

**Minutes of a Public meeting of the Trust Board held on
Wednesday 25th June 2015 at 10.45am
Postgraduate Lecture Theatre Ealing Hospital**

Present

Mr Peter Worthington	Chairman
Jacqueline Docherty DBE	Chief Executive
Ms Patricia Williamson	Non-Executive Director
Professor David Taube	Non-Executive Director
Mr Martin West	Non-Executive Director
Ms Jeanne Spinks	Non-Executive Director
Ms Stella Dutton	Non-Executive Director
Mr Simon Crawford	Chief Finance Officer
Dr Charles Cayley	Acting Medical Director
Ms Siobhan Jordan	Interim Chief Nurse

In Attendance

Mr Paul Stanton	Director of Human Resources
Mr David Weston	Head of Communications
Mr Gary Munn	Interim Director of Estates and Facilities
Ms Tina Benson	Director of Operations
Mr Kevin Connolly	Chief Information Officer (item 1 to item 6)
Mr David James	Board Secretary

Apologies

Mr Chris Pocklington	Chief Operating Officer
----------------------	-------------------------

Item	Discussion	Action
1.	Welcome and Declarations of Interest	
1.1	There were no new declarations of interest.	
2	Minutes of the previous Meeting(s), Ref. 15/06/01	
2.1	Item 11.1.5 was amended to state 'including' in place of 'such as'.	
2.1.1	Item 12.1.3 was amended to state 'numbers' in place of 'needs'	
	The minutes were then approved as a true and correct record and were authorised for signature by the Chairmen.	
3	Matters Arising and Action Points,	
3.1	The action points were addressed and the updated list will go to the next	

	Board	
4	Chairman's Report, Verbal	
4.1.	The Chairman welcomed Siobhan Jordan as interim Chief Nurse	
4.1.1	The Chairman informed the Board that Caroline Corby had resigned from the Board as of 13th June 2015. He expressed his thanks for her 2 years of committed service to the Trust.	
4.1.2	External meetings held by the Chairman with the Chief Executive in June 2015 had been with Barry Gardiner Member of Parliament for Brent North and the Chair of Ealing CCG. He also had attended the London Chairs meeting and visited Harrow Community sites.	
4.1.3	Also a number of interviews had taken place with the Chairman on the relevant panels. These were for the Director of Human Resources and Chief Nurse posts plus a Consultant Haematology position	
	The Board	
	Noted the Report	
5	Chief Executives Report. Ref 15/06/02	
5.1	Jacqueline Docherty reported that developing our workforce and delivering financial stability are two of the challenges that the Trust is looking to tackle over the coming months. One factor that impacts upon both of these issues is the Trust's over reliance on agency staff.	
5.1.1	In the last financial year the Trust spent £59 million with agencies. Of this, approximately £13 million was spent on medical staff, £25 million on agency nurses, £10million on corporate services, £7 million on allied health professionals and more than £4 million on administrative & clerical agency support.	
5.1.2	The executive team has been working with the divisions to set ambitious recruitment targets for the coming months. This will help to reduce vacancy levels and excessive reliance on agency staff. The Trust will also be looking at new ways of working across the organisation, with the ultimate goal of becoming an 'agency free'.	
5.1.3	From Monday 6 th July the staff banks will align their basic rates of pay, terms and conditions for all bank nurses, midwives, health visitors and healthcare assistants. This will ensure that wherever our staff work, they receive the same benefits. Harmonised rates will be introduced for other staff groups later in the year.	
5.1.4	Over the last month the Trust has seen encouraging performance from its emergency departments. At Ealing Hospital the team achieved 97 per cent for Type 1 patients and 99 per cent for all patients attending the department in the first week of June. Northwick Park Hospital is not far behind and has seen improved performance with approximately 91 per	

