

Birmingham Women's



NHS Foundation Trust

**Unconfirmed Minutes of the
MEETING OF THE FOUNDATION TRUST BOARD
HELD IN PUBLIC
in the Seminar Room, Birmingham Women's Hospital,
on Thursday 26 June 2008**

PRESENT:	Judith Mackay (in the Chair)	Trust Chairman
	Julie Burgess	Chief Executive
	Prof Ian Booth	Non-Executive Director
	David Draycott	Non-Executive Director
	Nigel Gardner	Non-Executive Director
	Anne Gibbs	Director of Development & Marketing
	Helen Hemberg	Non-Executive Director
	Andrew McMenemy	Director of Workforce & Facilities
	Jane Owen	Director of Nursing & Midwifery
	Robin Rison	Non-Executive Director
	Peter Thompson	Medical Director
	Tim Woods	Director of Finance
 IN ATTENDANCE:	 Barbara Cooper	 Interim Foundation Trust Secretary
	Sandy Buchan	Governor
	Estelle Carmichael	Associate Director of Workforce
	Alison Garrish	Governor
	Dr Gill Lawrence	Director, West Midlands Cancer Intelligence Unit (for Item 11 only)

ACTION

FTP/0608/1	WELCOME AND APOLOGIES
FTP/0608/1.1	The Chairman welcomed those present to the meeting. There were no apologies for absence.
FTP/0608/2	QUESTIONS FROM THE PUBLIC ON MATTERS RELATING TO THE AGENDA
FTP/0608/2.1	Sandy Buchan drew attention to the recent Monitor report <i>Developing the role of NHS foundation trust governors</i> , which had been circulated with the Board papers. It was agreed that this could usefully be discussed at the forthcoming meeting between the Chairman, the Chief Executive and the chairs of the Members' Council committees.
FTP/0608/3	DECLARATIONS OF INTEREST
FTP/0608/3.1	There were no declarations of interest relating to items on the agenda.

FTP/0608/4 MINUTES OF MEETING HELD ON 29 MAY 2008

FTP/0608/4.1 The minutes of the meeting held on 29 May 2008 were **APPROVED** and signed as a correct record subject to the following amendments:

<u>List of those in attendance</u>	delete: Brown Jacobson
	Insert: Browne Jacobson
<u>Minute FTP/0508/14.3</u>	delete: However, only one of these was unexplained.
	insert: All of these had been subject to detailed investigation and in only one case had the cause not been established. In those cases where the cause had been established, there were no known links to quality of care.

FTP/0608/5 MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 29 MAY 2008Minute FTP/0508/5.1: Management of corporate risk

FTP/0608/5.1 Julie Burgess reported that she had now commissioned NHS Elect to carry out an independent gap analysis of the systems and processes in place within the Trust for the identification, assessment and control of risk. A set-up meeting would take place shortly and a further report would be made to the Board in August 2008.

JB**FTP/0608/6 MINUTES OF MEETING HELD ON 12 JUNE 2008**

FTP/0608/6.1 The minutes of the meeting held on 12 June 2008 were **APPROVED** and signed as a correct record.

FTP/0608/7 MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 12 JUNE 2008

FTP/0608/7.1 There were no matters arising.

FTP/0608/8 CHAIRMAN'S REPORT

See Item 18 below.

FTP/0608/9 MEETING OF THE BOARD IN PRIVATE SESSION

FTP/0608/9.1 The Chairman reported that the Board had met in private session earlier that day and had approved arrangements for the monitoring of progress in future public sessions against the 2008/09 Annual Plan and the outline process for development of the 2009/10 Annual Plan, including the involvement of the Members' Council. In addition, the Chief Executive had reported on a number of potential business opportunities, all of which were at an early stage.

FTP/0608/10 ORAL REPORT BY THE CHIEF EXECUTIVE

FTP/0608/10.1 Julie Burgess drew attention to the following main issues:

Birmingham-wide maternity commissioning strategy

FTP/0608/10.2 A meeting had now taken place with Diane Reeves, Medical Director (Commissioning) at South Birmingham PCT, at which it had been confirmed that the quality standards in the Trust's contract with South Birmingham PCT would be rolled out to other providers in Birmingham. Other issues discussed had included the development of a Birmingham-wide commissioning strategy with consistent quality metrics and progress towards the establishment of a Birmingham area maternity network. Julie Burgess commented that, while these developments were positive, there had been some previous delay from the PCTs in reaching this point and it would now be important for the Trust to do its part to ensure that momentum was maintained. Progress would be reviewed by the Performance Management Group, with periodic reports to the Board.

