The Royal Wolverhampton
NHS Trust

Chairs report of the Business of the Trust Management Committee of 21 September 2018
5 November 2018

Agenda Item No: 12.1

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	26 October 2018
Title:	Chairs report of the Business of the Trust Management Committee of 21 September 2018
Report of:	The Trust Management Committee's role is to oversee and co-ordinate the Trust operations on a Trust-wide basis and to direct and influence the Trust service strategies and other key service improvement strategies which impact on these, in accordance with the Trust overall vision, values and business strategy.
Action Requested:	**Receive and note,**
For the attention of the Board	
Assure	• The Report provides assurance regarding the approval of Business Cases and Policies.
Advise	• The report raises no new or changed risks.
Alert	•
Author + Contact Details:	Tel 01902 694294 Email keith.wilshere1@nhs.net
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None.

Main Discussion/Action Points:

Considered and approved the following business cases:

18/320: Relocation of Ophthalmology Services from County Hospital to Cannock Eye Centre Business Case

It was agreed that the Relocation of Ophthalmology Services from County Hospital to Cannock Eye Centre Business Case be approved.

18/321: Appointment of a Senior Maxillofacial Prosthetist Business Case

It was agreed that the Appointment of a Senior Maxillofacial Prosthetist Business Case be approved.

18/322: Placement of AB Sciex 3200 Mass Spectrometeritrogen Evaporator Business Case

It was agreed that the Placement of AB Sciex 3200 Mass Spectrometer Business Case be approved.

18/323: Procurement of Capital replacement of Echo Machine at Cannock Chase Hospital & additional 0.52 WTE band 7 Physiologist Business Case

It was agreed that the Capital replacement of Echo Machine at Cannock Chase Hospital & additional 0.52 WTE band 7 Physiologist Business Case be approved.

18/325: NICE TAG513 Obinutuzumab For Untreated Advanced Follicular Lymphoma

It was agreed that the NICE TAG513 Obinutuzumab For Untreated Advanced Follicular Lymphoma Business Case be approved.

18/326: NICE TAG516 Cabozantinib For Treating Medullary Thyroid Cancer

It was agreed that the NICE TAG516 Cabozantinib For Treating Medullary Thyroid Cancer Business Case be approved.

18/327: NICE TAG526 Arsenic Trioxide For Treating Acute Promyelocytic Leukaemia
It was agreed that the NICE TAG526 Arsenic Trioxide For Treating Acute Promyelocytic Leukaemia Business Case be approved.

18/329: TAG518 Toclizumab Business Case
It was agreed that the TAG518 Toclizumab Business Case be approved.

18/330: NHSe Embedded Pharmacy Team Business Case
It was agreed that the NHSe Embedded Pharmacy Team Business Case be approved.

18/338: Learning Disabilities Business Case
It was agreed that the Learning Disabilities Business Case be approved.

18/339: E-rostering Business case
It was agreed that the E-rostering Business Case be approved.

Approved the following policies;

18/341: CP48: Supervision of all non-consultant medical staff
18/343: IP09 Gloves Policy
18/344: IP10 Isolation Policy
18/345: IP19 Spillage Policy
18/346: IP20 Urinary Catheter Policy
18/347: CP53 Safeguarding Adult Policy
18/348: HR46 Medical Appraisal Policy
18/349: HR47 Social Media Policy [Personal Use] Policy
18/350: Study Leave Policy
18/351: Survey Monkey SOP
18/352: OP07 Health Records Policy
18/353: HR01 Work life Balance / Family Friendly (Leave) Policy and the Leave for Official Duties Policy

Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	The Trust Management Committee has had regard to any risks identified in respect of these matters. The TMC also has a standing item on every agenda, at which point anybody present may raise any matter which is deemed to be worthy of consideration for inclusion on a risk register.