	cent of all patients receiving their treatment and being discharged or admitted within four hours	
5.1.5	Jacqueline Docherty welcomed to the Trust Board the new interim Chief Nurse, Siobhan Jordan. Siobhan joined the Trust earlier this month from the Care Quality Commission (CQC), where she spent the last 18 months working as the Head of Hospital Inspection. Siobhan began her career as a staff nurse in A&E, later becoming a sister at King's College Hospital. She was Regional Transplant Coordinator for North Thames and led one of the first NHS walk-in centres before moving into senior management. She was Deputy Director of Nursing and Director of Nursing at Mid Essex NHS Trust before leading a service transformation project to facilitate the centralisation of services into a new Private Finance Initiative hospital. Siobhan was Director of Nursing and Quality at Ipswich Hospital NHS Trust and led on quality and safety at the West Essex Clinical Commissioning Group before taking up her most recent role as Head of Hospital Inspection at the CQC.	
5.1.6	The CQC will be inspecting the Trust in October 2015. In the coming weeks, the Trust will be working across all its sites to make sure that when the inspectors come, we are able to demonstrate the excellent care that the Trust delivers. In addition, the Trust is also focusing on the delivery of action plans initiated following the last inspection.	
5.1.7	On Saturday 6 th June, the Trust in conjunction with Medac's Health held a successful doctors recruitment day at Northwick Park.	
5.1.8	On Monday 1 st June the Trust launched a new patient catheter 'passport', designed to help reduce the risk of catheter-associated urinary tract infections. The passport joins up patients' care across the hospital and community settings, supporting them when they are out of hospital.	
5.1.9	This year St Mark's Hospital celebrates its 180th birthday. To mark the occasion, a gala dinner was hosted at Kensington Palace earlier this month. The evening was well attended by 200 staff, patients, benefactors and leading medical professionals including Dame Sally Davies, Chief Medical Officer for England.	
5.1.10	As stated by the Chairman, Caroline Corby has stepped down from her duties as a non-executive director after spending two years at the Trust. Thanks were given by the Board to Caroline for her service. The Trust is currently recruiting a new NED to fill an existing vacancy and it is hoped to fill the new vacancy as part of this process.	
5.1.11	Trust staff have been shortlisted for two of this year's 'Health Service Journal Value in Healthcare' awards. Jacquie Scott, Central Park Staffing Manager at Northwick Park Hospital, has been shortlisted for her work in managing temporary staffing to improve workforce efficiency and patient care and in the 'Value and improvement in clinical support services' category, principle pharmacist Nina Barnett has been shortlisted for success with the integrated medicines management service which reduces patient readmissions.	
5.1.12	In the month the Trust celebrated Volunteer's Week, National Dietician's Week and National Carer's Week. Staff were thanked across the organisation who took the time to raise awareness of these roles and speak to patients about how our services can help.	

<p>5.1.13</p>	<p>Patients and carers at Meadow House Hospice also recognised Carer's Week by making and exchanging flower arrangements with each other. On Saturday 6th June Meadow House Hospice hosted a garden party, raising more than £4,000 for the unit. This was a well-attended event which was enjoyed by staff, patients and their families.</p> <p>The Board</p> <p>Noted the Report</p>	
<p>Items for Approval</p>		
<p>6</p> <p>6.1</p> <p>6.1.1</p> <p>6.1.2</p>	<p>NHS Trust Development Authority Oversight Submission. Ref 15/06/03</p> <p>Kevin Connolly reported to the Board. A number of comments and suggestions were made. Amendments were made in regard to question 4 and the application to the Trust Development Authority for an Interim Revolving Working Capital Facility.</p> <p>There have been also been two new Directors appointed, The Director of Estates and Facilities and the Chief Nurse. This detail was to be added to the response to question 14.</p> <p>In relation to question 10 Tina Benson reported that the performance of A&E was improving as was Referral to Treatment for non-admitted pathways and the achievement of cancer targets. However, Referral to Treatment for admitted pathways is a cause for concern and was not on trajectory. Discussions would take place with the commissioners to investigate and address this problem.</p> <p>The Board</p> <p>Agreed</p> <p>Amendments to questions four, ten and fourteen</p> <p>Approved</p> <p>The submission</p>	
<p>7</p> <p>7.1</p> <p>7.1.1</p>	<p>Annual Report 2014/15, Ref 15/06/04</p> <p>David Weston introduced the paper. He advised that as the Trust had been created in October 2014 there was a need for three reports to be produced for 2014/15. One for London North West Healthcare; one for North West London Hospitals and one for Ealing Hospital NHS Trust.</p> <p>The launch of the LNWHT report will be at the Annual General Meeting, a</p>	

