

MEETING MINUTES-Endorsed

DATE: Wednesday, 13 June 2018

TIME: 2.30pm – 6pm

VENUE: Coffs Harbour Health Campus (PMCHC/ PMQ MNCCI/)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
Attendance and Declarations			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), Rev. Dr John Barrett OAM (JBarrett), Dr Jennifer Beange (JBeange), Dr Stephen Begbie (SB), David Kennedy (DK), Neil Porter (NPorter), Janine Reed (JR), Dr Joanna Sutherland (JS), Neil Wendt (NW), Prof Gail Whiteford (GW)			
Apologies:			
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Dr John Neal (Observer) Julie Usher Minutes			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions			
Item 1: Presentations			
Presentations/Discussions			
1.1	Clinical Excellence Commission <ul style="list-style-type: none"> The Chief Executive Clinical Excellence Commission Carrie Marr attended and presented on Leadership and Governance of Quality and Safety. 		
1.2	ETP/Unplanned Readmissions Update – CCN <ul style="list-style-type: none"> Dr Theresa Beswick Coordinator Coffs Clinical Network, General Manager Coffs Harbour Health Campus <p>WG welcomed Dr Beswick to the Board meeting. Dr Beswick provided the Board with the following update:</p> <ul style="list-style-type: none"> To date ED presentations have decreased compared to last year but there have been more admissions. Overall ETP performance has decreased compared to last year. There has been a consistent change in distribution of Triage presentations compared to last year with increases in T1, T2 and T3 categories. These increases indicate a change in patient acuity and or complexity with patients occupying ED beds for extended periods while being assessed. Weekend discharge rates are continuing to improve; we are moving toward a seven day service rather than five in this regard. Improvement of utilisation of network beds continues. Initiatives to improve patient flow include; use of transit lounge, increase discharge before 10am, weekly executive complex patient rounds, EDO model, weekend discharge team, increase transfer and utilisation of network post acute beds, expansion of HDU beds, ED nurse practitioner x 7 days, ED HSA coverage x 7 days, enhancement of practitioner hours. Staff are committed to working through this challenge. Delay in ICU beds – we have another hospital that can take them but there are sometimes delays in transportation. There have been concerns with other hospitals taking our patients. There has been difficulty with medical retrieval with push back from other hospitals asking if our patients really need to go or not and questioning if we really do not have a bed for them. We consider this response unacceptable so we need to have a more streamlined process with transferring patients going forward. ETP for May is at 70% and this will be addressed going forward. We have identified that some ‘day of surgery’ cancellations and delays occur where an ICU or HDU bed is required. 		

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<ul style="list-style-type: none"> We are maintaining our surgical targets year on year despite increased numbers. We have made progress on reducing our average waiting time. We are meeting our KPI's. A number of initiatives have been implemented to reduce unplanned readmissions including proactive data review, inter-hospital transfers review, VIP program involving ambulance, mental health and drug and alcohol reps, timely activation of services to support safe discharge, and looking to further engage with the PHN. Possible expansion of beds in ED by an extra two beds and possibly up to four. Review of aged care services to see how we can provide services 'in place' so that people do not need to travel. Patients on NDIS plans being monitored. Hospital in the Home also being utilised. WG noted that the expansion of HDU beds was a good initiative. GW advised that there is an App which the Illawarra Health district use to keep patients up to date with day of surgery cancellations. The App also includes various information including how to get to the hospital. TB noted interest in learning more about the App. WG noted that the feedback he receives most in the community is concern with regard to surgery cancellation. WG congratulated the administration for increasing the HDU beds by two and then by up to four potentially, as well as the increased use of the transit lounge. <p>Action: WG to write a note of thanks to TB and team for her presentation and input.</p> <p>BRIEF: CHHC Activity Update</p>			
<p>Resolution: The Governing Board received and noted the information provided in Item 1.</p>			
<p>Item 2: Minutes of Governing Board</p>			
2.1	<p>Minutes of Meeting 9 May 2018 The minutes were endorsed with an adjustment to a spelling error in Item 1.1.</p>		
<p>Resolution: The Minutes of the Governing Board meeting of 9 May 2018 were endorsed with an adjustment to a spelling error in Item 1.1, and confirmed as an accurate record and will be made publicly available on the MNCLHD website.</p>			
<p>Item 3: Business Arising</p>			
<p>Action Table and follow up</p>			
3.1	<p>Action Table Resolution: The Action Table was noted</p>		
3.2	<p>Bellingen Medical Model SD to prepare a Brief for the Board on proposed Bellingen Medical Model, including NWAU service. SD working on this at the moment.</p>		
3.3	<p>UK Manslaughter case against Paediatrician/Lismore Coroners report SD to summarise the case and provide a paper to the Board. SD advised that he would also raise this case at the forthcoming CE Forum to ask if this case affects our health system and what can we learn from it. SD to include a paper on the Lismore case following the release of the coroner's report. JBeange to send around a paper on this matter.</p>		
3.4	<p>Quality Improvement Strategy Report</p>		

