

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board
held on 30th April 2020****in the Millennium Room, Health Board HQ, Baglan and via Skype****Present**

Emma Woollett	Chair
Tracy Myhill	Chief Executive
Martyn Waygood	Interim Vice-Chair (via Skype)
Richard Evans	Medical Director (via Skype)
Gareth Howells	Director of Nursing and Patient Experience (via Skype)
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Siân Harrop-Griffiths	Director of Strategy (via Skype)
Keith Reid	Director of Public Health (via Skype)
Martin Sollis	Independent Member (via Skype)
Darren Griffiths	Interim Director of Finance (via Skype)
Nuria Zolle	Independent Member (via Skype)
Jackie Davies	Independent Member (via Skype)
Reena Owen	Independent Member (via Skype)
Maggie Berry	Independent Member (via Skype)
Andrew Jarrett	Associate Board Member (via Skype)
Hazel Robinson	Director of Workforce and Organisational Development (OD) (via Skype)
Mark Child	Independent Member (via Skype)
In Attendance:	
Pamela Wenger	Director of Corporate Governance
Dorothy Edwards	Deputy Director of Transformation (via Skype)
Matt John	Chief Digital Officer and Associate Director of Digital Services (via Skype)
Hannah Evans	Director of Transformation (via Skype)
Liz Stauber	Head of Corporate Governance

Minute No.		Action
126/20	APOLOGIES	
	Apologies for absence were received from Tom Crick, Independent Member and Irfon Rees, Chief of Staff.	
127/20	WELCOME / INTRODUCTORY REMARKS	
	Emma Woollett welcomed everyone to the meeting. She stated that the unitary board would be tested more than it had ever been in this meeting,	

	<p>given the very different experiences of independent members and executives over the past month. She urged all to use their experience to ensure positive outcomes. She commented that this would require effort from both executive directors and independent members and acknowledged the significant hard work and effort from the executive team which had left them tired. Things were changing on a daily basis and the executives needed to understand that the independent members had a responsibility to be informed and assured. At the same time, the independent members needed to recognise the strain on the executive team and reflect this in the way they undertook their scrutiny. She added that the governance role had not changed and getting it right would be integral.</p> <p>Tracy Myhill stated that it was Emma Woollett's first board meeting following her appointment as substantive chair and offered her congratulations on behalf of the board.</p>	
128/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
129/20	MINUTES OF THE PREVIOUS MEETING	
	<p>The minutes of the meetings held on 26th March 2020 were received and confirmed as an accurate record, except to note that Keith Reid was no longer interim, rather the substantive Director of Public Health and the following amendment:</p> <p><u>103/20 Strategic Equality Objectives</u></p> <p>Martyn Waygood highlighted that Swansea west was identified within the top 25 wards <i>for social deprivation</i> and queried whether this should be Swansea east.</p>	
130/20	MATTERS ARISING	
	<p>(i) 92/20 <u>Transcatheter Aortic Valve Insertion (TAVI)</u></p> <p>Richard Evans stated that feedback from the board in March 2020 had been given to the clinical team and confirmation had been received that the actions relating to communications with GPs and clinicians had been completed. He added that comments would be provided on the next phase the following week alongside discussions with the Royal College of Physicians in relation to queries within the draft report for the second cohort of cases, but they seemed content</p>	

	with the progress made and were happy to continue supporting the process.	
131/20	ACTION LOG	
	The action log was received and noted .	
132/20	COVID-19 UPDATE	
	<p>(i) <u>Introduction</u></p> <p>A general update in terms of Covid-19 was received.</p> <p>In introducing the update, Tracy Myhill and Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - Reflecting on the position highlighted at the two board meetings in March 2020, a remarkable amount of progress had been made, including the establishment of a paediatric emergency department, increased critical care capacity, a respiratory assessment unit as well as field hospitals; - Sadly a number of colleagues, both from within the health board and the wider NHS family had been lost, which presented staff with difficult and challenging times while they cared for them and then had to come to terms with their loss; - The way in which the health board was running was unrecognisable, as was the way in which lives were being lived; - Personal protection equipment (PPE) remained a significant focus but there was now a stable supply in place; - Key challenges were PPE, care home fragility, workforce and access to medications; - It was unclear what the future was to bring. While the curve of health board cases was flattening, the trajectory of the pandemic was highly dependent on behaviours and approaches as the lockdown was lifted; - Consideration was being given as to how to provide more non-Covid-19 essential services now; - There had been a number of Covid-19 deaths within the health board area which would lead to a legacy in the community and change relationships with the health board; - The health board had passed its first peak and had not been overwhelmed thanks in part to staff keeping a focus on what 	

