

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF THE MEETING HELD ON 17<sup>th</sup> NOVEMBER 2011

**Present:** Mr KW Smith (Chairman)  
Public Governors (Constituency 1) 6 (out of 9)  
Public Governors (Constituency 2) 7 (out of 11)  
Public Governors (Constituency 3) 4 (out of 4)  
Staff Governors 5 (out of 7)  
Appointed Governors 2 (out of 8)  
(attendance schedule attached)

Mr D Allison, Chief Operating Officer  
Mrs A Dragone, Finance Director  
Sir Leonard Fenwick, Chief Executive  
Mrs H Lamont, Nursing & Services Director  
Mr S Reed, Trust Secretary  
Dr T J Walls, Medical Director

**In attendance:** Mr M Bell, Deputy Head of Estates & Facilities (minute ref. 11/65(ii) only)

**ACTION**

**11/63 Apologies for Absence**

Apologies were received from Professor Burt, Mr W Reed and Professor Wathey.

**11/64 Statutory Business**

i) Governors Elections 2011

Mr Reed reminded Governors of the debate at the May and July 2011 meetings regarding a number of problems experienced with both the nominations process and the subsequent ballots for seats in all three Public constituencies and one Staff constituency. Council had resolved in May 2011 that an application should be made to Monitor under Rule 55 of the Constitution, seeking to have the elections declared null and void and fresh elections run in their place. As reported at the September 2011 meeting, Monitor had determined on 25<sup>th</sup> August 2011 that the Newcastle upon Tyne and Staff election results should stand but that new elections should be run in the Northumberland Tyne & Wear and Co Durham and Tees Valley constituencies.

By the closing date of 14<sup>th</sup> October 2011, nine nominations had been received from Members for the Northumberland etc constituency and seven for the Co Durham etc constituency and hence a ballot had been required, there being seven and two seats available in the respective constituencies.

The Notice of Poll had been issued on 4<sup>th</sup> November 2011 and had been posted on the Trust website. Ballot papers began to be issued on the same date and the poll would close on 2<sup>nd</sup> December 2011, with the results announced on 5<sup>th</sup> December 2011.

Upon final completion of these ballots, the Trust Secretary would conduct a “market test” of election services for 2012 and beyond.

It was resolved:

to receive the briefing and note that fresh elections are being held in the two Public constituencies of Northumberland Tyne & Wear and Co Durham and Tees Valley.

ii) Nominations Committee Business

Mrs Donnelly presented an update on the recent actions of the Nominations Committee, including consideration of an application for reappointment from Professor Peter Baylis, Non-Executive Director and Senior Independent Director, whose current term of office was due to expire in January 2012. In common with other Non-Executive Directors seeking reappointment, the Executive Directors had been canvassed for their views, using a standard proforma; and the Nominations Committee had met with Professor Baylis to consider his application for reappointment. The Committee was unanimous in recommending to Council that Professor Baylis should be reappointed for a second term of three years. On a show of hands, this was endorsed nem con.

In consequence of the untimely death of Mrs Abrahams, a vacancy had arisen on the Committee in September 2011. In line with the Trust Constitution and past practice, nominations had been sought from amongst the Public Governors for the place on the Committee. As three nominations had been received by 23<sup>rd</sup> September 2011, a secret ballot of all Public Governors had been held, closing on 7<sup>th</sup> October 2011. The successful candidate had been Dr L N S Murthy.

It was resolved:

To endorse the reappointment of Professor Baylis as a Non-Executive Director for a second term of three years, subject to annual appraisal.

## **11/65 Key Presentations**

i) Ward Accreditation

Mrs Lamont described the background to the Ward Accreditation scheme for infection prevention and control. The Chairman presented certificates of achievement to the following Wards and Departments: Leazes Wing Theatres, Royal Victoria Infirmary; Main Outpatients, Royal Victoria Infirmary; Wards 15, 16, 17, 43 and 49, Royal Victoria Infirmary; ophthalmology Theatres, Royal Victoria Infirmary; Neuroradiology Department, Royal Victoria Infirmary; and Wards 16 and 23, Freeman Hospital.

