the directorates. There is 1 new Principal Risk – Causeway Hospital Maternity and Transport which has been escalated from the Corporate Risk Register, with a current risk rating of 12. The risk rating of ID28 has been decreased from 15 to 10. Mr Corrigan asked if the risk due to the upcoming Industrial Action has been included on the risk register, Mrs Magowan confirmed the Industrial Action risk has been included in the Corporate Risk Register. **ID67** - Mr McGivern asked for an update on where the Trust is regarding the occasions when access request for notes are required to be signed off by a Consultant, due to the current pressures how many of these requests are made and is there a proposal to offer alternative arrangements? Mr Martin confirmed the Trust is in the process of streamlining SARs and is unsure exactly what stage this work is at presently, however will request further information and provide an update at the next meeting. Mr Graham noted a comment the previous day that the Trust use 38 non-contract nursing agencies and asked how many contract agencies the Trust currently have and he was interested to know how much the Trust spends on contract versus non-contract agencies. Dr Watkins confirmed the Trust currently have approximately 20 contract medical agencies and Doctors can be registered with multiple agencies at any point in time. Mrs Pullins explained the contracted agencies are being reviewed regionally with a tender due to close on 1st February 2023, following the closure date the use of non-contract agencies will not be permitted. Mrs Pullins confirmed at present there are 5 contract agencies. **ID909** – as agreed during the Matters Arising section, Mr Martin shared a presentation following a Fake Phishing Email being sent to approximately 86,000 HSC employees asking them to enter their username and password. This email had been opened by 7,288 staff members equating to 8.4% regionally	**Mr Martin**

	and of those 1,342 were Northern Trust employees. 353 staff clicked on the link and 16 staff entered all the data requested including their username and password. Since this time 5 educational videos have been shared with the most recent encouraging staff to create strong passwords. Intention is to complete the exercise again regionally to review the impact of the training. Mr McCann acknowledged campaigns to raise awareness are positive however he voiced his concern that 16 staff members shared their details which could allow hackers to gain access to the Trust's systems and only 25% of staff have viewed and completed the educational videos. Mr McCann asked if the 16 individuals had completed training or had the breach been addressed with them directly. Mr Martin explained this remains a very high risk for the Trust, the Trust's security team remain very vigilant and have access to tools to block hackers.	
5.2	**<u>Quarterly Risk Management Data Report</u>** Mrs West presented this report detailing the various claims. These remain on an upward trend with 5,484 incidents reported in Q2. 60% of incidents in past year from 2 divisions Community Care (7,408 incidents) and MHLDCW (5,232 incidents). - Slips, trips and falls continues to be most reported incident type, with increasing trend. **SAIs** There were 23 SAIs reported to SPPG in Q2, of which 52% were from MHLDCW with a majority of these being suicide related. 38 SAI reports were submitted, a significant increase with 8 submitted in Q1. There were 104 overdue SAI reports at end of Q2. This has since reduced to 72. **Untoward Events** There were 9 untoward events in Q2, 4 recorded by Barn Court and 5 by The Willows, Children's homes. **Ex-gratia payments** There were 5 claims to the value of £1,618, these were for the loss of personal items and damage to employee belongings. **Coroners** There were 6 cases notified to the Trust with 4 of these within Emergency Medicine, there were 3 Inquest hearings held and 4 cases closed without hearing, this brings the Trust to 75 active cases being managed at the end of Q2. Mr Corrigan highlighted the increase relating to slips, trips and falls and asked what the Trust is doing or going to do differently to reduce the number of these incidents? Mrs Pullins explained the Trust review every incident relating to falls and record identified learning. The Trust review all	

