

CHARITY NO: 1104951  
COMPANY NO: 5176998

## ST ANDREW'S HEALTHCARE

### BOARD OF DIRECTORS MEETING IN PUBLIC

Conference Room, Main Building,  
St Andrew's Healthcare, Northampton

Tuesday 26<sup>th</sup> July 2022 at 09.30 am

#### Present:

Paul Burstow (PB)	Chair, Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Kevin Mulhearn (KM)	Chief Finance Officer
Andy Brogan (AB)	Chief Nurse
Martin Kersey (MK)	Executive HR Director

#### In Attendance:

Oliver Shanley (OS)	Interim Chief Executive Officer
John Clarke (JC)	Chief Information Officer
Alex Trigg (AT)	Director of Estates and Facilities
Julie Shepherd (JS)	Improvement Director
Duncan Long (DL)	Company Secretary
Anna Williams (AW)	Director of Performance
Ash Roychowdhury (AR)	Deputy Medical Director
Eddie Short (ES)	Director of Strategy and Business Development
Sajid Ali (SA) Item 12	Risk & Internal Audit Manager
Caroline Boodhai (CB) Item 14	Interim Head of Nursing - Birmingham
Mike Harris (MH)	Governor
Vivienne McVey (VMc)	Observing
Melanie Duncan (Minutes)	Board Secretary

#### Apologies Received:

Andrew Lee (AL)	Non-Executive Director
Sanjith Kamath (SK)	Executive Medical Director
Rupert Perry (RP)	Lead Governor

Agenda Item No		Owner	Deadline
1.	<b>Welcome</b> PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting open to attendance by the public. Apologies received from Andrew Lee, Sanjith Kamath and Rupert Perry were noted.  PB also thanked DS for his support and work as a Trustee and Chair of the Quality & Safety Committee, as this would be his last Board Meeting for the Charity. All attendees wished DS well in the future.		
<b>ADMINISTRATION</b>			
2.	<b>Declarations Of Interest &amp; Quoracy</b> Members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose. The following attendees and members present declared the following:		

	<ul style="list-style-type: none"> <li>Paul Burstow (Chair) – His role within Hertfordshire and West Essex ICB</li> <li>Julie Shepherd (Improvement Director) – Her role within NHFT</li> <li>David Sallah (Non-Executive Director) – His role within Birmingham CHC Trust</li> <li>Elena Lokteva (Non-Executive Director) – Her Non-Executive role within NGH</li> </ul> <p>The meeting was declared quorate.</p>		
3.	<b>Minutes Of The Board Of Directors Meeting, held in public, on 27 May 2022</b> The minutes of the meeting held on the 27 May 2022 were <b>AGREED</b> as an accurate reflection of the discussion.	DECISION	
4.	<b>Action Log &amp; Matters Arising</b> It was agreed to CLOSE the following action: 26.05.22 <b>07</b> Delayed Transfers of Care QSC Update  It was agreed that the following action was delegated to the People Committee for further action and closed on the Board log: 24.03.22 <b>01</b> Safe Retention Metrics  It was agreed to defer the following actions until the September meeting: 24.03.22 <b>02</b> Authority Matrix 26.05.22 <b>08</b> IQPR – Registered Nurse Levels	DECISION  DECISION  DECISION	
<b>CHAIR'S UPDATE</b>			
5.	<b>Chair Update</b> PB gave a verbal update, noting the recent recruitment of Executive and Non-Executive Directors. PB also noted that he was due to visit Winslow in the near future. PB further commented on the changing landscape of mental health provision with regard to national policy, noting that focus would be on this area in the coming weeks and months, along with how the Charity will operate in this arena.  The Board <b>NOTED</b> the update.		
<b>EXECUTIVE UPDATE</b>			
6.	<b>CEO's Report</b> OS presented the report which was taken as read, noting that there was an external focus to the report, which in turn was helping to shape strategic direction. The item on NHS Providers was noted and why this was important to the Charity.  The Building the Right Support report was highlighted with regard to care in the future for those with learning disabilities and autism, with a focus on reducing in-patient care for these patients. The Charity's response to the consultation on the 10 year plan was included in the report, with OS outlining the way the response was co-produced with patients. OS also outlined the reports from the regulator which were awaited, and more recent inspections which had taken place.  Culture was also noted within the report, with OS noting the Lead the Change programme which would shape the organisation for the future. The staff party was held earlier in July, which was well attended. OS then thanked everyone who worked throughout the recent heatwave, and looked after the patients. Particular thanks went to Claire Jones, Head of EPRR for her cover and counsel during that time.  SN asked about finance and its relation to bed occupancy, and noted the vulnerability this created for the Charity, and asked if as a result, alternative		

