Chelsea and Westminster Healthcare NHS
NHS Trust

Minutes of the Public Meeting of the Trust Board held on 25th March 2004.

Present: Non-Executive Directors

Juggy Pandit (Chair)	Marilyn Frampton	Andrew Havery
Jenny Hill	Charles Wilson	

Executive Directors
Heather Lawrence, Chief Executive
Mike Anderson, Medical Director
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Andrew MacCallum, Director of Nursing
Krystyna Ruszkiewicz, Director of Human Resources
Alex Geddes, Acting Director of IT

In Attendance: Sue Perrin, Head of Corporate Affairs
Anna Croft, Associate Director of Service Development (item 3.1 only)

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1. GENERAL MATTERS

1.1 WELCOME
The Chair welcomed staff and members of the public.

1.2 APOLOGIES FOR ABSENCE
Apologies were received from Professor Ara Darzi

1.3 MINUTES OF THE MEETING HELD ON 26th FEBRUARY 2004
The Minutes were agreed as a correct record and signed.

1.4 MATTERS ARISING FROM PREVIOUS MEETING

1.4.1 ASSISTED CONCEPTION UNIT (ACU)
Heather Lawrence reminded the Trust Board of the two issues: - firstly, the Unit was required to break even by the end of the current financial year; and secondly, there needed to be a fundamental review, resulting in a Strategic Plan.
Lorraine Bewes said that she would bring details of the financial position to the next meeting. Edward Donald said that the review would be presented to the June meeting. LB – April ED – June

1.4.2 RISK REGISTER
Andrew MacCallum said that the work had been done and he would circulate to members. AmcC

1.4.3 INQUEST
Mike Anderson said that this incident had not been reported to the National Patient Safety Agency, as it had taken place several years before the introduction of the current system, whereby such incidents were automatically reported. He said that he would discuss it with the Agency, but the response might depend on the workload of the Agency. MA

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1.4.4 AUDIT COMMITTEE

Lorraine Bewes said that she had met with Andrew MacCallum and Jenny Hill. The alignment of the terms of reference of the Audit Committee and the Governance Committee had been discussed, resulting in minor changes, which would be taken back to the sub-committees. LB/AmcC

1.4.5 CHEYNE CENTRE

The Chair said that members had received an updated consultation document from the PCT, but the financial information was still outstanding. Lorraine Bewes said that a financial consultant had been employed to undertake a financial review of all options. Heather Lawrence said that the two children at the Centre were not being given the right model of care, expectations of parents were being raised and staff were facing uncertainty. The proposal to retain the centre and reconfigure the service as suggested by staff in their paper 'The Way Forward' had been included in the consultation document. However, it was not part of the Trust Strategy to extend the mix of children. The Centre was an educational, not a health facility, and even with eight children, it would not be financially viable.

Jenny Hill considered that too many options had been put forward. Heather Lawrence said that the children should be considered individually; the document had been overly complicated.

Mike Anderson said that the Trust Board would have to consider emergency closure for which an appropriate period of notice would have to be given.

Heather Lawrence said that Steve Peacock, the Acting Chief Executive of the Strategic Health Authority, had, on behalf of Paul Haigh, agreed that the shortfall in income would be funded.

Alex Geddes said that the children should be the responsibility of the Education Authority. Heather Lawrence replied that it had been agreed that the PCT would take forward on behalf of both.

Edward Donald referred to the decision to keep the Centre open during the consultation, which had been made on the basis of the funding guarantee given by Steve Peacock. Lorraine Bewes said that the SHA would be arbitrating in early April on funding for the current year and that this was likely to impact on the level of funding for 2004/2005.

The Chair said that, if the Centre was not fully funded by the PCT, it would not be possible to keep open until the end of the consultation. Edward Donald noted that lack of PCT funding for the Centre was adding to the deficit, which would have an impact on other front line services.

The Trust Board agreed to defer its decision until after completion of the arbitration process

1.5 CHAIRMAN'S REPORT

1.5.1 JENNY HILL

The Chairman said that he was pleased to report that Jenny Hill has been re-appointed as a non-executive director from 1st April 2004 up until the Trust was established as a Foundation Trust, or for a period of 12 months, whichever was shorter.

1.5.2 VICE CHAIR

The Chairman appointed Jenny Hill as Vice-Chair.

