

Minutes of the Meeting of the Board of Directors Held on Monday 18th April, 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr. B. Picken Dr. J. M. Anderson Mr. K. Bryan Ms. C. Etches Ms. V. Hall Mrs. B. Jaspal-Mander Mr. D. Loughton CBE Dr. J. Odum Mr. J. Sharples Mr. D. Sutton Mr. J. Vanes	Chairman Non-Executive Director Non-Executive Director Director of Nursing and Midwifery Chief Operating Officer Non-Executive Director Chief Executive Medical Director Non-Executive Director Non-Executive Director Non-Executive Director
	Ms. M. Espley	Director of Planning and Contracting
IN ATTENDANCE:	Ms. E. Williams Ms. H. Davis(part)	Deputy Director of Finance Head of Strategic Development
OBSERVERS;	Mr. B. Griffiths Ms. J. Viner Cllr. S. Samuels (part) Ms. M. Carter	Deputy Vice-Chairman, LINK LINK Co-ordinator Wolverhampton City Council Monitor
APOLOGIES:	Ms. D. Harnin Mr. K. Stringer Mr. H. Ward	Director of Human Resources Director of Finance and Information Wolverhampton City PCT

Part 1 – Open to the Public

The Chairman welcomed Miranda Carter of Monitor to the meeting

MINUTES OF MEETING HELD ON MONDAY 14th MARCH 2011

TB.3542 The Minutes of the meeting of the Board of Directors held on Monday 14th March, 2011 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

TB.3543 **TB.3511 Board Assurance Framework**
 Dr. Anderson asked for reassurance that the issues previously reported regarding the new PACS system had been resolved.

Action

The Chief Operating Officer advised that those issues relating to delays in reporting had been resolved.

The Director of Finance and Information was discussing a compensation agreement with the Directors of Philips.

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.3544 None.

CONSULTANT APPOINTMENTS

TB.3545 None.

OPERATIONAL PERFORMANCE

TB.3546 Performance Report (Month 11) – February 2011

The Chief Operating Officer presented the Performance Report (Month 11) – February 2011 and highlighted that against the Compliance Framework, the rating for the achievement of the *c.difficile* internal target was red for February but she was pleased to report that the rating is green for the year end. The new testing procedure for *c.difficile* had commenced on 1st February and was a more sensitive method. All cancer targets were being maintained and had been achieved in full for Quarter 4. The Trust's internal target of 98% of patients accessing emergency services being seen within four hours is being met.

The Chief Operating Officer advised the Board of an audit that had been undertaken by RSM Bentley-Jennison regarding the capture of data, monitoring and reporting on two particular targets, *c.difficile* and 62 day cancer waits. Substantial assurance had been received regarding both of these areas.

Attention was drawn to the contract queries received during February, particularly regarding the PAU and repeat attendances. This is a QIPP programme target and also a Benefits Realisation from the Transforming Community Services project with an objective to reduce attendances at hospital. Considerable work was being undertaken on this issue including development of an initiative entitled CURE – Children's Urgent Repeat Episodes.

Mrs. Jaspal-Mander referred to the contract query regarding cardiac services and questioned whether the increases in activity had been factored into the plan. The Chief Operating Officer confirmed that this was in the plan but there had been movement from other areas.

The PCT were happy with the work that the Trust had done.

Mrs. Jaspal-Mander asked whether the Phoenix Centre could be utilised so that child referrals could be seen there. The Chief Operating Officer explained that children were seen at the Phoenix Centre and part of the TCS Benefits Realisation will review how the organisation can meld the emergency service and use staff and facilities to their best advantage.

The Chief Operating Officer referred to 2.3 readmissions and the potential for loss of income in connection with readmissions following elective surgery within 30 days. A pilot commenced on the 11th April in General Surgery and Urology to review the pathway for patients on discharge. A report on the outcome of the pilot will be presented to the Board.

VH

The Director of Nursing and Midwifery reported that the target for MRSA for the new year is now a primary care organisation target of 2 bacteraemia for the whole year, compared with last year when the Trust had an objective of 4 and the PCT had 7 giving a total of 11.

An impact had been seen on delayed discharges as a result of the Norovirus. Some nursing homes had suffered with the virus and there had also been ward closures at West Park Hospital. Mr. Sutton suggested that the organisation should be able to analyse the statistics behind the issue to identify the difficulties experienced as a result of internal issues as opposed to external pressures over which the Trust has little control. The Chief Operating Officer advised that monitoring takes place on a weekly basis with the PCT and Social Services and the information will be provided to the Board.

