

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

PRESENT:	Mr. B. Picken Mr. K. Bryan Ms. C. Etches Mrs. B. Jaspal-Mander Mr. D. Loughton CBE Dr. J. Odum Mr. J. Sharples Mr. K. Stringer Mr. D. Sutton Mr. J. Vanes	Chairman Non-Executive Director Director of Nursing and Midwifery Non-Executive Director Chief Executive Medical Director Non-Executive Director Director of Finance and Information Non-Executive Director Non-Executive Director
	Ms. M. Espley Ms. D. Harnin	Director of Planning and Contracting Director of Human Resources
IN ATTENDANCE:	Mr. T. Powell Mrs. D. Preston	Divisional Manager, Division 2 Head of Emergency Planning
OBSERVERS:	Mr. B. Griffiths Ms. J. Viner Mrs. M. Corneby Cllr. Claymore Mr. S. Lintern	Deputy Vice-Chairman, LINK LINK Co-ordinator Wolverhampton City PCT Wolverhampton City Council Express and Star
APOLOGIES:	Ms. V. Hall Dr. J. Anderson Mr. H. Ward	Chief Operating Officer Non-Executive Director Wolverhampton City PCT

Part 1 – Open to the Public

MINUTES OF MEETING HELD ON MONDAY 14th MARCH 2011

TB.3582 The Minutes of the meeting of the Board of Directors held on Monday 18th April, 2011 were agreed as a correct record.

Action

MATTERS ARISING FROM THE MINUTES

TB.3583 TB.3546 Performance Report (Month 11) February 2011

A report on the outcome of the pilot in General Surgery and Urology in connection with readmissions will be presented to the Trust Management Team in June.

Information concerning delayed discharges is contained in the Performance Report. Information regarding new indicators is also contained in the Performance Report.

A report on the Work Programme for 2011/12 – Emergency Preparedness will be discussed later on the Agenda.

TB.3584 TB.3552 Transforming Community Services – update report

The shared service arrangements for Payroll and IT services have been completed in principle and will be signed off this week.

TB.3585 TB.3557 Review of Complaints – Quarterly Report

The Director of Nursing and Midwifery reported that there was no formal mechanism nationally which could be used to compare RWHT performance against other Trusts. An exercise was currently being undertaken whereby reports submitted by other organisations to their Trust Boards on complaints and incident reporting were being reviewed to try and gauge a comparison.

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.3586 None.

CONSULTANT APPOINTMENTS

TB.3587 Dr. Steve Amerasekera – Consultant Radiologist
 Dr. Prabakar Dharmeswaran – Consultant Anaesthetist
 Dr. Richard Lightfoot – Consultant Anaesthetist
 Dr. Athula Ratnayake – Consultant Anaesthetist
 Dr. Shashank Agarwal – Consultant Anaesthetist

OPERATIONAL PERFORMANCE

Action

TB.3588 Performance Report April 2011

The Divisional Manager, Division 2 presented the report which contained new indicators for the coming year and advised that an additional report had been included which covered Community Services. These reports will be merged with effect from 1st July, 2011.

Mr. Bryan referred to the new indicator for E.coli Bloodstream and questioned whether a target had been agreed. The Director of Nursing and Midwifery advised that this indicator had been introduced as a national mandatory surveillance measure from June this year but the target was yet to be agreed.

Mr. Bryan questioned the target of 4.19% for re-admissions and requested clarity around the calculation of this target. The Divisional Manager, Division 2 would provide the information outside of the meeting. Mr. Sutton noted the deterioration in the April figures and questioned whether this was significant. The Divisional Manager explained that the indicator had changed and previous performance had been based on a 14 day re-admission rate and was now 30 days. Work was being undertaken in Urology, Surgery and General Medical wards on reviewing re-admissions. The Trust was also working closely with the PCT.

TP/VH

Mr. Sharples referred to the new test being undertaken by the Trust for *c.difficile* and queried whether benchmarking could be undertaken or guidance be provided setting out the Trust's expectations going forward. The Director of Nursing and Midwifery explained that the Department of Health would not change the methodology for setting baseline targets. The Trust had set up a dual reporting mechanism between the old and new testing system. All incidents of *c.difficile* have a Root Cause Analysis undertaken. Mr. Sutton suggested that both sets of figures should be reported to the Board so that a comparison can be seen between the old and new figures. The Director of Nursing and Midwifery agreed that better commentary in the narrative box would be helpful.

