

NHSGG&C(M)09/3
Minutes: 34 - 50

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 21 April 2009 at 9.30 am**

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Dr C Benton MBE	Councillor J Handibode
Mr R Calderwood	Dr M Kapasi MBE
Mr G Carson	Mr I Lee
Mr R Cleland	Councillor D MacKay
Mrs A Coulthard	Councillor J McIlwee
Dr B Cowan	Mr G McLaughlin
Ms R Crocket	Mrs J Murray
Mr P Daniels OBE	Councillor I Robertson
Dr L de Caestecker	Mr D Sime
Ms R Dhir MBE	Councillor A Stewart
Mr D Griffin	Mr B Williamson
Mr P Hamilton	Mr K Winter
	Councillor D Yates

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Ms S Gordon	..	Secretariat Manager
Ms J Grant	..	Acting Chief Operating Officer, Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Mr A Lindsay	..	Financial Governance & Audit Manager (to Minute 43)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead NHS Director, Glasgow City CHCPs

ACTION BY

34. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr J Bannon MBE, Professor D Barlow, Councillor J Coleman, Mrs R K Nijjar, and Mrs E Smith.

Mr Robertson welcomed Mr K Winter to his first NHS Board Meeting as a newly appointed non executive member. Mr Winter had a background in the construction industry and the NHS Board looked forward to his advice and support particularly as the Acute Services Review progressed. Mr Robertson also welcomed Mr R Calderwood, the newly appointed Chief Executive from 1 April 2009. Lastly, Mr Robertson welcomed Ms Jane Grant to her first meeting of the NHS Board as the Acting Chief Operating Officer – Acute Services Division.

35. CHAIR'S REPORT

- (i) Mr Robertson had attended two formal policy launches. On 2 March, the Cabinet Secretaries for Health and Wellbeing and Justice launched the Framework for Action for Tackling Alcohol Misuse and on 31 March, the Cabinet Secretary for Health and Wellbeing launched the Bowel Screening Programme.

Mr Robertson also continued his engagement with the Universities of Glasgow and Strathclyde and had attended a meeting of the joint University of Glasgow and NHS Strategy Group to discuss developments and progress being made at the new South-side Hospital. He looked forward to working with the University of Strathclyde's new Principal, Professor Jim McDonald.

- (ii) On 16 March, Mr Robertson had attended the topping-out ceremony of the new Neonatal Unit, Southern General Hospital. This was undertaken by the Cabinet Secretary for Health and Wellbeing who commended, on the day, all efforts and the leadership of this project.
- (iii) On 25 March, Mr Robertson had attended the South Lanarkshire Community Planning Partnership Board.
- (iv) Arrangements had been made for non executive NHS Board members to visit various hospital sites to gain a better understanding of the level of services provided and associated pressures and concerns. As such, Mr Robertson had visited the Accident and Emergency departments at both Glasgow Royal Infirmary and the Southern General Hospital as well as visiting, with a number of members, the new Ambulatory Care Hospital (ACH) at Stobhill. This new hospital would be open to patients from 11 May 2009 and, thereafter, on 8 June 2009 the new ACH at the Victoria Infirmary would open.
- (v) On 30 March, Mr Robertson had written to the Cabinet Secretary for Health and Wellbeing (following the Board's decision at its meeting on 24 February 2009) in relation to the vision for the Vale of Leven Hospital. Mr Robertson had also written to the Chief Executive of St Margaret's Hospice formally reporting on the decision of the NHS Board at its 24 February 2009 meeting concerning the Review of NHS Continuing Care for Frail Elderly. A reply had been received and the matters raised were being considered.
- (vi) Mr Robertson confirmed that he and 2 non executive NHS Board members would meet with the Chairman and representatives of Inverclyde League of Hospital Friends to discuss issues of concern regarding Inverclyde Hospital Tea Bar.