<p>7.1.2</p>	<p>date for which is yet to be confirmed.</p> <p>The Board discussed the draft and amendments were made to the membership of the Strategy and Clinical Performance Committees. It was agreed that the Chairman would select a Non-Executive Director lead for adult safeguarding.</p> <p>The Board</p> <p>Approved</p> <p>(Subject to the amendments agreed) The Annual Reports</p>	<p>Chairman</p>
<p>8</p> <p>8.1</p> <p>8.1.1</p> <p>8.1.2</p>	<p>Quality Account 2014-2015 and 2015/16 Plan 2015/16, Ref 15/06/05</p> <p>The paper was introduced by Siobhan Jordan.</p> <p>Jeanne Spinks was concerned by the language and style of the report that seemed unfriendly to the lay reader. Jacqueline Doherty added that the Quality Account was a very prescriptive document which limited the Trust's ability to make the document more patient or public friendly.</p> <p>It was agreed that any further comments or amendments would have to be sent to the Chief Nurse by 30th June 2015.</p> <p>The Board</p> <p>Approved</p> <p>The 2014/15 Quality Account and 2015/15 annual work plan.</p> <p>Noted</p> <p>The required timetable for completion and publication of the Quality Account.</p>	
<p>9</p> <p>9.1</p> <p>9.1.1</p> <p>9.1.2</p>	<p>IM&T Strategy, Ref 15/06/06</p> <p>The paper was introduced by Kevin Connolly.</p> <p>The IM&T Strategy 2015 – 2020 was reviewed and agreed by the Trust's IM&T Strategy Board on 17th June 2015 having also been reviewed by Executive and Clinical Directors earlier the same day. It was submitted to the Finance Investment & Estates Committee for approval on 22nd June 2015.</p> <p>The Strategy reflects the findings and outputs from local stakeholder engagement activities held through 2014/15, which included a series of three strategy development workshops in January and February 2015. These were attended by Trust Board member's clinical leads and service managers, as well as external representation from local GPs and CCGs.</p>	

<p>9.1.3</p> <p>9.1.4</p> <p>9.1.5</p> <p>9.1.6</p> <p>The Board</p> <p>Approved</p> <p>The IM&T Strategy</p>	<p>The Strategy incorporates all related Divisional priorities established through the 2015/16 business planning process and recently established Transformation Programme. It also builds upon a number of significant investment decisions already approved by the Board over the past year, including business cases for: Clinical Portal, Electronic Patient Record (EPR) and Electronic Document Management (EDMS) solutions, each being essential components of the planned strategic 'solution architecture'.</p> <p>Jacqueline Doherty stated this was a significant investment of £45m over the 5 year period, although it was noted some of these monies could be applied from other bodies within the NHS. It was also noted that the actual period of that these investments covered was 7 to 10 years and there would be extensive change in IM&T over that period.</p> <p>The Chairman asked as to what were the risks with the strategy and Kevin Connolly responded that clinical engagement was vital and at present the input by clinicians was committed, but limited in number.</p> <p>It was noted that the implementation of the policy would be monitored by the Finance, Investments and Estates Committee.</p>	
	<p>Items for Discussion</p>	
<p>10</p> <p>10.1</p> <p>10.1.1</p> <p>10.1.2</p> <p>10.1.3</p> <p>10.1.4</p>	<p>Integrated Performance Report, Ref 15/06/07</p> <p>Tina Benson and Simon Crawford talked to the paper.</p> <p>Tina Benson reported the Trust met the incomplete performance target for May. It was short of both national and trajectory targets for admitted and non-admitted targets. Work continues to ensure that all patients over 18 weeks have a plan, backlogs are reducing and specialities are focussed on ensuring capacity is available for patients to be treated within 18 weeks.</p> <p>In relation to A&E All types' year to date performance is at 90.65% across all sites, which is a slight increase against planned trajectory. Ealing Hospital site is performing well at 96.55% and the Northwick Park Hospital (NPH) site is currently performing at 87.98%. The NPH site, remains under pressure on a daily basis. Work on the Care Path on the NPH site for ambulatory patients has helped reduce congestion in A&E.</p> <p>Stella Dutton queried why overall A&E volumes were down. Tina Benson replied there were now fewer A&E departments across the Trust with the closure of Central Middlesex department in 2014.</p> <p>Jacqueline Doherty added that Urgent Care Centre attendance was up</p>	

