

Minutes FINAL & APPROVED																									
Meeting:	Board of Directors (session in public) Thursday 6 May 2021, 11:00 – 13:15 via videoconference																								
Present:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Beryl Hobson (BH)</td><td>Trust Chair (voting)</td></tr> <tr><td>Paul Dillon-Robinson (PD-R)</td><td>Non-executive director (voting)</td></tr> <tr><td>Kevin Gould (KG)</td><td>Non-executive director (voting)</td></tr> <tr><td>Steve Jenkin (SJ)</td><td>Chief executive (voting)</td></tr> <tr><td>Keith Altman, (KA)</td><td>Medical Director</td></tr> <tr><td>Abigail Jago (AJ)</td><td>Director of operations (non-voting)</td></tr> <tr><td>Michelle Miles (MM)</td><td>Director of finance (voting)</td></tr> <tr><td>Karen Norman (KN)</td><td>Non-executive director (voting)</td></tr> <tr><td>Clare Pirie (CP)</td><td>Director of communications and corporate affairs (non-voting)</td></tr> <tr><td>Nicky Reeves (NR)</td><td>Interim Director of nursing (voting)</td></tr> <tr><td>Gary Needle (GN)</td><td>Non-executive director (voting)</td></tr> <tr><td>Geraldine Opreshko (GO)</td><td>Director of workforce and OD (non-voting)</td></tr> </table>	Beryl Hobson (BH)	Trust Chair (voting)	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)	Kevin Gould (KG)	Non-executive director (voting)	Steve Jenkin (SJ)	Chief executive (voting)	Keith Altman, (KA)	Medical Director	Abigail Jago (AJ)	Director of operations (non-voting)	Michelle Miles (MM)	Director of finance (voting)	Karen Norman (KN)	Non-executive director (voting)	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)	Nicky Reeves (NR)	Interim Director of nursing (voting)	Gary Needle (GN)	Non-executive director (voting)	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)
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In attendance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Hilary Saunders (HS)</td><td>Deputy company secretary (minutes)</td></tr> <tr><td>Lawrence Anderson (LA)</td><td>Deputy Director of Workforce</td></tr> <tr><td>Sheila Perkins (SP)</td><td>Freedom to speak up guardian [item 61-21]</td></tr> </table>	Hilary Saunders (HS)	Deputy company secretary (minutes)	Lawrence Anderson (LA)	Deputy Director of Workforce	Sheila Perkins (SP)	Freedom to speak up guardian [item 61-21]																		
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Public gallery:	Five members of the public, including public governors																								
Welcome																									
60-21	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting, welcoming those in the public gallery. She went on to welcome SP who would be providing the board with their regular FTSU update and LA, who was observing today's meeting.</p> <p>It had not been possible to identify a patient for the regular patient story item this month.</p> <p>There were no apologies; it was noted that the lead governor was not in attendance today as he was on holiday.</p> <p>There were no new declarations of interest.</p> <p>As usual, the board had been invited to submit questions in advance of today's meeting to ensure the most efficient use of time.</p>																								
Standing items																									
61-21	<p>Freedom to speak up</p> <p>SP noted that since the last board meeting only six people had spoken up; given the current climate she had been expecting more.</p> <p>The Board received the latest report. A common theme of the report was ineffective communication, and SP was asked what might be done to improve this. She noted that a lot of the problems stemmed from misperceptions, assumptions and beliefs. Supporting staff to recognise communication as a two-way process often helped to address the issue.</p> <p>Although SP had yet to review the 2020 staff survey results in detail, she had a strong sense from her roles both as FTSU guardian and psychological therapist that two-way communication remained a problem, with a perception of 'them and us' - although when pressed, staff were unable to define who 'they' were. The staff survey results were included in today's board papers and GO highlighted that some challenges related specifically to COVID and remote working across the whole of the NHS; these would be addressed at system level. The Board also noted the survey reported an increase in the number of staff who felt confident in reporting unsafe clinical practice.</p> <p>The Chair reminded the Board that traditionally during times of crisis, managers need to manage differently but hoped they should be able to revert to a more collaborative style in the near future.</p> <p>Despite improvements, the FTSU national survey found that a gap remained in how valued by middle management guardians felt, when compared to senior leaders. SP hadn't experienced this</p>																								