	patients to identify those who would be at high risk of falling and provide 1-1 care and has dementia champions, despite these processes in place a risk of patients falling, remains. Mrs Harris acknowledged this risk is significant and challenging with many in-patients being frail and elderly. However work is ongoing in an attempt to identify and prevent risks, such as ensuring appropriate footwear is worn.	
5.3	**<u>Overview of SAIs submitted in Q2 22/23</u>** Mrs West presented this report confirming 38 SAIs had been submitted in Q2 and 17 of those submitted had no service failure identified. Mr McCann asked about SAI-22-010 regarding the deterioration of a care home resident when the staff member said that night she had reported the illness to Dalriada Urgent Care. This turned out to be false information. There is no detail under lessons learned in this report, what action had been taken with regard to the staff member not being open or honest. Mrs Pullins confirmed in this case the Care Home Manager had been contacted, they would have been advised to make a referral and initiate their disciplinary process. Mrs Magowan confirmed the SAI report was shared with RQIA as regulators for the service provision. Mrs Spence explained this SAI relates to a group of homes the Trust has concerns with regard to the deterioration of patients and the Trust is analysing and identifying trends. Mrs Spence confirmed Mrs Welsh has formally written to RQIA to share these concerns. Mr Corrigan asked if the Trust can make a referral to NMC or does it have to be the employer. Mrs Pullins confirmed that the Trust could make a referral if the care home manager was the nurse at the centre of the investigation. The Trust would liaise with the Senior Nurse or Nurse Manager within the home to make a referral, if appropriate. Mr McGivern asked if going forward the report could include a brief note in order to provide the assurance required. Mr Graham highlighted the RQIAs Review of SAIs which seemed critical of the content of SAI reports and the recommendations that were put forward. Mr Graham asked what the reaction of the Trust has been as he felt the system and processes the Trust use has worked well. Mrs Pullins acknowledged previously SAI reports were not of the expected standard however following lessons learned in 2015, processes were changed to develop SAI Safety Panel meetings which includes the attendance of an Executive Director reviewing all SAI reports prior to submission to SPPG.	**Mrs West**

	Mr McGivern queried SAI-20-084 recommendation to install CCTV in Supported Living Schemes and if this is all areas across the Trust? Mr Graffin confirmed the Trust has installed CCTV in this particular facility and is prepared to install in other areas as necessary. SAI-20-078 - Mr McCann queried if staff members carry or have access to personal alarms and wondered why the staff member rang a colleague rather than 999? Maura Dargan confirmed that where risk assessments indicated a range of protective measures are put in place, including, joint visits and lone worker alarms, though not all staff would carry these. The Trust remains focused on Violence and Aggression prevention. Mr Houston asked if the police had been contacted on behalf of the Young Person in relation to SAI-20-016. Maura Dargan confirmed the Trust commenced the Joint Protocol process with the police regarding this SAI.	
5.4 & 5.5	**<u>Learning Matters Newsletter - Edition 20 and Edition 23</u>** Mrs West presented these newsletters for noting and confirmed they have been shared across divisions.	
5.6	**<u>Trust Board and Assurance Framework Cycle of Reports</u>** Mrs West presented this report highlighting the relevant changes being presented for approval.	
6.	**Safety and Care Quality Steering Group**	
6.1	**<u>Feedback Report</u>** Dr Watkins presented this report on behalf of Mrs Magowan and listed the issues for highlighting. **IPCEHC Committee** In the 6 six months from April to August 2022 a total of 66 COVID-19 outbreaks were identified and managed by the Infection Control Team. **Safety and Quality Network** This group remains focused on process mapping Hygiene Audits and streamlining the Environmental Cleanliness Audits. Following a 'deep dive' into several areas a number of themes were identified including concerns about the deterioration of patients, communication and documentation. **Clinical / Professional Advisory Group** An ongoing birth injury case dating back to 2009 with potentially a substantial settlement is currently under negotiation. **Clinical Ethics Committee**	

	This group has not met recently however it is planned to arrange these on a twice yearly basis. **Learning of Improvement Group** A separate meeting has been scheduled to review and streamline the function of this group. **Radiation Safety Committee** There is currently 1, Level 3 SAI in the final stages of completion which may generate some external interest. **External Review Assurance Group** This group considers external reports with work ongoing in five areas to complete thematic reviews. Mr Corrigan asked how the Non-Executive Directors could get sight of the external reports such as the RQIA review of SAIs and are the NEDs assured the Assurance Framework meets this requirement. Dr Watkins explained the reports received by the Trust are shared at meetings such as External Review Group then fed into the Safety and Care Quality Steering Group. Mr Corrigan asked if this type of report could be brought either to an Assurance Committee meeting or Trust Board although acknowledged up to a 3 month delay if presented at Assurance Committee. Mr McCann confirmed if reports are of interest NEDs can request for these to be presented however it was accepted these could be delayed due to the gap between meetings. Mrs Pullins offered to bring reports in an open and transparent basis and was open to any suggestions on how this can be taken forward. Mr Corrigan acknowledged there was no easy answer to his query.	
6.2	**Safety and Quality Performance Report** Mrs Pullins presented this report explaining this is the first version of a new format being used. Indicators for Assurance and Variation are included with F depicting areas as 'falling short of the target'. Mrs Pullins stated several areas were reviewed in detail and presentations provided at the Safety and Quality Network meetings including:- • Cardiac Arrest – the deterioration of patients • Falls Safe Bundle • District Nursing SSkin Bundle • Maternity and Paediatrics and • Omitted and Delayed Medicines Mr Corrigan asked for an explanation on why the C Section SSI Rate was consistently higher in the Northern Trust than the Regional Target. Mrs Pullins acknowledged the Trust has a rate of 5.7%. The Trust is currently testing a new dressing to help reduce the risk of infection following a C Section and it is	

