

CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

**BOARD OF DIRECTORS
MEETING IN PUBLIC**

Microsoft Teams Meeting and Meeting Room 9, William Wake House,
St Andrew's Healthcare, Northampton

Thursday 27 May 2021 at 09.00 am

Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Stuart Richmond-Watson (SRW)	Non-Executive Director
Katie Fisher (KF)	Chief Executive Officer
Jess Lievesley (JL)	Deputy Chief Executive Officer
Alex Owen (AO)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
In Attendance:	
John Clarke (JC)	Chief Information Officer
Duncan Long (DL)	Company Secretary
Gary Stobbs (GS) Item 2	Hospital Director - Essex
Annymn Adams (AA) Item 2	Senior/Lead Occupational Therapist
Tom Bingham (TB) Item 14	Director of Communications
Jo Lehmann (JLe) Item 14	Senior External Communications Manager
Melanie Duncan (Minutes)	Board Secretary
Apologies Received:	
Stanton Newman (SN)	Non-Executive Director
David Sallah (DS)	Non-Executive Director
Alastair Clegg (AC)	Chief Operating Officer

Agenda Item No		Owner	Deadline
1.	<p>Welcome</p> <p>PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting held in public. PB introduced himself and welcomed a number of observers, both from our Court of Governors and from other organisations that are interested in our work.</p>		
DIVISIONAL UPDATE			
2.	<p>Divisional Presentation (including Patient Voice): Essex</p> <p>JL introduced Gary Stobbs, Hospital Director (GS) and Annymn Adams, Occupational Therapist (AA), who provided a presentation highlighting the work being done by the Occupational Therapy team, coupled with the way Essex has coped during the last year. Unfortunately, despite the opportunity having been made available to them, no patients were able to take part in the presentation.</p> <p>AA outlined the presentation, explaining how it covered an integrated approach to treatment, utilising the 5 functions described by Linehan (1993):</p> <ul style="list-style-type: none"> • Enhancing capabilities • Enhancing motivation 		

- Ensuring generalisation
- Structuring the environment
- Enhancing therapist capabilities and motivation to treat effectively

AA gave some focus to the Green Gym, which was recently developed. This project gave scope for growth and was developed by Graham, a Technical Instructor with everything being built by the service users themselves using recycled materials. There has been good feedback from the service users especially regarding learning new skills and how the team members acted as role models; this was integral to preparing patients to become productive members of society via having the opportunity to work and develop the skills required.

AA explained that consistent engagement resulted in responsibilities being granted for the service users, this was then utilised to recognise when they were ready for the next stage consisting of a more structured and vocational skills programme. AA then showed a video on New Life Wood which was a charity that was being worked with in order to help with skills development. AA highlighted that education was the next level of development. All the activities run in Essex were linked to an education course. She noted that some service users in the past would not have had a formal education, and that learning in a fluid way helped with preparation for more formal qualifications in the future. This in turn allowed service users to look for jobs in the community, or to enrol in mainstream education.

AA then highlighted the impact on physical health that some of their collaborations had had, one was where they had liaised with Cycling UK and as a result of this, Essex were looking to form their own cycling club with staff members who could learn to be leaders. Coupled with this this, they were looking to develop part of the grounds for a cycling path for those patients who could not use the open road. Staff enjoyed the co-production work with other charities which increased the profile of the hospital and challenged the stigma around mental health. AA also covered how Essex was addressing sustainability. Everything being built was sourced locally and from reclaimed materials; a bike shed was being built using wood from New Life Wood for example. In comparison, to buy a ready-made bike shed would have cost four times more than the actual costs. The pride that the service users felt when they helped to build something was worth it.

AA concluded with the four themes from the presentation.

- To ensure all patients maximise their potential
- Integrated working and co-production
- Seek creative ways to enhance patients' experiences
- Promote physical health.

PB thanked AA, and noted that he was looking forward to visiting Essex in the near future. SK extended his thanks for the work being done and was pleased to see the Five Function approach used in practice. KF also thanked AA, noting that she could only imagine what the service users would have talked about and the pride felt by them. EL offered her thanks adding how she would be grateful to hear how the patients developed in the future, and how the skills they had learned had been applied.

