



Minutes of Trust Board meeting held on 29 March 2016

Present:	Ian Black	Chair
	Laurence Campbell	Non-Executive Director
	Rachel Court	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Deputy Chair
	Chris Jones	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Steven Michael	Chief Executive
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Jon Cooke	Interim Director of Finance
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive
Apologies:	None	
In attendance:	James Drury	Deputy Director, Strategic Planning (to item 7.1)
	Kate Henry	Interim Director, Marketing, Engagement and Commercial Development
	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Bernie Cherriman-Sykes	Board Secretary (author)
Guests:	Daniel Redmond	Publicly elected governor (Calderdale), Members' Council

TB/16/12 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular, Daniel Redmond from the Trust's Members' Council. There were no apologies. He invited Julie Fox (JF) to tell the story of Mr. D, previously an in-patient on Chantry, Fieldhead, Wakefield. JF explained that Mr. D had not wanted to attend the meeting personally but he did want Trust Board to hear his story and specifically requested a response from the Board.

Tim Breedon (TB) responded that the issues set out were recognised, particularly around the balance of domesticity and formality, and he commented that there has been much work undertaken on Chantry recently. Adrian Berry (ABe) added that the challenge for the Trust and its staff is to introduce uniformity when service user views differ so much on matters such as these. TB also commented that the experience also reflects that acuity and challenging behaviour found on wards has increased. As the Trust reduces its bed-base and provides more services in the community, separation of service users in terms of gender and acuity of illness or support becomes more difficult. This supports the decision taken by Trust Board to invest in non-secure estate on the Fieldhead site.

In response, it was agreed to:

- send an extract of Trust Board minutes to Mr. D;
- provide (or send an extract of) the Care Quality Commission (CQC) inspection report on Chantry (although it was noted that reference may only be by service not by specific unit);
- hold another Trust Board meeting in Newton Lodge or an alternative secure facility, which would include sampling the food;
- provide an outline of the investment the Trust has made in the service since July 2015.

IB thanked Mr. D for bringing these issues to the attention of Trust Board, which Directors found helpful. In relation to the difficulties Mr. D experienced in making his complaint, Trust

Board asked that the Trust examines how it promotes customer services, how to raise complaints, concerns or compliments, and reviews the information included in the welcome pack for service users.

TB/16/13 Declaration of interests (agenda item 2)

The following declarations were considered by Trust Board.

Name	Declaration
CHAIR	
Ian Black	Independent Non-Executive Director, Benenden Healthcare Society Chair, Benenden Wellbeing Chair, Keegan and Pennykidd Non-Executive Director, Seedrs (with small shareholding) Trustee and Director, NHS Providers Chair, Family Fund (UK charity) Member, Whiteknights, a charity delivering blood and samples on behalf of hospitals in West and North Yorkshire Private shareholding in Lloyds Banking Group PLC (retired member of staff)
NON-EXECUTIVE DIRECTORS	
Laurence Campbell	Director, Trustee and Treasurer, Kirklees Citizens' Advice Bureau and Law Centre, includes NHS complaints advocacy for Kirklees Council
Rachel Court	Director, Leek United Building Society Director, Invesco Perpetual Life Ltd. Director, Leek United Financial Services Ltd. (from 27 April 2016) Chair, PRISM Governor, Calderdale College Magistrate Chair, NHS Pension Board
Charlotte Dyson	Independent marketing consultant, Beyondmc (marketing consultancy work for Royal College of Surgeons, Edinburgh) Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional) Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE
Julie Fox	Trustee and Advisory Board member, Peer Power (social justice organisation supporting young people) Employed by HM Inspectorate of Probation (to 30 June 2016) Daughter appointed as Independent Hospital Manager
Chris Jones	Director and part owner, Chris Jones Consultancy Ltd. Trustee, Children's Food Trust
Jonathan Jones	Member, Squire Patton Boggs (UK) LLP Member, Squire Patton Boggs (MENA) LLP Trustee, Hollybank Trust Spouse, Company Secretary, Zenith Leasedrive Holdings Limited and its subsidiaries Spouse, shareholder, Zenith Leasedrive Holdings Limited
CHIEF EXECUTIVE	
Steven Michael	Trustee and Treasurer, Spectrum People Chair, NHS Confederation Mental Health Network Trustee, NHS Confederation