1.5.3 CHAIR, NORTH WEST LONDON STRATEGIC HEALTH AUTHORITY

The Chairman said that Caroline Millington has been appointed Chair of the North

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West London Strategic Health Authority. The appointment had commenced on 1st March 2004, and would run for a period of four years. She had already visited and toured the Trust.

1.6 CHIEF EXECUTIVE'S REPORT

1.6.1 FOUNDATION TRUST STATUS

Heather Lawrence said that the consultation process had been launched on 23rd February, and was going well, although the Trust's financial position was obviously a threat. The star ratings would be published in July and, in the interim, the Trust had been advised by the SHA to proceed with its application. All work undertaken was essential to the Trust's Strategy. A meeting had been held with the Chair of the Scrutiny Committee, who had agreed to facilitate the process with other boroughs and PCTs.

1.6.2 RISK POOLING SCHEME FOR TRUSTS (RPST) ASSESSMENT

Heather Lawrence said that the Trust had passed the recent Risk Pooling Scheme for Trust (RPST) Assessment. Andrew MacCallum said that positive feedback had been given on the changes to systems and processes, which had been made since the last assessment.

The Trust Board congratulated all staff involved in the assessment and asked that this be conveyed in a letter. HL

1.6.3 HOSPITAL PEAT VISIT

Heather Lawrence said that, following the previous year's award of a "green" light for PEAT, the Trust had been required to self-assess. An internal assessment team had visited all areas in the hospital on 16th March, and scores had been submitted to NHS Estates, which would work out the "traffic" light rating and notify the Trust in mid May. The self assessment team had been confident that the Trust would retain its green status in both food and environment. Edward Donald said that the team, which had included a patient representative, had undertaken a rigorous assessment.

Positive feedback had been received in respect of 'protected mealtimes'. The patient representative had commented positively on the professional approach of staff and their friendly attitude.

Heather Lawrence said that there were still some issues including signage to be taken forward. Jenny Hill said that symbols were an excellent method of signage.

Edward Donald said that access/egress from the patient transport area had been deemed high risk and action would be taken.

1.6.4 FACILITIES MANAGEMENT – AWARD OF CONTRACT

Heather Lawrence said that the facilities contracts had been awarded to Hayden for hard services and ISS Mediclean for soft services. The Carillion contract had been extended to the end of May. Staff meetings and discussions with managers were underway.

1.6.5 PADDINGTON BASIN WATERSIDE

Heather Lawrence said that the Steering Group was developing an Outline Business Case for an affordable scheme. The four Chief Executives would meet on 6th April to discuss how existing space could be used more effectively.

1.6.6 OPEN DAY – 22nd MAY 2004

Heather Lawrence reported that the date had been confirmed as 22nd May 2004. The day would be similar to those held previously, but would also be used as an

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opportunity to recruit Foundation Trust members.

1.6.7 SENIOR STAFF

Heather Lawrence said that the posts of Head of Facilities and General Manager, Medicine were being advertised. Candidates for the Assistant Director of Nursing post had been short listed that day.

Andrew MacCallum said that he would be taking extended sick leave and cover would be provided by Wilma MacFergueson, retired Director of Nursing from Guy's and St. Thomas's.

Heather Lawrence said that Krystyna Ruszkiewicz would be leaving the Trust at the end of the month and thanked her for her contribution and wished her well for the future. The Trust Board endorsed this. Interviews for her successor would take place the following week and interviews for the Director of Information Technology were being arranged.

2. PERFORMANCE

2.1 FINANCE REPORT

Lorraine Bewes presented the report, which showed that the overall financial position had deteriorated by £0.974 million in February bringing the cumulative position to £4.72 million deficit. The in month deterioration had been on non-pay and income, relating to a few specific but material issues: - settlement of Carillion legal dispute, £0.3 million; additional Contract Change Notices on the Carillion contract, £0.2 million; provider Service Level Agreement over performance, £0.2 million; and recovery plan income, £0.4 million.

The full impact of the in month pressures had been mitigated by additional income. Kensington & Chelsea PCT had indicated £0.2 million year end flexibility and the NICU consortium had offered £0.15 million towards correcting the marginal price issue, pending further financial analysis.

Pay budgets remained under control.

The forecast year end deficit had been moved out £0.5 million to £4 million.