	<p>needed to be delivered and the incredible things they had achieved;</p> <ul style="list-style-type: none"> - There was much discussion around 'recovery' but the health board would be managing Covid-19 for an indeterminate period; - There had been 150 hospital deaths, more than 200 staff tested with a third coming back positive, and there were a number of patients still within the health board's care; - A lot of ground had been covered in a short period of time. A few mistakes had been made and lessons could be learned, but it was astonishing how much had been achieved. <p>(ii) <u>Update Report</u></p> <p>A report setting out the health board's response to the Covid-19 pandemic was received.</p> <p>In introducing the report, Dorothy Edwards highlighted the following points:</p> <ul style="list-style-type: none"> - The health board initiated its response early on, which had put it in good stead for what was to come; - A command structure was established, with gold, silver and bronze arrangements as well as broader planning cells; - The response remained fluid as new issues and risks were identified with arrangements increased and reduced as needed; - A significant amount of transformation had taken place across the health board in a short period of time, with the units asked to create plans for critical and acute capacity and wards being re-designated as needed; - One of the most challenging elements of the response was determining the planning parameters, as a number of very different modelling forecasts had been received in the early days; - Queries were already being raised over some decisions, such as the establishment of field hospitals, but it was important to remember that these were delivered in good faith at a point in time in response to the modelling and clear instructions from Welsh Government around capacity requirements; - Significant additional critical and acute capacity had been created in response to a letter from Welsh Government. While it had fortunately not been fully utilised in this initial phase, its existence did provide assurance that the health board would be able to manage a second peak should one occur; - The health board had benefitted from two military liaison officers who had been tremendous support; 	
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	<ul style="list-style-type: none"> - A single critical care area had now been established in the outpatient department at Morriston Hospital which would hopefully make the workforce plan easier to deliver; - The Llandarcy field hospital was now up and running and would be followed by the Bay field hospital in phases; - A workforce planning group had been in place from early on, with four sets of frequently asked questions produced in the first 10 days, which demonstrated how quickly guidance changed; - A focus was now being given to having a single workforce approach across the health board for the delivery of services, rather than individual unit plans. If it was necessary to use the capacity within the field hospitals, consideration would need to be given as to how to redeploy staff, which was something already being done on core wards due to the number of absences; - Testing had been in place from March 2020 and a second community testing facility was due to open at the Liberty Stadium within days which would give flexibility to respond to the ever changing landscape; - A national programme board for 'test, track and trace' had been established; - The health board had been the first in Wales to use electronic test requests; - PPE management had gone from one member of staff to a full scale logistics operation; - The amount of digital change had been phenomenal; - A fully operational communications plan had been developed in March 2020 and included meetings between the local authorities, assembly members, members of parliament as well as other face to face updates and social media; - Support was being provided by the clinical ethics committee; - A process had been developed to fast track essential expenditure; - A risk log was in place which was reviewed on a daily basis and work was ongoing to align it with the strategic risk process. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett thanked Dorothy Edwards for the comprehensive report, adding that it gave a great sense of what had been achieved.</p> <p>Reena Owen stated that she had been impressed by what had been achieved and gave thanks to all those involved. She queried as to how the gold command structure was integrated across the local authorities, for example in care homes. Dorothy Edwards stated that a community</p>	
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	<p>silver structure was in place which included social services and local authority colleagues and this had a focus on care homes. Sian Harrop-Griffiths added that there was a multi-agency group across the regional partnership arrangements in lieu of the normal formal governance processes of which she and the directors of social services were members. She commented that they were also part of a health and social care strategic interface group which looked at a number of areas, such as modelling and testing.</p> <p>Reena Owen sought further details as to how bereaved families were supported as they could not be with their relatives at the end of life. Dorothy Edwards responded that a plan had been developed in order to respond to an increase in deaths, part of which included focus on bereavement support, not only for families, but also for staff, who were caring for the patients at the end of their life, some of whom were friends. She added that chaplaincy colleagues were very much engaged in the work.</p> <p>Hazel Robinson stated there were a number of occupational health and wellbeing activities in place to support staff and undertook to share these outside of the board. Nuria Zolle welcomed this. Hazel Robinson advised that a Covid-19 focused discussion with Workforce and OD Committee members was taking place the following day which she was welcome to join.</p> <p>Mark Child queried if there were any technical solutions to help families say goodbye to relatives at the end of life. Gareth Howells advised that the normal processes for end of life were no longer in place but there were still some visiting procedures. He added that Skype was available for people to talk and in some cases patients' last words had been recorded. In addition, all patients had a lead clinician who called families of patients at the end of life and there were also dedicated email addresses. There were risks if families came into areas saturated with Covid-19 so there was a need for restrictions, but staff ensured that no-one died alone.</p> <p>Martyn Waygood advised that he observed the gold calls a couple of times a week and commended all for the work undertaken. He referenced the establishment of the paediatric emergency department and sought assurances that such initiatives would not be lost once the pandemic was over. Chris White commented that some of the transformations would be a key element of the recovery process therefore the health board would need to ensure that they remained in place.</p> <p>Martyn Waygood sought clarity as to the risk of some of the core infrastructure being lost due to field hospitals. Chris White stated that there were different levels of capacity; core which was what the hospitals normally had, surge which was additional but onsite, and super surge which would be the field hospitals. He added that it was better for the</p>	<p>HR</p>
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	<p>health board to use its own facilities and capacity first as it had all the right equipment and the configuration enabled patients to have more dignity, therefore 'super surge' facilities would only be used when they were absolutely needed. Andrew Jarrett concurred, adding that there was a real risk that the field hospital workforce would need some of the staff working in the community which would lead to heightened pressure in the sector.</p> <p>Nuria Zolle thanked everyone for the work being undertaken and queried as to whether the field hospitals could be used for alternative purposes if they were not needed for Covid-19 patients. Tracy Myhill responded that the field hospitals would only be used once all other capacity was full, but given the risk and fragility in the system, there was potential for alternative uses but at the same time, caution would be needed in case of a second peak. Emma Woollett added that written assurance had been received that the health board's capacity plans were consistent with the requests of Welsh Government.</p> <p>Nuria Zolle sought assurance that the third sector was included within the regional partnership work. Sian Harrop-Griffiths confirmed that they were involved through the multi-agency community silver group.</p> <p>(iii) <u>Personal Protection Equipment (PPE)</u></p> <p>A report setting outlining how the health board was overseeing the provision of PPE was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - PPE was a source of anxiety amongst staff; - Guidance had changed over the recent weeks; - There was sufficient stock within sites for at least 24 hours, with some at 48 hours, but not all was necessarily on specific wards; - Visors had been received from Royal Mint which had been decontaminated and repurposed; <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried the levels of use of non-CE marked PPE. Gareth Howells responded that these were minimal and the only example was the Royal Mint visors, which were robust enough to be cleaned after use and changed once a week.</p> <p>Reena Owen queried the level of liaison with local authorities in terms of community care. Gareth Howells responded that this was gathering momentum and PPE was used by staff entering care or patient homes and the military support was looking at the logistics to ensure provisions were supplied. Andrew Jarrett added that there had been some issues in the early stages but these had since been resolved and supplies had</p>	
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	<p>been established for care homes. Keith Reid advised that the health board stepped in with supplies and training as necessary.</p> <p>Jackie Davies commented that there had been statements on social media that the health board was using more PPE than any other and sought clarity as to whether this was accurate. Gareth Howells responded that he had asked the NHS Wales Shared Services Partnership for the numbers in order to determine if this was correct.</p> <p>Martyn Waygood queried as to whether the field hospitals would have Covid-19 positive patients and if so, that there was sufficient PPE to cover the field hospitals as they were deployed. Dorothy Edwards responded that the field hospital requirements were being modelled to ensure that requirements were fed through the supply chain. She added that work was continuing to source other supplies, for example, a large order of masks had been placed which would provide resilience in event of needing to use field hospitals.</p> <p>(iv) <u>Charitable Funds Update</u></p> <p>A verbal update as to charity donations was received.</p> <p>In introducing the update, Martyn Waygood advised that there had been an incredible response by the public in terms of donations, not only of money but of nightwear and toiletries. He added that the health board was also a recipient of money raised through a UK-wide NHS charity.</p>	
Resolved:	<p>(i) <u>Introduction</u></p> <ul style="list-style-type: none"> - The update be noted. <p>(ii) <u>General Update</u></p> <ul style="list-style-type: none"> - The governance arrangements supporting the board's response to Covid-19 be noted. - The progress in preparing for, and responding, to Covid-19 be noted. - The overarching critical risks to the health board at this time be noted. - Hazel Robinson to share details of the occupational health and wellbeing activities in place to support staff. <p>(iii) <u>PPE</u></p> <ul style="list-style-type: none"> - The arrangements in place to oversee the provision of PPE during the Covid-19 pandemic be noted. <p>(iv) <u>Charitable Funds Update</u></p> <ul style="list-style-type: none"> - The update be noted. 	HR

