

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 21st December 2017 in Classroom 1, Trust Headquarters, Level 1, King's Mill Hospital

Present:	John MacDonald	Chair	
	Ray Dawson	Non – Executive Director	RD
	Tim Reddish	Non – Executive Director	TR
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Dr Sean King	Non – Executive Director	SK
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Dr Andy Haynes	Executive Medical Director & Deputy Chief Executive	AH
	Julie Bacon	Executive Director of HR & OD	JB
	Denise Smith	Acting Chief Operating Officer	DS
	Suzanne Banks	Chief Nurse	SB
	Paul Moore	Director of Governance & Quality Improvement	PM
	In Attendance:	Joanne Walker	Minutes
Amanda Burton		Project Manager / Freedom to Speak up Guardian	AB
Observers:	Simon Barton		
	Phil Harper	Head of Strategic Planning	
Apologies:	Neal Gossage	Non-Executive Director	
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	
	Kerry Beadling-Barron	Head of Communications	

Item No.	Item	Action	Date
16/657	WELCOME		
	The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/658	APOLOGIES FOR ABSENCE		
	Apologies were received for Neal Gossage - Non – Executive Director, Peter Wozencroft - Director of Strategic Planning & Commercial Development and Kerry Beadling-Barron - Head of Communications.		
16/659	DECLARATIONS OF INTEREST		
	JM declared his position as Chair of the Better Together Alliance Leadership Board.		
16/660	FREEDOM TO SPEAK UP GUARDIANS		
30 mins	<p>AB conducted the presentation.</p> <p>SK enquired how confidentiality was maintained for those individuals wishing to raise a concern but remain anonymous. AB advised that anonymity will always be upheld.</p> <p>SK enquired what records are held. AB advised that records are held for each complaint or concern and a quarterly submission is made to the Guardians Office. SK stated that the record would then be attached to an individual's name who may be innocent. AB advised that access to this information is very restricted.</p> <p>TR advised that processes have been implemented to protect the integrity of individuals and of the Guardians.</p> <p>AH felt there is some potentially very important information that could identify trends and other vital information and suggested that a report be collated to include key information e.g. quantity and type of complaint etc.</p> <p>GW felt it important to collate all information from all areas of the Trust as not all will be reported to a Guardian, some concerns will be raised with line Managers and other colleagues etc. TR advised that the Deputy Director of HR was currently considering how best to obtain information from other staff groups including Medirect.</p> <p>JM enquired if feedback was obtained from Whistleblowers. AB advised that there was no formal process in place at present, only verbal feedback is received. Feedback forms will be implemented in the future.</p> <p>JM requested that Board members consider how the intelligence obtained from Whistleblowers can be used to improve the organisation.</p>		

	<p>PM felt that reading between the lines to probe further would be a useful project that would add value in the future.</p> <p>Action: Themes from Quarterly Guardians Report to be submitted to Quality committee</p> <p>The Board of Directors were ASSURED by the information provided.</p>	TBC	TBC
16/661	MINUTES OF THE PREVIOUS MEETING		
	<p>Following a review of the minutes of the Board of Directors in Public held on 30th November 2017, PR confirmed that page 16, paragraph 4 should read “non-pay” and not “non-paying”. Dr Sean King was omitted as an attendee. The Board of Directors APPROVED the minutes as a true and accurate record pending the above amendments.</p>		
16/662	MATTERS ARISING/ACTION LOG		
2 mins	<p>The Board of Directors AGREED that actions 16/570, 16/600, 16/632.2, 16/634.1, 16/635.2, 16/636 and 16/637 were complete and could be removed from the action tracker.</p> <p>Actions 16/632.1, 16/632.3, 16/635.3 and 16/635.4 were deferred until 25th January 2018.</p>		
16/663	CHAIR’S REPORT		
3 mins	<p>JM presented the report advising that the Procurement Team have been highly commended in the Healthcare Supplies Association (HCSA) Awards in the improving value through innovation category.</p> <p>Chair’s visits are continuing across all areas of the Trust which JM considers to be extremely informative.</p> <p>The Board discussed collating and using information obtained from patient engagement. SB felt that the work and engagement with staff was important and should be continued alongside work and engagement with patients because this will support SFHFT (Sherwood Forest Hospitals NHS Foundation Trust) in becoming an outstanding organisation.</p> <p>The Board of Directors were ASSURED by the report.</p>		
16/664	CHIEF EXECUTIVES REPORT		
3 mins	<p>In the absence of RM, AH presented the report advising that the c-diff rate had reduced to expected levels and the Trust were now back on target. MRSA was disappointing with a second case in the year having been reported. MRSA within SFHFT is still significantly low in comparison to other organisations.</p> <p>Cases of E-coli are reducing and the Trust is on trajectory to see fewer than last year. Gram negative septicaemia continues to be tracked.</p> <p>AH advised that the traffic lights within the report indicate performance against the five winter priorities.</p>		

