

Minutes of the meeting of the Board of Directors
Held on Tuesday 31 January 2017
In the Boardroom, Doncaster Royal Infirmary

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Dawn Jarvis	Director of Strategy and Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Acting Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Brenda Maslen	Public Governor
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement

Two members of the press and public were also present.

ACTION

Welcome and apologies for absence

- 17/01/1** The Chair welcomed everyone to the meeting and introductions were given. An apology for absence was presented on behalf of David Crowe.

Register of directors' interests and 'Fit and Proper Person' declarations

- 17/01/2** The Chair advised of an amendment to her registered interests arising from being a Lay Representative of Health Education England: Yorkshire and Humber.

Minutes of the meeting held on 20 December 2016

- 17/01/3** The minutes of the meeting of the Board of Directors held on 20 December 2016 were APPROVED as a correct record, with the following amendments:
- 17/01/4** Attendance list – Add the word 'Designate' after the words 'Non-executive Director' for Linn Phipps.
- 17/01/5** 16/12/40 – Replace '£11.43' with '£11.43m'.

Actions from the previous minutes

- 17/01/6** The actions were noted and updated.

Matters arising

17/01/7 There were no matters arising from the minutes.

Chair's report

17/01/8 The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Chair's induction
- Appointment of Chief Executive
- Non-executive director recruitment
- Well Led Governance Review
- CCG and STP meetings
- NHSI Northern Chairs' meeting

17/01/9 The Chair requested that the non-executives feed back to her any noteworthy Trust-related activities that they had been involved in, such as attendance at external conferences, so that they could be included in future Chair's reports.

17/01/10 Philippe Serna advised of a cyber-crime training session that he had attended at the Trust the previous day. The event highlighted the levels of vulnerability within large organisations and how the majority of criminal activity was now committed online. The issue had been added to the corporate risk register. The Audit and Non-clinical Risk Committee had asked internal audit to look into the Trust's penetration and stress testing processes to ensure they were fit for purpose.

17/01/11 As the Trust's emergency planning and business continuity lead, the Chief Operating Officer highlighted the national Emergency Planning and Preparedness Response work that had been undertaken on the lessons learned from the Northern Lincolnshire and Goole case and advised of his intention to share the learning with the Board at a future Board Brief.

DP

17/01/12 Reflecting on the critical nature of IT and estates to the Trust's strategic aims, the Chair had consulted the Acting Chief Executive about whether it would be appropriate for the Chief Information Officer and Director of Estates and Facilities to attend future Board meetings in an advisory capacity. Initial discussions with the directors concerned had been welcomed and it was agreed that this be implemented from the next Board meeting.

RP

17/01/13 Martin McAreavey praised the positive launch of the Trust's Teaching Hospital status and prompted the Board to think about seizing opportunities resulting from it around recruitment and research. It was agreed to invite the Director of Education to share the Teaching Hospital phase two development plan at a future Board brief. The Board's thanks would be passed on to everybody involved in the Teaching Hospital launch.

MK

17/01/14 The Chair reflected that recruitment, training and development underpinned much of what the Trust wished to achieve and that many of the Board's key decisions would be driven by its ability to recruit. This would form the basis of a future report to Board. In the meantime, given the former Chief Executive's personal involvement in research and development, it would be key to ensure that a member of the Executive Team was picking up this brief and ensuring momentum continued.

17/01/15 The Chair's report was NOTED.

Chief Executive's report

17/01/16 The Board considered a report of the Chief Executive which outlined progress against the following:

- Service and finance performance
- Reference Costs Index Update
- Corporate objectives and strategy
- Commissioning review
- Working Together
- National Emergency Laparotomy Audit (NELA)
- Paediatric services at Bassetlaw
- Award of JAG Accreditation
- Allied Health Professionals

17/01/17 The Acting Chief Executive drew attention to the winter pressures where the Trust had been resilient to the demands placed on it, remaining at or around the upper quartile for four-hour waiting times in the country. He placed on record his thanks to staff and site teams for their efforts in maintaining safe access and treatment for patients during this time.

