

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

Friday 27 May 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
Jess Lievesley (JL)	Interim Chief Executive Officer
Kevin Mulhearn (KM)	Interim Chief Finance Officer
Andy Brogan (AB)	Chief Nurse
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director

In Attendance:

John Clarke (JC)	Chief Information Officer
Rupert Perry (RP)	Lead Governor
Alex Trigg (AT)	Director of Estates and Facilities
Oliver Shanley (OS)	Advisor to the Board
Julie Shepherd (JS)	Improvement Director
Duncan Long (DL)	Company Secretary
Anna Williams (AW)	Director of Performance
Cat Vichare (CV) Item 14	Clinical Director
Melanie Duncan (Minutes)	Board Secretary

Apologies Received:

Andrew Lee (AL)	Non-Executive Director
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Agenda Item No		Owner	Deadline
1.	Welcome 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 were noted.		
ADMINISTRATION			
2.	Declarations Of Interest & Quoracy 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. PB declared an interest regarding Essex and Community Partnerships, relating to his Chair position at Hertfordshire and West Essex ICS. OS declared that he was in attendance in his capacity as Special Advisor to the Board. The meeting was declared quorate.		

3.	Minutes Of The Board Of Directors Meeting, held in public, on 24 March 2022 The minutes of the meeting held on the 24 March 2022 were AGREED as an accurate reflection of the discussion.	DECISION	
4.	Action Log & Matters Arising It was agreed to keep OPEN the two actions on the log: <ul style="list-style-type: none"> • 24.03.22 01 – Staff Retention Metrics The action was re-assigned to MK, with the update being that work was ongoing with NHFT. Metrics were not currently in place, as they were being developed. • 24.03.22 02 – Governance Update – Authority Matrix It was noted that the Matrix would be presented for approval at the Board in July. 	DECISION	
CHAIR'S UPDATE			
5.	Chair Update PB gave his update to the Board, beginning with the annual update on the Fit and Proper Persons Declarations. These were NOTED , with no material disclosures made. The Board NOTED and AGREED the Disclosures PB then updated verbally, noting the recent recruitment and appointment process for both the new CEO; who will join in August with an announcement anticipated in the coming two weeks; and the new COO who has been recruited from the NHS with good experience. PB further updated that DS would be leaving the Board of Directors in the Summer. PB thanked DS for his input on quality and safety and for his leadership during his time with the Charity. PB confirmed that the recruitment of a further 2 Non-Executive Directors is now underway. PB, JL and OS had met with NHSEI in March to discuss the concerns with regards to Women's Services and the changes in charity leadership. Assurance was provided within the meeting as a result of the discussions. Quality continued to be placed highly on all agendas in recent weeks, with it being noted that Quality and Safety Committee would be kept appraised regularly by People Committee. PB then extended his thanks and appreciation to JL who would be leaving the Charity in the coming weeks. JL's leadership of the organisation was acknowledged, along with how JL had helped the Board to understand the challenges faced by the Charity. The Board NOTED the update.	DECISION	
EXECUTIVE UPDATE			
6.	CEO's Report JL presented his report which was taken as read, thanked PB and the Board for their kind words and acknowledged the privilege that it had been to adopt the position of CEO and thanked the Executive team for their support. JL added that the direction that the Charity should take was now clear and that it would aid with continuous improvement. JL highlighted the recent re-inspection of Women's Services which had concluded. No matters for escalation had been noted, and the draft report was expected in the first week of June. A Board update would follow. With regard to workforce, the Allocate implementation would be due to take place in June, which would result in matching resources with acuity. A period of testing was imminent, with a further update due to be made to the Board once the Executive have agreed the go or no-go scenario. JL further explained		

