

Sherwood Forest Hospitals NHS Foundation Trust
(‘SFH’, ‘the Trust’ or ‘the Board’)

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 10.00 hrs on Thursday 26^h February 2015 in Classroom 1, Level 1, School of Nursing, King’s Mill Hospital Mansfield, Nottinghamshire, NG17 4JL

Present:	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director-SID	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	Paul O’Connor	Chief Executive Officer	PO
	Margaret Ashworth	Chief Financial Officer	MA
	Karen Fisher	Executive Director of Human Resources	KF
	Lisa Dinsdale	Deputy Director of Nursing	LD
	Dr Andrew Haynes	Medical Director	AH
	Kerry Rogers	Director of Corporate Services & Co.Sec	KR
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
	Sue Barnett	Director of Operations	SBa
	In Attendance:	Yolanda Martin	Head of Communications
Paul Robinson		Observer (CFO from March 2015)	PR
Claire Henley		Learning Disability Nurse Specialist, KMH	CH
John Kerry		Member of the Public	JK
John Swanwick		Public Governor	JS
Joanne Garbett		Minute Secretary	JG

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
15/027	The meeting being quorate, SL declared the meeting open at 10.05 hrs and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders. The Chair welcomed Paul Robinson as observer to the meeting, who had been appointed as Chief Financial Officer for SFHT and will be joining the Trust on 23 rd March 2015.		
	DECLARATION OF INTEREST		
15/028	It was CONFIRMED that there were no new declarations of interest pertaining to items on the agenda.		

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	APOLOGIES FOR ABSENCE		
15/029	It was CONFIRMED that apologies had been received from Susan Bowler and LD was deputising at the meeting.		
	PATIENT STORY		
15/030	<p>LD welcomed Claire Henley to the meeting and explained that she worked as part of the Safeguarding team at SFHT and would give a presentation to the board entitled '#wrappingcarearoundthepatient'.</p> <p>CH is a registered Learning Disability Nurse Specialist. She is part of the Learning Disability Service, through accountabilities to the Medical Director, whose overarching purpose is to provide specialist nursing advice and support to patients with learning disabilities presenting to the Trust.</p> <p>The patient story told was about a 52 year old who lives in a local residential home specialising in learning disability. She was diagnosed with:</p> <ul style="list-style-type: none"> • Severe Learning Disability • Autism • Challenging Behaviour • Epilepsy <p>This meant the patient had no verbal communication skills, disliked waiting, sitting still, being touched or being in unfamiliar situations or in the company of people she doesn't know.</p> <p>Staff at the Residential Home noticed deterioration in her eyesight and wanted to investigate this further. Due to her challenging behaviour she was unable to undergo a routine eye test and was therefore referred to the Ophthalmology Team by her GP.</p> <p>In addition to the ophthalmology referral the patient was also found to have a lump in her breast. Due to a close family history of breast cancer she was referred to a Breast Care Consultant at SFH for further advice and opinion.</p> <p>The Learning Disability Nurse Specialist was alerted by the Consultant Psychiatrist regarding the referral, requesting specialist advice and support in managing the patient's pathway.</p> <p>There were several clinical issues for consideration as the patient was a vulnerable patient that required access to care via two separate pathways. The patient was known to exhibit challenging behaviour, particularly in an unfamiliar environment and by people that were unknown.</p>		

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	<p>A bespoke holistic care plan was developed and implemented within the wider multi-disciplinary team to ensure care needs would be met whilst within the Trust's care (Out Patient, Pre Op & Day Case Unit).</p> <p>The Ophthalmology Team agreed to undertake an eye examination whilst simultaneously undergoing the patient's breast lump biopsy and was subsequently diagnosed with Breast Cancer and a Detached Retina. This resulted in the two separate pathways being actioned at a single point, whilst she was under anaesthetic. Subsequently the patient has undergone treatment and is recovering well.</p> <p>Following the presentation the Board recognised that this story showed good evidence of triangulation and alignment of services and how the links within the community had enabled the Trust to prepare and have a written plan of care, which was shared with all in the patient's pathway. The involvement of GP's on referral and the multi-disciplinary care enabled all parties to work in a more integrated way and adapt to any impairments.</p> <p>The Directors heard that in an acute situation she would be alerted when someone presents at the Trust that is known to her. If admitted, a Learning Disability Risk Assessment is carried out to determine if the patient is safe and getting the appropriate care, and whether they need additional support to deliver a safe level of care. Wards use the hospital traffic light system given to family/carers to alert them of any issues.</p> <p>The Directors NOTED that no cover was available at the weekends from this team and that supported living/residential homes had to work with the staff in providing this care. However, ward nurses are trained to make assessments and all staff undergo training on induction. Development sessions are continually running for various aspects of learning disabilities and staff are being taught around thinking flexibly.</p> <p>At the end of various questions about care of similar patients, the Chairman thanked the team for their presentation from which many assurances could be taken given the current focus on safeguarding within the Trust's improvement plans.</p>		
	OUTCOMES RE THE LAST MONTH'S PATIENT STORY		
15/031	LD confirmed that since the last meeting additional training had been given regarding the care and management of acutely ill patients and oxygen training. AH said Sepsis training would be mandatory from April.		

