

APPROVED

NHS GRAMPIAN

Board Meeting – Thursday 7 October 2021 at 10.00am

The following were in attendance at a virtual meeting held using Microsoft Teams

Board Members

Mrs Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	Non-Executive Board Member
Professor Siladitya Bhattacharya	Non-Executive Board Member
Dr June Brown	Executive Nurse Director
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Cllr Isobel Davidson	Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member (left 11:00)
Professor Nick Fluck	Medical Director
Mr Alan Gray	Director of Finance
Mrs Luan Grugeon	Non-Executive Board Member
Professor Caroline Hiscox	Chief Executive
Cllr Ryan Houghton	Non-Executive Board Member (left 12:00)
Miss Rachael Little	Employee Director/Non-Executive Board Member (left 12:00)
Cllr Shona Morrison	Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Dr John Tomlinson	Non-Executive Board Member/Vice Chair (Meeting Chair)
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health

Attendees

Mr Paul Bachoo	Integrated Specialist Case Services Portfolio Lead
Ms Louise Ballantyne	Head of Engagement (Item 9)
Mr Simon Bokor-Ingram	Chief Officer, Moray Portfolio
Mr Sean Coady	Head of Service, Moray (Item 6)
Dr Adam Coldwells	Director of Strategy/Deputy Chief Executive
Ms Sarah Duncan	Board Secretary
Mrs Lorraine Finn	Project Manager (Item 9)
Miss Lesley Hall	Assistant Board Secretary
Ms Susan Harrold	Senior Planning Manager (Item 9)
Mr Stuart Humphreys	Director of Marketing and Corporate Communications (left 11:00)
Dr Jonathan Iloya	Director of Dentistry/Consultant in Public Health Medicine (Item 6)
Ms Grace McKerron	Chief Nurse, Corporate
Ms Gerry Lawrie	Head of Workforce and Development (Item 5)
Dr Denise MacFarlane	Clinical Director Primary Care (Item 6)
Mr Peter MacLean	Service Manager, Primary Care Contracts (Item 6)
Mrs Sandra MacLeod	Chief Officer ACHSCP/Portfolio Lead for Unscheduled Care, Medicine and Mental Health
Miss Jenny McNicol	Acute Director Nursing and Midwifery/Interim Integrated Family Portfolio Lead

Ms Jeanette Netherwood	Corporate Manager, Health & Social Care Moray (Item 11)
Mr David Pflieger	Director of Pharmacy (Item 6)
Mr Tom Power	Director of People and Culture
Miss Pauline Rae	Workforce Service Manager (Item 5)
Dr Stuart Reary	General Practitioner (Item 6)
Charlotte Ward	Optometry Lead
Mrs Alison Wood	PA

Apologies

Mr Paul Allen	Director of Facilities and eHealth
Professor Lynda Lynch	Chair, Non-Executive Board Member
Ms Pamela Milliken	Chief Officer, Aberdeenshire
Mrs Lorraine Scott	Director of Planning, Innovation and Programmes

In the absence of Professor Lynch, Dr Tomlinson, Vice Chair, chaired the meeting. He welcomed everyone, including members of the media and the public and authors and contributors to papers on the agenda. It was confirmed that the meeting was quorate.

1 Apologies

Apologies were noted as above.

2 Declarations of Interest

There were no declarations of interest.

3 Chair and Chief Executive's Introduction

Professor Hiscox explained that workforce well-being and resilience was critical and a top priority as NHS Grampian continued to work and live through the pandemic. She acknowledged staff had continued to work with patients and colleagues with no respite over the summer. She introduced a video of two reports by BBC Scotland on ICU at ARI and social care in Aberdeenshire, available at this link:

<https://youtu.be/lz4hxd7QzR0>.

These showed examples of system-wide working whilst highlighting the current issues and pressures on the system.

The Vice-chair echoed the thanks to the whole workforce. He emphasised the positive aspects of the vaccination programme. Although there was a desire to return to normal, it was necessary to reduce the impact of pressures on the health and social care system and for the Board to emphasise the continued use of public health measures.

