

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 26 November 2014**  
**The Learning Suite, Stockwood Discovery Centre, Luton LU1 7HA**

**Members present:**

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Randolph Charles	Non-Executive Director
Steve Cotter (SCt)	Non-Executive Director
Steve Currell (SCr)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Dr Dawn Hillier (DH)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Malcolm McCann (MM)	Executive Director Integrated Services (Essex & Suffolk)
Mark Madden (CFO)	Executive Chief Finance Director
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)
Janet Wood (JW)	Non-Executive Director

**In attendance:**

Brian Arney (BA)	Public Governor
David Bowater (DB)	Appointed Governor
Allan Brandham (AIB)	Member
Ann Brandham (AnB)	Member
Sarah Browne (SBr)	Associate Director Clinical Governance & Quality, SEPT [standing in for Andy Brogan]
Susan Butterworth (SBu)	Public Governor
Michael Dolling (MD)	Public Governor
William Fitzpatrick (WF)	Patient Experience Coordinator, SEPT
Max Forrest (MF)	Associate Director Communications, SEPT
Paula Grayson (PG)	Public Governor
Jo Hodge (JH)	Patient Experience Coordinator, SEPT
Chris Howlett (CH)	Director Capital Planning and Facilities
Cathy Lilley (CL)	Business Administration Manager (Minute Taker)
Maggie Nicholls (MN)	Head of Clinical Audit, SEPT
Dr Reg Race (RR)	Quality Health (presenter)
Larry Smith (LS)	Public Governor
Kay Sookun (KS)	Patient Experience Manager, SEPT
Lorraine Tottman (LT)	Ward Sister, SEPT
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting and in particular Sarah Browne, Associate Director Clinical Governance & Quality, who was standing in for Andy Brogan, Executive Director Clinical Governance & Quality/Executive Nurse as well as Chris Howlett, Director Capital Planning and Estates who was presenting a paper. She pointed out that some members of the Board were continuing to pilot a paper-less approach to Board meetings.

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Members were reminded of the Trust's vision: providing services in tune with you.

**227/14 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
Andy Brogan (AB), Executive Director Clinical Governance & Quality/Executive Nurse

**228/14 DECLARATIONS OF INTEREST**

None.

**229/14 PRESENTATION: 2014 NATIONAL COMMUNITY MENTAL HEALTH SERVICE USER SURVEY RESULTS**

The Board received the presentation (at appendix 2) from Dr Reg Race (RR), Managing Director at Quality Health, who highlighted that the Trust's consistent and sound results were in line with national scores and there were no particular areas of concern. The Board noted the recommended actions to be taken forward and agreed it would be helpful for the results to be split between Essex and Beds/Luton. The CEO agreed to liaise with RR.

On behalf of the Board, the Chair thanked RR on the interesting and informative presentation.

**230/14 MINUTES OF THE MEETING HELD ON 29 OCTOBER 2014**

The minutes were agreed to be a correct record.

**231/14 ACTION LOG**

The Board received the action log and noted progress including:

- 221/14 and 227/14 Paperless Board: NL reported that several Board members were currently piloting a new software package and the offer of the trial would be extended to all members.
- 214/14 Constituency Review: NL advised that an initial scoping meeting of the joint Director and Governor working group had taken place and an update provided at the Council of Governors meeting on 12 November. The aim is to present final proposal to the Board and the Council by February 2015
- 208/14 Staffing Report: SB confirmed that future monthly staffing reports would include percentage comparisons with other Trusts.

**Action:**

- 1 **NL to coordinate the pilot of the Board papers software with all Board members (optional)**
- 2 **Constituency review proposal to be presented to Board and Council by February 2015.**

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<b>232/14</b>	<b>PERFORMANCE &amp; FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT</b>
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The Chair provided assurance that a full and robust debate had taken place of all performance issues and that mitigating actions and monitoring processes had been requested where appropriate at the meeting held on 20 November. She pointed out that the Committee had given particular scrutiny to the Transformation Schemes the Trust had in place to fully understand their current status and delivery timescales.