AL also thanked AA, and asked about when the idea was started, and who helped them develop the practical aspects of the ideas. AA replied that these were developed by using activity analysis in conjunction with a technical leader using the model of creative ability. Then, by working with and looking at the patient, assessing how they can apply what they know and how they can achieve it safely. There were allocations of tasks across abilities in order to make the project happen.

MK thanked AA for her presentation and the passion shown particularly with how the activities had been linked to education. MK offered a suggestion regarding cycling away from the site in Essex. AA replied that unfortunately not

	<p>all patients have Section 17 leave granted, which is why it's perfect to have a path on-site, noting that she did not want them to lose out on taking part in this activity.</p> <p>SRW asked how many people were involved in these activities. AA replied that approximately 60% of patients were involved with gardening across the whole site, even those patients who were ward based, including PICU, had access to this type of activity. AA extended an invitation all to Directors to visit Essex, particularly when many things were planned for the end of June, including the grand unveiling of the Beach Garden.</p> <p>PB enquired regarding the five elements of the model being applied and was interested in the reference to generalised ability being key to recovery in the community, he particularly wanted to know how it was assessed that we were equipping people with this. AA outlined that assessment was made by checking how safe people were by going back into the community. They were given the ability to access public services, starting internally and then developing into going outside the hospital environment. AA gave an example of work with one patient where his interests involved swimming, and how his skills developed over a period of time utilising visits to the swimming pool.</p> <p>GS concluded by thanking AA, adding that it was a shame that the service users could not have been there to show the passion already evidenced, and that he was incredibly proud of the team and the work they did. PB added that it was very helpful to have such a good presentation and that he would love to meet the patients when he next visits.</p>		
ADMINISTRATION			
<p>3.</p>	<p>Declarations Of Interest All 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.</p>		
<p>4.</p>	<p>Minutes Of The Board Of Directors Meeting, Part Two, on 25 March 2021 The minutes captured at the meeting held on the 25 March 2021 were AGREED as an accurate reflection of the discussion, subject to the following change:</p> <ul style="list-style-type: none"> • Page 12 – Line 3 – remove “not” 	<p>DECISION</p>	
<p>5.</p>	<p>Action Log & Matters Arising</p> <p>24.09.20 01 - Board Development Plans – It was AGREED that this action will remain Open subject to the completion of the governance review</p> <p>26.11.20 01 - Board Seminars – It was AGREED that this action will remain Open subject to the completion of the governance review, although a number of sessions have now been scheduled for a variety of purposes, including Board level mandatory training</p> <p>26.11 20 04 - NED Ward Visits – It was AGREED that this action will remain Open</p> <p>28.01.21 01 - Divisional Lessons Learned – It was AGREED that this action will remain Open</p> <p>28.01 21 05 - Veteran's Services – It was AGREED to CLOSE this action. The action was covered at the last People Committee and is included in the People Committee update</p>	<p>DECISION</p> <p>DECISION</p> <p>DECISION</p> <p>DECISION</p> <p>DECISION</p> <p>DECISION</p>	

