

Harrogate and District

NHS Foundation Trust

Council of Governors

Minutes of the public Council of Governors' meeting held on Wednesday 4 February 2015 at 17:45 hrs at St. Aidan's Church of England High School, Harrogate.

Present:

Mrs Sandra Dodson, Chairman
Ms Pamela Allen, Public Governor
Mr Michael Armitage, Public Governor
Cllr. Bernard Bateman, Stakeholder Governor
Dr Sally Blackburn, Public Governor
Mrs Carol Cheesebrough, Staff Governor
Mrs Cath Clelland, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mrs Liz Dean, Public Governor
Mrs Emma Edgar, Staff Governor
Mr Andrew Forsyth, Interim Head of Corporate Affairs
Mrs Jill Foster, Chief Nurse
Mrs Jane Hare, Public Governor
Mr Robert Harrison, Chief Operating Officer
Mrs Jane Hedley, Public Governor
Mrs Pat Jones, Public Governor
Mrs Sally Margerison, Staff Governor
Mr Phillip Marshall, Director of Workforce and Organisational Development
Mrs Joanna Parker, Stakeholder Governor
Mr Peter Pearson, Public Governor
Mrs Joyce Purkis, Public Governor
Mr Andy Robertson, Public Governor
Dr Daniel Scott, Staff Governor
Dr David Scullion, Medical Director
Mrs Maureen Taylor, Non-Executive Director
Mr Chris Thompson, Non-Executive Director
Dr Ros Tolcher, Chief Executive
Mrs Lesley Webster, Non-Executive Director
Mrs Fiona Wilson, Staff Governor
Mr Chris Watt, Head of Communications

In attendance:

Mr Robin Pitts, Clinical Patienttrack Project Manager/Paediatric Advanced Nurse Practitioner
5 members of the public

1. Apologies for absence and introductions

Apologies were received from Dr Sarah Crawshaw, Stakeholder Governor, Mrs Harriet Dow, Deputy Director of Corporate Affairs, Cllr John Ennis, Stakeholder Governor, Mrs Jane Farquharson, Stakeholder Governor, Prof. Sue Proctor, Non-Executive Director, Mr Ian Ward, Non-Executive Director, Rev. Dr Mervyn Willshaw, Public Governor/Deputy Chair of Council of Governors and Dr Jim Woods, Stakeholder Governor.

Mrs Dodson introduced new Governors Mrs Clelland, Mrs Dean and Mrs Parker and new Non-Executive Director, Mrs Taylor to their first Council of Governors' meeting. Mrs Dodson also introduced Mr Pitts, Clinical Patientrack Project Manager/Paediatric Advanced Nurse Practitioner who would be presenting the implementation of Patientrack under item 10.0 on the agenda. Mrs Dodson notified the Council that Mrs Jones, Public Governor and Mrs Wilson, Staff Governor would be arriving late due to other commitments.

Mrs Dodson offered a warm welcome to the members of the public and commenced the meeting by asking everyone to introduce themselves.

2. Minutes of the last meeting, 29 October 2014

The minutes of the last meeting were agreed as a true and accurate record, subject to an amendment on page 2, item 3, fifth paragraph. The amended minutes would read:

A partnership agreement was discussed on 28 October, subject to passing the governance review and there would be work to understand the feasibility of the project.

3. Matters arising and review of actions schedule

Updates on the schedule of actions outstanding were reported as follows:

Item 1 would remain ongoing and Governors would continue to be invited to future Consultant interview presentations.

Item 2 would be covered under item 7.0 on the agenda.

Item 3 – Mr Coulter provided the following update on the Ripon Partnership Project:

The Ripon Partnership included representatives from the Trust, Harrogate and Rural District Clinical Commissioning Group (HaRD CCG), North Yorkshire County Council (NYCC), Harrogate Borough Council (HBC) and NHS Property Services. A draft specification had been written and stage two of the project would look at options of how and where services could be delivered, including a review of existing estate and possible alternatives. NHS Property Services were co-ordinating the project with the objective to agree a service model for providing future services in Ripon. The next partnership meeting would take place on 17 February and Governors would continue to be kept up to date with progress.

Mr Robertson was pleased to hear about the progress made to date and asked if the third sector was involved.