Mrs Lamont reminded Governors that the achievement of accreditation was very much a team effort by all staff in each ward or department and not just by the Matrons or Sisters/Charge Nurses. It was noted that the scheme had now been replaced by the Clinical Assurance Toolkit and that a Charter Mark was being developed.

ii) Carbon Reduction Plan

Mr Bell, Deputy Head of Estates and Facilities was in attendance and presented an overview of the activities in the Trust to meet the requirements of the national NHS Carbon Reduction Plan. Copies of the Trust Sustainability Strategy were tabled, for information.

Dr Murthy asked about the use of alternative energy sources. Mr Bell advised that for the Campus for Ageing & Vitality, biomass in the form of wood pellets was under consideration, while at the Walkergate Health Centre development, geothermal energy would be used. The Trust was also investigating the scope for solar energy. Mr Atkinson asked how much more efficient the new boiler for the Campus for Ageing & Vitality was. Mr Bell advised that biomass was 3-4 pence per therm cheaper than gas and around 15-20% more efficient. The Freeman Hospital Combined Heat & Power plant was the most efficient available, with 'waste' heat from the gas-fired generators used for the provision of heating and hot water. Dr Johnson commented on the proximity of the Royal Victoria Infirmary to the Newcastle Science City geothermal project and Mr Bell agreed that there could be opportunities.

Sir Leonard advised that the new technologies could be complementary to traditional power supplies but could not offer 24/7 service. There was triple redundancy of electricity supply for the Royal Victoria Infirmary and Freeman Hospital but the external supply was still interruptible. Mr Taylor thought that the hospitals needed energy management systems. These would take 18 months to install, at a cost of approximately £2.0 million, with an improvement in efficiency of about 15%, giving a 5-10 year payback period.

Mrs Haigh asked if there was anything practical which could be done for wards, which she thought were often too warm and had little fresh air. Ms Harvey wondered if the public could have access to clinical waste (orange) bags, to help with waste segregation. Mr Bell replied that the new 'tiger' bag had been introduced for soiled waste which was not truly clinical.

### **11/66 Minutes of the Meeting held on 15<sup>th</sup> September 2011**

These were agreed to be a correct record, subject to amendment of minute reference 11/55(v) to clarify that Mr Harvey and not Mrs Hargreave had seconded the tabled motion in relation to the Cramlington Specialist Emergency Care Hospital.

### **11/67 Matters Arising**

i) Level 1 Trauma Centre

Mr Allison presented an update on the designation of the Royal Victoria Infirmary

as a Level 1 Trauma Centre and advised that recruitment and equipping was underway for 1<sup>st</sup> April 2012 and that a financial offer had been received from NHS North East in this regard. Formal confirmation of the designation was expected in the next week or so. A Best Practice Tariff was likely to be introduced for trauma patients for the 2012/13 financial year.

Mr Bedlington asked if the designation would be simultaneous with that of James Cook Hospital, Middlesbrough, as the other regional centre. It was likely to be. The proper operation of the trauma centres was noted to be reliant on North East Ambulance Service (NEAS) protocols. Mrs Donnelly asked if there would be sufficient public notice. Mr Allison thought that there would and the Trust was seeking to emphasise this via, for example, the GP Matters and Members newsletters but the onus would be on NEAS triage. Mrs Hargreave wondered whether, given the trauma units were to feed in to the trauma centres, the Trust could specify them. Mr Allison advised that the network had already been identified and could be publicised. The Wansbeck Hospital unit would transfer to the Cramlington Specialist Emergency Care Hospital in due course.

Dr Jonhson asked how many Major Trauma Centres there would be nationally. It was thought to be between 20 and 30. Reverend Dr Saunders commented that a patient's destination would depend on the triage arrangements. Mr Allison highlighted the potential risk of over-triage, with subsequent challenges of repatriation of patients to their local district hospitals. There would be financial implications if patients could not be repatriated in a timely manner.

ii) Safe & Sustainable – Children's Heart Surgery

Mr Allison introduced a briefing on the current position with regard to the national review. The Trust was working on the capital requirements for an additional 400-500 patients per annum, should appropriate designation be received. There had been more visits by and questions from the national assessment panel in recent weeks.

It was noted that the Royal Brompton Hospital had won a judicial review of the national consultation process and consequently the timetable to decision had probably lengthened. Sir Leonard thought that, if the Trust had been in the same position as Royal Brompton Hospital, it would probably have taken the same action. The public consultation might have to be re-opened in consequence of the judicial review outcome.

