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**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

**Minutes of the Finance, Audit & Risk Committee held on**

**Thursday, 3rd February 2022 at 9.30 am via Teams**

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| **Present:** |
| Shelley Bosson | Independent Member (Chair) |
| Richard Clarke | Independent Member (Vice-Chair) |
| Paul Deneen | Independent Member |
| Katija Dew | Independent Member  |
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| **In attendance:** |  |
| Rani Mallison | Board Secretary |
| Rob Holcombe | Interim Director of Finance |
| Gwen Kohler | Assistant Finance Director (Financial Systems & Services) |
| Danielle O’Leary | Head of Corporate Services, Risk and Assurance/Secretariat  |
| Simon Cookson | Head of Internal Audit |
| Stephen Chaney | Deputy Head of Internal Audit |
| Darren Griffiths | Audit Manager (Performance), Audit Wales |
| Nathan Couch | Audit Wales |
| Andrew Strong  | Audit Wales  |
| Tracy Veale | Audit Manager (Finance), Audit Wales |
| Sarah Simmonds  | Director of Workforce and OD  |
| Adrian Neal  | Consultant Clinical Psychologist  |
| Peter Carr  | Director of Therapies and Health Science  |
| Collette Kiernan  | Clinical Director of Therapy Services |
| Sam Haworth-Booth |  |
| Nicola Prygodzicz  | Director of Planning, Digital and ICT  |
| Janice Jenkins  | Interim Assistant Director of Digital Programmes |
| **Apologies:** |  |
| Glyn Jones | Interim Chief Executive |

