

**Minutes of the Public Trust Board Meeting
held on 05 May, 2022 at 11.30 am
via Microsoft TEAMS (due to COVID-19 guidance)**

Present

Mr Peter McNaney	Chairman
Dr Cathy Jack	Chief Executive
Professor Martin Bradley	Non-Executive Director – Vice-Chairman
Professor Carmel Hughes	Non Executive Director
Ms Miriam Karp	Non Executive Director
Dr Patrick Loughran	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Miss Brenda Creaney	Executive Director Nursing and User Experience
Mrs Carol Diffin	Executive Director Social Work/Children's Community Services
Mrs Maureen Edwards	Executive Director Finance, Estates and Capital Development
Mr Chris Hagan	Executive Medical Director

In Attendance:

Mrs Bernie Owens	Deputy Chief Executive
Mrs Paula Cahalan	Interim Director Child Health and NISTAR
Mrs Heather Jackson	Interim Director Trauma, Orthopaedics, Rehab Services, Maternity, Dental, ENT, Sexual Health
Mrs Moira Kearney	Interim Director Mental Health and Intellectual Disability
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Ms Charlene Stoops	Director Performance, Planning and Informatics
Ms Gillian Traub	Director Adult and Primary Care
Miss Marion Moffett	Executive Assistant – Minute Taker
Ms Sarah Christie	Board Apprentice

Apologies:

Mr Gordon Smyth	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director

At the outset of the Chairman welcomed everyone to the meeting, which was being live streamed to allow members of the public to observe virtually.

23/22 Questions submitted by members of the public

Mr McNaney read the following questions submitted by Mr Smith:

1. Since the pandemic how many director posts have been created within the executive team and total costs?
2. During the pandemic how much overtime has been claimed by directors in executive team and the total costs?
3. In the financial year 2021/22 how much money was paid to GP's for attending Belfast trust virtual partnership meetings?
4. Currently how many free wards or levels are there within the Belfast city hospital, Mater hospital and the Royal Victoria hospital?
5. Given that Covid restrictions have been lifted when will trust board be meeting in public again?

Mr McNaney asked that the relevant Directors co-ordinate a written responses for his approval, copies of which will be shared with Trust Board members.

24/22 Minutes of Previous Meeting

Members considered and approved the minutes of the previous meeting held on 3 March 2022

25/22 Matters Arising

No items raised.

26/22 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Safety Quality Visit Reports – Non Executive Directors

i. Ward 4B, RVH – Trauma and Orthopaedics – 7 March 2022

Professor Bradley presented a report on his virtual visit to Trauma and Orthopaedics Ward 4B, RVH on 7 March 2022. The majority of patients are elderly with a proportion who are confused or suffering from dementia in addition to their fracture. The ward has had to manage several outbreaks of Covid and there has been a heavy reliance on the use of side rooms to contain the spread of infection. Staff have also helped colleagues across the service with staffing during the pandemic.

Professor Bradley highlighted difficulty repatriating patients back to local hospitals once in the recovery phase. Patients are often being admitted through ED to other wards and not coming to Ward 4B until after surgery, given the elderly age group, this is not ideal. He reported poor ventilation in the Ward exacerbated by staff having to wear PPE and asked that consideration be given to some form of ventilation. Consideration should be given to engaging a clinical teacher, to help with on-ward training.

Members noted the report.

ii. Day Therapeutic Services, Moyola, Muckamore Abbey Hospital – 21 October 2021

Mr McNaney presented a report of a virtual visit he had undertaken to Moyola, Muckamore Abbey Hospital on 21 October 2022. Staff spoke passionately about their patients and how they can contribute to their quality of life. They also spoke enthusiastically about MAH being a rewarding place to work and that people who worked there liked it. However they need more clarity on the future and more permanent staff and would like more involvement on discussions/decision making about patient's resettlement options.

Members noted the report.

iii. Knockbreda Wellbeing Centre, Community AHPs – 24 February 2022

Mr McNaney presented a report of his virtual visit to the Community AHPs based in Knockbreda Wellbeing Centre. Evidence of good practice was demonstrated by the hybrid approach to seeing patients; verification of waiting lists and standard of practice and competency proforma. Areas for improvement related to the need for a washhand basin in the OT room, the length of time to recruit staff and availability of somewhere to socialise/coffee shop.