	<p>The rag rating highlights the pressures being experienced at the front door. Work with external partners is ongoing and there has been a recent meeting with EMAS to try to alleviate some of the pressures.</p> <p>AH advised that data recently published shows that for every degree fall in temperature, ED attendances increase.</p> <p>Work around the cancer standard and improving cancer pathways continues.</p> <p>SFHFT have exceeded the 75% target for staff vaccinations against flu but continue to actively encourage staff to take up the vaccination with the ambition of achieving 95%. AH advised that the Trust is performing well against peers but expects flu cases will peak at the end of January 2018 which will be a very difficult month.</p> <p>55% of all staff completed the staff survey and the Trust's response rate is above average in comparison to other organisations.</p> <p>Earlier this month AH, SB, PM, JM and RM attended an NHS Improvement event for Trusts identified as making a lot of progress on quality of care to patients. SFHFT's presentation received a standing ovation in recognition of the recent improvement journey.</p> <p>CW enquired as to SFHFT's unattended outpatient appointment figures. AH advised that the DNA (did not attend) rates are tracked monthly. DS advised that SFHFT are much lower than the national average.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/665</p>	<p>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</p>		
<p>33 mins</p>	<p>QUALITY</p> <p>SB advised that in relation to falls, SFHFT's position last year was 5.5, the national average is 6.63. There has been an increase in falls since July 2016, with 7.6 recorded in November. The Team's aim is to reduce falls to below the national average by January 2018. The falls nurse is working out of hours to provide support and learning.</p> <p>SB advised at last month's meeting of the Board of Directors that the dementia standard was becoming an area of risk due to the absence of a dementia nurse specialist. A large number of patients have subsequently been identified as not receiving the required screening assessments due to a question being omitted from a questionnaire within ED. This means the October data uploaded in November may not reflect accurately the number of patients who should have received the initial screening assessment. The two cohorts of patients affected during October and November are being audited to ensure they have received the right pathway of care. Sample audits will be conducted going forwards.</p> <p>There has been a significant improvement with regards to pressure ulcers with no avoidable incidents this month. SB recognised the teams hard work and commitment in achieving this.</p> <p>For staffing, the Unify data fill rate is in line with previous months with no adverse fill rates.</p>		

The staffing reconfiguration within the Surgical Division has been transacted. SB reported significant issues in relation to recruitment in EAU but assured Board that shift cover is being actively managed.

SB was asked at last month's meeting of the Board of Directors meeting if there is any direct correlation to medication incidents and safe staffing. As a result of this a deep dive has been conducted which shows that medication incident numbers reduced in November 2017 to those recorded earlier in the year and identified no direct correlation between staffing numbers and drug administration. The deep dive however has identified some key issues and as such there has been a focus on incident reporting of medication errors and this is beginning to improve with regards to the number of staff reporting medication incidents, all of which are being followed through. Immediate actions have been taken to address the key issues identified during the deep dive.

PM advised that there had been no real change in relation to outpatients response rates for Friends and Family Testing the figures remaining below trajectory. The main concerns patients raise continue to be in relation to waiting times in clinics and the cost of car parking. An increase in dissatisfaction in maternity responses has also been identified this month. the key themes being the attitude of some members of staff, timeliness of clinical interventions, a lack of support being given to new mothers, conflicting information and cleanliness of toilets. These concerns will be addressed with teams on 22nd December 2017 PM stated that more than 9 out of 10 service users within maternity are happy with the care provided.