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	MINUTES OF THE MEETING HELD ON 29th JANUARY 2015		
15/032	<p>Following review of the minutes of the public meeting held on 29 January 2015 the following amendments were proposed:</p> <ul style="list-style-type: none"> • Page 6, item 8 – not just GMB it involved all the NHS trade unions • Page 8, paragraph 4 – should read ‘everything had been done to prevent avoidable deaths’ • Page 8, paragraph 6 – should read ‘fluid balance chart’. • Page 9, paragraph 2 – should read SBa highlighted the following: exacerbation from Christmas. • Page 14, item 15/022 – should read BAF and include significant assurance from internal audit regarding process. Subject to these amendments the minutes of the meeting held on 29TH January 2015 were ACCEPTED as a true and accurate record. 		
	MATTERS ARISING/ ACTION LOG		
15/033	<p>The Board REVIEWED the action tracker document in detail. The following update was given;</p> <p>Item 90 PO confirmed this action was now COMPLETE</p> <p>Item 94 PO apologised as this action was not fully completed but installation of this system was planned to take place before the next meeting.</p> <p>Item 95 LD reported that SB was having difficulties securing this and had contacted Cheryl Crocker in Patient Safety to see how this could be taken forward.</p> <p>Item 104 SL updated that this work was in place and 18 consultants were involved. It had been well received and the reference group have arranged to meet at the end of March.</p> <p>Item 106 KF advised that the series of actions agreed were</p> <ul style="list-style-type: none"> • Divisional Managers involvement • Each member of staff had been written to <p>Lee Radford had confirmed that there had been significant activity regarding the mandatory training.</p> <p>Item 1 SL asked for assistance. AH/TR will work with LD & authors planned for early March for Q4 reports. PM will review after completion.</p> <p>Item 3 This action is now COMPLETE</p> <p>Item 4 The meeting had been re-scheduled to 6/3/2015</p> <p>Item 5 This work still needs doing and all are aware.</p> <p>Item 6 This item is now COMPLETE</p>		

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	CHAIRMAN’S REPORT		
15/034	<p>SL presented the Chairman’s report providing an update on progress, plans and regulatory developments. He drew the Directors attention to the SMART action plan, which highlighted the importance of making progress at pace with the key concerns highlighted in the plan.</p> <p>SL also wanted to share with the Board that since the report was written he had been told of yet another instance in EAU, whereby a patient and family had spoken about the exemplary care & compassion shown towards them. He told Directors ‘it was another example of how, in a busy environment, people at this Trust remained minded to put care first’.</p> <p>There were no further questions arising.</p>		
	CHIEF EXECUTIVE’S REPORT		
15/035	<p>PO presented the Chief Executives Report providing an update on the latest issues affecting the Trust. This included details of a meeting with Secretary of State, Rt Hon Jeremy Hunt, MP and two of our local MP’s Robert Jenrick & Mark Spencer and the DH’s Private Finance Unit (PFU) to discuss options relating to the Trust’s PFI contract.</p> <p>The Directors also heard that the Patient’s Story heard earlier in the meeting linked into item 6 of the report relating to Adult Safeguarding. PO/SL had met with the Safeguarding Team and ACKNOWLEDGED the work being done in relation to this.</p> <p>There were no further questions arising.</p>		
	QUALITY & SAFETY MONTHLY REPORT		
15/036	<p>AH presented the Quality and Safety Monthly Report which provided the Board with a summary of important items and the Trusts key quality priorities. During discussions the following points were brought forward;</p> <p>AH advised that Dr Foster has switched data source from SUS to HES data and this had caused central delays with validated data being passed to Dr Foster. This was resolved in January and this Board report should have had validated data to October. Due to validation issues caused by Medway PAS, the trust data submission was a day late in October and therefore we still only have validated data to September. The November data was uploaded on time hence next months Board report should update to November.</p> <p>The crude mortality data for December was a concern. However,</p>		

