

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 14 January 2021

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, David Jefferys and Keith Onslow

Francis Poltera and Vicki Pryde

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

26 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

Apologies for absence were received from Councillor Angela Page – Executive Assistant for Adult Care and Health and Roger Chant.

The Chairman informed Members that Dr Angela Bhan – Borough Based Director, SEL CCG had recently been unwell, and on behalf of the Sub-Committee wished her a speedy recovery.

UPDATE FROM KING’S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman welcomed Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites (“Site Chief Executive”) to the meeting and thanked him for attending at short notice to provide an update on the King’s College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that since the beginning of December, the PRUH and South Sites had seen a marked increase in the number of COVID-19 presentations, and this had continued at pace. On the 24th December 2020, the PRUH Campus had around 250 COVID-19 positive patients, which was a higher volume than at the absolute peak of the first wave of the pandemic. Numbers had remained steady between Christmas Day and New Year, but had then been followed by a further spike. The most significant day for the PRUH had been the 8th January 2021, on which they

had been housing and caring for 297 COVID-19 positive patients, including 18 receiving fully ventilated Level 3 care in ITU and a further 20 receiving Level 2 high dependency care. It was stressed that these were extreme volumes of patients.

Since the 8th January, there had been a small reduction in the numbers, which statistically would be considered a downward trend, and as of that day there were 275 COVID-19 positive patients across the PRUH and South Sites (with some being nursed at the Orpington Campus). Currently, there was the capacity to respond to the daily ebb and flow of patients, with only a very minimal number of ITU Level 3 patients having been transferred to Denmark Hill to receive more intensive and complex therapy.

In response to a question, the Site Chief Executive said that when comparing the previous six weeks with the peak of the first wave, the rate of presentations with COVID-19 was 51% higher. This highlighted the marked impact of the second wave, and indicated that the virus was significantly more virulent. However, over the last six weeks there had not been the same need for ventilated Level 3 beds which the PRUH had experienced during the first wave. Presently, there were 18 of these beds open, compared to 28 beds during Wave 1. As a result of the learning taken from the first wave, new and different interventions were being used early on in a patient's admission, such as CPAP positive pressure ventilation. It was too early to say if they would see the same number of deaths that occurred during the first wave, but the number of presentations had been significantly higher, resulting in a far greater impact. With regards to oxygen usage, there had recently been a peak on their system, however they had still been well within tolerance levels. The current oxygen flow to the 550 beds was running at 71%, so there was still plenty of reserves. It was noted that when a patient in ITU was fully ventilated it did not use any more oxygen than positive pressure ventilation.

The Trust had redeployed 243 staff from non-critical and back-office roles, such as clinical and non-clinical education staff, to support frontline healthcare workers. These staff were providing clinical support by delivering care to patients, and non-clinical support by checking ward stocks and making beds. The Trust had continued to offer a range of support to staff through their Wellbeing Hub, which offered a sanctuary for some "downtime" and provided psychological welfare support. This was extremely important as staff were working under immense pressure in an unpleasant and hostile environment. The Site Chief Executive highlighted that staff across the Trust had been affected by COVID-19, with 1,259 staff (around 10% of the workforce) currently absent. Of this cohort, 362 had a confirmed COVID-19 diagnosis, whilst the others were required to either shield or quarantine.

As a health system, the Trust had worked closely with Bromley Healthcare and the LBB Social Care team, who had provided a huge amount of interactive support to move patients through the hospital as quickly and appropriately as possible. There were no concerns regarding delays, and any patient in the PRUH or Orpington Campus undoubtedly needed to be there, receiving care until they were fit and stable. There had not yet been the

requirement to access the regions Nightingale Hospital, which was located at ExCel London, which was being used as a 'step-down facility' during the second wave of the pandemic. It was noted that this was largely due to the strength of the Orpington Campus, which was being utilised as a 'step-down facility' locally.

Since the 24th December 2020 other activity at the hospital had been very limited, with operations only taking place for life and limb threatened cases, and this would remain the situation going forward. Members were advised that a national decision had been made to restrict several urgent cases, including some cancer services. This had been a very rigid instruction, which the Trust had already started to soften by bringing in a very small number of cancer patients that week. Whilst this was a concern for both patients and clinicians, they would respond as quickly as they could to progressively increase this number.