Name	Declaration
	Chair, Huddersfield University Business School Advisory Board Partner, NHS Interim Management and Support (to 31 March 2016) Health and Wellbeing Boards, Wakefield and Barnsley (to 31 March 2016) Involvement in Care Quality Commission mental health inspection arrangements (to 31 March 2016) Partner is employed by Mid-Yorkshire Hospitals NHS Trust
EXECUTIVE DIRECTORS	
Adrian Berry	No interests declared
Tim Breedon	No interests declared
Jon Cooke	No interests declared (although on secondment as Chief Finance Officer, Yorkshire and Humber Commissioning Support Unit)
Alan Davis	No interests declared
Alex Farrell	No interests declared
COMPANY SECRETARY	
Dawn Stephenson	Chair and Voluntary Trustee, Kirklees Active Leisure Governor, Membership Council, Calderdale and Huddersfield NHS Foundation Trust (and member of Remuneration and Terms of Service sub-committee)
OTHER DIRECTORS	
Carol Harris	No interests declared
Kate Henry	No interests declared
Sean Rayner	Member, Independent Monitoring Board for HMP Wealstun Trustee, Barnsley Premier Leisure
Diane Smith	No interests declared
Karen Taylor	No interests declared

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

TB/16/14 Minutes of and matters arising from the Trust Board meeting held on 29 January 2016 (agenda item 3)

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held on 29 January 2016 as a true and accurate record of the meeting.** There were no matters arising.

TB/16/15 Assurance from Trust Board committees (agenda item 4)

TB/16/15a Audit Committee 2 February 2016 (agenda item 4.1)

The following areas were raised.

- Following the concerns expressed by the Committee in relation to an internal audit of patients' property, the Committee received a presentation from Karen Taylor on the action taken within services to address the recommendations. KPMG will undertake a re-audit, the outcome of which will be reported to the Committee.
- The internal audits receiving partial assurance for service level agreements and job planning will be formally presented to the Committee at its April 2016 meeting.

- The Committee received and supported the work plan from the Trust's external auditors, Deloitte.
- As part of this report, the Committee was advised of a number of concerns in relation to the Quality Accounts local indicator on care planning. TB advised that this had been a matter of definition and that the issues have been resolved.

TB/16/15b Clinical Governance and Clinical Safety Committee 23 February 2016 (agenda item 4.2)

The following areas were raised.

- The Committee received the Trust's Suicide Prevention Strategy, which includes a section on how the Trust will work with partners in respect of suicides in the wider system where individuals are not in contact with Trust services.
- The Committee received a useful report on psychological therapies, which provided a good understanding of the current position across the Trust.
- The Committee also received an update on quality impact assessments of proposed cost savings. There had been good progress with 70% complete and no obvious concerns arising.

TB/16/15c Mental Health Act Committee 2 March 2016 (agenda item 4.3)

The Committee received a presentation on the positive outcome of a review of Mental Health Act audits undertaken between 2012 and 2015, which demonstrated a number of areas of improvement.

TB/16/15d Remuneration and Terms of Service Committee 9 February 2016 (agenda item 4.4)

IB commented on the Committee's support for the 1% pay award for all staff on Agenda for Change and the Executive Management Team (EMT). The Committee also reviewed Director performance in relation to the performance related pay scheme for 2015/16 and re-endorsed the condition that no award would be made unless the Trust achieved at least 'good' for its CQC inspection.

JF commented that she noted from the minutes that the Committee is proposing that the sickness absence target returns to 4%. Alan Davis (AGD) responded that increasing the sickness absence target has had unforeseen consequences. The lower target provided a focus and was at an aspirational level. The increase has acted as a disincentive to the continued drive to reduce absence. The Committee was, therefore, supportive of a return to a target of 4% in 2016. The Trust will target the highest areas of concern through a wellbeing and engagement process and focus on areas, such as forensic services, to provide targeted support for managers to reduce absence through health coaching and performance management of their management of individual members of staff as part of a wider performance dashboard for trios within BDUs.