	<p>that workforce deployment and how teams worked together had been a focus. Recruitment was a challenge with retention also now becoming a major focus. The culture change programme would also help to address these areas.</p> <p>Meetings with banks had been held relating to the Revolving Credit Facility (RCF), with good feedback given. Options were now awaited, with relationships with one or more banks expected.</p> <p>SN thanked JL for his tenure and enquired regarding the PREMHS item included in the report, asking what was the frequency and response and if the results could be benchmarked against other Trusts. JL responded and requested that the items be discussed further during the IQPR section of the Agenda. SN also asked about culture and if there was a timeline for the discovery phase of the project. JL replied that the discovery phase was due to end in July, to be closely followed by the Action Phase with implementation in the Autumn.</p> <p>DS also thanked JL and asked what the purpose was for the culture interviews due to be held in the coming weeks. DS also wanted to know what the process was for those returning to work after long term sickness. JL replied that the culture interviews had been used successfully in other Trusts and demonstrated that contact with leadership showed understanding of everyone's priorities. MK replied that with regard to sickness, there were 217 members of staff who had been away from work for more than 3 months. 197 of these people were now back in work, as many of the cases were Covid related. Sick pay had substantially reduced as a result, with the conversations having an effect. PB added that the NED interviews for Lead the Change would begin on the Monday and would be a chance to articulate what the Board was trying to achieve. MK outlined the sessions that were planned with the Change Champions. PB noted that partial assurance was offered with regard to sickness absence and that further work continued for the long term.</p> <p>RB noted that cost efficiency and opportunities to reduce costs in the current climate should be considered by the Board. JL agreed with RB and suggested the ESG group and their work which could align accordingly.</p> <p>The Board NOTED the update</p>		
<p>7.</p>	<p>Committee Assurance Reports</p> <p>Quality & Safety Committee DS presented the report and outlined the 3 most significant issues which had been discussed by the Committee:</p> <ul style="list-style-type: none"> • CAMHS Staffing • Safeguarding Level 3 Training • Impact of delayed transfers of care <p>DS also highlighted the Quality Account page turning exercise which had happened the previous day, noting that the report would be submitted for approval by Board in the coming weeks.</p> <p>The Board NOTED the report</p> <p>Audit & Risk Committee EL presented the report and outlined the highlights and discussions from the most recent meeting:</p> <ul style="list-style-type: none"> • The transfer to the new external auditors, Grant Thornton was working to plan. • Operational Risks had been discussed • A new Material Risk relating to the RCF had been raised • One Material Risk relating to Estates had been retired • Internal Audit presented their report on the DSPT Toolkit • Accounting Policies, Internal Audit and the Local Counter Fraud annual plans were all approved. 		