CE

Mr. Bryan referred to appraisal compliance and noted the slippage in achievement. The Director of Human Resources advised that plans were in place to rectify the situation.

RESOLVED that the Performance Report for April 2011 be noted.

		Action
<p>TB.3589</p>	<p><u>Performance Report – Community April 2011</u></p> <p>Mr. Bryan referred to the Community Services performance report and noted that the activities detailed in the Community Services Business Plan 2011/12 (to be discussed later in the Agenda) were not referred to in the report. The Director of Planning and Contracting explained that a proposed business plan for Community Services was included in the Annual Plan, and one of the targets was to develop a clear compliance framework for the Community. The newly appointed Head of Performance would review which indicators could sensibly be integrated into one report and an addendum report for community will be produced for any areas of difference. A more detailed report will be available next month ahead of the development of the Compliance Framework.</p> <p>RESOLVED that the Performance Report – Community for April 2011 be noted.</p>	<p></p> <p>ME</p>
<p>TB.3590</p>	<p><u>Emergency Preparedness – Work Programme for 2011/2012</u></p> <p>The Head of Emergency Planning presented the report which covered the work programme for Emergency Preparedness 2011/12 and the training and exercise programmes for 2011/12.</p> <p>Appendix 1 to the report gave details of the learning outcomes and recommendations from exercises and tests undertaken. The training timetable for 2011/2012 was shown as Appendix 2 and the forthcoming exercises for 2011/2012 were given in Appendix 3. The focus is on the integration of emergency preparedness with community services.</p> <p>The Trust is required to develop an addendum to the Major Incident Plan which is reflective of mass casualty or specific threat incidents. The SHA visited the Trust last week to review the plans and positive feedback had been received.</p> <p>The Chairman complimented the Head of Emergency Planning on the extent of the work undertaken and the detail provided in the report which gave assurance of the Trust’s preparedness.</p> <p>RESOLVED that the Emergency Planning Work Programme and the training and exercise programme</p>	
<p>BUSINESS PLANNING</p>		
<p>TB.3591</p>	<p><u>Capital Programme 2010/2011 – Month 12 report</u></p> <p>The Director of Finance and Information reported that subject to audit the CRL had been achieved. This was a fantastic result given the position reported as at two months ago.</p>	

Referring to Appendix 1, the exceptions report, he highlighted the new catering facility and the TAVI scheme where an under-spend had been reported. These resources have been used for other schemes.

RESOLVED that the report on the Capital Programme 2010/11 – Month 12 be noted.

TB.3592 Capital Programme 2011/2012 – Month 1 report

The expenditure position at the end of Month 1 is £515,600 against an initial target of £683,951; an under-spend of £168,351; £143,000 relates to late delivery of equipment associated with the Neonatal Project.

The Integrated Pathology Project was a potential risk to the programme. Approval was awaited from the SHA and the Project would be considered by their Board on the 7th June, 2011.

RESOLVED that the report on the Capital Programme 2011/2012 – Month 1 be noted.

TB.3593 Annual Plan 2011/12

The Divisional Manager, Division 2 presented the report; Appendix 1 is the Operational Plan 2011/12 for the Acute Trust and Appendix 2 is the Community Services Business Plan 2011/12.

Appendix 1 outlined what the Trust expects to achieve in delivering year 3 of its Integrated Business Plan, changes to local and national priorities and provides an overview of the achievements made during 2010/11. The activity plan and anticipated income assumptions and contract value for all specialties by commissioners were shown in the report. The contract value for CQUIIN schemes for acute services is £3,207,678. The community services portfolio covers a diverse range of services with a contract value of £53m. The performance monitoring framework will ensure robust monitoring of indicators for both acute and community services.

Mr. Bryan referred to the Hospital Evaluation Data tool (HED) and was advised that the Board had agreed to be part of a pilot trialling this data collection system with University Hospitals Birmingham, particularly in relation to mortality data.

Mr. Sharples referred to the KPI modules and noted that a number of the targets were still to be confirmed. The Director of Planning and Contracting explained that the local commissioning targets will be agreed by the end of May. Some were national targets with timescales through to 2012.