TB/16/15e Estates Forum 26 February 2016 (agenda item 4.5)

Jonathan Jones (JJ) highlighted in particular the excellent performance against the capital plan for 2015/16. Chris Jones (CJ) asked what the Trust does in terms of post-implementation reviews of capital schemes. JJ responded that the Forum has asked for a review of what the Trust said it would do in the Estates Strategy and what has been achieved at the next meeting. AGD added that all capital schemes are subject to a twelve-month post-implementation evaluation, which would consider the business benefits and whether these were as anticipated. These are considered through the Estates TAG and the EMT. JJ commented that it might be useful for the Forum to receive these as well.

TB/16/15f Equality and Inclusion Forum 8 March 2016 (agenda item 4.6)

JJ asked how the Trust will know if it is making a difference and how this translates into Trust Board level objectives. IB responded that the last recruitment exercise for Non-Executive Directors did attract many BME candidates into the pool; however, not necessarily with suitable experience. The next recruitment exercise will focus on and recognise this area. In terms of staff, the organisation is serious about understanding issues and putting action in place to address themes.

Trust Board noted that an independent report on the roll-out of the upgrade to the Trust's clinical information system, RiO, will come to a future meeting.

IB also confirmed that he will be looking to review membership of Trust Board Committees with a view to ensuring Non-Executive Directors have as much experience as possible on different Committees. This will be undertaken after all appraisals are complete for this financial year anticipated at the end of April 2016.

TB/16/15g Proposed changes to Trust Board Committees' terms of reference (agenda item 4.7)

It was RESOLVED to APPROVE the proposed changes to Committee terms of reference as set out in the paper.

TB/16/16 Chair and Chief Executive's remarks (agenda item 5)

Taking the context of the plan for 2016/17, IB commented that the focus at national level is the coming year only and the fact that this is not a longer-term view is of concern. The Trust has been given a 'control total' by Monitor and this will be considered as part of the next item.

IB went on to confirm that Rob Webster (RW), the Trust's new Chief Executive, will start on 16 May 2016. Interviews for the Director of Finance post took place last week with RW chairing the panel. Mark Brooks has been appointed and it is expected that he will join the Trust in June 2016. IB also advised that RW will lead development of the Sustainability and Transformation Plan (STP) in West Yorkshire (health and care organisations within geographic footprints will work together to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances).

He ended by formally recording that this is a well performing Trust and that it is so is due significantly to the contribution of Steven Michael (SM). This Trust would not be in this position without him.

In his farewell remarks, the Chief Executive commented that fundamental to his tenure has been to ensure the organisation operates on its value base. He thanked people who use Trust services and the communities the Trust serves for their support. He commended Trust staff for the feedback from the Care Quality Commission (CQC) that they found staff to be caring often under difficult circumstances, and this was without exception. He added his own thanks to staff for their commitment and efforts. He thanked Trust Board colleagues who he found to be open, honest and values-based and thanked other colleagues in the EMT. He ended these remarks by thanking the Chair who has been a great Chair and enabled him to be a better Chief Executive.

SM also covered the following.

- The outcome of the CQC visit is not yet known. He thanked staff for all their hard work in making the visit a success.

- Although the consultation regarding accident and emergency services in Calderdale and Greater Huddersfield does not directly affect this Trust, the concern is to ensure any change at Calderdale and Huddersfield Trust (CHFT) does not have an impact on the Trust's ability to deliver services on the Dales site in Halifax. The position is similar for Mid-Yorkshire Hospital NHS Trust in that any plans it has do not impact on delivery of Trust services in the Priestley Unit in Dewsbury.