	<p>at QVH. She did, however, suggest that the FTSU guardian role could be promoted again to raise its profile.</p> <p>The report had shown that staff were confident to raise concerns without anonymity; the Board questioned whether there were advantages in anonymity in resolving issues. SP had not received any anonymous speak ups but reminded the board of the many options available for staff to raise concerns in addition to FTSU. Her experience was that requests for confidentiality were harder to manage and she often worked with staff to overcome this. The Director of Nursing and FTSU guardian worked closely together in ensuring that staff felt empowered to speak up without fear of repercussion.</p> <p>In response to a question, the Board was assured that there was no link between the six cases reported. The Trust would continue to work on the root causes of poor communication as part of the overall staff survey action plan which might include supporting managers' communication style as part of their development.</p> <p>There were no further questions and the Chair thanked SP for her update. The next report would be in six months' time, but the Board were welcome to contact SP in the meantime.</p>
<p>62-21</p>	<p>Draft minutes of the meeting held on 04 March 2021 The minutes of the meeting were approved as a correct record, subject to the wording under item 47-21 to be expanded to show that funding for the fixed term locum consultant post had been secured from the Kent and Medway Cancer Alliance, and was not funded by the Trust.</p>
<p>63-21</p>	<p>Matters arising and actions pending The Board received the latest Matters Arising update.</p>
<p>64-21</p>	<p>Chair's report The Board received the latest report on Chair, NED and governor activities since its last meeting. There were no questions.</p> <p>The Chair went on to announce her retirement with effect from 30 September this year. She reminded the Board that when she agreed to Council's request to extend her term of office to provide continuity as we discussed possible merger, the expectation was that this would be for six months. Due to the delayed strategic case, which was unlikely to be reviewed until the summer, next steps would now take longer. The Chair committed to serving the Trust to the best of her ability in the meantime, noting there was still a lot of work to do. Staff were being notified this morning and governors would be advised later today.</p> <p>The CEO paid tribute to the Chair, noting her skills, knowledge and integrity. During her tenure, QVH had undergone two full CQC inspections, the most recent of which had highlighted strong, visible culture where patients are truly valued as individuals, which had stemmed from her leadership. The Trust's leadership team now had the skills, knowledge, experience and integrity that they needed to lead the Trust thanks to her.</p> <p>The senior independent director concurred, noting that the Chair had always demonstrated value-based leadership and that all Board colleagues have been grateful for the support she has offered. She would be hugely missed.</p> <p>BH thanked her colleagues for the tribute.</p>
<p>65-21</p>	<p>Chief Executive's report SJ presented his report highlighting in particular the role the Trust had played as a cancer hub during the second wave of the pandemic and the positive feedback received from visiting surgeons.</p> <p>The Board went on to discuss various aspect of the report, including:</p> <ul style="list-style-type: none"> Asking the CEO what he was most proud of with regard to the staff survey, SJ responded that regardless of staff survey results he was grateful to all staff for their significant contribution over the last 12 months. The number of staff participating in the 2020 survey had risen and the survey's core question relating to the staff Friends and Family Test had increased by 2% to 94%; very few other trusts in the country had achieved this. SJ was also proud of the BAME