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1pm on Friday 21 September 2018 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Ms N Ballard	Head of Nursing – Division D3
Prof. A-M Cannaby	Chief Nursing Officer (Part)
Prof. J Cotton	Director of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Mr A Duffell	Director of Workforce
Ms C Etches	Deputy Chief Executive (Part)
Dr S Fenner	Divisional Medical Director, D1
Mr L Grant	Deputy Chief Operating Officer, D1
Dr S Grumett	Lead Cancer Clinician
Dr C Higgins	Divisional Medical Director, D3
Ms C Hobbs	Head of Nursing, D1
Mr D Loughton (Chair)	Chief Executive
Dr J Macve	Director of Infection, Prevention and Control (DIPC)
Mr S Mahmud	Director of Integration
Ms B Morgan	Head of Nursing – Division D2
Mr W Nabih	Head of Estates Developments
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Mr T Powell	Deputy Chief Operating Officer, D2
Ms S Roberts	Divisional Manager, Estates and Facilities
Ms K Shaw	Deputy Chief Operating Officer, D3
Prof B Singh	Clinical Director IT
Ms A Tennant	Clinical Director Pharmacy
Ms V Whatley	Head of Clinical Support including IP
Dr A K Viswanath	Divisional Medical Director, D2

In Attendance:

Ms S.Evans	Head of Communications
Ms H Remmett-Booth	Matron, Maternity, D1
Mr K. Wilshere	Company Secretary

Apologies:

Dr B McKaig	Deputy Medical Director
Ms T Palmer	Head of Midwifery
Dr J Parkes	Vertical Integrated GP
Mr M Sharon	Director of Planning and Performance
Dr M Sidhu	Divisional Medical Director, D3
Mr K Stringer	Chief Finance Officer/Deputy Chief Executive

18/310: Apologies for absence

Apologies for absence were received from those listed above.

18/311: Declarations of Interest

There were no new or changed declarations of interest given at the meeting.

18/312: Minutes of the meeting of the Trust Management Committee held on 27 July 2018
There were no amendments to the minutes.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 27 July 2018 be approved with the amendments agreed.

18/313: Matters arising from the Minutes of the previous meeting
There were no matters arising from the minutes raised.

18/314: Action Points List
Friday 22 June 2018 18/228: Staff Story for Trust Board
Action: Mr Duffell to take the proposal to the Board.
This was confirmed as completed.

Friday 27 July 2018 18/300: Replacement of Defibrillators Business Case
Action: Mr Stringer would seek more information and assurance regarding the synergy between the roll-out and training to ensure safe use of the new product.
Action: Mr Stringer would seek more information and assurance of the involvement of Vertically Integrated GP practices in the replacement and training schemes.
21 Sept 2018 KS

Friday 27 July 2018 18/301: Integrated Care System Update (ICS)
Action: That Prof. Singh and Ms Shaw articulate the risk described with Ms Edwards and provide assurance that the risk either is reflected in a current risk on the Risk Register or that a new Risk is placed on the Risk Register.
21 Sept 2018 BD/KS

18/315: Property Management Update
Mr Nabih introduced the report and referred to two items – the increasing cost from CHB re Phoenix and Gem and the update on the attempts to dispose of the Eye Infirmary.

It was agreed: that the Property Management Update be received and noted.

18/316: Education Update and Annual Report
Dr Odum introduced the report and summary. He highlighted the positive satisfaction of trainee's at RWT reflecting the high quality of recruitment and support. He also highlighted the undergraduate faculty's positive comments and feedback from their last visit. He recognised and thanked the WMI staff for their efforts. He referred to the wider clinical fellowship – Prof. Cannaby confirmed the recruitment was underway. Dr Odum encouraged reading the remainder of the report.

It was agreed: that the Education Report be received and noted.

18/317: PLACE Scores
Ms Roberts introduced the report and confirmed that West Park scored above average in all domains and best in the region – this was the subject of a press release. She said that New Cross had also showed improvement in five areas and Cannock had improvements in all areas. In summary, she highlighted that the results were better across the board compared to the previous year. Mr Loughton congratulated Ms Roberts and her team for their efforts and the achievements.

It was agreed: that the PLACE Scores Report be received and noted.

18/318: EPRR self-assessment Core Standards Report
Ms Nuttall introduced the report and the revision in compliance with work required on shelter evacuation plans and planning for mortuary capacity in an emergency.

It was agreed: that the EPRR self-assessment Core Standards Report be received and noted.