RESOLVED that the Annual Plan 2011/12 be approved.

TB.3594 Annual Plan 2011/12 Monitoring Framework

The report provided the Board with a quarter three assessment against the business outcomes contained within the Trust's Annual Plan 2010/11 and provided assurance to the Board of the remedial actions being taken to improve performance against key business outcomes. Proposed changes to the content of the Annual Plan 2011/12 were also contained in the report. Appendix 1 is the Quarter 4 Annual Plan 2010/11, Appendix 2 is the Contractual and Operating Framework Changes and Appendix 3 is the proposed Annual Plan 2011/12.

Mr. Sutton referred to Strategic Goal 2 – 2.3 regarding the percentage of the organisation's workforce living within the catchment population and questioned whether a review should be undertaken of this measure. The Director of Human Resources agreed that a review was required and she would work with Mr. Sutton on this.

DH

Referring to Strategic Goal 5 – 5.5 regarding service line reporting, Mr. Sutton understood some work was being undertaken on service line reporting but would welcome a more detailed report on this issue. The Director of Finance and Information advised that a report is being prepared covering what has been achieved this year which would be circulated this week.

KS

Mr. Sutton referred to Appendix 2 to the report and specifically emergency re-admissions and asked for clarification of the definition of an emergency re-admission. The Director of Finance and Information explained that patients could be re-admitted to the organisation for a variety of reasons and not necessarily connected to their earlier care. Agreement has been reached with the PCT that where the HRG is not in the same speciality as the original HRG, payment will be received. Paediatrics and Obstetrics do not apply and the Trust will not be paid.

RESOLVED that the Quarter 4 Annual Plan update for 2010/11 be received and the proposed changes to the Plan for 2011/12 be agreed.

FINANCE AND INFORMATION

TB.3595 Financial Position of the Trust – March 2011 – Month 12

The Director of Finance and Information advised that the Trust's Annual Accounts were awaiting final audit but reported a strong financial position for the Trust at the end of the year.

Action

The Income and Expenditure position showed a surplus of £8.3m, £1.9m ahead of plan. An overall financial risk rating of 4.05 had been achieved.

Referring to the cost improvement programme, the Board were advised that £2.2m is being carried over into 2011/12. This is a key issue for the organisation.

The Director of Finance and Information referred to page 10 of the report and highlighted the performance of South Staffordshire PCT which had had a large percentage increase and which he said demonstrated patient choice.

There had been stock issues at year end and individual's accountability for these matters were to be addressed. Some one off costs came in at Month 12 which moved variances to a greater extent than expected. Work was being undertaken to ensure there was clarity around these issues.

Mr. Bryan noted the movement in month of £12.5m regarding fixed assets and queried whether this came out of the revaluation reserve. The Director of Finance and Information explained that a number of schemes had been completed and their valuation was in the year end position. He would provide further detail to Mr. Bryan.

KS

Mrs. Jaspal-Mander referred to the work going from the Trust to the Nuffield Hospital in relation to Orthopaedics and requested further detail around this matter. The Director of Finance and Information to provide the information outside of the meeting.

KS

RESOLVED that the report on the Financial Position of the Trust – March 2011 (Month 12) be noted.

TB.3596

Financial Position of the Trust – April 2011 – Month 1

The Trust's Income and Expenditure position as at Month 1 is a surplus of £31,000, which is £12,000 above the Month 1 plan. Activity levels were down in April.

The cost improvement programme remained a significant risk for the Trust and work was being undertaken in the Cost Improvement Programme Board to ensure clarity around the schemes in place. Built into the Trust's contractual negotiations there are risks around CQUIN, emergency thresholds and re-admissions. Referring to the capital programme, the Director of Finance and Information advised that the interim emergency portal will not now progress. The Medical Director explained that two models had been considered which would involve the redevelopment and refurbishment of C Block, adjacent to the A & E Department, but these had proved to be unaffordable in view of the scheme being an interim solution.

The principles of the clinical model had been agreed but not at the costs involved and further consideration was being given to how this project could progress. A further report would be presented to the Board in June.