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	<p>national flu surveillance data showed that the number of expected deaths was significantly raised in December and January. The Midlands and East of England had the highest number of recorded flu outbreaks. AH will canvass other local trusts to see if they experienced a similar spike in crude mortality.</p> <p>AH reminded Board of the reviews undertaken to look at potential unexpected deaths. We have previously reported the reviews of all July deaths (n=88) and the review of therapeutic endoscopy alert (n=18) which revealed no concerns. The sepsis HSMR flagged in Q2 2014 when 28 deaths were recorded against 21 expected. A review of sepsis deaths in Q2 will be presented to Quality Committee but in summary 5 patients presented in a moribund state (3 from care homes and 1 with delayed presentation to primary care) and 16 were at the end of life. The initial management was appropriate in all except 2 where oxygen was not administered and 4 where there was a 0.5 to 2hr delay in antibiotic administration. All other aspects of Sepsis Six were completed. Ongoing management was appropriate. The number of expected deaths in this sample raises concerns about the accuracy of coding. A review of Q3 sepsis deaths is ongoing and will be shared with Quality Committee.</p> <p>As part of the review of the pressures over the Xmas period, deaths between 21.12.14 and 08.01.15 were reviewed (n=87); no concerns were raised. These reviews were conducted by the same individuals in the Patient Safety Team and methods used throughout 2013-14. An alert on deaths from second malignancies will be investigated via Trust Mortality Group; this again potentially raises issues with coding.</p> <p>PM expressed his concern in relation to the mortality/HMSR data and compared these figures to those of 2012. The Board recognised that there are still issues with coding and despite efforts to make improvements in EAU there were still issues evident. Work with Dr Foster had revealed that the number of expected deaths recorded for the trust was below that expected; despite considerable respiratory disease only 11 other acute trusts had lower numbers of expected COPD deaths. AH proposed doing a deep dive into the coding and confirmed he would seek external advice on the matter from the George Eliot hospital.</p> <p>NED concerns were raised in connection with the seemingly worsening position presented. AH offered assurances that the situation was being closely monitored, ongoing discussions with Dr Foster to interrogate issues and that the outcome of the reviews mentioned would enable greater understanding.</p>	<p style="text-align: center;">AH</p>	<p style="text-align: center;">March 2015</p>
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	<p><u>Nurse Staffing Report</u></p> <p>The Directors considered the report and discussed the data in terms of the nursing levels at Newark, being slightly elevated because of the 1:1 nursing required there.</p> <p>The report highlighted that there remains a reliance on temporary staffing solutions which continues to be an operational challenge. KF told the Board that the supply of nurses from Europe was diminishing due to all Trust’s exploring such opportunities. A plan is being developed to go to the Philippines and KF will provide more details as activities progress.</p> <p>LD advised the Board that from March, through to May efforts are being made to target the local market.</p>	KF	
	REGULATORY ESCALATIONS/ACTION PLANS		
15/037	<p><u>Quality Improvement Plan Update/Action Plans</u></p> <p>The Quality Improvement Plan (QIP) was considered and the Directors ACKNOWLEDGED that the items highlighted in red on the RAG ratings had been expected in relation to the implementation of a county wide task & finish group for <i>c.diff</i> and the flow of patients from admission to discharge.</p> <p>The importance of being assured that the detailed plans were improving the quality of services was discussed, along with the need to triangulate shadowing sessions, ward visits and other observational visits in order that each individual on the Board tested what was being reported.</p> <p>All members AGREED the importance of evidencing pace in addressing the red rated improvement requirements and the actions within the SMART action plan being overseen by the Improvement Director.</p>		
	FINANCE REPORT		
15/038	<p>MA reported that based on earlier discussions and reporting to the Finance Committee that the year to date deficit was £27.2m, which was £0.4m ahead of the forecast position. MA described how this positive movement provided an increased level of assurance that the Trust will achieve the planned deficit of £32.7m in 2014/15. Members debated the potential to continue this performance rate such that a more favourable outcome was achieved than plan, which led to discussions regarding the remaining risks to plan between now and the end of the financial year.</p> <p>Consideration was given to the waterfall and expanded CIP report and the Directors were assured that the Trust was on track with the revised forecast outturn.</p>		