17/01/18 Board's attention was also drawn to the work being undertaken as part of the Intermediate Care Project. This was an initiative being trialled by Doncaster Council and the CCG to promote more efficient use of resources across the local health and social care economy to meet rising demand.

17/01/19 Further to a question from Alan Armstrong around the commissioning review, Board was advised that the seven CCGs across South Yorkshire and Bassetlaw had been working together to share best practice and ensure a joined up approach to their work.

17/01/20 In relation to a question from John Parker on paediatric transfers from Bassetlaw, it was reported that the Trust was utilising an independent ambulance from 4pm until 2am staffed by paramedic crew to ensure any delays were minimised. It was reported that from 1 November 2016, when Paediatrics had sometimes been forced to close on an ad hoc basis due to unsafe staffing levels, approximately 23 children had been transferred to Doncaster which equated to two per week.

- 17/01/21** Councillors at Bassetlaw's overview and scrutiny committee, which the Acting Chief Executive and Chief Operating Officer had attended in January, had accepted the new model proposed and did not make any recommendations besides requesting that the Trust continued to keep them informed of developments.
- 17/01/22** The Chief Executive advised the Board on the Parliamentary debate that had been requested by the MP for Bassetlaw. Board was assured that, contrary to the concerns expressed during that debate about the paediatric pathway, children transferring from Bassetlaw to Doncaster were brought straight to the Children's ward after having been assessed at Bassetlaw and were not required to be reassessed at Doncaster. Board was advised that the decision in relation to Paediatrics at Bassetlaw would be reviewed in October 2017 following the new intake of medical and nursing staff.
- 17/01/23** The Trust were in contact with those families whose children had accessed the Paediatric ward on more than three occasions over the past year and individual plans were in place.
- 17/01/24** The Chief Executive's report was NOTED.

Hospital Pharmacy Transformation Plan

- 17/01/25** The Board considered a report of the Care Group Director for Diagnostics and Pharmacy that sought approval of the Hospital Pharmacy Transformation Plan and authorisation for him to pursue areas of collaborative working with STP partners.
- 17/01/26** All Acute NHS trusts in England were required to have a Hospital Pharmacy Transformation Plan (HPTP) in place by April 2017, to implement the pharmacy specific recommendations of the Carter Report and the NHS England guidance on seven-day clinical pharmacy services. HPTPs would be overseen by NHS Improvement and contribute to segmentation judgments made under the Single Oversight Framework.
- 17/01/27** The key deliverable was the provision of a seven-day clinical pharmacy service that would result in the safe and optimal use of medicines for patients and a consequential reduction in their length of stay, improved readmission rate and a decrease in inappropriate medicines expenditure. The work would be undertaken in collaboration with partners.
- 17/01/28** Further to questions from Philippe Serna and Alan Armstrong, the Director of Pharmacy and Diagnostics confirmed that the number of days that stock was held would be reduced from 20 to 15 days over the three years of the Plan.

17/01/29 Linn Phipps praised the approach to patient experience and asked whether the Plan saw a net cost or saving to the Trust. The Board was advised that the Plan would result in a one off staff cost but there were significant savings resulting from process reengineering.

17/01/30 Further to a question from Martin McAreavey on medicines optimisation, the Board was advised that the Trust was confident it would achieve 80% and would then aim for 85%.

17/01/31 The Board APPROVED the HPTP and authorised the Care Group Director of Diagnostics and Pharmacy to pursue opportunities for collaboration with STP partners.

Well Led Governance Review

17/01/32 The Board considered a report of the Trust Board Secretary that presented the summary final report of the Well Led Governance Review undertaken by Deloitte LLP.

17/01/33 The review examined the Trust's approach towards the four domains of the Well Led framework:

- strategy and planning;
- capability and culture;
- process and structures; and
- measurement.

17/01/34 Evidence was gathered over an eight-week period from a variety of sources including a Board self-assessment, interviews with Board members and other senior staff, workshops with care group directors, governors and staff and telephone conversations with key external stakeholders.

17/01/35 The Trust was now required to formulate an action plan to address the findings and recommendations from the review which would be agreed with NHS Improvement.