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|  | **Preliminary Matters** |
| **AC 0302/02** | **Apologies for Absence**The Chair welcomed everyone to the meeting.Apologies for absence were noted.  |
| **AC 0302/03** | **Declarations of Interest**There were no Declarations of Interest to record. |
| **AC 0302/04** | **Draft Minutes of the Meeting held on 2nd December 2021**The minutes were agreed as a true and accurate record Subject to page 9; there was an action for the Board Secretary in relation to record keeping. The Board Secretary commented that in relation to this specific action, the Mental Health Act Monitoring Committee agenda setting meeting had happened and this action was therefore closed. However, a broader comment around all committee remits and work plans was made, and the Board Secretary suggested this was resolved as part of the Board’s Effectiveness Review. **ACTION: Board Secretary**  |
| **AC 0302/05** | **Action Sheet**The Board Secretary presented the Committee action sheet, and it was noted that the action sheet had been ‘RAG’ rated; a number of actions related to ongoing developments, and these would come through to this Committee at the following meeting in April 2022. The action “Audit of Accounts Addendum to be updated to reflect the updates and reissued” was noted as complete. An update against the ICT related actions included within the addendum would be covered under the Digital Systems, Efficiencies and Benefits Realisation Update Report.Katija Dew requested that the work plans be appended to the Committee papers to ensure the Committee is content that all relevant items are being addressed. It was agreed that this would form a standing item on all Committee agendas going forward. **ACTION: Board Secretary**  |
| **AC 0302/06** | ***“Taking Care of Carers How NHS bodies supported staff wellbeing during the COVID-19 Pandemic”*** – **ABUHB Management Response**Sarah Simmonds, Director of Workforce and Organisational Development, and Adrian Neal, Consultant Clinical Psychologist, presented the Committee with the Health Board’s management response to the national audit. Broadly, the Health Board agreed with the recommendations. It was noted that the Health Board would continue to develop the staff and wellbeing strategy in conjunction with the continued use of the COVID risk assessment tool, further promotion of partnership working acknowledging the duty of care to the staff. Sarah Simmonds commented that staff wellbeing was difficult to measure, and the current measures were not necessarily an indication of wellbeing, and the Health Board should consider what the longer term response needed to consist of. Adrian Neal confirmed that there were a broad range of services available including a bespoke pathway for staff who have experienced psychological trauma during the pandemic. It was noted that to-date, there had been 60 members of staff who had been supported via this pathway and an evaluation was being undertaken to determine the outcomes. Access to the wellbeing service for staff was reported as positive, noting that 96% of referrals were seen within 6 months complimented by a 93% recovery rate of staff accessing and completing therapy. It was confirmed that ABUHB was the only Health Board in Wales to offer this service to staff and evaluation and monitoring would be undertaken to explore further ways of supporting staff. Paul Deneen, Independent Member, queried what the impact of long-COVID on the workforce was and if there would be support provided for staff called to provide evidence for the pending COVID Inquiry. Sarah Simmonds responded that there were currently 49 members of staff absent due to long-COVID and the Health Board continued to monitor this staff group, supported by the Director and Assistant Directors of Therapies. There were a small proportion of staff who had been absent for longer than 6 months and this was being managed through usual absence management arrangements. Diagnosis of and disabilities associated with long COVID had yet to tested through an employer tribunal and no formal advice had been provided as yet. However, the Health Board would be receptive to any precedents or any learning available.In respect of the pending COVID Inquiry, usual support arrangements for staff called to give evidence would be enabled. It was noted that Executive Team were currently looking at this and alongside Legal and Risk colleagues. It was also confirmed that Employee wellbeing remained a standing item on the People and Culture Committee agenda and the Board checklist within the report would be considered by the People and Culture Committee. It was agreed that this action would be communicated to the relevant Secretariat. **ACTION: Committee Secretariat/People and Culture Committee**Katija Dew, Independent Member, commented that it was positive to note that liaison with equality forums had been undertaken as not everyone would have responded the same to the staff survey. Sarah Simmonds updated the Committee that a ‘People First’ session was scheduled with Executive Team on 1st March 2022. Further development work to increase the capacity of the Health Board staff wellbeing service was underway with a previous capital bid to Welsh Government for an additional 8 WTEs being re-submitted in the near future. The Committee **NOTED** the management response and further planned actions.   |
|  | **Counter Fraud**  |
| **AC 0302/07** | **Bi-Annual Counter Fraud Progress Report** Martyn Edwards, Head of Counter Fraud, presented the Committee with a half yearly progress update. The Committee was advised that awareness raising exercises and team promotion had been undertaken recently as a result in a deficit of investigations. This had been undertaken using the intranet and newsletters to staff. The Committee was reminded that the counter fraud team covered all primary care contractors and newsletters had been distributed to pharmacies, GP Practices and were going to all dental surgeries. This was also supplemented by presentations delivered by the counter fraud team. The Committee was made aware that the Crown Prosecution Service (CPS) had lessened the prosecution rates since before the pandemic. The Committee was assured that the way in which investigations were conducted had not changed, neither had the evidence provided to the CPS. It was explained that all cases presented to the CPS needed to pass a two-tier test, the first being an evidential test and the second being a public interest test. It was confirmed that the cases rejected by the CPS had not passed the second tier of the test. Paul Deneen raised concerns at this juncture and the Director of Finance and Procurement confirmed that he would explore this further to determine if this was also an emerging pattern across Wales. **ACTION: Director of Finance and Procurement** The Head of Counter Fraud indicated that he had liaised with his counterparts across Wales in relation to overpayment of salary issues. It was noted that this appeared to be a national challenge and the Director of Finance had indicated that he was keen for remedial action to be undertaken as soon as possible. Katija Dew commented that overpayments of salaries had been raised previously and there were system failures identified. She suggested that an approach to encourage managers to manage this appropriately should be established. It was queried if there were other deterrents in place other than disciplinary actions, for example, if departmental budgets could be impacted if persistent overpayments of salaries could be attributed to specific departments. It was confirmed that this was not something the Health Board would consider however, the issue around overpayments of salaries needed to be robustly addressed. Strengthened liaison with managers responsible for budgets and links with their respective financial reports, should provide some indication of where there may be overpayments of salaries. It was agreed that the Director of Finance and Procurement and the Head of Counter Fraud would liaise with ESR workforce colleagues and Shared Services to further streamline the termination/new starter process for managers. **ACTION: Director of Finance, Procurement & Value /Head of Counter Fraud** The Committee thanked the Head of Counter Fraud for the report and **NOTED** its contents for **ASSURANCE.**  |
|  | **Efficient and Effective Use of Resources**  |
| **AC 0302/08** | **Muskulo Skeletal (MSK) Pathway Redesign** The Committee was advised that the previously circulated paper was a further development based on the proposal for MSK previously presented and endorsed at the Audit, Finance and Risk Committee at the April 2021 meeting. It was also noted that MSK would be listed as an organisational priority in IMTP and risks associated with this priority were being managed locally at this point. Peter Carr, Director of Therapies and Health Science, provided some context for the Committee and it was advised that the Executive Team had originally approved a £1.8million investment in to the MSK programme, the proposal outlined a request for the work that had already been undertaken to continue and The Director of Therapies and Health Science would remain as the Executive lead. The MSK transformation programme had developed an upstream, community, therapy led pathway which provided ‘end to end’ care and was described as ‘phase 1’ within the proposal. The Committee acknowledged that there was now a Programme Management Office (PMO) function in place that formed part of Corporate Planning and provided further resilience to the MSK programme. Peter Carr commented that the most significant area to now focus on was secondary care. It was confirmed that all Care Aims would be applied, and the programme leads were aware that in doing this work, unmet need would be identified. Peter Carr confirmed that the previous principles of the MSK programme would remain, these were: * Effective use of patient outcomes data (PROMS & PREMS)
* Engagement with all key stakeholders including GPs
* Engagement and liaison with Health Board related services
* Continued monitoring of Key Performance Indicators.
* Communicate any findings nationally for interest and ensure continued engagement for benchmarking and evidence of best practice.