OPERATIONAL

DS presented the report advising that the revised winter inpatient capacity plan was reviewed by the Senior Leadership Team. Changes were made were implemented on 18th December 2017. All ward moves were made within a few hours, DS praised the Teams for achieving this. The changes made were to ensure there was additional capacity for winter. The surgical bed base was reconfigured and arrangements were made to ensure safe nurse staffing levels are maintained across all base wards and any additional capacity. DS confirmed all objectives were achieved.

The bed base prior to the reconfiguration was 606, as of today 622 beds are open. All flex capacity at KMH is open and this will be gradually stepped down by 22nd December 2017. The beds will then be available to flex back up as required post bank holiday.

The original winter plan did provide for a bed base of 650 and the revised plan provides for 641 which is a slight reduction but ensures safe nurse staffing levels can be maintained.

DS advised that the detail within the report for the emergency access within 4 hours performance was provided by site. Overall, 91.9% of patients had a maximum waiting time of four hours from arrival to admission, transfer or discharge in November 2017. At KMH performance was 88.2% and at Newark Hospital performance was 99.2%. An analysis of the data was conducted and staff have also been consulted.

The data collated does not demonstrate any obvious pattern for the day to day variance but it does demonstrate clear rational for the month on month reduction in performance. Month on month bed occupancy rates have increased and are regularly above 92% and regularly above the recommended 85% in assessment areas. When SFHFT consistently delivered the standard, the occupancy rates were lower so there is a clear correlation. The Trust's occupied bed days have increased and stranded patient numbers have increased. Both were lower when the standard was achieved consistently.

Day to day variance shows some clear tipping points around ED in terms of the number of patients who can be managed safely and also the number of ambulances. When attendances are above 300 at KMH it will be a challenging day and if ambulance attendances are over 104, it will also be a challenging day. There is no other data correlation in performance. However, there is a noticeable difference in performance when particular individuals or a combination of Teams are working within ED. The challenge is how to get more consistency in senior leadership within ED.

To help to resolve these issues, the process matrix around Urgent & Emergency care are being reviewed and the weekly patient flow meetings will be re-established from 2nd January 2018 and chaired by Simon Barton.

AH advised that the balance of the Team has been an ongoing matter but will be improved going forwards. Three appointments have been made in the last 12 weeks which AH felt were positive moves forward. The number of admissions has been flat lined. There are more attendances but the admissions proportion has reduced. .

Bed occupancy levels are the biggest contributor and, has increased by almost 10% compared to this point last year, due to a combination of back door exit issues that SFHFT are working closely with local CCG's, Community Partnerships and local authorities on to resolve. Social workers are currently working in specific areas on site to try to facilitate Delayed Transfers of Care (DTC)

More patients are being brought in by ambulance who are then discharged with no care, this is a problem across East Midlands and a meeting was held recently with EMAS to discuss this issue.

GW stated that it was highlighted at the recent Finance Committee meeting that the number of outliers coming from medical and taking up occupancy in surgery beds, has more than doubled in comparison to last year. AH confirmed that there are more outliers at this point which is a symptom of what has been described above and will take time to resolve. Short stay capacity should be a revolving door with a stay of less than 72 hours but half those beds have patients in with a length of stay of 7 days or longer. This is a feature of having people in the wrong beds. . AH reiterated that SFHFT are also working in excess of 60 beds less than last year and the main driver of that is safe staffing.

RD enquired as to the average length of stay. DS confirmed that it was increasing. SB advised that the average length of stay is reported on a daily basis and any delay in discharge highlighted. DS also advised that any patient on EAU any longer than 24 hours is also reported daily.

AH advised that the average length of stay on EAU is 0.9 of a day which is appropriate but this then means that if the average is 0.9 of a day, then some patients have been there for 2 – 5 days.

