

Annual Members' Meeting
Thursday 16 September 2021
Meeting held virtually on Microsoft Teams

Present:	Cathy Elliott	Chair of the Trust
	Cllr Sabiya Khan	Appointed Governor: Bradford Council
	Helen Barker	Public Governor: Craven
	Sid Brown	Public Governor: Shipley
	Nicky Green	Public Governor: Keighley (Lead Governor)
	Janice Hawkes	Appointed Governor: Barnardo's
	Abdul Khalifa	Staff Governor: Non-clinical
	Surji Cair	Public Governor: Shipley
	Anne Graham	Public Governor: Shipley
	Safeen Rehman	Public Governor: Rest of England
	Anne Scarborough	Public Governor: Keighley
	Linzi Maybin	Staff Governor: Clinical
	Roberto Giedrojt	Staff Governor: Non-clinical
In Attendance:	Therese Patten	Chief Executive
	Andrew Chang	Non-Executive Director
	Cathy Elliott	Chair of the Trust
	Paul Hogg	Director of Corporate Affairs
	Phillipa Hubbard	Director of Nursing, Professions and Care Standards
	Dr Zulfi Hussain MBE	Non-Executive Director
	Aisha Karim	Corporate Governance Facilitator
	Rashpal Khangura	Director, KPMG
	Helen Robinson	Deputy Trust Board Secretary and Corporate Governance Manager (Committee Secretariat)
	Carole Panteli	Non-Executive Director
	Mike Woodhead	Director of Finance, Contracting and Estates and
	Tim Rycroft	Chief Information Officer
	Fiona Sherburn	Deputy Director of Human Resources and Organisational Development
	Patrick Scott	Chief Operating Officer and Deputy Chief Executive
	Dr David Sims	Medical Director

143 Members of the Trust and members of the public.

Minutes

Item	Discussion
<p>93 Welcome (agenda item 1)</p>	<p>The Chair of the Trust opened the virtual meeting at 1:30pm and welcomed the public, members, governors, Trust colleagues and Board members. Ms Elliott encouraged attendees to submit questions during the session through the use of the Microsoft Teams Question and Answer (Q&A) function and informed attendees that these would be answered in the virtual Q&A session prior to the keynote speaker item, along with those questions that had been submitted in advance.</p> <p>Ms Elliott thanked all staff, volunteers and everyone who had been involved with the delivery of the Trust's work over the last 12 months, for their tenacity, passion and determination to deliver services and ensure safe care for patients, service users, carers and local residents. She went on to thank Board colleagues and the Council of Governors who had worked closely together to ensure that the organisation was fit for purpose and the best it could be.</p> <p>Ms Elliott then introduced some short films which aimed to bring to life some of the work undertaken by the Trust, due to not being able to meet in person. Topics featured in the films included the Volunteers Strategy, the Better Lives, Together Strategy, an update on waste and sustainability, Infection Prevention and Control, Podiatry services, and the Smarter Working project.</p>
<p>94 Apologies for Absence (agenda item 2)</p>	<p>Apologies for absence had been received from Ishtiaq Ahmed, Appointed Governor: Sharing Voices; Maz Ahmed, Non-Executive Director; Gerry Armitage, Non-Executive Director; Public Governor: Bradford East, Mufeed Ansari; Public Governor: Bradford South, Darren Beever; Public Governor: Bradford South, Stan Clay; Sandra Knight, Director of Human Resources and Organisational Development; Simon Lewis: Non-Executive Director; Staff Governor: Belinda Marks; Public Governor Bradford West, Katie Massey; Public Governor: Bradford East, Michael Frazer; Public Governor Bradford West, Sughra Nazir; Public Governor: Bradford South, Joyce Thackwray; Public Governor: Bradford East, Michaela Worthington-Gill.</p> <p>The Annual Members' Meeting was quorate.</p>
<p>95 Declarations of Interest (agenda item 3)</p>	<p>There were no declared conflicts of interest in respect of any agenda items.</p>
<p>95 Minutes and Matters Arising from the Meeting Held on 29 September 2020 (agenda items 4 and 5)</p>	<p>The minutes from the Annual Members Meeting held on 29 September 2020 were agreed as a true and accurate record. It was noted that there were no matters arising from the previous meeting.</p>

96 Presentation from the Lead Governor (agenda item 6)

Ms Elliott welcomed the Lead Governor to present the report from the Council of Governors and to reflect on 2020/21.