JBWest Midlands Investing for Health

FTP/0608/10.3 Julie Burgess reported that she and Peter Thompson had been appointed as members of the project board for Investing for Health Project 2C (Commissioner Collaboration on Upstream Interventions: Perinatal and Infant Mortality). This would focus on performance monitoring, performance improvement and service delivery, with the aim of ensuring that all organisations in the West Midlands were working to consistent standards. A particular challenge would be the wide range of data systems in use across the Region pending the availability of Lorenzo in 2009: the need for the Trust to pursue and influence the development of the Lorenzo maternity module was emphasised.

FTP/0608/10.4 In discussion, Jane Owen drew attention to the considerable work that had already been undertaken to

develop key performance indicators applicable to perinatal and infant mortality and urged that this work should be taken into account by the project board.

Neonatal surgery

- FTP/0608/10.5 At the request of the Specialised Commissioning Team (West Midlands) the Trust would be working with Birmingham Children's Hospital on the development of a new model of care for neonatal surgery. This project was now progressing to the next state and the two Trusts had been invited to appoint a joint project manager to convert the service specification into operational plans.

Annual Plan 2008/09: meeting with Monitor

- FTP/0608/10.6 Following the submission of the 2008/09 Annual Plan at the end of May, Monitor's relationship leads had visited the Trust on 13 June 2008 to discuss detailed issues arising from the Plan. The Trust's risk ratings would be announced in early August 2008.

Monitor consultation on Private Patient Income Cap

- FTP/0608/10.7 Drawing attention to the launch by Monitor of a consultation on the interpretation and application of the Private Patient Income Cap, Julie Burgess commented that the outcome would have important implications for the Trust's fertility services and other potential business opportunities. It was **AGREED** in this context that a working group of Directors should be convened during July to discuss how best to respond to the consultation and to consider the Trust's approach to the appraisal of business opportunities.

JB

Executive and senior management vacancies

- FTP/0608/10.8 Advertisements had now been published for the vacant posts of Commercial Director, Director of Workforce and Organisational Development and Head of Corporate Affairs. An encouraging level of interest had been expressed in all three posts.

Long Service Awards

- FTP/0608/10.9 On 23 June 2008, long service awards had been presented to 113 members of staff, who had collectively achieved 2,380 years of service within the NHS. **CONGRATULATING** the staff concerned on their achievements, the Board **NOTED** that employee recognition awards would be presented at the Trust's Annual General Meeting on Monday 15 September 2008.

Organisational development programme

FTP/0608/10.10 Julie Burgess reported that, as part of the ongoing organisational development programme, a seminar of finance facilitated by John Piper for Trust Senior Management had taken place recently. This had been well attended and feedback had been very positive. A number of other similar organisational development events were planned.

Hospital 40th anniversary events

FTP/0608/10.11 A programme of events to mark the 40th anniversary of Birmingham Women's Hospital would take place on Friday 11 July 2008. All Directors and Governors were welcome to attend. Julie Burgess outlined the programme for the day and hard copies were tabled for the Board's information.

Patient Environment Action Team (PEAT) ratings

FTP/0608/10.12 The Trust had again received "Excellent" PEAT ratings in respect of patient environment, hospital food and patient privacy and dignity.

Parliamentary debate on Human Fertilisation and Embryology Bill

FTP/0608/10.13 Julie Burgess reported on the following actions which were being taken in response to the unfounded allegations made during the Parliamentary debate on the Human Fertilisation and Embryology Bill that the Trust had denied access to fertility treatment for single and lesbian women:

- despite the Trust's undertaking to investigate the allegations fully, neither the MP concerned nor Stonewall had provided any further information in support of the allegations, nor had the patient involved come forward. However, a Root Cause Analysis into the incident had been established;
- Gisela Stuart MP was helping the Trust's efforts to put the record straight and had been able to confirm that the Trust's reputation with the gay and lesbian community was positive and had not been affected by the allegations;
- all clinicians within the Trust's fertility service had been reminded of the current PCT criteria for access to fertility treatment, which did not discriminate against single and lesbian women.