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	<p>The Directors NOTED the financial outturn for January, £0.4m ahead on the Trust’s year to date trajectory and the year to date position at M10 for delivery of CIP which stood at £1.66m, leaving £0.84m to be delivered in February and March.</p> <p>The Board accepted the figures and expressed continuing disappointment with delivery of the CIP plan, reiterating the need to ensure the full learning of this financial year needed to influence actions and oversight in 15/16, assurances against which, had been provided by the Executive at a dedicated session on the plan that morning.</p>		
	MONITOR PLAN 2015/16		
15/039	<p>The Directors NOTED the contents of the report, which provided an overview of the requirements for submission of the draft plan to Monitor by noon on 27th February 2015. Due to the commercially confidential nature of this information the plan was discussed at the private part of the Board of Directors meeting.</p>		
	BUDGET 2015		
15/040	<p>Following discussions in the private part of the Board of Directors meeting, members were updated upon the discussions held in regard to the Enhanced Tariff Offer (ETO) and it was repeated that the Trust needed to ensure it was equitably and fairly compensated.</p>		
	INTEGRATED PERFORMANCE REPORT		
15/041	<p>SBa discussed the detailed report of the Trust’s projected performance for Q4 14/15 for Monitor compliance due to underachievement against RTT Non-admitted, Admitted and Incomplete Pathways standards, A&E 4 hour wait and C-Difficile.</p> <p>The Directors NOTED that as a consequence of the Trusts financial and governance risk rating the Trust remained in breach. Action plans and trajectories for recovery and sustained achievement of all three standards were described to have been produced and published to Monitor and the CCG. Assurance of delivery would be gained through weekly CCG performance reviews, which would feed into the Systems Resilience Group and monthly Quality & Performance Group.</p> <p>SBa told the Board that the Trust was on track with trajectories regarding RTT but was in discussions with ED regarding the trajectories for A&E 4 hour waiting times, which continued to progress and are an improvement on performance in January. It was explained it was anticipated that the Trust will be compliant with the target by 22nd March 2015.</p> <p>Consideration was given to cancer waiting times standard and the</p>		

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	<p>Directors were disappointed that it had been reported that some patients were having a much longer wait than they should and it was explained how plans were in place to address each patient and that this would continue to be monitored. It was AGREED that for breach patients root cause analysis would be undertaken to identify the reasons for these breaches, which will be fed through the Cancer Unit Management Board & TMB for action.</p> <p>GMs said that, in terms of pathways, the structure needed reviewing. The Directors AGREED to do a pathway through the tracking of individual cases and it was AGREED that a small sub group would convene to progress ambulatory pathways. GMs, PW and AH, expressed an interest in participating in this.</p> <p>Workforce KF presented the workforce element of the IPR and Directors NOTED the downward turn in sickness absence for January 2015 to 4.29% from 4.42% in December.</p> <p>It was reported that following the pay offer at the end of January, industrial action had been suspended and the outcome of the ballot was expected at the beginning of March. There had been a suggestion that the offer may be accepted.</p> <p>The Directors ACKNOWLEDGED that the roll out of improved rostering systems had commenced and it was recognised as a significant change project across the Trust requiring close monitoring.</p> <p>The Directors considered the charts and the reporting methods used. It was AGREED that performance indicator reporting needed to be</p>	<p>SBa</p> <p>SBa</p>	<p>March 2015</p> <p>March 2015</p>
	improved and this will be addressed in future Performance Management Frameworks.	KF	April 2015
	FIT AND PROPER PERSON TEST		
15/042	<p>KF confirmed that since the last meeting of the Board of Directors actions were on track with progression of this matter. All of the Directors’ personal files had been updated and HR would be sending out the ‘self declaration’ forms imminently.</p> <p>A written report will be presented at the next meeting of the Board of Directors on 26th March 2015</p>	KF	March 2015
	GOVERNOR MATTERS		
15/043	Following the Council of Governors meeting last week SL informed the Directors that some of the remaining Governors had now signed the undertaking for the Code of Conduct and he would be writing to any governors that were still outstanding.	SL	Mar 2015