VH

Cllr. Samuels arrived at this point in the meeting.

Day case rates had fluctuated throughout the year and work was being undertaken with those specialties that are below performance.

The overall Trust position for theatre utilisation is above target for the month of February. The new Twin-theatres are on schedule to open in May. Recruitment for the new theatres had been successful. One of the theatres will be given over to robotic surgery; the first robotic case was undertaken during March. This is the biggest single advance in surgery ever seen.

The first draft of the new indicators for the Performance Report will be presented to the Board in May.

VH

RESOLVED that the Performance Report for February 2011 (Month 11) be noted.

		Action
TB.3547	<u>Emergency Preparedness Annual Report 2010/2011 – including the emergency planning programme of work for 2011/12</u>	
	<p>The Chief Operating Officer highlighted section 2.2, Major Incident Planning and reported that hard work had been undertaken on testing and amending the Plan. An addendum to the Plan for mass casualties is currently being developed. This has been tested once and will be re-tested in June.</p>	
	<p>In relation to Chemical, Biological, Radiological and Nuclear incidents, a new decontaminator unit has been purchased and training has been delivered to all A & E staff.</p>	
	<p>Business Continuity Management Plans are in place for all Directorates/Departments with a review date of twelve months.</p>	
	<p>The Trust has collaborated with many agencies to provide external assurance. The Trust’s Head of Emergency Planning has completed various training qualifications and is fully qualified and prepared to lead the organisation on emergency preparedness.</p>	
	<p>The Chief Operating Officer and Director of Nursing and Midwifery had completed ERMA Command training. The Chief Executive is already fully trained. Each of the Directors and the Directorate Managers/Matrons who are on the on-call rotas for the Trust have undertaken a form of emergency training or have taken part in emergency exercises.</p>	
	<p>The exercises/tests which the Trust has undertaken or participated in were detailed in the report, including an exercise which tested the Trust’s plans to evacuate a ward area in the event of fire.</p>	
	<p>Section 6 of the report concerned the 2011/12 Work Programme. An Annual Work Plan and Exercise/Training schedule will be presented to a future meeting of the Board for approval.</p>	VH
	<p>Dr. Anderson referred to the Communication Tests, August 2010 and February 2011 and asked for assurance that the unsuccessful communication between A & E and the Switchboard had been rectified. The Chief Operating Officer confirmed that all issues had been resolved.</p>	
	<p>Mrs. Jaspal-Mander referred to Exercise “Baby Snatch” and the actions arising from the exercise and was advised by the Chief Operating Officer that a full report will be available and will form part of the Emergency Preparedness Quarter 1 report to the Trust Board.</p>	
	<p>RESOLVED that the Emergency Preparedness Annual Report 2010/11 be noted and the Emergency Planning Programme of Work for 2011/12 be approved</p>	

BUSINESS PLANNING

TB.3548 Capital Programme 2010/2011 – Month 11 report

The Deputy Director of Finance reported that progress on all live projects is being closely monitored. The un-audited initial view against the Capital Resource Limit is that the Trust will be £42,000 under, which is within ¼ of 1% of the CRL.

Mr. Bryan referred to Appendix 1 Exceptions Report and particularly the increase in design team fees from those indicated in the Business Cases. The Chief Executive explained that some design work was undertaken in-house but for larger projects external sources were used but not necessarily the same company for each project.

Cllr. Samuels referred to the variance of £5,000 in connection with Women's Ultrasound and was advised that costs had come in at less than the original estimate.

RESOLVED that the report on the Capital Programme 2010/11 Month 11 be noted.

TB.3549 Income and Expenditure Plan for 2011/12 and Capital Programme for 2011/12

The Deputy Director of Finance reported that the Income and Expenditure Plan for 2011/12 and the Capital Programme for 2011/12 had been discussed in detail at the Trust Board meeting held on 28th March, 2011.

This is an integrated Plan with Community Services. The Board were asked to agree an Income and Expenditure Plan of £358.385m which generates a surplus of £8.537m before impairment, and to agree a Capital Programme of £22.22m subject to becoming a Foundation Trust.