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	<p>The Governing Board requested the Health Care Quality Sub-Committee review the Quality Improvement Strategy Report when completed and advise the Board on the best way forward.</p> <ul style="list-style-type: none"> • BRIEF: Draft Quality Improvement Strategy • Draft Quality Improvement Strategy 2018-2021 <p>The papers were noted.</p>		
3.5	<p>Macksville Maternity Services WG further recommended taking up suggestion to re-advertise the vacant position</p>		
3.6	<p>District Performance Review SD to discuss with Neil Porter, strategies to improve staff engagement in the performance review process.</p>		
3.7	<p>ETP and Unplanned Readmissions SD to request the two Network General Managers to present to the Board on ETP and Unplanned Readmissions Refer Item 1.2</p>		
<p>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</p>			
<p>Item 4: Chief Executive's Report</p>			
4.1	<p>Chief Executive's Report and Attachments were noted:</p> <ul style="list-style-type: none"> • Feedback on safety and quality accounts 2016-2017 • School of Health and Human Sciences Annual Report • LHD League Data Performance Indicators YTD April 2018 <p>Stewart Dowrick provided an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> • Bowraville – The district has secured the services of two General Practitioners who will commence toward the end of June. • The Secretary of NSW Health Elizabeth Koff will visit the district in June and attend the MNCLHD Health Innovation Awards. • Coffs is on watch from our May and April results. • Peak Activity - growth funding will be set aside for patient flow in the networks. • People Matter 2018 Survey – the survey has opened and a good response rate achieved so far. • VMO reappointment process – regular meetings continue to monitor progress with the majority of contracts now issued. The process has been conducted six months ahead of where we were in 2013. We have standard letters and letters of offer and the district will look at the outcomes of other districts for the next quinquennium. The process has been difficult at times. • Director Mental Health and Integrated Care – Sara Shaughnessy commenced as the new Director Mental Health and Integrated Care at the end of April. • Director Financial Operations and Asset Management – interviews for this role are scheduled for late June. • Associate Director Workforce – The successful applicant for this role will commence in August. • NSW Review of Restraint and Seclusion – The district will be a demonstrator site for the implementation of the recommendations of the NSW Review into Restraint and Seclusions of Mental Health Patients. • PMBH Mental Health Redevelopment – Extra funding has been secured for this development. • Key NSW Ministry of Health Measures – The district maintains its '0' rating. The Quarterly performance review meeting was held in June. • Maternity Services Review – This remains in draft form and will be made available when completed. • Patient Safety Accounts – Feedback has been received and documents will be ready in the new financial year. • Translational Research Grant Scheme Round 3 – The district did not receive any TRGS's in Round 3. • Director Research – interviews are being conducted in June. Refer to attachment School of Health and Human Sciences Annual Report for the work being done with Southern Cross University. 		

