

Public Board of Directors

Thursday 30 July 2026 at 09:30am

in Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf,
Kendall Street, Leeds, LS10 1JR

Board Members

Mrs M McRae	Chair of the Trust
Mrs Z Burns Shore	Non-Executive Director (Senior Independent Director)
Mrs J Forster Adams	Chief Operating Officer
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive
Professor F Healey	Non-Executive Director
Dr C Hosker	Medical Director
Ms K Khan MBE	Non-Executive Director
Mrs Lynne Mellor	Non-Executive Director
Dr S Munro	Chief Executive
Mr D Skinner	Director of People and Organisational Development
Miss N Sanderson	Director of Nursing and Professions
Miss K Wilburn	Non-Executive Director
Mr M Wright	Non-Executive Director (Deputy Chair of the Trust)

Apologies

✓

✓

All members of the Board have full voting rights.

In attendance

Mrs Clare Edwards	Associate Director of Corporate Governance / Trust Board Secretary
Miss Rose Cooper	Deputy Head of Corporate Governance
Mr Mark Dodd	Deputy Chief Operating Officer (deputising for Chief Operating Officer)
Dr Wendy Neil	Consultant Psychiatrist & Responsible Officer (for minute 26/085)
Mrs Tracey Needham	Head of People Engagement (for minute 26/096)

Three members of the public attended the meeting, including one governor.

Action

26/079

Mrs McRae opened the public meeting at 09:30 and welcomed everyone.

Apologies for absence (agenda item 1)

Apologies were received from Ms Kaneez Khan, Non-Executive Director and Mrs Joanna Forster Adams, Chief Operating Officer. Mr Mark Dodd attended as Deputy Chief Operating Officer. The meeting was quorate.

26/080	Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items (agenda item 2) The Board of Directors noted that there were no changes to the declarations of interests, and no conflicts in respect of any of the agenda items.
26/081	Minutes of the previous meeting held on 28 May 2026 (agenda item 3) The minutes of the meeting held on 28 May 2026 were received and agreed as an accurate record.
26/082	Matters arising (agenda item 4) There were no matters arising.
26/083	Actions outstanding from the public meeting of the Board of Directors (agenda item 5) Mrs McRae presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that were completed and those that were still ongoing. It was noted that the update on operational priorities which included in the papers, therefore the action was closed. The Board received the cumulative action log, agreed to close the actions that had been completed and noted the updates provided for ongoing actions.
26/084	Report from the Chief Executive (agenda item 6) Dr Munro presented the Chief Executive's report, taking the content as read. She highlighted the recommendation for the Trust to adopt the Lord Mann report recommendations, noting that all Trusts had received letters from a legal firm noting concern with adopting the included definition, however as it did not affect any policies and procedures for dealing with discriminatory

behaviour this was not a concern. The Board provided support to adopt the recommendations.

She noted that the Trust had still not received the Well Led report from the CQC but had been informed this should be received by 13 August 2026. The Trust had written to the CQC CEO, Regional Chief Nurse and Director for Mental Health, to set out the experiences with inspections and final factual inaccuracies, however no response had been received so this would be pursued as it would be helpful to continue to have an open dialogue. She noted her visit to Ward 5 which had shown much to be proud of, including MDT working and improvements in the use of the ward environment in readiness to move to Parkside Lodge.

She noted that the Board to Board meeting would provide further detail on the alignment with Leed Community Healthcare NHS Trust (LCH) but noted the engagement that had taken place regarding the new organisation's name which had been agreed as Leeds Partnership NHS Foundation Trust (LPFT). NHS England (NHSE) had supported the new name, and this would be used following the formal approval of the merge next year.

No direct communication had been received from the newly appointed Secretary of State for Health and Social Care, but this was expected in due course. The publication of the Quality Strategy was acknowledged and that this would support the work with the new organisation.

She also highlighted the Reasons to be Proud section within her report of individuals, services and teams.

Mrs McRae noted the awaited Well Led review report but thanked the Executive Team for their hard work in relation to this alongside the ongoing Trust priorities and focus. She thanked Dr Munro for the report.

The Board **received** the report from the Chief Executive and **noted** the content.

26/085 **Annual Responsible Officer and Medical Revalidation Report** (agenda item 7)

Dr Neil presented the report, taking the content as read. She reminded the Board that the paper was to provide assurance regarding compliance with the required regulations and the level of support provided to medical colleagues. She noted that the previous update provided to the Board had included the impact on the role of the Responsible Officer and teams due to the increase in doctors and thanked the Board for their support to secure additional funding

which had provided real benefit for the service and the doctors within the Trust.

She noted that doctor appraisals had been completed on time and to a high quality, and had all been approved by the General Medical Council as appropriate. She acknowledged the work that had taken place to support this position and the appraisers who carried out this role.

In relation to managing concerns regarding doctors, training had been undertaken with NHSE, and the Trust therefore had a cohort of highly trained senior doctors to support and lead investigations if required. She acknowledged the need to maintain high standards throughout the integration work with LCH, and work was underway to consider how to align whilst continuing business as usual.

She updated the Board on the support that had been put in place for neurodivergent doctors following an initiative that started in September 2025. The work had been led by neurodivergent doctors with a training and education package to all doctors and support available for access including the development of StaffNet pages to provide information. The work had been shared regionally showcasing the work within the Trust, along with the peer group established to support doctors together with a package for support and mentoring.

She concluded by noting that the paper contained the areas of focus for the next year. Since completing the paper, the final priority for last year had been completed, meaning all 22 had been achieved.

Dr Hosker commented that there was clear assurance provided that robust processes were in place for regulatory delivery. He acknowledged the potential risks around integration but noted the good position that could be connected across the organisations.

Mrs Mellor noted the achievements including the appraisal position and queried if the neurodiversity support had been widely publicised to share the work. Dr Neil noted that it had been intentional not to share it widely as it had been specifically focused on doctors as it was acknowledged that doctors were disproportionately likely to have a neurodivergent diagnosis or symptoms, specifically psychiatrists and GPs. She noted that the next step was to link into the organisation to understand how this could be shared across other professional groups.

Mrs McRae thanked Dr Neil for the report.

The Board **received** the Annual Responsible Officer and Medical Revalidation Report and **noted** the content.

26/086 Report from the Chair of the Finance and Performance Committee for the meeting held on 27 July 2026 (agenda item 8)

Miss Wilburn presented the Chair's report from the Finance and Performance Committee meeting taking it as read. She highlighted the update provided on the Trust's current financial position which was slightly ahead of plan with the support of non-recurrent benefits which were not insignificant. There had been discussion regarding deconstructing the block contract and any associated risks which would continue to be monitored. She noted the update regarding workforce efficiency progress, including agency use being below trajectory with a slight increase in overtime figures.

The Committee received an update from the Information Governance Group with a focus on inappropriate access to patient records, and it was agreed that this would be reviewed in more depth at a future Committee meeting including the link to national guidance.

Mr Wright commented that the medical agency position was positive and contributing well to the Trust's financial position.

Mrs McRae thanked Miss Wilburn for the report.

The Board of Directors **received** the Chair's report from the Finance and Performance Committee and **noted** the matters reported on.

26/087 Report from the Chief Financial Officer (agenda item 9)

Mrs Hanwell presented the report, taking the content as read. She noted the year to date position was ahead of plan due to technical flex linked to pressure from Out of Area Placements (OAP) earlier in the year, but she was confident that OAPs would improve over the coming months. Linked to the Full Business Case for the integration, she noted the work undertaken on understanding the underlying position as this needed to be declared monthly as part of the National Oversight Framework and Northeast region oversight processes. She was confident in the revised underlying position based on the improvements to be made regarding OAPs.

In relation to deconstructing the block, Mrs Hanwell noted the review exercise underway, with submissions due in August / early September 2026. There was a £40 million gap based on the review to date and activity and productivity

would be crucial. Certain areas had been noted to have a reduction in activity, but there was a need to understand the nuances and impact of this. There was a need to get to a legitimate outcome based process which was a serious issue for all Mental Health and community providers, and work would continue and any changes would be managed in a staged way to reduce any associated risks. She noted that Finance and Performance Committee would be kept updated as the full parameters were not currently known. Mrs Burns Shore commented that there was the potential for the changes to lead to a reduced desire to transform services which was the opposite of the future aspiration. Mrs Hanwell acknowledged that it was complex for mental health as it was a more standard costing process for acute Trusts, and whilst this was recognised nationally there was still a focus to move in that direction.

In relation to costing, Mr Wright commented that the Trust did not position well on benchmarking and included in that was the input of data and the clinical model that lay behind it. He noted that Finance and Performance Committee had noted that other organisations featured highly in benchmarking and given their proximity geographically it would be worth investigating their processes and any learning. Mrs Hanwell responded that there was a Directors of Finance group in place, and that provided an opportunity to discuss that point. She noted that there may be a level of under recording of activity so further discussion would take place on this across Trusts, including clinical engagement. Mrs Mellor added that it would be important to link with LCH to consider any integration elements and develop a shared approach.

Mrs McRae thanked Mrs Hanwell for the update provided.

The Board **received** the Chief Financial Officer's report and **noted** the content.

26/088

Operational Priorities Update Report – Q1 (agenda item 10)

Mrs Hanwell presented the report, taking the content as read, and noting it had been discussed in detail at Finance and Performance Committee. She requested that the Board disregard the appendix as it contained draft priorities and a number had now been combined to reflect the work underway and a reduction down to 8 priorities. She noted that the PFI priority had been deliberately excluded as the work was commercially sensitive.

She noted the alerts in the report were regarding finances as the position was behind on budget efficiency, bank and overtime costs, and the others were linked to the flow programme which would be discussed in private Board.

Mrs McRae thanked Mrs Hanwell for the update provided.

The Board **received** the Operational Priorities report and **noted** the content.

26/089 Data Security & Protection Toolkit (agenda item 10)

Dr Hosker presented the report, taking the content as read, noting it had been presented to Finance and Performance Committee. He noted the assurance provided through the internal audit report with two minor issues identified which would be addressed, and the positive position for the Trust overall.

Prof Healey commented that it was a technical report but with accessible information. She referred to the discussion at Audit Committee as to whether the internal audit report included enough detail about access to medical records given the high-profile nature of the issue, and whether a separate report was needed for assurance purposes. Miss Wilburn responded that the point had been discussed in Finance and Performance Committee in detail, and the Committee had asked for more detail on the points raised, as noted in the Chair's report, and this would be followed up. Dr Hosker added that there was a minor recommendation in the audit report about access to records, and the Trust was not passive in its position and did undertake active random audits that reviewed access to records and who had accessed them and why. Mrs Mellor noted that access to records was not just a technical issue and therefore may require more focus at Board. Mrs McRae reiterated that the work would be undertaken to review this through the Finance and Performance Committee who would then be able to consider if there were issues for the Board to follow up on including behavioural elements of access to records. Dr Munro noted that the profile of access issues had raised due to national media coverage and incidents, and the Trust had already commenced work last year due to an increase in incidents, therefore she was reassured that the internal audit report noted work that was already underway.

Mrs McRae thanked Dr Hosker for the update provided.

The Board **received** the Data Security & Protection Toolkit and **noted** the content.

26/090 Report of the Chief Operating Officer (agenda item 12)

Mr Dodd presented the report, taking the paper as read. He highlighted the ongoing issues with length of stay and Emergency Department waits, and that these areas were part of Trust priorities and work was underway to address them.

He noted that there were currently no older people OAPs which was positive, but flow within older people's services remained a challenge and would be part of the areas of focus for the flow programme so improvements were anticipated.

He noted the discussion at Finance and Performance Committee regarding PICU seclusion damage resulting in it being taken out of use, however it was now back in operation. He updated that the Connect inpatient service was out of business continuity and had a plan in place for recovery and progress was being made. The Red Kite View business continuity process was also noted to have reached a conclusion, and the service was fully operational.

Miss Wilburn commented that the Finance and Performance Committee had focused in detail on OAPs, flow and length of stay and the ongoing recommendations, and agreed to pass the discussion back to Executive Directors about how they were being taken forward.

Mrs McRae commented that it was positive to hear the impact of the work that had been underway and involvement of staff within this. She thanked Mr Dodd for the update.

The Board **received** the Chief Operating Officer report and **discussed** the content.

26/091

Report from the Chair of the Quality Committee for the meetings held on 11 June and 9 July 2026 (agenda item 13)

Dr Healey presented the Chair's Report from the Quality Committee meetings, taking them as read. She highlighted the health equity strategic plan which provided overall assurance to the Committee but is also a part of other Committees' focus too, and work was ongoing across the organisation to progress this. The Committee received the annual complaints & PALs report which now focused less on the process for responses and more on learning and actions taken, which was positive, and a further update would be provided to the Committee in 6 months.

She noted that there was a discussion regarding restrictive practice that acknowledged an increase in numbers can happen due to a small number of patients, however the overall trend was positive looking year on year.

She noted the Committee's interest in assurance regarding complexity of service provision, considering collaborative working and variations in approaches, and that the assurance regarding sub-contracts with quality metrics in place was a great step forward.

She added that there was work underway to strengthen assurance regarding medical devices, with a focus on safety of medical devices and wider practice, which was positive.

Mrs McRae thanked Dr Healey for the reports.

The Board of Directors **received** the Chair's reports from the Quality Committee and **noted** the matters reported on.

26/092

Report from the Medical Director (agenda item 14)

Dr Hosker presented the report taking it as read by the Board. He noted that medical agency spend continued to improve, and risk areas were linked to a group of community agency doctors as ideally a substantive medical group was required for the flow programme work, however the agency staff were long term so did provide a level of continuity.

He informed the Board that digital was now within his portfolio therefore that section of the report would continue to get more detailed and he highlighted the joint EPR project continued, and workshops had been undertaken with LCH. He provided assurance that this would continue to be an area of focus.

In relation to Mental Health legislation, following previous Board discussion on the impending changes, he confirmed that a workshop had taken place to focus on the impact and planning required to implement the changes.

Mrs Mellor commended the report and noted the detail regarding the Andrew Sims Centre and the potential to generate growth. Dr Hosker commented that the historic idea for the centre to generate income had been hugely impacted by the pandemic due to a shift in online learning and online courses provided by Royal Colleges. The Centre was trying to recover from that position and consider sustainability and growth options, including event management. In relation to research he noted that it was challenging to compete with other research areas but there was an appetite to generate income where possible, and a continued intention to focus on this and consider opportunities provided through the integration process.

In relation to a query from Mrs Mellor regarding the deanery risks noted in the paper, Dr Hosker noted that it was for awareness at the moment as it was likely to have an impact on the delivery of training over the next 12 months, but there was a need for further detail to fully understand this, and it was not a critical risk at the current time.

Mrs Burns Shore noted the progress in pharmacy was positive given the previous position, and the inclusion of KPIs would support the measuring and monitoring of progress.

Mrs McRae noted that there had been a recent appointment to a Deaf CMAHS post recently, but it did not appear in the paper as a vacancy filled, and Dr Hosker noted that this was due to it being a succession position rather than ongoing vacancy. Mrs McRae thanked Dr Hosker for the report.

The Board of Directors **received** the Report from the Medical Director and **noted** the content.

26/093 Guardian of Safe Working Hours Annual Report and Q4 Update (agenda item 15)

Dr Hosker presented the report taking it at read by the Board. He noted it was the annual report to provide an overview to the Board. He referenced the increase in incidents which would continue to be monitored, and that the sense from the Guardian was that this would be managed and wasn't a longer term cause for concern.

Mrs McRae thanked Dr Hosker for the report.

The Board of Directors **received** the Guardian of Safe Working Hours Annual Report and Q4 Update and **noted** the content.

26/094 Report from the Chair of the Workforce Committee for the meeting held on 18 June 2026 (agenda item 16)

Mrs Burns Shore presented the report taking it at read by the Board. She highlighted the robust discussion regarding the sickness absence report, and that the Committee had requested a comprehensive review of all initiatives taken with a focus on the outcomes to consider next steps. It was noted that a neighbouring Trust had a different approach to the application of the policy on sickness absence which would need to be reviewed regarding adoption, and a discussion for the Executive Management Team to consider moving forward. It was acknowledged that it was noted within the Chief Operating Officer report that sickness absence was also being reviewed at operational level.

She referenced the excellent paper received on learning environments for nurses and doctors which gave an overwhelmingly positive position.

The Board acknowledged that understanding different approaches to sickness management would be helpful. Mrs McRae thanked Mrs Burns Shore for the report.

The Board of Directors **received** and **noted** the Report from the Chair of the Workforce Committee.

26/095 Report from the Director of People and Organisational Development
(agenda item 17)

Mr Skinner presented the report taking it as read by the Board. He highlighted the sickness absence position for June 2026 was 6.8% in month and reminded the Board that this was included in the National Oversight Framework (NOF). He noted the introduction of an oversight group which would focus on areas with higher sickness rates to understand the detail. Application of the policy was key, and the Trust focus was on well-being, therefore a review of the policy regarding formal management processes would be undertaken. He added that there was a lack of return-to-work interviews undertaken despite early intervention from management being beneficial, so this needed to increase.

He informed the Board that NHSE had launched two pieces of work relating to staff standards and the Management and Leadership Framework. The standards would be part of the NOF ratings and included tackling racism and line management and were mandated areas, whereas the People Promises and Plan were not mandated by NHSE. The detail behind the approach was awaited. The Management and Leadership Framework was a more robust competency framework for line managers, which included all managers undertaking a 360 self-assessment by Q4, therefore work was in place to plan this as systems were not yet in place nationally. He added that work underway by the Trust would support this to be undertaken.

Mrs Hanwell queried the definition of managers within the framework, and Mr Skinner acknowledged that this had not been provided nationally so Trusts were awaiting clarification. Dr Munro asked if there had been any further discussion around a regulatory body for managers as previously discussed, and Mr Skinner confirmed that there had not been any further detail provided.

Mrs Burns Shore queried the process for the 360 reviews, and Mr Skinner responded that there was a framework in place as part of the leadership academy but as this would be abolished it was unclear how this would be progressed at the current time.

Prof Healey noted that the NOF metrics had changed and it may be unlikely there was a robust data source for them, therefore there was a risk with the

presentation of data and the overall position. Mrs McRae commented that there were issues with several metrics so hopefully these would get refined.

Mrs McRae thanked Mr Skinner for the report

The Board of Directors **received** and **noted** the Report from the Director of People and Organisational Development.

26/096

2025 NHS Staff Survey Trust-level Action Plan (agenda item 17.1)

Mrs Needham presented the report taking it as read by the Board. She noted that it was the first time that a Trustwide action plan had been developed as it was now a mandated process.

She informed the Board that a deep dive into all free text comments had been done for the first time, and had identified themes such as workforce capacity, wellbeing, development and recognition, and leadership and management, however there were also high score areas which should be acknowledged. The action plan was based on realistic deliverables over the next 12 months balanced with work taking place across the organisation as there was a need to demonstrate improvements through the next staff survey. The action plan was therefore designed to deliver meaningful change through existing projects and would be monitored through the People and OD governance structure and through to Workforce Committee. There was a request for Board direction on timescales for updates to review progress.

Mrs Burns Shore commented that the measures looked sensible, however communication to staff regarding the overall position in some areas and managing misinformation that may be part of the results was important. Mrs Needham noted that this would be picked up at local level following the review of the free text comments to ensure correct information was provided. She added that once the plan had been approved there would be Trustwide communication regarding Board approval which would be helpful.

Dr Munro thanked Mrs Needham and the team for the work undertaken to support the process and commented it was reassuring to see familiarity with the areas of work already underway linked to the identified themes. Mrs Needham noted that the team were working on a plan to consider engagement approaches to improve update with completion of the staff survey.

Miss Wilburn commented that the action plan showed areas known about which aligned to discussions held within Board and Committees, and it provided an opportunity to build on the Trust's ability to target any linked areas to the NOF. Mrs Needham added that there was a need to understand the

current position for the organisation in relation to the new staff standards, and this was being reviewed currently, as triangulation on all measures and action plans would provide more opportunities for improvement.

Mrs Burns Shore noted that the action plan would be reviewed quarterly at the Workforce Committee, and the Board noted bi-annual updates would be acceptable for Board updates on progress.

The Board thanked Mrs Needham and the team for the work that had been undertaken to achieve this position. Mrs McRae thanked Mrs Needham for the report

The Board of Directors **received** and **noted** the content of the 2025 NHS Staff Survey Trust-level Action Plan.

