

**Board of Directors (in Public)  
Item**

**minutes**

**Minutes of the Meeting of the Board of Directors held on 25<sup>th</sup>  
January 2022**

<b>Present:</b>	<p>Neil Large Jane Tomkinson</p> <p>Nick Brooks Bob Burgoyne Margaret Carney Karen Edge Julian Farmer Jonathan Mathews Karen O'Hagan Sue Pemberton</p>	<p>Chair Chief Executive</p> <p>Non-Executive Director Non-Executive Director Non-Executive Director Chief Finance Officer Non-Executive Director / Deputy Chair Chief Operating Officer Non-Executive Director Director of Nursing, Quality &amp; Safety</p>
<b>In Attendance:</b>	<p>Jonathan Develing Karen Nightingall Karan Wheatcroft Jay Wright Laura Williamson Ian Gilbertson</p> <p>Val Davies Martin Ledson Darren McGuinness Michelle Woods</p>	<p>Director of Strategic Partnerships Chief People Officer Chief Governance Officer Director of Research Senior Executive Assistant (minutes) Associate Director for Digital Transformation at Alder Hey – Deputising for Chief D&amp;IO Incoming Chair (Item 1.7 only) (Item 1.7 only) (Item 1.7 only)</p>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<p>Dorothy Burgess Allan Pemberton Trevor Wooding Megan Cromby Peter Humphrey</p>	<p>Public Governor-Merseyside Public Governor- Cheshire Senior Governor (Public -Merseyside)</p>
<b>Apologies for absence:</b>	<p>Lucy Lavan Kate Warriner</p>	<p>Director of Corporate Affairs Chief Digital &amp; Information Officer</p>

		Action
1	<b>Opening Matters</b>	
1.1	<b>Apologies for Absence</b> Apologies for absence were received from Lucy Lavan and Kate Warriner.	
1.2	<b>Declaration of interests relating to agenda items</b> All meeting participants were asked to declare any interests in respect of items listed on the agenda. All participants declared that they had no interests.	
1.3	<b>Chair's Briefing</b> The Chair informed the Board that Council of Governors had formally approved the appointment of Val Davies as Chair, with the position to commence on 1 <sup>st</sup> April 2022, and introductions were made.  The Chair welcomed newly appointed Chief Operating Officer, Jonathan Mathews to the Board.  Ian Gilbertson, Associate Director for Digital Transformation at Alder Hey was welcomed in attendance as deputy for the Chief Information Officer, Kate Warriner.  The Chair referred to the ICB and ICS agenda being delayed in Parliament until 1 <sup>st</sup> July 2022. It was noted that the CCG responsibility would continue at Place and offer a steady transition.  The Board were informed that Graham Urwin has been appointed as Chief Executive of the ICB Board and is actively recruiting for Executive Directors and Non-Executive Directors.  LHCH are actively seeking to recruit a Non-Executive Director with current financial and business skills.  A review of remote working for the Board and Non-Executive Directors will be undertaken within the coming months; advice would be sought in relation to safely returning to face to face meetings.	
1.4	<b>Chief Executive's Report</b> The Chief Executive provided a report which was <b>noted</b> by the Board.  A further update was provided as follows: <ul style="list-style-type: none"> <li>• Within the Liverpool system, there has been an overall decline in active Covid infections although not reflected in bed occupancy, which has been recorded at 99% in some organisations.</li> </ul>	

- The mental health sector has been significantly impacted with a 30% increase to the service, approximately, which has been a cause of concern. There have been issues in relation to discharge processes and access to care homes with 275 care homes closed to admissions recently; all of which have significantly impacted DGH's.
- 999 calls remain extremely high
- Military have been deployed to assist with lower acuity transfers.
- Big focus approaching March will be to eliminate the 104-week waiters, with over 1,000 patients across Cheshire & Merseyside on the wait list for care, and over 5,000 patients across the Northwest.

The Board were directed to section 4 of the report, collaboratives, and it was emphasised that the relationship with PLACE was crucial.

It was stated that nationally there is lots going on in terms of LHCH input.

The Board were informed that a letter had been sent to the Head of Specialised Commissioning in relation to the move to PLACE and the ICS (90% by April 2022), which expressed concerns with capacity and capability to achieve the request without compromising care. It has been proposed that a shadow operation is delayed a full year which would provide time to work alongside the ICS.