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	<ul style="list-style-type: none"> District budget – The district will meet target at year end. FTE numbers remain close to target and have improved with better systems in place. WG thanked SD for efforts in this regard. The district will meet NWAU target. 2018-19 Service Agreement Negotiations – The district has received extra funds to support the Bowraville Health Centre. There will be no Transition Grant this year for acute or emergency services. Early March Financial Close Off – there were no outstanding issues identified in the early March financial close off. Aboriginal Report Card – The Aboriginal Report Card was submitted at the Quarterly Performance meeting. The Report Card indicates we are progressing well across all indicators. 18/19 Budget Presentation – the CE noted the Brief and 18/19 Budget presentation documents tabled as late papers noting that a further budget paper will come to the Board in July. <p>Action: WG requested more information on how our corporate overheads compare to other districts noting the amounts set aside to fund IT licences, contracts and services. SD will provide the detail.</p>		
4.2	<p>Chief Executive's Key Performance Indicators Chief Executive's Performance Summary</p> <p>Stewart Dowrick provided an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> The new Executive Summary table at the beginning of the KPI report is an overview of Q1, Q2, Q3 and Q4 KPI targets and is intended to show the Board at a glance of how the district is performing. The following items were noted as Q4 – Performance trending below target and at high risk KPI's: <ul style="list-style-type: none"> Stays in ED over 24 hours. ABM Dental (DWAU). SD advised that ABM dental will improve in the next financial year and while the target will get close, it will not be met. Staff performance reviews. Progress continues to address this matter. SD noted that our emergency departments have a large number of staff to try and get through performance data. SD noted that our emergency departments are treating more people numerically than ever before. SD noted that our ETP rate is better than the state average, and that the state of NSW perform better than the other Australian states. SD noted that all staff are working very hard on this matter including patient flow. NPorter requested that Board discussion on KPI's be recorded in the Minutes. The Board can then note any concern and ask the CE if additional resources are needed to improve KPI's. SD advised that we will keep refining the KPI report. <p>Resolution: The Board noted the KPI report including the updated format with Executive Summary table. The Board supported the request to include discussions of the KPI report in the minutes.</p> <p>Dr John Neal joined the Board meeting.</p>		
<p>Resolution: The Governing Board received and noted the information provided in Item 4.</p>			
<p>Discussion with Dr John Neal Chair of the Coffs Harbour Health Campus Medical Staff Council (CHHC MSC)</p> <ul style="list-style-type: none"> WG on behalf of the Board welcomed Dr John Neal to the meeting and invited him to provide an update on current issues and challenges at CHHC and how we can better relate to clinicians in the area. Dr John Neal provided the following comments on behalf of the CHHC MSC: <ul style="list-style-type: none"> The recent VMO contract reappointment process had caused consternation among a broad range of clinicians but with one craft group in particular who perceived changes in some of the contract conditions as punishment. Despite the district attempting to standardise contract letters, there appeared to be a lack of transparency, a lack of timely information and lack of engagement with senior clinicians when amendments 			