Ms Green started by thanking, on behalf of the Council of Governors, Colin Perry Deputy Lead Governor, and all of the Governors who had stood down during the last year, for their energy and commitment. She also welcomed the new Governors, who were already making a difference to the work of the Trust.

Despite the pandemic, Ms Green stated that there had been ongoing opportunities for engagement and openness during the last year, and she thanked Ms Elliott for her role in facilitating that. Through online meetings, Governors had felt involved, been made aware of the challenges facing the Trust, and been given the opportunity to discuss issues with key members of staff.

Ms Green then delivered a short presentation, focussing on membership, the work of the Council of Governors to fulfil their statutory duties; and further information on who made up the Council of Governors.

Firstly, Ms Green emphasised the importance of members as key links between the Trust and the wider public, and the Trust's duty to provide services that meet the needs of those who required them. She added that Governors were elected by the members and offered an outside objective view. Ms Green stressed how vital it was for the Trust membership to be representative of the local population, and presented the demographic breakdown of the membership by age, by ethnicity, and by gender. She noted how the membership numbers had increased slightly from the previous year, with 9727 public members at the end of the 2020/21 financial year. Governors were broadly spread across all age groups, with the lowest number of members continuing to be in the 17-21 age group. The current Governors were from diverse backgrounds with a wide range of interests. Ms Green stressed how the Council of Governors had continued efforts to recruit younger members that had an interest in healthcare, primarily through engaging with partners at colleges and universities.

Ms Green explained the statutory duty of Governors, to represent to the Trust the views of its membership and public, as well as holding the Non-Executive Directors to account for the performance of the Trust and the Board of Directors. She highlighted that Governors were volunteers, with public and staff Governors elected by the Trust membership, and appointed Governors having been appointed by the organisations they represented, in order to bring an objective view to the Trust.

Ms Green then went on to outline recent work of the Council of Governors which included producing short films about their role in order to elect new Governors. The Council of Governors had continued to hold quarterly virtual meetings throughout the year, alongside regular open house sessions where the Chair and Executives briefed the Governors on how the Trust was managing services in the pandemic, staff wellbeing, and information regarding the vaccination process. With Board and Committee meetings taking place virtually during

the year, Governors had been able to have more presence at such meetings in order to observe the work of the Trust, its services and governance. Governors had also been involved in West Yorkshire-wide meetings as part of the Mental Health provider collaborative discussions and the future of Integrated Care Systems. In addition to this, monthly Governor newsletters had kept them up to date with all relevant information throughout the year.

Ms Green shared the names of all 20 elected, and 7 appointed Governors. She stressed that the new Governors, appointed in May 2021, had brought a variety of interests and experience to complement those of existing Governors, and they had quickly and seamlessly moved into the role. Ms Green stated that it had been a privilege to be the Lead Governor, and she committed to working with her successor, Anne Scarborough, until November 2021 when she would stand down.

Ms Elliott thanked Ms Green and the Council of Governors for their support over the last year. She stressed that the Trust wanted to listen to members of the public, and to those who represented different organisations and local communities, in order to maintain robust relationships.

Finally, Ms Elliott thanked Ms Green personally as outgoing Lead Governor for her dedication and tenacity, and in particular her passion for community services, and welcomed Anne Scarborough into the role. A process for replacing the former Deputy Lead Governor was currently underway.

97 Presentation from the Chief Executive (agenda item 7)

Ms Patten delivered a brief presentation, which aimed to demonstrate that 2020/21 had been a year like no other year. She outlined the Trust's response to COVID-19, and the immense pressure it had put on community and mental health services. A vast amount of work had gone into ensuring that staff could continue to deliver services. She highlighted the resulting service innovation, such as the COVID-19 Home Visiting Team, and her gratitude for the vital work carried out by the Infection Control and Prevention team.

Ms Patten talked about the impact on staff and thanked all staff for going above and beyond to connect together and ensure colleagues were safe and well. She outlined the array of health and wellbeing offers that had been available to staff, mental wellbeing and support, psychological debriefings, and support provided by the charity, all of which had made a huge difference to staff. The Lively Up Yourself in particular had given staff the opportunity to take time out for themselves, and the impact of this should not be underestimated.