NOTED

36. CHIEF EXECUTIVE'S UPDATE

- (i) Mr Calderwood, along with Mr Divers and other senior colleagues, met with Dr K Woods, Director General for Health, Scottish Government Health Directorates (SGHD), to undertake a mid-year review of the NHS Board's performance. Following on from this, a response had been received, the tenor of which was positive and congratulatory in terms of ongoing progress in meeting national targets. The NHS Board had also formally submitted its Local Delivery Plan to the SGHD and comments received, to date, had been positive regarding the Board's direction of travel. The SGHD had confirmed that the NHS Board's Annual Review for 2009 would be held on 19 October.
- (ii) Mr Calderwood referred to the recent allegation of a breach in security of medical records at the Southern General Hospital. As a result of this, a full review of procedures within all medical records departments across NHS Greater Glasgow & Clyde had been undertaken by the Director of Health Information and Technology. On completion of the audit all recommendations made in terms of identifying where improvements could be made in custom and practice would be implemented.
- (iii) Mr Calderwood would be meeting with Mr G Black (Chief Executive, Glasgow City Council) and other senior NHS and Council colleagues on Thursday 23 April to progress joint development work in respect of the five city Community Health Care Partnerships (CHCPs).

NOTED**37. MINUTES**

- (i) On the motion of Councillor D Yates, seconded by Mr P Hamilton, the Minutes of the meeting of the NHS Board held on Tuesday 24 February 2009 [NHSGGC(M)09/1] were approved as an accurate record and signed by the Chair.
- (ii) On the motion of Councillor D Yates, seconded by Mr G Carson, the Minutes of the meeting of the NHS Board held on Tuesday 3 March 2009 [NHSGGC(M)09/2] were approved as an accurate record and signed by the Chair.

NOTED**38. MATTERS ARISING FROM THE MINUTES**

The rolling action list of matters arising was circulated and noted.

NOTED**39. HEALTHCARE ASSOCIATED INFECTION – MONITORING REPORT**

A report of the Medical Director [Board Paper No. 09/19] asked the NHS Board to note the latest two monthly report on Healthcare Associated Infection (HAI) within NHS Greater Glasgow and Clyde (NHSGGC).

Dr Cowan explained that the monitoring report was required by the National HAI Task Force Action Plan and presented data on the performance of NHS Greater Glasgow & Clyde on a range of key HAI indicators at national and individual hospital site level.

Dr Cowan led the NHS Board through the data highlighting the following points:-

- If current trends were maintained, NHSGGC was on target to achieve the 35% reduction in S.aureus bacteraemia by 2010. This replicated the national trend for NHS Scotland. All Statistical Process Charts (SPCs) for Methicillin-Resistant Staphylococcus Aureus (MRSA) (all types of MRSA not only blood stream infection) at hospital level were within control limits.
- The national report published on 14 January 2009 showed a reduction in the rate of C.Difficile within NHSGGC and placed the NHS Board below the national mean. In 2007/2008, the annual overall rate for NHS Scotland per 1000 occupied bed days was 1.29. The rate for NHSGGC was below that and was reported as 1.08 for the same period.
- NHSGGC had decreasing rates of C.Diff infection during the last 3 quarters of national reporting (January 2008 – September 2008). All SPCs for C.Diff at hospital site level were within control limits.
- In terms of hand hygiene and the NHS Board's zero tolerance approach to non compliance, NHSGGC had demonstrated a steady rise in compliance from a 62% baseline in February 2007. The most recent national report published in March 2009 showed a maintained figure of 92%. Dr Cowan recorded that local audits were taking place across NHSGGC. These involved ward staff monitoring their own compliance. This had been facilitated by the training sessions carried out in conjunction with clinical risk management and infection control teams. Local monitoring was designed to enable senior charge nurses to identify and approach issues that may affect the compliance score. Dr Cowan noted that compliance amongst medical staff increased from 69% to 73% from the last audit period reported.
- SPCs illustrated calculations based upon the ward/unit's historical infection rate to produce 3 lines; the upper control limit, the lower control limit and the centre line (mean). The setting of the upper control limit allowed local teams to trigger action promptly in response to any increase in the number of patients identified. Although SPCs were a method of viewing what was going on at a local level, they could also be used to drive improvements in care. This was shown by reducing the mean (centre line) which indicated that less patients were acquiring infection in wards and hospitals. Now that SPCs were available across the whole of NHSGGC, improvements would be actively targeted in areas with historically high levels of infection and sustaining improvements in areas with low infection rate.
- Across NHSGGC during the reporting period, many of the Board's hospitals had shown a reduction in their top upper limit which meant that an improvement trajectory had been created. This was the case after reporting 8 consecutive targets being met and was received by the Board's Infection Control Manager.