	as was the number of Type 1 (blue light) admissions to A&E.	
10.1.5	The Chairman asked why the mortality indicator had moved up. Charles Cayley replied that a TDA expert was used internally but there was a problem as Northwick Park and Ealing were using different indicators. Added to this, access to Dr Foster data had been problematical. External expert help is being sought and weekly mortality meeting were now in place. Charles Cayley would report back once the data had been reassessed and re-validated.	Medical Director
10.1.6	The VTE assessment target of 95% was not achieved in May 2015 (94.64%).The validation of the data remains a challenge and reflects the reliance on manual rather than IT systems to capture the assessment.	
10.1.7	David Taube asked if the denominator figures could be included in the analysis of Clostridium difficile cases. Jacqueline Doherty stated this could be done but the measure is in absolute numbers and the denominator does not affect this target.	
10.1.8	Simon Crawford reported the Income & Expenditure position is a year to date deficit of (£16m), which is (£1.2m) behind plan. CIP delivery to date is £2.1m, which is £0.2m behind plan. The Trusts Continuity of Service Rating (CoSR) with the TDA is currently 1; this incorporates two common measures of financial robustness liquidity and capital servicing capacity. Capital expenditure was at £1.3m to the end of May.	
10.1.9	To drive down expenditure on agency staffing new controls have been put in place as well as further direction on when agency staffing can be used and expenditure on temporary staff is expected to decrease further in the coming months.	
10.1.10	The Board were also reminded that a review of the Trust's finances had been completed by Rob Cooper on behalf of the TDA and he was now assisting with CIP, staffing and income maximisation initiatives.	
10.1.11	Stella Dutton expressed concern that the monthly report showed finances to be £1.2m behind plan. She thought a clearer view of income and the impact of cost control measures was required.	
10.1.12	David Taube asked if the Divisional level Finance Performance data presented was meaningful at this time. Simon Crawford replied that the income data was not as robust as required, but was improving, so that overall the Trust was moving towards a position of greater divisional accountability.	
10.1.13	The Chairman asked if in future the data could be shown, where relevant, by site as well as Trust wide and this was agreed	COO/ CFO
	The Board	
	Noted	
	The Report and the requests made for its improvement	
	Agreed	

	In future the data should be shown, where relevant, by site as well as Trust wide	
11	Patient Safety and Serious Incident Report. Ref 15/06/08	
11.1	Siobhan Jordan reported to the Board. This is a new paper for the public session of the Board and its aim is to assist with learning across the Trust	
11.1.1	'Never' Events are defined as 'serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'. The Trust has reported two 'Never' event's for the period and three for the year.	
11.1.2	Jacqueline Docherty advised that Board that staff are encouraged to report incidents as it aids patient safety. In relation to the size of the Trust the 15 new SI's should not be seen as excessive.	
	The Board	
	Noted	
	The new Never Events reported.	
	The new SI's reported.	
	The completed SI investigations and the actions implemented to reduce the risk of reoccurrence.	
12	Savile Recommendations and Action Plan. Ref 15/06/09	
12.1	This Paper was deferred	
13	Transformation Programme update. Ref 15/06/10	
13.1	The paper was introduced by Simon Crawford. The transformation programme was established by the Board in May 2015. Replacing the merger and clinical integration programmes with a single governance and monitoring framework aimed at providing assurance that the Trust's key priorities are being delivered.	
13.1.1	Programme activities have concentrated on creating charters setting out the objectives for clinical transformation in the six areas agreed by executive directors and divisional clinical directors. These were reviewed by the Transformation Steering Group and Transformation Board on 10th and 15th June 2015	
13.1.2	A new programme dashboard accompanies this report. This will continue to be developed as the programme progresses. The dashboard serves three main purposes: Summarising progress against planned activities;	