Miss Creaney advised the coffee shop in Knockbreda had been closed as it was not being used by staff/patients. She undertook to follow up with the team.

iv. Oncology, Belfast City Hospital – 30 March 2022

Mr McNaney presented a report of a virtual visit he had undertaken to Oncology, Belfast City Hospital on 30 March 2022. It had been encouraging to hear how staff had managed during Covid. Apart from the first 3 months the service had managed to avoid major delays in treatment. In fact Covid absence was worst at the end of March than at any time during the pandemic. Staff had been innovative in managing the service and welcomed the benefits of virtual appointments.

Mrs Owens advised currently there are approximately 500 staff absences due to Covid, this is an improved position as at one stage there were almost 1000 staff off.

Mr McNaney said it was good to hear from the staff that they had established a process that 95% of oncology patients, experiencing difficulties, can attend the Cancer Centre directly without going through ED

Members noted the report.

27/02 Chief Executive's Report

i. Emerging Issues

a. Covid Update

Dr Jack reported there are currently 49 Covid patients in hospital. She noted this is the first time there have been under 50 patients since 20 July 2021. She also noted the UK Covid Public Inquiry has recently announced, BHSCCT will be a participant to ensure learning and improvement.

b. Ambulance Turnaround Times

Dr Jack advised work is ongoing to improve the ambulance turnaround times at the EDs.

Mr McNaney asked if triage processes are in place to assess patients waiting in ambulances.

Dr Armstrong advised a dedicated Ambulance Navigator was in place to ensure there is robust management of flow. Triage processes are in place to ensure category 1 and 2 patients (the sickest patients) are off loaded the quickest. The resus capacity has been increased and patients, who are mobile, are diverted to the Urgent Care Centre.

c. ED Pressures

Dr Jack reported there continues to be pressures within the EDs given the high number of attendances and a number of delayed discharges impacting on patient flow. However, a recent patient experience survey indicated 95% of patients in ED said they would recommend ED to friends and family.

In response to a query from Mr McNaney, Dr Jack advised that the Patient Experience Survey is undertaken by staff independent of the EDs as a sense check of service users' views of the care they are receiving.

ii. Muckamore Abbey Hospital Update

Mrs Kearney presented an update report in respect of Muckamore Abbey Hospital (MAH). The patients resettlement programme is ongoing for patients to move to their forever homes, with planning for a further 11 discharges by 2023. There was continued monitoring of patient safety to identify trends and noted the use of seclusion can be patient specific. Staffing levels continue to remain a concern with reliance on long-term agency for nursing and vacancies in social work and adult safeguarding teams. The workforce review and support continues with HR colleagues with focus on recruitment and training.

Mrs Kearney advised an RQIA inspection has been undertaken on the MAH site in March 2022 and a Quality Improvement Plan has been developed to address the recommendations. The feasibility study has been completed in respect of options for resettlement for long term care on the MAH site. The advocacy review, commissioned by the SPPG, is ongoing. Real Time Feedback (RTF) continues on all wards reporting on a fortnightly basis.

Ms Karp welcomed the on-going progress and the resettlement programme. She also was assured that the Trust was engaging with the East London Foundation Trust. She referred to very vulnerable patients in MAH and asked what processes are in place to ensure Real Time Feedback is authentic.

Mrs Kearney explained that the Trust works closely with advocates in TILII (Telling It Like It Is) to ensure the questionnaire is appropriate for MAH patients and is continually reviewed. She also advised the RTF auditors were independent of the Learning Disability Division.

Ms Karp was assured that the RTF was an independent process.

Dr Jack advised the RTF auditors whilst Trust employees, are not aligned to the Divisional management structure.

Mr McNaney asked for an update in respect of the re-opening of the Learning Disability Day Centres.

Mrs Kearney advised that plans are in place for the centres to be fully functioning by June 2022, work is on gong with Transport and Infection Control colleagues to ensure all facilities are safe for service users to attend. She further advised that Ms Traub is leading on the remobilisation of day care for Adult Community Services, Mental Health and Learning Disabilities.

Ms O'Reilly acknowledged the improvement in independent advocacy and noted the Carer Consultant working closely with MAH families and carers and the Patient Client experience work provides valuable information to monitor progress and improvement.