AF commented on the contracting position and advised that there were a number of outstanding issues remaining with NHS commissioners, mainly relating to safer staffing. A return was submitted to Monitor to advise the Trust's position, which is that negotiations continue with commissioners. Wakefield health and wellbeing and Barnsley substance misuse services are both areas where the Trust's contract has been extended with a view to commissioners tendering for services. The position for 0-19 services (Barnsley Healthy Child Programme) is subject to further discussion in the private session of the meeting.

The Chair invited JF to comment on the Shadow Board programme. This is a pilot and the Trust is one of only three taking part. It is a short, modular and practical programme providing senior managers and clinicians with an insight into the working of a foundation trust board, directorship and good corporate/clinical governance. It is supported by the NHS Leadership Academy and will enable up to ten staff to undertake a programme of learning, which includes the formation of a 'shadow board, which JF will chair.

IB ended his remarks by confirming that SM will remain as Chief Executive and Accounting Officer until 31 March 2016. AF will act as interim Chief Executive and Accounting Officer until 15 May 2016. AGD will act as interim Deputy Chief Executive from 1 April 2016 to the end of August 2016. Jon Cooke (JC) will remain as interim Director of Finance until the substantive appointment begins (anticipated as early June 2016).

TB/16/17 Annual plan and budgets 2016/17 and annual plan submission to Monitor (agenda item 6)

Following an introduction from IB, AF took Trust Board through a tabled paper on the operational plan for 2016/17 and outlined the action required to complete the plan. JC went on to summarise the financial plan.

- Development of the plan has been an inclusive process, including the involvement of the full Trust Board.
- Monitor has set the Trust a 'control total' of £1.2 million surplus. The Trust's plan recognises a £500,000 surplus due to a more prudent approach adopted to safety and quality of clinical services in the light of the March 2016 CQC inspection. This reflects a realistic position for this Trust although it does not equate to the 'control total' set by Monitor.
- The £10 million cost improvement programme is subject to a quality impact assessment process, has been robustly challenged by the finance team and by the EMT, and has been externally reviewed by Deloitte.
- The programme represents 4.7% of the Trust's income and contains an element as yet unidentified, which does present a risk to the Trust.
- There is an additional investment of £4.4 million in Trust services, which has also been the subject of robust challenge by the EMT and will be subject to the quality impact assessment process.
- The capital plan includes the start of a £16 million investment in non-secure services on the Wakefield site.
- The Trust is forecasting a financial risk rating of 4 (out of 4); however, the impact of not setting a budget that reflects the 'control total' is not known.

- The report from Deloitte will be presented to the Board in April 2016 although assurance will be sought prior to the submission to Monitor on 11 April 2016. The report in April 2016 will include the management response to recommendations.

IB and JJ were both of the view that the small group to whom the Board was being asked to delegate authority will need some assurance from Deloitte before the operational plan is sent to Monitor to derive some comfort. JJ added that he would want to see the report in advance of submission. CJ commented that he was surprised that Deloitte was involved as he would see this as an operational/management response and, therefore, he felt he had sufficient assurance from today. The challenge remains in achieving the level of cost savings. Laurence Campbell (LC) and Rachel Court (RC) concurred. In response, JJ explained why the review had originally been commissioned. SM added that it had formed a particular worry for Trust Board and also demonstrated openness and transparency. There is a fine line between assurance and reassurance but he still saw the value in an external review. IB commented that he derived assurance from the EMT process, which has improved year-on-year, the track record on delivery of the plan and the external review by Deloitte. He would find assurance from an external review particularly useful given that Trust Board may set a budget that differs from the 'control total'.

RC asked if Deloitte would look at opportunities for realising more cost savings than currently identified. She also asked if Trust Board needed this assurance to approve the plan. It would provide additional value and comfort but would not be a prime factor in informing the decision. IB added that the review also provides an external view of the 'market place' and the environment in which the Trust operates. AF commented that, as part of the scope, Deloitte will look at the reliability of the Trust's risk ratings, the appropriateness of Trust processes (that is, best practice) and comparison with others. A clear view would be available from Deloitte by 8 April 2016 with the detail and management response presented to Trust Board on 28 April 2016. IB asked that Trust Board considers whether a review should be commissioned for the 2017/18 plan earlier in the process next year.