All Boards had been asked to plan for winter and it was necessary to maintain public confidence in a fragile system, noting the competing demands on services. The Vice-chair pointed out that the agenda reflected the responsibilities of the Board supporting executive colleagues and the workforce whilst ensuring that the Board obtained assurance about measures being taken to deal with the situation. Items for discussion related to workforce planning, strategic planning, consultation on a National Care Service, the strategic intent of the Engagement and Participation Committee and changes to Moray Integration Joint Board. He explained there would

be a closed session to discuss the Remobilisation Plan as the plan could not be published until approved by the Scottish Government.

4 Minutes of Meeting on 5 August 2021 and Matters Arising

The minutes were approved.

Matters arising – in response to a query about the reopening of Ward 7, Dr Gray's Hospital, the Board was advised that work had been accelerated with mitigating actions in place and the ward was likely to be in use by the start of December 2021.

The vice-chair advised that items 8 and 10 on the agenda would be brought forward to allow colleagues to attend to other business.

5 Workforce Planning

Ms Gerry Lawrie, Head of Workforce, explained that the paper described the work to develop the first integrated workforce plan that will support the Board's strategic intent and meet Scottish Government requirements. She presented an overview of the development and approval process incorporating a timeline.

The paper outlined the background, the workforce planning process and timescales along with the risks to timely delivery of an integrated three-year workforce plan.

Points raised by board members during the discussion included:

- How pressure on one part of the system can affect other areas
- Consideration of local markets and sustainability critical
- Interdependencies and a requirement for whole-system planning approach

In response, the Director of Workforce explained that it was necessary to meet Scottish Government requirements but the plan also had to be useful for the system in Grampian. Workforce colleagues were using helpful tools at the moment including the six steps methodology. Workforce planning would focus on the organisation's strategic themes and align with strategic intent and service planning.

The Area Clinical Forum offered to be involved in the planning process and this was welcomed by colleagues.

It was recognised that there was an additional need for more shared undergraduate and postgraduate education. Universities, colleges and secondary education sessions were being organised to develop thinking around education. Professor Bhattacharya and Mr Power agreed to follow this up outside the meeting.

The scope and involvement of third and independent sector colleagues in health and social care was acknowledged and there was a key role to develop partnerships using those connections.

The timing and opportunity to set out what can be achieved within the timeframe was important.

There was a recognition of silos within regulatory functions. Regulatory, legal and professional bodies required to align and, in some cases, both Scottish and UK-wide conversations were required. A common language would help as confusion about terminology could reinforce silo mentality.

The Board agreed the following recommendations:

- **Assurance** – reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that the processes were effective and any risks had been identified, assessed, and that mitigations were appropriate.
- **Endorsement** – endorsed the proposals contained in the paper, the process and approach.
- **Future reporting** - would be provided through the Final Draft of the NHS Grampian Workforce Plan 2022 being brought back to the Board’s January 2022 Board seminar and then to the February 2022 Board meeting for approval as part of the package of Strategic Intent.

6 Primary Care

Mr Bokor-Ingram, Chief Officer, Moray Portfolio, introduced members of the Primary Care Team who were in attendance for this item. He explained that the paper was being presented to provide assurance that primary care continued to meet the challenges of the pandemic and would continue to provide a service which focused on quality, safety and effectiveness. He explained that primary care was in a good position to respond to local needs and to understand communities at a micro level, providing an opportunity for flexibility and responsiveness. He pointed out that the timing of this paper was appropriate as it was relevant to the Board’s response to the National Care Service consultation (item 7). He took the opportunity to recognise the significant contribution Dr Denise McFarlane had made as Clinical Director for Primary Care, particularly during the pandemic, as she stepped down from that role.

Board members acknowledged the comprehensive piece of work which described a complex part of the health service and provided useful information on the role primary care played in the whole health and care system.

Queries raised by Board members during this discussion included:

- Pressures on an already stretched system
- The benefits of DACS (Digital asynchronous consulting services) including helping address some inequalities and improving access to general practice. This was available through practice websites for those practices who used the system.
- Recognising “primary care” as a part of the whole system of which general practice/GPs were part

- Ensuring patients accessed the most appropriate part of primary care which may not be a GP
- Governance arrangements
- Diagram of interconnections and escalation processes
- Public perception that patients were not getting the services as previously, particularly regarding dental appointments.