	<p>Providing metrics to gauge the impact of programme activities on the delivery of Trust objectives/merger benefits and indicating issues for escalation.</p> <p>13.1.3 Good progress was reported by on-going projects. The current priority for the programme is to ensure that planned changes and activities are sufficiently ambitious and are achieving improvements and efficiency savings.</p> <p>13.1.4 Simon Crawford reported that £15m in savings from transformation was expected from April 2016 and £5m in the year 2015/16.</p> <p>13.1.5 The Chairman noted that it had been agreed that CCG representation on the Transformation Board was desirable and an invitation would be issued accordingly.</p> <p>The Board</p> <p>Noted:</p> <p>The contents of this report</p>	
Items for Information		
<p>14</p> <p>14.1</p> <p>14.1.1</p> <p>14.1.2</p> <p>14.1.3</p> <p>14.1.4</p> <p>The Board:</p>	<p>Survey of Adult inpatients 2014, Ref 15/06/11</p> <p>Siobhan Jordan reported to the Board. The Survey of Adult inpatients 2014 results highlight some common themes across both legacy organisations that require major improvement. These include issues around the estate and environmental cleanliness, lack of trust and confidence in nurses, the perception that doctors and nurses talk over patients and elements of discharge planning.</p> <p>At Ealing Hospital patients reported delays in admission for elective care and prolonged waiting for a bed in Emergency Department where they state that the environment was not conducive to maintaining their privacy.</p> <p>A service improvement planning meeting was held on 16th June 2015 with good representation across the divisions. A responsive action plan will be developed by the divisional teams supported by corporate nursing which will be monitored by the Patient Experience Committee and the Clinical Performance and Patient Experience subcommittee. Quarterly updates will be provided to the Trust Board.</p> <p>Jacqueline Docherty stated there would have to be a “commonality of purpose” to address these issues.</p> <p>David Taube expressed concern at the results from the Ealing site and it was noted this site was relying heavily on agency and bank staff. It was noted that the hospital had been through a long period of uncertainty.</p>	

	<p>Noted</p> <p>The Report</p>	
15	<p>Health Visiting Recruitment and Retention Report 2014-2015. Ref 15/06/12</p>	
15.1	<p>Siobhan Jordan introduced the paper. The paper outlined the Trust's progress over the last year in relation to achieving the required national "Call to Action" growth in the Health Visiting (HV) workforce. It outlined the key actions being taken forward as part of the HV recruitment and retention strategies to address the challenges.</p>	
15.1.1	<p>It also highlighted the steps the organisation is taking to ensure the current workforce is retained and to establish a resilient Health Visiting workforce, well placed to deliver the outcomes of the Healthy Child Programme. Presently the Trust is 40 HV's short of establishment.</p>	
15.1.2	<p>Since October 2014, 52 Health Visitors have been recruited to the Trust. NHSE had previously indicated that all growth numbers were required to be in place by the 31st March 2015 deadline. This deadline has now been extended to the 30th September 2015 and we will continue with our recruitment campaign. Growth monies will remain available up until this date.</p>	
15.1.3	<p>The Trust currently has an additional 17 candidates at various stages in the recruitment and selection process and is hopeful it will recruit most if not all of them. NHS England is kept informed on a fortnightly basis and they are aware of our current and projected shortfalls.</p> <p>The Board:</p> <p>Noted</p> <p>The progress being made with Health Visitor Recruitment and Retention.</p>	
16	<p>Safeguarding Children, LNWHT Annual Report April 2014-April 2015, Ref 15/06/13</p>	
16.1	<p>Siobhan Jordan introduced the paper. This was the first merged LNWHT annual report produced by the Safeguarding Children Team. The report provided the Board with a summary and overview of the Safeguarding Children arrangements in place.</p>	
16.1.1	<p>The report outlined progress against a number of specific elements of the Safeguarding Children agenda.</p>	
16.1.2	<p>Jacqueline Docherty noted some inaccuracies in the detail of the report in terms of the number of employees it quotes as being 1200 on one section and 12000 in another. It was agreed that the report would not be</p>	Chief Nurse