	<p>28.01.21 06 - Community Services – It was AGREED that this action will remain Open</p> <p>25.03.21 01 - Performance Report, Benchmarking – It was AGREED to CLOSE this action, The item is included within the meeting agenda</p> <p>25.03.21 02 - Transformation Programme Progress Updates – It was AGREED that this action will remain Open and is due at the next Board meeting</p> <p>25.03.21 03 – Patient, Carer & Employee Promise – It was AGREED to CLOSE this action. The item is included within the meeting agenda.</p>	<p>DECISION</p> <p>DECISION</p> <p>DECISION</p>	
CHAIR'S UPDATE			
<p>6.</p>	<p>Chair Update</p> <p>PB gave his update to the Board, beginning with the annual update on the Fit and Proper Persons Declarations. He explained that the report set out the new process and that St Andrew's Healthcare had a Board composed of Fit and Proper persons and that therefore, assurance is given to the Board.</p> <p>PB then wished to note that as we moved out of lockdown, he has taken the opportunity to be on-site more regularly, visiting wards, with more planned in June. He has found that through engaging with the leaders on the wards he can see the impact that the pandemic has had on our staff and patients, but also the engagement with the rightsizing and transformation projects taking place. However, he noted that although there were a lot of very tired staff, they were looking forward to the future. Not least in our PICU units.</p> <p>The Board NOTED the update and ENDORSED the Fit and Proper Persons Declaration</p>	<p>DECISION</p>	
EXECUTIVE UPDATE			
<p>7.</p>	<p>CEO's Report</p> <p>KF presented the report which was taken as read. She highlighted item 2 of the report which covered Health and Safety, and noted that we had been awaiting a report from HSE following their last site visit which has now been received.</p> <p>As part of this report, an improvement notice had been received specific to Board related health and safety training. KF reported that this had now been arranged for 05 July. KF wanted to assure the board that this was the only improvement notice received and that the training was already in hand.</p> <p>AL commented regarding item 5 of the report, noting that the Board Strategic Review Group had taken seriously the post Covid world and that it should be a key part of the strategy for the Charity in the future. AL wished to show his support for this.</p> <p>EL noted that she was pleased to read the discussions and feedback from CQC for the progress made. She enquired regarding the food element of the patient feedback and asked what the main reason was for the deterioration in quality and was anything being doing to address it. KF clarified that there had not been a deterioration in quality, agreeing that this was important. She added that there was always a wide range of opinion on food, and a lot of the feedback centred on greater choice and a desire to have healthier options available. KF explained that there was a project underway and that a trial had been done using a different catering option. It was during this trial that it became obvious that the proposed option was not a better option particularly as a result of the feedback received from patients and staff. KF noted that Facilities were looking into developing the existing offering, and giving greater flexibility across the mealtimes.</p>		

	<p>KF also noted that St Andrew's were are now looking to welcome NHS Wales to Northampton on 7th and 8th June for a visit to the site.</p> <p>The Board NOTED the report and the Board Health and Safety training scheduled for July.</p>		
<p>8.</p>	<p>East Midlands Board Paper in Common</p> <p>KF presented the paper which was taken as read, explaining that these Board Papers in Common were circulated by the East Midlands Alliance for Mental Health and Learning Disabilities in order to update all board colleagues from all 6 organisations at the same time.</p> <p>KF was pleased to bring the Board's attention to the unanimous decision of the Alliance that the recruiting of an independent Chair is to be facilitated by St Andrew's and that St Andrew's is to host the employment of the new Chair on behalf of the Alliance.</p> <p>EL noted that it was good to see St Andrew's in the same forum with NHS providers and wondered if it would be beneficial to have a workshop for Board members in order to know more about partners. KF replied that she would be happy to support this. JL agreed that he would be happy to do a wider oversight of the different partners. He wanted to note that this paper should not be taken lightly, that this report demonstrated the leadership and input that St Andrew's had in this forum. JL took the ACTION to organise this session with PB and DL. KF added that she would like to get all 6 boards together, and that this was still being worked on.</p> <p>PB concluded that there was a marked shift in the input of St Andrew's in the last 12 months, and the significant position now held by it was noticeable. PB highlighted in particular the restrictive practices and technology in seclusion workstreams that the Charity had been involved in.</p> <p>The Board NOTED the report</p>	<p>JL</p>	<p>30.09. 21</p>
OPERATIONS			
<p>9.</p>	<p>Performance Report (including Finance and Covid-19 Response)</p> <p>SK presented the report which was taken as read, noting that this was the first presentation of the report in this revised format and that it now included target lines.</p> <p>He pointed out that he wanted to demonstrate the targets in principle at this stage and that they would be agreed at the Quality Safety Committee in future. SK highlighted that there had been a significant rise in incidents which needed to be taken into consideration, however, the harm and seriousness of incidents was low. This increased level of reporting has been welcomed, and we have offered NHSE/I the chance to scrutinise our Serious Incident data for external validation.</p> <p>SRW noted that the incidents and restraints graphs were similar and asked if they were related. SK confirmed that there was a correlation, adding that a large number of restraints are planned, so were recorded twice.</p> <p>EL thanked SK for a clear report and enquired regarding trends, wondering how the data was cleansed and could the trends be disturbed by new patients. SK explained that the report was trying to control for acuity and that it could be clearly seen when a new patient arrived, adding that EL was correct, and that a stable set of data would become more evident as a patient settled in. One way of mitigating this was a stratified set of data, and that a composite measure was being worked on. EL was concerned on how the nuances would appear. KF explained that some new wards had been developed, with some that cater for individuals with highly bespoke packages of care; these would affect the data. We are looking at how we can accommodate these type of influences in our data.</p>		