JF commented that she would prefer for all members of Trust Board to see the report from Deloitte before any decision is made to delegate authority to a small group. CJ commented that he was not sure Trust Board should delegate authority if the report was not positive or was less than positive. He was also not sure what action the group would, could or should take if this resulted in any change to the budget. JC responded that he was not sure that anything arising from the review would change the bottom-line of the plan. The Trust would use provisions, mitigation and contingencies to maintain the position approved by Trust Board. SM added that the role of Trust Board at this meeting is to approve the plan and budget and there would be no changes to the bottom-line. He would also suggest seeking the advice of Deloitte prior to submission of the operational plan to Monitor on the proposed financial outcome. AF also clarified that changes in the operational plan outlined in the paper to Trust Board refer to action required to complete the plan. The delegated authority requested is for this purpose and not to seek to change the budget approved by Trust Board today.

It was RESOLVED to APPROVE the proposal to delegate authority to the Chair, Deputy Chair, interim Chief Executive and interim Director of Finance to approve and submit the final version of the operational plan and the budget (as approved today) to NHS Improvement by 11 April 2016.

JF commented that the process seems to have been a 'scramble' this year. Charlotte Dyson (CD) agreed but commented that she did derive more assurance than through the previous process. IB commented that it had seemed rushed and he will consider the timing of Trust Board to reflect the submission to NHS Improvement for 2017/18. JC responded that this had been a measured, full and thorough process with the detail robustly considered by the

EMT prior to the review by Deloitte. He did, however, acknowledge the delay in commissioning this review. SM added that these had been exceptional circumstances with the change in Director of Finance mid-stream, the timing of the CQC inspection and the late imposition of a 'control total' by Monitor.

IB summarised that Trust Board:

- supports the submission of a budget which provides for a £500,000 surplus;
- acknowledges the 'control total'; however, as a result of the CQC inspection, Trust Board has agreed to take a more prudent approach to the safety and quality of its clinical services, which reflects a realistic position for this Trust although it does not equate to the 'control total' set;
- supports the capital programme for 2016/17 noting the reduction in cash balances;
- would seek significant assurance from the review of the rating of cost savings;
- supports the contingencies proposed;
- is supportive that the potential for a receipt from the sale of the St. Luke's Hospital site is not included in the budget for 2016/17 but the receipt for the sale of Aberford Field is included in 2015/16;
- will review the budget and forecast for 2016/17 at the meeting in July 2016 when quarter 1 is complete and the CQC report has been received.

It was **RESOLVED** to:

- **APPROVE the draft operational plan and budget for 2016/17, subject to the completion of the actions detailed in the covering paper, which are not expected to require material alteration to the content and direction of the plan;**
- **APPROVE delegated authority as set out in the above resolution;**
- **COMPLETE the review of strategic objectives linked to the four-tier service model for presentation to Trust Board in April 2016.**

TB/16/18 Performance reports month 11 2015/16 (agenda item 7)

TB/16/18a Performance report (agenda item 7.1)

The performance report for month 11 was noted. RC asked if safer staffing would be included in future reporting and whether this would identify 'hotspots'. TB responded that more detailed reports are presented to the Clinical Governance and Clinical Safety Committee. He agreed that future reports would include more detail by BDU and identify areas that are not meeting required levels, the reasons for this and mitigating action. IB commented that the Trust will pick up any differences in the Trust's assessment and that of the CQC of its services when the inspection report is received.

TB/16/18b Finance report (agenda item 7.2)

JC commented that the delay in completion of the sale of Aberford Field has reduced the Trust's risk rating to 3 (out of 4) as it has impacted on the Trust's cash profile causing a significant variation to the plan in February 2016. If the sale is completed by the end of March 2016, the risk rating will return to 4 in quarter 4.

CD asked for assurance that processes are in place to ensure the capital spend allocated to information management and technology is realised. JC responded that he was confident that the level of spend at the year-end will be as planned. Spend against agile working has also been accelerated for 2015/16.