28/02 Safety and Quality

a. Quality Management System (QMS) Report

Dr Jack advised Internal Audit had reviewed the QMS, they had undertaken a Corporate and Division of Surgery assessment, both of which received satisfactory assurance. She wished to thank Mrs Johnson and Ms Stoops for this achievement. She also acknowledged all Director colleagues for their leadership in developing the QMS, which provided real time data.

Ms Stoops explained the QMS report provided an overview of Trusts current performance against a range of metrics under each of six quality parameters. It also contains an update against our Phase 8 Delivery Plan for January to March 2022 and an update on progress against Commissioning Plan Direction targets. The QMS Framework summarises the reporting arrangements around the QMS at each level in the Trust for assurance and accountability purposes.

Members noted since the start of March there has been a significant reduction in Covid19 inpatient numbers. Similarly at the last report there were 4 patients in ICU, currently there are no patients with Covid in ICU. There has been a lesser impact on community services, with currently 5 care homes having a confirmed outbreak, however, this is a substantial reduction from 38 on 21 February. At 14 April, 668 staff were off work due to Covid which has reduced to 497 on 3 May, a reduction of 26%. At the end of March there had been 5,077 inpatients due to Covid-19 with 321 admissions to Critical Care. Of those admitted, 4,283 (84%) had been discharged.

In respect of Waiting Lists, during the course of the pandemic, there had been an increase in waiting lists for IP/DC. As at 31 March, 50,050 patients waiting on IP/DC with 62% waiting over 52 weeks which is an increase from 37% back in December 2019. At 31 March there were 110,240 patients waiting on a first consultant led outpatient appointment.

Ms Stoops reported that at a recent performance meeting with the Strategic Planning and Performance Group (SPPG) the Trust was recognised as the only one in the region to have improved on their performance in February 2022 against February 2021. At the end of February 2022, the Trust's 9-week waits for OP assessment had reduced by 2,371 from the same month the previous year. Similarly, 52-week waits had decreased by 6,812.

In the community there has been a reduction in the waiting list for psychiatry of old age and learning disability and a small reduction in the waiting list for Mental Health services. However, there continues to be concern at the continuing increasing number waiting in CAMHS, 652 in total waiting with 271 waiting over 9 weeks for an appointment. The SPPG are undertaking a focused piece of work in relation to CAHMS.

In response to a comment from Mr McNaney, Ms Stoops explained the HSCB, the Trust's main commissioner of services had ceased to exist on 31

March 2022 and has been replaced by a Strategic Performance and Planning Group (SPPG) within the DoH. The Trust meets regularly with SPPG in relation to performance.

Ms Stoops noted she had reported an improvement across most AHP waiting lists at the previous meeting, which was a result of waiting list initiatives. There has been a small increase in all AHP waiting lists which have increased by 7% from a total of 15,687 in December 2021 to 16,827 in March 22.

Ms Stoops advised good progress has been made across many service areas in the Plan for January/March 2022 and explained a summary of all areas had been included in the appendix of the report. Whilst performance was in line with projected levels, many levels were projected by the service and are not necessarily all back in line to pre-pandemic levels. For example, there continues to be particular challenges in delivering elective care activity considering ongoing workforce challenges.

Professor Bradley commented on the successful management of Covid, which had been one of the most challenging issues the HSC has had to face in recent years. He expressed concern at the waiting lists in respect of CAMHS, which is age critical. He asked for an update in respect of the childhood immunisation programme and if there had been any impact due to Covid.

Ms Stoops advised the childhood immunisation programme had continued to be monitored through the sitrep and undertook to provide details in a future report.

The performance against the Classic Safety Thermometer Indicators continues to be within the control limits. In respect of Maternity Services, in March there was reduced performance against a number of the safety thermometer indicators including harm free care and concerns not taken seriously. Ms Stoops referred to Professor Bradley's request at a previous meeting for the definitions of "harm free care" and undertook to share this detailed information.

Professor Bradley noted this information would be useful when considering the recently published Ockenden Review report.

Mr McNaney noted a Trust Board Workshop was scheduled for 30 May to discuss the Ockenden report and reflect on learning for the Trust.