The Trust was taking a confident line, including the proleptic appointment of a Paediatric Cardiac Transplant surgeon, from amongst a strong field of candidates. The appointee had an interest in neonates and research. The Institute of Transplantation was proving to be a strong asset in terms of both the national review and the Trust's ability to attract and recruit outstanding staff.

iii) North Cumbria University Hospitals NHS Trust (NCUH)

Two briefing papers were tabled, for information. The Chairman spoke of the NCUH strategic vision for its acquisition by an NHS Foundation Trust. Phase 1 of the acquisition programme had been comprised of two major events, namely a Stakeholder Event in Cumbria, then a Board to Board meeting with each of the

bidders. The Trust was making a joint bid with the Cumbria Partnership NHS Foundation Trust. Morecambe Bay NHS Foundation Trust was noted to have withdrawn just prior to the Stakeholders event. The Board to Board meeting on 1<sup>st</sup> November 2011 had been very successful and had highlighted the proposed Cumbrian focus, Newcastle's clinical strengths, and the scope for developing integrated care.

The Chairman advised that Phase 2 had now effectively been abandoned and hence there would be no Invitation to Tender and thus no scope for proper due diligence. Both the Trust and Northumbria Healthcare NHS Foundation Trust were still in the running as bidders. It was highlighted that the Board of NCUH had publicly declared that that Trust was in financial crisis.

Further questions from NCUH were anticipated for 18<sup>th</sup> November 2011. The view at present was that no Foundation Trust could acquire NCUH without proper due diligence being undertaken and in any case Monitor was unlikely to approve the acquisition without it. Attention was drawn to the clinical meetings already undertaken by Northumbria Healthcare, as highlighted in the minutes of its Clinical Policy Group. The Board would need to examine the process, risks and engagement with Monitor with regard to maintain a level playing field for bidders.

Sir Leonard advised that the Trust had hoped for a more disciplined approach with Phase 2, with some confidence to proceed but there had been anxiety in respect of the 'gagging order' which NCUH had sought but which the Trust had not signed. Copies of the Board to Board briefing paper were tabled, which included the Chief Executives' Statements. The Chairman advised that the Cumbria Partnership team was outstanding and shared the same objectives as the Trust.

Miss Jones spoke of disappointment that the goalposts were being moved. Mr Atkinson wondered whether, given the known financial and clinical issues in North Cumbria, the Trust should in fact be engaged in a bid. The Chairman responded that this would ultimately depend upon due diligence and the Board would not pursue an acquisition if it did not think it could sustain excellence.

The core risk was the financial burden. The Northumbria Healthcare clinical team visit had been to examine what were essentially Newcastle services. The Chairman clarified that the Trust would only proceed if due diligence underpinned the position, including whether any central government funding would be available. Sir Leonard spoke of the strong bond between Cumbria and Newcastle. Dr Walls advised that the Trust already provided services in Cumbria and received significant income for Cumbrian patients seen in Newcastle and hence there was a potential downside in income terms, especially if Northumbria Healthcare proved to be the preferred bidder and subsequently increased occupancy charges for the Trust's services in Cumbria.

Sir Leonard clarified that the Cumbria Partnership NHS Foundation Trust would be the acquiring Trust and the Newcastle Hospitals balance sheet would not be put at risk. There would be a clinical contract between the Trust and Cumbria Partnership. Mr Ramsden commented that it was inappropriate that the failing Board of NCUH was making the key decisions.

iv) Cramlington Specialist Emergency Care Hospital (SECH)

The Chairman reminded Governors of the Council of Governors resolution at the September 2011 meeting, of his letter to the Minister for Health and subsequent correspondence and of media interest in the SECH. The Minister had spoken of four “tests” and the Trust had added a fifth one with regard to the financial impact of the proposal. The Chairman of NHS North East had confirmed compliance of the project with the tests and hence Mr Smith had requested the documentary evidence. The Burns and Singleton report and the Alberti report had now been received and circulated to senior clinicians in the Trust.