### **Performance**

The CEO advised that ten actions were due for completion in November and one was outstanding from October 2014, of which six actions were now closed and five remained open. She also drew attention to the five hotspots and expressed disappointment that despite assurances that action was being taken to address the issues, these are the same hotspots as in month six. The CEO assured Board members that it had been made clear to Executive Directors that if improvements were not achieved, appropriate performance management action would be taken. Sally also highlighted five new emerging risks and provided assurance that appropriate action was being taken to address these.

RC asked what action was being put in place to monitor the five hotspots and whether these targets were achievable. The Chair acknowledged the disappointing situation. She reported that the Performance & Finance Scrutiny Committee had been given full assurance from operational team members that the action plans put in place would deliver achievement of the targets, some of which were Monitor targets. The Chair recognised the seriousness of the situation and highlighted that it would be an individual performance management issue but that responsibility also rests with the Executive Directors, the CEO, and the ultimately the Board as a whole. SCt also provided assurance that the Committee had robust discussions but were assured and had confidence in the CEO and the wider team that the appropriate actions were being put in place to resolve the issues.

### **Finance**

MM presented the Trust's financial position at month 7, October 2014 which showed a surplus of £4.9m which was ahead of the plan submitted to Monitor by £0.2m. This position was mainly attributable to higher than planned additional income for specialist services and the EBITDA is currently £11.6m. The year-end forecast remained at £1.2m surplus in line with the forecast at month 6.

Working capital and cash balances remained strong and the Trust's continuity of service risk rating was 4 which indicated the strong financial health of the Trust.

The CIP position is a year to date deficit of £0.5m predominately due to the Essex mental health QIPP scheme for learning disability services and specialist services. At month 7 the Trust is forecasting a recurrent deficit on its CIP programme of approximately £1.6m. There were no new emerging risks or hotspots.

**The Board confirmed acceptance of assurance provided.**

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**233/14            QUALITY REPORT**

SBr presented the Quality Report which provided an overview on aspects of care covering safety, experience and improvement. The report included signposts towards additional information about the Trust’s performance within these categories as part of the Trust’s ongoing commitment to being open and honest, and highlighted the actions being taken forward.

DH asked what actions were being taken in relation to the use of restraints across the Trust. SBr highlighted various initiatives as detailed in the report which included visits to other Trusts to explore their approach in the use of the least restrictive practice.

With regards to pressure ulcers, RC queried whether it was possible to move back into grade 1 (least sever/low harm). SBr advised that the reporting of pressure ulcers would only show a deterioration, i.e. move from low to severe harm through the grades.

RC asked how effective is the Trust in its approach to the prevention of falls and pressure ulcers. SBr confirmed that the Trust ensures that it took an open approach to the reporting of both categories which were regularly monitored and reviewed. She pointed out that the Trust was seen as proactive in its work by both NHS England and the East of England, resulting in invitations to be involved in various working groups.

The Chair reminded Board members that at last months’ Board meeting, AB had confirmed that relevant equipment was available for people in their own home to support the prevention of pressure ulcers.

SCt noted the Trust’s excellent score of 98% of patients experiencing harm free care compared to the national ambition of 95%, and asked if there were any noticeable differences between the localities. SBr advised that the scores across Beds/Luton and Essex can fluctuate but have not recently fallen below 95%.

RC asked for assurance that no injuries were incurred in relation to the 178 prone restraints recorded to date. The CEO confirmed that there had been no injuries and that the use of restraints was regularly monitored through the Performance & Finance Scrutiny Committee as well as the Health & Safety Committee.

**The Board approved the Quality Report.**

**234/14            ESTABLISHMENT REVIEW: HOW TO ENSURE THE RIGHT PEOPLE, WITH THE RIGHT SKILLS, ARE IN THE RIGHT PLACE AT THE RIGHT TIME – A GUIDE TO NURSING, MIDWIFERY AND CARE STAFFING CAPACITY AND CAPABILITY REPORT**

SB presented an update report on the work undertaken as part of the second nursing establishments review within all the inpatient areas in line with the expectation within the Safer Staffing guidance. The report also included recommendations for each ward’s safer staffing establishment. She assured the Board that safe staffing levels are in place across the Trust and that staffing is reviewed on a daily basis.

