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WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

**Notes of the PCT Public Board meeting
held on Thursday 20th April 2006 at 9.30 am
at Highnam Business Centre**

Present:	Dr Hugh Annett Ahmed Bham Liz Boait Stephen Golledge Derek Harbottle Mark Hendry Susanne Noblett Dr Mike Roberts Fred Simpson Mike Theelke	Director of Public Health Non-Executive Director Chair Chief Executive Non-Executive Director Non-Executive Director Professional Executive Committee member Chair of the Professional Executive Committee Non-Executive Director Director of Finance
In attendance:	Amanda Fisk Jenny Kirkby Sarah Robinson	Director of Performance & Corporate Development PA to Director of Performance & Corporate Development Assistant Director (Corporate Development)
Also present:	Charlotte Crabtree Anthony Dallimore Ben Falconer Peter Mannion Ken Ogden Rebecca Potts	Trinity Pharmaceutical Company Communications Manager Citizen Reporter Chair, West Gloucestershire PPI Forum West Gloucestershire PPI Forum West Gloucestershire PPI Forum

809/06 APOLOGIES FOR ABSENCE

Apologies were received from Anny Reid, Non-Executive Director, John Ford, Director of Service Delivery, Jan Marriott, Director of Clinical Development and Ann McCluskey, Director of Human Resources and Organisational Development.

810/06 MINUTES OF THE MEETING HELD ON THURSDAY 16th March 2006

These were agreed as an accurate record.

811/06 MATTERS ARISING

There were no matters arising.

812/06 CHAIR'S REPORT

Liz Boait welcomed those present at the meeting and explained that at this meeting the Board would be requested to agree and sign off the Local Delivery Plan for 2006/07.

Liz reported that the Strategic Health Authority Board had met on 5th April to finalise their recommendations on the future shape of the NHS. Following their

recommendations Liz confirmed that the Government announced last week that there would be a total of 10 Strategic Health Authorities in England, with 1 SHA for the South West. It was expected that an announcement would be made in May regarding the reconfiguration of Primary Care Trusts within Avon, Gloucestershire and Wiltshire. Liz confirmed that after initially recommending three PCTs across the SHA the Board of the SHA had expressed the view that the future of BaNES (Bath and North East Somerset Primary Care Trust) was for it to be part of an "Avon" PCT and not a Wiltshire PCT.

Liz reported that she had attended the formal opening of the newly refurbished health care unit at HMP Gloucester, together with members of the Gloucestershire Partnership Trust and local PPI Forums. Liz highlighted to members the wonderful improvements made to the health centre following its refurbishment.

The Board noted the contents of the report.

813/06

PROFESSIONAL EXECUTIVE COMMITTEE (PEC) CHAIR'S REPORT

Mike Roberts reported that there had been a three PCT PEC Development Session on 6th April 2006. The aim of the session was to work more closely with colleagues in other PCTs and to begin the process around sharing PEC responsibilities. Mike confirmed that the three PCTs would be continuing to meet jointly over the next few months.

Liz Boait highlighted that it was an excellent step for the three PECs in working together to provide collective clinical input at this crucial stage.

The Board noted the contents of the report.

814/06

CHIEF EXECUTIVE'S REPORT

Stephen Golledge presented his report.

Stephen provided an update on the meeting of the Community Change Steering Group held on 19th April which included Chairs and Chief Executives from the six NHS organisations in Gloucestershire and representatives from the Gloucestershire County Council and the SHA. Stephen confirmed that discussions with the County Council's Overview and Scrutiny Committee are continuing and that this should help define which of the savings proposals being formulated require some form of public consultation.

Stephen took members through the lead responsibilities to prepare for organisational change and confirmed that, in order to balance the workload some changes had been made. Richard James would now be Chief Executive sponsor for Emergency and Urgent Care instead of Caroline Fowles, and Margaret Sheather would be the Executive sponsor for Care Closer to Home (instead of Richard James).

Stephen reported that the Department of Health had approved the county bid for £1M additional funding to increase dental capacity in Gloucester and Cheltenham. This was welcome news.