18/319: Division 1 Quality & Governance Report, Nursing Report, Business Cases
Mr Badger introduced the Governance part of the report and referred to the two red risks, neither of which was new. He highlighted the AFPP teaching in theatre dates, two in October and two in January 2019. He said that Neonatal Mortality is now discussed at regional level.

Ms Hobbs introduced the Nursing and Midwifery report highlighting a good month with reduced vacancies, no acquired infections, falls or late observations. Ms Remmett-Booth highlighted that In Midwifery, the number of bookings was confirmed as down, that the cap at Walsall was being removed but their MLU was not open. Women booked at RWT were offered the choice to return to Walsall and two of fifty elected to do so. Staffing recruitment drive was confirmed as underway. There was one still-birth and one cooled baby. It was confirmed that there was significant interest in the posts advertised from both the local area and England in general.

It was agreed: that the Division 1 Report be received and noted.

Division 1 Business Case

18/320: Relocation of Ophthalmology Services from County Hospital to Cannock Eye Centre Business Case
Mr Badger introduced the Business Case.

It was agreed: that the Relocation of Ophthalmology Services from County Hospital to Cannock Eye Centre Business Case be approved.

18/321: Appointment of a Senior Maxillofacial Prosthetist Business Case
Mr Badger introduced the Business Case and briefly outlined the clinical benefits of post.

It was agreed: that the Appointment of a Senior Maxillofacial Prosthetist Business Case be approved.

18/322: Placement of AB Sciex 3200 Mass Spectrometeritrogen Evaporator Business Case
Mr Badger introduced the Business Case.

It was agreed: that the Placement of AB Sciex 3200 Mass Spectrometer Business Case be approved.

18/323: Procurement of Capital replacement of Echo Machine at Cannock Chase Hospital & additional 0.52 WTE band 7 Physiologist Business Case
Mr Badger introduced the Business Case.

It was agreed: that the Capital replacement of Echo Machine at Cannock Chase Hospital & additional 0.52 WTE band 7 Physiologist Business Case be approved.

18/324: Division 2 Quality & Governance Report

Ms Morgan introduced the report and gave the position regarding recent recruitment successes, zero falls with serious harm and no late observations for another month. Mr Loughton asked about the impact of appointments on pay costs. Ms Morgan said the post-holders are phased in and this will be reflected in future pay costs.

Dr Dowson referred to the governance report and improvement in key recruitment areas relating to a Divisional Risk. He said that Risk 2080 was due for review in the light of further recruitment. He referred to the GiRFT work in ED in the near future and the data provided so far. Mr Loughton said the clinical leadership was impressive and useful. Dr Dowson said the benchmarking had some issues to be resolved.

It was agreed: that the Division 2 Report be received and noted.

Division 2 Business Cases

18/325: NICE TAG513 Obinutuzumab For Untreated Advanced Follicular Lymphoma

It was agreed: that the NICE TAG513 Obinutuzumab For Untreated Advanced Follicular Lymphoma Business Case be approved.

18/326: NICE TAG516 Cabozantinib For Treating Medullary Thyroid Cancer

It was agreed: that the NICE TAG516 Cabozantinib For Treating Medullary Thyroid Cancer Business Case be approved.

18/327: NICE TAG526 Arsenic Trioxide For Treating Acute Promyelocytic Leukaemia

It was agreed: that the NICE TAG526 Arsenic Trioxide For Treating Acute Promyelocytic Leukaemia Business Case be approved.

18/328: Division 3 Quality & Governance Report

Ms Ballard introduced the Nursing Report highlighting no staffing breaches, the position regarding vacancies and the good safety monitoring information. She confirmed there was a consultant Radiologist starting with the Trust later in the year.

Dr Higgins introduced the governance report and highlighted the two open high risks and she confirmed the works would commence later in the year in relation to Risk 4665. She said there were two new risks to be considered for the Trust Risk register – 4916 relating to Dietetic capacity with mitigations in place – Ms Nuttall confirmed she had questions that had been raised - and 5083 Dysphagia with proposals planned for Policy revisions as part of the mitigation.