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<p>needed to be made. Members have requested to be able to participate in the pending review. WG noted that the Board will take on these comments from the MSC including that the VMO contract reappointment process had caused some grief.</p> <ul style="list-style-type: none"> ○ Dr Neal noted that there had been open dialogue between the CHHC MSC Chair and the MNCLHD CE throughout the VMO contract reappointment process, and in particular, when issues had arisen. This had assisted the CHHC MSC Chair to reassure members of the intent of the letters and also for ongoing negotiation. ○ The proposed designs for the CHHC redevelopment are excellent. Members of the CHHC MSC independently lobbied the local member for further funding noting that the proposal may not meet the clinical services plan in full. WG advised that the shortfall had already been identified with Health Infrastructure at the May 2018 Governing Board meeting. ○ Dr Neal noted appreciation for the ongoing dialogue with regard to clinician engagement and access to the CE and the Board in an informal manner. The MSC however would like to see more formal contact and structured meetings with regard to workforce planning and recruitment to better understand the priorities of the district in this regard. The MSC would like to have input when clinician vacancies are identified and whether they are recruited to or not. <p>Action: It was agreed that these actions would be put in place.</p> <ul style="list-style-type: none"> ○ SD advised that we are hoping to have a workforce planning meeting underway by the end of year under the direction of Director Nursing, Midwifery and Workforce Vicki Simpson. ○ WG suggested the MSC continue to bring these issues to the Board and also noted that we are well ahead in terms of engagement compared to other LHD's. <p>Resolution: The Board resolved to formally discuss the workforce plan with the CHHC MSC. The update provided by Dr John Neal Chair of the CHHC MSC was noted.</p> <ul style="list-style-type: none"> • Gail W advised that the MNCLHD Strategic Directions 2017 – 2021 are available on the MNCLHD Intranet for all to view. 				
<p>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</p>				
<p>5.1 People, Patients and the Community We deliver patient-centred care informed by patients, their families and the community</p>				
<p>5.1.1</p>	<p>Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> • Confirmed Minutes – 26 March 2018 • Chair's Summary – 28 May 2018 <p>Chair of the Community Engagement Sub Committee Janine Reed provided the following update:</p> <ul style="list-style-type: none"> ○ The Healthy Communities Advisory Committee held a launch for the MNC Regional Childhood Obesity Plan "The Booklet". This was a terrific event and well attended including by a number of dignitaries. JReed noted that the team had done an amazing job in a short period of time. <p>Resolution: The launch of the MNC Regional Childhood Obesity Plan "The Booklet" was noted by the Board.</p>			
<p>Identification of Risks for Item 5.1 (if applicable):</p>				
<p>Resolution/s confirmed by the Board relating to Item 5.1:</p>				
<p>1. The Governing Board received and noted the information provided in Item 5.1.</p>				
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">A t t</p>	<p>5.2 Leadership, Workforce and Culture We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>			
	<p>5.2.1</p>	<p>Board Sub-Committee: Workforce, Health & Safety</p>	<p>Next Meeting 18 June 2018</p>	<p>Chair WHS</p>
	<p>5.2.2</p>	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> • Confirmed Minutes – 12 April 2018 		

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<ul style="list-style-type: none"> Chair Summary – 10 May 2018 <p>Chair of the MDAAC Committee Rev. Dr John Barrett OAM provided the following update:</p> <ul style="list-style-type: none"> MCAAC will be meeting again on 14 June to review VMO contract progress. We have not yet reached 100% compliance with regard to mandatory training. We are waiting on five contracts from Coffs Harbour and these are being followed up. All contracts for Port Macquarie have been resolved. We have had two meetings a month during this process. We may need to have more until process finalised. <p>Resolution: The Board noted the update on contracts and mandatory training.</p>			
<p>5.2.3 BRIEF: ROB Recruitment and OnBoarding</p> <ul style="list-style-type: none"> SD noted that Vicki Simpson is taking a very proactive approach to managing issues relating to ROB and noted that the issues will take some time to work through. <p>Resolution: The Board noted the BRIEF: ROB Recruitment and OnBoarding</p>			
<p>5.2.4 BRIEF: Transition to Professional Practice (TPP) Registered Nurse/Midwife Retention</p> <ul style="list-style-type: none"> WG noted the growth in the number of TPP. <p>Resolution: The Board noted the BRIEF: Transition to Professional Practice (TPP) Registered Nurse/Midwife Retention</p>			
<p>Identification of Risks for Item 5.2 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.2:</p>			
<p>1. The Governing Board received and noted the information provided in Item 5.2</p>			
<p>5.3 Integrated Care</p> <p>We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare</p>			
<p>5.3.1 Board Sub-Committee: Integrated Care</p>	<p>Next Meeting 20 June 2018</p>	<p>Chair IC</p>	
<p>5.3.2 Better Value Care (Standing Item)</p> <p>SD advised that a report will be provided to the Board in July.</p>			
<p>Identification of Risks for Item 5.3 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.3:</p>			
<p>1. The Governing Board received and noted the information provided in Item 5.3</p>			
<p>5.4 Safety and Quality</p> <p>The safety of our staff, patients and the community is at the core of everything we do. We use data, research and evidence to inform the delivery of quality care.</p>			
<p>5.4.1 Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> Confirmed Minutes – 23 April 2018 Chair Summary – 28 May 2018 <p>Chair of the Health Care Quality Sub Committee Dr Jo Sutherland provided the following update:</p> <ul style="list-style-type: none"> Dr Mike Hills presented to the May meeting. His presentation identified risks that are managed within the Coffs Clinical Network that do not appear in the risk register when they should. 			