In response to a question from the Chairman, the Site Chief Executive advised that a range of patient groups had recently been discussed with him. Due to the downward trend in the presentations of COVID-19 positive patients, it was anticipated that urgent cancer and elective cases could start to be brought in. Any operations that were cancelled had been clinically reviewed at the highest level, and operations would be rescheduled at the PRUH or Orpington Campus during the next week or so.

The Site Chief Executive advised Members that the PRUH had originally been selected as one of the 50 national vaccination centres to deliver the Pfizer COVID-19 vaccine, which they had been administering since the 8th December 2020. In collaboration with the Clinical Commissioning Group (CCG), it was decided that the PRUH would invite individuals in the over-80's cohort that had been under the care of the hospital between September – December 2020. This had created an initial "order book" of recipients whilst the CCG prepared their model for delivering vaccine support. The PRUH was not currently delivering any "new" vaccines to the over-80's, as the Primary Care Networks had now taken over vaccinating the general population. However they were continuing to vaccinate NHS, Social Care and Council staff.

In response to a question, the Site Chief Executive said that when the 50 vaccination centres had been initiated, the national instruction had been that the second dose of the vaccination should be given between 21 and 28 days after the first, for any population group. Subsequently, central government had changed this instruction, as allowing more of the general population to receive a vaccine sooner would reduce the overall burden of COVID-19. There was also emerging clinical evidence from the government that a greater gap between the two doses strengthened the vaccine in the body. It was unfortunate that central government had amended its guidance, and therefore two different services were being delivered to the population. The Site Chief Executive acknowledged the frustration of Members and their constituents, but the PRUH was just applying the national instructions. The Portfolio Holder for Adult Care and Health noted that this issue was not unique to the PRUH,

as she was aware that this had also been the case at Beckenham Beacon Hospital, with some constituents having already received their second dose of the vaccination.

Members were informed that during late December 2020, there had been an issue whereby residents were unable to access the PRUH by telephone over a three day period. The Site Chief Executive noted that this had been due to an issue with an external switchboard, which needed to be resolved by an external contractor, and had therefore been out of their control. This had now been resolved and they were continuing to respond to new vaccination requests for NHS, health and social care workers; follow-up vaccinations for the initial cohort of over-80's; and patients requiring emergency treatment.

Members passed on their thanks to the Site Chief Executive, and his staff, for all the work they had been undertaking, and enquired if any further support could be provided by the Council, and residents. The Site Chief Executive acknowledged this kind offer, but advised that they just needed them to continue to amplify the government messages around social responsibility; maintaining social distancing; and the wearing of facemasks. It was noted that the Trust were very fortunate to have ample stocks of PPE and welfare provision, and hospital charities had been providing other items to staff, such as hand cream. It was highlighted that due to the distinct restrictions within the working environments of the hospital site, and whilst acknowledging they were very kind offers, they did not want to receive food donations as they were difficult to distribute.

On behalf of the Sub-Committee, the Chairman thanked the Site Chief Executive for attending the meeting. It was agreed that an official message of thanks from the Sub-Committee would be drafted and circulated to staff across the Trust.

27 DECLARATIONS OF INTEREST

There were no declarations of interest.

28 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

29 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB- COMMITTEE HELD ON 21ST OCTOBER 2020

RESOLVED that the minutes of the meeting held on 21st October 2020 be agreed.

30 UPDATE ON THE SINGLE POINT OF ACCESS (SPA) AND DISCHARGE ARRANGEMENTS

The LBB Assistant Director for Integrated Commissioning provided an update to the Sub-Committee on the Single Point of Access (SPA) and discharge arrangements.

On the 19th March 2020 the government had published its 'COVID-19 Hospital Discharge Service Requirements' which stated that unless required to be in hospital, patients must not remain in an NHS bed. The guidance required acute trusts and community health and social care providers to work together to deliver a discharge to assess model that facilitated immediate discharge from hospital with assessment of need taking place in the community.