In relation to Vaccination as a Condition of Deployment (VCOD), it was indicated that 8% of the workforce in Cheshire & Merseyside had stated they did not wish to be vaccinated and the implications of this for the employees involved and organisations were recognised.

The Director of Research was invited to update the Board in relation to a recent research project; Patient Safety Research Collaboration. The Board were informed that this had been an NIHR call in November 2021 inviting bids of up to £7m per bid up to a total of £25m. Discussion had taken place and it was acknowledged that although it was unlikely that a bid would be accepted at this time, there was lots of enthusiasm in pursuing and developing this further. An opportunity to apply for patient benefit grants was identified and it was anticipated that the Trust would progress with a wider collaborative approach in the near future.

## 1.5

### **Patient Story**

The Director of Nursing, Quality & Safety shared a story in relation to a letter that was written by a patient in December 2021. The letter highlighted the excellent care the patient received as a long-term in-patient at LHCH following admission due to an out of

hospital heart attack on 25<sup>th</sup> October 2021. The patient went on to have subsequent Coronary Artery Bypass Graft (CABG) surgery and rehabilitation. Individual detailed praise was given to staff members and departments involved in the patient's care, including after care; gratitude and appreciation was expressed.

**1.6 Staff Story**

The Chief People Officer provided a staff story from the Trust's Education Officer which detailed the journey from joining LHCH as an Apprentice Admin Assistant to being appointed as the Education Officer. The staff member spoke about the support received from colleagues and management which made her feel welcome, and part of the Education team which provided a flourishing environment to learn and grow.

**1.7 Targeted Lung Health Check Programme (TLHC)**

The Clinical Lead for Targeted Lung Health Check and Chest Physician within LHCH gave a brief overview of how LHCH received the TLHC programme, key milestones to establishment, clinical pathway and performance data.

Key milestones were shared which dated back to January 2019, as was the programme model, clinical pathway and smoking cessation. It was reported that approximately 800 patients are booked into the lung clinics each week, and subsequently approximately 400 CT scans which provides context to the size of the programme.

An update was requested in relation to portfolio adoption for Clinical Research Network (CRN) and the potential Artificial Intelligence (AI) evaluation for Computed Tomography scans (CT's). The Board were informed that the programme is a clinical programme with the national programme - Drug and Alcohol Recovery Team (DART), running alongside, which is the research element of targeted lung health checks. It was stated that patient data would be captured, anonymised and sent for analysis and that DART patients would be part of the portfolio return. The Board were informed that AI was made up of two components; pulmonary nodules and exploring the utility of coronary calcification in relation to Cardiovascular Disease (CVD) prevention.

It was challenged whether there were any barriers in relation to response to letters and uptake and it was stated that actions were underway to follow up with patients that had not responded, with consideration given to a hybrid approach to clinics. It was reported that the Roy Castle Centre and CCGs were working hard with advertising and linking in with community and social groups to help improve the uptake. Additionally, the Board were informed of a Health Care Comms Digital Solution Project which will be rolled out at LHCH which the aim to improve communications with patients.

The Chair referred to the focus on inequalities and the importance of understanding why patients do not engage in the uptake and suggestions made to align with CCG's, GP's and local authorities to address the matter.

Clarification was sought in relation to the collaboration with multiple CCG's and the transition into the ICS in respect of funding. It was anticipated that the running of the ICS would not impact the programme, and although there were no concerns, it was acknowledged that it was important to ensure funding be allocated and re-directed to the Trust as appropriate once announced.

Further clarification was sought as to whether a cost effectiveness plan had been incorporated into the pilot. It was confirmed that there were two cost effectiveness reviews underway; NHSE were undertaking their own cost-effective programme, and one element of the research DART programme was also looking at cost effectiveness.

Wider promotion of the programme would be beneficial in supporting the delivery and success of the programme. It was stated that the Cardiovascular Disease Risk Assessment was not part of the national programme and it was envisaged that an application for funding would be made in the future which may require support from the Board.

The Board thanked the team for the information provided within the presentation, the inspiration, leadership and passion within the service, and the success of the pilot so far was noted.

ML, DMc and MW left the meeting.

## **2 Patient Safety and Quality**

### **2.1 Infection Prevention and Control:**

#### **2.1.1 IPC BAF Update**

The Medical Director reminded colleagues that in May 2020 following the onset of Covid 19, the BAF from NHSE was presented which strengthened IPC measures and monitored changes to IPC guidance.

A further update was circulated at the end of December 2021, which the team have worked through and produced a response in relation to gaps identified.