133/20	NON-COVID-19 PERFORMANCE REPORT AND WELSH GOVERNMENT GUIDANCE ON INTERIM REPORTING	
	<p>A verbal update in relation to non-Covid-19 performance was received. In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Some metrics were still being collated while others had stopped due to the focus needed for Covid-19 and work was being undertaken to record mental health figures; - Fewer attendances and admissions to the emergency department had been evident from the start of the social isolation period; - The number of patients with suspected and/or confirmed Covid-19 was being recorded which gave an illustration of the peak; - The number of referrals for planned care was reducing as was the size of the waiting list, as some urgent cases were being treated; - Where possible, quality and safety measures would continue to be reported to provide a broader perspective of the impacts on healthcare system of Covid-19; - Internal performance monitoring had been adjusted to reflect the guidance set out in Welsh Government's letter to chief executives. 	
Resolved:	The report be noted .	
134/20	OPERATIONAL AND HEALTH BOARD STRATEGIC RISKS DURING THE COVID-19 PANDEMIC	
	<p>A report outlining the management of operational and health board strategic risks during the Covid-19 pandemic was received. In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The process set out how risks would be monitored during the pandemic; - Given the pace at which things were moving, this was yet to be received by the Audit Committee; - The executive directors were reviewing the risks and their scores regularly; - It was suggested that the risk appetite be changed from the board reviewing risks scored at 16 or more on a regular basis to those which scored 20 or more; 	