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SCr asked if there was a timeline for the introduction of the Trust's new establishment figures. SBr reported that this would be aligned to the Trust's budget-setting timeframe.

JW asked for assurance that the proposed establishment numbers were affordable and also queried the progress on funding negotiations with the CCGs. MM advised that there were no developments on the funding negotiations with CCGs and the budget setting would therefore be based on professional judgement. However, the impact of any decree from NICE would need to be explored with the CCGs to ensure that the Trust was in a position to implement any NICE guidance.

In response to a question by AD, SBr confirmed that the key quality and outcome measures were national figures which were acute-focused. AD to discuss further with AB.

The Board congratulated the team on the significant work in the development of the establishment reviews.

**The Board noted the report and agreed the recommendations as outlined in the establishment reviews.**

**Action:**

- 1 **AD to meet with AB to discuss how establishment figures can be aligned to key quality and outcome measures.**

**235/14 Estates Return Information Collection (ERIC) 2013/14 SUBMISSION**

CH presented the report and was pleased to confirm steady progress in terms of overall performance particularly in respect of energy/carbon management, backlog maintenance and catering.

SCt queried the reasons for the Trust's mid-way scoring for total energy for occupied floor area and asked whether other Trust's had a similar configuration of sites. CH agreed to provide SCt with further information.

Led by the Chair and DH, the Board congratulated CH on his presentation and the Trust's excellent progress in relation to its energy performance.

**The Board noted the report and approved the recommendation to review waste management arrangements and retender services in 2015.**

**Action:**

- 1 **Meeting between SCt and CH to discuss the Trust's sites energy consumption.**

**236/14 BOARD ASSURANCE FRAMEWORK**

The CEO reminded members that the framework (BAF) provided a comprehensive method for the effective management of the potential risks that may prevent

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achievement of the key aims agreed by the Board. This is a live document which is continually updated.

The Board agreed that the risk scoring status be increased on two risks:

- If the impact on quality of the agreed CIPs exceeds that identified in Quality Impact Assessments, additional mitigation action will be required (increased to 12)
- If the scale, scope and speed associated with delivering the Trust's Transformation Programme is not managed appropriately, there may be an impact on the quality of existing service provision (increased to 15).

The Board noted that the responsibility for the monitoring of the Corporate Risk Register had been transferred to the Executive Team Operational Committee.

**The Board agreed the risk scoring as detailed in the report.**

**237/14 SUB-COMMITTEES**

**(i) Executive Team Operational Committee (EOC)**

The CEO presented the minutes of EOC held on 21 and 28 October, and 4 and 11 November 2014.

**The Board noted the report.**

**238/14 TRUST POLICIES**

The following Trust's policies were presented to the Board for final approval:

- (i) Dress Code & Uniform Policy
- (ii) Dual Diagnosis Policy
- (iii) Social Media Policy
- (iv) Complaints Policy
- (v) Management of HIV/AIDs in Employment

SCr commented that he had reviewed the Complaints Policy in detail and was satisfied with the changes.

**The Board approved the above policies.**

**239/14 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT**

NL updated the Board on a number of legal and policy issues on behalf of Jennifer Mellani, Head of Legal Services and Trust Secretary. He advised that the Trust was not included in the cohort of local areas for mental health crisis care inspection recently announced by the CQC.

2.13 – Plans to improve health outcomes and quality of patient care through digital technology. AD requested that because of the critical nature and security implications, a paper outlining the Trust's approach to implementing any changes be considered by the Board. NL confirmed that a report would be presented.

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**The Board discussed and noted the report.**

**240/14 STRATEGIC AND ANNUAL PLAN DEVELOPMENT**

NL presented the report which detailed the timetable and arrangements for the annual planning process for 2015/16. He pointed out that Monitor was expected to publish further guidance in early December but it was not anticipated that there would be any major impact on the Trust's plans and timeline.