The guidance outlined four discharge pathways – pathway 0, where patients were discharged home with no further support, was managed by the Trust; and pathways 1-3, where discharge required further support in the community (such as requiring domiciliary care; a rehabilitation bed; or care in a residential / nursing home), were accessed via a Single Point of Access (SPA) for community health and social care services.

Each area was required to establish a SPA and had been provided with some additional funding to do so. The government had also underwritten some of the early parts of the discharge process and since March, the first six weeks of discharge were covered by NHS COVID funds. The SPA was required to:

- Function seven days a week, 8am-8pm;
- Provide a single route for all community health and social care services;
- Accept assessments from hospital staff on the needs of individuals;
- Use multi-disciplinary teams on the day of discharge to assess and arrange packages of support;
- Provide timely access to equipment; and
- Maintain the flow of patients through the pathway, ensuring assessment of long-term care and support needs were undertaken following a period of recovery.

Led by Bromley Healthcare, partners from across the system (the PRUH and King's College Hospital NHS Foundation Trust; the Local Authority; Oxleas and St Christopher's), had collaborated resources to form a SPA and worked as a Multi-Disciplinary Team (MDT) to simplify the hospital discharge process. The key features of the SPA were:

- Discharge to assess (so needs can be evaluated most appropriately);
- Single referral process (bringing together what was a complex system with multiple discharge pathways into a single, simple process);
- Clinical triage (nurses and therapists efficiently triage to ensure clients access the most suitable service);
- Streamlined referral pathways (revised protocols for referral pathways which enabled timely allocation);
- Welfare calls (management of welfare calls/visits for all clients discharged from hospital, including ED, ensuring safe discharge); and

- Virtual Multi-Disciplinary Team (partners coming together to provide a whole systems approach to managing a client's transition).

Data provided on the SPA's activity between March and December 2020 highlighted the volume of its work, processing on average 576 referrals per month. During this period, around 50% of the patients discharged from the PRUH had been supported through the SPA, with a large number requiring further nursing and domiciliary care. A Member asked for further clarification regarding the columns of percentages listed for each pathway (Table 1, 5th slide of the presentation). The LBB Assistant Director for Integrated Commissioning responded that the left-hand column indicated the government's prediction of the percentage of patients that would be discharged via each pathway, while the right-hand column provided the actual percentages for each pathway that had occurred in Bromley. Bromley was operating slightly differently to the government's expectations, which could partly be due to the borough having an older population.

The benefits of the SPA were that it allowed patients to be discharged from hospital in a timelier and client focused way, with them feeling safe and supported. Bringing partners together had also allowed greater flexibility with pooled knowledge and resources, making them more responsive to the changing needs of patients, as well as the pandemic itself. It was noted that the future of the Bromley SPA needed to be considered – it was a fantastic resource for residents which was working well, but it was “held together” by the additional financial resources provided by the government. Before the end of the pandemic these processes would need to be reviewed, to consider if they could be sustained – learning and development would be taken from the SPA to support future arrangements, but it was a very specific vehicle to support the current crisis.

There were currently no discharge delays, and the SPA was working with healthcare providers to ensure that patients were discharged in a safe and timely manner. A number of patients in the PRUH were very unwell, and as a result were spending longer periods of time in the hospital and required more support at the point of discharge. The LBB Assistant Director for Integrated Commissioning informed Members that he chaired a weekly meeting attended by the agencies and professionals whose teams were responsible for discharge. They reported that the system was working well, however it was not without its challenges, including outbreaks of COVID-19 amongst staff and residents in some care homes. Some domiciliary care agencies were more hesitant about accepting discharges of COVID-19 patients. To help address this, they were working closely with these agencies, and were also looking to increase the number of domiciliary care agencies used in case there were further demands on the system. Members were advised that COVID-19 vaccination programmes for both residents and staff were underway across the borough's care homes. All local health and care providers were being contacted to organise the first vaccination for their staff by mid-February 2021.