	<p>network development and appointment of its co-chairs. There had also been good engagement with the local Equality and Diversity network.</p> <ul style="list-style-type: none"> • SJ's priority for improvement this year focused on team working which had been a challenge this year, due in part to the impacts of remote working. The Team Brief, the Trust's method of communicating with all staff, had been suspended at the beginning of the pandemic but had started up again. Whilst working from home had not impacted on productivity, some other challenges would be taken into account in the longer term. • The recent ICS report required provider organisations to engage in formal collaborative arrangements to enable them to operate at scale. SJ reminded the Board that QVH was already a member of the Sussex Acute Collaborative Network, and that he was a representative on the Sussex Mental Health Collaborative Network. • CEOs in the Sussex Health & Care Partnership had already held one face to face meeting with a further planned for later in the month. A national recruitment drive was currently underway for an ICS chair. • Operational planning guidance had been welcomed and it was good to see staff wellbeing at the centre. Trusts and partners were already looking at what could be done; local workforce plans were being developed, underpinned by fully costed and national workforce plans. QVH continued to take the health and wellbeing of staff seriously; balancing the significant waiting list against the need to support staff was key. Additional funding to manage backlog of care was welcome. <p>There were no further questions, and the Board noted the contents of the update.</p>
<p>66-21</p>	<p>Overarching strategic corporate risks</p> <p>The Board considered a report highlighting the Trust's three strategic corporate risks highlighting the following:</p> <ul style="list-style-type: none"> • That the process of developing the strategic case would be a key mitigation in exploring the sustainability risk to the Trust. SJ reminded the Board that no integrated dashboard had been included in this month's report as work was underway to implement a new dashboard relevant to the current working context. • The Executive Team will continue to monitor and measure the impact of initiatives taken to mitigate these risks, including resumption of the Performance Review meetings. <p>There were no further questions, and the Board noted the contents of the update.</p>
<p>Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services</p>	
<p>67-21</p>	<p>Board Assurance Framework (BAF)</p> <p>The Board received the latest BAF reports for KSOs 1 and 2. Noting that these highlighted workforce risks, the Board sought assurance as to what action the Trust was taking in respect of retention, and succession planning for staff due for retirement.</p> <ul style="list-style-type: none"> • KA noted that QVH attracted very strong candidates when recruiting; this also mitigated against the risk of staff leaving. • NR noted that the Board already reviews retirement data twice a year; these reports show areas where risks are greatest around retirement and robust plans are in place to mitigate. • A reminder that the recent international recruitment programme had brought in nurses at Band 5 who were considerably below retirement age. • A reminder of the ongoing attraction and retention plans; these included apprenticeships which provide staff with additional accredited education and learning and played a key part in retention. QVH does well in terms of how it is using the apprenticeship levy; as a small trust, it works successfully as a consortium across the system. <p>There were no further questions, and the Board noted the contents of the update.</p>
<p>68-21</p>	<p>Quality and governance assurance</p> <p>The Board received the latest Quality and governance assurance report.</p>
<p>69-21</p>	<p>Corporate risk register</p> <p>The Board received the latest corporate risk register. Noting two new risks in Sleep Services, the Board sought and received assurance as to the actions the Trust was taking in mitigation. In particular the deputy medical director was currently operating as interim clinical director to provide</p>

	<p>additional medical oversight, and the board also noted the range of actions - both immediate and longer term - to address the challenges.</p> <p>The Board was advised of recent orthoplastic surgeon appointments; the CRR would be updated to reflect this.</p> <p>There were no further comments, and the Board noted the contents of the update.</p>
70-21	<p>Quality and safety report</p> <p>The Board received the latest quality and safety report, seeking additional assurance as follows:</p> <ul style="list-style-type: none"> • Actions taken in response to the recent cluster of C. Diff infections which included very detailed analysis of the situation. • Noting that the Infection Prevention lead is also the out of hours on call lead, the Board queried the long-term sustainability of this position. NR stated that this would not be sustainable long term and was in fact one of the issues that has been highlighted as part of potential merger discussions. • Previous Board papers have reported on the reduced paediatric cover at the Trust during the pandemic, paediatric service level agreements are now operating as normal. Telephone support had continued throughout the hiatus. • There were no particular themes regarding the slight increase in patient complaints in March, although they might be linked to additional COVID controls in place. The Board also noted in contrast the substantial number of plaudits received by patients and their families in testament to the compassionate care shown by staff. <p>There were no further comments, and the Board noted the contents of the update.</p>
71-21	<p>7-day services assurance</p> <p>The Board received a bi-annual 7-day services report. It received assurance of the action plan, noting that this was continually re-audited with results reviewed by Q&GC and the Board.</p> <p>The Board suggested this report might also go to the Joint Hospital Governance Group.</p> <p>A correction to the date on the second page of the report was flagged, which should have read 2021/22.</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
72-21	<p>Board assurance framework</p> <p>The Board received the BAF for KSO 3 with the only change relating to risks to capacity to deliver system ICS requirements; this was not just in respect of service but also managerial and business intelligence capacity. In response to a query, AJ advised that late referral from other trusts was not a new risk, and the Trust escalates such cases through our various cancer alliances. As organisations begin to address the cancer backlog there is likely to be an increase in late referrals. Some delays may relate to patient choice or complex pathways and there are a number of measures in place to manage these. The cancer register tracks the patient pathway and weekly discussions with providers help but won't mitigate against all risks. Late referrals are already built into recovery trajectories.</p> <p>The Board reviewed KSO4 BAF, noting additional information relating to submission of year end data. Guidance for 2021/22 had now been received. Like a number of providers working under the current block contract arrangements, QVH had made a small surplus this year.</p>
73-21	<p>Financial, operational and workforce performance assurance</p> <p>The Board received a report from the Chair of the finance and performance committee. Assurance was sought as to support being offered by the Trust to staff with families in India, Bangladesh and other countries particularly affected by the pandemic at present. This had been recognised at meeting. Whilst no specific issues had been reported through Workforce, the director of nursing was working with the heads of nursing to ensure that staff with concerns would receive the pastoral care and support they needed. BAME co-chairs were liaising with network members, also reminding them of support available if required.</p> <p>There were no further comments, and the Board noted the contents of the update.</p>

