

**Board of Directors (in Public)**  
**Item 1.3**

## minutes

**Minutes of the Meeting of the Board of Directors held on 26<sup>th</sup> April 2022**

<b>Present:</b>	<b>Val Davies</b>	<b>Chair</b>
	<b>Jane Tomkinson</b>	<b>Chief Executive</b>
	<b>Nick Brooks</b>	<b>Non-Executive Director</b>
	<b>Bob Burgoyne</b>	<b>Non-Executive Director</b>
	<b>Margaret Carney</b>	<b>Non-Executive Director</b>
	<b>Jonathan Mathews</b>	<b>Chief Operating Officer</b>
	<b>Karen O'Hagan</b>	<b>Non-Executive Director</b>
	<b>Sue Pemberton</b>	<b>Director of Nursing, Quality &amp; Safety</b>
	<b>Kate Warriner</b>	<b>Chief Digital &amp; Information Officer</b>
	<b>Jonathan Develing</b>	<b>Director of Strategic Partnerships</b>
	<b>Karen Nightingall</b>	<b>Chief People Officer</b>
	<b>Karan Wheatcroft</b>	<b>Chief Governance Officer</b>
	<b>Raphael Perry</b>	<b>Medical Director</b>
	<b>Karen Edge</b>	<b>Chief Finance Officer</b>
<b>In Attendance:</b>	<b>Nusaiba Hannan</b>	<b>Executive Office Manager &amp; Governance Lead</b>
	<b>Peris Widdows</b>	<b>FTSU Guardian (for item 5.2 only)</b>
	<b>Jay Wright</b>	<b>Director of Research</b>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<b>Allan Pemberton</b>	<b>Public Governor- Cheshire</b>
	<b>Trevor Wooding</b>	<b>Senior Public Governor- Merseyside</b>
	<b>Dorothy Burgess</b>	<b>Public Governor - Merseyside</b>
	<b>Ray Davis</b>	<b>Public Governor - Cheshire</b>
	<b>Peter Humphrey</b>	<b>Public Governor – Merseyside</b>
	<b>Megan Cromby</b>	<b>Staff Governor</b>
	<b>Helen Hunter</b>	<b>Assistant Director – North West NHS Confederation</b>
	<b>Patrick Hunter</b>	<b>Partnerships Director – Sodexo Healthcare</b>
<b>Apologies for absence:</b>	<b>Julian Farmer</b>	<b>Non-Executive Director / Deputy Chair</b>

## 1 Opening Matters

### 1.1 Apologies for Absence

Apologies for absence were received from Julian Farmer.

### 1.2 Declaration of interests relating to agenda items

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 Patient Story

The Director of Nursing, Quality and Safety shared a relative story. A patient was admitted for elective surgery due to an aortic aneurysm. On the way to the hospital, the aneurysm started to leak resulting in emergency surgery being carried out. This resulted in organ failure and patient passed away. Despite this, the wife expressed her extreme gratitude to all the staff that looked after her husband. She highlighted the skill, professionalism and dedication of the consultants was amazing. She continued to commend the excellent communication her and the family received. She especially noted the special efforts taken by various consultants to call her after a long day of operating and explain all the procedures that had taken place for her husband, arrange visitation despite the no visitor policy and the display of sensitivity, honesty when relaying such unexpected news. She also acknowledged all the theatre and supporting staff involved in her husband's care and commended their patience, understanding and integrity. She thanked everyone from the consultants, cleaners, porters and everyone in between and felt confident that everyone had done everything they could to save his life.

### 1.4 Staff Story

The Chief People Officer shared a staff story from a HR apprentice who had recently been made substantive. She expressed her desire to work for NHS and particularly at LHCH and had been motivated by the positive feedback she had heard from friends. She shared how she started her journey with LHCH in the domestic team and had loved every minute of it. The staff and patients were amazing, and this is the happiest she had ever felt in a job. She then decided she wished to develop her career in admin and how the Education team at LHCH help her write an expression of interest in a HR position. She was offered a 6-month contract in HR, then a further HR apprenticeship and expressed her gratitude for being offered the opportunity to develop her career.