	<p>SK noted that it was important to keep the Charity's purpose in mind and that one problem with targets was that patients could possibly be curated accordingly to keep the numbers low. Those instances would deprive a large number of people of the care that we can provide. AL concurred with SK on this point.</p> <p>PB enquired regarding seclusion events together with the causes and effects and was wondering how these were reflected with regard to the issues on Sycamore and wanted to know more. SK explained that the patient presented with a particular set of challenges, and as a result, Sycamore was almost a ward for one individual, hence the care was more intensive. There was a specific mode of treatment required, which the team had to administer which took a few weeks to embed. The situation was being watched closely, the reductions would become apparent, but not immediately.</p>		
	<p>Covid-19 Response Update</p> <p>SK then went on to present the Covid-19 update which was taken as read and reported that the data was showing that the second wave of infections appears to be nearly over however, he wanted to note that the Charity was not being complacent, and that high levels of IPC monitoring were still in place with PPE supplies remaining high. With regard to vaccinations, the second phase was proceeding well with no adverse incidents, good uptake and in line with the government's expectations.</p> <p>AL enquired regarding Birmingham, asking if the numbers being vaccinated had improved, and if SK had any thoughts on how we could encourage uptake. SK replied that overall the West Midlands did have lower rates. A lot of intensive work had been done locally. In Northampton, we have control over the programme as we were a vaccination hub, but this was not the case in Birmingham, where we had to rely on staff going externally, with some staff keeping their vaccination status personal. Vaccinations are highlighted whenever an Executive is on site.</p> <p>AL asked if there was a point where we could reflect on where we were. SK clarified that we wouldn't be able to reach a point where we could quantify a figure as the situation continued to change. KF noted that there could be a problem if vaccinations became mandatory like Hepatitis. This topic was being debated currently. She added that the work to encourage vaccine uptake would continue in the meantime.</p> <p>PB raised the issue of disclosure, noting that employees do not have to disclose their vaccination status at the moment. However, if they do contract the virus, how could this affect their personal liability? SK explained that there was one step prior to this which involved risk assessment where we would have to check our obligations regarding placing an employee that was not vaccinated in a high risk environment. Discussions on this topic are being had with HR internally. We are nevertheless still in a better position than we were previously.</p> <p>AB wished to remind the Board that whilst things were looking at relaxing with freedoms opening up, the rules for the public were not the same as they were for healthcare professionals. It was important to understand that PPE and IPC controls were still in place. AB also noted that he would be issuing further guidance for visitors, Non-Executive Directors and Governors alike.</p> <p>The Report was NOTED by the Board</p>		
QUALITY			
<p>10.</p>	<p>NHS Benchmarking Network</p> <p>SK presented the report which was taken as read, highlighting that previous discussions on this had been had by the Board, and that in the past, problems had been encountered in gaining meaningful data to work with. This has now been worked on with NHS Benchmarking. SK outlined that he and AB had met with NHS Benchmarking and agreed the data sets and the likely timescales for</p>		