Collette Kiernan, Assistant Director of Therapies and Health Science, presented the Committee with a power-point highlighting the benefits realisation (including cost avoidance/efficiencies) and key risks to delivery. These were noted as the following: **Benefits:** * Improved patient experience
* Improved patient outcomes
* Reduced waiting times for MSK specialists
* Equitable access to therapies across Gwent
* Therapy management for urgent primary care/MIU attendances
* Reduction in duplicated/inappropriate diagnostic requests from GPs
* Reduction in referral redirection
* Staff sustainability plan

**Risks:** * Recruitment
* Accommodation
* Inefficient ICT systems
* Untested model
* Value assessment
* Internal communications

It was agreed that in order for the transformation programme to be successful, the Health Board would need to ensure that the stated benefits were realised, demonstrate successful influence on the national programme whilst continuing to delivery on key performance indicators. The Chair commented that this was an excellent piece of work with a significant amount of potential to be realised. Katija Dew was pleased to note the cohesion across finances, patient experience and positive impact on primary care colleagues. The Director of Finance and Procurement suggested that if this transformation programme could be realised, the story would be compelling and allow for further shared learning. It was agreed that MSK transformation programme would be added to a future Board Briefing Session. **ACTION: Board Secretary** Paul Deneen queried where patients could access this pathway. Peter Carr responded that the initial thoughts were that the clinical service would be provided through embedded, already established community service settings. There was an issue in relation to accommodation for the admin and clerical staff and initial discussions around linking to urgent primary care colleagues was being undertaken. The Committee **NOTED** and **AGREED** the update and proposal and agreed that MSK transformation would be added to the Committee work programme for an update on progress on the specific areas of interest to the Committee as outlined within its Terms of Reference, in 12 months-time. **ACTION: Secretariat**  |
| **AC 0302/09** | **Digital Systems, Efficiencies and Benefits Realisation Update Report** Nicola Prygodzicz, Director of Planning, Digital and ICT, provided the Committee with an update on the previously highlighted action from the December 2021 Committee meeting. The Committee was advised that in light of the addendum to the Audit Wales Annual Accounts Audit, there had been an issue involving the number of servers the Health Board had been using. As a result, 5 ICT audit recommendations were made, and some queries were raised at the previous Audit, Finance and Risk Committee regarding the management response. Nicola Prygodzicz advised that in September 2018 the Health Board had 120 servers, this had been successfully reduced to 7, in line with the recommendation. Further work needed to be undertaken to continue to reduce the number of servers, and this was primarily due to local service areas using service specific systems. Decisions were required within the service areas on how they want to proceed with their respective applications; Cardiology, Glucose meters as examples, the third-party applications did not support later OS versions.The Committee was advised against the remaining recommendations: * Capital funding had been provided by the Health Board to support eradication of remaining devices over the last few weeks. The Health Board was currently awaiting delivery of the equipment to replace these.
* Key Performance Indicators would be included in the monthly/quarterly reporting to the ICT management team and in the next digital delivery oversight board.