In response to a question regarding the cost of the SPA and discharge arrangements, the LBB Assistant Director for Integrated Commissioning

highlighted that the government, through the NHS, were underwriting the costs at the point of discharge for the first six weeks of a patients' care. During this period, assessments were undertaken, and decisions made as to who would pay for any ongoing care. This speeded up the process and simplified the working process. Similar arrangements had been established across the country, which had worked successfully, and it was anticipated that the government would want to take some learning from these processes. An evaluation of the SPA's impact was being undertaken locally, to look at how partners could sustain their collaborative effort and the ability to afford it.

The Chairman thanked the LBB Assistant Director for Integrated Commissioning for his presentation to the Sub-Committee.

31 GENERAL UPDATE - BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare provided an update on the work being undertaken by the organisation.

The Bromley Healthcare incident room had been running via a mixture of physical and virtual attendances since March 2020. In December 2020, this had been stepped back up to daily meetings, alongside which the following had been rapidly mobilised and implemented:

- Cataloguing over 400 separate items of guidance;
- Issuing more than 1 million items of PPE to staff (since the beginning of the pandemic);
- Completing six daily situational reports (Sitreps);
- Rolling out rapid lateral flow testing for patient facing staff from 14th December 2020, and extended to the whole organisation from 21st December 2020, with twice weekly testing being undertaken; and
- Issuing 500 laptops and 400 phones to enable remote working.

The Chief Executive Officer emphasised that their staff had been outstanding, and extremely flexible. It was noted that the increase in COVID-19 related workforce absences were in line with local population increases. As of the 12th January 2021, the organisation had 100 staff sickness absences, of which 57 were COVID-19 related (5% of the workforce). Some of these absences were in key services, however these were being managed through additional bank and agency shifts. A small number of staff had been redeployed, although it was highlighted that this was at a much lower level than during the first wave of the pandemic.

As services had recommenced following Wave 1, patient interventions had started to increase, along with a corresponding increase in activity. The referrals during October and November 2020 were above the levels seen for the same period in 2019. Over the last four months there had been a focus on reducing the waiting lists that had built up during the first wave of the pandemic. Overall, most areas were now “back on track”, and in line with their key performance indicators (KPIs). During the second wave, they had been

successful in keeping as many services as possible operating in some format, including their Hollybank site which had been open and fully functioning.

With regards to Hospital Discharge Services, the key to its success had been the close partnership working with the PRUH, CCG and Local Authority. There had been a reduction in the length of stay (LOS) and an increase in the number of discharges. LOS in the home pathway had continued to decrease, with patients spending 1.5 fewer days (-6%) on the pathway in Quarter 3 2020-21, compared to the same period the previous year. LOS in beds had continued to decrease further. In Quarter 3, a patient spent on average 4 days fewer (-20%) on the pathway, compared to the same period the previous year, with an increase of 10 patients (+9%) discharged in the period to date. Members were informed that Foxbury rehabilitation unit had experienced a small outbreak of COVID-19 before Christmas, which had been safely managed. The team had recently been joined by a new geriatrician, who was now providing support to the unit, and in conjunction with the PRUH, had developed a community IPAC proposal which would be launched in the coming weeks.

The Bromley Community COVID Monitoring Service (BCMS) provided community support to residents that were COVID-19 positive. Patients received daily phone calls from the service, and there was also a hotline number which patients could call 24 hours a day, 7 days a week, with any concerns. The service was manned by GPs, Community Matrons and Respiratory Nurses, and they could refer patients on to the GP Alliance hub, or organise a home visit. There had been 4,302 admissions into the service, 473 of which were readmissions. During the past seven days, the service had received 252 referrals, with 268 referrals having been received the previous week. The caseload currently stood at 183 patients. Over recent weeks, there had been a significant increase in referrals, and the team were now undertaking round 150 daily phone calls. An initiative had been introduced the previous day, whereby low-risk patients could send in their readings, allowing staff to dedicate more time to their high-risk patients.

During the pandemic, Bromley Healthcare had successfully mobilised the new Bromley 0-19 Public Health Service, which would be discussed in more detail later in the meeting. In collaboration with the PRUH, they had also established the urgency respiratory service for adults, and a new Hospital@Home service for children would commence from the beginning of February 2021. The organisation had also received two regulatory visits during October and November 2020. Both visits had been challenging – Ofsted had visited Hollybank on the second day after it reopened, and the CQC inspection of the 0-19 Service had taken place only five weeks after they had taken over the contract. Overall, the Ofsted inspection had been positive, with only a couple of areas “to be worked on”. Good feedback had also been received from the CQC, and they were awaiting the final report being published.