The Strategic Health Authority had indicated that there would be £4 million Patient Choice reserve available for distribution to receiving Trusts. No assumptions had been factored in, as there was considerable risk on income assumptions and on the consultants' contract. The process for agreeing NHS balances had been tightened and it was likely that there would be arbitration, resulting in increased provisions which would impact on the Income and Expenditure position.

The Trust Board noted the financial position at the end of February 2004.

2.2 PERFORMANCE MANAGEMENT

Edward Donald presented the report and noted that there had been a strong performance against 2 of the 3 key risks highlighted in the previous report.

The '4 hour waiting time in A&E' target was on track for delivery, with a cumulative performance of 89.95% (1 July to date). Resources had been put in place to achieve and sustain this performance. A changed model of care had been effected throughout the hospital. The Trust Board congratulated all staff involved.

Edward Donald said that a benefit of £100,000 was available for continuous performance of 95%. This could be built up to £500,000 for higher performance, but achievement of over 95% would be extremely difficult.

Marilyn Frampton asked about the changes in the model of care. Edward Donald said that 'see and treat' had been implemented to deal with the high volume of patients presenting with minor injuries. Nurses ran this service, with GP cover at weekends. Middle grade doctors, who were able to take decisions to admit, saw the serious cases.

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Progress had been made in discharging patients before midday and use of the discharge lounge. The success was particularly notable in view of the low infrastructure for continuing care in the Chelsea and Westminster part of the borough.

There had been increased leadership 'on the floor' by senior staff together with a change in expectations.

There had been a significant turnaround in the performance of outpatient booking, which was on track for delivery of 73% of outpatients being booked in March. Operational issues were being addressed to ensure that the service offer did not deteriorate. This included information technology issues.

Heather Lawrence informed the Trust Board of the results of the recent staff survey, which had ranked the Trust against other trusts. There had been three areas of concern: - staff felt that they had to work extra hours; there were more incidents of violence; and the Trust was at the top of the bullying league. The findings had been discussed with both the staff side and full time officers, and they were not aware of any particular problems. Krystyna Ruszkiewicz said that violence, bullying and harassment had been linked in one category, and it appeared that 70% of the incidents related to violent behaviour (verbal) from patients and their relatives. The results of the survey were being analysed and Clare McGurk, who would be the acting Director of Human Resources, would bring a paper to the next Trust Board. The Trust had been featured in the Health Service Journal as a result of the survey. Jenny Hill suggested that a formal response should be sent to the journal. Heather Lawrence considered it better not to resurrect the story in the journal but to feature a response in Trust News. CmcG – April

The Trust Board noted the report.

2.3 BUDGETS AND FINANCIAL OUTLOOK 2004-2005

Lorraine Bewes said that under Standing Financial Instructions, the Trust Board was required to approve budgets in March 2004, for the financial year 2004-2005. However, there was still a considerable amount of work needed to achieve a balanced budget and therefore a further paper for Budget approval would be presented the following month. The paper presented that month outlined the financial outlook for 2004-2005 and proposed principles for budget setting. LB – April

Lorraine Bewes referred to the significant achievement of the Trust, which had commenced the year with a £12 million deficit and was currently forecasting an £4 million deficit. However, 2004-2005 would present a step change in the challenge and uncertainty over underlying deficits, generic cost pressures and the costs of increasing activity and reducing access targets.

PCT uplifts would be around 9% plus additional funding for specific issues. However, as demonstrated in the earlier PCT/Trust seminar, commitments would be brought forward against this increased funding. A number of organisations in the health economy were projecting deficits for 2003-2004. These would have to be paid back, therefore reducing real growth available for new pressures. From 2004-2005, changes in central government rules would take effect, banning the use of capital budgets to underpin revenue, a source of funding upon which the Trust had historically relied to achieve financial breakeven.

Lorraine Bewes explained that new commitments included generic cost pressures, comprising inflation, new employment initiatives, drug and CNST pressures, plus investment to deliver more challenging access targets and additional regulatory requirements.

The SaFF system would automatically withdraw 1% (£1.9 million) Cost Improvement Programme from the Trust through the Service Level Agreement and Levy generic funding stream. This would mean that the Trust had less scope than in previous years to fund cost pressures internally.