RESOLVED that the Income and Expenditure Plan 2011/12 and the associated balance sheet and cash flow be approved, and the Capital Programme for 2011/12 be approved, subject to the organisation becoming a Foundation Trust.

TB.3550 Delivery of the 2009/10 to 2018/19 Estates Strategy – Quarter 4 progress report

The report provided the fourth and final Quarterly report for 2010/11 on the implementation of the Trust's Estates Strategy including key points of progress since the last report to the Trust Board in January, 2011. The appendices detailed the Quarter 4 key performance indicators.

Mr. Vanes referred to the Women's Unit refurbishment and noted that the design work for Phase 3 of the refurbishment has now been completed. He queried whether the ward areas would be of a comparative standard. The Director of Nursing and Midwifery agreed that there was a gap between the environment of the wards and the refurbished areas and advised that a service redesign may be seen. When the Business Case for the service redesign is presented to the Trust Management Team a decision on whether to support the new pathways will be taken.

Mr. Bryan referred to Sustainability and Carbon Reduction targets and queried how past data for those properties taken on by RWHT following TCS would be collected. The Director of Planning and Contracting explained that a due diligence review of the properties has been undertaken and a working group was currently validating the data.

RESOLVED that the report on the Delivery of the Estates Strategy 2009/10 to 2018/19 Quarter 4 report be noted and endorsed.

TB.3551

QIPP Challenges and Future Governance Arrangements

The Board were asked to note the need to establish a city-wide transformation group due to the massive QIPP and CIP programmes throughout the City. The proposal had been received from the PCT and considered how this could be taken forward. The Chief Operating Officer reported that there was nothing in the Trust's contract with the PCT for QIPP this year but the PCT were anticipating releasing approximately £1m through QIPP schemes.

The risks associated with the proposal were shown as point 4 of the report and the Chief Operating Officer also highlighted the new Cluster arrangements across the Black Country and the financial challenges facing the Local Authority.

The diagram attached as Appendix 1 to the report presented an option to be considered and has been proposed as a way of working.

The Director of Planning and Contracting reported that she had met with the leaders of the larger GP consortia; both consortia for Wolverhampton have been adopted as shadow committees in the PCT. The GPs from the larger consortia were interested in this proposal and viewed it as a way to get genuine engagement across the City. They were reviewing the constitution of their Consortia Board and are considering offering two places on the Board to representatives of RWHT.

RESOLVED that the need to establish a city wide Transformation Group be noted and the participation of RWHT be approved. The Board agreed the option outlined in the report and to progress dialogue with PCT and Local Authority colleagues on the adoption of this model.

TRANSFORMING COMMUNITY SERVICES

TB.3552 Transforming Community Services – update report

The Director of Planning and Contracting confirmed that the transfer of Community Services previously managed by the Primary Care Trust took place on 1st April, 2011. The Business Transaction Agreement was approved by both the RWHT Board and the PCT Board and signed by the Chairman and Chief Executive Officers of both organisations to enact transfer. All staff transferring received a formal letter of notification of the changes to their employer and a welcome letter from RWHT.

A Memorandum of Occupation had been signed to enable Community Services to continue to operate from premises and a commitment had been made to develop formal lease agreements for each property. A joint review of the estates function has been agreed.

Final approval of the shared service arrangements for Payroll and IT services, both to be hosted by RWHT will be achieved by 30th April, 2011.

Any year end adjustments will be agreed with the PCT by 9th June, 2011.

The Post Integration Plan had been shared with the Board previously and the key areas of work were to develop the next stages of the integrated management structure. The Chief Operating Officer is leading on the clinical services and will begin formal consultation in May with a view to implementation of phase one taking effect from 1st July 2011.

The Benefits Realisation plans continue to be developed and a TCS Implementation Committee reporting directly to the Trust Management Team is currently being established.

Mr. Vanes referred to the additional tracking changes placed on the Board Assurance Framework concerning TCS and queried whether any issues were anticipated. The Director of Planning and Contracting advised that no issues were anticipated but further work had to be undertaken on CRB checks which were not portable from one organisation to another.

Mr. Vanes queried the future integration of reports with regard to performance, quality and governance. The Chief Operating Officer advised that all Acute and Community Services will be under her remit and governance will come under the Director of Nursing and Midwifery. The Director of Nursing and Midwifery advised that the Executive Directors had agreed to run parallel systems for a period of three months for reporting quality and safety issues and board assurance.