NL highlighted that Monitor had rated the Trust's five year strategic plan as green.

The Chair recommended that in addition to the review by the Governors Project Team, the timetable provided for discussion and contribution by the Council of Governors.

**The Board discussed and noted the report including the timeframe.**

**Action:**

- 1 **Timetable to include review by the Council of Governors during March (NL).**

**241/14 NHS FIVE-YEAR FORWARD PLAN**

The CEO presented the report on the NHS Five-Year Forward View which sets out a vision for the future of the NHS, and highlighted the importance of the document particularly as the NHS has a high profile on all political parties' election manifestos.

The report reflects on how far the NHS has come and its many successes as well as recognising where opportunities have been missed. It also identifies where and how the NHS needs to change going forward.

The Chair commented that this was a key report which would be taken into account during the forward planning discussions.

**The Board discussed and noted the report.**

**242/14 MEDICINES MANAGEMENT ANNUAL REPORT**

MK presented the report which provides an update on progress relating to the medicines management agenda during 2013/14 and includes a review of the work of two separate Medicines Management Committees which cover mental health and learning disabilities services, and community health services.

The Chair particularly noted the inclusion of patient case studies in the report which she felt were interesting and brought the report to life. She asked that the Board's congratulations were passed to Hilary Scott, the Chief Pharmacist.

**The Board discussed and noted the report.**

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**243/14 COMMITTEE TERMS OF REFERENCE**

NL presented the update report on the new terms of reference for the Board sub-committees which had been through a comprehensive scrutiny process. He proposed a change to the process for implementing the new sub-committee structure to reflect a more realistic timeframe: all new committee chairs would be invited to attend the next scheduled meeting of the committee which would be chaired by the current chair. At this meeting, all committee members would have the opportunity to review the revised terms of reference.

It was intended that the new chair of the committee together with representatives from the committee, develop a schedule of meetings and work plan including the review of those groups which reported into the committee.

The Chair requested that to ensure a consistent approach, a work plan template should be provided.

The Chair also asked for the Board's thanks and appreciation to be passed to Jennifer Mellani for the progress made on this review.

**The Board noted the report and approved the terms of reference for all its standing committees. The Board also agreed the changes to the timetable.**

**Action:**

- 1 **New chairs to attend scheduled meetings**
- 2 **Work plan template to be circulated to new chairs (NL).**

**244/14 CQC INTELLIGENCE REPORTING**

The CEO presented the report which provided information on and analysis of the Trust's first intelligence monitoring report (mental health) published by the CQC on 20 November 2014 and advised that the final report placed the Trust in Band 2 (banding from 1-4 with 1 being the highest risk).

The Chair provided assurance that the Performance & Finance Scrutiny Committee would be regularly monitoring the progress against the actions being taken to address those indicators where the Trust had been identified as an outlier.

**The Board noted the report and agreed the inclusion of the CQC indicators (where possible) in the Trust Performance Report.**

**245/14 USE OF CORPORATE SEAL**

The Corporate Seal had been used on one occasion since the last Board meeting.

**246/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

None.

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**247/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

The Board noted there were no new risks identified.

**248/14 CHARITABLE FUNDS COMMITTEE**

JW presented the update report from the Charitable Funds Committee and reported that the Committee approved the release of funds from the general purpose funds to 17 bids. She also advised that the Committee was recommending approval of a bid for funds totalling £28,000 in respect of improvements to the courtyard environment and patient experience at Onyx Ward in Luton as this figure was above its delegated authority limit of £10,000.

In response to a question by SCt, JW confirmed that these were Luton-specific funds.

**The Board noted the report and approved the bid totalling £28,000 in respect of improvements at Onyx Ward.**

**249/14 ANY OTHER BUSINESS**

None.

**250/14 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS**

See Appendix 1.

**251/14 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 28 January 2015 in Training Room 1, The Lodge, Runwell Chase, Wickford SS11 7XX at 10:30.