<p>The Charity Risk Appetite had also been approved, following development using Good Governance guidelines, with links to the results of the E&Y governance review. This work would assist in articulating the risk appetite for adoption across the Charity. ARC also recommended endorsement of the Risk Appetite Strategy. JL agreed, adding that this would give a good framework for balancing risks across the organisation. EL added that ARC had requested regular reporting on the Risk Appetite.</p> <p>PB asked if the timeline for full assurance on significant risks was ready. EL noted that how this was approached and what the measurement of success was. A 12 month timeline was given. PB added that risk appetite needed to be embedded by both the Board and the Executive Team, and asked if the risk strategy conveyed the correct level of risk relating to Therapeutic Risk. EL confirmed that this had been discussed in detail at the previous meeting. SK added that particular phraseology could be used in order to reflect the complexity and probability of the risk. RB added that communication throughout the whole organisation would be required with regard to well thought out therapeutic risk. SN commented that regulatory compliance wording as used by Research and Innovation could be used for consistency. AB noted that risk appetite should also cover clinical risk, with the Board setting the tone. The Change Leader programme would help with this, and encourage with the broader approach. PB added that the recent incidents within CAMHS reflected the challenge of taking appropriate therapeutic risk, with DS also commenting that patient and staff safety were central to the risk appetite strategy.</p> <p>The Board APPROVED the Risk Appetite Strategy subject to further focus on therapeutic risk and compliance. PB added that a Board session on these areas would be required. DL to schedule.</p> <p>The Board NOTED the report</p> <p>Research Committee</p> <p>SN presented the update which was taken as read, noting that the Research Strategy had been approved by the committee and was also being presented for consideration by the Board later in the meeting. Research Committee also presented a proposal for a further operational research group to be formed. SN also updated that Paul Wallang had left the Charity, with thanks being extended for his work.</p> <p>The Board NOTED the report</p> <p>Pension Trustees</p> <p>SRW presented the update which was taken as read. There were no further questions.</p> <p>The Board NOTED the report</p> <p>People Committee</p> <p>PB presented the update which was taken as read, noting the following key issues which had been discussed by the Committee:</p> <ul style="list-style-type: none"> • Sickness Absence • Workforce challenges deep dive • Recruitment and Retention <p>RB noted that the data regarding non-patient facing shifts appeared to be out of sync. JL explained that there was a culture in the way in which the organisation used and deployed staff, and outlined what level of non-patient facing shifts were acceptable. He added that Allocate would be critical in addressing existing practices, with an anticipated 2,000 shifts being able to be re-deployed every month as a result.</p> <p>PB added that the strategy and IQPR measures of success had also been considered.</p> <p>The Board NOTED the report</p>	<p>DL</p>	<p>04.11.22</p>
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Quality		
8.	<p>CQC Inspection, Report and Actions Update</p> <p>AB presented the paper which was taken as read, and noted that the many of the actions raised as a result of the inspection were closed, however, a substantial amount remained open, due to a high level of assurance being required. AB commented that he was confident that the work within Women's Services had led to significant improvements in care.</p> <p>DS asked if the report should have been presented to QSC prior to the Board, in order to provide the requisite assurance, and what measures had been taken as a result. AB replied that the report had been presented to QSC at previous meetings, and that direct feedback from the regulator had indicated that improvements had been observed, that safeguarding alerts had reduced and that improvement measurements had been observed with evidence in place.</p> <p>JL commented on the QIP and subsequent learning noting that this stemmed from setting high standards, with the evidence and structures in place to close actions far in excess of what was being observed elsewhere in the region. JL added that a more pragmatic approach was needed for gaining assurance when closing the actions. JL also noted that JS would challenge if the correct practices were not observed.</p> <p>JS agreed, and suggested that simpler forms of evidence should be considered when reviewing quality improvement action plans and confirmed that NHFT had also gone through the same process and that much simpler evidence would be used in order to provide assurance.</p> <p>The Board NOTED the report</p>	
9.	<p>Quality Improvement System Support and Buddying Workstreams Update.</p> <p>AB and JS presented the paper which was taken as read. JS noted that the paper outlined the support that had been extended via the buddy relationship, and wished to thank everyone for their help and welcome at the organisation. JS then outlined the nature of the relationship and the work that had been done since October the previous year, and highlighted that funding discussions were ongoing for the coming year. PB thanked JS for her support and that of NHFT.</p> <p>RB noted the biggest risks mentioned in the paper and asked if there was a mechanism in place for continued support and embedding. AB acknowledged the risks, adding that recognition of them was important, with the recruitment of the Quality Matrons to enforce and embed an important factor. Performance reporting has helped enormously, along with the governance structure in place. AB noted that this work needed to remain on the agenda for the time being.</p> <p>RB further commented that cultural leadership and staff resistance was of great importance and needed to be addressed. AB replied by outlining the 6Cs work by Vishelle Kamath, with some resistance being observed, which was now fast becoming a legacy following support from HR. Future recruitment to the Charity's values will be important in order to retain this culture. JS agreed, noting that St Andrew's was a focus both regionally and nationally, and that documenting the journey would be important. She added that the CQC report was a good indicator of progress.</p> <p>DS commented that the buddy forum had worked well and that from a QSC perspective, the work on the Quality Account indicated connection and engagement.</p> <p>JL noted that this was a significant piece of work which was as a result of how the leadership had positioned the organisation, with the Charity now embracing its position within the system. JL added that the banks were now noticing how unique the process is as well. The biggest risk would be sustainability, with the longer term operation now in focus. SK reiterated sustainability with proactivity</p>	