NHS Confederation, 18 - 20 June 2008

FTP/0608/10.14 Julie Burgess reported that she, the Chairman and Helen Hemberg had attended the annual conference of the NHS Confederation.

NHS Next Stage Review

FTP/0608/10.15 Julie Burgess reported that the nursing sub-group, of which she was chair, had now held its last meeting. The main Darzi report would be published at the end of June, followed by the report of the nursing sub-group in September 2008.

Public Accounts Committee report on neonatal services

FTP/0608/10.16 Julie Burgess drew attention to the publication on 16 June 2008 of the Public Accounts Committee report on neonatal services: this had identified continuing problems in meeting demand for neonatal intensive care, including serious shortages of neonatal nurses and excessive occupancy rates in many units. It was **AGREED** that the Clinical Governance Committee should review the findings in detail and report to the Board in due course.

PT

FTP/0608/10.17 The Chief Executive's report was **NOTED** with thanks.

PATIENT EXPERIENCE AND IMPROVING CLINICAL PERFORMANCE**FTP/0608/11 West Midlands Cancer Intelligence Unit: five-year business plan (Presentation by Dr Gill Lawrence)**

FTP/0608/11.1 The Chairman welcomed Dr Gill Lawrence, the Director of the West Midlands Cancer Intelligence Unit (WMCIU) to the meeting. Dr Lawrence's presentation was the third and final in a series of presentations by the directors of the Trust's hosted organisations. Previous presentations had been given by Dr John Kemm, Director, West Midlands Public Health Observatory, on 28 February 2008 and by Prof. Peter Farndon, Director, National Genetics Education and Development Centre, on 27 March 2008.

FTP/0608/11.2 Gill Lawrence briefly described the WMCIU's current activities, explaining that the Unit was centrally funded by the Department of Health, via West Midlands SHA, and was accountable to the Regional Director of Public Health/Medical Director. Core functions were Cancer Registration and Health Geographical Information System (GIS) services, which were overseen by a regional steering group, and Breast Screening and Cervical Screen Quality Assurance services, which were

monitored by the National NHS Cancer Screening Office.

FTP/0608/11.3 Gill Lawrence then drew attention to the implications for the WMCIU of the Government's Cancer Reform Strategy, which included the establishment of a National Cancer Intelligence Network. As part of the Network, the WMCIU would be the nominated lead registry for breast cancer and bone and soft tissue sarcoma, and in this capacity would be responsible for working with professional bodies to improve the collection, quality and interpretation of data. In addition, the WMCIU would provide information on the quality of screening and symptomatic cancer services in support of the Intelligent Commissioning initiative and would be advising on the reorganisation and expansion of breast and cervical screening services.

FTP/0608/11.4 Finally, Gill Lawrence briefly outlined the WMCIU's financial position. She explained that although the Unit currently had a cumulative underspend of some £1.3 million, additional expenditure associated with the Cancer Reform Strategy was planned over the next three financial years and was expected to result in a modest deficit by the end of 2010/11.

FTP/0608/11.5 The following main issues were raised in discussion:

- *working arrangements with Trust:* responding to a question from the Chairman, Gill Lawrence explained that the Trust provided accommodation and services to the WMCIU under the terms of a Service Level Agreement. In addition, the Unit received data from the Trust and carried out Quality Assurance inspections of Trust services, particularly in respect of cervical screening.
- *Intelligent Commissioning:* Ian Booth asked for more information about the WMCIU's activities in support of Intelligent Commissioning. Gill Lawrence explained that this was currently focused on screening services, which were inspected and graded against pre-determined standards. Follow-up visits were made after inspections and any areas of concern were reported to the SHA and commissioning PCTs. In the future, the cancer services peer review process under the Cancer reform Strategy would enable the WMCIU to provide much more detailed information than currently about the quality of services and outcomes.
- *impact of Connecting for Health:* responding to a question from Anne Gibbs, Gill Lawrence explained that the National Cancer Intelligence Network would be responsible for its own data collection, collation

and archiving, outside the scope of the Connecting for Health project. The testbed for the national network's IT systems would be the WMCIU's data on soft tissue sarcoma, which involved a relatively small number of cases.