Post-meeting Note: From Joanne Hughes, Governance Manager Division 3:
"There was an update to Risk 4916 (Paediatrics Dietetics Staffing Risk) "controls" against this risk.

In summary, the current controls are as follows:
- *Retired B7 returned on bank*
- *Cannock clinics on hold*
- *B4 running review clinic for overweight and CPMI (cows' milk & protein intolerance)*
- *TL going on mat leave to return as paid in lieu of leave to induct locum in Sept 18*
- *Currently at near 3.0 WTE through temp staffing and secondment*

The actions at Sept18 are correct as listed on the submitted report:
Sept 18

- *Complete the training of B5 to provide support*
- *Seek support from BCH in terms of training and possible Cystic Fibrosis SLA*
- *Advise Dietetics team to Datix report any incidents of service failure (e.g. cancelled clinics) to monitor impact"*

It was agreed: that the Division 3 Report be received and noted.

Division 3 Business Cases

18/329: TAG518 Toclizumab Business Case

It was agreed: that the TAG518 Toclizumab Business Case be approved.

18/330: NHSe Embedded Pharmacy Team Business Case

It was agreed: that the NHSe Embedded Pharmacy Team Business Case be approved.

18/331: Executive Workforce Summary Report

Mr Duffell introduced the report and highlighted the work that had commenced on the well-being support, TRAC system training, recruitment events continuing success, he reminded all to encourage staff to complete the staff survey and receive the flu jab. He confirmed that this year staff had to confirm that they had refused the flu jab. Prof. Singh highlighted his view that the Trust should have a position on the progression of the Physician Associate programme and use. Dr Odum confirmed that the Education Department was producing a paper that described this in due course.

It was agreed: that the Executive Workforce Summary Report be received and noted.

18/332: Integrated Quality and Performance Report

Ms Nuttall introduced the report and highlighted the ED performance including two 12 hour mental health breaches; the increase in Ambulance conveyances that had continued in the period since the report data was produced. She referred to the recent Risk Summit relating to the potential closure overnight of Telford ED and that planning had commenced. Mr Loughton noted his concerns regarding Paediatrics and Welsh patient journey times and repatriation relationships and arrangements.

There followed an extensive discussion of the local circumstances across a number of organisations ED operations and the potential impact on RWT. She confirmed the receipt of additional capital investment and schemes along with the Cancer performance position. She said there had been some additional investment, that the harm reviews had continued and that the national support team had concluded their work. Ms Nuttall highlighted diagnostics capacity as the area of greatest challenge. Dr Grumett confirmed this and other areas of issue. He said that morale had been maintained whilst under considerable scrutiny and that there had been a lack of co-ordination between a number of external bodies all offering differing types and levels of support and input. Prof. Cannaby confirmed that the harm reviews were behind target completion and that additional capacity and support had been identified and would be in place to address this. She added that the CCG had asked to see the throughput of the reviews.

Mr Loughton asked about the diagnostics backlog and how that might be tackled. There followed a discussion regarding the scanning capacity, the use of external providers and the options for additional hours and capacity, issues relating to extended hours and staff capacity availability. Mr Loughton reiterated the need to ensure that all possible avenues had been explored and where possible arrangements made.

He went on to outline possible future options including direct access for GP's to scanning services and the possible options for achieving this including direct to private sector capacity. Mr Mahmud asked whether there was anything that had not been pursued. Ms Nuttall said that the work had highlighted work flow issues and function capacity availability issues. She illustrated the impact of changes within and between pathways and questioned whether the direct GP referral access pathway could be revised or diverted under choose and book.

There followed further discussion regarding the use, availability and effectiveness of the robotic operations and recent studies of the relative effectiveness and benefit compared with non-robotic surgery being marginal. There were a number of views expressed as to further discussions and clinical staff involvement required to take place prior to any decisions changing access and pathways. Dr Odum said further discussion would be required once the study was available.

Prof. Cannaby gave the overview and highlighted the Serious Incident RCA reporting requirements, the position regarding VTE assessments as improving and the remaining issues, a higher incidents of C.Diff cases in month and ensuing deep cleaning that was underway, the position regarding Mortality and the requirement to increase the throughput of the SJR1's and SJR 2's. She highlighted that further information would be required at Trust Board.