	<p>now being the focus. The process was already underway with the benefits already being seen. SK further added that the work in Women's Services was not done in isolation, but that all divisions were part of the process and the subsequent benefits, with continuous engagement now important</p> <p>OS thanked JS for her report and noted the importance of governance and culture along with quality improvement. He noted that alignment of these was paramount, with the senior leaders being operationally bound in the short term, however, that was not sustainable.</p> <p>PB summarised by thanking JS and her team at NHFT, noting the mutual benefits that the arrangement had brought. PB asked QSC to review and provide assurances to the Board with regard to the level of assurance needed for the closure of actions along with the sustainability of the programme and its embedding within the Charity, with People Committee to provide assurance with regard to talent management, retention and culture.</p> <p>The Board NOTED the update.</p>	<p>DS & AB</p> <p>PB & MK</p>	<p>29.09.22</p> <p>29.09.22</p>
<p>10.</p>	<p>Safer Staffing Report</p> <p>AB presented the report which was taken as read, and noted the detailed narrative within the report which covered the changes in ASD/LD figures due to the flexing down on planned numbers; Essex having the largest gap with regard to qualified nurses to establishment and no action cards being instigated in Essex. AB highlighted the CAMHS wards which were experiencing challenges, with staff consistency being paramount where there was high acuity. AB drew the Board's attention to the improvement process that had been introduced as a result. Stabilisation would be key with staff being moved into the division for the coming months.</p> <p>AB added that the issues within the division were also being actively discussed with system partners, and that NHSE visiting the division. Meetings had been scheduled with the CAMHS Collaborative to discuss the pressures on the service. A further detailed report on CAMHS was being presented at the next QSC.</p> <p>PB thanked those members of staff who had written to him with regard to the service but asked why the Freedom to Speak Up Guardians had not been used. AB noted that as issues needed to be identified early on, this was not ideal. However, a lead Freedom to Speak Up Guardian had been appointed and would be highly visible within CAMHS.</p> <p>JS offered to link the Guardians up with those within NHFT and liaise on mandatory training. JS also stated at this point that there was a potential conflict regarding this, as NHFT was a commissioning partner, which the Board noted.</p> <p>JL added that no staffing issues were raised with the Guardians, however, other issues had been noted. He added that within the East Midlands, all organisations were experiencing the same challenge with investment currently being made into community based settings as opposed to in-patient based services, but was confident that the work being done would address the issues.</p> <p>SN noted concern regarding the timeline prior to the next QSC and wanted to understand refusals to deploy. AB replied that a further briefing would be made available to QSC members in due course. With regard to refusals, these remained a concern, especially with regard to cancelled shifts. AB agreed to include data on this in future reports.</p> <p>SK confirmed that this was an area of focus, along with addressing skill mix; particularly where there are specialities to take into consideration; this would be tackled by Allocate. JS confirmed that this also formed part of NHFT's previous challenges. SN suggested that this be included as part of the work being done on culture.</p>	<p>AB</p>	<p>29.09.22</p>

	<p>RB asked who was responsible for those patients awaiting transfer, and where did the liability sit. AB replied that it was the commissioner's responsibility with regard to placement, but that it was our liability whilst the patient was in our care. RB then noted that mitigation was required for this and asked if thought was being given to longer term solutions. AB commented that this was being addressed and would update RB offline.</p> <p>RB then commented that it was good to see no clinical action cards, and asked if the approach should be reviewed in the medium term. DS noted that redeployment of staff would require them to have specific skill sets, and also wanted to have a better understanding of the Guardians; he agreed that these areas would be discussed in more detail at the next QSC. SK confirmed that staff are being moved (redeployed) already, with EL noting that as a result of Neuro's recently improving, could these principles be applied within CAMHS. AB confirmed that they could and that changes led by the clinical teams had been successful.</p> <p>SRW asked if the new staffing rota had been a success. AB confirmed that it had, with the language around the system now being changed. A review on the lesson learned and other aspects was imminent. KM confirmed that financially, the initiative had been implemented with little or no financial impact as a result of transition. AB confirmed that an evaluation would be conducted.</p> <p>PB summarised by acknowledging the work being done, and noting the following assurances expected from Committees:</p> <ul style="list-style-type: none"> Assurance from People Committee regarding actions being taken to address refusals to re-deploy, specifically in relation to the work being done on the Charity's culture Assurance from QSC with regard to robust arrangements with Freedom to Speak Up Guardians, and if there are any additional steps needed to be taken. <p>PB also acknowledged the serious pressures nationally with regard to secure CAMHS.</p> <p>The Board NOTED the update</p>	<p>PB & MK</p> <p>DS & AB</p>	<p>29.09.22</p> <p>29.09.22</p>
Finance			
<p>11.</p>	<p>NHS Improvement Annual Solvency Commitment KM presented the paper which was taken as read.</p> <p>The Annual Commitment was APPROVED by the Board</p>	<p>DECISION</p>	
Assurance			
<p>12.</p>	<p>Board Assurance Framework (BAF) DL presented the paper which was taken as read, noting that this work was a continuance of the improvements in the Charity's Risk Management system and the BAF links the Strategic Risks to the existing system and to the Charity Strategy.</p> <p>AB wanted to make sure that there was a distinction between material risks and those included within the BAF. DL replied by explaining the differences and that the material risks were linked to the strategic risks and vice versa, however the design of the system removed duplication of processes.</p> <p>SN noted concerns regarding the strategic risks and felt that the 8 quoted were quite restrictive. He also asked if the Board would receive an overview of what was being reviewed by the Committees at least annually. DL replied that in excess of 150 strategic milestones are included within the Charity Strategy and that these are monitored via the milestone tracker process managed by Eddie Short, Director of Strategy and that the tracker would support the reporting of strategy progress to the Board. Longer term risks, such as relating to the</p>		