The Chief Executive Officer noted that historically, the staff uptake of the flu vaccination had been relatively low, and therefore this year they had focussed on increasing it. Currently, 439 staff had received their vaccination, which was

an uptake of 76%. A patient reference group had been enlisted to provide some quotes and share stories of why they felt healthcare professionals should get the flu jab. COVID-19 vaccinations had also commenced, with over 70 staff members having received their jabs at the PRUH, which it was noted had been an extremely well organised process.

Members were informed that Bromley Healthcare had published their People Plan, the key focus of which had been on keeping colleagues safe and looking after the wellbeing of the team – risk assessments had been completed for all staff, into which wellbeing discussions were being incorporated.

The Chairman led Members in thanking Jacqui Scott and Janet Ettridge for the update regarding the work of Bromley Healthcare.

32 UPDATE ON THE 0-19 SERVICE - BROMLEY HEALTHCARE

The Sub-Committee were provided with an update on 0-19 Public Health Service being delivered by Bromley Healthcare, presented by Fe Akers, Associate Director for Children's Services and Loretta McGurry, Head of Health Visiting – Bexley and Bromley 0-19 Service (“Head of Health Visiting”).

The Associate Director for Children's Services advised Members that the 0-4 element of the service had transferred on the 1st October 2020. Due to the pandemic, mobilisation had been slightly different to what they were used to, but the transfer had gone as well as expected.

The Head of Health Visiting informed Members that the Health Visiting and Family Nurse Partnership (FNP) were based in three localities across the borough (central Bromley, Penge and Orpington), in alignment with the Children and Family Centre reach areas. Health Visitors led the delivery of the 0-4 Healthy Child Programme, which was provided in partnership with other agencies, providing a universal offer for all, and more intensive support for the families that required it the most. The 0-4 element now formed part of the 0-19 Public Health Nursing Service with health support for schools, and offered families seamless support. Post-pandemic, there was the potential for child health clinics to run alongside Speech and Language and Dietetic drop-in sessions.

At the time of transition, there had been one Head of Service; 3 Operational Leads; an FNP Supervisor; 36 Health Visitors; 16 Nursery Nurses; 3 Family Nurses and 9 Administrators. The aim had been to maintain the safety of clients and ensure that service and quality standard were maintained during the transition. Progress to date had included the recruitment of three fulltime Health Visitors, who would be starting in post shortly – this left only a 3.5% vacancy rate in Health Visiting, which was the lowest it had been for some time. They were also in the process of recruiting an FNP Supervisor, for which the interviews would be taking place the following week. In terms of service delivery, a centralised duty system had been established which was the “front

door” for any client queries. Due to some staff being required to self-isolate or having COVID-19 related sickness, a centralised rota and allocation tool was being used to plan across the service, and was working well. Communication had been vital due to the high volume of remote working, and fortnightly team and leaderships meetings had been held. The team had also been developing processes and standards, aligning them across Bexley and Bromley and sharing best practice. Access to the service had been increased via duty and appointment only clinics – this included the appointment only weight clinics, which had been increased from 27 to 51, and allowed any client whose weight needed to be monitored to receive an appointment within a matter of days. Demand and capacity were being monitored on a weekly basis, in collaboration with commissioners. They were also engaging with teams and seeking feedback and ideas from them, particularly in relation to service delivery and the EMIS template designs.

The Head of Health Visiting advised Members that during October 2020, the Health Visiting teams had delivered more than 7,000 contacts, of which 4,000 had been first appointments such as antenatal or new births. The FNP consisted of three fulltime nurses and a Supervisor, who had delivered in excess of 150 face to face contacts. The Infant Feeding Team consisting of an Infant Feeding Nurse and two Nursery Nurses, and had delivered 150 contacts over the same period, which highlighted how responsive they had been to new mums.