74-21	<p>Operational performance</p> <p>The Board received the latest operational performance report, seeking the following clarification:</p> <ul style="list-style-type: none"> • Main challenges to the recovery plans were theatre capacity for surgical activity. There were also some capacity challenges around outpatient orthodontic activity. • 68% of patients waiting over 78 weeks have a 'to come in' (TCI) date; this was a good number but could fluctuate. We have now stepped down activity as a cancer hub, however independent sector (IS) capacity is still uncertain, and so theatre capacity remains a challenge. • Despite access to increased Elective Recovery Funding (ERF) this assumes access to IS capacity. This is not without risk and will be a stretch but is the right thing for our patients and the expectation of the ICS. • Access to the IS remains uncertain; in contrast to the first wave, IS providers have more control of what they will offer, resulting in less availability this year. Discussions are ongoing but these are not only around physical capacity but also staff availability. Plans are predicated on weekend working. <p>There were no further comments, and the Board noted the contents of the update.</p>
75-21	<p>Procurement of Central Sterile Service Department (CSSD) Outsourced Service.</p> <p>The Board considered a proposal to award the Sterile Service contract to the incumbent supplier; as the value was above the threshold within our scheme of delegation, board approval was required. The Board sought the following clarification:</p> <ul style="list-style-type: none"> • Assurance that best value has been tested: MM agreed to circulate additional information but, in the meantime, advised that the framework provider is a procurement hub with professionals who run OJEU competitions on behalf of the NHS. • With public spending and procurement there is always a potential risk of challenge; however, two existing suppliers who might have provided the service were not on the framework so would not be eligible to challenge. • A full OJEU tender would be required which due to the complexity of the procurement and lack of skilled staff at the Trust, could take up to 12 months to complete. Moreover, the transition process of a new provider would take two years to ensure seamless handover. • The contract price is a continuation of the current contract, with the price increasing each year against standard inflation as previously agreed. At the time of the original tender, Steris provided the best value to the Trust but with no other providers on the framework it is not possible to compare pricing. <p>This was a large contract for the Trust and the Board was keen to undertake sufficient due diligence before making a decision. It was agreed that MM would circulate additional information and a decision would be recorded at the next Finance and performance committee, with input from all board members not just those members of the committee. [Action: MM]</p> <p>In the meantime, the Board asked about the status of the Trust contracts register which better supports the planning around the tender process. MM advised that whilst the team work hard to manage this within current resources, without additional resource there was a likelihood of further slippage. A new Contract Manager has been appointed to provide additional support for tendering the CSSD contract via OJEU next time around which should be achieved within the right timeframe.</p>
76-21	<p>Business Planning and Budget Setting Update 2021/22</p> <p>The Board received business planning and budget setting proposals for approval for H1 2021/22 (the first half of the financial year, quarters 1 and 2). The Trust was required to reach break-even at the end of H1. The plan had been triangulated with workforce and activity. The Board considered the report seeking additional clarification:</p> <ul style="list-style-type: none"> • Guidance on funding arrangements for H2 was yet to be published; the normal business planning round was anticipated for 2022/23 from December. • Key areas targeted for the £800k efficiency requirements were not fully scoped out but a number of workstreams were feeding into this. • As discussed under the operational performance report, the c£4m Elective Recovery Fund income triangulates with the activity plan; clearly there would be challenges due to efficiency and capacity issues and phasing of non-pay. Rigorous monitoring would be required to ensure we remained on track. The ERF is based on complexities of case load and there is a real need to maximise capacity.