- *data security*: at the invitation of the Chairman, Alison Garrish asked about the safeguards in place to prevent inadvertent disclosure of patient data. Gill Lawrence explained in response that the WMCIU was very conscious of its responsibilities as the holder of data collected without the need for explicit patient consent: release of data was restricted to the NHS and was subject to tight protocols, as a result of which there had not to date been any unintended release of data.
- *financial position*: responding to a question from Tim Woods, Gill Lawrence explained that the WMCIU's current cumulative underspend reflected its success in attracting external funding and put it in a strong position to fund the new processes which would be required by the Cancer Reform Strategy.
- *rare cancers*: in reply to a question from Ian Booth, Gill Lawrence confirmed that the WMCIU collected a range of data in relation to rare cancers, including activity, survival and recurrence rates, but explained that the small numbers involved gave wide confidence intervals and made it difficult to provide quality assurance. The approach currently adopted was therefore to identify outliers and to draw these to the attention of clinicians, commissioners and the National Cancer Intelligence Network. Work was also in hand to explore how best to make this information available to the public, for example via NHS Choices.

FTP/0608/11.6 The Board of Directors **THANKED** Gill Lawrence for her interesting and informative presentation.

FTP/0608/12 Red Risk Register and Assurance Framework (Paper 08/06/public/A12/v1 refers)

FTP/0608/12.1 Presenting Paper 08/05/public/A12/v1, Jane Owen confirmed that the Red Risk Register had been considered in detail by the Management Board. Attention was drawn to the following main issues:

- *Risk 0373 (Hospital security system)*: Jane Owen reported that the implementation of the new hospital security system was progressing well: the ID badge system was scheduled to be fully operational by the end of June and would be followed by the implementation of the baby tagging system.

- *Risk 0377 (Delivery of Down's screening service):*
Peter Thompson reported on his recent meeting with the regional screening service lead, who was supportive of the Trust's bid for designation as the regional service: a business plan in support of the bid, to include proposals on costings and quality standards, would be prepared in conjunction with the regional screening lead by September 2008.
- FTP/0608/12.2 In discussion on the Red Risk Register, the Chairman expressed concern that in many cases target risk reduction dates had passed without any significant improvement in risk ratings. Jane Owen undertook to review the position and to report on progress to the July meeting of the Board. **JO**
- FTP/0608/12.3 The Board of Directors **NOTED** the reported changes to the Red Risk Register.
- FTP/0608/13 Amber Risk Register (Paper 08/06/public/A13/v1 refers)**
- FTP/0608/13.1 Presenting Paper 08/06/public/A13/v1, Jane Owen explained that planned improvements to the format of the Amber Risk Register had been deferred pending full implementation of the Datix risk management module and that a revised format would be presented to the Board in the next quarter. In the meantime, the only update to the Amber Risk Register related to the requirement to monitor junior doctors' hours, compliance with which had now been achieved. **JO**
- FTP/0608/13.2 In discussion, the Chairman again drew attention to the apparent lack of progress on risk reduction. Executive Directors explained in response that there had been significant mitigation activity over the past 12 months in respect of amber risks. It was recognised, however, that the effects of this activity were not properly reflected in the Amber Risk Register and that the improved format would need to report more clearly on the effects of mitigation. **JO**
- FTP/0608/13.3 The Board of Directors **NOTED** the reported changes to the Amber Risk Register.

**FTP/0608/14 National Inpatient Survey: Results and action plan
(Paper 08/06/public/A14/v1 refers)**

FTP/0608/14.1 Presenting Paper 08/06/public/A14/v1, Jane Owen drew attention to the excellent results achieved by the Trust in the 2007 National Inpatient Survey undertaken by the Healthcare Commission. In respect of 48 of the 61 areas surveyed, the Trust had scored in the best performing 20 per cent of Trusts, with four of these areas achieving the highest scores for all Trusts. The associated action plan was intended to ensure that the Trust was able to maintain and improve on this performance and would be monitored by the Gynaecology Clinical Improvement Group, which would report on progress to the Clinical Governance Committee.