	<p>income streams should be looked at, with investment required. SN added that he felt that there was now an urgency regarding this and welcomed a discussion on the subject. OS replied and agreed with SN, and commented that community based care should be considered especially taking into account the national view.</p> <p>EL asked how the Charity was placed within the local ICS, along with NHFT, how many patients were out of area as inpatients within the Charity, and how many ASD/LD patients were inpatients for more than 60 days. OS replied that there were now more local in-patients, and that for certain areas, length of stay will become more important as a key indicator. With regard to the collaborator initiatives, the Charity was the only one sitting at the same table, and was highly involved in the conversations. Clarity was still required with regard to the differing options on offer. AR added that there was a much greater utilisation of the secure beds from the locality, particularly in Northampton. This was done on a transitory basis in conjunction with Impact. Other areas were struggling with this provision locally, with the secure, brain injury and deaf services now commissioned on a national basis, which was unlikely to change.</p> <p>RB agreed with OS, thanked staff and asked about delayed transfers of care, and how this linked in with out of area placements. RB also thanked AB and the team with regard to the focus on CAMHS, and asked what the absolute leading indicators were that would indicate emerging circumstances, as an early warning system. RB then asked about the 10 year plan, and how recruitment and retention would be addressed. OS replied that this was included, and highlighted how the government health select committee recently covered this, and how stark the recruitment and workforce landscape was. Workforce was now one of the significant risks for the Charity, and felt that this should be regularly debated.</p> <p>PB noted that the Board had agreed a strategy which was focused on addressing the Charity's quality challenges in recognition of the link between quality and financial recovery. The Board had accepted the need for a focused approach. However, with the investment in business development capacity, more time needed to be spent on the emerging diversification and service development strategy. In refining our approach to service innovation and new business the Board needed to consider the Government's action plan and the impact of changes to the Mental Health Act.</p> <p>The Board <b>NOTED</b> the update.</p>		
7.	<p><b>Committee Assurance Reports</b></p> <p><b><i>Quality &amp; Safety Committee</i></b></p> <p>DS presented the report and outlined the most significant issues which had been discussed by the Committee:</p> <ul style="list-style-type: none"> <li>• Delayed Transfer of Care discussion, with it being noted that this was the situation with many organisations.</li> <li>• CAMHS and Clinical Models did not achieve full assurance during the period, with the risk profile for CAMHS requiring further focus. The Clinical models were being considered and worked on.</li> <li>• Physical Healthcare. An improvement of health with patients was noted, however, with the threat of removal of funding for dentistry it was a concern.</li> <li>• Deep Dive on Medium Secure Services, with some aspects of concern, especially engagement, the reduction of restrictive practices and staff wellbeing.</li> <li>• Mental Health Law Steering Group. DS asked for it to remain as a link with QSC in the future as CQC requires the group to have a direct link with the Board.</li> </ul> <p>PB also noted the progress with the QIPs, and asked about the mortality review, and wondered if 65 was the right cut off point, with AR confirming that</p>		