Stephen asked Amanda Fisk and Sarah Robinson for an update on the Standards for Better Health Annual Health Check. Amanda confirmed that the final declaration was due on 4th May 2006 and expressed her thanks to the PPI Forum for their views. Sarah Robinson confirmed that the public document would be available on the PCT's website. Ken Ogden who was the PPI lead for this work thanked Sarah Robinson for her work on this. Derek Harbottle commented that the internal audit of the annual health check process had awarded substantial

assurance. The Board endorsed the approach of the sub committee in overseeing the final submission to the Healthcare Commission.

Derek Harbottle gave a brief update on the Audit Committee which had met on 19th April 2006. Internal and External Audit reports were tabled and the draft Audit Plan for 2006/07 agreed. Derek explained that he had requested that the External Auditors review their work flow across the three PCTs in the county to reduce triplication during the next few months. Mike Theelke confirmed the proposed fee should reflect this approach with a three PCT Audit Plan where appropriate and a separate report for each PCT in other areas. Derek confirmed that full minutes and a report would be brought to the next meeting.

The Board noted the contents of the report.

815/06

PERFORMANCE REPORT

Nicki Millin presented the performance report and highlighted the following areas:-

Waiting Times – these were shown by speciality in order to track where waits could be reduced. There had not been any breaches to the current targets.

Cancer – the acute Trust was doing well on 31 days. 62 days waits remained more challenging with new pathways required. It was confirmed that it would be June before the full impact of these were seen.

Choose and Book –Nicki confirmed that 15 practices are using the Choose and Book software, with 71 bookings made through it and with only three patients choosing to go to out of county providers. Fred Simpson queried whether there was a tendency to focus on the installation of the Choose and Book software rather than assessing the improvements in service to the patient. Mike Roberts confirmed that the choice part was being offered to patients but that there were still significant problems with the software booking nationally. Ahmed Bham asked if there was any feedback from patients about the process and Mike explained that discussing acute or specialist treatment centres was expected by most patients and that the choice of 5 centres would be expanded to a free choice in 2008.

MRSA – the number of cases reported from October to December was 18. It was felt that part of the increase seen in this quarter was a result of improved screening processes, and not as a direct result of the increases in infections.

Agenda for Change – to date the PCT has received requests to review 54 job descriptions; the first 12 of these having been reviewed by a panel. Of these 9 job descriptions went up a band and 3 stayed at the same level.

Hugh Annett presented the public health performance report.

Influenza update – On the figures received for the year end, 5 practices had immunised over 90% of the population aged over 65. Hugh Annett reported on the two reasons why the practices had done well, firstly he considered that publicity around pandemic flu concerns had increased uptake and secondly the additional efforts being made by practices within West Gloucestershire to increase uptake. Hugh stated that practices were to be commended on their efforts. Members of the Board discussed the schemes that practices could offer the target population which included visiting homes for immobile patients and half day sessions dedicated to immunisation. It was agreed that continuing focus should be placed on practices where there is a lower uptake and higher levels of deprivation.

Pandemic Flu – Hugh updated the Board on the progress across the county in developing pandemic flu plans, including guidance for general practitioners and their teams.

Teenage under 18 conception rates – Hugh commented that West Gloucestershire PCT appears to be on track to meet the 2010 target of halving the under 18 conception rate. Feedback from the Teenage Pregnancy Unit has been positive and we are one of the few areas to have been awarded Green status in view of our ability to meet the 2010 target.

Smoking Cessation – Hugh confirmed that we were reaching targets although greater effort would be required for hard to reach groups and a greater improvement was needed around smoking during pregnancy. Ahmed Bham queried whether the statistics included the prison. It was confirmed that they did.

Infant Mortality: Smoking during Pregnancy – West Gloucestershire PCT is on track to meet the target. It was explained that Cheltenham & Tewkesbury PCT had experienced a “miscommunication” when setting their baseline and as a result has a target this is “unreachable”.

Ahmed Bham asked if data could be seen from a patch point of view. Hugh Annett explained that there were difficulties around reporting information in this level of detail, which included data protection.

Suicide Prevention – the PCT rate of suicides was worse than the national rate for the years when data sets were available. Hugh confirmed that the PCT would miss the 2010 target despite the completion of a countywide suicide audit and the drafting of a countywide strategy for mental well being and suicide prevention.