The Chairman referred to page 27 of the report, in particular the Public Sector Payment Policy and noted that the Trust had not achieved the target of 95%. He asked for attention to be paid to this matter, which is under the control of the Trust.

RESOLVED that the Financial Position of the Trust at April, 2011 (Month 1) be noted.

TB.3597 Standing Financial Instructions – Authorised Limits

The Director of Finance and Information explained that following integration of community services the Authorised limits within the Trust's Standing Financial Instructions needed to be updated. The limits had also been updated to reflect capital limits delegated from the SHA. Changes were also proposed for those staff supporting the Director of Pharmacy Services and Director of Human Resources.

RESOLVED that the Standing Financial Instructions – Authorised Limits be approved.

GOVERNANCE

TB.3598 Board Assurance Framework

The Director of Nursing and Midwifery reminded the Board that in response to feedback received from Monitor relating to Board awareness of significant strategic and high level operational risks, the Board had agreed to the creation of a Trust Risk Register to report and manage high level operational risks at Board level; the Board Assurance Framework containing strategic risks will remain as a separate document reviewed and managed by the Board. Executive Directors had conducted an exercise to formulate the Trust Risk Register which involved splitting the current Board Assurance Framework and scoping of risks within Directors portfolios. Discussion followed on how the reports would be presented in future and it was agreed to keep to the current format for reports, including the RAG system.

Mr. Sutton referred to non-reporting of plain film X-rays and questioned what was being done to limit the risk. The Director of Nursing and Midwifery advised that a risk assessment had been completed which deemed this issue to be of low risk. Risks are not closed down until all actions have been implemented and are working. There had been problems with the PACS system which had now been resolved. By June this year, 6 Radiographers will have received training to enable them to report on chest X-rays.

A protocol for chest X-ray reporting had been considered by the Quality and Safety Committee and Trust Management Team. The protocol will be circulated to all areas by 31st May 2011.

RESOLVED that the Board Assurance Framework be noted and the changes presented in the Framework be accepted

TB.3599 Annual Review of the Terms of Reference for the Board Assurance Committee

The annual joint meeting of the Audit Committee and Board Assurance Committee had reviewed the revised Terms of Reference and recommended Trust Board approval. The Annual Report would be presented to the Trust Board in June.

RESOLVED that the Annual Review of the Terms of Reference for the Board Assurance Committee be approved.

TB.3600 Review of the Terms of Reference for the Audit Committee

The annual joint meeting of the Audit Committee and Board Assurance Committee had reviewed the Terms of Reference. The impact of community services had been considered and no changes had been proposed. The Annual Report would be presented to the Trust Board in June.

The Chairman proposed an additional paragraph be inserted in the Terms of Reference that states that in respect of the presentation of the Annual Report of the External Auditors to the Audit Committee, the Chairman of the Trust be invited to that meeting.

RESOLVED that the Annual Review of the Terms of Reference for the Audit Committee be approved. The Chairman would attend one meeting of the Audit Committee each year at the time of the presentation of the Annual Report of the External Auditors.

QUALITY AND SAFETY

TB.3601 Quality and Safety Quarter 4 Report

This report relates to Quarter 4, 1st January to 31st March, 2011 and includes progress on the Campaign for Preventing Harm, Improving Safety.

The Director of Nursing and Midwifery highlighted those areas rated as "red", particularly completion of VTE risk assessments; compliance is a CQUIN requirement set at 90%.