Dr Odum said that SJR 1's had additional capacity now in place and he highlighted the future development of the Medical Examiners in this work. He said that there had been a number of applicants for the ME posts and that recruitment had progressed. Dr Odum also highlighted the emerging learning from the SJR 2 reviews. Prof. Cannaby said that the increased SHMI would result in further pressure to accelerate the move into the learning and improvement cycles.

Prof. Cannaby highlighted the addition of Sepsis to the key indicators and other pathway audits relating to SHMI information. She highlighted the previous work in coding improvement and the plan for further improvements. Dr Odum confirmed the discussions regarding the SHMI and the recent presentation to the Board regarding mortality data.

Dr Odum said that the alerting diagnostic groups had been identified along with the level of CQC alerts. He highlighted the evidence of good and high quality care available and of the need to enhance this with the pathway safety and audit work referred to. Dr Odum outlined a number of further initiatives including enhancements to Sepsis identification tools and systems and the need to further support the outreach team capacity to respond and support. He confirmed it remained a major patient safety focus for the whole Trust including the various elements impacting upon this such as staff levels across professions. He said the focus was to provide assurance of the safe and good quality of services and pathways RWT operate. He also referred to external expert scrutiny the Trust had engaged.

Dr Odum summarised the crude mortality and expected death rate calculations and the RWT factors involved that have had an impact on the expected death rate including changes in admission, discharge and transfer practices. He highlighted that acuity is not accounted for in terms of the increased risk factors reflected in the ratio but that changes in practice focussed on ensuring only the most unwell patients are admitted had exacerbated this.

Dr Odum spoke about the changes made to coding practice and improvements made to date with the requirements for the enhancement of clinical and coding staff dialogue and recording for all patients. He also highlighted issues relating to patients admitted for end of life care where their preference and best experience could be achieved with them in their familiar surroundings and settings rather than conveyed and admitted. He spoke about the need to support and enhance this approach in the community, community providers, care homes and with paramedics.

Dr Odum confirmed the Trust had set up a Programme Board to run and co-ordinate the Trust wide approach and actions chaired by Mr Loughton. He emphasised the cross-service and Trust-wide nature of the need to learn from deaths and therefore the awareness and focus of all staff on the issue.

Prof. Cannaby said the Trust must ensure there is the scrutiny and evidence providing the necessary assurance. She asked that all staff be aware of this work and the requirement to respond to work outlined. Mr Loughton highlighted the potential media interest in the published ratio and he gave the context relating to media interpretation and the situation regarding and post Mid-Staffs. He also spoke about options to encourage and enhance community treatment where possible including by Ambulance crews. Mr Mahmud added the reality of the situation, data and ratios along with the work to date and further work highlighted. He added that there was further data analysis expertise accessed.

Mr Badger shared his view of the calculation of the ratio. Dr Dowson referred to the "Physician A" model in ED and the success of the admission avoidance practice and said that there was good data regarding returning patients available and no SI's relating to the current model per se. Mr Loughton said that although the Trust had done the right thing for patients and clinically, the published ratio needed to be explained with the quality and safety narrative.

Dr Dowson referred to the study regarding weekend mortality and that the SHMI does not correct for co-morbidity or severity. He said that it was unlikely that the approach would change. He agreed that the focus must be quality improvement. Dr Viswanath added his view regarding the shift in the ratio and pneumonia. Mr Mahmud contrasted the RWT position with other nearby organsations.

Dr Odum agreed that the calculation could be mystifying and added that the calculation raises the SHMI if your admissions reduce alongside the influence of the coding for palliative care. He shared the variations in practice between organisations that had further impacted on comparators data and ratios.

Mr Loughton agreed that the focus was a quality improvement initiative that would be likely to impact on a number of things one of which was the SHMI ratio over time. He said the requirement to prove and demonstrate the good and improving safety and quality of care. Prof. Singh said that the external input to data analysis was welcomed to help answer some of these questions.

There was agreement about the approach and requirement for the narrative and assurance to demonstrate the quality and safety approach. Mr Mahmud and Prof. Singh highlighted the gap across the health care community in relation to analysis.