**252/14 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & PRESS**

In accordance with provision 14.20.2 of the Constitution and paragraph 18E of Schedule 7 of the NHS Act 2006, the Board of Directors resolves to exclude members of the public from Part 2 of this meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.

**The Board noted and agreed the resolution.**

The meeting closed at 12:45.

**253/14 PRESENTATIONS**

The Chair announced that at its meeting on 12 November 2014, the Council of Governors approved the appointment of a new Non-Executive Director to the Board:

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In the Chair, Board of Directors Meeting

Mary-Ann Munford will be joining the Trust with effect from 5 January 2015. The appointment was made following a rigorous recruitment process.

On behalf of the Board of Directors both the Chair and CEO thanked DH for her dedication and commitment to the Trust, highlighting her achievements and in particular her tireless commitment to the Trust's carbon management programme, and wished her every success for the future.

On behalf of the Council of Governors, Paula Grayson also thanked Dawn for her significant and inspirational contribution to the Trust and in particular most recently with her involvement in various task and finish groups, including the Governor training and development group.

The Chair also pointed out that NR was also retiring as an Executive Director of the Trust and together with the CEO thanked NR for her significant and valued contributions to the Trust, acknowledging her tireless support over the last 36 years.

Both DH and NR were presented with bouquets of flowers.

## **254/14 STAFF RECOGNITION SCHEME**

The Chair and CEO were delighted to present certificates to the following members of staff who had been nominated for the SEPT *In Tune* Award:

### **(i) Individual *In Tune* Award**

- Jane Brida - Rehabilitation & Enablement Team, Mid Beds
- Maggie Cheshire - Team Lead, Older People's Service CMHS Luton
- Lorraine Tottman - Manager Wood Lea Clinic

### **(ii) Team *In Tune* Award**

- Podiatry Service, South Beds
  - Emma Stoneman, Team Manager
  - Diane Bean, Office Manager
  - Amanda Wildgoose, Community Diabetes Specialist Podiatrist
  - Victoria Thompson, Specialist Podiatrist
  - Bernadette Cronin, Diabetes Specialists Podiatrist
- Intensive Support Team
  - Patricia Brodie, Acting Team Manager
  - Sharon Grant, Deputy Nurse Manager
  - Gail Bicknell, Clinical Nurse
  - Helen Brown, Clinical Nurse
  - Eleanor Harvey, Clinical Support Worker
  - Safina Idrees, Clinical Support Worker
  - Maninder Gill, Clinical Support Worker
  - Gemma Dore, Clinical Support Worker
  - Sandra Gordon, Clinical Support Worker
- Health Facilitation Service
  - Samantha Morrison, Lead Nurse Specialist
  - Juliet Foster, Learning Disability Liaison Nurse, Luton & Dunstable Hospital

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- Karen Fergus, Nurse Specialist
- Jackie Errington, Clinical Support Worker.

The Staff Recognition Awards are the official way for the Board, colleagues, patients and carers, to recognise those who demonstrate, above and beyond, their commitment to delivering excellent service. The Staff Recognition Scheme promotes the Trust's vision - 'Providing services that are in tune with you' and values - Positive, Welcoming, Respectful, Involving, Accountable, Kind.

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## Appendix 1

## Governors/Public Query Tracker (Item 250 /14)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
MD	Requested an update on the discussions with the new providers in Luton on continuing to support the Luton Arts Project Noted the excellent work of the Luton Arts Project	Meeting taking place on 26 Nov	RW to take this forward with the new providers in Luton and provide an update on the response
BA	Asked for further explanation of the difference between avoidable and unavoidable pressure ulcers	<p><b>“Avoidable”</b>: the person receiving care developed a PU and the provider of care did not do one of the following:</p> <ul style="list-style-type: none"> <li>• evaluate the person’s clinical condition and PU risk factors</li> <li>• plan and implement interventions that are consistent with the person’s needs and goals, and recognised standards of practice</li> <li>• monitor and evaluate the impact of the interventions; or</li> <li>• revise the interventions as appropriate.</li> </ul> <p><b>“Unavoidable”</b>: the person receiving care developed a PU even though the provider of care had:</p> <ul style="list-style-type: none"> <li>• evaluated the person’s clinical condition and PU risk factors</li> <li>• planned and implemented interventions that are consistent with the person’s needs and goals, and recognised standards of practice</li> <li>• monitored and evaluated the impact of the interventions</li> <li>• revised the interventions as appropriate; or</li> <li>• the where individual person had refused to adhere to prevention strategies in spite of education of the consequences of non-adherence</li> </ul>	