Mr Coulter confirmed that the voluntary sector was involved in the overall Healthy Ripon Project which focussed on partnerships and resources and, indeed they had an important role with regards to providing future services in Ripon. The voluntary sector was not represented on the Ripon Partnership at this stage and Mr Coulter agreed to take this back to the CCG to discuss their involvement going forward.

Action: Mr Coulter

With reference to item 4, Mrs Dodson reminded Governors that she welcomed any suggestions from them regarding alternative venues for the next Annual Members' Meeting due to take place in September.

Item 5 – Mr Marshall provided the following update regarding Local Education and Training Board (LETB) progress on Non-Executive Director appraisal:

The Yorkshire and the Humber Leadership Academy had commissioned work to develop a 360 degree feedback approach to support leadership development for Non-Executive Directors (NEDs). This work responds to the needs initially identified by our Chairman, Mrs Dodson, and subsequently echoed by other Trust Chairs, to utilise a feedback framework that would reflect the distinct role of NEDs and provide a process to translate feedback into swift and meaningful actions to strengthen governance and inform NED appraisal and development.

As the originators of the enquiry, the Trust had contributed to the development of the feedback framework and approach as one of three pilot sites and was delighted to be at the leading edge of such an enabling and progressive initiative. The process commenced with LETB interviews with NEDs and key individuals throughout December 2014 to inform the development of the framework. Each NED undertook a 360 degree feedback process to test this out, provide feedback to the Yorkshire and Humber Leadership Academy and aid further development of the framework through a series of stakeholder events. The process was currently undergoing a test period with early learning from the pilot sites due at the end of May.

With reference to Item 6, Governors had been invited to attend future Audit Committee meetings and Mrs Colvin had scheduled Governors' attendance throughout 2015. Governors not listed to attend a meeting in 2015 would be given priority in 2016.

4. Declaration of interests

There were no declarations of interest.

4.1 Council of Governors' Declaration of Interests

Mrs Dodson reminded Governors that they would be asked to sign a Declaration of Interest form on an annual basis but that the overall summary would be brought to each quarterly Council of Governor meeting as a standard item on the agenda. Governors were reminded that it was the

obligation of the Governor to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

5. Governor Working Group feedback

5.1 Volunteering and Education

The report from the Volunteering and Education Governor Working Group, chaired by Rev. Dr Willshaw, had been circulated prior to the meeting and was taken as read.

In the absence of Rev. Dr Willshaw, Mrs Hedley presented the paper on behalf of the group highlighting the role of the Activity Volunteers; a new initiative in the early stages of a pilot scheme. Volunteers had been trained in dementia awareness and would engage with patients using activity resource materials such as crosswords and games. There would also be the opportunity for volunteers to provide hand massage and nail care.

There were no questions for Mrs Hedley.

5.2 Membership Development and Communications

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read. Ms Allen summarised the three key headlines from the report.

Membership Development Strategy

Ms Allen highlighted recent membership engagement activities undertaken with various departments. Forthcoming activities included the Quality Account Stakeholder Event on 5 February and the opportunity for members to be involved in the development of the Trust Values and Behaviours Framework; the second meeting to discuss the framework was scheduled to take place on 13 February. The Governor Working Group had also discussed creative ways in which to recruit, and engage with, new members including coffee mornings, market stalls and utilising existing services such as the new blood test service at Harrogate Sainsbury's. Ms Allen welcomed any further suggestions from Governors.

Medicine for Members

The next Medicine for Members event had yet to be organised, but would be advertised to members as soon as possible. Dr Ros Tolcher, Chief Executive would be asked to speak about transforming health and social care for the local population.

Foundation News Magazine

The next edition of Foundation News would be progressed upon finalisation of a tender process for the production of the magazine.

In addition, Mrs Dodson announced that the Trust would be joining HaRD CCG and the Local Authority at a public involvement forum event taking place on Tuesday 10 March, 6 – 8 pm at the Pavilions of Harrogate, Great Yorkshire Showground in Harrogate. This wider health system approach would provide local communities with the opportunity to receive updates and give their views on future plans. Details for registration would be communicated to members by email and a notice would be placed on the Trust's website.