Under medications, we have improved against the overall average in all 5 indicators. Trend graphs have been included to show progress on critical medicines omission, and breakdown of reasons for omission highlighting highest proportions being attributed to patients having refused or the medicine not being available.

There has been continued improvement seen against all of the indicators in Mental Health with 100% of patients reporting harm free care and feeling safe.

The Trust morality rate after elective surgery is 0.3% in line with a peer figure of 0.2% and in relation to emergency surgery the rate is 1.1% against a peer figure of 1.8%. The Trusts crude mortality rates compare favourably against peer hospitals with a mortality rate of 2.6% against a peer figure of 3.1% for the 12-month period from February 2021 to January 2022. When considering Risk Adjusted Mortality Index, the Trusts index value of 96 for the period February 2021 to January 2022 means deaths are 4% less than expected in the statistical model and therefore not flagging any cause for concern. The statistical variation in the Summary Hospital Mortality Index shows the Trust is within normal levels of variation against the rest of N. Ireland.

The Trusts readmission rate for the period February 2021 to January 2022 is 7.9%, a better outcome against the peer of 8.6% which is an important indicator of healthcare quality.

In regards to Clinical Coding, the Trust is now achieving 98% within 3 months of discharge and we have seen improvements in line with the peer in accuracy of coding with some further improvement needed in percentage of uncoded episodes and total admissions with palliative care code 2515.

The Trust performed well against Healthcare Associated Infection targets during the pandemic, however we are now seeing a higher number of C Difficile cases, ending the year with 129 cases, up 26% on the previous year. 15 MRSA cases at year-end was the same as the previous year. The PHA quarterly Surveillance reports showing the incidence of C-Diff and MRSA by Trust between Jan 2020 and Sep 2021, showing incidence by Trust per 1,000 bed days. BHSCT levels over a 2-year period as slightly above average for C-Difficile, and below average for MRSA.

Professor Hughes asked if there was a reason for the increase in C Difficile cases.

Ms Creaney advised there is a trend across the UK, a number of factors are being considered, including use of complex antibiotics and microbial stewardship. The acuity of patients admitted; ability to isolate patients in a timely manner during the pandemic; and use of PPI are also thought to be contributing factors. A number of focused pieces of work are underway in Critical and Unscheduled Care in respect of HCAs. She provided assurance that the situation is being closely monitored.

Professor Hughes commented that Northern Ireland does have a record in respect of antimicrobial prescribing trends and noted a lot of work is being undertaken in relation to stewardship.

In relation to patient experience, over 98% of 506 patients surveyed in March 2022 were extremely likely or likely to recommend the ward they were in to their family and friends. For ED admissions, 100% of a sample of 12 patients were extremely likely or likely to recommend the service.

There continues to be increased engagement through regional Care Opinion with 458 stories reported to date, including 66 in February and 57 in March. A total of 467 staff had responded by March 22 and with very positive feedback alongside some areas for improvement.

We have included a monthly analysis for Care Opinion numbers rather than only the cumulative position.

Real Time Patient Feedback in Muckamore Abbey Hospital showed an overall satisfaction rate of 82% (Dec 2021-Jan 2022). The Domiciliary Care survey is still paused due to staffing issues with the intention of re-commencing as soon as possible.

The staff experience survey results are as previously presented. This survey was completed in June 2021 by 2,095 of our staff and provides us with a benchmark against a number of key indicators which will enable us to track our progress going forward. The results of our second staff survey, which had a health and wellbeing focus and which completed in February are now in the process of being issued. A total of 4,131 staff responded, almost double the initial response and the overall staff engagement score of 3.62 has remained the same which is a fantastic achievement considering the ongoing workforce challenges and service pressures over the last number of months.

In relation to effectiveness and timeliness, there continues to be increased pressures to meet Covid demands. Overall the Length of Stay (LOS) has decreased to 7.0 days compared to 7.7 days in March 2020. Ms Stoops advised that information in respect of theatre utilisation will be included in future reports.

Ms Stoops advised that in respect of Cancer Services, over the last year, there has been a steady increase in the number of red flag referrals with a monthly average of 1,807 referrals. The Trust had continued to achieve 100% against the 14 day cancer target and 90% against the 31 day target. In March, 50% of patients were treated against the 95% 62 day target.