	<p>receipt of the data. NHS Benchmarking have offered to present to QSC (and Board if required). He added that it was not the purpose to produce targets, but to allow us to ask questions if results show that we need to compare to the wider NHS. This will be very helpful.</p> <p>PB noted the timescales involved and suggested a Board seminar session to look at the results so that we can spend more time than in a normal Board meeting. AB suggested that the timescales could be closer to the end of the year.</p> <p>The Report was NOTED</p>	DL	25.11.21
REGULATORY			
11.	<p>Quality Account update</p> <p>AB presented the paper which was taken as read and gave an update explaining that the Charity was required to produce an annual Quality Account as a result of the Charity offering services that had been commissioned by the NHS. He added that reporting timescales had been affected this year by the pandemic. He explained that the content of the report was unlikely to change, there are three main parts. With part one covering the past year, part two concentrates on priorities for the coming year, which include; getting the basics right; improving engagement with patients and carers; and supporting our staff. AB noted that it may not seem ambitious, but it is ambitious and this is what we should be aiming for if we wanted to be outstanding. Part three covers the Assurance Statements which indicate our current position in terms of Quality</p> <p>AB recommended Board sign off, and accepted that an Extra-ordinary Board Meeting would be required due to timescales regarding presentation to Quality Safety Committee being taken into account ahead of submission by 30th June</p> <p>AL noted that having as much done as possible beforehand would help, including queries and questions. KF agreed with AL and suggested that the minutes from Quality Safety Committee would help greatly with the discussion as well. AB agreed that It was a challenge to develop this report in the timescales given, especially under the current circumstances.</p> <p>PB noted that the report required the appropriate levels of scrutiny, in conjunction with the most recent minutes from Quality Safety Committee. PB asked DL to schedule an Extra-ordinary Board Meeting via Teams as close to June 30th as possible.</p> <p>PB then asked a question in relation to the content of the report and asked for clarity on 'never events' and how they are viewed within the environment of St Andrew's. AB explained that these included events such as ligature death, and that very few of the national list of never events applied to us as a mental health provider with most of the list relating to physical healthcare.</p> <p>The Board NOTED the update.</p>	DL	30.06.21
12.	<p>Data Security and Protection Toolkit</p> <p>JC presented the paper which was taken as read, and outlined that this paper was produced each year ensuring that, as required, we are demonstrating that we continue to meet the NHS standards in-line with our contract. A significant element of meeting the standards is our compliance with the ISO certification. This year a full re-certification has been undertaken and no comments or non-compliances were received from ISO. Internal audit had also checked elements of this report for further assurance.</p> <p>JC outlined that he was looking to extend ISO certification in the future to cover privacy which was a new element and over and above the NHS requirements. This would give would give greater assurance externally. JC noted that the response had been delayed due to the pandemic and that submission would be made in June. Majority of organisations have had the same issue in relation to achieving the mandatory training levels required ahead of submission and</p>		

	<p>the delay till June allows this to be achieved and was recommending to the Board that we submit as "Standards Met".</p> <p>AL wished to make a note regarding Board oversight, mentioning that other organisations usually had a one-pager submitted to the Board on a regular basis. He wanted to note that no regular reporting goes to Board at the moment regarding data and system integrity. JC replied that in terms of assurance, there was an assurance group internally which covered this, and that previous reporting had been done on an annual basis to Board. He noted that he would be happy to report quarterly with a performance report by including additions to existing reporting that was undertaken. AL noted that it was important that this data reporting was not lost and embedded within other reports. JC added that a report had been included within the counter-fraud update to ARC and that something similar would be suitable for Board.</p> <p>PB added that it would be good to include this within the existing Performance Report so that additional work could be avoided.</p> <p>The Board APPROVED the submission.</p>	<p>JC</p> <p>DECISION</p>	<p>30.09.21</p>
GOVERNANCE / ASSURANCE			
<p>13.</p>	<p>Sub Committee Updates</p> <p>People Committee - PB presented the update which was taken as read. AL requested that employees be referred to as colleagues. PB replied that staff had been consulted on this and that their preference was employees, with MK confirming this. The Board APPROVED the Employee Promise and the Report was NOTED.</p> <p>Quality & Safety Committee - SK presented the update which was taken as read. He noted that the Committee had discussed for escalation the acuity problems within CAMHS, particularly where a few patients who were admitted together all required high levels of enhanced support. SK noted that support for the division was ongoing. He also updated that a new Psychiatrist was being recruited and would be in role shortly. The Board NOTED the update.</p> <p>Audit and Risk Committee - Audit and Risk Committee - EL presented the update which was taken as read, noting that the previous meeting of the Audit and Risk Committee had been dedicated to planning. ARC had approved the PwC Audit plan for FY20/21 which proved to be highly comprehensive. Also approved Internal Audit and Counter Fraud plans for FY21/22. EL noted that the Committee remained conscious that risk management could only offer partial assurance. Active risk management is required and this should be in place by July. The Board NOTED the update</p> <p>Research Committee - SK presented the update which was taken as read. He noted that 2 interesting presentations had been received, including 1 from Professor Glasby from Birmingham that described the experience of patients with LD & ASD through medium secure care. A number of research projects have been delayed due to Covid, with researchers unable to come on-site. A new refreshed strategy for Research is due to be done by the end of September. SK extended thanks to Sir Peter Ellwood for his Chairing of the Committee, noting that it was this that had moved the Research function forward. The Board thanked Sir Peter as a whole. Professor Stanton Newman has assumed the Chair position of the Committee.</p> <p>The Board NOTED the update</p> <p>Pension Trustees - MK presented the update which was taken as read, and commented that there was nothing further to add.</p> <p>The Board NOTED the update</p>	<p>DECISION</p>	