She highlighted how communities had come together stronger and better than before the pandemic, and acknowledged the role played locally by voluntary sector colleagues, to whom the Trust was grateful. Mutual aid had played a huge part in the delivery of services and it was anticipated that this would continue to be needed going into the Winter months.

Ms Patten summarised the reset and recovery work, including the Next Steps programme, which had looked at the Trust's people, wellbeing and ways of working, the environment, health inequalities and inclusion, digital, and sustainability and best value. It had been a

difficult year, but the Trust was determined to build on the opportunities provided by the pandemic and felt positive and ambitious about the future.

Ms Patten referred to the various partners of the Trust, at System (West Yorkshire and Harrogate) and Place (Bradford District and Craven) level. Strong relationships were also in place with the other local Mental Health Trusts, known as the Provider Collaborative. She also highlighted the Act As One partnership in Bradford, which aimed to deliver key transformation work such as a better births programme, and ageing well. Ms Patten referenced the ongoing vaccination programme, which was the culmination of a huge amount of work by the Director of Nursing, Professions and Care Standards and her teams. She personally thanked all those involved in the programme for their dedication and resilience.

Looking to the future, Ms Patten anticipated further challenges including the financial settlement of which the detail was not yet known, significant waiting lists, increasing demand, structural changes in the NHS, and pressures in social care. The Winter period (2021/22) was expected to be challenging across the NHS. However, the Board continued to be ambitious for its staff and communities and felt positive about the plans it was putting in place for the future.

The COVID-19 video was then shown, which outlined work undertaken during 2020/21 as a result of the pandemic.

98 Presentation from the Director of Finance, Contracting and Estates (agenda item 8)

The Director of Finance, Contracting and Estates presented a report on the Trust's financial position that outlined the key performance metrics and a forward look at the key challenges and opportunities that the Trust would be facing in the next financial year.

He stated that in response to the pandemic, temporary financial arrangements had been enacted for the whole NHS during 2020/21, which had continued into 2021/22. Despite the pandemic and all the challenges already outlined including increased cohorting and Infection Control and Prevention requirements, the Trust had slightly improved on its financial position reporting a deficit of £1.19m against a plan of £1.747m. This was in light of sustained inpatient acuity, increased occupancy and Out of Area (OOAs) placements and staffing capacity needing to be supported by agency and bank staff.

Mr Woodhead outlined how the £191.2m expenditure was broken down, with the majority of costs being around staffing. He went on to break down the £190.1m income, reflecting the changes in funding during 2020/21. There was an expectation that the funding regime would return to normal from 1 April 2022.

Looking ahead, Mr Woodhead outlined the short term financial risks brought about by the pandemic, as well as presenting the long term financial challenges and demand pressures, particularly in mental health. Further national guidance was expected shortly, but the Trust was working on the assumption of needing to save between £7m - £10m recurrently. Workforce would continue to bring challenges, as would the longer-term economic impacts of COVID-19 on the public purse.

Mr Woodhead ended by highlighting some of the opportunities, such as forming provider collaboratives, the development on the Lynfield Mount hospital site, and the re-launch of local Sustainability Planning.

Ms Elliott thanked Mr Woodhead for the comprehensive presentation on the Trust's financial position.

99 Presentation from the Trust's External Auditor (agenda item 9)

Mr Khangura, Director at KPMG LLP, provided a presentation on the findings from the Trust's 2020/21 Annual Report and Accounts. Firstly, he outlined the scope of the work and outlined responsibilities as an independent provider of the external audit services, including the audit of the financial statements.

Mr Khangura stated that the audit found the Annual Accounts for 2020/21 to be a true and fair view of the state of the Trust's affairs with the accounts being prepared in accordance with the Department of Health and Social Care Group Accounting Manual. Mr Khangura added that the auditors had found that the Trust had suitable arrangements in place to ensure that appropriately informed decisions were made with resources deployed to achieve planned and sustainable outcomes. He stated that findings from the financial statement audit had resulted in an unqualified (satisfactory) opinion and shared that the Trust's annual governance statement reflected the Trust's control environment and risk management arrangements.

Next, Mr Khangura presented information about the value for money findings, which assessed whether there were any significant weaknesses in the Trust's arrangements for achieving value for money. He stated that no significant weaknesses had been identified. There was an issue around financial sustainability due to the lack of national guidance for funding for 2021/22, but appropriate arrangements had been put in place to address that risk.