	<p>it was a national target, and that all patients were assessed regardless. PB asked about those patients, who, due to their situation would have an age expectancy significantly less than the general population.</p> <p>EL noted the amount of patients who had died due to respiratory problems, and asked what was being done with regard to helping those patients via a physical health programme and if smoking cessation would help. DS agreed and AB added that smoking was the largest contributor, with mental health services now having to address smoking cessation even more. SN commented that the frailty index for serious mental illness showed that cardiovascular disease was also a factor, and noted that the main population age was 85, which meant that the 20 year reduction did make 65 a reasonable age.</p> <p>PB summarised that smoking cessation should be addressed further, and that a Board session on the Mental Health Bill once it had commenced its parliamentary passage would be scheduled.</p> <p>The Board <b>NOTED</b> the report and the <b>APPROVED</b> the following reports that had been submitted by the committee, following their review at the June QSC meeting:</p> <ul style="list-style-type: none"> <li>• Annual Pals &amp; Complaints Annual Report</li> <li>• Annual Mortality (Learning from deaths) Report</li> <li>• Infection Prevention &amp; Control Annual Report</li> </ul> <p><b>Audit &amp; Risk Committee</b></p> <p>EL presented the report and outlined the highlights and discussions from the most recent meeting:</p> <ul style="list-style-type: none"> <li>• Risk Management, with the overall assurance rating remaining at partial. ARC now recognised the efforts made by management and that the committee was substantially assured by the effort, application and effectiveness of the risk team and senior management in improving the processes and approach. EL noted that data would be key to triangulation of information and increased assurance.</li> <li>• BAF and its integration to the governance system, with EL asking the Chairs to ensure that BAF risks are reviewed as a priority for the next three cycles of meetings.</li> <li>• EL thanked Darren Handley for his hard work with LCF and for his help with testing a national tool.</li> </ul> <p>OS commented with regard to the Internal Audit elements of the report, and stressed that Executives would be very clear on what was expected and required from internal audits in the future.</p> <p>SN asked how the risks from the Governance Project would be addressed. It was agreed that this would be discussed within that section of the agenda.</p> <p>RB noted the mitigation process at Committee level and that those should be noted within the BAF. DS replied that QSC did review risks and asked what would represent enough time. He added that most risks were managed operationally with recommendations being made to Committees. PB noted that this should be addressed during the agenda setting and effectiveness review processes.</p> <p>EL clarified that there would not be more time required within the meetings, but a different focus, with challenges being minuted accordingly.</p> <p>The Board <b>NOTED</b> the report and the Caldicott Guardian and SIRO reports</p> <p><b>Pension Trustees</b></p> <p>MK presented the update which was taken as read. The triannual valuation had taken place with good outcomes.</p> <p>The Board <b>NOTED</b> the report</p>	<p><b>AB</b> <b>DL</b></p> <p><b>DECISION</b></p> <p><b>DL&amp;MD</b></p>	<p><b>13.12.22</b> <b>22.11.22</b></p> <p><b>22.11.22</b></p>
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8.	<p><b>Governance Oversight Group Update</b></p> <p>JC presented the update which was taken as read and highlighted that the biggest issue in progressing the project at pace had been the ability to sustainably recruit to key roles. Work thus far had concentrated on consulting with Committee Chairs and relevant Executives along with working on future structures. Resourcing had now been addressed, with the on-boarding of a replacement Committee Secretary back-fill position, ensuring that the project could now move forward.</p> <p>PB wished to emphasise his frustration at the delayed progress of the project due to resourcing issues, recalling that the Board had agreed to an in-house process in order to keep costs to a reasonable level, however, the challenges of recruitment had not been factored in at that time. PB acknowledged the frustrations of the project manager, the oversight group and the wider Board.</p> <p>DL commented that it was hoped that the successful recruitment of the back-fill position would now help to allay the frustrations felt, and added that a review of the project risks and escalation via ARC would enable a level of assurance to be developed with regard to progress. DL suggested that SA work with JC and MD regarding the risks initially. PB agreed that it would be helpful to have visibility at ARC especially regarding the amount of work the project now had to progress.</p> <p>EL noted that ARC would review the project risks and that a full assurance report with revised timeline should be brought back to Board. PB agreed with this.</p> <p>The highlights for the coming 12 months of the project were discussed with it being agreed that a page turning exercise as done for annual reports would be a preferable way to observe how the Terms of Reference for the Committees and Groups and the Matters Reserved worked together.</p> <p>DL wished to note that the extended timelines were not due to the project management aspects, as MD had also been continuing her role as Board Secretary during the recruitment period. PB acknowledged this, and noted that the responsibility and accountability sat with the Board and the Executive and not individual members of staff. Whilst the update was reassuring, an assurance report was now required regarding timeline, output and progress.</p> <p>The Board <b>NOTED</b> the report</p>	JC&MD	22.11.22
<b>Quality</b>			
9.	<p><b>CQC Inspection, Report and Actions Update</b></p> <p>AB presented the report which was taken as read, and noted that 54 actions had been completed and undergone the assurance process and therefore closed. A further 33 had been completed and were currently subject to the assurance process, with 13 actions remaining open and work-in-progress. This represented significant process. A further report will be presented in the future with regard to the development of further QIPs and how lessons are being learnt throughout the process.</p> <p>PB wished to clarify the work being undertaken with regard to automation of processes, and asked what the impact of that had been over and above this work. AB replied that the Allocate project had taken up considerable resource which had caused frustrations. Manual monitoring is currently being undertaken with consideration being given to the development of an app for reviewing compliance. AB then updated the Board on the revised implementation date for Allocate of September, which would ensure that the issues observed both technically and in working practices were addressed.</p> <p>SN asked about the patient call system requirement which arose from a recent inspection in Essex, and what the timelines were regarding non-compliance. It was agreed that this item would be discussed further within Part 2 of the Board.</p>		