PATIENT / CARER VOICE
14. Service Presentation – DBT Patient Journey video

JL introduced Tom Bingham (TB) and Jo Lehmann (JLe) from Communications. TB gave context regarding the video, explaining that this was part of a programme designed to educate and de-stigmatise, but also to humanise the Charity and help with staff morale. This was about reminding staff what a great job they do. TB thanked all the patients involved in the making of the documentary.

JLe was then joined by Kayleigh (a patient), noting that they had been listening to what the Board had been talking about and that it was a good way to involve patients to show their journey and recovery process. The Board was shown a clip of the documentary which would eventually be 15 – 20 minutes long.

Following the clip, JLe said that she had been working with Kayleigh for a couple of months and that this was an observational documentary aimed at trying to raise awareness of mental health. Kayleigh gave an outline of her time with St Andrews, and next steps in her recovery. She said that the documentary gave her a chance to reflect on her recovery in a positive way.

PB thanked both, raising the question that if the video could have been more than 15 minutes long, what else would they have liked to have seen within it. Kayleigh said that she felt it covered everything she wanted it to. JLe explained that the challenge was showing the array of therapies available at St Andrew's, and that due to patient confidentiality, this could not always happen. Kayleigh spoke about how DBT had helped her in her recovery and changed her life. If it wasn't for St Andrew's she didn't know where she'd be.

SK noted that he was pleased to see Kayleigh doing so well and thanked her for the video.

JL expressed his thanks to JLe and to Kayleigh, noting that things were starting to change regarding talking about mental illness he acknowledged how brave it was of Kayleigh to do this.

AB commented that he liked the style of the documentary, as trying to get messages across can sometimes reinforce the stereotypes, but that this did not do that. This gave a positive way of looking at mental health, that these were people with skills not problems. He asked JLe why she chose that style. JLe replied that a lot of work had been done around other campaigns and in order to capture what happened, it needed to be observational, involving filming over a longer period of time. She was conscious that she did not want this to look staged in any way. JL noted that the filmmaker used had previously worked with the BBC and C4.

AL noted that it was really pleasing to see how Kayleigh had been given the opportunity to follow a passion and that that was what was important in allowing Kayleigh to see a path and create motivation; those pathways were so important. AL asked JLe if she could explain how she intended to use the documentary, who would see it and what would be the objectives. JLe replied this would be St Andrew's owned; that we wanted to retain control. It would be used across all social channels. PR would also be a part of it. It was hoped that an opinion piece would also be done in the press. Local press and radio would definitely see it. TB added that internally, the staff would see these documentaries in order to underline what a great job they were doing. TB asked if the Board could talk about this externally.

PB agreed with TB, and pledged to speak about the upcoming documentary. AL noted that it could be used to raise money for projects.

KF thanked Kayleigh, noting that it took so much courage to do what she had done. It had touched so many people in such a positive way. Kayleigh was a good role model. KF noted how grateful the Board were, and wanted Kayleigh to know how much this was appreciated. KF asked that if the clock was rolled

	<p>back, what would she have found useful to hear from St Andrew's; how could we help others? Kayleigh said that more information about St Andrew's would have been helpful at the time of admission, showing what was on offer, and explaining the ward environments. KF thanked TB for giving service users a voice.</p> <p>PB asked Kayleigh regarding her college placement and a business course she had mentioned, asking what her future hopes were. Kayleigh replied that she wanted to do catering and business studies as she wanted her own restaurant.</p> <p>PB asked that this video be shown at the upcoming Court of Governors.</p> <p>PB thanked Kayleigh, TB and JLe.</p>	DL	25.06.21
ANY OTHER BUSINESS			
15.	Questions from the Public for the Board No questions were received for the Board.		
16.	Any Other Urgent Business (notified to the Chair prior to the meeting) There was no other Business notified.		
17.	Date of Next Meeting : Board of Directors, Meeting in Public – Thursday 29 July 2021		

Approved – 24 August 2021



Paul Burstow
 Chair

APPROVED 24.08.21