In relation to the whole of government accounts, Mr Khangura confirmed that the Trust's submission to NHS Improvement for the production of the consolidated NHS provider sector accounts matched the financial statements.

Finally, Mr Khangura confirmed that there had been no inconsistencies identified in relation to the Trust's Annual Report.

Ms Elliot thanked Mr Khangura and KPMG for the report and the accessible presentation.

100 Virtual Question and Answer Session (agenda item 10)

The Chair of the Trust, Ms Elliott, thanked those who had presented and explained that the next part of the meeting was an opportunity to receive questions from members of the public and stakeholders for the Trust's Board of Directors, noting that some questions had been received in advance and others had been submitted using the virtual chat facility on Microsoft Teams.

The following questions had been received in advance for the Board of Directors:

Question 1: Trevor Ramsey, Trust member, asked “why did BDCFT, who were the first Trust to employ Service User Development Workers, not apply for Lived Experience Practitioner funding?”

Question 2: Hannah Nutting, Trust member, asked “are there plans to apply for the NHS funding for a Band 7 lived experience role in the next round of applications (as an application was not made in the previous round)?”

Question 3: Hannah Nutting also asked “Nice guidelines have recently made the recommendation that all Trusts embed roles for people with lived experience at high levels of leadership, such as Patient Directors or similar. Do the Board have plans to follow this guidance and if so, how?”

Answer: Paul Hogg, Director of Corporate Affairs, replied that his understanding was that the funding opportunity had come out from NHS England in December 2020 to 55 Mental Health Trusts. Of those, 31 Trusts did not apply, including BDCT, citing the short timescales attached to the funding and system pressures at the time relating to COVID-19. However, during 2020/21 the Trust had increased the number of Involvement Partners to 150, with 48 new partners during the pandemic, and improved the diversity of the partners which was of high importance. Mr Hogg went on to say that 10 people had now been on the Patient Leaders Course with InHealth Associates (David Gilbert). Further to this, the Trust had funding for 33 places, and of those 9 for Involvement Partners, for the Point of Care Foundation training, which would explore how to use patient experience data to develop a deeper insight and understanding of feedback. These things demonstrated the Trust’s commitment to service user and carer development, as part of the Your Voice Matters strategy not just to increase involvement but in seeking opportunities to equip service users for paid roles in the future.

In relation to lived experience paid roles, Mr Hogg stated that the Trust was currently completing a piece of work around how it paid service users and carers and was in the process of updating the policy on this. There were presently already some paid roles, for example where service users or carers attend Board Committees, and also for pieces of bespoke involvement work across the Trust.

Fiona Sherburn, (Deputy Director of HR and Organisational Development) stated that the Trust would explore any further opportunities to bid for funding for such a role in the future. Paul Hogg added that this was something the Trust would be considering as it developed the skills and experiences of service users.

Question 4: Zahid Iqbal (Senior Mental Health Practitioner) asked “how is the Trust planning to make the interview process more transparent and equitable?”

Answer: Fiona Sherburn stated that the Trust was rolling out values-based recruitment, ensuring candidates’ values were aligned with the Trust’s values. In addition, the Trust was ensuring that, initially for vacancies at band 8a and above, panels were reflective with a BAME representative on each panel.

Question 5: Trevor Ramsey, Trust member, asked “How are the Freephone numbers for both First Response and Guideline being disseminated, as there are still online platforms giving out the wrong numbers, including the Healthy Minds Directory?”

Answer: Patrick Scott, Chief Operating Officer, confirmed that the correct numbers were advertised for Guideline and First Response on the Healthy Minds website. The old numbers were still visible and in operation during the transition to the freephone numbers, so those that relied on them could still access services. This was being monitored, and currently 40% of calls to First Response were coming through the freephone number. Details of the new numbers had been sent to key partners and stakeholders for them to update their own materials. Finally, the freephone number was now included on care plans for all new service users.

Question 6: Trevor Ramsey, Trust member, asked “Why are people who are at their lowest ebb, and informing their CPN that they thought they were going to die and have had problems with their medication and have had increased anxiety and panic attacks because of Covid, being discharged back to their GP, without a conversation with their Carer(s) or family, or advocacy support?”