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The Trust would carry forward a deficit of £6/£7 million. A Bridging Statement was included as an appendix to the paper. The opening deficit was forecast as £9.4 million.
In year overspends would be targeted; these included private patients and NICU. This was ambitious. A number of generic cost pressures were still being worked through. A formalised Strategic Savings Plan would be presented to the next meeting. LB - April
Lorraine Bewes said that the Trust's income budget assumptions would be based upon the realistic assumptions that:

- the PCT s would require 1% efficiency (which the Trust would challenge);
- 50% of over performance would be purchased in SLAs;
- there would be no funding for underlying or new local cost pressures; and
- there would be no gain/loss from the National Plan targets.

There was considerable uncertainty about funding. Lorraine Bewes proposed that the Trust Board received a technical briefing on the 'Payments by Results' system in May. LB - May
The Chair asked what was included under new cost pressures. Lorraine Bewes replied that these would be targets relating to the regulatory framework or activity outside the Local Health Delivery Plan. She quoted the requirements of Information Governance as an example.
Charles Wilson noted the significant implications of the transfer of the DoH/Treasury contribution to employing organisations. In 2004-2005, the Trust would contribute the full 14% into the NHS Pension (currently 7%).
Andrew Havery noted that a plan to resolve the £9 million deficit could not be agreed by 1st April. He considered it more important that the plan should be bought into and be sustainable.
Heather Lawrence said the Board might be required to decide what services and NICE drugs the Trust could provide. Andrew MacCallum agreed that emerging treatments would have to be managed economically, as well as clinically through the Governance Committee.
Lorraine Bewes said that a detailed savings plan and an initial operating budget would be discussed with the Strategic Health Authority, with a view to agreeing how to take forward. There would be pressure to deliver a balanced budget.

The Trust Board noted the financial position, and endorsed the proposed Budget principles and work plan.

2.4 SERVICE LEVEL AGREEMENT 2004-2005

Edward Donald presented the paper, which updated the Trust Board on the approach being used to negotiate the Service Level Agreement (SLA) for 2004-2005. He said that PCTs had signalled that they would have sufficient funding to cover only the generic inflation uplift and key NHS Plan targets. This had been set out in their 'commissioning ground rules', which identified primary care access, smoking cessation, addressing financial deficits and Accident & Emergency as the key investment areas. These ground rules appeared biased towards primary care, with acute trusts being required to fund other NHS Plan targets from cash releasing efficiency savings.
The Trust would be seeking full investment of the 2% required savings in 2004-2005 to contribute to the recovery plan, fund the Local Health Delivery Plan and meet other local cost pressures. The timetable of key actions was ambitious, and it was likely that the SLA would be signed at the end of the first quarter.
Jenny Hill suggested that the Trust considered reducing some of the quality features of its service. Heather Lawrence pointed out that a reduction in quality would result in failure to meet other targets and possibly impact on recruitment and retention. She said that there were savings to be made through procurement and it was anticipated that these would be realised by the appointment of a Head of Procurement.

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The Trust Board noted the Trust's approach and that there would be a series of monthly progress reports.

3. STRATEGY/DEVELOPMENT

3.1 NHS FOUNDATION TRUST STATUS

Anna Croft presented the report, which updated the Trust Board on the progress made with the NHS Foundation application process. The public consultation had been launched on 23rd February and over 1500 consultation documents sent to key stakeholders (PCTs, Borough Councils, universities and the SHA), health partners (GPs) and other community organisations (voluntary organisations in Kensington & Chelsea and Westminster, libraries, tenant and housing associations). Consultation documents and summary leaflets had been distributed internally within the Trust and summary documents would be distributed with March payslips to all members of staff.
Two open public meetings had been planned and there would be three internal open meetings, all led by Heather Lawrence. There had also been a press briefing.
Anna Croft said that feedback from staff and residents had been positive, and attendance at a meeting of the Scrutiny Committee had been helpful. Work was continuing on the governance arrangements. A first draft had been submitted to the Department of Health, together with a first draft of the service development strategy. The consultation process and approach for the human resources strategy had been agreed with the staff representatives and had been submitted to the Department of Health. The strategy would be closely tied into service development and work was ongoing.

The Trust Board noted the report.

3.2 TREATMENT CENTRE

Edward Donald said the Full Business Case (FBC) had been completed and letters of support had been received, including one from the host PCT. Tenders had been received and would be submitted to the SHA for approval, on the 7th April at the Capital Investment Committee.