	<p>Research or Education strategies would be managed via the operational and material risk route, moving to strategic as they increase in priority and impact.</p> <p>The Board will receive a BAF update at every meeting, with Sub-Committees completing periodic reviews of the areas within the BAF under their remits. The new BAF process will be formally reviewed in January once it has been reported a number of times to allow for any changes required, and once confirmed will move to an annual review in conjunction with a review of the Charity Strategy.</p> <p>OS commented that it was helpful that the 8 strategic risks were all aligned. PB added that a review in January would address the embedding phase.</p> <p>The Board AGREED to adopt the framework, and would revisit it in July, following its review at ARC.</p>	DECISION	
Operations			
	<p>13. Integrated Quality & Performance Report</p> <p>AW presented the report which was taken as read, and highlighted the additional quality metric that has been added, along with the sustained improvement seen in the existing metrics, with no concerns at a Charity level. AW also highlighted how disaggregation would provide greater clarity within certain metrics, however there are some minor concerns when these are broken down to a divisional level. The mitigations for these concerns were included in the report and AW confirmed that assurance is provided to the Board through the governance approach, performance framework and the detailed presentation provided to the QSC.</p> <p>SK then presented the MyVoice dashboard and highlighted the uptake of the survey across the Charity. He then outlined the benchmarking process which had been used during the development of the survey. SN thanked SK and asked why a bespoke system had been used. SK explained that there was not an industry standard available, with differing services using differing settings. Friends and Family was a common test, however, others were more specific. SN then asked if Community Services used the survey. It was confirmed that Community Partnerships do use the survey, with other metrics used as well as there were concerns that there was no comparability within that area. PB then asked if there was anything that could be done across the Midlands provider collaboratives in order to improve benchmarking data. SK replied that contact had been made with other Trusts in order to benchmark against similar provisions.</p> <p>EL noted that the use of agency staff had reduced, and asked if the target could be stretched, and if we had benchmarked against absence levels. MK replied that agency usage used to be at 15%, however, there were now challenges with sourcing staff from this area, but that it was being addressed. With regard to absence levels, this was not currently benchmarked. AB added that the PREMS data was the first quality priority within the Quality Account.</p> <p>PB enquired with regard to assurances on the work being undertaken on delayed transfers of care, especially on admissions and discharges. SK replied that the admissions process was currently being refined, with the data being scrutinised, and would be addressed once Allocate had been delivered. SK agreed to prepare a paper on Delayed Transfers of Care for presentation to QSC with more detailed analysis on the area and information on where we have some control within the system and where we do not.</p> <p>KM highlighted the financial overview, noting the end of year position and further noted the forward view where the trend continued to be favourable to budget. There had been an increase in occupancy in April, with the trend expected to continue from a cost perspective. Easing of restrictions had helped with this increase.</p>	SK	14.06.22