Answer: Patrick Scott, Chief Operating Officer, reflected that this sounded like a personal experience, and he asked for any personal issues in relation to this to be raised either directly with him, or through the Patient Advice and Complaints service, in order for any identified lessons to be learnt. He stated that the aim was for every service user to have an agreed plan of transition back to primary care that all parties were comfortable with. Mr Scott stressed that in collaboration with system partners, the Trust wanted to hear of people’s experiences of the care provided in order to help improve it. A transformation of adult mental health services was currently underway, and Mr Scott was keen for patient experiences to be part of that work. Ms Elliott added that the Trust was always open to feedback, through the Friends and Family Test, PALS or complaints, to ensure that it was delivering the best services possible.

Question 6: Kelly Hart, Trust member, asked “Will the ordering system that is used and NHS supplies, be reviewed? At times it does not appear fit for purpose when ordering items for ward-based supplies. There are consistently issues with the process from ordering and goods not being delivered and going missing. The time and resources used to rectify these issues is not conducive towards other administrative work that is needed on the ward. There is also an implication of costs of lost/missing items. An example being a request for ward supplies and needing 1 or 2 of the items, when going to NHS Supplies they can only be ordered in 100’s or 1000’s, some orders also have a minimum spend so orders are cancelled. Currently this does not appear to be a robust enough system and must be costing the trust money, when we all are looking at ways to save.”

Answer: Mr Woodhead stated that the Trust was currently in the process of reviewing the Procurement Strategy was not an outlier in terms of procurement costs and efficiency, but improved procurement formed part of the TWICS programme and would be explored further. Currently the Trust had no plans to move away from the NHS Supply Chain, but this would be reviewed under the programme. Mr Woodhead offered to meet with staff to discuss specific issues if required.

Question 7: A member of the public asked “I am unpaid carer for my mother. When attending A&E during lockdown March 2021 they said only paid carers are allowed in can you explain the difference between paid and unpaid carers. Also proof was provided by carers Bradford stating I’m an unpaid carer can we have something in place where we can be recognised in the NHS. Also my mother is a regular patient at ward 18 in the past 3/4 years when the new nurses have come on board they are rushing around not listening not to me but others. Also it’s not the same i.e. we had a specialist nurse now we don’t, this specialist nurse was for tracheostomy patients. They spent time with patients as they understood the situation better than anyone else?”

Answer: Mr Hogg responded by saying that this appeared to be a question relating to services provided by Bradford Teaching Hospitals NHS Foundation Trust, with Ward 18 being an Ear Nose and Throat ward. He would therefore be happy to discuss with BDCT’s own Director of Nursing and Medical Director to ensure that the question be shared with their opposite numbers. **Action: Medical Director and Director of Nursing, professions and Care Standards.** In terms of the difference between an unpaid and paid carer, he clarified that an unpaid carer was anyone who cared, unpaid, for a friend, family member or another person who due to illness or disability couldn’t manage without their support. A paid carer was someone who received a salary, for example they worked for a care agency or local authority or other health or care organisation. They may deliver care in the person's home or in a care facility. Receiving attendance or care allowance for supporting someone did not make a person a paid carer.

The remaining questions had been raised during the meeting.

Question 8: Mike Frazer, Governor: Public - Bradford East, asked whether the Trust was ready for the Integrated Care System and legislative changes involved?”

Answer: Ms Patten stated that the Trust was as ready as it could be. Once the legislation was approved, the West Yorkshire and Harrogate ICS would have delegated powers to do some things differently. The Trust was leading work on behalf of the Mental Health Collaborative around the Assessment and Treatment Unit, and this service would act across the system. At Place level, lots of work was underway regarding what Place functions would look like, including devolving the CCG responsibilities into the Bradford District and Craven Place. The Executive Team were all working on the arrangements for Place. Shadow arrangements were anticipated to be in place from the end of Autumn. For the benefit of Governors, an Open House session on the plans for Bradford District and Craven level would be arranged in the Autumn. **Action: Corporate Governance Team.**

Question 9: An anonymous question was raised as follows “how do Governors keep a record of their interactions and contacts with their constituents?”

Answer: Mr Hogg stated that the Trust was pleased to have so many new Governors come on board over the last year. He explained that the Council of Governors agenda had a standing item for feedback such as this from Governors. The Corporate Governance Team was also on hand to support Governors to signpost issues for members, and issues could also be picked up and taken forward by Senior Managers and Executives.