RD enquired if length of stay is included in the Cost Improvement Plan (CIP) this year. PR advised that general length of stay is a workstream within the CIP. AH confirmed that there has been a link between length of stay and bed closures because SFHFT were above the national average for length of stay and every reduction of 1 day in length of stay enables the closure of a ward. SFHFT's length of stay is now average at 5.6 for acute admissions.

TR enquired how many months SFHFT had failed the 4 hour target. DS confirmed that SFHFT had achieved 5 months of the year but did not achieve the target in August, September, October or November 2017 and did not expect to achieve the target in December 2017. TR felt it important to learn to anticipate/predict future potential issues early so mitigating action can be taken.

AH advised there is a reduction nationally in performance against the 4 hour target, SFHFT is currently ranked 15th nationally.

SK enquired how individual shift reports are captured and if an explanation was given after a challenging shift. DS advised that weekend de-brief meetings are held each Monday. Feedback is obtained for all challenged days but not in a structured way at present. The way breach reviews are conducted could be re-considered and potentially involve clinicians. DS stated that in order to achieve sustainable delivery of this standard, occupancy rates have to reduce, if this is achieved, there will always be capacity in assessment areas.

With regards to the leadership issues, CW enquired if there was a correlation between substantive staff and locums. DS confirmed that there wasn't. The medical staffing position when the Trust was achieving sustained performance was compared to the current medical staffing position and shows that the current overall staffing position is better.

CW enquired if there was a correlation with the nursing position and if morale was impacting performance.

SB confirmed that there had never been an issue with nurse staffing in ED, it is a very strong team whom work well together. The possibility of over recruiting is being considered to enable rotation of nurses in EAU, SB felt that this could potentially affect morale of the nurses.

AH stated that considering the volumes, the Teams have managed reasonably well on the ED floor. It is that on some days, skill mix issues result in more admissions than expected but these issues are not new, they have always existed. The situation is improving and by February 2018, SFHFT will be in a position where there are more substantive middle grades in ED than ever before and the Trust has a pool of consultants who are looking to make improvements. The ED functionality is managing well in a difficult winter.

AH stated that the unknown variable is how bad the flu virus will be this year. It could have a big impact on the Trust in terms of numbers and vulnerable patients who won't be easy to discharge. Teams are aware of that and do have a plan in place to manage the situation should it occur. AH felt that it was wrong to focus solely on ED, in order to achieve the 4 hour standard, a broader approach was required. DS advised that if there is outflow from ED then the ED Team will deliver the target.

RD stated that the 4 hour target is the measure used and the Trust's results in November 2017 are as bad as this Trust has ever seen. RD enquired how long it would be until the issues are resolved and the target achieved. DS advised that a target of 95% is set every month but realistically, winter will be challenging. January 2018 will be difficult and February 2018 will be hard but DS anticipated improvement from March 2018. Despite the pressures, the Trust is not accepting of achieving less than 95%.

RD stated that a further three months of poor performance will equate to 9 months that the 4-hour standard has not been achieved. AH advised that the charts included in the report indicate a dip each year at this time of the year but recovery usually begins in March/April, depending when winter hits.

SK observed that some Teams are more effective than others at moving patients through the department which can be a good thing so long as it is accurate. SK enquired if second presentations are tracked. DS confirmed that second presentations are tracked and no problems have been identified. AH advised that the number of patients who leave and return within 7 are tracked.

DS advised that in November 2017, 11.4%% of ambulance handovers took longer than 30 minutes and 0.4% of ambulance handovers took 60 minutes or longer. There is a correlation between ambulance handover times and 4 hour performance. There are increasingly fewer days now where less than 90 ambulances attend and many more days within excess of 100 ambulance attendances. This presents a challenge and in addition, batching occurs which exasperates an already difficult situation.

Good communication is maintained with EMAS and an Ambulance Workshop was held on 18th December 2017. SFHFT appears to have become an outlier for EMAS, in terms of the number of patients who are conveyed to the Trust so there was discussion with regards to "see and treat" opportunities with EAMS. AH felt that this was an interesting discussion. A national change to ambulance targets has resulted in more patients being transported to hospital. A pilot on 111 was run (initially in the East Midlands) but was turned off last week because the end point of that was to deliver more patients into categories 1 and 2. Because there are more patients in categories 1 and 2. For the other categories, EMAS have a wait system and when less urgent matters have buffered for a while in this system, they are automatically increased to a category 1 or 2. EMAS are exploring some of these factors. AH advised that EMAS have had the worst "see and treat" rates nationally for quite some time and this position is progressively worsening.