Members noted that whilst there had been improvements in levels of diagnostic activity it continues to be extremely challenging to meet the CPD targets around timeliness of reporting and length of wait for patients to be seen. In Diagnostics, it has been recognised there has been significant improvement in 26 week wait.

In respect of Unscheduled Care, there is reduced activity going through GP Out of Hours compared to pre-pandemic levels, with increased pressure on EDs. Recently there have been around 2,500 attendances per week in the EDs. The ED performance in March was 48.4% against the 4 hour target and over the last 10 months we have seen the highest number of patients waiting in excess of 12 hours. Between April 2021 and March 2022 there were 19,513 excess waiters, which is almost 3 times the number compared to the previous year.

Outpatient referrals have increased consistently since the low of April 2020 at the outset of the pandemic with 18,972 referrals in March 2022. The Trust has continued to deliver between 10,000 and 11,000 consultant appointments each week as well as over 5,000 appointments delivered by nurses and other professionals.

Ms Stoops reminded members the target for hip fractures is that 95% of patients, where clinically appropriate, should wait no longer than 48 hours for inpatient treatment. During March 2022 the Trusts performance was 85%. The 2021/22 average of 80% to date is a reduced position from an average of 94% during 2020/21.

In MAH, as at 13 April, there are currently 38 patients in residence, with an additional 4 patients on trial resettlement placements.

There is a continued daily focus on patient flow considering how crucial discharge is to the whole system.

Members noted the target relating to a 10% increase in Direct Payments was achieved at year-end.

The number of children referred to Social Services had been higher on average in 20/21 than in the previous year. Overall referral trends since July 2021 are broadly similar on average to the same period last year. There has been a 1% increase in the number of children on the Child Protection Register compared to this time last year and there continues to be a rise in the number of Looked After Children with 945 LAC at 8 April 2022.

In regards to efficiency, findings of a recent review of CHKS Regional Benchmarking Data identified a number of healthcare efficiency metrics in which BHSCCT is performing less well than its peer hospitals and the process is underway to develop a Productivity and Efficiency plan to focus on indicators related to flow. In summary, opportunities for improved efficiencies have been identified in: average length of stay; theatre productivity; weekend discharge rates for emergencies; day case rates and readmissions

Sickness and absenteeism figures have been higher due to Covid19. In relation to statutory mandatory training there has been an increase in compliance against 9 of the 10 core areas since March 2021. However there continues to be less than 75% compliance in 7 of the core areas.

Finance update, month 12 position was a £129k surplus achieving an overall break even position. The ongoing pressure in relation to workforce continues into 2021/22 and this is reflected in the agency spend. Agency spend was 8.4% (£8m) higher during 2021/22 compared to the previous financial year.

In terms of Equity, the Trust continues to focus on seeing highest priority patients, which has been established as a regional process and the report captures a number of areas of focus the Trust has on equity. There continues

to be equality screening of any service changes and this is reported through our annual Equality Report as well as Directorate QMS reporting.

In concluding her presentation Mrs Stoops advised of the 35 targets set regionally there are 20 rated red, which will be a challenge to achieve, a further 9 were amber and 2 green, the remaining 4 relate to funding or resettlement issues outside the control of the Trust.

Ms Karp thanked Ms Stoops and indicated the format of the QMS report continues to improve and provides accurate information on progress and pressures. She sought further details on issues impacting on the 62 day Cancer pathway.

Ms Stoops advised there were a number of issues including diagnostics, pressures on the system given the number of referrals. She explained that Mrs Leonard chairs cancer performance meetings by tumour site to understand the position and any delays in the system.

Mr McNaney asked that an update on the Cancer Strategy and challenges in delivering the strategy is brought to a future Trust Board meeting. Ms Stoops undertook to follow this up with Mrs Leonard.

Dr Jack advised the Trust had reviewed 6 cases where the 62 day target had been missed. The issues were multi-factorial some of which are out with BHSCT. There had been a multiple number for delays around referral, diagnostics, etc.

Mr Hagan explained key to addressing the issues is to improve the pathways and access to theatres and diagnostics. In order to improve the pathway investigations need to be multi-disciplinary. Delays in inter-Trust transfers can also be a factor.

Dr Jack highlighted that Outpatients had been aligned to Diagnostics to develop a Diagnostic Centre approach like Getting It Right First Time or a one stop clinic to improve the pathway.