Changes that required consideration had been highlighted in yellow within the report.

The Board **noted** the report.

### 2.1.2 DIPC Quarterly Report

The Medical Director provided information and an update on infection prevention and control issues for the third quarter of this financial year, 1<sup>st</sup> October until 31<sup>st</sup> December 2021.

During the reporting period, 1 MSSA bacteremia and 1 e-coli infection were recorded; following investigation it was reported that the probable source of the MSSA bacteraemia was due to a chest infection and the E coli bacteraemia was thought to be due to translocation from the bowel following bowel ischaemia after surgery.

Post infection reviews were undertaken for all patients in conjunction with Critical Care, to identify any learning and actions required, with reviews to be discussed at the relevant divisional governance meetings.

There were 2 new patients with Carbapenemase Producing Enterobacteriaceae (CPE) within the reporting period, both identified as part of admission screening process. Therefore, there were not designated as Trust acquired.

A number of patients tested positive for SARS coV2 within the reporting period; a full breakdown was provided within the paper. It was reported that Covid-19 swabbing remained high.

The Board were informed of the actions undertaken in relation to improvement to UTI treatment, and a further audit would take place in Q1 2022/23 once the education has had time to embed.

It was highlighted that the Perfect Ward Audit tool was in use with education ongoing to drive user accuracy and EPR software has been adapted to improve cannula VIP score completion.

The Board **noted** the contents of this report and recommendations.

### 2.2 Learning from Deaths Dashboard

The Board were informed that there had been a significant increase in mortality due to out of hospital cardiac arrest during the reporting period of October to December 2021. It was reported that 90% of those patients had been long term critical care patients with an end of life pathway in place. Following mortality reviews of patients, the teams were satisfied that appropriate care and actions were taken for each patient.

The Medical Director explained that within the reporting period, there had been two avoidable deaths; one classified as definitely avoidable and one probably avoidable which had been discussed

in detail at Quality Committee and would be further discussed in the Private Board meeting.

A full organisation learning report relating to learning from deaths would be discussed in depth during part two of the Board in private.

Assurance was sought in relation to duty of candor where retrospective avoidable deaths had been identified; assurance was provided that duty of candor has been exercised. It was reported that work with a Board update from the Medical Examiner was planned.

The Board **noted** the report.

### 2.3 **EECS and CQC Quality Assessments Clinical Services Division**

The Director of Nursing, Safety & Quality presented the Excellent, Efficient, Compassionate and Safe assessments (EECS) report for Clinical Services and informed the Board that such assessments had been on-going in the Trust since 2015; an assessment tool to provide assurance of the quality standards across the clinical areas and departments.

It was reported that many changes had been made to the assessments over time to align with CQC standards and the EECS and CQC mock assessments had now been combined.

Overall, the report provided good assurance across the Division with a number of areas receiving Gold standard.

Radiology was highlighted as an area that required improvement in relation to duplicate incidents and discrepancy meetings and therefore further assurance had been requested; the Radiology action plan and progress was shared with the Board. It was highlighted that the Head of Nursing for Clinical Services had been positioned within the department and a deputy Divisional Head of Operations. It was stated that a detailed update in relation to improvement actions would be presented to the Operational Board to provide assurance.

The issues identified were acknowledged and assurance was provided that appropriate steps were being taken to address them.

The Director of Nursing, Quality and Safety informed the Board that there is a 12-month plan covering all divisions throughout 2022/23.

The Board **noted** the contents of the report and recommendations.

**2.4\* Mortuary Infrastructure**

The Board **noted** the report and progress update on the LUHFT action plan. It was recognised that whilst LUHFT were the providers of the Mortuary, LHCH did have a responsibility to ensure that the standards were met. A further update would be provided.

**SP, March 2022**

**2.5\* LHCH Monthly Nurse Staffing Report for September and October 2021**

The Board **noted** the report.

**2.6\* Deprivation of Liberty and Safeguarding (DoLS)**

The Board **noted** the report.

**2.7\* Guardian of Safeworking (GoSW) Exception Report**

The Board **noted** the report.

**3 Strategy and Development**

**3.1 Strategic Objectives and Quarterly Update**

The Director of Strategic Partnerships presented a paper which provided an update on the revised strategic objectives as at Q3 2021/22.