### 1.5 Chair's Briefing

The Chair welcomed everyone including members of the public in attendance and virtual attendees to the meeting. The Chair reiterated the infection prevention control measures in place for all

meetings being held in person. She introduced Karan Wheatcroft as the new Director of Risk and Improvement. She also bid farewell to Karen O'Hagan, Non Executive Director as this would be her final Board meeting and wished her well in her future endeavors.

The Chair thanked everyone for welcoming her to her new role. She summarized some of the areas she is getting involved in. The Chair informed the Board that the two new Non Executive Directors would be joining LHCH on the 1<sup>st</sup> May.

## **1.6 CEO's Report**

The CEO referenced the local election period and the requirement for sensitivity regarding future strategy plans being discussed at NHS Board meetings. Once restrictions are lifted then further information regarding wider system updates will be shared in the public Board meetings.

The CEO updated the Board on the estates strategy, noting that a report would be brought to the Board in July 2022. The estates strategy commenced prior to constraints on systemwide Capital therefore the report would provide further clarification on how progress and resources would be prioritized.

Discussion took place surrounding LUFT estates strategy and how this would be linked to LHCH. The CEO confirmed that discussions were being had with LUFT regarding Broadgreen Hospital and the implication this would have on the LHCH work. The new CEO of LUFT had expressed a willingness for their strategy to be shared with the LHCH Board. The CEO also relayed that there are three separate estates strategies in progress for LHCH, LUFT and Cheshire & Merseyside as a whole. It was noted that the consultants being used to draft the LHCH estates strategy have also completed the LUFT estates strategy so will be aware of the factors related to the Broadgreen site.

## **2 Safety and Quality**

### **2.1 IPC BAF and Update**

The Medical Director confirmed that there had been no changes since the IPC BAF update presented at the March 2022 Board meeting. There had also been no changes in the requests and the standards in LHCH's response. It was noted there is a gap in the assessment of non-clinical areas being updated. A presentation regarding risk assessment of non-clinical areas will be taken to the next Gold meeting to agree action.

The Medical Director provided a verbal Covid-19 update. He stated that it appeared we had now passed the peak of Omicron variant B which had previously had a large impact on staff sickness and admissions in March 2022. He noted that 14 Covid-19 positive patients were present in the hospital 10 days ago and yesterday

there was only 1. It was noted that numbers are reducing generally but that asymptomatic testing is also less prevalent, so it is difficult to measure this accurately.

The Medical Director shared the new guidance that was implemented in the last week and the feedback and actions required as a result of these changes, namely

- Isolation period of COVID positive patients reduced from 10 days to 7 if 2 negative LFT days 6 & 7
- Return to pre-pandemic physical distancing
- Return to pre- pandemic cleaning protocols
- No requirement to isolate contacts
- Visitors to be encouraged
- Switch from PCR to LFT for elective admissions

It was also noted by the Director of Nursing, Safety and Quality that there are issues with other hospitals not disclosing Covid-19 positive contact when transferring patients between hospitals. LHCH continue to liaise with the coordinators to obtain relevant information before transfer and test patients upon admission. Dividers between beds have been kept in place as this has also reduced the spread of other infections.

Discussion took place regarding the future of infection control measures, and it was understood that Government guidance is to implement best measures to 'live with Covid-19'.

The Board **noted** the report.

## 2.2\*

### **Learning from Deaths Quarterly Report**

The Medical Director provided a review of the Learning from Deaths Dashboard.

There have been sixty-five deaths in the trust between January and March 2022. For comparison the total number of deaths in the trust for Q3 2021/22 was sixty-one. In Q4 fifty-one of the deaths have been through the complete mortality review process. There have been no deaths in patients with an identified learning disability. The total quarterly number of deaths remains higher than average and this was driven by a high number of out of hospital cardiac arrest patients and critically ill primary PCI patients in January as in Q3.

In Q4 21/22 one death has been classified greater than 50:50 chance of avoidability by the mortality reviewer and the MRG. This was classed as strong evidence of avoidability (RCP2).