The Minister’s reply had been received on 17<sup>th</sup> November 2011, essentially advising that the Trust should pursue its concerns locally with NHS North East and commissioners. Some of the seven conditions originally set in October 2009 by the Commissioning Board of NHS North of Tyne had not yet been met and hence NHS North of Tyne had been asked to work with the Trust to ensure compliance, especially in relation to Children’s Services.

It was becoming apparent that Northumbria Healthcare NHS Foundation Trust would not be able to afford the current array of hospitals as configured and hence it was increasingly likely that the SECH would become a District General Hospital. Essentially, it was direct competition in emergency care and hence the Trust must fight back and ensure that it competed appropriately.

Sir Leonard spoke of the currently mothballed facilities in the Great North Children’s Hospital and the disappointment that Children’s Services at North Tyneside General Hospital had not transferred in to the Children’s Hospital. It was noted that the planning application made it clear that Northumbria Healthcare had expanded the proposed provision of Children’s Services and operating theatres in the SECH. It was hard to see how it could be a revenue neutral scheme, as had been promised. The Newcastle Oversight & Scrutiny Committee had been pressed on the matter of the 999 ambulance catchment area, which would include new housing in North East Newcastle. Mr Venus thought that the original public consultation had been deeply flawed. The Medical Director of Northumbria Healthcare had announced the downgrading of Hexham, Wansbeck and North Tyneside Hospitals respective A&E departments to Walk-in Centre/Minor Injuries Unit status.

Ms Harvey wondered how Governors could draw more public attention to the issues.

Reverend Dr Saunders asked how the Trust would compete. The Trust was analysing Paediatric caseload in Northumberland and explaining to parents and commissioners where to ‘place the orders’ for specialist care. Prompting patient choice would be key. Mr Venables asked if Newcastle City Council could campaign on the ambulance boundary issue. The Chairman advised that the people of North Newcastle needed to know that they might be taken to the SECH not to the Royal Victoria Infirmary Emergency Department. Mr Bedlington advised that he had texted in to a Radio Newcastle debate on this on 9<sup>th</sup> November 2011. Mr Ramsden thought that the North East Ambulance Service (NEAS) must have an influence on this and the Chairman advised that he was to meet with them

soon. Sir Leonard had seen the NEAS report of about £3.0 million additional cost per annum to transfer patients between the SECH and other hospitals.

Dr Murthy advised Governors that Northumbria Healthcare had borrowed at least £60 million of the £75 million capital cost for the SECH and it might well cost more. The Chairman would continue to pursue the costs, in the public interest.

Mrs Hargreave enquired as to the answer to the Council of Governors' resolution. The minister had regarded it as a local matter, so as long as NHS North East thought that the four tests had been passed and NHS North East had said that they had.

The Chairman advised that the Trust would be heard, including any critical views that in certain cases lives might be put at risk. Mrs Haigh thought it was important to get across the idea that for North Northumberland residents, Wansbeck Hospital was not nearer than the Royal Victoria Infirmary or Freeman Hospital.

Mr Welch asked what the estimate of the true cost of the SECH was. Sir Leonard replied that in excess of £100 million was likely. The curved style was also more expensive to construct than traditional designs. Taking in to account the isolated site, substantial ground works, fitting out and so forth, the estimated cost was thought to be realistic.

v) Away Day - Action Plan

Mr Reed presented an updated version of the post-away day action plan, which had been developed by a cluster of Governors. Ms Harvey proposed an amendment to include 'any other issues', not just those arising from Working Groups. The Chairman thought that all issues needed to come back to Council through the Working Groups. It was agreed that this was appropriate.

It was resolved:

to endorse the action plan for implementation.

## 11/68 Executive Report

Sir Leonard presented an overview of topics of current interest. Newcastle City Council was commended for its support on "Better Together" and the continued drive for vertical integration. In terms of the proposed national day of action on 30<sup>th</sup> November 2011, Sir Leonard advised that, within the Trust industrial relations were excellent and staff had contributed in seeking to sustain safe emergency and urgent care services on that day.

With regard to the proposed Brighton Grove development, it was noted that Newcastle Primary Care Trust was not supportive.

Attention was drawn to proposed amendments to the role of Monitor, arising from the current Health & Social Care Bill. Copies of a Monitor consultation document were tabled, for information. There were risks arising for Foundation Trusts and hence for Governors, as the proposals did appear to place a legal burden upon

them. Governors were encouraged to respond to the consultation individually and corporately.