The Trust Board noted the update.

3.3 ICT STRATEGY – ACTION PLAN

Alex Geddes presented the Action Plan, which recognised the need to converge with the National Programme for Information Technology (NPfIT) and in particular the London NPfIT. However, the Trust would have limited gain in the period to 2007 because NPfIT would not expect to provide any additional IT support beyond that which the Trust had currently implemented. The Trust could expect to converge with NPfIT in eBooking and in connection to the national Care Record System as it became operational. In order not to take backwards steps, the Trust would be a late adopter.
There would be two planned software upgrades of IDX Last Word, which would provide increased clinical support capabilities whilst also providing access to national electronic booking services and care records across care settings. There would be work to support the Treatment Centre independent of the IDX releases.
Alex Geddes outlined the current work in progress and the features of the two software releases, which would underpin the service strategy. Lorraine Bewes commented that these developments should reduce the Trust's revenue base.
Alex Geddes explained the Action Plan for convergence with the NPfIT. The Trust was considered by the London NPfIT to be a candidate for early adoption of Electronic Booking Services in December 2004. IDX had confirmed orally that it would offer connection within the Trust's Last Word software to the national patient information

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and data security network. This would allow the Trust to continue to benefit from and enhance its leading position as an advanced adopter of electronic patient information.
The Trust would not converge on to the NPfIT solution until 2007, as the London NPfIT programme would be unable to match the Trust's capabilities until that time.
The Trust was an associate of a small group of advanced London Acute Hospitals, and would support the London and Southern England NPfIT implementation to define and adopt best practice based clinical change agreed by Royal Colleges and other professional bodies and the Trust's Governance arrangements.

The Trust Board endorsed the Action Plan.

3.4 STANDARDS FOR BETTER HEALTH

Heather Lawrence said that the consultation document introduced a series of key standards for the quality of care across the NHS in England, which would replace the star ratings system.
The document did not specifically refer to staff welfare or training and research. Lorraine Bewes suggested that patient focus was an overriding principle for all standards. Jenny Hill said that the standards were based on a commercial model and that it was difficult to measure the output of a hospital.
Krystyna Ruszkiewicz said that there should be an acknowledgement of patients' responsibilities, and the need to develop a partnership.
Heather Lawrence said that the document covered only general points and it would be interesting to see the detail. She asked that comments be forwarded to Sue Perrin. All HL

The Trust Board authorised the Chief Executive to respond on behalf of the Trust Board.

4. GOVERNANCE

4.1 NHS COMPLAINTS REFORM

Andrew MacCallum presented the paper, which updated and informed the Trust Board of the proposed reform of both the local resolution and independent or second stage of the consultation process and the anticipated time for implementation. The current NHS complaints procedure, which has been introduced in 1996, was a lengthy process, which generated a huge volume of work. The proposals involved little change to the first stage of the procedure, with the emphasis remaining on local resolution. Arrangements must ensure that complaints are dealt with speedily and efficiently and that complainants are dealt with in a courteous and sympathetic manner.
The time limit for making a complaint would be extended from six months to one year, from the event or one year from the date on which the complainant became aware of the issue. The response time had been increased from 20 days to 25 days.
Andrew MacCallum commented on the complexities of concurrent investigations, and said that this would be included in the Trust's response to the document.
From the 1st June 2004, the independent stage of the procedure would be undertaken by CHAI; all complainants whose complaint related to NHS funded care would have the right to have their complaint reviewed by CHAI.
The Trust would be required to demonstrate how systems had been improved as a result of information from complaints.
Marilyn Frampton said that the London Strategic Health Authorities' Complaints Forum had responded in detail. The Trust would require a protocol as to how the process would be handled. Andrew MacCallum said that the Trust Board would receive a revised Complaints Management Policy once the guidance had been received.
Jenny Hill said that staff needed to record any perceived problems. Andrew

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MacCallum said that where an issue was noted, it was be logged as an untoward incident and all episodes reported to PALS were logged. Heather Lawrence reminded the Trust Board that 'comment cards' were also available. Andrew MacCallum asked for comments to be forwarded to himself. ALL

The Trust Board noted the report.