	<ul style="list-style-type: none"> - Risks would be considered by the relevant committees once they were back up and running. 	
Resolved:	<ul style="list-style-type: none"> - The updates to the health board risk register and the further changes being made in recognition of the changing risks facing the health board and the uncertainty in terms of modelling required as a result of the impact of a possible second and third wave of Covid-19 cases be noted; - The current risk appetite for the board be increased. 	
135/20	APPROACH TO RECOVERY, LEARNING AND INNOVATION	
	<p>A verbal update setting out the approach to recovery, learning and innovation was received.</p> <p>In introducing the update, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Discussions had initially focused on longer term timescales and how to use learning and innovation to bring back capacity; - Some of the areas were still valid, supplemented by the work of the gold command structure; - Consideration was now needed as to how to restart some essential non-Covid-19 services as there were queries nationally from a number of stakeholders; - An essential services work cell had been established to take forward the requirements both locally and those set out in a Welsh Government framework to be published the following week; - Over the recent weeks, four theatres had been brought back online at Morriston Hospital for urgent care cases; - A cautious approach was being taken to increasing activity to manage the risks of bringing vulnerable patients onto sites where Covid-19 was present; - The list of essentials services was currently significant and consideration was needed as to how to streamline it; - The health board was still in the pandemic phase and demand would be affected by policy requirements; - Workforce remained a challenge, particularly due to absences, as well as the re-deployment of staff based on the availability of skills; - The challenges faced by pre-operative assessments needed to be mitigated; 	