In relation to Aberford Field, AGD commented that he was confident that exchange and completion and transfer of monies would be completed by 31 March 2016 or, at the very least, legal exchange will have taken place.

TB/16/18c Exception reports and action plans – Safer staffing (agenda item 7.3(i))

TB took Trust Board through the paper. LC asked why there was an 80% threshold for nurses but 90% for other staff. TB responded that the Trust's approach is based on guidance issued for the acute care system and it would look to review following the CQC inspection visit report. It was agreed to take the full rates through the Clinical Governance and Clinical Safety Committee.

In terms of comparison with other Trusts, local benchmarking shows the Trust is slightly higher or similar in terms of ratios. The CQC expressed a degree of concern but this was mainly due to recruitment and retention rather than a concern due to staffing levels. The CQC will consider the Trust's rationale for its position and will make its own judgement on whether this is adequate.

It was RESOLVED to RECEIVE the report as assurance that the organisation is meeting safer staffing requirements.

TB/16/18d Exception reports and action plans – Information Governance toolkit (agenda item 7.3(ii))

It was RESOLVED to NOTE the current position regarding information governance and to APPROVE the Trust's information governance toolkit submission.

TB/16/18e Exception reports and action plans – Eliminating mixed sex accommodation (agenda item 7.3(iii))

IB asked if the Trust has a policy on transgender accommodation. TB responded that assessment is currently undertaken on an individual needs basis. The Trust is currently working on a set of policies and enhanced guidance for staff.

It was RESOLVED to APPROVE the declaration.

TB/16/19 Governance matters (agenda item 8)

TB/16/19a Annual Governance Statement (agenda item 8.1)

It was RESOLVED to APPROVE the first draft of the Annual Governance Statement for 2015/16. Trust Board noted that the Statement would be subject to change following review by Deloitte as part of the audit of the Trust's annual report and accounts. As a consequence, **Trust Board APPROVED the proposal to delegate authority to the Audit Committee to approve a final version of the Statement as part of its approval of the annual report and accounts on 24 May 2016.** The final version of the statement will be brought back to Trust Board in June 2016 as part of Trust Board's consideration of the annual report and accounts.

SM commented that he was nervous of any significant changes made following his departure as this was his statement on 2015/16 as Accounting Officer and he would very much wish it to remain, as far as possible, in its current form. This was noted by Trust Board.

IB reminded Trust Board of the open invitation to attend both the Audit Committee to approve the annual report and accounts on 24 May 2016 and the Clinical Governance and Clinical Safety Committee to approve the Quality Accounts on 17 May 2016.

TB/16/19b Decision-making framework (agenda item 8.2)

It was RESOLVED to NOTE the report and the work undertaken to date, and to APPROVE the proposal to retain the current financial limits for Trust Board approval.

TB/16/19c Calderdale Vanguard partnership agreement (agenda item 8.3)

AF explained the background to the paper and the changes proposed by the Trust. CJ asked whether there were any implications relating to the first clause on resources. AF responded that this will become clear when the scope of services included is known, particularly commitments to specific projects and contribution to the project management support arrangements.

AF also commented that the success of the Vanguards will rely on local leadership and demonstration of how they add value.

IB commented that the first point of contact is likely to be child and adolescent mental health services. He asked whether the health economy was prepared for this. AF responded that Trust Board should not be unduly concerned. The Trust is in a position to influence the agenda, this builds on existing arrangements and the summits held during 2015, and it is an area of national concern and perceived gap.

JF asked about the fit of Vanguards with Sustainability and Transformation Plans. SM responded that he was not sure they did fit but Vanguards will form a mechanism for delivery with the plans.

It was RESOLVED to NOTE the Trust’s engagement with the Calderdale Vanguard and APPROVE the Calderdale Vanguard Partnership Agreement, including associated delegated authority to act, subject to the changes the Trust has proposed to the draft document.

TB/16/20 Use of Trust seal (agenda item 9)

It was RESOLVED to NOTE use of the Trust’s seal since the last report in December 2015.

TB/16/21 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Thursday 28 April 2016 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

Signed **Date**