17/01/36 It was AGREED that:

(1) the report of the Well Led Governance Review be noted.

(2) the Board of Directors approve the establishment of a working group consisting of the Chair of the Board, Acting Chief Executive, Chair of Clinical Governance Oversight Committee, Linn Phipps and the Trust Board Secretary to develop a management response to the Well Led Governance Review and formulate an action plan.

(3) the action plan be subject to quarterly monitoring by the Board.

Approved Procedural Documents (APDs) Development and Management Policy

- 17/01/37** The Board considered a report of the Acting Deputy Director of Nursing, Midwifery and Quality that set out the process for developing and managing the Trust's Approved Procedural Documents (APDs).
- 17/01/38** Further to a question from Martin McAreavey, the Board felt that it would be of benefit to see the register showing the final approval body for each of the Trust's APDs. The Board was also advised that each month a report setting out the current status of the Trust's APDs was published. **MH**
- 17/01/39** The Chair reflected that it was the role of the Board committees to be assured that the appropriate policies and processes were in place and escalate as appropriate where there were concerns. Such matters could be escalated through a written report, known as a chair's log and these presented to Board as soon as practicable after the committee had taken place.
- 17/01/40** An amendment was proposed to the document, that "Clinical Governance and Oversight Committee" be added to the first list on page 22 headed up "For any policies where there is a high profile issue".
- 17/01/41** The Board agreed to APPROVE the APDs Development and Management Policy, subject to the amendment identified above.

Modernising Board Meetings

- 17/01/42** The Board considered a report of the Trust Board Secretary that proposed a move to paperless Board meetings from 1 April 2017 and an amendment to the Board's Standing Orders to allow directors to join meetings remotely via telephone or video link and form part of the meeting's quorum. The changes would apply to the Board and its committees.
- 17/01/43** Further to a question from Martin McAreavey, Board was advised that current restrictions in technology limited the number of people who could participate in video conferencing but work being undertaken by IT would ameliorate these issues. Although bespoke meeting management software packages existed to offer a platform for hosting board papers, less costly options that would still allow for annotation also existed.
- 17/01/44** It was acknowledged that for certain issues electronic participation in meetings may be less preferable to being present in person.
- 17/01/45** The Board AGREED that:
- (1) the Board approves the move to 'paperless' Board meetings from 1 April 2017;

(2) the Board amends its Standing Orders to add the following additional sentence at paragraph 5.15 (Quorum):

Directors can participate in meetings by telephone, or through the use of video conferencing facilities, where such facilities are available. Participation in a meeting through any of these methods shall be deemed to constitute presence in person at the meeting.

Use of Trust Seal

- 17/01/46** The Board APPROVED use of the Trust Seal in respect of the transfer of registered title in respect of 9 and 21 St David's Close, Workop, S81 0RP which were sold at market value.

Strategy & Improvement Report

- 17/01/47** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, recovery, financial sustainability plans and the strategic planning process.
- 17/01/48** The report highlighted that savings in month 9 were £1.024m, behind plan in month by £162k and behind stretch by £317k. Total CIPs planned for 2016/17 were £11m with internal stretch targets of £13m. Forecast outturn was now £11.552m, a decrease since M1 of £863k and an increase since M8 of £119k.
- 17/01/49** It was reported that in view of the Board's leadership transition the delivery date for the full strategic vision would be pushed back from 17 February 2017 following discussions with NHS Improvement.
- 17/01/50** Executive Team had discussed (and the Director of Strategy and Improvement had subsequently met with the Communications Manager to discuss) the key messages to staff when moving from the Turnaround to transformational phase. These would be shared with the Board for input and comment on tone, timing and content. Board needed to be mindful that while great progress has been made during Turnaround, all efforts still need to be focused on the underlying financial position.
- 17/01/51** Further to a question from Linn Phipps, Board was advised that a breakdown of how the Trust's savings were structured, i.e. what proportion was CIP, what was central funding, etc, would be provided. **JS**
- 17/01/52** A point was raised around how well engaged staff were feeling in the Turnaround process. Staff survey results were anticipated to show a decline in overall engagement and, although this could be attributed to the Turnaround process, it was recognised that communication on Turnaround had been shown to be widespread and effective. Details of the staff survey would be shared at February's Board Brief, if available, and April's Board. The Chair reflected that her contact with staff had

highlighted some issues around Board visibility and it would be important to address this moving forward.