In response, the Board was advised:

- Amendment to the Memorandum of Understanding, referred to in the paper, would enable a shift in how some services were provided, allowing staff to operate at the top of their skill set.
- The need to ensure, in practice, the ethos that patients were treated by the right person in the right place at the right time
- Public messaging was essential to ensure positive messages were provided. Primary care, in its widest sense, had stayed as open as it could within the guidance during the pandemic. At the start, communication was very much one way and the aim was to have more two way dialogue with the public.
- Specific diagrams could be provided in response to specific questions as the interdependencies and relationships were very complex. Mr Bokor-Ingram and Dr McFarlane agreed to address this outwith the meeting.
- A considerable amount of communication, information and letters had been provided to the public. The challenge was ensuring this was available and accessible when people needed to know the information.
- It was important that people heard the messages being provided and that the organisation listened to public responses.

Jonathan Iloya, Director of Dentistry, advised that dental services had been severely impacted because of the nature of the dental procedures, with services stopped in March 2020 and an urgent dental centre being set up.

Since then, dental services had been remobilised in November 2020 with a full range of services. There were restrictions because of requirements of infection prevention and control, for example ventilation and physical distancing. Steps had been taken to mitigate risks. Scottish Government had offered financial support arrangements including grants to improve ventilation although uptake had been low. He explained there were two pathways relating to aerosol-generating and non-aerosol generating treatment. Dentistry was doing its best to increase throughput without jeopardising the safety of patients and staff in challenging circumstances.

It was noted that the data in the appendix to the paper was a snapshot of the information available, rather than for analysis. Charlotte Ward, Optometry Lead, provided reassurance that most optometrists were now at approximately 80% activity.

The Board:

- **Noted the high value primary care provided to the population of Grampian;**
- **Supported and promoted the new ways of working throughout the organisation;**
- **Noted the important part the independent practitioners played in providing healthcare to the population of Grampian;**
- **Noted the unique position of general practitioners in providing continuous 24 hour health care to the population;**
- **Noted that general practice and community pharmacy had been reactive and delivered ongoing healthcare throughout the pandemic without the need to close any surgeries or pharmacies and with no additional help from other areas or departments.**
- **Noted the ongoing risk to access to dental services and that current measures to improve capacity might not be adequate to control the risk.**
- **Agreed to receive a further report on communications with the public about the work of primary care services and the impact of Covid on those services, at a date to be agreed with the Chair.**

The Vice-chair thanked primary care colleagues for their contribution to the meeting.

7 National Care Service Consultation

Sarah Duncan, Board Secretary, explained the purpose of the paper was to seek Board endorsement of the broad principles in the detailed response and to incorporate any further comments from Board members. The Board discussion would provide an opportunity to hone the response. The final draft would be signed off by the Chief Executive and Vice-chair for submission to the Scottish Government by 2 November 2021.

Board members raised following points during discussion:

- Would responses for the three IJBs been taken into account? Ms Duncan advised that the response had been shared with the IJBs and local authorities. It was noted that the Grampian bodies worked well together and it was important to include this in the response.
- Question 4 – would like to have seen this ticked. Ms Duncan felt that was more person-centred than corporate response.
- Question 35 – professional accountability. Key roles worked together to deliver positively but it was important to acknowledge local decision-making. Mrs Webb and Ms Duncan agreed to discuss further outwith the meeting.

- To give examples of good partnership working to emphasise multidisciplinary teams
- Alcohol and drug partnerships had been overlooked in integration. The proposed National Care Service gave an opportunity to simplify the arrangements. Mrs Grugeon had provided comments to be incorporated in the response.
- Questions 33, 34 and 35 – Professor Brown advised that comments following a recent nursing event about professional nursing practice would be fed back to the board secretary.

The Board Secretary advised that the draft response would be amended further on the basis of comments provided and following consultation with partners. The final draft would be made available to Board members prior to submission.