	anticipated the percentage will reduce going forward. It was noted the graphs go beyond 100 and Dr Watkins asked Mrs McAleese if this could be amended in future reports.	**Mrs McAleese**
6.3	**Annual Quality Report** Mrs West presented this report for noting which highlights the improvement and innovation work completed throughout the year.	
6.4	**Clinical & Social Care Audit (inc NICE) Annual Report** Mrs West presented this report which sets out the activity and highlights the good progress made during the year 2021/22, despite the step down during Covid-19. Mr Graham acknowledged it is really good to see the number of audits being undertaken and the information included within the report. Mr Corrigan commented, the report provides the assurance required. He also asked what if any cross referencing is carried out against the Internal Audit Programme. Dr Watkins acknowledged the Trust needs to triangulate this work going forward.	**Dr Watkins**
6.5a/b	**RQIA Activity Report** Mrs West presented this report explaining the first page sets out the status of Reviews, Enforcement Notices and Inspections. Mrs West highlighted the RQIA Thematic Reviews with one new Review due to commence on the Quality and Safety of Maternity Services in Northern Ireland and 1 review closed during this reporting period. Two final reports have been published, 1 of which being the Review of the systems and processes for Learning from SAIs in NI. The first recommendation is for the DoH to work with stakeholders including the Trust co-designing a new regional procedure. Mr Graham recalled working alongside Mr Stevens on family engagement of SAIs and acknowledged the struggle engaging with families. Mrs West recognised the timeframes set can be difficult for families however stated their value to the process is invaluable. On occasions when families are engaged in the process a request to extend the timeframe is submitted. Mr McGivern commented on the Community Inspections resulting in no recommendations in 5 out of the 12 visits. Mr Corrigan asked if Mrs Pullins is aware when the Review of Maternity Services will commence. Mrs Pullins explained a meeting has taken place with RQIA which Mr Houston also attended and his perspective was really helpful. The date is unknown at the moment however it is believed they will review safety cultures, patient feedback and linking into the Governance and Leadership.	

6.6 a/b	**RQIA report into Neurology deaths** Dr Watkins presented this report, noting this was a specific review of 45 patients divided into two areas • 29 families who contacted the Belfast Trust and/or RQIA regarding the death of their relatives and • A further 16 patients who died during the recall The findings were noted as poor practice, concerns regarding the accuracy of their diagnosis, poor prescribing which resulted in an impact on the treatment provided and poor record keeping. The review highlighted the risk of lone working as the clinician involved, was working within a team but not interfacing with them. Recommendations made in the report included: • Patients access to letters • MDT working and • Clinicians working as a Lone Worker Although there are no specific recommendations for the Northern Trust, the Trust is reviewing the report through the External Review Assurance Group. This group has a Database listing reviews noting recommendations and providing evidence for these, addressing any concerns, avoiding lone working, carrying out appraisals and escalating any concerns to managers. Mr Graham acknowledged the structures within the Trust however asked how we can ensure something similar will not happen in the Northern Trust. Dr Watkins explained the Trust does have structures and clear processes in place through performance reviews and reinforcing the Trust Values which, due to a recent review this was looked into again very recently.	
7. **7.1**	**Good Governance Steering Group** **Feedback Report** Mr Graffin presented the report, the issues for highlighting include **Emergency Planning and Business Continuity** Business Continuity Plans are still under review by Divisions. **Employer's / Occupier Liability Advisory Group** Learning from 9 cases had been reviewed. Staff awareness was raised with regard to reporting faulty equipment and being vigilant for needles in the laundry areas. An example of good practice within MHLDCW in dealing with challenging clients had also been shared. **Fleet and Transport Committee** Further capital of £2.5m required in the 22/23 financial year for replacement vehicles.	