	<ul style="list-style-type: none"> • Pay budgets had been discussed at length at F&PC; non-pay budget is phased for the stepped increase in activity and the pay budget will include reduction for vacancies. • A significant number of patients are long waiters and although the Trust will commit to treating as many patients as possible, this was a very ambitious recovery plan, particularly in light of workforce challenges. • The H1 position will be carefully monitored through F&PC, and the Board will be alerted to any issues. • The Trust is also working as part of the ICS, which will be scrutinising waiting lists as well as financial performance. <p>There were no further comments, and the Board approved the business planning and the budget for H1.</p>
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Key strategic objective 5: organisational excellence

77-21	<p>Board Assurance Framework The Board noted the contents of the KSO5 BAF. There were no comments.</p> <p>The Chair noted that this would be GOs final public board meeting before retirement. On behalf of the Board, she thanked GO for all she had achieved over the last 5 years, including the huge improvements to workforce policies and procedures. GO was always willing to address the difficult issues and had been a fantastic asset to the organisation.</p>
78-21	<p>Workforce monthly report The Board received the latest workforce report and commended GO in particular on the successful international recruitment and staff vaccination programmes. Responding as to whether the current situation in India would affect our overseas recruitment plans, GO advised that we were nearing the end of our contractual arrangement; the business planning process would review future requirements and at this stage a decision would be made as to future contracting.</p> <p>There were no further comments, and the Board noted the contents of the update.</p>
79-21	<p>Staff survey results GO presented the results of the 2020 staff survey. At the time of the last public board meeting these were still embargoed; however, results had been considered at the board's private session and the March F&PC.</p> <p>The Board sought additional clarification:</p> <ul style="list-style-type: none"> • The Equality, Diversity and Inclusion metrics were disappointing given the focus on the BAME network over the last 12 months but were reflected across the whole of the NHS. The Diversity action plan has been reviewed by F&PC and picks up actions around addressing a wide number of areas. Progress will be reviewed in the annual plan which comes to Board in November. • The staff survey breaks down results for specific localities which identify varying outcomes. Performance review meetings have been reinstated and general managers will report on actions addressing any specific issue. Updates will be provided to the Board within the Workforce report and not through individual action plans. • GO confirmed that she was already working with the Deputy Director of Workforce and Organisational Development lead to provide support to FTSU and BAME leads in relation to programmes of work. <p>The Chair thanked GO for her update, the contents of which were noted by the Board.</p>

Governance

80-21	<p>QVH governor representative roles The Company Secretary presented a report which demonstrated that the Trust fully delivers the requirements for governors to hold NEDs to account. In addition, the Trust also currently has in place arrangements for governors to observe Board sub-committees; whilst this arrangement has served us well to date it is now subject to review, given that issues under discussion can be sensitive and also identify patient information. Meetings should take place without distractions and</p>
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follow up questions using FOI and other routes, as has been the case lately. The Board was also reminded that NHS Providers had clearly advised against this practice; stating: '*...in terms of what constitutes good practice we have a clear view that board committees should not be open to governors*'.