<p>This is an on-going concern and a priority for the organisation. Work is being undertaken with clinical teams to ensure that this target is achieved.</p>	<p>Action</p>
<p>The figures for falls had been monitored for a long period of time and whilst a reduction in the rate of falls had been seen in the early days, this has increased over time and no further progress had been made. A Root Cause Analysis is completed for each fall and an overview is being taken to identify trends and lessons to be learned. A report will be presented to the next meeting of the Board Assurance Committee. A rapid improvement event for the reduction of falls in patients was launched last week. This preparatory work will ensure that the Trust's systems and processes are checked and staff competencies reviewed.</p>	<p>CE</p>
<p>Mr. Bryan referred to item 2.2 – Serious Untoward Incidents and questioned whether the increase shown on the graph was due to the increased reporting that the Trust was required to make. The Director of Nursing and Midwifery confirmed that this was the case, but there had been an increase in SUIs. Mr. Bryan suggested that a three monthly comparison against other Trusts would be helpful and was advised that the NPSA produce reports periodically which enable the organisation to benchmark on incidents.</p>	
<p>The Director of Nursing and Midwifery reported that Non-Executive Directors now receive actions and progress against actions that have been raised at Leadership for Safety Walkarounds.</p>	
<p>Pressure ulcers are now reportable to the SHA. The Tissue Viability Team are working hard to reduce the number of incidents.</p>	
<p>Referring to item 4.1, the Director of Nursing and Midwifery advised that the organisation had failed to achieve its target for responding to complaints in this quarter. Whilst this is not a national target it is a good practice target. Work had been undertaken with Divisions to ensure that processes are strengthened. The Ombudsman closed two complaints in this quarter and both were referred back to the Trust for local resolution. Mediation had been used to attempt to resolve one of these referrals.</p>	
<p>There had been an improvement in essence of care standards particularly in relation to the Mental Capacity Act and learning disabilities.</p>	
<p>There had been two breaches in mixed sex accommodation during March. One on ICCU which was deemed as clinically justified, and the other on D18 which is being investigated and an action plan will be produced to prevent a reoccurrence.</p>	

There had been significant improvement in the completion of allergy boxes over the past months.

Mr. Bryan referred to item 3.2 – Triggers and Harm Rate (Global Trigger Tool) and queried the usefulness of the information shown in the graph. The Director of Nursing and Midwifery affirmed that Mr. Bryan's view was shared and from April this particular indicator would not be reported.

Responding to Mr. Bryan regarding 3.3 Mortality, the Director of Nursing and Midwifery advised that the Medical Director had established a Mortality Group which will oversee the Mortality Committee and act on behalf of the Board in challenging the assurance level received from data. A Non-Executive Director will be involved in this Group. In addition, Sultan Mahmud continues to work with the HED system, highlighting any alerts that may be coming forward. No further alerts had been received since the last report and a report is still awaited from the Care Quality Commission regarding levels of assurance of the organisation's audit findings on alerts received.

Mr. Bryan referred to item 3.5.2 – Ventilator Acquired Pneumonias and requested clarification of the figures. The Director of Nursing and Midwifery advised this was a patient safety measure and a Root Cause Analysis is undertaken and compliance to the care bundle reviewed. The Medical Director commented that the data as presented to the Board is not clear, but the indicator is helpful. It was suggested that the data should be collected in numerical form, showing the monthly trend.

RESOLVED that the Quality and Safety Quarter 4 report be noted.

TB.3602

Report of the Ombudsman – *Care and Compassion?*

A copy of the Ombudsman's Report – *Care and Compassion?* had been circulated to members of the Board in February 2011. The report contained the results of 10 investigations into NHS care of older people. Specific themes identified in the report were listed.

Lessons can be learned from the tragic events outlined in the report and the Trust had developed a preliminary action plan. The involvement of colleagues in community settings will also be included in the plan. Many of the actions required in response to the report will be integrated into existing action plans for quality improvement and will be monitored through the Quality and Safety Committee. A copy of the implementation plan will be presented to the Board at a future meeting.

CE

RESOLVED that the Report of the Ombudsman – *Care and Compassion?* be noted.

HUMAN RESOURCES

TB.3603 2010 National Care Quality Commission Staff Survey Results

The report provided an overview of the 2010 National CQC Staff Survey results for the Trust. The Director of Human Resources advised that the Trust's response rate had been disappointing and represented a decline when compared with the response rate in 2009.

Results were presented in the form of 38 key findings. The Trust has shown a statistically significant improvement in 9 out of the 31 key findings relating to the NHS Constitution Staff Pledges. There were no areas of statistically significant decline. When compared nationally, the Trust features in the top 20% of comparative Trusts for 14 out of the 38 key findings and "above median" for a further 11. The Trust has shown improvement against the indicator for staff engagement.

The Director of Human Resources suggested that as part of the integration of community services "chat back", the Trust's local staff survey be used which will provide a baseline for the Trust's current position and an analysis will be provided to the Board. A comparison would also be given against the national results.

RESOLVED that the report on the 2010 National Care Quality Commission Staff Survey Results be noted. The Board endorsed the use of "chat back", the Trust's local staff survey to gather information from staff.