In respect of the Digital Systems update and the Health Board’s Digital Strategy, the Committee noted that an update on progress made had been shared with the Committee in April 2021. The following key points of further progress were noted: 1. A refresh of the infrastructure had been undertaken
2. Increased debate on Welsh Digital Portal and an enhanced national focus on this was anticipated for the next few years.
3. The informatics directorate had conducted its own internal review and as a result the department had been restructured and was currently in the strategy, planning and design phase.
4. Further discussion on priority areas needed to be instigated as there was a recognition that the resource was not available to prioritise all areas.

Paul Deneen queried the Health Board’s position if a benchmarking exercise was conducted. It was confirmed that the levels of integration internally, were ahead on some aspects in comparison to other Health Board. The Committee specifically noted that in relation to WCCIS the Health Board was the furthest ahead; in respect of RPA, the Health Board was leading on this. Initiatives such as CareFlow and Attend Anywhere, were further examples of where the Health Board had taken a lead. The Committee was advised that progress in relation to Clinical Workstation (CWS) was where the Health Board was least developed. The Chair noted the progress, however indicated that further metrics would be welcomed to provide clarity on where the cash-releasing savings were being achieved. Nicola Prygodzicz confirmed that the Health Board was attempting to measure the outcomes and benefits although, some measures were more challenging to quantify. It was agreed that this item would be added to the Committee forward work programme for a further update. The Secretariat would liaise with Nicola Prygodzicz to determine an appropriate date. **ACTION: Secretariat/Director of Planning, Digital and ICT** The Committee thanked the Director of Planning, Digital and ICT for the updates and **NOTED** them for **ASSURANCE.**  |
|  | **Corporate Governance, Risk and Assurance (part 1)** |
| **AC 0302/11** | **Audit Recommendations Tracker** The Committee **RECEIVED** the proposal to monitor and track recommendations with clear principles around timeliness and content of management responses. The Committee was advised that the recommendations outlined in the report was also due to be presented to Executive Team later that day, for consideration and comment. It was proposed that a final version of the audit recommendations tracker proposal be presented to the Committee at the April 2022 meeting. The Committee **AGREED** with the principles outlined within the report subject to inclusion of the practice note developed by all Chairs of Audit Committees which had previously been adopted, being included in a future iteration. It was agreed that this would be captured along with specific processes for the role of Patient Quality, Safety and Outcomes Committee in receiving oversight of recommendations raise via inspections and unannounced visits in the revised version to the Committee in April 2022. **ACTION: Board Secretary**  |
| **AC 0302/12** | **Update on Governance and Financial Control Procedures** The Committee was requested to **NOTE** the standard report and **APPROVE** the proposed changes to the Oversees Visitors Policy. Changes had been made due to some changes in legislation and associated resources. The Committee was asked to note the key dates for consideration and submission of final annual accounts and end of year reporting:

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| **Annual Reports 2021/22 - Key Dates** | **2022** |
| First draft Performance Report and Accountability Report for consideration by Exec Team | Thurs | 28-Apr |
| Unaudited accounts and associated returns to WG | Fri | 29-Apr noon |
| Draft Performance Report Overview, Accountability Report and Remuneration Report to WG | Fri | 06-May |
| Draft Reports to Audit Committee Members | Tue | 10-May |
| **Audit Committee** **meeting** to Consider Draft Accounts and Draft Accountability Report | Tue | **17-May** |
| Final Accounts & Accountability Report to Audit Committee Members | Mon | 06-Jun |
| **Audit Committee meeting** to Consider Final Accounts, and Accountability Report | Mon | **13-Jun** |
| **Board meeting to approve Final Accounts and Accountability Report** | Tues | **14-Jun** |
| **Final Annual Report Deadline for Submission** **to WG** – Annual Report and Accounts as a single unified document | Wed | **15-Jun noon** |
| **Annual General Meeting** – to receive the Annual Report and Accounts | Wed | **27-Jul** |