The Chief Executive referred to the management restructure and reminded the Board that the staff had transferred under TUPE conditions. Discussions have been taking place with the Trade Unions regarding harmonising of terms and conditions of employment.

Mr. Sharples questioned when the TCS Implementation Committee would be in place. The Director of Planning and Contracting advised that as a formal sub-committee of the Trust Management Team the Terms of Reference would be presented to that group in May. The Benefits Realisation Project Group is already established and working and this Group will become a sub-group of the Implementation Committee.

The Chairman thanked everyone involved in the transfer for their hard work which he said should not be under-estimated.

RESOLVED that the report on Transforming Community Services be noted.

FINANCE AND INFORMATION

TB.3553 Financial Position of the Trust – February 2011

The Deputy Director of Finance presented the report on the financial position of the Trust as at February, 2011 and reported a cumulative surplus of £8.523m which is £2.477m above the Month 11 plan. Income was over-performing by £2.4m, most of which related to patient activity. Directorate expenditure was adverse to the plan by £6m. All risk ratings are either at, or above plan. £9.3m had been achieved against the CIP annual total of £10.6m. The cash balance at the end of February was £17.9m, £6m higher than plan.

The accounts are on target to be completed and will be submitted by close of play on Wednesday. Currently, although unaudited, the surplus is £8.3m. The EFL and targets set by the SHA have been met.

Mr. Bryan referred to page 8, SLA and Income and questioned the “other“ line and was advised by the Deputy Director of Finance that these were non-PbR items and some technical adjustments, the biggest of which is the emergency threshold.

Further information will be provided to Mr. Bryan outside of the meeting.

Ms. Jaspal-Mander questioned the timescales in relation to the orthopaedic work currently being undertaken by the Nuffield Hospital. The Chief Operating Officer explained that orthopaedics was the only specialty that was outsourced. Post contract discussions have taken place with Wolverhampton City PCT as the Trust did not believe the activity in the current plan is enough to deliver all of the targets and to match referrals coming in, and a contract variation was being negotiated.

Mr. Sharples queried whether there was an indication of the CIP for year end. The Deputy Director of Finance advised that currently this stood at £9.7m against the £10.6m target. Mr. Sharples stressed the importance of close scrutiny in this area so that the implications for future budgets are understood.

Mr. Sutton noted the downward trend in terms of private patient's income and queried how this position was being managed. The Chief Operating Officer explained that the reduced waiting times standards within the NHS had had an impact on private practice across the private sector. Private work has not been encouraged because of the private patient cap that has been in place; this can now be reviewed. Reductions had been particularly seen in Ophthalmology and Cardiology.

Ms. Jaspal-Mander questioned consultant leave and the effect on cardiothoracic surgery as shown on page 15 of the report. The Chief Operating Officer advised that control measures were in place to ensure that annual leave is monitored.

Mr. Vanes commented that a successful year had been achieved but referred to the shortfall on CIP. Discussions had previously taken place on alternative schemes being identified to remedy the issue and it was important with the challenges ahead that the CIP is achieved in future years. Mr. Bryan commented that the Trust had achieved huge CIP savings over the last four years whilst achieving massive performance improvements and improving quality and safety. The Deputy Director of Finance advised that although the Trust had not fully cleared CIP in 2010/11 it should be noted that against a planned surplus of £6.5m an estimated surplus of £8.3m would be attained, an over achievement of more than the CIP balance.

RESOLVED that the Finance Report for Month 11 (February 2011) be noted.

GOVERNANCE

TB.3554 Board Assurance Framework

The Board Assurance Framework is monitored on a monthly basis by Executive Directors and monitored in detail by the Board Assurance Committee on behalf of the Trust Board. Appendix A to the report showed the tracking changes within the Assurance Framework. Five new risks had been included within the portfolio of the Director of Human Resources as a result of Transforming Community Services. These are not the only risks related to TCS. There is an extensive risk log and these are managed within Directorates and Divisions and the Transforming Community Services Board.

Mr. Bryan referred to unfair dismissal claims and TUPE transfer rights in respect of TCS and understood that the Trust had cover for these issues under the agreement with the PCT. The Chief Executive assured Mr. Bryan that a sum of money had been agreed with the PCT in respect of these risks.