<p>Work continues with EMAS to understand some of their issues. Falls and end of life will be of focus over the next 3- 4 weeks to try to understand the demand because 12 ambulances in 1 hour for this Trust, puts serious pressure on ED.</p> <p>SK enquired where GP referred acute admissions go. AH confirmed that the referrals come to SFHFT via ED but did not feel that this was an issue for the Trust, nor was it a cause of the deterioration in the Trust's 4 hour performance.</p> <p>In November 2017, seven specialties failed to achieve the 18 weeks referral to treatment time – incomplete pathways standard and overall, the Trust failed the standard achieving 91.6% against a target of 92%. Work continues with the failing specialties to obtain a better view of their improvement trajectories which are included in the report. Neurology has been closed to new referrals and work to clear the backlog of patients continues. The CCG's and other local providers have been informed. DS did not expect the target would be achieved in December 2017 and couldn't forecast further at present.</p> <p>Ongoing validation of cases exceeding 52 weeks referral to treatment continues and in November, five patients waited longer than 52 weeks from referral to treatment. Two of these patients have TCI dates, one patient has chosen to wait until after Christmas and appointments are still to be arranged for the remaining two.</p> <p>62 days urgent referral to treatment, this is the only cancer standard the Trust failed to achieve in November. Trust performance in November 2017 was 83.9 % against the standard of 85%. There were 14 breaches which relate to 18 patients. Progress to reduce the 62 day backlog continues but the number is still too high at circa 40, the target is 16.</p> <p>Cancer is not progressing at the desired rate but is still an improving position.</p> <p>JM stated that there are a number of measures the Trust is struggling to achieve which means that the management agenda is huge.</p> <p>JM advised that the Board of Directors do not fully understand why performance has deteriorated and suggested a Board workshop be held to discuss ED, Cancer and Safety.</p> <p>Action: A Board Timeout is to be scheduled to discuss ED Performance, Cancer Standards and Safety.</p> <p>ORGANISATIONAL HEALTH</p> <p>JB advised that sickness absence increased in November 2017 to 3.96% but the levels have improved compared to last year.</p> <p>The level of band 5 registered nurse vacancies is a new low at 15.49%. All Registered nurse vacancies have decreased In November 2017 to 10.64%, 142.27 FTE.</p> <p>Trust wide appraisal compliance was 95% in November 2017, this is the first time the 95% target has been achieved.</p>	<p>SH</p>	<p>18/01/18</p>
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Mandatory training has also increased to 93% for November 2017, this remains above the 90% target and has been consistent for over a year.

GW expected to see an increase in sickness absence as winter approaches but expressed concern that two thirds of the increase relates to long term sickness and enquired if anything more could be done to reduce it. JB advised that the Division of Surgery has planned surgery which has affected their figures. SB advised that within Maternity, planned surgery affected three members of staff and one individual had long term sickness.

JM advised that he had recently visited HR and it was apparent that there had been an increase in the calibre of candidates, it wasn't just an increase in the number of applicants. The HR Teams reiterated that this was due to the improvement in the Trust's reputation.

CW felt that the quality of candidates attending recent interviews has improved and has resulted in some very good appointments.

JM on behalf of the Board of Directors thanked the HR Team for the improvements they have made.

FINANCE

PR advised that for the second month running there had been an adverse financial variance against the plan set out. Broadly, clinical income remains on plan. Operating costs in meeting the activity that results in that income, is in excess of plan by £1.9m. This introduces an additional £1.7m risk to achieving the control total but the forecast is expected to be delivered due to mitigations and further actions that have been taken. Pre Sustainability & Transformation Funding (STF) in M8, the adverse variance against the plan is £600k, that makes the YTD performance £900k adverse to plan. At this point in Q3 we are not able to forecast achievement of Q3 pre STF financial plan so therefore have reflected the loss of Q3 STF in the overall post STF position.