The Board agreed the following recommendations:

- **Endorsement** – endorsed the draft consultation response attached as Appendix 1 to this paper.
- **Delegation of authority** – delegated authority to the Acting Chair and Chief Executive to finalise the response, taking into account any comments Board members wished to submit prior to 2 November to the Board Secretary and incorporating additional examples of good practice in integrated working across Grampian, and submit the response to the Scottish Government by 2 November 2021
- **Agree** – the final version of the consultation response be circulated to Board members by the Board Secretary when it was submitted

8 Performance Report

Sandra Macleod, Portfolio Lead for Unscheduled Care, Medicine and Mental Health, explained that there had been challenges with unscheduled care performance the previous weekend to meet the four hour target and with ambulances stacking outside Aberdeen Royal Infirmary (ARI). This had been the most pressure on the system for a long time and colleagues were trying to understand these to alleviate the position. She explained the pressures included workforce challenges, school holidays (spanning three weeks), new recruits, lack of beds and capacity. She hoped that the helpful video, shown at the start of the meeting, set the context of the pressures on the system. She advised that ARI was just part of the pathway and there were pressures all the way across the system, in primary care and care at home too.

She explained that quality and safety were of the upmost importance and work was being done to share the risk across the system. She thanked staff for mobilising to meet the immediate challenges.

Board members raised issues about the following:

- Messages to the public and how they can help. Give confidence to the population that the services were doing their best to meet demands.
- The perception that primary care services were very busy and GPs were not responding timeously
- Public frustration about the inability to access primary care/GP services
- Asking patients for patience and directing to “Know Who to Turn to” for appropriate services. Clear messages needed that it was not always necessary to see a GP and there were other more appropriate members of the team for example nurses and other practitioners.
- Support available pan-Grampian to enhance services regarding triage to improve patient experience and allow maximum efficiency.

In response:

Professor Hiscox agreed it was necessary to build confidence in a multi-professional approach and identify how best to support public confidence in all practitioners. This was part of the ongoing communication work with the public.

Mr Gray emphasised the key public protection messages regarding vaccination for both Covid and flu. The pressures on the system were understandably high and were likely to remain so for the next six months with many services beyond capacity from primary care through to acute secondary care.

There had been an impact on elective care and significant challenges dealing with the highest priority patients as well as pressures on cancer services. He advised that there had been an improvement in Children and Adolescent Mental Health Services (CAMHS) performance with additional funding from the Scottish Government and improvements in psychological services.

In response to a query about reducing restrictive measures regarding infection control, Professor Fluck explained that it was a dynamic situation and the current infection control measures had been established as good practice pre-Covid as many hospital sites had not been fully compliant previously. The bed availability situation was dynamic and infection control measures were being considered, balanced against risk. Although vaccination did not offer complete protection, there was a major issue of unvaccinated patients becoming critically ill.

There was a request for waiting list size and numbers to include waiting times. Mr Gray agreed to include this in future performance reports and Professor Fluck advised that metrics could be added to provide, for example, the average time to be seen. Professor Hiscox advised that the public website provided information on waits longer than 12 and 20 months. It was important that the Board had oversight of the situation and was aware of the challenges to be addressed with some of the longest waits.

The Board agreed that it had received assurance on the system-wide position as measured by a number of key indicators relating to the Covid situation, activity and capacity.

9 Strategy Development – A Plan for Our Future (2022 – 2028)

Dr Coldwells advised that the meeting had been joined by Miss Susan Harrold, Mrs Louise Ballantyne and Miss Lorraine Flynn who were key participants in preparing the strategic plan and were available to answer questions.

He advised that the plan reflected the Vice-chair's reflections earlier in the meeting on the tensions between dealing with current pressures and looking ahead. The focus of Phase 2 would be engagement. He explained that the aim was to bring a package of key elements to the Board in February 2022 for approval, which would include:

1. Strategic intent
2. Outcomes
3. Delivery plan
4. Medium-term financial strategy
5. People and culture strategy
6. Infrastructure plan
7. Leadership model
8. Enablers
9. Ongoing and future approach to engagement and coproduction
10. Risk assessment of the plan

The high-level results from the Phase 1 first wave of wide stakeholder engagement were presented. The survey and engagement sessions had resulted in a significant amount of qualitative data from public and staff, which was currently being analysed. The process of engagement was based on the Scottish approach to service design which promoted the use of the double diamond process as outlined in the paper presented.