Question 10: Ann Graham, Governor: Public - Bradford West, asked “As a public governor what are the best ways to engage with my community to provide feedback to the Board?”

Answer: Mr Hogg stated that things had been slightly different during the pandemic, but before COVID-19 the Governors engaged with local communities by going out to their patch, such as holding a market place event at the Polish Club. Governors had previously been encouraged to have a stall at the Annual Members' Meeting in order to showcase their role and work. Lastly, Mr Hogg referred to a piece of work which involved mapping out the stakeholder network of Governors, in order to signpost information through Governors to groups and receive feedback in return.

Question 11: Cllr Sabiya Khan (Appointed Governor) asked "what are the plans to reduce agency spend as we move forward"?

Question 12: Thomas Wright, Trust member, asked "Approximately how much more expensive is it per hour to use an agency nurse versus a Trust nurse?"

Answer: Ms Sherburn stated that a number of initiatives were in place to reduce use of agency staff, including expanding the staff bank, working on a collaborative bank across the Mental Health Provider Collaborative and having a recruitment push on healthcare support workers. Ms Sherburn stated that where agency staff were required, the Trust had a robust contract in place with Retinue which provided good value for money. Mr Woodhead stated that due to the demand for services rising faster than the available workforce could manage, there would be a continued need for some agency staff, but that the Trust was doing everything it could to minimise this. Further to this, agency spend would be considered under the TWICS programme, alongside how the Trust trained and retained staff. The cost would depend on the grade, but there was roughly a 10% premium for agency staff and slightly more for accrued holiday, so similar to bank staffing costs.

Question 13: An anonymous question was raised as follows "The Trust has set up a great new charity - how can people get involved in supporting this please?"

Answer: Mr Hogg stated that the Better Lives charity aimed to provide additional activities and funding for service users, carers and staff, outside the core NHS funding. He flagged two opportunities to get involved, by walking or donating towards the Three Peaks challenge taking place on 25 September 2021, or by joining the World Mental Health Day walk on 10 October 2021. Mr Hogg urged people to contact the charity to get involved or donate and shared their email and social media details.

Ms Elliott stated that all those who had submitted questions in advance or during the meeting would receive a written response in due course. **Action Corporate Governance Team.**

101 **Keynote Speaker** (agenda item 11)

Ben Pearson was then introduced to the meeting. Ms Elliott informed attendees that Ben had served as an officer in the West Yorkshire police force for 19 years and had been a familiar face on Channel 5's popular TV series Police Interceptors, before he had been forced to retire in October 2020 due to ill health and work-related PTSD. Ben was now an author, motivational speaker and mental health advocate sharing his life and work experiences – the ups and downs of policing, living with PTSD, and coping with the stigma attached to mental illness.

Mr Pearson went on to describe his own personal experience of mental health difficulties, which had begun after his mother, and then sadly father, had passed away. Mr Pearson explained how he had been struggling to function both at work and at home, but then when at rock bottom he had visited Somerset House for some support. Whilst there a member of staff had shown compassion and kindness, and gradually he started taking small steps to recovery. Mr Pearson stressed how important the service had been to him, as he had experienced suicidal thoughts but had been able to rebuild himself with the right support. He also mentioned Andy's Man Club as having helped in his recovery and acknowledged that it had been particularly difficult to reach out for help in his line of work.

Several members of the Board and staff, via the Teams chat box, expressed gratitude to Mr Pearson for bravely sharing his story.

Mr Scott, Chief Operating Officer and Deputy Chief Executive agreed to share Mr Pearson's feedback to Somerset House. He stated that it was experiences like his that helped to shape the Trust's services and the way in which care was delivered.

Dr Sims, Medical Director, stressed the importance of compassion across all the Trust's activity. In terms of suicide prevention, BDCFT worked closely with partners, led by Public Health colleagues, and the Trust's Deputy Director of Nursing was a leading support in the field of suicide prevention. In addition, Andy's Man Club was an example of the positive change towards suicide prevention over the years and was able to support those who were most vulnerable. Where difficulties within a particular community were identified, the Trust planned to connect with those communities and share the positive messages around suicide prevention.

Ms Elliott stated that evidence of all the work and plans that had been outlined during the meeting was available on the Trust's website via the Board papers.

102 Any Other Business (agenda item 12)

No other business was raised. At the conclusion of formal business, the Chair closed the Annual Members' Meeting and thanked everyone for attending.