Cllr. Samuels referred to the risk concerning Safeguarding Vulnerable Adults and was advised by the Director of Nursing and Midwifery that as a result of an internal audit report regarding systems and processes and specific issues concerning training for staff, an action plan had been developed and the matter would remain on the risk register until all of the actions had been completed.

Dr. Anderson asked a question regarding preparation for all Graduate nurse training and was advised by the Director of Nursing and Midwifery that the Trust was an early implementer for all Graduate nurse training from September 2011. A review was to be undertaken to consider whether the appropriate systems and processes are in place to manage the system.

Ms. Jaspal-Mander reminded the Board of the joint Audit Committee and Board Assurance Committee which is to take place on 28th April, 2011.

TB.3555 Information Governance Toolkit v8 2010/11

The Medical Director advised that the Trust is required to submit the Information Governance Toolkit self-assessment assurance framework three times per year in July, October and March. A summary of the final levels submitted for Version 8 were shown in Table 1 of the report. The Trust was expected to achieve Level 2 accreditation but as could be seen from Table 2, two areas remained at Level 1; Information Governance Management, 95% of staff to have undertaken mandatory training by 30th June and Information Security Assurance.

To gain Level 2 for this requirement the Trust has to achieve a Level 2 for all key requirements. The Information Commissioner and the Care Quality Commission would note that Level 2 accreditation was not achieved. Action plans had been developed for both areas and were shown as Appendix 1. It was expected that the mandatory training element would be achieved. Priority was being given to ensure those staff for whom it is critical receive the training and this is being actively managed.

RESOLVED that the annual submission of the Information Governance Toolkit v8 2010/11 be noted together with the action being taken to ensure continual improvement against the IGToolkit standards.

TB.3556 Eliminating Mixed Sex Accommodation – Declaration of Compliance

The Director of Nursing and Midwifery reported that Declarations of Compliance in respect of Eliminating Mixed-Sex Accommodation had been placed on the Trust's website, one for RWHT and one for the PCT, in accordance with the requirements of the Department of Health. The PCT statement had been ratified by the Wolverhampton City PCT Board. Both declarations were attached as Appendix 1 and Appendix 2 to the report. From next year a single integrated declaration will be made post TCS integration.

RESOLVED that the report on Eliminating Mixed Sex Accommodation be noted and the statement relating to RWHT Declaration be ratified.

Helen Davis joined the meeting at this point

QUALITY AND SAFETY

TB.3557 Review of Complaints – Quarterly Report

The report provided details of all complaints received within the Trust between October and December 2010. The report details the main themes highlighted and provided a brief summary of key themes. In addition to this quarterly report the Board also receives a detailed quarterly report on serious complaints.

The Director of Nursing and Midwifery advised of the need to improve how complaints are managed at a local and trust-wide level. All complaints will have action plans developed and the Quality and Safety Committee will monitor the implementation of those action plans.

Mr. Sharples felt this was a useful report but asked whether the information provided could be developed further in terms of historical data and rolling figures and whether a benchmark against national data could be included. The Director of Nursing and Midwifery advised that there was no longer a national requirement to keep to the twenty-five day response time, which the Trust had retained and a comparison of data would be difficult but she undertook to review the matter.

Action

CE

The Chairman referred to cancelled out-patient appointments and requested that an indication of the number of appointments cancelled by specialty and department should be provided to the Board.

VH

Cllr. Samuels referred to those complaints concerning patients being left without pain relief and the call-bell going unanswered. The Director of Nursing and Midwifery advised that a lot of work had been undertaken regarding pain relief following feedback received from the national In-patient Survey. Patient's perception of being left without pain relief was a trend nationally. The Director of Nursing and Midwifery referred to the "Safe Hands" initiative being introduced in the Trust, a radio frequency tracking system which would monitor the amount of time patients are left without any interface with a member of staff and a review was being undertaken on how this could be linked to the call-bell system. Comfort rounds had been introduced in most wards whereby a member of staff visits each patient on an hourly basis to assess their needs.

RESOLVED that the summary of complaints received in Quarter 3 2010/11 be noted.

HUMAN RESOURCES

TB.3558 Medical Revalidation

The Medical Director reported that the introduction of medical revalidation is due to commence late 2012 with an expectation for organisations to be ready to commence revalidation during 2012/13.