The Committee was advised that the Health Board had continued to achieve the Public Sector Payments target of 95% and noted the Single Tender Actions taken since the last reporting period. The Chair queried how the Committee could gain assurance that the Health Board had received value for money in respect of some Single Tender Actions and specifically in relation to the contract that was awarded extension to the car park as there would have been multiple contractors with the ability to undertake this work. The Committee requested clarity on why the contract was awarded in that way. It was agreed that this was something Finance colleagues should consider and report back to the next Committee. **ACTION: Director of Finance, Procurement & Value /Assistant Finance Director** The Committee **ENDORSED** the proposed changes to the Overseas Visitors Policy and **APPROVED** the report.  |
| **AC 0302/13** | **Losses and Special Payments Report** The Committee received the standard report and noted financial position in respect of losses and special payments as at end of December 2021. The Committee **NOTED** the report for **ASSURANCE**.  |
|  | **Financial Planning and Performance**  |
| **AC 0302/12** | **Finance Report** The Committee was presented with the Month 9 financial report. It was highlighted that the Health Board had reported a projection of financial balance by year end with a favourable underspend of £100,000 for the year to date. It was explained that financial balance is largely due to the COVID funding received from Welsh Government.Key points identified;* covid funding anticipated had now been confirmed and received from WG
* variable pay spend had increased due to significant staff absences due to isolation resulting from increased staff COVID infection rates and continued urgent care pressures
* savings achievement is in line with plan
* uncertainty of future operational pressures due to Omicron response and impact on recovery delivery
* the need to improve the underlying financial position to support future sustainability

The Director of Finance, Procurement & VBHC (DoF) advised that a recent budget allocation letter had been received from Welsh Government which would afford the Health Board the opportunity to improve its underlying position. It was highlighted that the Health Board would not receive the same level of funding to be made available from Welsh Government next year and this will present a significant challenge. The DoF confirmed that there will be a significant challenge in relation to the emerging financial forecast predicted for 2022/23. There is Executive Team consensus to refresh the HB approach to operating efficiently and re-engage with staff in relation to the management of resources. A programme of work is being developed including OD, structural support, education and reporting mechanisms to progress improved resource utilisation and efficiency through the priority transformation programmes. It was agreed that an update on this would be presented to the Committee at its next meeting. **ACTION: Director of Finance, Procurement & Value** The Committee **NOTED** the Month 9 financial report.  |
|  | **Corporate Governance, Risk and Assurance (part 2)** |
| **AC 0302/14** | **Committee Risk Report** The Head of Risk and Assurance outlined the key points and updates of the report, including: * National Once for Wales (OfW) development of a risk management specific module;
* Continued embedding of the Risk Management Strategy and associated delivery framework within operational and Divisional teams;
* Current, high level, status of all strategic risks; and,
* Update position of previous internal and external audit recommendations.

Committee members noted the improvements made to date in regard to the previous internal and external audit recommendations. Members commented that the report was becoming more meaningful and useful in respect of providing assurance on how risks were managed within the Health Board. The Committee was advised that an additional paper outlining the key milestones for delivery and implementation of the risk management strategy, including the implementation of the Once for Wales (OfW) risk management module, would be provided to the Audit, Finance and Risk Committee at the April 2022 meeting. **ACTION: Head of Corporate Services, Risk and Assurance** The Committee **NOTED** the report for **ASSURANCE**.  |
|  | **NWSSP Audit and Assurance – Internal Audit and Specialist Service Unit**  |
| **AC 0302/15** | **Internal Audit Plan Progress Update** The Committee was advised that there were 37 reviews planned for 2021/22 internal audit plan and the following table details the progress against each:

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| Number of audits in plan:  | 37 |
| Number of audits reported as final | 12 |
| Number of audits reported in draft | 2 |
| Number of audits in progress | 13 |
| Number of audits at planning stage | 3 |
| Number of audits not started | 6 |
| Number of audits deferred | 1 |

Within the report, Internal Audit had requested the deferral of the following audits: 1. Catering;
2. Agile Working;
3. Monitoring Action Plans;
4. Clinical Futures – Care Closer to Home; and
5. Quality Framework.