Therefore after taking STF into account, the position is £3.2m adverse to plan, because there is so far a loss of £2.3m of STF in this position, £1.1m as a result of Q2, and anticipated Q3, ED under performance and £1.2m as a result of finance under performance in Q3.

In M8 all Divisional positions have worsened further and monthly scrutiny of Divisional performance at SLT and in individual Divisional performance meetings continues. In addition, Divisions also appear at Finance Committee meetings, the Division of Surgery has made three appearances in the last four months and the Division of Urgent & Emergency Care will be attending in January 2018. In view of the worsening positions, enhanced discretionary spending controls have been implemented. Executive scrutiny of all admin, clerical and senior management recruitment posts has been implemented and requisitions deemed to be discretionary items that are not expected to achieve the winter priorities, will also be reviewed by the Executive Team.

With regards to external training and conferences, TR enquired how the spend controls relate to CPD points and accreditation. PR confirmed that controls had been implemented on discretionary items only, revalidation will not be included.

	<p>PR was still able to forecast achievement of the pre STF control total, which will therefore recover the Q3 loss of STF Finance monies. High risks have been mitigated by the implementation of the spending controls. A reduction in winter plan costs is also anticipated due to the revision of the winter plan. Flexible staffing arrangements have been put in place to enable the adjustments and increases to bed capacity to be made without the need of opening an additional ward which has reduced the requirement for locum and agency staff throughout the winter period.</p> <p>An assumption of £500k has also been made as a result of the Chancellors recent budget announcement. A letter has been subsequently received from NHSI indicating that SFHFT will receive £907k to fund the current winter plan and a further £592k for additional measures that are implemented.</p> <p>PR advised that there are some additional risks. In recent conversations with CCG's there has been a triangulation process of the M1 - M6 positions. The amount that the CCG's are expecting to pay the Trust is different to what the Trust has expectations of receiving. Some of that has been mitigated and included in the forecast however there is a risk around procedures that are restricted and not routinely funded. Arbitration and mediation is not required and will be determined via a contractual process that AH is currently agreeing the process and terms of reference of. A retrospective audit is underway that but is not anticipated to introduce further control total risk this year</p> <p>The Board of Directors were ASSURED by the report.</p> <p>RM joined the meeting.</p>		
<p>16/666</p>	<p>ASSURANCE FROM SUB-COMMITTEES</p>		
<p>4 mins</p>	<p>FINANCE COMMITTEE</p> <p>GW presented the report advising that the most notable matter was the decision to increase the risk of principle risk 4 - Financial Sustainability, from 15 to 20. The main reason for this was 2018/2019 performance which the Committee considered would be very challenging.</p> <p>GW advised that the Division of Surgery has presented details of its performance to the Committee on three occasions this year and has given different reasons for the under-performance on each occasion. As a result of the Committees concerns, RM will be writing a letter to the Division of Surgery to express these concerns.</p> <p>The U&EC Division's position is also significantly worsening in its performance. The division is now forecasting to produce a year end deficit of just over £2.0m. The Committee will further scrutinise the Divisions performance in January's meeting.</p> <p>GW advised that the new PLICS system was proving to be very successful. The system provides more visibility and detailed information which will assist with benchmarking and has been received well by clinical teams. GW felt this would be of great benefit to the Trust. A tremendous amount of work has gone into the implementation of this system and GW expressed his thanks to the Finance Team.</p>		

	The Board of Directors were ASSURED by the report.		
16/667	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors agreed that the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> • Recognition of the difficulties that the winter period has brought • Freedom to Speak up Guardians 		
16/668	ANY OTHER BUSINESS		
1 min	On behalf of the Organisation, RM thanked DS for the efforts, focus and positivity that Denise has brought to the role of Acting Chief Operating Officer over the past 5 months.		
16/669	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 25TH January 2018 in the Boardroom at Newark Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:20.</p>		
16/670	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p>		
	<p>Chair</p> <p style="text-align: right;">Date</p>		