The Board considered the report, commenting as follows:

- Whilst the system has worked well until now, it also carries with it risks which include confusion of roles, conflicts of interest and a reluctance of committee members to enter into detailed debate. Currently, there are also risks around confidentiality with some of the new intake of governors stating they do not recognise the need to keep information confidential. Whilst the Trust keeps very little out of the public domain, information posted to social media recently had been manipulated to give an unfair and inaccurate picture.
- The Trust values openness, honesty and transparency but there is now a very real concern that we may no longer be able to operate as we have done in the past. The most recent Council meeting had been very challenging with comments expressed around bullying behaviour between governors, followed immediately afterwards by an FOI around bullying. A further example was where information relayed to governors regarding the transfer of burns services from QVH (under consideration since 2009) had been skewed and instead cited on social media as the Trust being disingenuous with regard to the proposed merger.
- Changes to wider system working are being implemented and committees should provide a safe space where members can address concerns in confidence. The senior leadership team should feel they can apply an appropriate level of rigour otherwise debate will be stifled, and meetings lose their value.
- A reminder that the role of governor representatives (GRs) on committees is not to challenge and join the debate, but to observe; there must be real clarity around the role if it is to continue. It is likely that there may be parts of the meeting where it will not be appropriate for GRs to be present.
- It will be difficult to differentiate in advance which parts of the report are in the public domain and which are confidential. This could become problematic for Chairs in deciding what papers can be shared in advance.
- It is clear that there are some governors who do not want QVH to merge at any cost. Whilst discussions around the merger are strategic the operational work of the Trust must be allowed to continue unfettered, and much work goes on outside meetings.
- That the arrangement might be allowed to continue but if risks start to outweigh benefits this should be reviewed again.

The Chair concluded that GR roles have previously worked well in helping governors understand the work of the Trust, with governors being both responsible and diligent. Whilst understanding and sharing the concerns expressed around confidentiality, the Chair was prepared to continue to manage NHS Provider's guidance on a 'comply or explain' basis. However, to address concerns expressed today this would be subject to the following caveats:

- Governor Representatives will be required to sign a confidentiality agreement.
- The only channel for disclosure of information is the Governor Monthly Update. The practice of checking reports in advance with the committee chair and company secretary will continue.
- Committee chairs will consider what information can be provided ahead of the meeting; confidential information cannot be transmitted to non-NHS email addresses.
- An unusually wide range of declarations of interest have been registered by the current Council of Governors. Before nominating themselves for a role, governors should seek assurance in advance that they have no conflicts which may preclude them from standing. Whilst some conflicts may be manageable, others will not.

Whilst the report stated that any decision will be reviewed in 3 years' time, the Board agreed that any breach of confidence or reduction in committee effectiveness would be subject to immediate review as to whether this arrangement could continue. Any decision to withdraw this arrangement would apply to all committees. It was noted that any further review would not need to return to a public board meeting for decision.

The Chair thanked all members of the Board for their willingness to try to make this work.

81-21	<p>Self-certification of NHS Provider licence conditions</p> <p>The Board received a report setting out the requirement to self-certify that it has complied with the NHS Provider Licence and NHS Acts, and has had regard to the NHS Constitution. After due consideration the Board confirmed:</p> <ul style="list-style-type: none"> • It had complied with the NHS provider licence condition • It had taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3)) • It had complied with required governance arrangements (Condition FT4(8)) • It had a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3)) over the next financial year but specific factors may cast doubt on this.
82-21	<p>Update to QVH Board of Directors effectiveness review: Q&GC self-effectiveness review and ToRs for approval</p> <p>The Board noted the update to the March report on board effectiveness and approved the terms of reference for the Quality and Governance committee for the next 12 months.</p>
83-21	<p>Annual board declarations of interest/Fit and proper person test</p> <p>CP confirmed that the Board's annual declarations of interest/fit and proper person statements had been received for 2021/22 and recorded on the Trust register. These were included in the board pack and published to the Trust's website and would be updated throughout the year as required.</p>
84-21	<p>Audit committee</p> <p>The Board received a report following the recent Audit committee meeting. KG also asked the Board to note that the committee had received a verbal update on the status of staff declarations of interest; this had included a small number of individuals who had not yet made a declaration despite follow up at executive director level. The Trust would continue to focus on ensuring these individuals complied fully with the policy and regulations.</p>
Any other business	
85-21	There was none.
Questions from members of the public	
86-21	There were none.