- 17/01/53** The Strategy and Improvement Report was NOTED and Board indicated they were assured of progress to date.

Finance Report as at 31 December 2016

- 17/01/54** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 9 2016/17.

- 17/01/55** The Board was advised that in month 9 the Trust made a loss of £1.37m together with two adjustments against agency spend amounting to approximately 400k. Cumulative deficit to month 9 was £12.8m against a revised plan of £17.38m due to a change in the run-rate. The new position had been reported to NHSI.

- 17/01/56** Key points from the report were as follows:

- Although income was down by approximately £1m these costs were borne by commissioners.
- Non-pay was overspent due to adverse variance in CIPs and issues around seasonality including gas and electricity costs.
- Capital was underspent by approximately £1.3m but this was likely to level out by end of year.
- Cash balance at the end of the month was £4.4m against a plan of £1.9m. No cash had been drawn down for three months but this would change next month.
- Key risks were around achieving targets to secure STF funding, reduction in income due to increased emergency demand, further slippage on the CIP programme and continued increases above forecast levels on medical agency and non-pay spend.

- 17/01/57** Furthermore, Board was advised that trusts that were ahead of their original plan had been offered the opportunity to swap their working capital facility to a three-year fixed loan at a more beneficial rate of interest. The amount borrowed would be £40m, repayable by 18 January 2020. Further financial support required going forward would be in the form of additional loans (not a working capital facility as at present). These would be at a similar rate of interest to the new loan. The Chair requested the Board to delegate power to the Finance Director to act on their behalf in calling down these loans when they were within the amounts agreed in the Trust's plan.

17/01/58 The full terms of the arrangement and their implications were set out to the Board. The Director of Finance then answered questions.

17/01/59 It was AGREED that:

(1) The Finance Report be NOTED.

(2) In line with Schedule 1 of the Interim Revolving Working Capital Support Facility Agreement (henceforth referred to as the Finance Documents), the Board:

a) approves the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;

b) authorises Jon Sargeant, Director of Finance to execute the Finance Documents to which it is a party on its behalf;

c) authorises Jon Sargeant, Director of Finance to sign and/or dispatch all documents and notices (including the Utilisation Request) in connection with the Finance documents to which it is a party on its behalf; and

d) confirms the Trust's undertaking to comply with the Additional Terms and Conditions.

(3) The Board empowers the Director of Finance to convert the current working capital financing into a fixed term loan.

(4) The Board authorise the Director of Finance, following consultation with the Chair, to agree a range of smaller loans to deal with additional borrowing in addition to the loan agreed, in line with the Trust's agreed plan.

17/01/60 *The meeting adjourned at 10.30am and reconvened at 10.40am.*

Business Intelligence Report as at 31 December 2016

17/01/61 The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 9.

17/01/62 The Trust had achieved a rate of 86.6% of patients being seen within the standard four-hour access time giving a Q3 performance of 90.1% and year-to-date performance of 92.2%. Doncaster had achieved 82.04% (rising to 84.55% if Montagu was included) and Bassetlaw 91.47%. The Trust reduced elective capacity from 23 December to meet the requirements of having 85% bed occupancy over the Christmas period.