	<ul style="list-style-type: none"> - Patient choice was critical as not all would feel comfortable coming in for treatment. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett advised that when the steering group was originally established, the intent had been to determine how the health board would return to normal after Covid-19, now it was to consider the next stage.</p> <p>Richard Evans referenced discussions within NHS England regarding 'Covid-19-free' hospitals, stating that these could not be guaranteed as it was not certain that all mitigating actions would be successful. 44% of patients with the virus in hospital were admitted to intensive care, of whom 20% died. He added that the potential consequences of bringing patients in for treatment were significant, as they were routine procedures for people without Covid-19, and it would take three to six months to determine how to safely do this.</p> <p>Emma Woollett reiterated that the health board was within the early stages of planning and was moving forward cautiously in-line with the asks of Welsh Government and other national bodies. She suggested that the health board's response to Welsh Government's essential services document be circulated to board members. This was agreed.</p> <p>Reena Owen stated the balance of risk was critical and progress should be made on a case by case basis, rather than moving forward just because there was capacity in terms of beds. Tracy Myhill concurred, adding that principles were in development, with clinical and unit input, and would be agreed imminently in order to have a board-wide strategic approach, after which the board would be updated. She commented that in the future, questions would be asked in regard to decision making and it was important the health board could demonstrate why it made the decisions that it did.</p> <p>Martyn Waygood commented that there just needed to be assurance on what treatments and procedures were being reinstated taking into account the comments of the executive directors. He added that the issue would be considered through the Quality and Safety Committee.</p>	HE
Resolved:	<ul style="list-style-type: none"> - The update be noted; - The health board's response to Welsh Government's essential services document be circulated to board members. 	HE
136/20	FINANCIAL REPORT	
	<p>A report providing an update on key financial matters was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p>	

	<ul style="list-style-type: none"> - The year-end target of a deficit of £16.3m has been met with no clawback of performance monies. Financial support from Welsh Government had been received in relation to Covid-19 expenditure; - The capital resource limit had been achieved; - Plans were in place to close the year-end accounts on 11th May 2020 which was 11 days ahead of the deadline and guidance had been received as to good practice for capturing Covid-19 costs for the current year; - A pragmatic approach was being taken across Wales in relation to long-term and service-level agreements as any reduction in activity was a risk. A process was in place for quarter one but discussions were needed in terms of extending this. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that it was pleasing to see the year-end target had been achieved and congratulated the work of the finance team to close the annual accounts.</p> <p>Martin Sollis stated that it was critical that the year-end process went through the correct governance arrangements, as well as through Welsh Government reporting, and he and Reena Owen had offered a 'buddy' system to Darren Griffiths to provide support during the process. Reena Owen concurred, adding that at an informal catch-up earlier that week, it had been agreed that if needs be a special meeting of the Performance and Finance Committee would be convened. Emma Woollett responded that governance arrangements would need to be kept under scrutiny as it was important that people did not mistake informal meetings for formal ones, and it was integral that the board fulfilled its duties.</p> <p>Emma Woollett referenced the long-term and service level agreements and the implications, given the health board was a net provider, of receiving payment for a service it had not been able to provide. She queried given that payments in relation to Covid-19 were marginal to the block contract, could this create a financial problem later once activity was resumed Darren Griffiths responded that the arrangements for quarter one would not be revisited but they needed be extended further as contracts would not be fulfilled for a while.</p> <p>Emma Woollett thanked Darren Griffiths for the clarity of his reports.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The proposed approaches in each of the key areas be noted; - The board's financial performance for the 2019-20 financial year was considered and commented upon; - The finance department's plans to deliver the year-end accounts in-line with the revised timetable be noted. 	