4.2 INFORMATION GOVERNANCE

Lorraine Bewes outlined the areas encompassed by Information Governance. Compliance with the Initiative was being assessed in the secondary stars indicators through the use of an on-line Information Governance Toolkit, which allowed organisations to self-assess current and planned attainment levels against 157 requirements. Initial steps in the process had been taken and the Trust Board was asked to note the action to date to ensure that appropriate management arrangements were in place to account to the Board on Information Governance and to ask the Board to endorse the following arrangements:

- The Chief Executive had appointed the Medical Director as the Trust's Caldicott Guardian with immediate effect.
- The Chief Executive had appointed the Director of Finance and Information as Board level Executive accountable for Information Governance with immediate effect.
- An Information Governance Steering Group (IGSG) accountable to the Board through the Governance Committee had been established. Terms of Reference, and membership had been attached for approval.
- The IGSG was responsible for carrying out a baseline assessment of the Trust's attainment on Information Governance, using the Toolkit, and this was required to be completed and audited by 31st March 2004 in order to qualify for stars performance assessment.

The IGSG had commenced collation and drafting of a number of policies and procedures in relation to Information Governance. Several policies required Board endorsement; the policies enclosed were:

- Information Governance Policy
- Freedom of Information Policy

The Trust Board:

- **endorsed the management arrangements for Information Governance;**
- **approved Terms of Reference for the Information Governance Steering Group; and**
- **endorsed the Trust's initial Information Governance and Freedom of Information policies.**

5. ITEMS FOR APPROVAL/INFORMATION

5.1 PROGRESS ON PAY MODERNSIATION

Krystyna Ruszkiewicz presented the paper. She explained that Agenda for Change preparatory work continued because active implementation could not commence until after the second ballot, which was planned for the summer. It was likely that the deadline for implementation would be delayed.

Krystyna Ruszkiewicz updated the Trust Board on the progress made with job planning in respect of consultant contract implementation. Mike Anderson and Krystyna Ruszkiewicz had met with the five Clinical Directors to ensure consistency across the Trust in interpretation of job planning guidelines, identification of Trust wide issues for resolution and the development of provisional contractual offers for costing. The average number of programmed activities (PAs) per whole time

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consultant would be just over eleven PAs, which was in line with the national costing formula. The approval of the Workforce Development Confederation would need to be obtained before offers in excess of eleven PAs were made. There were twelve consultants to whom the Trust wished to offer twelve PA contracts. Remuneration for clinicians undertaking management duties would be addressed after the job planning process. The Trust was on target to issue formal offers by the end of April.
Mike Anderson explained that a consultant's basic salary was based on ten PAs and payments above this were subject to negotiation. There could be service implications if consultants elected to work only ten PAs.

The Trust Board noted the report.

5.2 EQUALITY AND DIVERSITY

Krystyna Ruszkiewicz briefed the Trust Board on the progress made with the Action Plan, since May 2002. The framework showed how actions would be taken forward. Priorities for the following year had been identified and would form the basis of a consultation exercise with the Equality and Diversity Forum. A three year action plan would be presented to the May Board. Progress was being closely monitored by the SHA. Dir. HR – May
Mike Anderson said that the Trust had to bear the responsibility for meeting the requirements of private companies providing services on behalf of the Trust.

The Trust Board noted the report.

5.3 DEALING WITH CONCERNS ABOUT DOCTORS

Krystyna Ruszkiewicz presented the paper, which had been prepared by herself and Mike Anderson, not Andrew MacCallum. The paper summarised the new guidance produced by the Department of Health for handling concerns about the conduct and performance of doctors and dentists in the NHS. The next steps would be taken forward by Mike Anderson, who would identify the designated Case Managers.

The Trust Board appointed Andrew Havery as the 'designated Board member'.

Andrew MacCallum noted that a separate policy for one group of staff was contrary to the principles of equality.

6. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

There were no questions.

7. ITEMS FOR INFORMATION

There were no items under this heading.

8. MINUTES OF SUB COMMITTEES

The Trust Board received minutes:

8.1 Audit Committee, 06th February 2004

8.2 Charitable Funds Committee, 19th January 2004.

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9. ANY OTHER BUSINESS

9.1 There was no other business.

10. DATE OF THE NEXT MEETING

10.1 29th April 2004

11. CONFIDENTIAL BUSINESS

The Chairman proposed and the Trust Board resolved that the public be now excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda. The items to be discussed related to commercial matters and individuals.