Of those less than 50:50 in Q4 one death (2%) were classed probably avoidable but not very likely (RCP4); six deaths (11.8%) were classed as slight evidence of avoidability (RCP5); forty-three deaths (84.3%) were classed as definitely not avoidable (RCP6). It was highlighted that there may be an adjustment of the previous quarter's assessment of avoidability. This is because some of the returned full reviews will subsequently have been recalibrated by the

mortality review group at their monthly meeting. Some cases rated by reviewer as less than 50:50 may have been deemed avoidable by the MRG and vice-versa.

The figures for the 21/22 year are a total of 223 deaths, 208 have been through MRG and there are fifteen yet to complete the full MRG process. There were six avoidable deaths in the year; two classed as definitely avoidable (RCP1), two classed as strong evidence of avoidability (RCP2) and two classed as probably avoidable >50:50. Of those that have gone through the MRG process the six avoidable deaths constitute 2.8% of deaths. In 20/21 there were a total of 191 deaths compared to 189 deaths in 19/20.

The total number of avoidable deaths during 20/21 was nine; one definitely avoidable (RCP 1), three with strong evidence of avoidability (RCP 2) and five probably avoidable (more than 50:50 – RCP 3). This constituted 4.7% of all deaths that year. In 19/20 there were eight potentially avoidable deaths constituting 4.2% of all deaths.

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

## 2.3

### **Ockenden Report**

The Director of Nursing, Quality and Safety provided an overview of a report regarding the review of maternity services at Shrewsbury and Telford Hospital. All Trusts had been asked to review the finding of the report and identify their areas for change and improvement. Six themes were highlighted in the report:

1. Staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families
5. Neonatal
6. Additional learning

Whilst the maternity specific elements were not relevant to LHCH it is clear that there is learning for all trusts. The Director of Nursing, Quality and Safety provided the Board with a comprehensive action plan following a self-assessment of LHCH processes against the learning points. The action plan detailed the areas for review raised in the Ockenden report, current conditions at LHCH, consideration for strengthening/improvement and lead person and timeframe of completing each action with a view to review progress.

The Director of Nursing, Quality and Safety will have oversight on the progress, but each Executive Director would be responsible for implementation of changes in their respective areas. A six-monthly progress update will be provided to the Board.

Discussion took place regarding investigation of serious incidents and mortality review processes. It was noted that there were robust

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processes in place but that there were areas for improvement i.e ensuring the whole MDT are involved in mortality reviews.

Further discussion took place regarding the involvement on Non-Executive Directors in the serious incident and death case reviews.

The CEO highlighted the link between people and quality strategies in the action plan which demonstrated the further work being done to delve deeper into the findings of the Ockenden report. She also confirmed that these actions would be embedded into individual objectives.

The Board **approved** the action plan provided in the report and the plan to provide a six-monthly update.

**2.4\* *LHCH Monthly Nurse Staffing Report for Period: January and February 2022***

The paper was taken as read. The Chair noted the constant pressure with staffing levels and thanked the team for the ongoing hard work to ensure safe staffing levels were in place.

The Board **noted** the report

**2.5\* *Guardian of Safe Working-Quarterly Exception Q4 Report***

The Board **noted** the report.

**2.6 *Deprivation of Liberty and Safeguarding (DoLS) Annual Report***

The Director of Nursing, Quality and Safety highlighted key statistics in the report.

For the year a total of 181 Deprivation of Liberty Applications had been received by the Safeguarding team for 18 different local authorities, across the catchment area. This was a 20% increase in applications received, compared with the previous year.

MCA and DoLS Mandatory training are currently at 96% across the trust and meets the CCG KPI requirements.

There were no new risks to be highlighted in the report; all applications are reviewed on an individual basis.

The Director of Nursing Quality and Safety confirmed that there were full time Safeguarding Leads and appropriate cover in place. She also informed the Board that DoLS would be changing in the following year to Liberty Protection Standard and that LHCH would be reviewing the implications of this.

The Board **noted** the report.

## 2.7 **DIPC Annual Report**

The Medical Director summarised the report. The surveillance programme for infections has continued and indicates that overall Trust attributable infections remain relatively low. A new forward plan is being developed and will be submitted to the Infection Prevention Committee to ensure that work will continue in 2022/23 to ensure improvements.