Comments from Board members included:

- The importance of sustainability both for the organisation and the environment.
- More emphasis was needed on the infrastructure plan and the relationship between it and the delivery plan.
- Planning of future services based on infrastructure and the opportunity to change the infrastructure and the need to provide assurance this had been done appropriately in the community.
- Outcomes had to be measurable and required clarity.
- Medium-term financial strategy - it was important to understand the principles under-pinning financial decision-making and the need for change in priorities.

- A GANT chart would be helpful to show the chronology and co-dependencies to understand the complexity of the strategy

Executives responded as follows:

The infrastructure plan was being developed for the short term (five years) and the longer term (25 years).

Candid conversations were required during Phase 2 of the engagement, to emphasise that the NHS needed to do things differently. It was important to reframe the situation for the public and for the organisation to be innovative and dynamic.

The organisation's values – caring, listening, improving - were acknowledged. The question was posed whether these needed to be refreshed or updated. It was important to develop a culture where the workforce was clear about the values and to acknowledge the interdependency between staff and the wider population.

The Chief Executive agreed that the conversation had been really helpful and she thanked Dr Coldwells and his team for the work done to date. She acknowledged the scale of ambition of repurposing NHS Grampian and stressed the need to manage expectations. During the first year it would be important to co-create with those who were immersed in the services. She acknowledged there were gaps in the package, for example environmental sustainability required to be more central, and it was necessary to make decisions about what would no longer be appropriate for the organisation to do.

The Board:

- 1. Agreed to the 'package' being proposed for the publication of its "Plan for the Future 2022-28"**
- 2. Endorsed the current, and very draft, understanding of what has been shared by the public, partners and staff through the Phase 1 engagement exercise**
- 3. Agreed to the approach being proposed for the Phase 2 engagement**
- 4. Confirm that it remained happy to receive a further update at its December 2021 meeting**

10 Engagement and Participation Committee 'Strategic Intent'

Mrs Anderson, as chair of the Engagement and Participation Committee, introduced the paper and thanked Stuart Humphreys and Louise Ballantyne and their colleagues for the progress made with the Committee's work.

Mr Humphreys explained the background to the Committee and its importance as part of the Board's assurance system, to be aligned with other Board Committees. The aim was for more emphasis on wider and deeper patient and public engagement.

A gap analysis would inform new Terms of Reference for the Committee.

Mr Humphreys advised that it was essential to embed equalities in the work of the organisation. Equality issues were already a key part of the Committee's remit but, as a result of the pandemic, these were more important than ever.

Issues raised during discussion included:

- The inclusion of prevention, self-management and population health in the Committee's remit.
- Staff were part of the general population and it was important to have links between the Engagement and Participation Committee and the Staff Governance Committee regarding engaging the workforce.

The Board agreed the following recommendations:

- **Decision –**

- i. Agreed the programme of work to redefine the Committee's strategic intent as detailed in the paper presented.
- ii. Agreed that the Committee work with the Board Secretary and Directors of Strategy, Public Health and Communications to produce a draft assurance framework for the Committee, based on the Scottish Approach to Service Design and taking account of both (a) the Board development work being done with King's Fund and the review of the Board's framework of assurance led by the Board Secretary and (b) the emerging strategic priorities of the Board which will be considered by the Board in February 2022; and
- iii. Agreed that the new Committee framework will be considered as part of the Board's revised Framework of Assurance by the Board at its meeting in February 2022.
- iv. Agreed that the work detailed in ii above include consideration of how to give more prominence to equalities issues in the Committee's remit

- **Endorsement –**

- i. Endorsed the Committee's ambition to develop an NHS Grampian Engagement Policy that defines a shared understanding of 'people powered health' and 'co-production' and inclusive working in respectful collaboration with partners and stakeholders.
- ii. Discussed and approved a renewed strategic intent for the Engagement and Participation Committee incorporating a 'People Powered- Health' system approach and culture, Engagement Policy that defined a shared understanding of 'people powered health' and 'co-production' and inclusive working in respectful collaboration with partners and stakeholders.

11 Membership of Moray Integration Joint Board (IJB) – Updated Integration Scheme

Mr Bokor-Ingram Introduced Jeanette Netherwood, Corporate Manager, Health and Social Care Moray, who had been involved in the production of the paper. He advised that NHS Grampian, Moray Council and Moray IJB had agreed to an increase in voting membership on the Moray IJB, to provide greater resilience.