FTP/0608/14.2 The following main issues were raised in discussion:

- *mixed wards*: responding to a question from David Draycott, Peter Thompson explained that although the survey was intended to collect responses on patients' Trust-specific experiences, it was evident from their free text comments that some patient responses related to the whole care episode. Patients who had received care in more than one hospital could therefore have been treated in a mixed-sex ward elsewhere, although by definition this could not occur in the Trust. Julie Burgess added that the Trust had raised with the Picker Institute, who administered the survey on behalf of the Healthcare Commission, the need for greater clarity in framing questions on this issue.
- *"easy wins"*: Robin Rison drew attention to the large number of areas in which the Trust's scores had been very close to either the threshold for the best performing 20 per cent of Trusts or the highest score for all Trusts and asked what actions were being taken to achieve these "easy wins". Jane Owen confirmed that these areas were specifically targeted in the action plan and that bedside TV surveys would be used to monitor patient opinion.

FTP/0608/14.3 The Board of Directors:

- **NOTED** the Trust's excellent results in the 2007 National Inpatient Survey, including the four areas in which the Trust had achieved the highest scores for all Trusts

- **NOTED** the associated action plan, which would be monitored by the Gynaecology Clinical Improvement Group, with progress reports to the Clinical Governance Committee
- **AGREED** that the core brief should recognise and applaud the excellent results achieved by the Trust in the 2007 National Inpatient Survey and the recent PEAT ratings (see minute FTP/0608/10.12 above). JB

FTP/0608/15 Progress on clinical outcomes (Oral report by the Medical Director)

FTP/0608/15.1 Peter Thompson gave an oral report on progress with his ongoing review of the Trust's clinical governance arrangements. Although detailed conclusions and recommendations would be reported to the Board in October 2008, the review had recognised that significant clinical outcome data was already presented to the Board in the monthly Integrated Performance Report, but had identified a need for early action to clarify the way in which these data were currently presented. It was proposed that the Statistical Process Control (SPC) methodology should be adopted for this purpose, on the grounds that this would make positive and negative trends easier to detect and validate, and would thus facilitate detailed analysis and discussion on required actions.

FTP/0608/15.2 In discussion, Non-Executive Directors broadly welcomed the proposed adoption of the SPC methodology. David Draycott pointed out, however, that for this to be fully effective it would need to be integrated as a working tool below Board level. It was agreed in addition that although the SPC methodology largely replaced the need for historical trend analysis, the collection of retrospective data would still be of importance for other purposes, including reporting to the Members' Council.

FTP/0608/15.3 The report on progress on clinical outcomes was **NOTED** with thanks.

ORGANISATIONAL PERFORMANCE

FTP/0608/16 Integrated Performance Report (including Finance Report and incorporating 18 Week Project Update) (Paper 08/06/public/A16/v1 refers)

a) Workforce

FTP/0608/16.1 Introducing the workforce-related content of the Integrated Performance Report, Andrew McMenemy drew attention to the following main issues:

Sickness absence rate

FTP/0608/16.2 There had been a positive change in the sickness absence rate, which at 3.87 per cent was at the lowest level yet recorded.

KSF indicators

FTP/0608/16.3 In the light of the unsatisfactory position revealed by the annual NHS staff survey, a programme of action had now been put in place to ensure that all staff within the Trust had job outlines and personal development reviews. This would be the subject of monthly reporting to the Board from July 2008.

AMcMPay as % of Trust income

FTP/0608/16.4 Responding to a question from Robin Rison, Andrew McMenemy explained that although the absolute level of pay had not increased, the Month 1 financial information understated the Trust's income for the month and this gave rise to an apparent increase in pay as a percentage of income. In discussion, Tim Woods confirmed that this reflected a broader issue of availability of financial information in respect of Month 1 of the financial year which would be addressed in discussion with the providers.

b) Finance

FTP/0608/16.5 Presenting the first full financial report for 2008/09, Tim Woods drew attention to the following key issues:

Cumulative surplus

FTP/0608/16.6 A cumulative surplus of £90k had been achieved in the two months from 1 April 2008: this contrasted with the deficit of £199k reported at the same stage of the 2007/08 financial year and gave grounds for confidence that the projected surplus of £0.6 million for the full year could be achieved.

Expenditure

FTP/0608/16.7 Some adverse trends had been reported in Directorate expenditure. These were not unusual in the early stages of the financial year and would be corrected once the CIPs for the year, which required inbuilt efficiency savings of 3 per cent, came fully into effect. In the meantime, however, the year-to-date EBITDA margin was 6.3 per cent against a plan of 7.2 per cent. Current high levels of activity were also giving rise to budgetary pressures, particularly from higher than planned expenditure on agency staff.