Accident Reduction - It was noted that David Dungworth represents the PCT on the Crime and Disorder Reduction Group which is actively involved in the Gloucester and Forest areas. Mike Roberts highlighted that most accidents involved the young driving too fast in rural areas and he asked if the PCT supports initiatives like Safer Cities. Hugh Annett confirmed that this was addressed through the Local Strategic Partnership and the Crime and Disorder Reduction Group.

The Board noted the contents of the report.

816/06

FINANCE REPORT

Mike Theelke presented to the Board the financial position of the PCT as at 31st March 2006.

Mike reported that the PCT is forecasting a most likely year end overspend of £3,912,000. This is based on 11 months' activity for commissioning budgets and the assumption that GHT activity continues at the current level. This was a deterioration of £70,000 since February.

Mike commented that on the basis of anticipated levels of activity in March and schemes that the PCT has in place to manage demand the PCT forecast is that the Gloucestershire Hospitals NHS Foundation Trust contract will overspend by £4,168,000 at the end of the year. The key areas of pressure continue to be in non-elective activity. Mike referred members to Annex 2.

Mike reported that prescribing is experiencing a rolling growth of -1.72% as at February 2006. This results from national price changes over the last 12 months. Mike drew members' attention to the growth for the PCT shown at Annex 5.

It was noted that the Strategic Health Authority had organised a cash management group, working on a county basis. Payments to some organisations had by agreement been delayed, for example the Ambulance Trust who had delays in payment of Agenda for Change payments.

Liz Boait commented that there were no surprises with the financial position with the PCT facing overspends and the plans to tackle this through the Local Delivery Plan.

The Board noted the contents of the report.

817/06

FINANCIAL RECOVERY PLAN PERFORMANCE MONITORING REPORT

Amanda Fisk presented the Financial Recovery Plan Performance Monitoring report to members and explained that this was the final report based on the FRP for 2005/06. Amanda confirmed that the continuation of the FRP would be based on the Community Savings Programme.

Liz Boait stated this had provided invaluable tracking over the year. Liz thanked Amanda and her team for keeping this updated.

Mike Roberts commented on the relatively small number of Emergency Patients diverted from A&E but explained that patients using the Out of Hours Service cost a lot more when they turned up at A&E with minor injuries which could be dealt with in primary care. More work needed to be done around care pathways and Mike stated that patients themselves do not know how much it costs to call out an ambulance and how much it costs to see each patient in A&E.

Stephen Golledge commented that it was important to get patients to the right service and stated that patients were not always using pharmacies and NHS Direct which were available. Members suggested that the Citizen provided a good way of communicating this and this had been used in the past.

Mark Hendry reinforced that patients understanding the cost of using services was an important issue. Mike Roberts confirmed that the public perception was that the A&E Department was the only place where they could get expert/appropriate advice. He highlighted that the GP is often more appropriate.

Hugh Annett explained that members of the public had anxieties and needed supporting into which care pathway to take; it was agreed that health literacy needed to be developed. Ahmed Bham mentioned that communication within communities is also useful as an important source of networking and sharing information.

Ken Ogden stated that he believed the general public would like easier access to their GP at different times to those currently offered.

Anthony Dallimore confirmed that this is a year round issue about accessing appropriate services and reported that the media regularly have information campaigns.

The Board noted the contents of the report.

818/06

BUDGET SETTING 2006/07

Mike Theelke presented the 2006/07 budget setting paper. It was noted that agenda items 8 and 9 were closely related, as the budget setting paper was drawn down from the county LDP to achieve budget setting for West Gloucestershire PCT. Firstly Mike confirmed that the PCT would receive funding

in 2006/07 of £263,484,000, of which £266,122,000 is recurrent. Mike explained the rationale around the recurring figure.

Mike reminded members that the county had been subject to the SHA resource pool, resulting in a top slice for the county of £13.3M, of which the West Gloucestershire PCT proportion was £5.7M. This was treated as a non-recurring deduction against the total budget in 2006/7. Mike went on to provide an overview of the LDP process leading to the identification of the community savings programme.

Mike described the source and application of funds as set out in Annex 2 with the overall position of expenditure at £8M above the level of funding. The £8M gap was the West Gloucestershire PCT proportion of the county-wide £13.7M non-recurring deficit. The high proportion was due to the ability of Cotswold & Vale PCT, as a Turnaround organisation, to access the SHA funding pool in order to repay their 2005/06 deficit, while West Gloucestershire would have to provide for repayment of its deficit in 2006/07 plans.