With regards to safeguarding during the first period of lockdown, it was noted that whilst the number of children with Child in Need (CIN) and Child Protection Plans had not differed greatly, there had been an increase in the number of meetings. There had been over 130% more core group meetings between April – June 2020, and the number of CIN meetings had also increased by 81%. During stage 1 of COVID-19 recovery, the aim had been to prioritise home visits for families that: were not known to the service; where there was a safeguarding concern; and families where there was vulnerability or clinical need and the Health Visitor had judged a visit to be clinically necessary. Face to face visits had been maintained for:

- all new birth visits;
- removal in under 1’s;
- families where there were safeguarding concerns;
- mandated contacts for families with additional needs;
- antenatal where health and/or safeguarding concerns had been identified;
- faltering growth, infant feeding appointment only clinics.

Appointments had been provided virtually for universal antenatal; 6 to 8-week reviews; and 1- and 2-year reviews. The extended central duty system had ensured access and responsiveness for clients contacting the service in lieu of drop-in sessions.

COVID-19 had been the main challenge faced by all services, and the requirement for them to be delivered in different ways – the COVID SOP had been reviewed weekly, and staff had been given laptops and phones to enable remote working. Following the suspension of drop-in clinics, the

service had needed to ensure that families knew how to contact them. The service had also worked to improve the number of Health Visitor vacancies, with recruitment already underway. Other challenges faced had included the data migration on transfer of the service, and staff adapting to a new clinical records system. As mitigation, lead Health Visitors had been provided with access to the clinical records of the previous service provider. A staff training plan had been developed, and ad hoc training would be provided where necessary.

The Head of Health Visiting informed Members that there would be a number of enablers and opportunities for the service. This would include an increase in the CAFs enabled by the adapted BCP assessment form, and feedback from staff would be used to ensure that the EMIS template developed would collect data in an accurate and user-friendly way. It was noted that the shared record system with allied health professionals and GPs would be invaluable for improving their collaborative working, as would the co-location of the central Bromley Health Visitor team with allied health and specialist children's teams. In the future, there was also the potential to work with the school nursing teams. The "next steps" for the service included increasing and improving their collaborative working with the Early Intervention and Health for Schools and Early Years Settings. They would also establish a joint training plan; undertake weekly reviews of COVID SOP and complete the BFI Level 3 reassessment in March 2021.

The Associate Director for Children's Services noted that there was a Bromley 0-19 website (<https://www.bromley0to19.co.uk>), which Members were encouraged to view.

On behalf on the Sub-Committee, the Chairman thanked Fe Akers and Loretta McGurru for their presentation on the 0-19 Public Health Service.

33 OXLEAS MENTAL HEALTH SERVICE UPDATE (VERBAL UPDATE)

The Chairman noted that apologies had been received on behalf of Oxleas NHS Foundation Trust, and their item would be deferred to the next meeting of the Health Scrutiny Sub-Committee.

34 HEALTHWATCH BROMLEY - Q2 PATIENT ENGAGEMENT REPORT

As the Healthwatch Bromley representative was not present at the meeting, the Chairman noted that a response to questions relating to their Quarter 2 Patient Experience Report, received from the Co-opted Member representing Bromley Experts by Experience, would be followed up outside of the meeting.

35 HEALTH SCRUTINY SUB-COMMITTEE INFORMATION BRIEFING

The Health Scrutiny Sub-Committee Information Briefing comprised of one report:

- Executive Report – Consideration for Agreement to Exempt from Tendering: Service for Co-Occurring Mental Health, Alcohol and Drugs Conditions.

The Chairman informed Members that the recommendations in the report had been agreed at the meeting of the Council's Executive the previous evening.

36 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING

The Chairman noted that a number of the matters outstanding related to the PRUH and its Emergency Department, and had been marked as 'in progress' for some time. Members were asked if responses to these issues were still required. A Member responded that a lot had changed since January 2020, as a result of the pandemic. It was agreed that the key issues should instead be discussed with the Site Chief Executive and his team, and removed from the work programme.

37 ANY OTHER BUSINESS

There was no other business.

38 FUTURE MEETING DATES

4.00pm, Tuesday 23rd March 2021

The Meeting ended at 5.18 pm

Chairman