Following appropriate consultation the request for amendment had been submitted to the Scottish Government (SG). In response the SG had sought revisions to the scheme and these were presented in the appendix to the report.

Mr Bokor-Ingram agreed to incorporate the points raised by the Director of Public Health who advised it had been agreed that public health would be included in the non-voting membership of the Moray IJB and reference made to the role of the Director of Public Health in the professional assurance framework.

The Board approved the minor updates to the Moray Integration Joint Board integration Scheme requested by the Scottish Government. The Board also agreed to the additional requirement to include references to the involvement of public health in the professional assurance framework of the IJB.

The Vice-chair advised that Mr Riddell was being re-appointed to the Moray IJB for a further three years and Mr Derek Murray nominated to replace Professor Fluck as a voting member with immediate effect. The Board agreed to these appointments and the Board Secretary was liaising with Moray IJB in this connection.

12 Whistleblowing Standards Quarter One – 1 April 2021 to 30 June 2021 Report Assurance Committee Report

Dr Coldwells presented the first routine quarterly report and explained that Mrs Ballantyne and Mr Donald were available to answer any questions. He advised that a small group met to consider cases. The number of incidents was small and it was important to reflect, taking account of the other routes for raising concerns within the organisation, if that was a positive or negative indicator of the effectiveness of the whistleblowing standards.

Mr Donald thanked Dr Coldwells and others for preparing and presenting the report. He said there had been discussion at the Staff Governance Committee and, in the Committee chair's absence, he advised that the Committee had been given assurance to pass on to the Board.

It was important that there were learning outcomes from the cases presented and the organisation had a duty to follow these through.

As part of the process it was important that more confidential contacts were recruited and to ensure staff were made aware of the process.

It was noted that there were challenges complying with very tight timescales and that it was important to communicate with individuals who were raising concerns. For the future, whistleblowing would be fitted into the Datix reporting system.

Mrs Ballantyne advised that she was liaising with IJBs to ensure they were presenting reports to their meetings and taking account of incidents in their own areas. IJBs had separate reporting arrangements. However, anyone providing services for the NHS could report through the NHS route. It had been raised nationally that more direction and support was required regarding the interaction and interface between the NHS and IJBs.

The Vice-chair thanked colleagues for producing the report and for agreeing a timetable for reporting to the Board via the staff governance committee.

The Board agreed to the following recommendations:

- **Assurance** –reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that the Whistleblowing Standards were being applied appropriately by NHS Grampian.
- **Future reporting** – a quarterly report and annual report were required to be submitted to the Board. A schedule will be provided in the next quarterly report taking into account the Board and Staff Governance Committee meeting frequency.

13 Assurance Committee Reports

The Board noted the following reports, with Committee chairs highlighting matters by exception:

- 13.1 Audit Committee – 24 August 2021
- 13.2 Clinical Governance Committee – 20 August 2021
- 13.3 Endowment Committee – 23 July 2021
- 13.4 Engagement and Participation Committee – 11 August 2021
- 13.5 Performance Governance Committee – 18 August 2021

14 Forum and Integration Joint Boards Reports

- 14.1 Area Clinical Forum
- 14.2 Grampian Area Partnership Forum
- 14.3 Integration Joint Boards

15 Approved Committee, Forum and IJB Minutes (all 2021)

The Board noted the following approved minutes:

Committees:

- 15.1 Audit Committee – 15 June
- 15.2 Clinical Governance Committee – 14 May
- 15.3 Endowment Committee – 23 July
- 15.4 Engagement and Participation Committee – 9 June
- 15.5 Performance Governance Committee – 16 June
- 15.6 Staff Governance Committee – 6 July 2021

Forums

- 15.7 Area Clinical Forum – 23 June
- 15.8 Grampian Area Partnership Forum - 15 July

Integration Joint Boards (IJBs)

- 15.9 Aberdeen City IJB – 6 July

15.10 Aberdeenshire IJB – 19 May

16 Dates of Future Board Meetings

Date of next meeting

- Thursday 2 December 2021

Dates for 2022

- Thursday 3 February 2022
- Thursday 7 April 2022
- Thursday 2 June 2022
- Thursday 4 August 2022
- Thursday 6 October 2022
- Thursday 1 December 2022