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	<ul style="list-style-type: none"> Risk and Compliance Program Manager Steve Williams is doing a lot of work across the networks to help improve process of risk register/risk management and better understanding of risk 'ownership' by managers and staff. We are still waiting on the review of maternity services due next month. No significant issues identified. A ICU CLAB was recorded (the first since 2015). 		
5.4.2	<p>BRIEF: Update on Enterprise Risk Management activities and initiatives</p> <ul style="list-style-type: none"> Risk Management Plan 2016 -2019 Status Update 05/2018 MoH Top Ten precis for Jan-Mar 2018 Health Care Quality Committee Risk Report Jan – Mar 2018 WG noted that the Board need to manage risk appropriately and look to the future as well as the past. NParsons suggested that the Board review and endorse the status update reports before they go to the MOH. SD to arrange this. WG asked how the top 10 risks are formulated for the district? SD advised that they are formulated from ERMS system data. WG agreed the Board need to see these reports before they go to the Ministry. Neil W asked how our risks align with other districts? SD advised that the rurals get together every second year to compare information but that there was currently no standard approach to risk comparison across the LHD's. WG also note the risk culture and capability report. WG noted that the Board are not on top of the best way forward of how to manage risks and that the Board need to update their skills in this area. This could be part of getting Nous Group on board. 		
Identification of Risks for Item 5.4 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.4:			
1. The Governing Board received and noted the information provided in Item 5.4.			
5.5 Innovation and Research			
We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture			
5.5.1	<p>Board Sub-Committee: Health Service Development & Innovation</p> <ul style="list-style-type: none"> Confirmed Minutes – 13 April 2018 Chair Summary – 1 June 2018 <p>Chair of the Health Service Development and Innovation Sub Committee Dr Stephen Begbie provided the following update:</p> <ul style="list-style-type: none"> Wendy Starr presented the Appreciative Inquiry (AI) technique which was well received. AI techniques may be incorporated into a new performance review template. Sara Shaughnessy the new Director Mental Health and Integrated Care attended and presented on the progress, challenges and plans for mental health and integrated care. SD provided an update on research which was well received. 		
Identification of Risks for Item 5.5 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.5:			
1. The Governing Board received and noted the information provided in Item 5.5			
5.6 Value and Accountability			
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable			
5.6.1	Board Sub-Committee: Finance and Performance		