Mr Williamson welcomed this report and, in particular, the focus it brought by reporting on such information. He acknowledged that SPCs were at their most effective when used to reflect what was going on in individual wards and departments. Accordingly, it meant that problems could be identified and reviewed quicker to determine the likely cause and develop appropriate action plans. In response to his question, Dr Cowan confirmed that the Health Directorate letter [HDL(2006)38] only required surgical site infection rates to be monitored within caesarean section, hip arthroplasty and knee arthroplasty.

Mr Lee commended the improvements made in terms of compliance with hand hygiene, however, remained disappointed with compliance rates within medical staffing. He noted this was well behind other staff groups and asked what action was being taken to improve this. Dr Cowan referred to hand hygiene surveys and audits that the NHS Board carried out. These were carried out on different wards each time so that the message was consistently spread and monitored. By the very nature of medical staff travelling between patients, wards and hospital sites, an ongoing programme of education was being undertaken. Although this staff group appeared to have a poorer compliance rate, Dr Cowan assured the NHS Board that medical staff were not ignoring the zero tolerance approach to non-compliance with hand hygiene. He confirmed that if improvements were not forthcoming soon, then the NHS Board would rethink its tactics in terms of the education of this staff group. Mr Calderwood echoed this point and referred to the vast evidence gathering that the surveys and audits facilitated. He confirmed that continued non-compliance could result in disciplinary action.

Mr Robertson welcomed the scrutiny resulting from this report. He also recorded that the Board's Clinical Governance Committee considered the information from the surveys and audits in more detail at its bi-monthly meetings.

NOTED

40. FINANCIAL MONITORING REPORT FOR THE 10 MONTH PERIOD TO 31 JANUARY 2009

A report of the Director of Finance [Board Paper No. 09/20] asked the NHS Board to note the financial position for the first 10 months of the financial year.

Mr Griffin reported that at 31 January 2009, NHS Greater Glasgow & Clyde reported expenditure levels running closely in line with budgeted levels. This confirmed that the NHS Board continued to manage its expenditure levels in line with budget. He highlighted the following points:-

- Expenditure on Acute Services was running close to budget with expenditure running £0.7m under budget for the first 10 months of the year. The most significant individual cost pressure continued to be expenditure on energy costs due to price increases which would result in an additional in-year cost pressure of £3-4m for 2008/09. The Acute Services Division had indicated that the in-year cost could be absorbed non recurrently using funds released from savings schemes and in-year underspends.
- Expenditure on NHS Partnerships was running slightly below budget for the year to date. Prescribing expenditure was in line with budget at this stage of the year and the NHS Board was currently forecasting a break-even position for prescribing for 2008/09.
- Total expenditure for the Clyde area was running close to budget for the year to date.

- At 31 January 2009, expenditure of £54m had been incurred on capital schemes leaving a balance of £68.4m to spend by 31 March 2009.
- At 31 January 2009, the Board was reporting achievement of £40.3m against its year to date target of £41.2m of recurring savings and it was anticipated that the full £50.7m would be achieved by 31 March 2009.

Mr Griffin reported that the initial draft of the NHS Board's Annual Accounts had been prepared and that these indicated that the NHS Board's financial outturn for the year would be breakeven. This would be confirmed when the NHS Board's final accounts were drafted and presented to the Audit Committee and, thereafter, the NHS Board at their meetings scheduled for June 2009.

Mr Calderwood commended Mr Griffin and his finance team for ensuring the Board's financial stability for the fourth consecutive year despite increasing cost pressures. Mr Williamson agreed and noted that the NHS Board's financial plan for 2008/09 required the NHS Board to set a cost savings target that had to meet the Scottish Government Health Directorates' requirement to achieve a 2% recurring reduction in costs against revenue allocation as part of the Scottish Government Efficiency Savings Initiative.