	Mr McGivern asked about Fire Training and whether Bank and Agency staff issues preventing them to access or complete this training had been resolved. Mr Graffin explained the Trust has put processes in place offering this training outside normal working hours.	
7.2	**Annual Report for Property Asset Management Plan** Mr Graffin shared a presentation regarding this report highlighting the following:- The Trust currently has 129 property sites with a net book value of £420m. The total revenue cost for 2021/22 was £57.2m which included utilities and 71.82% of NT Estate is over 25 years old. Mr Graffin highlighted the 2022 findings for backlog maintenance cost totalling £177m with this figure broken down into high, significant, moderate and low risks. The condition of Northern Trust properties was shown with 12% in red, Mr Graffin explained the majority of this 12% relates to Holywell Hospital. The Over-arching Action Plan for the Northern Trust notes the proposal to develop a new 6.2mw solar farm on the Hospital farmland, 2 x 24 bed modular buildings on Antrim hospital site and a new Mental Health building also on the Antrim Hospital site. Mr Graffin has shared a copy of this presentation which has been added to the shared folder.	
8.	**Equality, Engagement, Experience and Employment Steering Group**	
8.1	**Feedback Report** Mrs Pullins presented this report highlighting the issues listed. **Involvement Including PPI/PCE And Co-Production** Mrs Pullins explained the Trust is going to focus on the Service User experience following the long delays being recorded in areas such as the Emergency Department and in ambulances which are impacting on the patient's experience. This has also been included in the Principal Risk Document. **HR Business & Workforce Governance Forum** Mrs Pullins noted the HR Section which includes the ballot for Industrial action by a number of Trade Unions which is due to commence on Monday, 12th December 2022. **Medical Education Committee** The lack of teaching space has been highlighted by Dr Scott. Mr McCann asked if this is putting the Trust at a disadvantage and impacting on the Junior Doctors experience. Dr Watkins explained the Trust are allocated Junior Doctors by the Dean	

	and work is ongoing to enhance their experience whilst at the Trust.	
8.2	**Complaints Quarterly Report July to Sept 2022** Mrs Pullins presented this report confirming 218 complaints had been received and 114 compliments received last quarter. Mrs Pullins highlighted a decrease of complaints being responded to within 20 days to 51% and 30 complaints have been open for more than 40 days. Mrs Pullins explained the Trust try to give complainants the best response possible to reduce the requirement to re-open cases. Mr Corrigan highlighted the Trust only achieved the set target on 3 of the last 24 occasions and queried how the Trust can meet this target. Mrs Pullins explained each Director maintains a high level of focus on this area. Mr Graham acknowledged the average length of time complaints are open to each division which just miss the target by 2 or 3 days. Mrs Magowan highlighted the Trust's aspiration to provide high quality responses for each complaint received. Mr McCann queried Ref: 18179 which has been open for more than 40 days, should this have been escalated to an SAI. Mrs Magowan explained if this particular complaint had any issues or met the criteria of an SAI it would have been escalated without delay. Mrs Pullins offered to review the full details of this case and will provide an update.	**Mrs Pullins**
9.	**Standards, Compliance and Regulation Steering Group**	
9.1	**Feedback Report** Mr Watkins presented this report for noting and wished to highlight the following issues. **Psychological Services** The Psychological Services waiting lists and workforce issues remain a challenge. **Allied Health Professions Forum** Dr Watkins noted with regard to Dysphagia the recurrent allocation of funding was reduced significantly which have resulted in the team being reduced from 3 to 2 WTE staff members. **Clinical and Social Care Audit and NICE Implementation Committee** Dr Watkins highlighted NICE Guidelines currently have 104 actions that have a red status. **Policy Committees** Dr Watkins also noted 302 Trust Policies are currently overdue and another 100 due for review in the next 6 months, he stated this has been ongoing for a number of years with a review of resources and manpower being required at departmental level.	
9.2	**Nursing and Midwifery Annual Quality Report**	