<p>16.1.3</p> <p>16.1.4</p> <p>16.1.5</p> <p>The Board:</p> <p>Noted</p>	<p>published until the inaccuracies had been addressed</p> <p>The Chairman asked if there were particular problems with level 2 training. Siobhan Jordan replied the focus should be on level 3 training as those staff would have direct contact with children. Level 2 categorisation is poorly defined and this may explain the seemingly low figures.</p> <p>Martin West asked if safeguarding was covered in the appraisal process and Siobhan Jordan answered in the affirmative.</p> <p>Jacqueline Docherty observed that Clinical Directors needed to own this problem and they and Divisional Managers must make staff available for training.</p> <p>The Report, but publication delayed until a number of inaccuracies has been corrected</p>	
<p>17</p> <p>17.1</p> <p>17.1.1</p> <p>17.1.2</p> <p>17.1.3</p> <p>17.1.4</p> <p>17.1.5</p> <p>17.1.6</p>	<p>Safeguarding Adults Quarter 4 Report, Ref 15/06/14</p> <p>Siobhan Jordan introduced the paper. The report provided a summary overview of the Safeguarding Adults at Risk arrangements within the Trust, and outlined progress against a number of specific elements of the Safeguarding Adults at Risk agenda.</p> <p>Training sessions in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs) are available as an e-learning package to support the educational needs of all staff.</p> <p>The Trust is currently reviewing the need for ‘best interest’ assessors. In the last year, the Trust has made 16 applications under DoLs, and a database have been commenced to collate this data. Seven were granted, five declined as they did not meet the criteria and four withdrawn due to early patient discharge.</p> <p>This is a significant increase in previous years and alongside this the Trust has seen an increased need for 1-1 nursing. These patients often have extended length of stays and predetermined destination for discharge. This highlighted the increased need for special needs units for Learning Disability patients or EMI beds in specialist Dementia homes.</p> <p>Jacqueline Doherty observed that this learning disabilities issue would need to be raised with the commissioners.</p> <p>The Chairman agreed to nominate a Non-Executive lead for safeguarding adults and report back to the Board</p> <p>Garry Munn agreed with Martin West that the level of Estates and Ancillary staff who had completed Safeguarding Adults Level 2 training would have to be addressed</p>	<p>Chairman</p>

	<p>The Board:</p> <p>Noted</p> <p>The Report</p>	
18	Approved Sub Committee Minutes	
18.1	<p>Finance Investment and Estates Committee Minutes of the meeting held on 27th April 2015</p> <p>The Board</p> <p>Noted the Minutes</p>	
18.2	<p>Clinical Performance & Patient Experience Committee Meeting held on 8th May 2015</p> <p>The Board</p> <p>Noted the Minutes</p>	
18.3	<p>Strategy, People and Communications Committee held on 27th April 2015</p> <p>The Board</p> <p>Noted the Minutes</p>	
19	AOB	
19.1	The Chairman informed the Board that a demonstration was in progress in Ealing Hospital over the transition of Maternity services. Security staff and the Police were in attendance.	
19.1.1	The Chairman formally thanked the Maternity staff for their endurance and professionalism during the recent period of change.	
19.2	The Chairman would be absent in July and there would be no public Board but a Board workshop take place	
20	Questions from the Public	
20.1	One member of the public advised the Board of excellent care recently received at the Ealing A&E Department. The Chairman thanked them for their comment.	
20.2	A member of the public expressed concern that heart echo images had not been transferred to his GP from Ealing hospital. It was reported 'In	

<p>20.3</p> <p>20.4</p> <p>20.5</p> <p>20.6</p> <p>20.7</p>	<p>Health' would not release the image. This issue was noted</p> <p>Members of public expressed a belief that there was a 'blight' on Ealing Hospital'. Jacqueline Docherty responded that the site would have outpatient clinics and services in the future. The strategy was to develop the site and not to close it.</p> <p>A comment was made over the report referred to in the Clinical Performance & Patient Experience Committee Meeting regarding complaints about the out patients department. A request was made for this report and the Trust's response to it to be made available. This was agreed</p> <p>A query was made at the stated travel times from South Southall to Northwick Park hospital within SaHF information relating to the maternity transition. It was agreed that a contact with SaHF would be made available to the questioner</p> <p>Relating to the action points for the Board, a request was made for the contracts with the CCGs to be made public. This was rejected as they are commercially sensitive, but they follow a set template that could be supplied if requested.</p> <p>In regard to the closure of maternity at Ealing Hospital Jacqueline Docherty confirmed this had been a decision by commissioners and not by the Trust.</p>	<p>Director of Operations Board Secretary</p> <p>Board Secretary</p>
	<p>Date and time of next meeting</p> <p>Wednesday, 26th August 2015 at 10.45am, NPH, R&D Boardroom, Level 7 Maternity Unit Northwick Park Hospital</p>	

<p>Approved as a true and correct record.</p>
<p>Signed</p> <p>-----</p> <p>Peter Worthington, Chairman</p>
<p>Date:</p>