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**Appendix 2: Board of Directors Part 1 Papers**

Minute Ref No	Agenda Item	
229/14	<b>Presentation: Outcome of the Community Mental Health Survey</b>	 RWN South Essex Partnership University
230/14	<b>Minutes of the last meeting held on 29 October 2014</b>	 #3 Minutes Part 1 Oct 2014 DRAFT FI
231/14	<b>Action Log</b>	 #4 Action Log Part 1 following Oct 2014 m
232/14	<b>Performance &amp; Finance Scrutiny Committee Assurance Report</b>	 #5a - PFSC Assurance Report - N
233/14	<b>Quality Report</b>	 #5b Quality Board Report.pdf
234/14	<b>Establishment Review</b>	 #5c Safer Staffing Establishment Review
235/14	<b>ERIC Submission</b>	  ERIC Presentation 2013-14 Nov 26 2014 #5d Estates Return Information Collector
236/14	<b>Board Assurance Framework</b>	 #6(a) - Board Assurance Framework
237/14	<b>Sub-Committees</b> (i) Executive Team Operational Committee	  #6(b)(i) ET Board Report - Part 1 Nover #6(b)i ET Follow Up Part 1 Log.pdf   #6(b)i ETMins 21 October 2014 - Part #6(b)i ETMins 28 October 2014 - Part   #6(b)i ETMins 4 November 2014 - Pai #6(b)i ETMins 11 November 2014 - Pai

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<p><b>238/14</b></p>	<p><b>Trust Policies</b>                  (i) Dress Code &amp; Uniform Policy                  (ii) Dual Diagnosis Policy                  (iii) Social Media Policy                  (iv) Complaints Policy                  (v) Management of HIV/AIDs in Employment Policy</p>	<p>                   #6(c)i - TB Report - Uniform Policy - Nove                  #6(c)ii - TB Report - Dual Diagnosis Policy                     #6(c)iii - TB Report - Social Media Policy - N                  #6(c)iv - TB Report - Complaints Policy - Nc                    #6(c)v - TB Report - HIV-AIDS in Employm</p>
<p><b>239/14</b></p>	<p><b>Trust Secretary: Legal &amp; Policy Updates Report</b></p>	<p>                  #6(d) Trust Secretary Report Nov</p>
<p><b>240/14</b></p>	<p><b>Strategic and Annual Plan Development 2015/16</b></p>	<p>                  #7a Strategic and Annual Plan Developn</p>
<p><b>241/14</b></p>	<p><b>NHS Five Year Forward Plan</b></p>	<p>                  #7b NHS Five Year Forward Plan.pdf</p>
<p><b>242/14</b></p>	<p><b>Medicines Management Annual Report</b></p>	<p>                  #8(a) - Medicines Management Annual I</p>
<p><b>243/14</b></p>	<p><b>Committee Terms of Reference</b></p>	<p>                  #8b Committees Structure.pdf</p>
<p><b>244/14</b></p>	<p><b>CQC Intelligence Reporting</b></p>	<p>                  #8c - CQC Intelligence Monitorin</p>
<p><b>245/14</b></p>	<p><b>Use of Corporate Seal</b></p>	<p>                  #9a Corporate Seal Board paper.pdf</p>
<p><b>248/14</b></p>	<p><b>Charitable Funds Committee</b></p>	<p>                  #9d Charitable Funds Committee.pdf</p>

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