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	ESCALATION OF ISSUES FROM TMB/EXECUTIVE TEAM		
15/044	<p>PO reported that there were three issues brought forward from the Trust Management Board on 23rd February 2015.</p> <ul style="list-style-type: none"> • 2015/16 contract negotiations, budget setting process and CIP scheme development. • Cancer patients waiting over 100 days • Health Education East Midlands (HEEM) visit in relation to Junior Doctors <p>The Board received and NOTED the contents of the TMB update report by the Deputy Director of Corporate Services and PO outlined the structure proposed to ensure delivery of the financial plan going forwards. The appointment of a Delivery Director, Deputy Director of Finance and a more integrated performance management and PMO structure was considered fundamental to delivery of the 2015/16 plan.</p> <p>The Directors heard about plans for the re-alignment of Executive Team Meetings and TMB which it was intended would enable better focus on both performance and strategic issues.</p> <p>There was a detailed discussion held in relation to the outcome of the recent HEEM visit regarding the concerns of Junior Doctors.</p> <p>The Directors expressed concern as the senior management team were unaware of the visit until after it had happened. It was NOTED that Divisions should inform Corporate Services of all scheduled external agency visits as a matter of urgency in order for the senior management team to review the actions from previous visits and identify any matters that may impact on the visit.</p> <p>The Board were DISAPPOINTED as already expressed with the reported waiting times for cancer patients and expressed equal concern that the feedback from the HEEM visit was significantly more negative than anticipated.</p> <p>It was agreed that further assurances would be required as part of our CQC readiness in terms of the Trust’s own understanding of the quality of its services such that external review outcomes were not a surprise.</p>		
	REPORTS FROM SUB COMMITTEES		
15/045	<p><u>QUALITY COMMITTEE</u></p> <p>PM provided a highlight report of the meeting held on 22nd January 2015, summarising the discussions and decisions made. During this meeting, it was also reported that:</p> <ul style="list-style-type: none"> • Medicines Optimisation Strategy - The committee had been 		

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	<p>supportive of the implementation of E-prescribing but AH reported that since the meeting the bid had been unsuccessful.</p> <ul style="list-style-type: none"> • Deep Dives – There were four ‘deep dive’ presentations. Two of these were on screening programmes for breast cancer and bowel cancer. Both were detailed and provided assurance to the committee regarding the governance process around these programmes. The remaining two presentations were on Falls and Friends & Family Response Rates and the committee were assured regarding progress of the in-patient falls prevention programme, with some really positive progress being reported through F&F response rates. <p><u>FINANCE COMMITTEE</u></p> <p>There was no update given as the financial focus adopted during this meeting had already been discussed fully in the private meeting concerning the plan earlier that same day.</p> <p><u>AUDIT & ASSURANCE COMMITTEE</u> There had not been an Audit & Assurance meeting since the last meeting of the Board of Directors and RD said the next meeting was on 12th March 2015</p>		
	QUESTIONS FROM MEMBERS OF PUBLIC PRESENT		
15/046	<p>A member of the public asked if the smoking group had met</p> <p>PO apologised as the meeting had been cancelled due to prioritisation of his other commitments, but he had taken action such meetings could in future continue in his absence and he would report back to the next meeting.</p> <p>The members of the public also reminded the Board that the number of acronyms used in the minutes and papers should be minimal. It was agreed a list of acronyms would be provided for the future.</p>	PO JG	March2 015 March
	COMMUNICATION TO WIDER ORGANISATIONS		
15/047	<p>SL requested that Directors consider what information should be high on the Trust’s agenda for sharing with the local media/wider organisations and what pertinent messages the Trust should be sharing with our staff. Following discussions the following suggestions were brought forward</p> <ul style="list-style-type: none"> • KF informed the Board that the Staff Survey results had been published and expressed that these should be communicated through the Team Brief. The results of this shall also be discussed with colleagues around the table at the afternoon session of this Board meeting and at TMB. 		

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	<ul style="list-style-type: none"> It was recognised that our progress with quality improvement and the financial recovery programme should be consistent themes 		
	ANY OTHER BUSINESS		
15/048	There were no further matters arising.		
	DATE AND TIME OF NEXT MEETING		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 26th March 2015 at 10.00am in Classroom 1, School of Nursing, Level 1, King's Mill Hospital		
	There being no further business the Chairman declared the meeting closed at 12.20hrs.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.		
	Sean Lyons		
	Chairman		Date