Action: Mrs Colvin/Mr Watt

5.3 Patient and Public Involvement

The report from the Quality of Experience Group (QEG) had been circulated prior to the meeting and was taken as read. Mrs Purkis summarised the three key headlines from the report.

Patient Experience Report

Mrs Purkis highlighted statistical data taken from the Patient Experience Report, April to September 2014, which included 457 contacts and one serious incident requiring investigation. The report also highlighted the continuing challenge to respond to complaints within the required timescale due to the increasing complexity of complaints and delays in receiving requested information from external parties. The Trust's Strategic Implementation Group had discussed common themes arising from complaints and this was being reviewed further with Directorate colleagues.

Friends and Family Test

The Friends and Family Test had been introduced by the Department of Health and feedback was being received via a variety of methods including questionnaires, comment cards, automated telephone service and tokens.

QEG update

Finally, Mrs Purkis commented that Sue Symington had stepped down as chair of QEG following her appointment as Chair at York Teaching Hospitals NHS Foundation Trust and a governance review was currently underway which would look at the whole meeting structure.

Mrs Foster assured Governors that the work of QEG would continue with the next meeting scheduled to take place on 19 February. The governance review would look at the future structure of the meeting and how quality of experience could be monitored in the most effective way.

Dr Tolcher clarified that the 457 contacts referred to in the report were not all complaints and that the Strategic Implementation Group was focussing on quality in greater detail.

5.4 Operational Planning Update

Dr Scott provided an update on behalf of the Governors involved in the Operational Planning Group. Each meeting was open to any Governor to

attend and discuss the ongoing Operational Planning process with Miss Gillett, Deputy Director of Planning and Mr McKee, Deputy Director of Finance. Governors were provided with updates and able to challenge and ask detailed questions.

Mr Coulter confirmed that the Operational Plan first draft had to be submitted to Monitor by the end of February and this would include information on quality, performance and finance.

In response to Mrs Hedley's question as to whether plans reflected the increase in houses being built in the local area, Dr Tolcher talked about how the Trust's Plan reflected trends and quality, performance and finance was carefully monitored month by month. The Trust was meeting regularly with the CCG to discuss assumptions over growing pressures in the local community and finances. Mr Coulter added further information about the national Tariff (what trusts gets paid for) and as a result of the volume of objections which had been submitted during the first consultation before Christmas, further information was awaited from Monitor.

6. Governor training and development report

The Governor training and development report had been circulated prior to the meeting and was taken as read.

Mrs Colvin described training and development as part of a continuous journey of the Governor role and that each Governor would experience their own ongoing learning curve throughout their term of office. In order to fulfil their statutory duties, Governors would be encouraged to undergo both external and internal training, however ongoing development opportunities would be available via a variety of different methods. Involvement in Governor Working Groups, Quality of Care Teams, Patient Safety Visits and engagement with staff across the Trust were a few of the many ways in which Governors could gain a wealth of knowledge and insight from ongoing development. Governors who attended external courses would be asked to provide feedback and share learning at Informal Governor meetings.

Mrs Colvin reminded Governors that any suggestions for further training and development were always welcome and this would be raised on an annual basis at their one to one with the Chairman.

7. HDFT Constitution

The proposed amendments to the Constitution had been circulated prior to the meeting and were taken as read.

Mrs Jones arrived at this stage in the meeting.

Mrs Dodson confirmed the proposed amendments had been discussed in detail by a Constitution Review Group and agreed by the Board of Directors on 28 January. The changes were required following the introduction of the Fit and Proper Person Test, a change to one of the Stakeholder organisations to nominate a Stakeholder Governor, changes to the Model Election rules to incorporate electronic voting and some minor

typographical changes. It was a requirement that more than half of the members of the Board of Directors and more than half of the members of the Council of Governors vote to approve any amendments to the Constitution. Mrs Dodson clarified that as the proposed amendments were not related to the powers or duties of the Council of Governors, or otherwise with respect to the role that the Council of Governors has as part of the Trust, there was no requirement for members to vote to approve the amendments at the next Annual Members' Meeting.

Mrs Dodson explained that Mrs Parker was in attendance at the meeting as the new Stakeholder for Patient Experience as proposed by the Constitution Review Group and agreed by the Board of Directors however, would not have been included in the vote by the Council of Governors as the formal proposal was made at this stage in the meeting.