A further update was requested in relation to the new Research Strategy; the Board were informed that the strategy was in progress and awaiting the results of the CRF status which would provide funding for core personnel which in turn would provide resource to concentrate on further development of the strategy. Assurance was provided that the Research Strategy would be more closely aligned with that of the Trust moving forward and aim to have a wider footprint within the region.

Clarification was sought in relation to Equality, Diversity and Inclusion Strategy timescales for presentation at People Committee and the Board. The Board were informed that an update was being prepared for People Committee in March 2022 and Board thereafter.

The Board **noted** the report and progress against objectives.

**3.2 People Plan Delivery Report**

The Chief People Officer highlighted significant progress against the People Plan.

The Board were informed that NHSE/I had made a decision to pause People Plan 2, and Scope for Growth until April 2022 due



to the focus required on the mandatory vaccine programme. It was stated that doing so would not detract from progression with the LHCH People Strategy.

Clarification was sought in relation to the abandonment of the Health and Wellbeing Charter and it was explained that Following assessment, it was thought that the Health and Wellbeing pledge provided more specific Trust wide initiatives to combat challenges.

Assurance was sought and provided in relation to measuring and supporting ethnicity within the Trust. It was acknowledged that People Committee had dedicated time and focus to provide assurance of actions in place.

The Board **noted** the report.

### 3.3 Financial and Operational Planning Update

The report provided the Board with a summary of the annual planning guidance that was received on 24th December 2021 and an update on progress to date and timelines, which included key actions in advance of submission in March and April 2022.

Priorities highlighted in the annual planning guidance were shared:

1. Investing in our workforce
2. Responding to COVID-19 effectively
3. Elective recovery
4. Population of health management
5. Digital technologies
6. productivity and efficiencies.
7. ICS and system collaboration.

It was stated that the guidance was based on the assumption that there would be low levels of Covid-19 during 2022/23.

The Board were informed that a weekly planning group had been formed to focus on capacity and demand in line with the planning assumptions, and key performance targets.

It was recognised that financial planning and workforce planning would be key in aligning priorities and key milestones have been identified and included within the paper by way of summary to the Board.

It was stated that an update was provided at Integrated Performance Committee recently with key challenges identified. Detail was outlined within the paper to provide assurance that appropriate actions were in place to meet the submission deadline.

The Board were informed that whilst the Operation planning guidance was issued on 24th December 2021 as formal published guidance, the financial planning guidance was issued in draft form and therefore not final, however, it was not expected to change significantly when published formally.

It was highlighted that the COVID-19 pandemic necessitated the introduction of an interim allocations approach to ensure that systems had sufficient resource to respond to the pandemic. From 2022/23, the allocations methodology would be reset to move systems back towards a fair share distribution of resource at the levels affordable within the Spending Review 2021 settlement. Allocations will be based on current system funding envelopes but will begin a glide path to fair share allocations. A convergence adjustment will be applied to bring systems towards their fair share of NHS resources over time. Additional funding would be offered to meet the ambition for systems to deliver over 10% more elective activity than before the pandemic. Where systems deliver activity above a target, they will earn an additional 75% of tariff. Where systems do not deliver against this target then allocated funding worth 75% of tariff will not be earned. Activity below the agreed baseline for elective activity would be deducted at 50% of national or unit prices in provider contracts.

It was recognised that to achieve the targets, additional sessions would be required, and assurance was sought in relation to staff willingness to work additional sessions given previous pension issues. It was explained that work was underway with divisions to develop a sustainable plan to include identified risks, which would be presented to Operational Board to provide assurance.

Reference was made to workforce challenges and assurance was sought in relation to whether there were sufficient resources to meet the targets set out within the plan. The challenge was acknowledged, and it was recognised that more efficient ways of working would need to be explored and implemented to balance expectations and improve retention.

The Board **noted** the report and recommendations.

### **3.4 Changes to Patient Administration Services (PAS)**

The paper summarised the process of the re-alignment of clinical administration teams to the Divisions from Corporate Services. A number of challenges had been highlighted during the Covid-19 pandemic in relation to pressures, service delivery and governance. The programme of work is expected to design and implement an effective model of administration structures to align to the Trust priorities.

Clarification was sought in relation to partial assurance provided and it was explained that the plan had been aligned with the safe waiting list management and work was still underway.

The Board **noted** the contents of the report and acknowledged the progress made so far and timescales.

### 3.5 **Board Strategy Proposed Agenda 22<sup>nd</sup> February 2022**

The next Board Strategy Day has been scheduled for 22<sup>nd</sup> February 2022. The agenda provided a focus on system working, partnerships and health inequalities.