Income

FTP/0608/16.8 Healthcare income was marginally below plan, reflecting a conservative approach to the recognition of contracted income pending the outcome of discussions with South Birmingham PCT about payment for over-performance. By contrast, Private Patient Income was currently over plan and on current trends would exceed the Trust's Private Patient Income Cap for the full year. A more detailed income forecast had been requested and appropriate action, possibly including a limit on private patients treated within the ACU and Gynaecology, would be taken in the light of this.

c) Activity

FTP/0608/16.9 Presenting the activity-related content of the Integrated Performance Report, Jane Owen drew attention to the conflicting messages being received from the Department of Health about whether, in addition to the 18-week target, Clinical Genetics should be required to comply with the Healthcare Commission 13-week target for outpatient appointments. She explained that Clinical Genetics could not meet this target, although it could and did meet the similar 13-week target set by the Government's Genetics Commissioning Advisory Group (GenCAG), which was more closely mapped to typical patient pathways in clinical genetics and had wider tolerances than the Healthcare Commission target. The Trust, supported by the SHA, was seeking urgent clarification from the various agencies and was also working with the SHA to ensure that all affected Trusts maintained a common approach.

FTP/0608/16.10 In discussion, concern was expressed by Directors that there continued to be no clear national guidance on the management of clinical genetics and 18-week delivery and that conflicting information was emerging from the Department of Health. The SHA's support in this matter was **NOTED** and much appreciated.

FTP/0608/16.11 The Board **NOTED** the Integrated Performance Report.

FTP/0608/17 Trust governance arrangements: Schedule of matters reserved for the Board, Standing Financial Instructions and next steps (Paper 08/06/public/A17/v1 refers)

FTP/0608/17.1 Paper 08/06/public/A17/v1 presented for adoption a proposed schedule of matters reserved for decision by the Board, as recommended by Provision A.1.1 of the Foundation Trust Code of Governance. This had been considered in draft form at the Board away day on 22 May 2008 and incorporated Directors' comments. In addition, the paper recommended that the Management

Board be invited to review the Trust's current Standing Financial Instructions (SFIs) and set out proposed next steps in the review of governance arrangements.

- FTP/0608/17.2 The Board:
- **ADOPTED** the Schedule of Matters reserved for Decision by the Board, subject to further minor amendment
 - **NOTED** that Trust's current Standing Financial Instructions and **REQUESTED** the Management Board to review the SFIs and to bring forward to the Board for approval any changes required to update the SFIs and ensure their consistency with the Schedule of Matters Reserved **JB**
 - **AGREED** that a further Board away day should be arranged for mid-July to enable recommendations on the committee structure to be considered and approved by the Board at its July meeting. **FT Sec**
- FTP/0608/18 Performance appraisal of Board of Directors (Oral item by the Chairman)**
- FTP/0608/18.1 The Chairman drew attention to the need for the Board to agree and make recommendations to the Members' Council on the recruitment of an additional Non-Executive Director and to report to the Members' Council on the outcome of performance appraisal of the Chairman and Non-Executive Directors. It was **AGREED** in discussion that the selection criteria for the new Non-Executive Director should be discussed by the Board in July and that the remaining issues should be progressed during August. **FT Sec**
- ITEMS FOR REPORT**
- FTP/0608/19 Register of Directors' interests (Paper 08/06/public/A19/v1 refers)**
- FTP/0608/19.1 As requested in Paper 08/06/public/A19/v1, the Board **NOTED** the register of Directors' interests and that, in accordance with the Trust's Constitution, an equivalent register of Governors' interests was being collated.
- FTP/0608/20 Appointment of Internal Auditor (Oral report by Chair of Audit Committee)**
- FTP/0608/20.1 Robin Rison reported that expressions of interest were awaited from prospective applications for the role of internal auditor, following which the detailed tender specification would be issued. A selection panel

comprising the non-executive members of the Audit Committee and the Chief Executive would meet in the week commencing 8 September 2008.

FTP/0608/21

ANY OTHER BUSINESS

Dates of next meetings

Thursday 24 July 2008

Thursday 28 August 2008

Thursday 25 September 2008