On reading the proposed amendments to the Constitution in detail, Mrs Wilson had submitted some queries to Mrs Dodson prior to the meeting about the wording of the 'Fit and Proper Person Test, the Patient Experience Stakeholder Governor and other minor amendments. Mrs Dodson confirmed the wording in the Constitution, in relation to the 'Fit and Proper Person Test' had been taken from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 placing the requirement on NHS provider organisations as of 27 November 2014 to ensure director level appointments meet the 'fit and proper persons test'. It was also proposed to include the appointing organisation of the Patient Experience Stakeholder Governor. Mrs Dodson would discuss the other items further with Mrs Wilson outside of the meeting as there were no amendments required at this time.

There were no further questions.

Cllr Bateman proposed and Mrs Hare seconded the proposed amendments to the Constitution with unanimous agreement by the Council of Governors.

In addition, the minutes of the Constitution Review Working Group held on 19 January were agreed as a correct record.

8. Report from the Nominations Committee

The report detailing the recruitment of a new Non-Executive Director and appointment of a new Vice Chair, including the minutes of the Nominations Committee held on 26 January, were circulated prior to the meeting and taken as read.

Mrs Dodson summarised the meeting of the Nominations Committee held on 26 January to appoint a new Non-Executive Director following the appointment of Mrs Symington as Chair of York Teaching Hospitals NHS Foundation Trust. As Mrs Symington held the position of Vice Chair, the Nominations Committee also considered the position of Vice Chair in its recommendation to the Council of Governors.

In accordance with the Trust's Constitution the Council of Governors is responsible for the appointment and reappointment of Non-Executive Directors and for the purposes of enabling the proceedings of the Trust to be conducted in the absence of the Chair, the Council of Governors will appoint a Non-Executive Director to be Vice

Chair for such a period, not exceeding the remainder of their term as a Non-Executive Director of the Trust.

There were no questions and the Council of Governors fully endorsed the Nomination Committee's recommendation to proceed with the appointment a new Non-Executive Director and to appoint Professor Sue Proctor as Vice Chair with effect from 4 February 2015.

In addition, Mrs Dodson reminded Governors that the role of Vice Chair and Senior Independent Director (SID) had been split and therefore as Professor Proctor currently held the position of SID, this responsibility would now be put to the Board of Directors to appoint a replacement.

9. Questions from members of the public

Mr Andy Robertson, Public Governor had submitted the following question:

“Linked to the governance conversation discussed earlier in the meeting, a number of Governors are assigned to a Quality of Care Team. How can Governors gain assurance that the Quality of Care team mechanism is taking place in practice, with regards to frequency and agreed format.”

In response, Mrs Foster explained that the Quality of Care Teams involved members of front line services meeting on a regular basis to discuss a range of subjects, including safeguarding and complaints. Under current arrangements, each Quality of Care Team reported in to their Directorate Governance Team which then fed into the Quality and Governance Group, a sub-committee of the Board. Mrs Foster commented that the Quality of Care teams worked extremely well in some areas, however there were teams where improvements were needed in structure and frequency. The governance review, referred to earlier in the meeting, would look at a wide variety of meetings across the Trust including conduct and administration of meetings.

Mr Robertson thanked Mrs Foster and welcomed any recommendations from the review to further improve the structure of the Quality of Care Teams.

Mrs Hare also agreed that there was room for improvement and described how the Quality of Care Team she was assigned to would benefit from medical input.

Mrs Foster explained that Directorates were aware that there were some gaps in the attendance at Quality of Care Teams and that the aim was to improve on medical input.

Dr Scott endorsed the need for medical input and commented that junior doctors would benefit from attending Quality of Care Team meetings. Dr Scott agreed to discuss this further with Mrs Foster outside of the meeting.

Mr Bryan Ellings, member of the public, asked if the Trust could reassure the public that, where they felt it necessary, any response sent to Monitor regarding a difference in opinion was strong enough.

Mr Coulter responded and provided the example referred to earlier in the meeting when the Trust was one amongst many other organisations to formally object to Monitor's national Tariff consultation and this had triggered a review.