FOUNDATION TRUST

TB.3604 Foundation Trust Application – verbal update

The Director of Finance and Information advised that the Board to Board scheduled with Monitor on the 3rd May, 2011 had been cancelled. The report from the CQC was awaited with an expected date of end of May.

Monitor had visited the Trust and provided feedback on financial assumptions, and quality and governance. Revised financial assumptions had been shared with the Board and further work is being undertaken. The Trust had suggested the Board to Board should take place on 7th July with a potential licence date of 1st August; a response is awaited.

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

TB.3605 Position Statement in response to Monitor feedback

The Director of Nursing and Midwifery reported that in response to feedback received from Monitor, the Board had considered the actions that should be put in place. The Trust Risk Register had been split from the Board Assurance Framework. A process had been put in place to assess the impact on quality of the cost improvement programme. Mortality information was to be strengthened by the inclusion of more detail and a suite of mortality indicators will be presented to the Board on a monthly basis. These will set alongside a suite of monthly patient safety indicators. Work had commenced on clinical audit plans, linked clearly to patient experience, patient safety indicators and service improvement. Where Minutes of meetings are reported that are chaired by Board members, a Chair's standardised template will be provided which will draw the Board's attention to specific issues arising from the meetings. The deadline for all of these actions is the middle to end of May, 2011.

RESOLVED that the verbal position statement in response to Monitor's feedback be noted.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.3606 Minutes of the meeting of the Infection Prevention Committee held on 31st March 2011

Report noted.

TB.3607 Summary of Issues raised at the Joint Board Assurance Committee and Audit Committee meeting held on 28th April, 2011

Mr. Bryan reported that the draft Internal Audit opinion had been reviewed and no significant issues had been raised. The Annual Audit progress report had been considered and the external auditors had reviewed the internal audit files as part of the FT process and no significant issues had been raised.

Discussion had taken place on the speed of management response to internal audit reports. Ninety-seven per cent of all recommendations made are accepted by management but in year only 58% of turnaround of management responses is achieved. It had been decided that complex issues would have a timescale greater than the 20 days turnaround currently allocated.

The Board Assurance and Audit Committees reports on activity for the year had been reviewed and the strategy for internal audit for the coming year had been considered and agreed. The impact of the integration of community services on the work plan of the Trust had been discussed.

The external auditors are undertaking the 2010/11 audit and no significant issues had been raised at the time of the meeting. The timescales around the Foundation Trust application could result in a split-year set of accounts being produced. The revision of Standing Orders was completed.

RESOLVED that the Summary of Issues raised at the Joint Board Assurance Committee and Audit Committee meeting held on 28th April, 2011 be noted.

GENERAL BUSINESS

TB.3608 Policies approved by the Trust Management Team at the meeting held on 20th May, 2011

HR03 Disciplinary Policy
 HR06 Grievance Policy
 HR13 Management of Sickness Policy
 CP 46 Policy and procedure for the use of bed rails
 CP 42 Policy and procedure for the prevention of patient falls

TB.3609 Comments or Questions from members of the general public and commissioners

Mr. Griffiths, Deputy Vice-Chairman of LINK referred to the Performance Report and particularly to the change from 14 days to 30 days in relation to re-admissions and asked if it was possible to recalculate the history as shown in the report and for this to be shown in 30 day terms and then a comparison can be seen.

TP/VH

Mr. Griffiths advised the Board that feedback had been received from the public regarding cancellation of appointments and believed that the report had previously contained information regarding this issue. It was agreed to include this information in the report.

TP/VH

Referring to robotic surgery, Mr. Griffiths questioned whether this was only used for prostate surgery or whether other specialties would utilise the system. The Chief Executive advised that Urology had been the first speciality to use the system but in future this will be rolled out to cardiac and gynaecology.

Mr. Griffiths referred to incidents relating to radiotherapy and although it was noted that there were extremely low percentages, he questioned the affect on the individuals concerned. The Director of Nursing and Midwifery advised that it would depend on the nature of the incident but all such incidents are reportable to the national body.

Action

TB.3610 Date and Time of Next Meeting

10.00 a.m. on Monday 27th June, 2011 in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.3611 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.