Mr Griffin confirmed a similar cost savings requirement for 2009/10 and that a financial plan would be presented to the NHS Board's Performance Review Group in May 2009. For 2010/11, however, early suggestions were that increased savings would have to be found across the whole of the public sector and this would clearly impact on the NHS. Accordingly, system-wide cost savings initiatives would be required to be identified.

In response to a question from Mr Lee regarding the capital expenditure balance of £68.4m to be spent by 31 March 2009, Ms Byrne confirmed that the year-end outturn on capital expenditure was closely in line with year-end plans. The NHS Board's Capital Planning Group was due to consider this fully at its next meeting and, thereafter, it would be reported to the next Performance Review Group meeting. Mr Calderwood assured members that spending was monitored on a weekly basis by project managers and traditionally in the NHS, capital expenditure was weighted to the last financial quarter of the year.

NOTED

41. WAITING TIMES AND ACCESS TARGETS

A report of the Acting Chief Operating Officer (Acute Services Division) [Board Paper No. 09/21] asked the NHS Board to note progress against the national targets as at the end of February 2009.

Ms Grant led the NHS Board through the report noting performance. She highlighted the following:-

- Outpatient waiting times – at the end of March 2009, the Acute Services Division met the target of no patients waiting more than 12 weeks from GP referral to an outpatient appointment.
- Inpatient/Day Case waiting times - at the end of March 2009, the Acute Services Division met the target of no inpatient/day case waiting more than 12 weeks from a decision to undertake treatment to the start of that treatment.

- Diagnostic waiting times - the maximum wait for referral to MRI Scan, CT Scan, Non Obstetric Ultrasound, Barium Studies, Gastroscopy, Sigmoidoscopy, Colonoscopy and Cystoscopy, was 6 weeks by the end of March 2009. That 6 week target was achieved at the end of December 2008 for CT, MRI, Ultrasound and Barium Studies and had been maintained since that period. Similarly, it was expected that by the end of March 2009 this target would be met in respect of Upper Endoscopy, Lower Endoscopy, Colonoscopy and Cystoscopy.
- Cataract targets – the target of maximum time from referral to completion of treatment for cataract surgery was 18 weeks and this had been maintained since December 2007.
- Hip fracture – the target was that 98% of all hip fracture patients would be operated on within 24 hours of admission to an orthopaedic unit, subject to medical fitness and during safe operating hours – this target was being maintained.
- Accident and Emergency 4 hour wait – the target was that 98% of accident and emergency patients should be treated and discharged, admitted or transferred within 4 hours of arrival at the department. The NHS Board currently reported 97% compliance against this target and the Emergency Care and Medical Services Directorate continued to work collaboratively with colleagues and other directorates and with key provider agencies to ensure the 98% target was met as soon as possible.
- Cancer waiting times – 95% of all urgent referrals with suspected cancer should wait a maximum of 62 days from urgent referral to treatment (31 days for breast cancer). The 4 month average for the period November 2008 to February 2009 was 96%.
- Chest pain – The NHS Board was only responsible for rapid access chest pain services, with a target waiting time of 2 weeks and had met this 2 week target throughout 2008 and this had continued to be met in January and February 2009.
- Delayed discharge – The NHS Board was required to maintain a performance standard of no patients waiting over 6 weeks for discharge. Significant difficulties had been encountered in Glasgow City Council in recent weeks due to a combination of staff changes and some particularly complex cases. Continuing efforts were being made to return to no patients waiting over 6 weeks.
- Stroke – the outpatient target of 80% of fast track referrals to stroke/TIA clinics was within 14 days and this outpatient target was now being delivered consistently across the NHS Board's area. In respect of the target that 80% of stroke patients should have a CT or MRI scan within 48 hours of admission, the Glasgow Managed Clinical Network had reviewed and changed the CT target from 48 hours to 24 hours as more clinically pertinent to stroke management. Access to CT/MRI in Clyde met the national standard of 48 hours and work was ongoing to reduce this to 24 hours.

Mr P Hamilton asked what effect the new bowel cancer screening programme was having in terms of capacity planning for colonoscopy. Ms Grant confirmed that waiting times would be maintained and this would be monitored carefully. Workforce plans were in place and there was flexibility to deal with increases/decreases in yield as need be. Ms Grant confirmed that bowel cancer screening could be undertaken in a patient's local hospital and/or at the two new ambulatory care hospitals at Stobhill and the Victoria.