It was stated that Hill Dickinson would be in attendance to offer support in relation to Provider Partnerships and Frameworks.

The Board **approved** the agenda.

## 4 **Targets and Financial Performance**

### 4.1 **Board Dashboard period Ended 31<sup>st</sup> December 2021**

The Chief Operating Officer (COO) presented the high-level messages within the Performance Report and Board Dashboard. The Board were informed that the Trust continues to focus on safely recovering elective activity and reducing its backlog of patients.

In terms of the Trust's statutory performance the following exceptions were noted:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. Performance in month stands at 81.5% for English commissioned activity and 77.0% for Welsh commissioners. This performance is in line with the Trust recovery trajectories.
- Bed Occupancy was below 80% in December (75%) but is expected above the target threshold through Q4. Mutual aid is being reviewed to support the system with G&A bed capacity.
- In Hospital Mortality was high during the end of October going into November. This was driven by clustering of a large number of admissions after out of hospital cardiac arrest which carries a high mortality. The numbers improved in December.
- VTE compliance has dropped below target in month, with plans in place to support compliance. The overall figure is driven by a reduction in 24-hour re-assessment of VTE. The divisions have met with the VTE lead and an action plan agreed. The figures for January have improved.
- Sickness increased to 6.6% in month, 0.8% higher compared to the same period last year. The teams are focused on clear and early intervention to avoid long term sickness where appropriate. The Trust has seen an increase where staff have been absent due to testing

positive for COVID due to the Omicron variant.

The financial position demonstrated a £321k surplus in the period ending 31st December 2021. Non-NHS income was favorable in month leading to the better than anticipated surplus position. Expenditure in the month of December was in line with expectations with no significant variances to note.

The Trust plans for a break-even position for H2 with a number of risks and mitigations to be worked through in the coming months.

The Trust continues to make progress in the development of its Cost Improvement Plan with slippage from earlier periods covered by non-recurrent mitigations.

The Board **noted** the contents of the paper and the associated actions.

## 4.2 Phase 4 Recovery

The Chief Operating Officer shared a presentation which set out the Trust's performance against its trajectories.

Risks, constraints and mitigations were highlighted in relation to the following areas:

- Staffing
- Non-elective demand and bed capacity
- Sub-specialty case mix
- Information capture/availability
- Cancer diagnostic capacity

All were RAG rated with clear actions in place. The governance processes in place were outlined.

The Board were informed that alongside the Trust's elective recovery, multiple mutual aid elements were identified:

- Liver list support for LUHFT
- Support early facilitated ACS support
- Respiratory NWAS car and Swiss Nurse (Whiston)
- Ongoing discussion for critical care support for Orthopedics
- Pleurectomy support for Bristol patients
- Cardiac rehab support for LUHFT patients

Considering the challenges that were faced during the pandemic, the Trust has restored its elective services to full capacity facilitating the reduction in waiting times for patients. Although waiting times are far in excess of pre-Covid levels the Trust remains focused on reducing these to a reasonable level over the financial year.

The Board recognised the challenge in relation to CIP at the end of the financial year, despite the work that has taken place so far.

Further work was being undertaken by the Executive Directors following the Making Data Count Board session to ensure KPIs, dashboards and reporting were clear for 2022/23.

The Board **noted** the strong performance and risks highlighted within the presentation.

KW/JM

## 5 Governance and Assurance

### 5.1 NW BAME Assembly Annual Report and Anti-Racist Framework

The Chief People Officer presented this paper which provided the Board with a summary of the 2020/21 North West BAME Assembly Annual Report and Anti-Racist Framework which was published in October 2021.

The paper also included an Anti-Racism Statement and Commitment which was ratified by the People Committee in December.

Recognition was given to the statement and Framework. Actions for the Trust to take forward were highlighted, in particular the EDI group and the Trust's steering group, which included actions to align with the Framework.

The Board **approved** the statement and noted the report.

### 5.2\* Covid Enquiry Preparation

The Board **approved** the approach and noted that this would be kept under review as further information about the National inquiry was known.

### 5.3\* Insurance Update

The paper outlined the insurance arrangements that the Trust has in place. The commercial insurance has been repurchased with the same specification as the previous year. There is an option to increase the insurance relating to damage caused by acts of terrorism above the £1m limit provided by NHSR but after review, this is not to be taken up.