10. The implementation of Patientrack – an electronic observation, escalation, patient safety and communication system

Mrs Dodson welcomed Mr Robin Pitts, Clinical Patientrack Project Manager/Paediatric Advanced Nurse Practitioner to present the implementation of Patientrack.

Mr Pitts explained that the Trust had received some technical funding to assist in purchasing an electronic system called Patientrack. Following a review of different systems which commenced in March 2014, Patientrack, an electronic observation, escalation, patient safety and communication system was rolled out to the first ward in August 2014. It was currently used in all adult inpatient wards at Harrogate District Hospital and the roll-out would continue to all other inpatient areas including maternity, paediatrics, Lascelles neuro-rehabilitation unit, Trinity ward at Ripon Community Hospital and the Emergency Department. It enabled staff to capture patient observations at the bedside using touch screen devices small enough to fit in a uniform pocket.

Using pictorial slides, Mr Pitts demonstrated the system in finer detail, explaining how it calculated an Early Warning Score from the observations entered which reminded nursing staff who they would need to contact. The next stage would include Patientrack to automatically send an escalation message to a bleep, meaning that nurses would no longer have to leave the bedside of a deteriorating patient to bleep someone. The bleep sent out by the system would include more detail than a traditional bleep including the patient, observation data, even down to which bed the patient was in, in which bay and on which ward.

Patientrack had the flexibility to develop other key assessments, including fluid balance charts and handover actions required.

Following the presentation, Mrs Edgar gave credit to Mr Pitts and the Partnerships and Innovation Team on the training of staff and the roll-out of the system.

Mr Harrison congratulated Mr Pitts and confirmed that he had been recruited as Project Manager on a permanent basis as part of the Trust's IT Strategy. There was lots of work to do and the Trust was committed in developing an efficient, flexible and integrated system to improve health and social care.

Mrs Dean asked what would happen if the system went down. Mr Pitts confirmed back-up plans would always be in place and if need be staff would temporarily revert to printing observation charts if required.

Mrs Clelland asked if the system would speed up communication on wards. Mr Pitts explained the system would provide benefits which would speed up communication including the automatic bleep system and having information to hand.

Mrs Dodson thanked Mr Pitts for an interesting and informative presentation.

11. Update from the Chief Executive

Dr Tolcher presented her update highlighting key priorities on quality, contracts, finances and planning for the future.

The first illustration of the presentation demonstrated the Care Quality Commission (CQC) Intelligent monitoring scores by Trust covering 95 indicators used by the CQC to assess whether care is safe, effective, caring, responsive and well led. Dr Tolcher announced that the Trust was placed joint 50th out of 159 Trusts in the most recent publication dated December 2014 and further information was detailed in the report.

Dr Tolcher went on to talk about driving up quality; four domains that Monitor scrutinised against quality in organisations were: strategy and vision, systems and processes, capability and culture, and measuring and monitoring. The Trust had good systems in place and used root cause analysis and a range of programmes to drive up quality.

Dr Tolcher asked Mr Harrison to provide further information regarding the National Accident and Emergency Patient Survey 2014 and the Emergency Department activity 2013/14 and 2014/15 to date.

Mr Harrison commented on the national media around the challenges of the four hour target in Emergency Departments across the country. The Trust was reporting an increase in demand with the number of patients attending the Emergency Department and being admitted higher than in previous years. There had been a considerable amount of additional beds open to deal with the pressures and both acute and community teams were seeing an increase in patient contacts. Mr Harrison was pleased to report that the Trust delivered the 95% national standard to see and treat or admit patients within the four hour target, including Ripon Community Hospital and Minor Injuries Unit at Selby War Memorial Hospital and the Trust was one of only two providers in the Yorkshire and Humber area to achieve this national standard. On behalf of the Board, Mr Harrison thanked all staff working throughout the organisation. The Trust had engaged in daily calls with partner organisation to ensure the provision of safe services and his thanks were extended to colleagues in mental health and social care.

Moving on to the Performance Framework, the full details of which were available in the report, Mr Harrison advised that two specialities were recorded as red and not meeting the requirements for 18 weeks referral to treatment. It had been recognised that the Trust had taken on additional work during this period and therefore there was no penalty received from Monitor. Mr Harrison also confirmed a reduction in Out of Hours activity following the introduction of NHS 111 in July 2013 however, December 2014 had been the busiest period for the service and activity was at its highest level since July 2013. The service was being monitored in detail by the Directorate.