In response to a question from Mr Cleland, Ms Grant acknowledged the dip in meeting the waiting times target for head and neck cancer. She reported that all associated patients were being reviewed and attributed the decline to a combination of factors including processes and clinical pathways. She advised that service redesign work was being undertaken to identify where improvements could be made and consultants were involved in these discussions.

Dr Benton thought it would be helpful to see a breakdown of the accident and emergency waiting times figures to see more localised information and associated resolutions. Ms Grant confirmed this would be possible and agreed to include it in future reports.

**Acting Chief
Operating Officer**

Mr Williamson acknowledged the excellent work being undertaken to meet stroke targets. He referred to the ongoing discussions to maintain the performance standard of no patients waiting over 6 weeks for discharge from hospital. He recognised much joint work with local authorities was required to meet this target and Ms Grant confirmed that the Acute Services Division was working closely with partners to improve the situation and identify ways to be clearer about health/social care responsibilities. Councillor MacKay welcomed this approach particularly given the complex nature that often existed with individual cases of delayed discharges.

This, although often a resource issue, required a real partnership approach to resolve in terms of workforce planning and resource allocation. Ms Renfrew outlined the statutory terms of responsibility and suggested that it may be useful to discuss this fully at a future NHS Board seminar to explore all the issues in more detail. This suggestion was welcomed.

**Head of Board
Administration**

NOTED

42. NHS GREATER GLASGOW AND CLYDE – ANNUAL REVIEW OF GOVERNANCE ARRANGEMENTS

A report of the Head of Board Administration [Board Paper No. 09/22] asked the NHS Board to approve, note and agree the governance arrangements for NHSGG&C.

Mr Hamilton reminded the NHS Board that, in February 2005, it had approved the new organisational arrangements to implement the White Paper “Partnership for Care”. Subsequently, two significant reviews of the governance arrangements had taken place as the move to single system working and integration of Clyde were carried out. As a result, the NHS Board approved in December 2006 a detailed set of new governance arrangements to support the new organisation. This was further endorsed by approval of the Annual Review of Governance Arrangements in April 2007, the subsequent approval in August 2007 of the membership of committees following the changes which resulted from the outcome of the Council elections in May 2007 and the approval of the Annual Review of Governance Arrangements in April 2008. Each Standing Committee had formally reviewed its remit to ensure it was fit for purpose and allowed each Committee to carry out fully its own area of responsibility.

Mr Hamilton led the NHS Board through the changes which provided a solid governance framework for the NHS Board to properly discharge its responsibilities and statutory functions. The Audit Committee had considered the draft Annual Review of the Corporate Governance documentation at its meeting held on 24 March 2009 and endorsed its submission to the NHS Board.

Councillor Yates enquired about where the Spiritual Care Committee sat within the Board's structure. Mr Hamilton confirmed that this was a Sub-Committee of the NHS Board's Involving People Committee and, therefore, any Sub-Committee's remit would be the responsibility of its parent Committee.

Mr Sime referred to the ongoing vacancies on each of the Glasgow CH(C)P Committees in respect of nominations from NHSGGC. In accordance with their Schemes of Establishment, the NHS Board had two non executive members on each CH(C)P Committee. Ms Renfrew noted this and suggested the memberships be part of the review of the Schemes of Establishment being undertaken shortly.

Head of Board Administration

Mrs Coultard updated on the membership of the East Glasgow Community Health and Care Partnership where some changes had recently been made. Mr Hamilton recorded these amendments.