In addition, an advisory report had been requested by the Director of Nursing over a current area of concern. If approved by the Audit, Finance and Risk Committee an assessment of Continuing Healthcare (CHC) for Children will commence during quarter four. The Head of Internal Audit advised that there were several audits which were due to be presented to the April Audit, Finance and Risk Committee. The Committee was advised that the Head of Internal Audit Opinion was hopeful to achieve a reasonable rating. Committee members queried how Internal Audit planned to prioritise the deferred audits and it was agreed that they would prioritised using the Board Assurance Framework and areas of most significant risk. The Committee **APPROVED** thedeferral of the five audits and the commencement of Continuing Healthcare for Children. |
| **AC 0302/17** | **Internal Audit Review, reasonable Assurance: Welsh Radiology Information System** The Committee **NOTED** the reasonable assurance report.  |
|  | **External Audit**  |
| **AC 0302/18** | **Performance Update Report** The Committee was presented with the Audit Wales Performance Update report and noted the work already completed, work which had commenced, and planned work not yet started. The Committee was advised that the efficiencies report would be reported to the April 2022 Committee meeting. The chair commented that she found the key messages from recent publications very helpful. The Committee **NOTED** the report for **ASSURANCE**.  |
| **AC 0302/19** | **Structured Assessment** Nathan Couch, Audit Wales, presented the Committee with the findings from the 2021 Structured Assessment Report. The focus of the work was on 3 main areas: governance arrangements, financial management and planning arrangements. An update was also sought on progress in relation to previous Structured Assessment recommendations. Fieldwork was conducted between August 2021 and October 2021 and a final draft report for clearance was issued at the beginning of January 2022.The key messages from the report were recorded as: * The Health Board has adequate Board and Committee arrangements but should address issues around its website content and capacity and resilience in its Corporate Governance Support Team.
* Embedding of the new governance structure continues and the Health Board intends to review its effectiveness by April 2022.
* The Health Board has gone through a period of high turnover amongst its senior leaders at Board-level whilst also holding a number of Independent Member vacancies. The Health Board should manage the risks associated with this turnover; particularly given the significant operational challenges it is facing currently.
* It has further revised its Board Assurance Framework, and risk management strategy and approach. However, embedding the new approach will take time.
* The Health Board is strengthening its arrangements for employee wellbeing, however, there are opportunities to strengthen quality and patient safety reporting around services the Health Board commissions and arrangements for tracking internal and external audit recommendations.
* The Health Board has successfully met its financial duties over the past three years and achieved its revised savings target despite the pandemic. It is also predicting to break-even during 2021-22.
* The Health Board has effective financial planning arrangements and the 2021-22 plan reflects the exceptional nature of the pandemic and the uncertainties in response and recovery.
* The continuing impact of the COVID-19 pandemic has led the Health Board to revise its initial savings target. As a result, the underlying financial deficit brought forward from 2020-21 of £20.8 million remains and will not improve during 2021-22 due to in-year cost pressures and continuing financial pressure. This represents a risk to the financial sustainability of the Health Board as savings will need to be achieved in future years to reduce the underlying deficit.
* The Health Board has generally effective financial controls, monitoring and reporting arrangements.
* The Health Board’s arrangements for developing and submitting its annual plan are reasonable. The plan incorporates learning from the pandemic and outlines a strategic approach to providing healthcare in the region.
* There are clear strategic objectives underpinned by a set of outcomes and measures to achieve them. However, the plan lacks target / dates and milestones to enable the Health Board to monitor and track progress against the various measures and ensure intended priorities and outcomes are achieved.
* The Health Board is developing a monitoring and outcomes framework; however, this work has not been finalised, due to the impact of the pandemic, resulting in limited oversight and scrutiny on overall delivery against priorities outlined in its Annual Plan at Board-level.
* However, the Annual Plan has been used to inform Board and Committee business, with assurance on individual strategic objectives provided at different points of the year.

Five recommendations were concluded as a result of the Structured Assessment and the Health Board has agreed appropriate actions and implementation dates to progress these. Katija Dew recommended that the Strategy, Planning, Partnerships and Wellbeing Group of the Board become an assuring Committee of the Board with a particular focus on strategic partnerships. It was agreed that this would be considered via the Board and Committee effectiveness review in April 2022. **ACTION: Board Secretary**The Committee **RECIEVED** the Structured Assessment Report and Management Response for **ASSURANCE.**  |
| **AC 0302/20** | **Annual Audit Report 2021** Audit Wales presented the Committee with the Annual Audit report and clarified that in respect of the financial statements, the Auditor General had signed this on 28th January 2022, which was before the deadline of 31st January 2022. The Board Secretary thanked the auditors for their work during a time of significant pressures. The Committee **RECEIVED** the report for **ASSURANCE**.  |
| **AC 0302/18** | **Date of Next Meeting**The date of the next business meeting was noted as: - Thursday 7th April 2022 via Microsoft Teams. |
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