Clarification was sought in relation to Junior Doctors assisting in paid private practice work in respect of insurance cover. Assurance was provided that cover was provided in the form of Indemnity and Medical Protection Society (MPS) or Medical Defence Union (MDU) membership.

The Board **noted** the insurance arrangements in place.

#### **5.4\* Executive Director Roles**

The paper provided an overview of the Director roles and voting rights following recent changes as approved through the Nominations and Remuneration Committee.

The Board **noted** the report and recommendations.

#### **5.5\* Communications Report Q2**

The Board **noted** the report.

#### **5.6 Medical Revalidation Annual Report**

The paper outlined that that revalidation continued to be a five-year cycle leading to a recommendation to the GMC that a doctor is fit to practice and retain their medical license. The first five-year cycle completed in December 2017. All doctors who have LHCH as their designated body (DB) (their prescribed connection) have the Medical Director (Dr Raphael Perry) as their Responsible Officer. The Responsible Officer (RO) is the only individual who can make the recommendation for revalidation and relies on the following evidence;

- Evidence of regular satisfactory medical appraisal
- Peer and patient feedback at least once in any cycle
- No on-going disciplinary procedures or GMC sanctions

In early 2020, the GMC made changes to revalidation dates in response to the pandemic. This was in order to give doctors and responsible officers more time to be ready for revalidation and prioritise clinical care for patients. The appraisal system was changed to be more light touch and doctors could ask to defer or skip appraisal altogether for a year.

There are no significant risks with the revalidation process within the Trust. The outstanding appraisals are being addressed and will be completed within the extended time window and within the recommended time frame for annual appraisal.

The Trust's online appraisal and revalidation system has improved the process, and the systems are in line with the job planning software. This allows better tracking of the status of appraisal and easier access to supporting evidence.

The Board **noted** the report.

### **6 Board Assurance**

#### **6.1 BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings**

**6.1.1 Audit Committee: BAF Key Issues and Approved Minutes for Meeting held on 19<sup>th</sup> October 2021**

The Board **noted** the BAF key issues report (January 2022), it was highlighted that all workstreams were on track which was encouraging. It was stated that more information would follow at future meetings in relation to barriers to closing incidents within the 28-day limit. Good progress was acknowledged in relation to internal audit implementation and positive overall position.

The Board received and **noted** the approved minutes of the Audit Committee meeting held on the 19<sup>th</sup> October 2021.

**6.1.2 Quality Committee: BAF Key Issues and Approved Minutes for Meeting held on 19<sup>th</sup> October 2021**

The Board **noted** the BAF key issues report.

The Board received and **noted** the approved minutes of the Quality Committee meeting held on the 19<sup>th</sup> October 2021.

**6.1.3 Integrated Performance Committee (IPC): BAF Key Issues**

The Board were informed that IPC had met, and acknowledgement was given to the good reports presented to the Board; good assurance has been received that processes are being managed through challenging times. It was reported that risks in relation to CIP and ERF remained challenging. Recognition was given to the great work the team are doing in relation to CIP; it was anticipated that ERF and RTT across Cheshire and Merseyside would be a challenge moving forward.

The Board **noted** the BAF key issues report

**6.1.4 People Committee: BAF Key Issues and Approved Minutes for Meeting held on 7<sup>th</sup> September 2021**

The Board **noted** the BAF key issues report. It was reported that most items had been covered on the agenda with good assurance received.

The Board received and **noted** the approved minutes of the People Committee meeting held on the 7<sup>th</sup> September 2021.

**7 Minutes of the Board of Directors Meeting held (in public) on 30<sup>th</sup> November 2021 – for approval**

The minutes of the meeting of the Board of Directors held on 30<sup>th</sup> November 2021 (in public) were reviewed for accuracy and **approved** by the Board.

**8 Action Log (Public) from Previous Meeting**

The action log was reviewed and all 4 items remained on the action log.

**9 Legality of Board Documentation and Decisions**

Board members confirmed that the conduct of the meeting and decisions made by the Board, to the best of their knowledge, complied with the law. Board members confirmed they were satisfied with the format of the meeting.

**10 Date and Time of Next Meeting**

Tuesday 29<sup>th</sup> March 2022 at 11.30 hours.

**11 Resolution to exclude the Public**

The Board resolved to exclude the public at this point by reason of the private nature of the business to follow.

The Chair thanked Board colleagues and Governors / members of the public (observing), for their attendance, comments and feedback.