	<p>EL asked about staff increases in relation to increases in bed occupancy and at what point would this be seen. MK outlined how the gap was being managed on a weekly basis. EL then asked if the registered nurse levels could be overlaid on the bed occupancy graph in order to view potential correlations. AW agreed to look at the data.</p> <p>SN asked for further information on non-operating costs. KM outlined the investment portfolio, which showed an adverse trend which could be linked to the current situation within the Ukraine. SN then asked what percentage was bed occupancy versus other sources of income. KM replied that 94 – 95% of income was generated by bed occupancy.</p> <p>The Board NOTED the report</p>	AW	26.07.22
Patient / Carer Voice			
14.	<p>Divisional Presentation – Community Partnerships</p> <p>CV joined the meeting and gave a presentation on the division and the different areas in which it operated.</p> <p>DS congratulated CV on the recent rating received from the CQC and asked if there was an opportunity to offer the service in the Birmingham area, suggesting that opening dialogue with the local Council may be beneficial. CV agreed that there was an opportunity and that they had been approached about doing some assessment work.</p> <p>SN asked if the IT issues experienced the previous year had been resolved. CV replied that they had been, and that RiO was now being used by the service, with an outcomes dashboard being worked on. SN then noted that the business to business opportunities highlighted in the presentation appeared to be attractive, and asked if CV required any support in this area. CV explained that these opportunities were direct enquiries received locally, and would link them in with the Business Development Manager once they were in post. SN then asked about staffing levels within the division, and if there were acceptable. CV replied that they were not currently an issue as the division was flexible in the way in which it worked.</p> <p>RB asked if there was a register of local authorities who had also pledged to the Armed Services Covenant, as the service could be promoted within those towns. RB further offered her assistance in making contact if this was the case.</p> <p>AB noted that some contracts were comparatively small and short term, and asked how this could be addressed and supported. CV replied that working with business development would help with further developing this area.</p> <p>MK commented that the service user experiences were good to see. CV replied that they were working with Bobbie Kelly to nominate HeadFest for a HSJ award.</p> <p>PB thanked CV, and asked how the CQC rating had been received within the division. CV replied that whilst some areas were frustrating, work was underway internally and with the regulator in order to ascertain what needed to be done to attain outstanding, ensuring that we build on where we are and do not fall back anywhere.</p> <p>The Board NOTED the presentation</p>		
Matters Arising / Discussion Topic			
15.	<p>Research Strategy and Strategy Implementation Plan</p> <p>SN presented the paper which was taken as read, highlighting that it was in two parts. Firstly the strategy itself, which had been approved by the Executive Team and then secondly, the implementation plan.</p>		

<p>JC asked how benchmarking was being used, with reference to the KPI list. SN replied that it was difficult to gain comparable data as some Trusts invested heavily in research, whilst others did not.</p> <p>DS commented on how pleased he was to see the inclusion of research activity which will result in patient benefit by 2026, and what the financial returns would be from this activity. SN replied that the intention was to place the Charity on the same basis as NHS Trusts as far as costs and research were concerned, which will mean a financial return for each piece of research. SK further noted that bespoke arrangements will need to be in place for each contract in the future, in order to gain reputational benefit and grant income.</p> <p>RB raised the risk of diversion of capacity for the department and how this could affect the implementation of the strategy, and the resultant costs involved. RB also noted that further development of the financial aspects would be beneficial as well as noting what the current financial commitment was. SN replied that all the staffing would be new, and not existing Charity staff, with the resultant costs mitigated by clinical time.</p> <p>JL commented that phasing of the strategy needed to be considered as this element was not considered to be a priority for the next 2 years. He added that there were funds available to support for the first 2 years of the strategy, however, after that point, the department would be required to be self-funded. KM added that there were existing grants that were being drawn on and would be considered further at the correct time. SN clarified that the expectation was that the department would eventually be self-sustaining. SK commented that the reputational gains would be worth the investment as the themes were aligned with the Charity.</p> <p>AT asked about geographical locations highlighted in the SWOT analysis and how these would impact the strategy. SN replied that the location of universities was important and the majority are a little distance away and whilst manageable, proximity is important.</p> <p>MK commented on the table which indicated the number of conferences, and asked where the Trauma Centre featured. He added that there were opportunities to move towards the model that was currently being used by Dr Morris. SN replied that conferences were important from a reputational perspective, to inform people that you are interested in a certain area and from a financial perspective SN added that he agrees with the model being used by Dr Morris and links to the model he has previously suggested, whereby clinical and research work is mixed.</p> <p>DS added that in his opinion, research was a long term process and if we adopt the strategy correctly it will benefit the Charity.</p> <p>PB summarised by proposing that the Board approve the strategy as the basis for setting the Charity direction for research and that the implementation plan be approved subject to further work on the financial plans, timings and phasing and the use of any seed funding.</p> <p>The Board APPROVED the strategy, and APPROVED the implementation plan subject to further work on the financial aspects.</p>	DECISION	
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Regulatory			
16.	Data Security & Protection Toolkit (DSPT) – Pre-submission Approval JC presented the annual submission for approval, noting that Internal Audit had given adequate assurance, along with there being re-validation of ISO 27001 in the current year. JC added that all standards had been met. The Board APPROVED the submission	DECISION	
ANY OTHER BUSINESS			
17.	Questions from the Public for the Board No questions were received for the Board.		
18.	Any Other Urgent Business (notified to the Chair prior to the meeting) There was no other Business notified.		
19.	Date of Next Meeting : Board of Directors, Meeting in Public – Tuesday 26 th July 2022		

Approved – 26th July 2022

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Paul Burstow
 Chair