Prof. Singh asked whether there was a place for an internal hospice arrangement for patients in end of life care positions. Mr Loughton said he would talk to Compton Hospice. Mr Duffell said it would be useful to provide re-assurance for patients. Prof. Cannaby highlighted the outreach team business case and the need to enhance the palliative care team linked to the end of life care. Dr Odum added that other organisations have already commissioned a hospice arrangement but where the SHMI has increased as a result. He said that with end of life care the driver was improving the safety and quality of care including where people wanted to be at their end of life. Dr Dowson mentioned the lack of planning for end of life care discussion or their preferences documented to influence future care giving and location. He said that DNACPR in hospital discussions and documentation had improved and that a similar approach and focus might be needed on end of life care preferences including for people in nursing and care homes. Prof. Singh said that in high risk patients only had their preferred place of death recorded in 20% of cases.

It was agreed: that the Integrated Quality and Performance Report be received and noted.

18/333: Report of the Chief Nursing Officer

Prof. Cannaby said the new Nursing Strategy would be launched in November.

It was agreed: that the Report of the Chief Nursing Officer be received and noted.

18/334: Trust Financial Position Months 4 & 5

It was agreed: that the Trust Financial Position Months 4 & 5 Report be received and noted.

18/335: Capital Programme Months 4 & 5

It was agreed: that the Capital Programme Month 4 & 5 Report be received and noted.

18/336: Operational Finance Group Minutes

It was agreed: that the Operational Finance Group Minutes be received and noted.

18/337: Financial Recovery Board – monthly update
Mr Evans introduced the report and highlighted the summary position.

It was agreed: that the Financial Recovery Board – monthly update Report be received and noted.

Corporate Business Cases

18/338: Learning Disabilities Business Case

It was agreed: that the Learning Disabilities Business Case be approved.

18/339: E-rostering Business case

It was agreed: that the E-rostering Business Case be approved.

18/340: Integrated Care System Update (ICS)

It was agreed: that the Integrated Care System Update (ICS) be noted.

Policies and Strategies for Approval

18/341: CP48: Supervision of all non-consultant medical staff

It was agreed: that the CP48: Supervision of all non-consultant medical staff be approved.

18/342: IP02 Built Environment Policy

It was agreed: that the IP02 Built Environment Policy was not approved.

18/343: IP09 Gloves Policy

It was agreed: that the IP09 Gloves Policy be approved.

18/344: IP10 Isolation Policy

It was agreed: that the IP10 Isolation Policy be approved.

18/345: IP19 Spillage Policy

It was agreed: that the IP19 Spillage Policy be approved.

18/346: IP20 Urinary Catheter Policy

It was agreed: that the IP20 Urinary Catheter Policy be approved.

18/347: CP53 Safeguarding Adult Policy

It was agreed: that the CP53 Safeguarding Adult Policy be approved.

18/348: HR46 Medical Appraisal Policy

It was agreed: that the HR46 Medical Appraisal Policy be approved.

18/349: HR47 Social Media Policy [Personal Use] Policy

It was agreed: that the HR47 Social Media Policy [Personal Use] Policy be approved.

18/350: Study Leave Policy

It was agreed: that the Study Leave Policy be approved.

18/351: Survey Monkey SOP

It was agreed: that the Survey Monkey SOP be approved.

18/352: OP07 Health Records Policy

It was agreed: that the OP07 Health Records Policy be approved.

18/353: HR01 Work life Balance / Family Friendly (Leave) Policy and the Leave for Official Duties Policy

It was agreed: that the HR01 Work life Balance / Family Friendly (Leave) Policy and the Leave for Official Duties Policy be approved.

18/354: CQC Action Plan
There was no discussion.

18/355: Risk (Standing Item)
No further items were identified.

18/356: Any Other Business
Prof. Singh outlined the position of the 'school of medicine and clinical practice' recognition and status including access to the NHS Pension scheme.

The Company Secretary outlined the roll-out of the Diligent application for future paper access.

18/357: Date and Time of next meeting
The next meeting of the Trust Management Committee will be held on 26 October 2018 at 1.30 p.m. in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital. The meeting ended at 3.30pm.