	Mrs Pullins presented report for noting, this provides a summary of the work carried out within Nursing, the themes and celebrating successes within Nursing and Midwifery.	
9.3	**Nursing and Midwifery Revalidation Report** Mrs Pullins presented this report, explaining this is the first time the report has detailed the Nursing and Midwifery Regulation, detailing those registrants who have been referred to the NMC. Mrs Pullins also highlighted the inclusion of Nurse Agency Complaints. Mr Corrigan commended Mrs Pullins for inviting Internal Audit to review the processes in the Nursing and Midwifery areas.	
9.4	**AHP Annual Report** Mrs Pullins presented this report acknowledging she is very proud of the AHP group's achievements and how well they are recognised both Regionally and Nationally.	
9.5	**Internal Audit Review of Infection prevention control Briefing Paper** Mrs Pullins presented this paper following her request to Internal Audit to review and provide an oversight of Infection Prevention Control. There were 3 recommendations which arose from this review and to be included in future Annual Reports: • Insufficient Information in respect of nosocomial Covid-19 cases. • The number of wards closed due to Covid-19 and • The delay in presenting last year's Annual Report.	
9.6	**Infection Prevention and Control Annual Report (incorporating Annual Water Safety Plan)** Mrs Pullins presented this report noting the inclusion of Covid-19 outbreaks which she hoped would provide the oversight required.	
9.7	**Update of Nosocomial Cell Visit 2021** Mrs Pullins shared this presentation with the Assurance Committee following the visits to Antrim Area, Holywell and Causeway Hospitals in February 2021. Mrs Pullins explained there are a number of recommendations made following these visits, some of which are not achievable due to the age of the buildings. Mr McCann asked if there is a national standard these should be compared against. Mrs Pullins confirmed there is a recommendation to have all single rooms which is not possible in areas in Antrim Hospital. Mrs Magowan confirmed the new modular wards will have 8 single rooms in each.	

	Mr Graham asked if there is a link between the Covid-19 outbreaks in wards and the layout of wards. Mrs Pullins stated the largest number of outbreaks are on Level B in Antrim Area Hospital due to the layout of this area. The Trust has put plans in place to try is eliminate the possibility of outbreaks occurring. Mr McCann queried a reference included within the presentation to ensure there is a 'no blame but question culture'. Mr McCann asked if people still say we have a blame culture as there has been a lot of work put into this area over the years. Mrs Pullins shared a couple of incidents that this recommendation had derived from, however explained work is still ongoing to highlight the Trust's Values even in times of extreme pressure.	
9.8	**Medical Directorate Annual Report** Dr Watkins presented this report stating 85% of appraisals are noted as completed however this has increased since last month. At 8 November 46 doctors recommended by their Responsible Officer for GMC revalidation, with 9 deferrals made to GMC due to staff who are on long term absence. A total of 87 doctors are due to revalidate in 2023. There are no Fitness to Practice cases currently open. Mr McGivern asked if the Medical Director had met the target of completing all Job Plans by the end of October 2022. Dr Watkins confirmed the target was not met however work continues to review these and those who do not complete their Job Plans will not be eligible to progress through their gateways.	
9.9	**Organ Donation Report** Dr Watkins presented this report confirming during 2021/22 there were 7 consented donors resulting in 17 patients receiving transplants. The Trust has 2 goals, 1 is that every patient who meets the criteria should be referred to the Organ Donation Service and the other is that the specialist nurse should meet with families. Dr Watkins acknowledged this good work within the Northern Trust. Mr Graham wished to mention the good work Keith Oakes has been doing since taking up his post.	
9.10	**Acute IS Governance Report** Mr Martin was unable to re-join the meeting, this paper has been deferred until the next meeting.	
10.	**Interim Directed Statutory Functions** Interim Corporate Parenting Submission Briefing Paper	

	Maura Dargan presented this briefing paper confirming the Interim Report will be presented to Trust Board in January 2023 and a workshop has been scheduled for next week.	
11.	**Any Other Business** **Industrial Strike Action – 12th December 2022** It was confirmed Unison has provided the Trust with their derogations and their staff will be taking strike action in 2 hour slots. NIPSA have been asked to provide their derogations by tomorrow and they will have a 24 hour all-out strike. It was noted there is a significant risk. Mr McAleese confirmed an Incident Room has been set up for Monday from 7am, Silver has asked for a sit-rep on Monday and services will be reviewed on an individual basis. Mr McCann wished to remind everyone that relationships are good and every effort should be made to ensure that they remain so.	
12.	**Date of next meeting** Thursday, 9th March 2023 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	