Within the provision of health care services funding, set out in Annex 1, Mike explained the special circumstances relating to funding for dental services, prison services and the new GMS Contract Quality and Outcomes Framework. At this stage a further three significant allocations were due to be confirmed, and the financial assumptions would be revised once these were clarified. Mike explained the assumptions which had been made in relation to inflation and CRES. For acute services a standard national uplift was incorporated in the tariff. Other inflationary uplifts are at the discretion of the PCT. This year it had been agreed to adopt a common approach across all three PCTs. For example prescribing budgets would be uplifted by 8% and then adjusted for CRES at 2.5%. In relation to CRES, 2.5% had been applied on a uniform basis across all budgets. It was noted that in some cases the CRES deduction was greater than the inflationary uplift which would lead to considerable pressure on some budgets.

In relation to NHS pay, Mike confirmed that 2.5% had been assumed at this stage but detail of the breakdown across different pay groups had not yet been confirmed. In addition there are ongoing costs of Agenda for Change. Although all staff had been assimilated, there are a range of staff who could qualify for increments depending on the new appraisal/gateway review process. Assumptions had been included at this stage.

Finally, Mike confirmed that the paper set out the high level budgets, which if adopted by the Board, would lead to detailed budget setting with individual budget holders.

The Board approved the budgets for 2006/07.

819/06

LOCAL DELIVERY PLAN 2006/07

Amanda Fisk provided members with an overview of the process leading to the final LDP for 2006/07. In response to a request from the SHA, the three PCTs had worked together, involving partner organisations, to develop a single county-wide LDP for 2006/07. The timetable for the LDP submission had been delayed due to the withdrawal of the Payment by Results tariff due to inaccuracies, leading to the revision of activity modelling once the tariff was reissued. The LDP summary attached at Annex 1 exhibited a county position, with the West Gloucestershire PCT LDP position reflected in the budget setting process, which had been explained as part of agenda item 8.

Amanda next took members through the financial assumptions underpinning the LDP, drawing attention to the process undertaken to review all potential expenditure against the three categories of legal, unavoidable and discretionary. It was noted that as part of this process £19M had been excluded from the LDP

on the basis of discretionary expenditure. The expenditure included in the LDP, under the categories of legal and unavoidable as set out in paragraph 2.2 was based on the minimum level of expenditure following a rigorous assessment process.

The areas where decisions had been taken to avoid additional expenditure was set out in paragraph 2.3 and an explanation was provided of the rationale in relation to NICE and cancer drugs, dentistry resources, primary and community care funds and the decision not to invest in the nurse-led ward at Cheltenham General Hospital. In relation to the nurse-led ward, Stephen Golledge stated that he has been informed that Cheltenham Borough Council was considering a judicial review about this decision.

Hugh Annett reminded members that as part of the process to assess expenditure no resources had been allocated for Choosing Health initiatives.

The financial analysis of the LDP, as set out in Annex 1, resulted in a county-wide deficit of £28.4M (£11.9M recurring and £16.4M non-recurring). It also assumes the full delivery of CRES at 2.5%. Following an adjustment for the community savings plan to address the deficit, there is a recurring surplus of £2.2M and a non-recurring deficit of £15.9M resulting in an overall non-recurring deficit for the county of £13.7M.

Over the last few months the Gloucestershire health and social care community had been developing a community savings programme, carrying forward individual PCT 2005/06 Financial Recovery Plans and identifying additional savings proposals. The rationale, as explained at the previous Board meeting, was based on a 3.8% reduction on identified budgets or programme areas in addition to 2.5% CRES. Lead directors across the PCTs, supported by PEC clinical leads and non-executive directors have been identified for 6 programmes, which will take forward the implementation of all the savings proposals. Amanda explained that the attachment with the LDP papers setting out the savings proposals was based on a presentation of the proposals made to the Overview and Scrutiny Committee. Two meetings of an OSC Sub Committee had taken place and at this stage it had been agreed that some of the proposals could go forward, requiring no consultation, and a further tranche were planned to be taken forward on the basis of limited consultation with a 1 month consultation timescale. Examples of savings proposals in the limited consultation group were the mental health services and site reductions, patient transport services and proposals for changes to community hospitals in the North Cotswolds. A final decision on the limited consultation would be made at the OSC sub committee on 11th May.