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<ul style="list-style-type: none"> Confirmed Minutes – 24 April 2018 Chair Summary – 29 May 2018 <p>Chair of the Finance and Performance Sub Committee Neville Parsons provided the following update:</p> <ul style="list-style-type: none"> The district will make budget or slightly better position. The Finance and Performance committee have been asked to identify if the budget is right in the first instance, and if we have the right support around keeping people out of hospital. The Committee applaud the work in terms of budget preparation and early March financial close off. <p>The Board noted the good work of the committee.</p> <ul style="list-style-type: none"> Neville Parsons advised he will be on annual leave from 20 June 2018 to the 14 July 2018. 			
<p>5.6.2 Report: Finance and Performance Report Year to Date 30 April 2018</p>			
<p>5.6.3 Board Sub-Committee: Audit and Risk</p>	<p>Next Meeting 26 June 2018</p>		
<p><u>Identification of Risks for Item 5.6 (if applicable):</u></p>			
<p>Resolution/s confirmed by the Board relating to Item 5.6:</p> <p>1. The Governing Board received and noted the information provided in Item 5.6.</p>			
<p>5.7 Closing the Gap We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people</p>			
<p>5.7.1</p>	<p>Board Sub-Committee: Close the Gap</p> <p>Action: WG requested DK provide an analysis of where the areas of improvement are for the July meeting.</p>		
<p>5.7.2</p>	<p>BRIEF: Healthy Food and Drink -Phase Two</p> <ul style="list-style-type: none"> CE Letter Mid North Coast LHD LHD Report Card Sugary Drink Removal 		
<p><u>Identification of Risks for Item 5.7 (if applicable):</u></p>			
<p>Resolution/s confirmed by the Board relating to Item 5.7:</p> <p>1. The Governing Board received and noted the information provided in Item 5.7.</p>			
<p>Item 6: Other Operational Items for Discussion</p>			
<p>6.1</p>	<p>-</p>		
<p>Item 7: Directorate Updates</p>			
<p>Directorate Updates</p>			
<p>7.1</p>	<p>Mental Health & Integrated Care</p> <ul style="list-style-type: none"> Neil W asked how many OOHC group homes there are in the district? Gail W advised that uptake of health service assessments are lower for children in OOHC because they move in and out of care. DK advised that immunisation rates are lower for children in OOHC, especially for those in temporary care. In some cases it is not until the child is placed into a permanent placement that their health needs are fully identified. These children carry health issues with them from placement to placement. Unless there are obvious health needs, they can be missed. JR noted that the district supports the Healthy Bus Stop program which supports some of the needs of these children when they reach school age. 		
<p>7.2</p>	<p>Public Health</p>		
<p>7.3</p>	<p>Aboriginal Health & Primary Partnerships</p>		
<p>7.4</p>	<p>Nursing, Midwifery & Workforce</p>		

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7.5	Clinical Governance & Information Services			
7.6	Financial Operations and Asset Management			
7.7	Communications and Strategic Relations <ul style="list-style-type: none"> Coffs Coast Focus – New CHHC DoN Port Macquarie News – New PMBH DoN 			
7.8	Coffs Clinical Network Report			
7.9	Hastings Macleay Clinical Network Report			
Resolution: The Governing Board received and noted the information provided in Item 7.				
Item 8: For Information of the Board (Discussion by exception)				
Correspondence, General Business & Questions on Notice				
8.1	Confidentiality (Standing item) <p>Dr John Neal departed the meeting</p> <ul style="list-style-type: none"> Business update on review of issues raised by PM MSC. A Confidential File Note was recorded for this discussion. 			
8.2	2017 Accreditation <p>NParsons requested confirmation that we have closed off all items from accreditation.</p> <p>Action: SD to provide advice re confirmation that we have closed off all items from accreditation.</p>			
Resolution: The Governing Board received and noted the information provided in Item 8.				
Item 9: 2018 - Upcoming visits and events (for information)				
	Date	Event Details		
	13 June	MNCLHD Governing Board Meeting – Coffs Harbour		
	14 June	MNCLHD Health Innovation Awards – Opal Cove Coffs Harbour		
	11 July	MNCLHD Governing Board Meeting – Port Macquarie		
	26 July	MNCLHD Special Budget Meeting – Video Conference (Coffs and Port)		
	8 August	MNCLHD Governing Board Meeting – Port Macquarie		
	16-17 August	MNCLHD National Health Innovation and Research Symposium – Bonville Golf Resort		
	31 August (TBC)	IMPact Mental Health Forum – South West Rocks		
There being no further business the meeting closed at 6.13pm				