### **11/69 Business Development**

i) Working Group report

Mrs Hargreave presented the report. Key items included that Governors' monitoring visits were to be modified so that there would be a shorter presentation by the hosting Directorate and more time for the visit itself, to allow for greater input by Governors. The objectives of the Working Group had been reviewed, in accordance with the original proposals and there was not felt to be any need to amend them at present. It was noted that Mr Taylor had joined the Working Group.

ii) Finance Report

Mrs Dragone presented the Month 6 position. An overall Financial Risk Rating of 4 had been achieved, which was better than the planned result. An Income of Expenditure surplus of £199,000 (after impairments) was well ahead of the planned position, with additional income received through over-performance and from specialist services.

Against a target of £37.2 million, recurrent plans for cost reductions of £36.1 million had been identified. The shortfall would need to be met through alternative schemes.

Capital expenditure had been £11.7 million, versus plan of £15.5 million. It was now expected that there would be programme slippage of £5.0 million by the year end.

### **11/70 Membership and Community Relations**

i) Working Group Report

Ms Harvey presented the report. The next Members Event was scheduled for 8<sup>th</sup> December 2011 and would be on the theme of services for the elderly. Governors were reminded to check and use their Trust email addresses. Ms Harvey advised of Mr Bedlington's work to develop a Governors website. Dr Rajkumar suggested that the first 15-20 minutes use of the hospital wifi networks might be offered free of charge in return for signing up for Membership.

### **11/71 Quality of Patient Experience**

i) Working Group Report

Professor Potts presented the report. The Report of the Staff Governor survey of 100 inpatients at the Royal Victoria Infirmary was presented separately (minute 11/70(iii) below refers). The action plan for the next six months had been developed with the aim of following up the recommendations of the two recent reports and ensuring improvements in the quality of care for the elderly.

In addition, the working group would be monitoring progress in all of the Quality priorities, including falls reduction, infection control and CQUIN priority 6 – 'to develop and implement pathways and to review provision of facilities for patients and visitors with physical and sensory impairments'.

ii) Healthcare Associated Infection

Mrs Lamont reported the current position. There had been two reportable MRSA bacteraemias in the year to date, with 61 cases of Clostridium difficile. Both numbers were well below the trajectories for the current year targets.

It was noted that the 2012/13 targets were for just four MRSA bacteraemias and 92-96 cases of Clostridium difficile.

iii) Clinical Assurance Toolkit

Mrs Lamont presented an update on the Toolkit and its outcomes. Community Services were to be addressed, as there had not been an equivalent of the hospital ward accreditation scheme. A Charter Mark scheme was proposed, which would allow wards and departments to work towards specific recognition of standards of cleanliness, dignity, respect and nutrition.

Mr Bedlington commented that there appeared to be significant differences between the ratings for the Peri-Ops departments at the Royal Victoria Infirmary and Freeman Hospital. Mrs Lamont replied that she would expect the Directorate manager to address these issues and for the Matron's review to keep them under scrutiny.

iv) Month 7 Quality Account

Dr Walls presented the Account. It was noted that there had been some reduction in the number of patient falls but of greater note was the reduction in levels of harm arising from falls. Mrs Lamont advised that there had been a 9% reduction on the number of falls at this stage in the previous year.

It was noted that volunteers were to help with patient support and diversion.

v) Patient Experience Survey

Mr Nuttall presented an overview of the findings of his 100 inpatients survey at the Royal Victoria Infirmary, which had sought patients' views on the standards of comfort and the environment on the wards, the food provided and the attitudes and efficiency of staff. Overall, the patients questioned had been happy with these aspects of their care.

The Chairman thanked Mr Nuttall for an excellent piece of work. The findings would be followed up. Mr Ramsden commented that, as this was an informal report, it should be treated as an 'early warning' instrument. The Chairman thought that it would help to feed in improvements which hopefully would then be reflected in, for example, any Care Quality Commission inspection. Mr Harvey commented on the need to be clear about the balance between those patients with concerns and those without. Mrs Lamont was to follow through on the findings.