	<p>RB asked about the noted delay in receiving the inspection reports for Women's and Men's from the regulator and if they had had an impact on other work being undertaken by the Charity. OS replied that an update on this would be provided in Part 2, however, the CQC had apologised for the delay in issuing the reports. AR added that it was preferable to have the reports issued in a timely manner in order to build on the positive comments and be able to address any concerns raised quickly.</p> <p>The Board <b>NOTED</b> the report</p>		
10.	<p><b>Safer Staffing Report</b></p> <p>AB presented the report which was taken as read, noting that the report reaffirmed why this work was being done and why it was done in such detail.</p> <p>Within Essex the low qualified rate related to Benfleet in particular as a result of the low acuity of the patients, resulting in one qualified member of staff on the ward. For Low Secure, most wards were planned to have two registered nurses, however, they are often moved in order to support CAMHS.</p> <p>CAMHS continued to be an area of focus and still presented a challenge, however, each division now had a qualified contingency plan in place. There had been a total of 6 action cards raised in the period with regard to staffing, with all putting their contingency plans into place to address. Training levels for the period were at 90% overall for the Charity. This was being monitored. A flexing process had also been introduced which was overseen by the Safer Staffing Matron.</p> <p>SN asked how often clinical discussions and discussions regarding acuity took place and how they affected staffing levels. AB outlined how often these took place and also the process for being trained in MHOST. SN then asked about mandatory training, noting the levels at 90%, and if this was an acceptable level. AB replied that this was acceptable, as 100% was unachievable due to staff absences. PB noted non-patient facing time, and the excess levels which needed to be addressed. DS agreed with AB with regard to training levels, and asked how gaps could be addressed. AB replied that the main conditions of the licence were a constraint, which were being looked at. There had been support by NHFT and JS for staff training in MHOST, with over 50% trained so far.</p> <p>RB commented on the action cards and asked if any were of concern. AB replied that the staffing situation in CAMHS continued to be a concern, with recruitment helping initially, however, CAMHS was a cause for concern nationally. It was hoped that as of August, the staffing situation would be remedied, but that it remained a challenge. RB then highlighted the use of College staff, and asked AB how he saw this transpiring in the coming weeks. AB replied that it had fostered a different way of working that he would like to see continue. AB then outlined the new appointments made, and also how working hours and patterns would change. RB then asked how the flexing process was working. AB said that the practice of flexing up and down accordingly was now working adequately, however, it could be improved with the inclusion of the wider team.</p> <p>VM noted her experience of working with Allocate, and asked what was going to be in place in readiness for implementation, so that it went well. AB replied that the work currently underway centred on technical issues, and that working practices were being considered in order to get it right first time. MK updated that the final test stage was currently being undertaken, followed by training. Allocate had never worked with SAP which had created issues, however, these were now being addressed. MK wished to note the amount of effort being undertaken in the background to address the challenges being experienced. OS welcomed the conversation, and updated that the next Executive meeting would address some of the current issues with the most up to date data.</p>		