- 17/01/63** Medical staffing remained a challenge. It was reported that throughout December an ambulance arrived at Doncaster every 13 minutes. The Trust had recently been visited by the Secretary of State's special adviser to discuss four-hour access and feedback would be shared at the next Board meeting.
- 17/01/64** Referral to Treatment ended the month having achieved 90.1% performance against a 92% target. Diagnostic wait performance stood at 99.3% against a target of 99%. The 62-day cancer pathway had achieved its target of 85%.
- 17/01/65** The Trust's rolling 12 month Hospital Standardised Mortality Rate to the end of December 2016 stood at 93.6 and remained better than expected. Best practice tariff for fracture neck of femur was achieved in 70% of cases. Some of the challenges of fracture neck of femur were set out to Board. Mortality remained above the national benchmark and the Trust remained on track to deliver a significant reduction in serious incidents.
- 17/01/66** In relation to safety and quality, performance in respect of pressure ulcers, C. Diff and falls continued to be better than last year although C.Diff had seen a slight increase in the month. There were no falls resulting in harm in either November or December. Response rates to complaints were in line with previous performance standards and actions were in place to address the issues identified.
- 17/01/67** In relation to workforce, sickness absence in December 2016 had reduced to 4.46% resulting in a year to date rate of 4.48%. While the number of staff off one-to-six months had grown, the number who were absent beyond six months was reducing. Appraisal rates and compliance with SET had both seen a slight increase.
- 17/01/68** The Business Intelligence report was NOTED.

Nursing Workforce Report

- 17/01/69** The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues which could impact on the Trust's ability to provide appropriate staffing levels and skill mixes.
- 17/01/70** The overall planned versus actual hours worked in December 2016 was 97%, a decrease of 2% due to vacancies and significant sickness absence which could not be fully covered by temporary staffing. Data on planned versus actual hours worked showed the need to continue to progress with recruitment for registered professionals and further explore the opportunity to recruit nursing staff from overseas.
- 17/01/71** Care Hours Per Patient Day (CHPPD) stood at 7.4 across the Trust, up 0.2 from November. The Trust had recently received one month's data on

CHPPD through the Model Hospital Portal and on this limited snapshot had the third lowest total CHPPD value compared to peers, being the second lowest CHPPD for registered professionals and the third highest CHPPD for Healthcare Support Staff. This may be a reflection of the work being undertaken as part of the nonmedical workforce programme. Use of agency staff in December stood at 0.79%, a decrease on November and well within the 3% cap.

- 17/01/72** Details of the quality and safety profile were provided in the report. No wards triggered red in the month. Following discussion at both Clinical Governance and Quality Committee and Clinical Governance Oversight Committee, quality metrics data would be presented at both committees to allow the opportunity for more detailed discussion.
- 17/01/73** 'AHPs into Action' had been launched and defined how Allied Health Professionals could support STPs implement the Five Year Forward View.
- 17/01/74** The report in respect of Nursing Workforce was NOTED.

Quarter 3 People & Organisational Development update

- 17/01/75** The Board considered a report of the Director of People and Organisational Development that set out progress against the People and OD Strategy in Q3.
- 17/01/76** The report highlighted the following:
- Cumulative sickness absence at the end of quarter 3 was 4.48% as compared with 4.49% at the end of September 2016. An action plan had been developed which focussed on health and wellbeing.
 - Staff survey results for 2016 were anticipated to show a decline due to the issues the Trust had faced over the past 18 months. Management was working with staff side and governors to develop an action plan.
 - The Knowledge & Library Service at the Trust had achieved a compliance score of 100% in the national quality assurance annual assessment for NHS Libraries in 2016. The assessors were impressed by the range of services for patients, carers and the public. The Board passed on its congratulations to the team.
- 17/01/77** Further to a question from Alan Armstrong, Board was advised of the process for answering staff questions.
- 17/01/78** Board was also provided with details of current challenges around appraisals which varied in consistency across departments, partly due to staffing levels. Support was being provided through accountability meetings. There was a view that actual appraisal rates were much higher

than what was being reported and the Appraisal Project Group was asked to look into this further and report back to Board.

KB

- 17/01/79** The report in respect of Q3 People and Organisational Development performance was NOTED.

Junior Doctors' Safe Working Quarterly Report

- 17/01/80** The Board considered a report of the Guardian for Safe Working that provided the first update on the arrangements for junior doctors' safe working. The Guardian role had been introduced with the responsibility for ensuring doctors were properly paid for all their work and by ensuring doctors were not working unsafe hours.