The targets for next year have not been set yet but the Board were asked to recognize staffing pressure in the infection prevention team.

The Board **noted** the report.

## 3 **Strategy and Development**

### 3.1 **Digital Excellence Report**

The Chief Digital Officer presented the high-level messages of the report.

National and Regional priorities include:

- Expanding the functions and uptake of the NHS App
- Increase diagnostics capacity
- Data architecture and infrastructure for population health, planning and research
- Population health and personalised prevention
- Exploiting the NHS's purchasing power
- NHS as a platform for rapid cycle research and innovation
- Redesign pathways using digital tools

The Digital Strategy for Cheshire and Merseyside ICS is about to be refreshed, following the appointment of a new Chief Digital and Information Officer and the Trust is actively involved in the progression of this new strategy.

The Digital Excellence and Digital Aspirant programmes remain on track and progressing well. All business cases for 21/22 are now complete and moving into the implementation phase.

The Trust was successfully accredited as a HIMSS Stage 6 site in December 2021 and are now preparing for HIMSS Stage 7 assessment which is expected to be scheduled towards the end of 2022.

Since January 2021, over 500 desktop and laptop devices have been replaced. From the 1<sup>st</sup> April, the PC refresh programme enters its third phase which is scheduled to deploy the next batch of 360 devices across the Trust by Summer 2022. Alongside this, the team have been refreshing the mobile pharmacy carts and have replaced 18 out of the planned 24 and is on track to be completed by May 2022.

Closed loop medication has now been rolled out to all inpatient wards, with positive feedback reported by the staff using the system. Closed Loop technology for Blood Products, the pilot for Specimen Collection is due to commence in late April with the Transfusion piece to follow in May 2022, again aiming to reduce administration and collection errors.

The Trust recently achieved Cyber Essentials accreditation.

Discussion took place regarding the positive impact digital updates have had on the clinical services. It was also shared that patients using virtual appointment services had provided positive feedback.

The Board **noted** the update and progress being made.

### 3.2 Staff Survey Results

The Chief People Officer shared a summary report and presentation detailing the National Staff Survey Results 2021. LHCH survey response rate was 62% compared to NHS average of 48%.

Highlights:

- We are number one in the country for 'care is our top priority' & 'staff engagement'.
- We are number one acute specialist trust for 'care is our top priority', 'place to work' and 'staff engagement'.
- We are number one in 8 out of 9\* of the People Promise elements & themes, benchmarked against 'acute specialist trusts'.

Areas for continued improvement:

- Supporting staff to improve their health and wellbeing
- Improving equality, diversity, inclusion & belonging
- Creating a safe working environment for our staff
- Improving friends and family tests scores

Overall, there has been excellent feedback and improvement since the last survey. In areas the Trust has declined slightly, HR business partners' are working closely with divisions to create action plans and investigate the reasons behind this.

The Board recognized the excellent results and **noted** the continued areas for improvement.

## 4 Targets and Financial Performance

### 4.1 Board Dashboards: SOF, Operational and Exception Reports



The Chief Operating Officer presented the SOF Dashboard and Operational report. The Board was asked to note the following exceptions.

Operational Performance:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during COVID. Performance in month stands at 84.2% for English commissioned activity and 81.8% for Welsh commissioners. This performance is below the Trust recovery trajectories, however, has showed continued improvement during the financial year position.
- There were 54 patients waiting longer than 52 weeks at the end of March, an increased position compared to the previous month. Staff sickness, urgent demand and later referrals have impacted on performance against the recovery trajectory for Q3/Q4.
- Cancelled Operation for non-clinical reasons has been a continued issue for 21/22. Year end average was 3.29% with the March position at 4.8%. All cancellations are reviewed and there were no patients booked outside of 28 days within March.
- The 6-week diagnostic position remained a fail for March dropping to 93.5% with staffing across the radiographer team continuing to be a pressure point for the Trust. The position is not expected to recover in April; however actions and mitigations are being reviewed for improvements in Q1.
- Bed Occupancy in March was also below the target at 78.8%, with the average across the year at 79.4%; just below the 80% target. Our Bed Occupancy has fluctuated based on the number of dropped sessions due to sickness.