Mrs Haigh spoke of the high standards of care and kindness of staff in her experience of the Newcastle Hospitals. Miss Jones commented that the wards could be quite variable.

vi) Patient Food Tasting, Freeman Hospital

Mrs Houlston presented the report. Attention was drawn to the issues highlighted by the patient who had a chocolate allergy and another with very specialist dietary needs. Mrs Lamont commented that there was professional dietetics advice available to ward staff and to the Catering department in both respects.

vii) Visit to the Campus for Ageing & Vitality

Mrs Houlston presented the report on the visit to the Care of the Elderly wards on the Campus site. While the feedback overall had been positive, some issues of food texture had been identified for older people. Regular visits were planned to follow up on the proposed improvements.

### **11/72 Items for Discussion / Any Other Business**

Mr Atkinson raised the subject of a number of memorial stones and benches at the former Walkergate Hospital site and asked if these could be retained at Freeman Hospital. Sir Leonard advised that this could be addressed.

Mr Taylor commented on the need for active PR and reputation management to protect and enhance the Trust's market share.

Mr Ramsden raised the matter of promoting the Healthy Living agenda and asked what the Trust plans were in this regard. He thought that perhaps the Trust could have a Healthy Living 'ambassador', possibly from amongst the staff. Mrs Lamont advised of the work of the Trust's Public Health Group; presentations by the local Health Improvement Team; and the work developing in partnership with Newcastle City Council.

Mrs Haigh asked about progress with any negotiation with Northumbria Healthcare regarding the provision of a satellite dialysis service. Mr Allison advised that commissioners had stepped back from the Morpeth development but were now considering a smaller, six station unit in Alnwick. However, other arms of NHS North of Tyne were still pushing for the Morpeth development and hence the picture was far from clear.

Mrs Haigh also commented that there did not appear to be enough wheelchairs in Freeman Hospital for patients who were being brought in relatives/carers. Mrs Lamont undertook to follow this up.

Mr Bedlington asked about a book of remembrance for Freeman Hospital. Mrs Lamont advised that the Bereavement Group had reviewed this and that currently different groups tended have their own. The Lead Chaplain would advise the next meeting.

**11/73 Items to Receive**

- i) Care Quality Commission: Dignity and Nutrition Inspection Programme

Copies of the national review report had been circulated, for information. Governors were reminded that the Care Quality Commission had inspected Walkergate Hospital in April 2011 as part of the programme and overall had found the position most satisfactory.

**11/74 Date and Time of Next Meeting**

The next meeting was to be held on 19<sup>th</sup> January 2012 in the Education Centre, Freeman Hospital, Newcastle upon Tyne.

## COUNCIL OF GOVERNORS

### GOVERNORS ATTENDANCE, 17<sup>th</sup> NOVEMBER 2011

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2	Public Constituency 2 [vacancy]	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2	Public Constituency 2 [vacancy]	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2	Mr Peter Atkinson	Y
A	Mr Derrick Bailey	Y
3	Mr John Bedlington	Y
A	Professor Alastair Burt	APOLOGIES
S	Ms Elaine Coghill	Y
1	Ms Yvonne Cookson	N
S	Mrs Bernadette Crittenden	N
1	Mrs Jane Donnelly	Y
2	Mrs Grace Haigh	Y
2	Mrs Mary Ann Hargreave	Y
2	Mr Maurice Harvey	Y
1	Ms Sandy Harvey	Y
2	Ms Vivienne Hayden	Y
S	Dr Malcolm Holliday	Y
S	Mrs Eleanor Houlston	Y
3	Dr Alan Johnson	Y
1	Miss Gwyneth Jones	Y
A	Councillor Liz Langfield	N
1	Mr Birindwa Lunja	N
3	Dr Lakkur Murthy	Y
S	Mr Ray Nuttall	Y
1	Professor Jean Potts	Y
A	Dr Mike Prentice	N
1	Dr Ashish Rajkumar	Y
2	Mr Peter Ramsden	Y
S	Mr Wayne Reed	APOLOGIES
3	Revd Dr Michael Saunders	Y
1	Ms Roushy Soto-Levy	N
A	Mrs Pat Taylor	N
1	Mr Paul Taylor	Y
A	Ms Gina Tiller	N
2	Mr Christopher Venables	Y
A	Mr Raymond Venus	Y
A	Professor Andrew Wathey	APOLOGIES
S	Mr Andrew Welch	Y