	The Board <b>NOTED</b> the update, with partial assurance, and that the People Committee should consider point 4 of the report regarding the supply of serverly staff.	<b>MK</b>	<b>22.11.22</b>
<b>Regulatory</b>			
<b>11.</b>	<b>Modern Slavery Act Renewal</b> MK presented the paper which was taken as read. It was suggested that Nottinghamshire be removed from the document, however the geographical areas that the document referred to were further clarified by MK via Teams chat, with Nottinghamshire relating to the Winslow service.  The Annual Commitment was <b>APPROVED</b> by the Board	<b>DECISION</b>	
<b>Assurance</b>			
<b>12.</b>	<b>Board Assurance Framework (BAF)</b> DL presented the paper which was taken as read, and outlined the work that had been undertaken since the previous Board meeting.  EL commented on the financial risk and asked that the Finance Committee review the definition of the risk. DL acknowledged this, noting that the development of the BAF was an iterative process, but that the risk descriptions did require finalisation eventually and suggested that any further changes to the risk descriptions be deferred until the planned review of the BAF in January. PB noted that with regard to the financial aspects, that addressing the operating model would be key to managing the risk. PB agreed with DL that iteration was a part of the process, but that changes needed to be made in a systematic fashion.  SN wished to express concern with regard to strategy delivery and that an articulated strategy was required at this stage. SN added that he required clarification with regard to Service Innovation and its links to research and innovation. PB wished to note that he felt that the Board had been the source of the delays in the development of the strategy. ES clarified that there had been progress against the milestones and that a delay had been experienced in the recruitment of the Business Development function, along with the articulation of the strategy. Capacity was now in place to explore the Board's requests regarding future provisions of the charity.  DL clarified that the link between Service Innovation and Research as indicated on the BAF template related to the Risk Appetite Category applied to the Service Innovation Strategic Risk, and was not reflective of targets or risk mitigations.  RB noted that she understood SN's concerns and that a completely defined strategy was unlikely as an immediate item, but wanted to check that each area of the strategy would develop business cases, and asked what the independent audit would cover and who it would be. DL replied that internal audit could be used within the 2023/24 audit plan subject to ARC's approval and acceptance. OS added that it purposefully had been included in order to have an external lens to sense check the strategy, and the iterative nature of the strategy.  RB then asked that a different phrase be found for cost improvement, in order to better describe the aspirations, and also wanted to know what the milestones were that would show the journey to the desired state. SN agreed that there were many different approaches and that the end result should be an articulated strategy, and that use of the old buildings should be investigated for differing reasons and subject to business plans, cases and debate.  KM gave assurance regarding the cost improvement programme, noting that it was the target operating model as developed by Finance Committee. Priorities were being presented to Finance Committee for the next 12 months which include the target operating model and the strategy.		

	<p>AR noted that part of the strategy was collaboration, indicated by the increase of bed occupancy as a result of this way of working. AR also agreed that there should be a separation of service between innovation and research. AR used the example of blended women's services and the use of Niche which resulted in the development of the pilot.</p> <p>PB noted the future reporting requests made by DL, and suggested that reporting should be made in order to preserve assurances within part two of the Board in order to retain confidentiality. Reporting by exception would be acceptable, with Committees conducting deep dives accordingly. Scrutiny will be undertaken during the Board Strategy Days. RB noted that it would be useful to have the strategy discussions in-line with the emerging policy landscape. SN suggested that the BAF be reviewed in 12 months.</p> <p>DL then asked for agreement for the initial review and 8 first reported assurance levels.</p> <p>RB asked for more information on the Research and Education strategy and SN voiced concerns with regard to the financial risk which scored as adequate, especially regarding current concerns. KM replied that the risks around the operating model were mitigated and that balance had been addressed, notwithstanding any unknown concerns. SN asked how long the plan was for. KM replied that it was a 4 year plan.</p> <p>VM would like to look at all the risks and speak to the owners as soon as possible. EL suggested committee oversight of these risks, with the BAF not receiving assurance as yet.</p> <p>PB suggested that the proposed risk assurance levels be taken as a starting point with further work to be done between VM and the risk owners.</p> <p>PB acknowledged the amount of work done by Execs, their reports and DL in developing the BAF.</p> <p>The Board <b>APPROVED</b> the BAF and <b>AGREED</b> the proposed assurance ratings, acknowledging that further review and discussions were needed.</p> <p>The Board <b>AGREED</b> to the proposed change to Strategic Risk 7 relating to Strategic Assets.</p> <p>It was further <b>AGREED</b> that Finance Committee would complete further reviews on the financial strategic risk.</p>	<p><b>DECISION</b></p> <p><b>DECISION</b></p> <p><b>DECISION</b> <b>KM &amp; AL</b></p>	<p><b>22.11.22</b></p>
<b>Operations</b>			
<p><b>13.</b></p>	<p><b>Integrated Quality &amp; Performance Report</b></p> <p>AW presented the report which was taken as read, and noted the highlights of the report.</p> <p>OS commented that the report presented the data which supported earlier conversations in the Agenda and reads across them very well.</p> <p>RB asked if it was possible via the date within the report to view and address the need for divisional support in any particular area, identifying where the highest risk division may be. AW replied that there was a challenge internally to look for emerging trends using both the qualitative and quantitative data. An array of soft and hard data was checked to support this. AR noted that it was the qualitative aspects of the data which indicated the concerns within CAMHS, linked to the nature and volume of incidents being highlighted.</p> <p>PB followed up by highlighting the need to understand how efficacious the improvement plans are within the divisions and the need for them to be seen at a Board Committee level. AW agreed.</p>		