Workforce:

- Sickness increased to 7.2% in March continuing to remain above the 3.4% target. The teams are focused on clear and early intervention to avoid long term sickness where appropriate. However, COVID sickness has played a significant role in the deterioration of the position.
- Staff turnover continues above 10% and a Trust wide retention action plan has been developed to improve retention rates.
- Mandatory training compliance has dropped below the 95% since September 21, conscious efforts have been made in the Divisions to revisit compliance. The March position ending on 94.5%.
- The 2021 NHS Staff Survey results were released on 31<sup>st</sup> March 22. The 2021 survey has been redeveloped in line

with the People Promise and we are unable to directly compare this year's results to 2020 results. Whilst 2 of the survey indicators have slightly declined in 2021 compared to 2020, LHCH overall has had a positive outcome in the 2021 results and have ranked #1 in the country for 'care is our top priority' & 'staff engagement'. The HR team will be working with the Divisions over the next few weeks to deep dive into the hotspot areas to understand the reasons behind any areas of concern or where results have declined and develop action plans to address this.

**Quality:**

- One patient did not receive a dementia assessment on admission in month, this patient has been reviewed and picked up with the clinical areas. However, on looking at the patient detail there was no evidence of confusion, the patient was self-caring and discharged on 18th March. Following this a post discharge phone call has been made to the patient and she is well and self-caring at home.
- In Hospital Mortality has remained above the target for Nov-Feb. Reasons and mitigations are discussed within the Mortality Improvement meetings.
- Two Serious Incidents were reported for March and full investigations and reviews are underway.

**Financial Position:**

- The Trust reported a surplus of £32k for the year ending 31st March 2022.
- Non NHS income was favorable in month (March) due to higher than expected Isle of Man private patient activity.
- The Trust delivered (70%) of its Cost Improvement Plan.
- Capital expenditure was £11.5m with supplementary PDC for specific projects fully utilized.

In conclusion the Trust retained a strong cash position. It was recognized that Trust continued to experience staffing challenges. Clinical and operational teams were aware of required and performance targets for 22/23. This will be managed through divisional governance structures and Operational Board.

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

**4.2**

**Phase 4 Recovery Report**

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, and the governance processes outlined.

As completed for 2021/22, the Divisions have developed recovery trajectories for the national statutory targets with a plan to work towards a level of improvement and an aim to achieve compliance. The additional trajectories are being combined into a new scorecard for 2022/23. Elective recovery is focusing on delivering 95% of 2019/20 (pre covid) levels of activity.

The targets highlighted in the planning guidance are summarized below.

#### **Waiting List Position**

- Eliminate 104 week waiters by the end of June 2022
- Eliminate 78 week waiters by the end of March 2023
- Develop plans that support an overall reduction in 52 week waits
- 10% more patients to complete treatment through a combination of completed pathways (utilization of advice & guidance and enhancement of clock stops)

Regular communication and monitoring of long waiters is maintained to ensure they are kept updated with TCI dates and they are not deteriorating over this period.

It was noted that although 18 week RTT is no longer a national standard, the Trust continues to monitor this and continuously working to reduce with week waiting times.

Discussion took place regarding how quality and outcomes are measured in the Trust and analytics surrounding wait times. Further discussion took place on how technology can assist in monitoring patients and wait times and how delays in treatment for Covid-19 positive patients impacted the wait time trajectories.

The Board **noted** the good performance, whilst recognizing the constraints and risks highlighted within the presentation.

## **5 Governance and Assurance**

### **5.1 Consultant Appointments**

The Medical Director reported that one new consultant thoracic surgeon had been recently appointed.

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

## 5.2 Report of Freedom to Speak Up Guardian Annual Report

The FTSU Guardian summarized the key points in the report.

31 concerns were raised in year 2021/22. It was noted that that multiple concerns could be raised within a case. Of the cases, one case was closed, five did not require pursuing and advice was given, one case requested that no further investigation proceeded, five cases remained in progress, with two of these cases referred to HR and further investigation is ongoing. Four of the total cases were submitted anonymously.