Professor Bradley referred the Good Relations section of the QMS report and advised he had recently attended the Ethnic Minorities Staff Network one year celebration. He stated the Network was very dynamic and active group and are very beneficial in respect of international recruitment and supporting new staff.

Members noted the QMS report.

b. Rural Needs Annual Report

Ms Stoops advised the Rural Needs Act (NI) 2016 requires the Trust to have due regard to rural needs in the development of all policy and public service delivery decisions. This this does not apply to the majority of BHSCT local service provision given it's predominantly urban landscape and has perhaps

more of an onus on other Trusts spanning large rural geographical regions. However, when BHSCT are considering regional services, a more in-depth assessment and due regard of the impact of rural needs is required.

During the reporting period, 5 rural assessments were undertaken on virtual consultations, car parking and 3 of quarterly service delivery/winter resilience plans. HSC Trusts and DoH are working collaboratively on the development of a Rural Needs Health Toolkit for Northern Ireland in conjunction with National Centre for Rural Health and Care, Rural Services Network and the Nuffield Trust. This will include case studies and good practice examples of how to address the needs of rural populations when developing strategies, initiatives and service delivery plans.

Ms Stoops advised a regional workshop is also being planned in the next reporting period and DoH and DAERA will be working with Trusts to develop this.

Members approved the Rural Needs Annual Report.

29/22 Resources

a. Finance Report

Mrs Edwards presented the finance report for the period ending March 2022. She advised the draft annual accounts for 2021/22 were being finalised for submission to the NIAO on 6 May for audit review. The final report will be presented to Audit Committee and Trust Board in June. It is anticipated the accounts will be certified by the NIAO by 27 June with a view to being laid before the NI Assembly on 8 July 2022.

Mrs Edwards was pleased to report a small surplus of £199k indicating that the Trust met its statutory obligation to breakeven. The Trust also remained within its Capital Resource Limit with a small surplus of approximately £700k, related in delays in capital works in the School of Dentistry and Medical Gases. She noted this is a positive achievement given the challenges in the past year from both a service and financial perspective. She paid tribute to Director colleagues and their teams in managing services with a very constrained budget.

In relation to the 2022/23 financial year, there is no agreed budget due to the collapse of the NI Assembly. However, due to reliance on non recurrent funding in recent years the Trust does have a very significant underlying deficit. Last year the Trust received approximately £90m of non-recurrent funding, non recurrent savings as a result of the downturn in services during the pandemic. In addition there are emerging issues i.e. energy and inflationary pressures. Therefore the deficit could be as much as £120m, which excludes any new pressures. The Trust continues to liaise with SPPG colleagues regarding the financial position. Overall the HSC needs a significant investment in order to maintain services.

Mrs Edwards advised the Trust is developing the Financial Plan. A Financial Stability Plan is also being developed, which will include efficiency and productivity opportunities to be explored.

Mr McNaney acknowledged the considerable effort by Directors to achieve financial breakeven given the exceptional year. He accepted there will be pressing financial issues next year.

Members noted the position.

b. Charitable Trust Fund Applications

Mrs Edwards presented a Charitable Trust Funds application for a 3 year temporary Consultant Psychologist post to support staff who have been in high profile cases such as Infected Blood and Neurology Inquiries. She explained the application had been approved by the Charitable Trust Funds Committee.

Members approved the application.

30/22 Audit Committee Minutes – 8 February 2022

Professor Bradley presented the minutes of the Audit Committee meeting held on 8 February 2022, approved by Audit Committee on 26 April 2022. He noted the new external auditors ASM had attended their first Audit Committee meeting. There was limited assurance reports in respect of Kinship, Foster Care Placement which are being risk managed; Management of PPE Stock relating to issues around IT records and Payments to Staff, also relating to compliance with the IT system.

Professor Bradley was pleased to report that at the Audit Committee meeting in April the Head of Internal Audit (HIA) had indicated the Trust would receive an overall satisfactory assurance for 2021/22.

Mr McNaney, welcomed the HIAs overall satisfactory assurance and wished to record thanks to Mr Smith and members of the Audit Committee.

Members approved the minutes.

31/22 Any Other Business

No items raised.

32/22 Date of Next

Next meeting scheduled for 7 July 2020.