Amanda reminded members that the savings proposals had been constructed in the context of the direction of travel agreed for the health and social care community, based on promoting health and well being for the community and ensuring a focus on not increasing health inequalities. None of the proposals should have an adverse effect on health outcomes or health inequalities. Mike Roberts stressed the importance of linkages between some of the schemes in order to ensure that the impact of changes from one savings proposal did not conflict with another proposal. Amanda confirmed that this was the intention of the structural arrangements for the savings programme, based on the six ISIP programme areas.

Hugh Annett expressed concern that the short term approach to the savings plans, which was necessary in the context of the Operating Framework, was taken forward with some understanding of the longer term impact. In line with the outcome from the recent Department of Health White Paper *Our health, our care, our say*, there should be a movement of resources into the community and preventative sector. Therefore it would be helpful if a commitment could be made to this direction of travel at an early stage.

Liz Boait welcomed the opportunity for discussion about the savings proposals with the public, in order to explain the decisions taken in the face of the financial challenge for the community in 2006/07. Liz emphasised that despite the robust community savings plan, there remained significant risks for the community, particularly for West Gloucestershire PCT, from expenditure with GHNHSFT, as evidenced by the £4M overspend against contract in 2005/06. Stephen Golledge confirmed that these risks had been identified as integral to the success of the savings proposals and there was a close relationship between the work of the ISIP programmes and the contract negotiations with GHNHSFT, for example the proposals to change the service and reduce the costs of rehabilitation services to patients. It was also important to remember that there would be implications for the introduction of Practice Based Commissioning as GPs will be taking this agenda forward and will take on responsibility for commissioning within a reduced recurring budget. Mike Roberts considered that Practice Based Commissioning should act as an encouragement to increase clinical engagement and ownership, in a way which had not been apparent previously through indicative budgets and incentive schemes. Hugh Annett reinforced this view, reminding members that the increased investment in the GMS Contract should act as an incentive to secure an increased input from primary care in the future.

Finally, returning to the question raised during agenda item 7 iii, Liz invited members to consider what performance monitoring of the community savings plan the Board required in the future. It was agreed that it would be difficult to disaggregate the community savings plan into a West Gloucestershire PCT version and the achievement of the savings for the PCT would be reflected in the monthly finance reports, which would incorporate a review of the PCT Run Rate, demonstrating the level of expenditure against income over the course of 2006/07. On this basis it was agreed to provide a performance monitoring report of the community savings plan, which will start from the May Board onwards. Detail of progress against local savings initiatives would also be incorporated.

The Board approved the LDP for 2006/07 which was submitted to the SHA on 10th April 2006 and approved the structure and approach, and agreed performance reporting arrangements for the community savings programme for 2006/07.

820/06

NHS DENTISTRY

Liz Griffiths presented the NHS Dentistry report.

Liz summarised the position for West Gloucestershire PCT and gave an overview of the initial dental funding allocation together with the expenditure related to those contracts agreed at 31st March 2006. Liz confirmed that there has been a reduction in capacity across Gloucestershire and that the areas most affected are in West Gloucestershire PCT and Cheltenham and Tewkesbury PCT.

Liz reported that the surgery at HMP Gloucester has been undergoing a refurbishment and confirmed that the surgery was due to re-open and commence services next week.

Liz highlighted that the total number of dental practices providing NHS Dentistry within West Gloucestershire PCT was 22 as at 1st April 2006 and 60 individual practitioners. The service had lost a total of 15 dental practitioners who had not signed up to the new dental contract. 9 practices have signed the new dental contract in dispute.

Liz gave a breakdown of the dental registrations lost through practices/practitioners withdrawing totally from NHS dental provision and the five practice contracts that moved to a child only basis. Susanne Noblett asked if the school dental service could pick up some of the registrations. Stephen explained that this was a possible option for some children. Fred Simpson queried how the

PCT could find out the actual level of adults who do not have an NHS dentist. Liz confirmed that around 80% of adults were not registered with an NHS dentist.

Hugh Annett explained that dental access was a major problem but that Gloucestershire did have a high rate of good oral health.

Liz confirmed that with effect from 1st April 2006, responsibility for the provision of the dental out of hours service transferred from the General Dental Service to the PCT. Following discussions with the Local Dental Committee it had been agreed that the salaried service would be the providers of the Out of Hours (OOH) service for the county. Cotswold and Vale PCT as the lead PCT for dentistry are responsible for the salaried service, and therefore provide the lead on OOH. The funding for this service is managed from the salaried service budget. Mike Roberts commented that some GPs did not know about the OOH service and confirmed that many patients used the GP OOH service for dental pain. It was agreed that discussions would take place with Maria Metherall to inform the primary care out of hours services.

Liz reported that some PCTs are working together to commission Orthodontic services on a county-wide basis. Some orthodontic practices across the county experienced marked growth in terms of activity that was not reflected in the actual gross earnings as payment to practitioners for orthodontic treatment is split over an 18 month to 2 year period. The three Primary Care Trusts have been in negotiation with the Orthodontic practices across the county.

Liz confirmed that in addition to the NHS dental allocations, Gloucestershire has been allocated an additional £1M by the Department of Health which is an acknowledgement that the county has access pressures. Funding has been approved on the basis that two new dental practices are established; the approved plan allows for developments in Gloucester and Cheltenham

The Board noted the contents of the report.

821/06

CHURCHDOWN SURGERY DEVELOPMENT

Mike Theelke presented the report on the Churchdown Surgery development reported.

Mike reminded members that the surgery development was last discussed at the February 2006 Board meeting and that the priority order for schemes was Churchdown first, Tuffley second and North Gloucester third. Mike and Stephen Golledge had met with the Churchdown surgery and the practice had been encouraged to work closely with the District Valuer in order to ensure that the proposals represented value for money.

Mike explained that funding was not required until 2007/08 but the PCT was not currently in a position to approve the scheme due to the PCTs financial position. Stephen Golledge asked members to defer a decision for 3 months.

Liz Boait reinforced that the PCT was not able to make a commitment because of constraints placed on the PCT by the Strategic Health Authority. Investment could not be approved until the LDP was in balance. Mark Hendry expressed the view that a clear decision should be relayed soon.

Stephen highlighted that if the scheme is deferred, July would be the last opportunity for the PCT to make a decision. Liz Boait explained that the new organisation would then have to look at all the developments across the county. Stephen confirmed that Churchdown remained the number one priority for the PCT.

Stephen when on to say that as one of the developers for the North Gloucester scheme had approached the current owners, Gloucestershire Partnership Trust, about the piece of land it would be helpful to clarify with the practices and the developer that this scheme would not now be approved by West Gloucestershire PCT.

The Board noted the contents of the report and agreed to defer the decision on the Churchdown scheme for 3 months and agreed that the North Gloucester development would be unlikely to be considered again until 2007/08.

822/06

CHILDREN & YOUNG PEOPLE'S PLAN

Simon Bilous, Programme Director for Gloucestershire PCTs on Children and Maternity Commissioning presented the Gloucestershire Children and Young People's Plan (CYPP) 2006.

Simon reported that the CYPP is a statutory requirement (under the Children Act 2004) which is reviewed annually. Key issues are that it reinforces partnership with specific implications around the development of Child and Adult Mental Health Services (CAMHS), in development of Children's Centres and the co-ordination of health centres with learning disabilities. Simon explained that some specialist services have service implications supported by the Gloucestershire LDP.

Liz Boait mentioned that as the PCT had agreed the LDP for the county, this would have a bearing on the Children & Young People's Plan. Liz went on to say that the PCT is interested in health needs being related to education support services in order to ensure continuity in the services to families and avoid gaps.

Simon explained that the full Business Plan was available on request.

Stephen Golledge confirmed that it was important not to mislead the other partner organisations such as the County Council about expectations for service funding as there were currently a number of vacancies held in relevant services, such as health visiting, in order to achieve financial balance. Simon Bilous confirmed that this would be incorporated in the risk assessment accompanying the Business Plan.

The Board noted the contents of the report.

823/06

DATE OF NEXT MEETING

The next full Board meeting will be held on Thursday, 18th May 2006, 9.30 am in the Board Room at Highnam Business Centre.