Head of Board Administration

DECIDED:-

- (i) That the revised Standing Orders for the Proceedings and Business of the NHS Board and the Decisions Reserved for the NHS Board (Appendix 1) be approved.
- (ii) That the changes to the Standing Financial Instructions (Appendix 2) and Fraud Policy (Appendix 14) be approved.
- (iii) That the remits of the Standing Committees – Audit (Appendix 3), Clinical Governance (Appendix 4), Staff Governance (Appendix 5), Performance Review Group (Appendix 6), Involving People (Appendix 7), Research Ethics Governance (Appendix 8), Pharmacy Practices (Appendix 9) and Area Clinical Forum (Appendix 10) be approved.
- (iv) That the Memberships of the Standing and Partnership Committees (Appendix 11) be approved subject to receipt of nominations for the Pharmacy Practices Committee and elections to the Area Clinical Forum.
- (v) That the Membership of the Adults with Incapacity Supervisory Board (Appendix 12) be approved.
- (vi) That the list of authorised officers to sign Healthcare Agreements and related contracts (Appendix 13) be approved.

Head of Board Administration

Director of Finance

Head of Board Administration

Head of Board Administration

Head of Board Administration

Head of Board Administration

43. QUARTERLY REPORT ON COMPLAINTS: 1 OCTOBER – 31 DECEMBER 2008

A report of the Head of Board Administration, Acting Chief Operating Officer (Acute Division) and Lead Director CH(C)P, (Glasgow) [Board Paper No. 09/23] asked the NHS Board to note the Quarterly Report on NHS Complaints in Greater Glasgow and Clyde for the period 1 October to 31 December 2008.

Mr Hamilton recorded that the report showed an overall NHSGGC complaints handling performance of 72.4%; above the national target of responding to 70% of complaints within 20 working days – a welcome improvement. Mr Daniels asked what had caused this improvement and Mr Hamilton confirmed that he had written to all Directors asking that there be an increased focus on the handling of complaints in order to bring about an improvement in their performance. Future Organisational Performance Review Group meetings would also include reviewing performance and complaints handling against the national target. Ms Grant supported Mr Hamilton's comments and outlined changes made within the Acute Services Division's management structure to deal with complaints. Staff were now Directorate based and, therefore, aligned to formal management teams. This has resulted in a renewed impetus of ensuring targets were met.

Mr Hamilton referred to the health cases received across NHSGGC and handled by the Independent Advice and Support Service (IASS). He explained that the consortium of Citizens Advice Bureau (CAB) for the Greater Glasgow and Clyde area comprised 13 local bureaux. Members of the public could access the service in a number of ways:-

- Through a central telephone line where they could obtain information about the service and, if necessary, an appointment could be made for them to be seen by an advice worker at their local bureau.
- Direct contact with their local bureau either by telephone, appointment or drop in.

CAB staff delivered information, advice and support with specialist case workers undertaking those cases where ongoing negotiations and in-depth case work was required.

In response to a question from Mr P Hamilton, Mr J Hamilton agreed to obtain further information about the "Better Together: Scotland's Patient Experience Programme" survey.

**Head of Board
Administration**

NOTED

44. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 : LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 09/24] asked that the NHS Board approve two named Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:-

That the two medical practitioners listed in the NHS Board paper for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 be approved.

**Director of Public
Health**

45. INVOLVING PEOPLE COMMITTEE MINUTES : 2 FEBRUARY 2009

The Minutes of the Involving People Committee meeting held on 2 February 2009 [IPC(M)09/01] were noted.

NOTED

46. CLINICAL GOVERNANCE COMMITTEE MINUTES : 3 FEBRUARY 2009

The Minutes of Clinical Governance Committee meeting held on 3 February 2009 [CGC(M)09/01] were noted.

NOTED

47. STAFF GOVERNANCE COMMITTEE MINUTES : 24 FEBRUARY 2009

The Minutes of Staff Governance Committee meeting held on 24 February 2009 [SGC(M)09/01] were noted.

NOTED

48. PERFORMANCE REVIEW GROUP MINUTES : 17 MARCH 2009

The Minutes of Performance Review Group meeting held on 17 March 2009 [PRG(M)09/02] were noted.

NOTED

49. AUDIT COMMITTEE MINUTES : 24 MARCH 2009

The Minutes of Audit Committee meeting held on 24 March 2009 [A(M)09/02] were noted.

NOTED

50. PHARMACY PRACTICES COMMITTEE MINUTES : 26 MARCH 2009

The Minutes of the Pharmacy Practices Committee meeting held on 26 March 2009 [PPC(M)09/02] were noted.

NOTED

The meeting ended at 11.00 am