- 17/01/81** The 2016 contract had been implemented for 27 junior doctors employed by the Trust. While the data in the first report needed to be taken as indicative due to teething problems with collection, no gross safety issues had been raised with the Guardian. There had been 10 exceptions raised by junior doctors within Emergency Care that had been resolved without fines, which are now part of the junior doctors contracts, being levied.

- 17/01/82** The junior doctors' safe working update was NOTED.

Complaints, Compliments, Concerns and Comments Quarterly Report

- 17/01/83** Board considered a report of the Acting Director of Nursing, Midwifery and Quality that set out the Trust's performance in respect of complaints, compliments, concerns and comments in Q3.

- 17/01/84** It was reported that December had seen a downward movement in the number of complaints, in line with expected annual patterns. However, a movement towards the active management of concerns may also be responsible for the reduction in formal complaints. The report set out complaints by care group and category. Communication was now the main reason for complaint. Reductions in complaints about staff attitudes and behaviour had been achieved in line with action plans.

- 17/01/85** There were currently six active investigations with the Parliamentary and Health Service Ombudsman. In quarter 3, four complaints had been investigated and two decided, with neither being upheld.

- 17/01/86** Commending the learning highlighted in the report, Linn Phipps proposed that the section under Speciality Services called 'Areas of learning where the Care Group have implemented change in practice' be applied to all care groups. The Acting Director of Nursing, Midwifery and Quality agreed to implement.

MH

- 17/01/87** The Q3 update on complaints, compliments, concerns and comments was NOTED.

Minutes of Financial Oversight Committee on 19 December 2016

- 17/01/88** The minutes of Financial Oversight Committee held on 19 December 2016 were NOTED.

Report on Clinical Governance Oversight Committee and Committee self-assessment workshop, 16 January 2017

- 17/01/89** Martin McAreavey updated the Board on the meeting of the Clinical Governance Oversight Committee on 16 January 2017 that had been preceded by a committee effectiveness review facilitated by KPMG.

- 17/01/90** Key points from the effectiveness review included recommendations around:

- Frequency of meetings
- Avoidance of operational detail
- Introduction of 25 to 30 minute thematic reviews as part of committee proceedings
- Updating of terms of reference to consider new items and those items currently considered but not current part of the committee's terms of reference.
- Assurance regarding CIPs and any possible impact on quality
- RAG rating of papers by level of assurance
- Ensuring alignment of ToR of committees reporting to CGOC with those of the CGOC.

- 17/01/91** The update from the Clinical Governance Oversight Committee on 16 January 2017 was NOTED.

Minutes of Management Board held on 5 December 2016

- 17/01/92** Issues relating to the 15-year lease for the Orthotics department were discussed. An update would be provided at the next Board.

RP

- 17/01/93** The minutes of Management Board held on 5 December 2016 were NOTED.

Health & Well Being Board Decision Summary – 12 January 2017

- 17/01/94** The decision summary for the Health and Well Being Board on 12 January 2017 was NOTED.

- 17/01/95** A presentation at the recent Health and Well Being Board had prompted the Acting Chief Executive to think about ways in which staff, patients and

visitors could increase physical activity through better signposting at the Trust's sites. The Chair had also raised issues relating to enhancing dignity for patients on beds whilst waiting at elevators. This would be taken forward as part of the Trust's work around the estate clean up.

STP Collaborative Partnership Board – November and December minutes

- 17/01/96** The minutes from the STP Collaborative Partnership Board meetings in November and December 2016 were NOTED.

Items escalated from Sub-Committees

- 17/01/97** No items were escalated from sub-committees.

Board of Directors Agenda and Board Brief Calendars

- 17/01/98** The Board of Directors agenda and Board Brief calendars were NOTED.

Any other business

- 17/01/99** There were no items of other business. The Chair requested that any items of other business at future meeting be raised with her in advance.

Governors questions regarding business of the meeting

- 17/01/100** There were no questions from governors.

Date and time of next meeting

- 17/01/101** 2.30pm on Tuesday 28 February 2017 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

- 17/01/102** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England
Chair of the Board

Date