	<ul style="list-style-type: none"> - The revised budget setting plan for 2020-21 be noted. - The financial reporting and monitoring proposal for 2020-21 be noted; - The all-Wales approach to the management of long-term and service level agreements for quarter one be supported. 	
137/20	CLINICAL ETHICS COMMITTEE	
	<p>A verbal update in relation to the clinical ethics committee was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - It had been envisaged that Covid-19 would overwhelm the system similar to that in other areas of Europe and if that had been the case, choices for patients in terms of ventilation would have needed to have been made; - The health board had a well-established clinical ethics committee which included Swansea University in its membership; - While it had prepared to consider rapid responses to assist clinicians, this had not in the event been necessary and most of the discussions had centred on what the actions for the next phase would be and how to prioritise non-Covid-19 patients once essential services recommenced; - There had been requests to expand the group, therefore clinical ethics teams had been formed alongside it; - National guidance was yet to be developed. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle raised an interest in becoming more involved at a time when it was appropriate to do so. She queried if other countries had been contacted for them to share their learning of bringing non-Covid-19 services back on-line. Richard Evans responded that there had been teleconferences with Wuhan in China as Swansea was paired with the city after a missionary established its clinical school. It was important to remember that all health systems differed, even across Europe, so there was no consistent view as to how restart other services, but advice was being taken from other places. He added that Covid-19 risk was the biggest challenge when determining what cases were urgent enough to treat, and some patients did not want to take the risk, which was understandable.</p> <p>Pam Wenger provided assurance that this area would be kept under review by the Quality and Safety Committee.</p>	

Resolved:	The update be noted .	
138/20	DECISIONS MADE UNDER CHAIR'S ACTION	
	A report setting out decisions made under chair's action relating to governance arrangements and the use of PPE without CE marking was received and ratified .	
139/20	RESPONSE TO QUESTIONS FROM MEMBERS OF THE PUBLIC	
	There had been no questions submitted by members of the public.	
140/20	POST-MEETING COMMUNICATIONS WITH THE PUBLIC	
	A verbal update stating that a briefing note of the public session of the board would be published on the health board's website within seven days as it was closed to members of the public and press was noted .	
141/20	ANY OTHER BUSINESS	
	<p>(i) <u>Decision Making for the Regional Partnership Board</u></p> <p>A report setting out the proposed arrangements for decision making for the regional partnership board was received.</p> <p>In discussion the report, the following points were raised.</p> <p>Siân Harrop-Griffiths stated that the terms of reference for the extraordinary regional partnership board needed to be amended to include her in the membership.</p> <p>Emma Woollett commented that decision making was an integral part of the governance arrangements, which was what was under consideration here. However, she recognised that it was also important to keep stakeholders engaged.</p> <p>Pam Wenger advised that the extraordinary arrangements would be in place until September 2020.</p>	
Resolved:	<ul style="list-style-type: none"> - The amendment to the terms of reference of the West Glamorgan Regional Partnership Board as agreed by the partnership bodies be approved; - The proposed governance arrangements detailed in this report for the West Glamorgan Regional Partnership Board up until the end 	

	<p>of September 2020 be approved, subject to the Director of Strategy being added to the terms of reference for the Extraordinary Regional Partnership Board;</p> <ul style="list-style-type: none"> - The establishment of a pooled fund as set out in this report be approved to include the re-diversion into the pooled fund of all un-allocated and un-committed regional revenue and capital funding. - It be approved that the Director of Strategy (or her nominated representative) be designated as the health board's representative on the Health and Social Care Interface Board; - It be approved that the Chair and Chief Executive (or their nominated representatives) be appointed as the health board's representatives on the Extraordinary Regional Partnership Board; - It be approved that this delegated decision be placed before the Extraordinary Regional Partnership Board for its information and endorsement. 	
	<p>(ii) <u>Offering of Thanks</u></p> <p>Emma Woollett thanked the executive directors and staff, particularly on the frontline, for their hard work and commitment over the last six weeks. Over this period it was astonishing how much had been achieved in all areas of health board operation including workforce, finance, field hospitals, partnerships, leadership and capacity as well as of course the clinical frontline. She also stressed the importance of recognising the impact on people of dealing with circumstances no-one could have expected, and suggested that part of the preparation of the next phase needed to be for people to take time to rest and recover. Tracy Myhill concurred and also paid tribute to the staff who had been lost since the board last met.</p>	
	There was no further business and the meeting was closed.	
142/20	EVALUATION OF EFFECTIVENESS OF THE MEETING	
	Emma Woollett invited board members to submit thoughts on the effectiveness of the meeting to her via email.	
143/20	DATE OF NEXT BOARD MEETING	
	The date of the next public board meeting was 28 th May 2020.	

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Emma Woollett (Chair)

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Date: