

Trust Board Meeting in Public

Held on Thursday 26 April at 11:00
Oasis Centre
Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Alan Cole	Non Executive Director
	Elizabeth Conway	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Julie Dawes	Director of Nursing
	Robert Toole	Director of Finance
	Tim Powell	Director of Workforce & Organisational Development
	Dominic Hardisty	Director of Strategy and Business Development

In Attendance:	Peter Mellor	Company Secretary
	Michelle Marriner	(Minutes)
	Julia Lake	For agenda item 58/12
	Zoe Francis	For agenda item 58/12
	Lucy Hampton	For agenda item 58/12
	Dr Kathryn Bostock	(Observing)
	Karen Waite	Strategic Health Authority
	Anne Dawson	Strategic Health Authority

Item No Minute

48/12 Apologies:

There were no apologies

Declaration of Interests:

There were no declarations of interest.

49/12 Minutes of the Last Meeting – 29 March

The minutes were approved as a true and accurate record subject to the following changes:

36/12 Operations: Page 4 paragraph 6 - The Chief Operating Officer asked that the minutes be changed from: 'All specialties are achieving 90% admitted standard other than Orthopaedics', to 'We were achieving the aggregate position in most areas but some specialties were struggling including Orthopaedics.'

35/12 Chief Executive's Report: Page 2 paragraph 4 – The Chairman queried the accuracy of the sentence 'The Improvement and Transformation will be led by the NHS Commissioning Board, which will be led by Jim Easton'. The Company Secretary committed to clarifying this.

Action: Company Secretary

50/12 Matters Arising/Summary of Agreed Actions

7/12: Finance – The Chief Operating Officer confirmed that a paper on the successes of Demand Management was on the agenda for the meeting in private today.

28/12: Any Other Business – The Director of Workforce confirmed that a paper outlining the successes of the Apprenticeship Scheme was on the agenda for the meeting in public today.

36/12: Quality - The Director of Nursing confirmed that the reasons explaining why figures had increased or decreased were now included within her report.

36/12: Quality – The Company Secretary confirmed that Dynorod had completed their tests and whilst no significant errors had been reported, an action plan had been put in place to address those defects that had been found. Carillion would be in attendance at the next meeting of the Audit Committee (6th June) to provide an update on the progress of the action plan.

36/12: Operations – The Chief Operating Officer confirmed that a paper outlining Referral to Treatment modelling was on the agenda for the meeting in private today.

44/12: Non Executive Director's Report – The Company Secretary confirmed that an additional column had been added to show the date in which the action should be completed.

51/12 Notification of Any Other Business

There were no items of any other business.

52/12 Chairman's Report

The Chairman had nothing to report.

53/12 Chief Executive's Report

The Chief Executive advised that improving the experience of patients was a key aim for all NHS organisations and the NHS Operating Framework places a clear responsibility on the NHS to actively seek out, respond positively and improve services in line with patient feedback. Therefore, the NHS Institute has launched the NHS Patient Feedback Challenge which is backed by a £1 million challenge fund to identify, share, spread and implement excellent patient experience work across the NHS. She advised that she would work with the Director of Nursing to look at how the Trust could take this forward.

The Chief Executive advised that the Department of Health had published the written and statistical evidence on market-facing pay following the Chancellor of the Exchequer's Autumn Statement of 29 November 2011. He had written to the NHS Pay Review Body (NHS PRB) and Review Body on Senior Salaries (SSRB) asking them to consider how to make pay more market-facing for Agenda for Change staff and NHS Very Senior Managers.

She reported that Duncan Selbie had been confirmed as the Chief Executive Designate of Public Health England and would take up his post no later than 1 July 2012. He is currently Chief Executive of Brighton & Sussex University Hospitals NHS Trust. Public Health England will support local health services, protect the nation's health through

better-integrated working, and help the public make healthier choices. It will support the development of the public health workforce, support excellence in public health practice and provide a national voice for the profession.

The Chief Executive was saddened to report the recent death of Tony Brewerton who had been Chairman of the League of Friends for 15 years. She advised that the League of Friends, under the stewardship of Tony, had raised significant amounts of money for Portsmouth Hospitals NHS Trust. He would be much missed.

The Chief Executive brought to the attention of the Board, a recent article which had been published in the Sunday Times newspaper. The article portrayed a lady who claimed to have been left on a trolley in the Emergency Department at Queen Alexandra Hospital for 12 hours. The Trust had been given an opportunity to respond to the journalist with the correct factual information but the newspaper had chosen not to publish our response. The Chief Executive wanted to reassure the Board that the event had occurred over a year ago and the article was factually incorrect. She said that there had recently been a lot of media attention regarding the discharge of patients at night. She wanted to reassure the Board that the Trust did not advocate discharges late in the evening or at night.

She advised that the Secretary of State for Health would be coming to Portsmouth on 10 May to formally open the St Mary's Campus. She confirmed that both she and the Chairman would be in attendance due to part of the Trust's Maternity Service being on the St Mary's site.

54/12 Integrated Performance Report

Quality:

The Director of Nursing apologised for the late submission of the revised Quality Performance Report. This was due to a number of inaccuracies in the data within the original report.

She advised that the number of patient moves had increased during March and believed that this was a reflection of the overall demand within the Trust.

The overall Trust target for reducing complaints by 50% had been achieved for March. A total of 39 complaints had been received. She added a note of caution that the reduction in complaints might be due to the Easter period.

5 single sex breaches had occurred within the Medicine for Older People Rehabilitation and Stroke Clinical Service Centre (CSC) during March. These breaches were currently subject to the Primary Care Trust validation and may be classed as clinically justified. .

There had been no cases of hospital acquired MRSA bacteraemia for March against a monthly target of zero. Thus the year end position is 5 cases of MRSA against a target of 4. Discussion with the Department of Health was ongoing regarding one of the incidents of MRSA and the outcome would determine the final position for the year. The C.Difficile target for the year had been met with a total of 67 cases against a target of 78 and the Trust had also met the Venous Thromboembolism assessment target of 90% with a year end position of 90.1%.

The Director of Nursing advised that the results of the National '5 key question' survey had been published this week. A full report would be brought back to a future Board meeting.

The Trust had a year to date total of 35 red/amber rated reported falls against a trajectory of 39. Therefore the Trust has achieved the 10% reduction target.

The Trust has also achieved the 25% reduction target in the number of hospital acquired pressure ulcers with a total of 50 reported in 2011/12 against a trajectory of 57.

Whilst the Trust had also achieved the allergy status indicator target, it had not achieved the target relating to medicines reconciliation, although an improvement had been seen during the last quarter with the further roll-out of the near-patient pharmacy service. The Trust had also achieved the target for the total percentage of patients who had died having been placed on the Liverpool Care for the Dying Pathway.

The Chairman asked why the data for Facilities Management included in the report was only up to February. The Company Secretary thought that it may be as a result of bringing the Board meetings to a date earlier in the month. The Chairman asked that Carillion be made aware of the new requirements so that timely information can be included within the report.

Action: Director of Nursing

Liz Conway asked what was being done to reduce the number of patient moves. The Director of Nursing advised that she was currently looking at our internal processes to ensure that moves were kept to a minimum. The number of moves was exacerbated by the demand at the front and slowness of discharge via the back door. She offered reassurance to the Board by advising that there exists strict criteria when deciding to move a patient, and which patient to move, ensuring that no patient who was at risk got moved. Therefore there are often only a small number of patients who can be moved which unfortunately means it is usually those same patients who get moved more than once. Mark Nellthorp asked how many of the moves were as a consequence of trying to meet the single sex target. The Director of Nursing advised that the single sex target did not have a significant impact on the number of moves. The Chief Operating Officer advised that in quarter 4, the admission rate had increased and that attendances at the Emergency Department had increased by 10% which meant that we were running at a much higher occupancy rate than normal. The moving of patients was thus necessary to try and ensure that acute admissions were admitted to the appropriate ward.

Tim Higenbottam asked if there was any correlation between the number of complaints and the Essential Skills compliance rate. The Director of Nursing advised that each Clinical Service Centre (CSC) was different in complexity so it would be difficult to compare the complaints, however, she confirmed that no such comparison had been carried out but agreed that it might be a good idea. The Director of Workforce agreed that there was a need for proper evaluation of Essential Skills and triangulation between complaints and Essential Skills. He reminded the Board that Essential Skills training only covered 'essential skills' and thus might not always be as comprehensive as some might like.

Mark Nellthorp expressed concern that the Portering Service would be unable to properly manage all of the necessary patient moves and the bed moves necessary for the bed washing and sought assurance that the recently introduced bed washing service would not suffer as a consequence. The Director of Nursing confirmed that the Trust and Carillion had recognised the impact of this new service on the availability of Porters and therefore the Trust had now hired their own dedicated staff to carry out the portering for the bed washing service.

Mark Nellthorp asked about the Helipad service which had been inoperable for 3 days. He said that the report stated that there had been no loss of service of due to the divert. If that indeed was the case, he felt that that would strengthen the case of those members of the public who were against the helipad and thought that there was no need for it. The Company Secretary confirmed that the report should not have stated that there was no loss of service and should have in fact said that it was the quality of service that had been diminished.

Steve Erskine asked what was being done to further improve Medicines Reconciliation.

The Director of Nursing confirmed that there would be continued work at ward levels and that the Director of Pharmacy was intending to run a pilot to see how the pharmacy weekend service might be improved.

The Company Secretary felt it important to point out that, whilst not wishing to underplay the importance and significance of complaints, there had been 140 complaints received in the last quarter against 4500 plaudits received in the same period.

Operations:

The Chief Operating Officer advised that when considering our month 12 performance against Monitor's Compliance Framework for element 2 – operating plans, we would be rated 1:5 Amber-green for March.

Referral to Treatment (RTT)

The COO advised that there had been constant focus throughout the last year to reduce the 1600 backlog. She was pleased to announce that RTT admitted and non-admitted targets had been achieved. The COO was also keen to recognise the effort of the teams within the CSC's who had done a remarkable job in reducing and sustaining the backlog.

Diagnostic Waits

There had been 19 >6 week diagnostic wait breaches during March. She confirmed that the 2012/13 Operating Framework provided a tolerance of 1%, (approx 25 breaches per month). We are currently performing against that standard.

Military Performance

Due to the pressures within the hospital, the performance against the 10 week referral to treatment standard for military patients on an admitted pathway was 64.9%. This is short of the 90% standard, with breach areas including Trauma & Orthopaedics and Urology. She advised that all Military referrals were to be subject to the 18 week pathway and would therefore not be reported separately.

NSF Coronary Heart Disease

Unfortunately, we continued to have issues around the Door to Balloon and Call to Balloon times with a total of 15 breaches during March. This was linked to pressures within the Emergency Department. Dr Ali Dana, interventional Cardiologist, had arranged a formal teaching day for STEMI update/refresher for Ambulance Crews and ED staff to try and resolve this problem.

Emergency Department (ED) Quality Standards

In terms of the ED 4 hour target, our performance for March had been significantly below the 95% standard at 87.64%. There had been continual issues experienced within the Emergency Department for the whole of quarter 4. There had been a significant increase in the number of attendances in ED, up by 10% on previous years. The number of medically stable patients occupying hospital beds had frequently been above 80. This has had an obvious impact on our occupancy levels and our ability to cope with the additional admissions. Steve Erskine asked what was being done, differently than before, to resolve these issues. The Chief Operating Officer advised of the transformation work that was currently looking at unscheduled care and how we work with our external partners to support the development of pathways within the community for avoidance of admission to ED. The Trust also had an internal project team which was looking at emergency flow improvement. The Medical Director advised of a 3 day audit that had recently been

carried out in ED where every patient had been asked to complete a questionnaire about why they had come to ED and whether they had accessed any other service before coming to Queen Alexandra Hospital. He confirmed that the result of the audit would be presented to the Board at a future meeting.

Mark Nellthorp asked whether there was scope to look further than just ED as a large number of patients appeared to come from residential homes by ambulance at all hours of the day and night. He believed that these were also likely to be the same patients who were also difficult to discharge when medically stable. He asked if it might be feasible to work with the residential homes to provide trained staff who could go to the home to try and resolve the need for patients to be brought to the Emergency Department. The Chief Operating Officer confirmed that similar ideas were currently being considered. The Chief Executive advised that she had recently met with Portsmouth Health Overview and Scrutiny Panel (HOSP) and that they intended to call both Portsmouth Hospitals NHS Trust and Social Services to their next meeting to better understand the problems and to explore options.

Finance:

The Director of Finance advised that the Trust had ended the year with a small surplus on income and expenditure of £148k, thus achieving the year end target of break-even. This figure remained provisional pending submission of final accounts on the 23 April and subsequent audit review. The draft annual accounts had been presented to the Audit Committee last week. Alan Cole, as Chairman of the Audit Committee, reported that he had no issues of significance regarding those accounts, which he needed to bring to the attention of the Board.

The Director of Finance advised that break-even had been achieved primarily through the negotiation of additional contracts payments of £13.25m, significantly above the cap agreed at the start of the year, There had also been a financial adjustment supporting the I&E position recognising that we were able to put the St Mary's hospital site up for sale. This item had been specifically submitted to and reviewed by the External auditors. This effective Break-even position had also been achieved through the delivery of the planned £25m internal cost improvement programme. Steve Erskine was keen that the amount of hard work that had gone into achieving the cost improvement plans during 2011/12 be recognised.

More detailed consideration of our financial plans for 2012/13 was intended for the meeting of the Trust Board in private later that day.

Workforce:

The Director of Workforce advised that the planned cumulative total workforce expenditure for 2011/12 had been £230m. This had assumed that demand management would work and that the Cost Improvement Plans would be achieved. The outturn position for 2011/12 was £241.9m which was £11.9m greater than that planned position. The overspend had been exacerbated by the less than expected effect of demand management, additional activity in terms of RTT and reducing the backlog and the increase in attendances at ED. Therefore, we had carried out additional activity to the value of approximately £20m against approximately £13m of additional income.

Steve Erskine asked if the increase in workforce had been proportionate to the increase in activity. The Director of Workforce advised that he had met with the Director of Nursing to discuss the need for triangulating the number of beds open vs. the additional activity vs. the workforce expenditure. The Chairman felt that that would also be useful to benchmark against other Trusts.

The Director of Workforce advised that there had been an overall reduction in the substantive paybill but not as much as had been hoped. The biggest impact on the paybill had been temporary workforce expenditure. He advised that in terms of capacity for 2011/12, the total workforce capacity had increased by 237 FTE since March 2011.

The staff turnover rate had steadily decreased throughout the year from 9.2% in March 2011 to the current level of 8.1% and the 12 month rolling average sickness absence rate had remained unchanged at 3.2%. He advised of the new Fit 4 Work scheme which had been launched to deal with staff stress and depression and promised to provide more detail at a future meeting.

Appraisal compliance had decreased in March by 0.9% to 84.9%, and was fractionally below the target of 85% and Essential Skills compliance was still below the target of 85%. The Director of Workforce and the Director of Nursing both felt that the way in which Essential Skills training was delivered needed to be refreshed.

Liz Conway asked if the morale of the permanent staff had been affected by the increase in the number of temporary staff. The Director of Workforce agreed that the increase in temporary staff had impacted on the morale of permanent and that this was confirmed by the staff survey results of those Clinical Service Centres that had more temporary staff than others.

The Director of Workforce believed that if the Trust was able to employ to full establishment instead of relying on temporary staff, it would save approx. £2.5m.

Alan Cole asked if the 104 increase in substantive workforce was our net position and it was confirmed that it was. He pointed out that the £25m cost improvement plan had been achieved despite the increase in staff numbers.

Mark Nellthorp asked what had caused the unit staff costs to drop by £1.2k in one month. The Director of Workforce replied that this was the first month where there had been no additional payments in terms of enhancements. The Director of Finance advised that there were also a number of adjustments at the end of the year such as adjustments for holiday which had been accrued, which would have had an effect.

Mark Nellthorp noted that during the first 11 months of the year there had been a reduction in workforce in Corporate Functions of 60 staff but that in month 12, there had been an increase of 20 staff. He asked what had caused this sudden increase. The Director of Workforce advised that the data was currently being analysed and that he would update the Board at the next meeting.

The Chief Executive acknowledged the extremely hard work of staff in recent months in achieving the Referral to treatment admitted and non-admitted targets. She also acknowledged the support of the JCNC.

The Chairman was concerned at the ability of the staff to maintain their fantastic commitment in the face of seemingly never ending demand. The Director of Workforce recognised that there had been extraordinary pressure on staff recently and he reassured the Board that work was ongoing, following the staff survey results, including the training of managers to be able to manage stress within their departments. He confirmed that there was also a whole raft of information on the intranet to help staff deal with pressure and stress.

55/12 Quarterly Quality Report

The Director of Nursing advised that this report covered 4 areas of quality:

- Patient Safety
- Patient Experience

- Clinical Effectiveness
- Governance Compliance

The Director of Nursing advised that a Trust wide Malnutrition Universal Screening Tool (MUST) audit had been carried out in February 2012 to assess if patients were screened for their nutritional status on admission to hospital and weekly thereafter. She was pleased to report a 5% improvement since August 2011, to 90%.

She was also pleased to note that the Trust had been successful in achieving level 1 compliance against the National Health Service Litigation Authority (NHSLA) Risk Management Standards for acute trusts.

She brought to the attention of the Board that the Trust had ended the financial year without any ward closures due to Norovirus. She felt that this was a particular achievement as the Norovirus had proven to be a significant problem for other Trusts around the country.

The Director of Nursing advised that several internal surveys that were being conducted, in relation to the Patient Experience, showed a noticeable improvement in results in quarter 4.

She highlighted a few areas for concern. Although the Trust had achieved the end of year target reduction in pressure ulcers, 20 pressure ulcers had been recorded in quarter 4, which was the highest quarterly number for the year. She felt that this was partly linked to the ongoing pressures within the hospital. There had also been an increase in the number of reported Serious Incidents Requiring Investigation (SIRI) during the quarter. This could largely be explained by the new requirement to report Venous Thromboembolisms as a SIRI since December.

She advised that the target for Alcohol CQUIN had not been achieved, mainly because of the data collection methods in the Emergency Department. This will be a quality indicator in the 2012/13 contract and no longer a CQUIN. Work is underway to ensure that the requirements are met.

She asked the Board to note the Care Quality Commission overall risk rating, particularly noting that no high risks had been identified.

The Medical Director commented on the Clinical Effectiveness section of the report. He felt that there were a number of highlights that were worthy of note. He emphasised the outstanding results from the National Bowel Cancer Audit and the percentage of patients who had been operated on laparoscopically - 80% at Portsmouth Hospitals NHS Trust, compared to 30% nationally. The mortality rate of patients at Portsmouth Hospitals NHS Trust was 1.3% against a national average of 3.7% and the length of stay for Portsmouth patients was 5 days against a national average of 8 days.

He also wished to highlight the results from the Neonatal Intensive Care Audit. Portsmouth Hospitals NHS Trust was the 3rd best in the country with one of the lowest neonatal mortality rates for a level 3 unit with >6000 births/year. He believed that the results of this audit reflect the excellent results of the Neonatal Department over the last 2 years.

Steve Erskine noted that whilst the number of patients falling was reducing, we were still above the national average. The Director of Nursing said that it was difficult to directly compare because of a lack of consistency in reporting cultures amongst Trusts. Portsmouth Hospitals NHS Trust also has a much larger elderly care department than many other Trusts.

Alan Cole asked why the compliance rate for all patients having a Venous Thrombo-Embolicism ("VTE") assessment was much lower for the Trauma, Orthopaedics,

Rheumatology and Pain (MSK) CSC compared to the other CSC's. The Medical Director replied that there was currently an ongoing national debate about whether VTE was needed for an Orthopaedic operation. We have decided to continue to follow the guidance of NICE until the issue is finally resolved at a national level.

Liz Conway advised that she had recently carried out a patient safety walkabout within the Women and Children CSC and had been most impressed with the tremendous staff commitment within the Neonatal Intensive Care Unit. The feedback from parents had been very positive and complementary of the department.

The Company Secretary asked how the roll out of the electronic discharge summary was progressing. The Medical Director confirmed that it is expected to be completed by the end of July.

58/12 MOPRS Staff

This item was taken out of turn.

The Chairman advised that this agenda item was as a result of a very successful patient safety walkabout within the Medicines for Older People (MOPRS) CSC. He thought that it would be a good idea for some of the junior members of staff to come and talk to the Board about why they enjoy working within MOPRS.

Julia Lake, Zoe Francis and Lucy Hampton were in attendance to deliver the following presentation.



MOPRS - Tust Board
presentation.ppt

Julia Lake, Head of Nursing explained the structure within the MOPRS CSC and then provided a brief summary of the vision of the service centre.

Lucy Hampton and Zoe Francis both shared a positive story of a patient that they have worked with as an example of why they enjoyed working within the MOPRS CSC.

The Chairman asked what inspired them to work with elderly patients. They replied that it was very heart warming to see patient recover both in the short and long term.

Steve Erskine asked if patient feedback was used to help improve the patient experience. Julia Lake confirmed that it was.

Liz Conway asked Zoe and Lucy what they felt the impact on permanent staff was of using temporary staff within the CSC. Zoe recognised that it did have an impact as it meant that the permanent staff were required to support the temporary staff whilst trying to carry out their own jobs.

Tim Higenbottam recognised the complexity of care for elderly patients and thanked all of the staff for their hard work and dedication.

56/12 Foundation Trust Application

The Chief Executive reminded the Board that the Tripartite Formal Agreement (TFA) had been signed with all signatories committing to an application to the Department of Health by March 2013. There are number of internal process and plans in place setting out the key milestones leading up to the application date.

She advised that the Trust was currently exploring the feasibility of accelerating its application date. A formal decision had yet to be taken.

57/12 Assurance Framework

The Company Secretary reminded the Board that the Assurance Framework contained those risks, and mitigation, that threatened the strategic aims of the organisation and that the current strategy had been reviewed and was being refreshed. This would obviously identify new risks that would populate the Assurance Framework. There was currently an interregnum whilst the strategy was being finalised. Several risks that had been pertinent to the 2011/2012 financial year had been either downgraded or removed. He advised of 4 risks with a decreased risk rating: 5.2, 6.2, 6.3 and 6.4. He advised that these were all financial risks that had applied to the recently concluded financial year and had therefore been decreased in score before being removed from the framework. Any risk that threatened the new financial year would need to be identified.

The Chairman asked when the new strategy would be finalised. The Director of Strategy and Business Development explained that the Integrated Business Plan contained a number of strategic themes which had been agreed and that the fully developed strategy would be shared on completion. .

Steve Erskine emphasised the importance of being aware of the potential risks to the organisation, particularly as we proceed with our Foundation Trust application.

59/12 Apprenticeship Scheme

The Director of Workforce provided a summary of the successes of the Apprenticeship Scheme pilot which had been introduced into the Trust in February 2011.

The aim of the apprenticeship scheme was to give young people who were not in education, employment or training an opportunity to learn new skills to improve their chances of employment. Of the 18 people who had been through the pilot, 70% had now secured permanent positions within the Trust.

In January 2012, we successfully completed a second intake of apprentices, 14 as Business & Administration Apprentices and 12 as Health Care Support Work Apprentices.

As a consequence of the success, the Trust had received significant positive attention throughout the region.

The Director of Workforce asked that Lesley Coman and Michelle Coles be recognised for the success of this project.

60/12 Company Seal

The report was noted by the Board.

61/12 Charitable Funds Update

The report was noted by the Board.

62/12 Non Executive Directors' Report

Steve Erskine referred to the report that was produced after each month of patient safety walkabouts and proposed that, in future, a high level document with an overview of findings be provided to the meeting of the Trust Board in public and that a detailed action log be presented to the private section of the meeting for the Board to consider in more detail.

The proposal was agreed.

63/12 Opportunity for the Public to ask questions relating to today's Board meeting

Robin Marsh raised a concern regarding plans to build a large number of houses in his local area. He asked if the Trust had considered the likely increase in population of approximately 80,000 people between the areas of Portsmouth and Southampton in terms of our strategic planning.

The Director of Strategy and Business Development said that a long term projection of an increase in population of 1% per year had been considered in the developing of our strategy.

A member of the public asked about the difference in pay bands amongst Porters within the Hospital. The Company Secretary advised that the majority of Porters were employed by Carillion and not by the Trust and that the pay relationships between Carillion and its staff was their business. The Trust needed to ensure that it was getting 'value for money' in terms of portering. The Director of Nursing confirmed that there were different levels of responsibility within Portering; for example Porters within Theatres would have more responsibility than a standard Porter.

64/12 Any Other Business

There being no items of any other business, the meeting closed at 1:30pm.

65/12 Date of Next Meeting:

Thursday 31 May 11:00am

Venue: Oasis Centre, Queen Alexandra Hospital