	<p>DS asked how the wards utilised the MyVoice data. AR replied that this was an area of focus, but that the wards were not in a position to utilise it as yet. DS suggested that the QSC deep dives take these into consideration moving forward.</p> <p>KM took the finance portion as read, and gave highlights. There were no further questions.</p> <p>The Board <b>NOTED</b> the report</p>		
<b>Topics for Discussion</b>			
<b>14.</b>	<p><b>Divisional Presentation – Birmingham</b></p> <p>CB presented the video and outlined Gemma's recovery and experience of care within Birmingham.</p> <p>The Board extended their thanks to Gemma and to Kerry-Ann Chinn for the video. PB asked what Gemma's next steps were. CB replied that Gemma was preparing to move to a lower level of care within the community.</p> <p>AR commented that Gemma had mentioned undertaking trauma based therapy and noted that it was good to observe how this had been utilised. AR added that hope was integral to recovery.</p> <p>OS thanked CB and the team and outlined the first draft of the Co-Production Strategy which had recently been presented to the Executive Team, adding that it was important to note the work done alongside service users on how services should look like in the future.</p> <p>AB thanked CB. He reiterated OS' comments, and noted the evidence based interventions which were important to recovery. AB also noted Gemma's comments on the care that she had received, and thanked the nursing team.</p> <p>RB asked if staff turnover had an impact on recovery and outcomes for patients. CB agreed that this could be the case as did AB and AR. A strategy for women's services was developed in December 2019 which highlighted the importance of therapy and consistency of staff, in order to maintain the familiarity of staff for the patients. There had been some attrition, however, generally staffing had been consistent. This had undoubtedly helped with patients similar to Gemma and in Gemma's case. The impact on trust issues is particularly felt keenly with this group. AR noted the importance of the strength of the therapeutic relationship with patients.</p> <p>DS noted the excellent outcome for Gemma and highlighted the personal efforts made by Gemma herself to aid her recovery. DS also asked if a trauma informed care model was shared with the Collaborative. AR replied that the clinical models were developed with the patients, which would then inform training needs, a growing trauma research team indicated that the Charity was heavily involved with this. AR did caution that all of this was driven by the type of patient, but there were other forms of treatment available, and that trauma informed care was greatly underrepresented within male patients. There was work to be done, but that it was being addressed.</p> <p>The Board <b>NOTED</b> the presentation, thanked Gemma and the team in Birmingham and wished her well in her recovery.</p>		
<b>15.</b>	<p><b>Divisional Presentations – Looking Ahead</b></p> <p>Will be dealt with via a write around email. DL to distribute the paper and ask for Board feedback.</p>	<b>DL</b>	<b>26.07.22</b>
<b>ANY OTHER BUSINESS</b>			
<b>16.</b>	<p><b>Questions from the Public for the Board</b></p> <p>No questions were received for the Board.</p>		

17.	<b>Any Other Urgent Business (notified to the Chair prior to the meeting)</b> There was no other Business notified.		
18.	<b>Meeting Reflections</b> PB asked the Board to consider the running of the meeting and anything to be included in future meetings.  DL noted that it was good to see that many of the reports and papers included in Board packs triangulated with the IQPR and how this was helping with the information being shared and discussions.		
19.	<b>Date of Next Meeting :</b> Board of Directors, Meeting in Public – Thursday 29 <sup>th</sup> September 2022		

**Approved – 29<sup>th</sup> September 2022**

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**Paul Burstow**  
**Chair**