As part of the legislation introduced in November last year the Trust was required to appoint a Responsible Officer who will oversee revalidation with support from HR and dedicated administration within Education and Training. The responsibilities of the Responsible Officer were detailed in Section 6 of the report. It was proposed that the Medical Director be approved as the Responsible Officer.

The Medical Director explained that the basis of revalidation is the appraisal process, with 360° appraisal being seen as a mandatory component of the assessment of a doctor's performance.

There were some financial implications associated with revalidation, currently estimated at £100,000 per annum. A more accurate assessment of the financial requirements will be undertaken following the outcome of the Pathfinder pilot sites.

Cllr. Samuels questioned the process for re-assessment or development should an individual doctor not be successful following 360° appraisal. The Medical Director explained that the process included a series of structured questions. If two or more concerns are raised within a domain this is highlighted to the appraiser. Those concerns are then managed and depending on the nature of the concerns they may be escalated to the Medical Director.

RESOLVED that the update report on Medical Revalidation be noted. The appointment of the Medical Director as Responsible Officer be approved. The key actions required to support revalidation at RWHT be approved.

FOUNDATION TRUST

TB.3559 Foundation Trust Application update

The Chairman advised that a tentative date of 3rd May, 2011 had been given for the Board to Board session with Monitor. A report was awaited by Monitor from the Care Quality Commission following their recent visits to the Trust.

RESOLVED that the verbal report on the Foundation Trust Application be noted.

TB.3560 Outcome of Elections - Governors

In accordance with Schedule 7 of the National Health Service Act 2006 and the Trust's draft Constitution, the Trust had held its first elections for Public and Staff Governors. The results of the elections were shown at Appendix 1 to the report. It was noted that the seat for the Rest of England remained unfilled following the elections.

RESOLVED that the outcome of the Governor elections be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3561 Minutes of the meetings of the Trust Management Team held on 4th February and 4th March 2011

Dr. Anderson queried whether information had been provided regarding those consultants who are within two years of their expected retirement date and was advised by the Chief Executive that this was under review.

Reports noted.

TB.3562 Minutes of the meeting of the Infection Prevention Committee held on 24th February, 2011

Dr. Anderson noted the improved compliance regarding completion of allergy boxes and also the significant reductions in contaminated blood cultures.

Report noted.

TB.3563 Minutes of the Charity Committee held on 8th February, 2011

The proposed new post of Fund Raising Manager was under consideration.

Mr. Sutton referred to the investment strategy in terms of fund management and the appropriateness of a medium level to high risk strategy in the investment portfolio. Mr. Bryan explained that the investment advisors definition of medium to high was fairly prudent and is limited to an equity rating of 60%. By definition, 40% is in funds or cash.

Report noted.

TB.3564 Minutes of the meeting of the Audit Committee held on 24th February, 2011

The Chief Operating Officer reported that a meeting had taken place with the internal auditors to discuss selected consultant job plans.

Report noted.

GENERAL BUSINESS

TB.3567 Policies approved by the Trust Management Team at the meeting held on 1st April, 2011

None.

TB.3568 Comments or Questions from the public and commissioners

Mr. Griffiths, Deputy Vice-Chairman of LINK referred to the Performance Report and particularly to the four hour waiting time targets in A & E where 98% had been achieved which he noted was for that particular department. He questioned whether this figure would remain or whether total hours will be included to take account of pharmacy requirements or in the case of ophthalmology, the wait to see a doctor at the Acute Referral Centre. The Chief Operating Officer explained that the total hours referred to A & E under the new standards.

In EAU the Trust is measuring how long patients stay in that Unit and a similar exercise needs to be undertaken for the Acute Referral Centre for Ophthalmology. Separate figures will be seen from these measurements. The Chief Executive advised that the targets were set nationally and the definitions were clearly set. He assured Mr. Griffiths that the Trust was rigorously following the definitions and no changes had been made to the system for dealing with ophthalmology patients.

Mr. Griffiths referred to page 21 of the Finance Report, CIP Monitoring All Trust Schemes and noted £250,000 brought forward from 2009/10 relating to A & E Eye Rationalisation and questioned what operational changes had been carried out that led to this saving. The Chief Operating Officer advised that this was related directly to the service set up through A & E and the Acute Referral Centre.

TB.3569 Date and Time of Next Meeting

10.00 a.m. on Monday 23rd May, 2011 in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.3570 Exclusion of the press and public

RESOLVED that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