26/097

Report from the Chair of the Audit Committee for the meeting held on 14 July 2026 (agenda item 18)

Mr Wright presented the report taking it as read by the Board. He highlighted the three Internal Audit reports that were presented to the Committee on organisational governance, minimising self-harm and medicines management.

In relation to the organisational governance report, he noted the split opinion result which identified good process for ward to board governance, but instances where there was a lack of evidence to support reporting of this. The process was not evidenced to their satisfaction, but the Committee were assured work was underway to address this. The minimising self-harm report had shown good management responses that provided a good level of assurance with the approach.

He noted that although there were a group of limited assurance reports, they were from 2025/26 and were incorporated in the Significant Assurance Head of Internal Audit opinion report already issued for the year to March 2026. The remarks made by the Head of Internal Audit at the Committee noted that Executive Directors supported discussions and ensured robust responses that were tracked, which was a credit to the organisation, and this had supported significant assurance for the Head of Internal Audit opinion.

He commented that internal audit colleagues had noted that there had been instances where services could have investigated and acted on some issues before internal audit work was undertaken which may save additional recommendations being reported, and he therefore suggested that in those cases it would present the Trust in a better light if we undertook some actions before an internal audit took place.

The Committee had received the annual and Q1 Health and Safety Report and whilst content with much of the report, there were inconsistent numbers of incidents when compared with other reports, therefore work continued to review this and Mr Wright was confident that this would be resolved for future reports.

He noted the review of the risk management report where good progress was noted, and it now included more than clinical risks which was positive. He queried whether the report should be authored from a corporate perspective, rather than clinical governance, to emphasise the point that support the focus on risk is present in all parts of the organisation not just clinical areas.

Mrs McRae queried if internal audit was used to make improvements happen, however Mr Wright commented that the Trust was highly regarded for using audit to support areas with known issues which was positive, the feedback was that where a problem is identified the Trust should attempt to resolve it prior to the audit as it may make the recommendation process easier. Dr Munro noted that sometimes internal audit provided a more comprehensive set of recommendation and actions to support improvements, and it was also used once changes have been made to sense check them, so it was important to balance the approach for the rationale for using audit. Miss Sanderson noted that the self-harm audit was an example that provided quick wins from the recommendations and acknowledged that the policy was not fully implemented at the time of the audit taking place. Prof Healey commented that there was an unwritten set of criteria for use of internal audit, and perhaps consideration of what the overall approach was may provide a more consistent approach for use, however Mrs McRae noted that there may always be a grey area that was subjective. Mrs Hanwell added that within the scope of audit there was an opportunity to consider whether all areas were suitable for review at the current time, and it did allow for the removal of certain areas, and the Trust had a good history of deferring audits when they were not appropriate.

Mrs McRae thanked Mr Wright for the report

The Board of Directors **received** and **noted** the Report from the Chair of the Audit Committee.

26/098 **Board Assurance Framework** (agenda item 19)

Dr Munro presented the report, taking it as read by the Board. She noted the Board Assurance Framework (BAF) had been refreshed following the discussions at the Board Development workshop and the changes agreed. It

was presented to the Board for final approval, and the content within the Committee report triangulated the review undertaken.

Mrs Hanwell noted the BAF comparison exercise presented in the Audit Committee which identified a variation in risk appetite compared to LCH for residual risk, and that this presented an opportunity for Board discussion as part of the integration programme and development of the BAF for the new organisation. Mr Wright added that the benchmarking suggested that the Trust set unrealistic target risk scores which led to the Trust consistently failing to meet the target. We should therefore consider being less onerous in the target risk scores we set ourselves.

The Board of Directors **received** the Board Assurance Framework and **approved** the content.

26/099 Scheme of Delegation (agenda item 20)

Dr Munro presented the report, taking it as read by the Board, noting the minor amends set out within paper which required Board approval.

The Board of Directors **received** and **approved** the Scheme of Delegation.

26/100 Use of Trust Seal (agenda item 21)

The Board **noted** that the Trust Seal had not been used since the last Board meeting.

26/101 Any other business (agenda item 22)

There were no additional items of business raised.

26/102 Resolution to move to a private meeting of the Board of Directors

At the conclusion of business, the Chair closed the public meeting of the Board of Directors at 11:15 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public would be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.