Mr Coulter discussed the following slides of the Chief Executive's presentation which related to finance and focussed on the position at the end of December 2014. He highlighted the ongoing high expenditure on medical staffing pay and that the Cost Improvement Plan was approximately £1.3 million behind plan. The income and expenditure run chart demonstrated actual income against actual costs and Mr Coulter was pleased to confirm that in November and December 2014 the Trust had earned more income than it had spent. Finally, Mr Coulter talked about the Trust forecast and confirmed that there was still a lot of work to be done but, if the current

trend continued, the Trust hoped to achieve a small surplus or a break even figure. The Capital Programme would need to be re-evaluated depending upon the end of year position.

Dr Tolcher went on to talk about planning for the future, the NHS Five Year Forward and examining new options and opportunities for providers of NHS care covered in the Dalton Review. The key message was the need for a new approach; new models of care and partnership working and this would be looked at in more detail at a Board time out.

Mrs Edgar questioned the Trust's reported Emergency Department performance for patients spending less than four hours in the department against the 95% national standard and commented that the standard was reached due to Ripon and Selby Minor Injuries Unit achieving 100%.

Mr Harrison responded and explained that many Trusts were in a similar position with more than one site. He agreed that Harrogate District Hospital Emergency Department had not delivered the 95% standard however this was demonstrated clearly in the Performance Framework and the narrative in the performance highlights in appendix 11.3. Media published figures at a Trust level, which included the combined performances of multiple sites. Mr Harrison added that Harrogate District Hospital's Emergency Department was still performing significantly better across the country and was in the top 10% and he was also pleased to report the results of the National Accident and Emergency Survey 2014 showed that the Trust was ranked 13th in the country and this related to the Harrogate District Hospital site.

Dr Tolcher reassured the Council of Governors that staff had worked considerably hard to achieve green standards across the whole performance framework.

12. Update from Non-Executive Director on financial position

Mrs Webster, Non-Executive Director and Chair of the Finance Committee, provided an overview of the work of the Committee including its key duties, membership and calendar of activity.

Mrs Clelland thanked Mrs Webster for her presentation to the Council and acknowledged that a good committee had been formed however, questioned the number of times the Committee were meeting, especially with a view to the financial challenges.

In response, Mrs Webster confirmed that the members of the Finance Committee were also in attendance at monthly Board meetings where finances were discussed and challenged in detail however, the Finance Committee met on a quarterly basis to review on a strategic level, financial performance against the Business Plan.

Mr Coulter added that Monitor required a report on a quarterly basis however there were detailed discussions taking place, even as much as on a daily basis, to deal with financial and performance action plans.

Mrs Dodson clarified that the unitary Board reviewed the financial position in detail on a monthly basis and the Finance Committee would review further on a quarterly

basis. Governors would continue to receive feedback and assurance regarding finance at future meetings.

13. Quality Account

Mrs Foster talked about the Quality Account; a report about the quality of services published annually by each NHS provider and available to the public. Quality Accounts look back over the year and demonstrate improvements made as well as informing local communities of the plans and priorities for the coming year. The quality of services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. The Department of Health require providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by 30 June each year.

Mrs Foster reminded everyone about the Quality Account Stakeholder event being held on Thursday 5 February at 12.30 pm in the Lecture Theatre, Strayside Education Centre, 3rd Floor, Harrogate District Hospital. The event would provide Governors, members of the public and stakeholders with the opportunity to find out more about the Quality Account and discuss priorities for the coming year.

14. Any other business

Mrs Margerison raised the Friends and Family Test (FFT) being introduced for patients being seen in their own home.

Mr Harrison confirmed that the Friends and Family Test, introduced in April 2013, was being introduced for patients being treated in the community and providers of NHS funded community and mental health services were required to submit FFT data from 1 January 2015. This would provide the Trust with the opportunity to receive feedback on patient experience in the community.

15. Date and time of next meeting

In response to feedback from Governors, Mrs Dodson confirmed that the next meeting would be held on Saturday, 16 May. This was the first time the Trust had held the meeting on a weekend and its success would be evaluated.