The number of concerns raised per category were as follows:

- Bullying and Harassment – 8
- Patient Safety - 3
- Worker Safety - 1
- Detriment from speaking up – 4
- Other - 14

It was noted that worker safety and detriment from speaking up were new categories introduced within this financial year. The Trust saw an overall increase in concerns raised in comparison with years 2018-2020. The rise in concerns were predominantly related to Covid-19 policies and procedures but the Trust was starting to see a decline in this as the workforce settled into new ways of working.

Discussion took place regarding how elements of detriment for speaking up were measured. It was clarified that this was recorded in accordance with the member of staff's perspective and that this did not actually mean that detriment was incurred. It was confirmed that that one of these cases had been resolved and two had been referred to HR.

The FTSU Guardian will continue to maintain an active role in engaging with the staff to raise the FTSU profile, provide updates through quarterly and annual reports, including the number of concerns raised and any common themes to the Board of Directors.

The Board **noted** the report.

## 5.3\* *Flu Campaign Report*

The Director of Nursing, Quality and Safety informed the Board of additional measures taken to encourage people to get the flu vaccines. It was noted that there has been a large decrease across all Trusts in flu vaccine uptake, with many recognizing the increased focus on COVID vaccination uptake. The Trust had continued to put a sustained effort into the measures to encourage staff to have the flu vaccine and these would be taken forward to the 2022/23 campaign.

The Board **noted** the report.

**5.4\* Annual Evaluation of Board of Directors and BoD Development Plan**

The Board **noted** the report including planned Board development for 2022/23.

**6 Board Assurance**

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

**6.1.1\* Audit Committee: BAF Key Issues for meeting held on 22<sup>nd</sup> March 2022 and approved Minutes for meeting held on 11<sup>th</sup> January 2022**

The Board **noted** the BAF key issues report from 22<sup>nd</sup> March 2022 meeting and minutes from the meeting held on 11<sup>th</sup> January 2022.

**6.1.2\* Quality Committee Key Issues for meeting held on April 12<sup>th</sup> 2022 and Approved Minutes for meeting held on January 4<sup>th</sup> 2022.**

Nick Brookes shared the key points in the report. It was reported that most items had been covered in the agenda with good assurance received.

The Board **noted** the BAF key issues report from 12<sup>th</sup> April meeting.

The Board **noted** the approved minutes from the meeting held on the 4<sup>th</sup> January 2022.

**6.2 Assurance Committee Annual Reports and Review of Terms of Reference**

The Board of Directors was asked to:

- Support the recommendation of the Audit Committee that each Assurance Committee has operated effectively in 2021/22 and in accordance with the Terms of Reference delegated by the Board.
- Review and approve the amendments to the Audit Committee and Quality Committee Terms of Reference.
- Review and confirm that the Terms of Reference for IPC and People Committees will remain extant.

The Board **approved** the report and TORs for each of the assurance committees as follows.

**6.2.1 Audit Committee**

The Board **approved** the proposed amendments made to the TOR of the Audit Committee.

- 6.2.2 Quality Committee**  
The Board **approved** the proposed amendments made to the TOR of the Audit Committee.
- 6.2.3 Integrated Performance Committee**  
The Board **reviewed** and **approved** that the TOR for the Integrated Performance Committee would remain extant.
- 6.2.4 People Committee**  
The Board **reviewed** and **approved** that the TOR for the People Committee would remain extant.
- 7 Minutes of the Board of Directors Meeting held (in public) on 29th March 2022 – for approval**  
The minutes of the meeting of the Board of Directors held on 29<sup>th</sup> March (in public) were reviewed for accuracy and **approved** by the Board.  
  
The Chair reiterated the importance of reviewing Board minutes and proposed that this would be presented at the beginning of the agenda in future meetings. The Board agreed with this.
- 8 Action Log (Public) from Previous Meeting**  
Gender Pay Gap (further breakdown of data), mortuary update, Freedom to Speak Up Board Self-assessment, Board Dashboard, Estates Strategy and Research and Innovation Strategy would remain on the action log.  
  
It was noted that all other actions were completed, and that Phase 4 recovery was ongoing and would be presented again in May.
- 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 31<sup>st</sup> May 2022
- 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.