Brighton and Sussex University Hospitals NHS Trust

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

30 MARCH 2015

Board

Julian Lee	Chairman
Lewis Doyle	Non-Executive Director
Christine Farnish	Non-Executive Director
Craig Jones	Non-Executive Director
Antony Kildare	Non-Executive Director
Spencer Prosser	Chief Financial Officer
Professor Malcolm Reed	Non-Executive Director
Stephen Woodford	Non-Executive Director
Matthew Kershaw	Chief Executive
Sherree Fagge	Chief Nurse
Steve Holmberg	Medical Director
Amanda Fadero	Director of Strategy and Change

In Attendance

Dominic Ford	Director of Corporate Affairs
Carl Hardwidge	Clinical Director, Neurosciences & Stroke Services (item 3.2)
Katey Ma	Directorate Manager, Neurosciences & Stroke Services (item 3.2)
Sally Howard	Director of Scheduled Care & Service Transformation (item 3.11)
Simon Maurice	Programme Director, Major Trauma Centre (item 3.9)
Jo Andrews	Clinical Lead, Major Trauma Centre (item 3.9)
Rick Strang	Director of Operations (Emergency Care) (item 3.11)
Melanie Woodfield-Bailey	Assistant Trust Board Secretary

3.1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

There were no apologies for absence.

3.2 CLINICAL TEAM PRESENTATION – NEUROSCIENCES AND STROKE SERVICES

The Clinical Director and Clinical Manager presented an overview of the Neuroscience, Stroke, Rehabilitation and Integrated Spinal Surgery Directorate.

The Clinical Director reported that whilst trauma is extremely important, it only accounts for 5-10% of the Directorate's workload. The rest is divided up into a number of recognised sub-specialties: neuro-oncology; neuro-vascular; skull base; pituitary; cerebral spinal fluid (CSF); pain; spinal; neuro-trauma 5-10%; functional-epilepsy/movement disorder; and paediatrics. He gave a brief overview of each sub-specialty, describing the various conditions and tumours treated and their particular biological behaviours. In terms of surgeons, he clarified that until recently there had only been 6 Neurosurgeons at Hurstwood Park Neurological Centre (HPNC), undertaking in the region of 1300-1500 procedures per year, equating to 200-300 cases per surgeon per year depending on case mix; some surgeries take all day whereas in high volume areas surgeons can expect to perform 4-5 procedures per day. He added that

3 additional Neurosurgeons had started with the Trust in the past couple of months and 1 more was due to start in a couple of months' time.

The Clinical Director then moved on to the Directorate's projects, plans and challenges and started by outlining proposals considering the future of stroke services. He reported that work was already under way with Sussex Collaborative to review stroke services across Sussex, Surrey and Kent; new and on-going research may also have a major impact on requirements for the service, which would help inform the option appraisal of where the stroke service should sit. He stressed that this work needed to be concluded swiftly, as it would be an important year in the development of Stroke Rehabilitation and Spinal Surgery.

The Board noted the excellent work of the Sussex Rehabilitation Centre Outpatient Service and the pivotal role it plays in supporting the Directorate and helping to maintain patient flow. The Clinical Director highlighted that this would be of even greater importance going forward, given the increased demand the Major Trauma Centre (MTC) would bring and the additional capacity generated by different ways of working and earlier rehabilitation intervention in ITU and on the wards.

The Clinical Director reported that there is no integrated Neurology service at present, but plans are under way to bring Neurologists together by forming a federalisation called South East Neurology (SEN). General and specialist services could then be commissioned directly, allowing manpower and high quality specialist services to be planned equitably across the South East. The Medical Director added that setting the scope of what Neurology is will be important and the federalisation will need to address the skill gap in terms of looking after these patients.

Proposals are also being developed to form an integrated spinal service, South East Integrated Spinal Service (SEISS), which could potentially be rolled out alongside the reconfiguration. This would comprise 9 Neurosurgeons and 4 Orthopaedic Surgeons, with 6 surgeons providing a 7-day emergency spinal fixation service; acute work would be undertaken at the Royal Sussex County Hospital (RSCH) and elective at the Princess Royal Hospital (PRH), providing a supportive service for East and West Sussex.

The reconfiguration itself will involve the move of Acute and Cranial Neurosurgery to RSCH to facilitate the MTC. This would comprise 2 theatres, 24 beds on Ward 8AW, 8-9 High Dependency Unit (HDU)/Intensive Therapy Unit (ITU) beds, Magnetic Resonance Imaging (MRI) and a Biplane Angiogram. The Board noted that although there was still much to do, the main hardware for the move was already in place. The Clinical Director highlighted that although robust modelling had been done, it was hard to gauge the exact impact the MTC will have on Neurosurgery and the rest of the hospital. The Board discussed the risks and mitigations around this, especially in relation to the effect on the non-trauma Neurosurgery service and the need to protect it in the move to RSCH.

Professor Reed asked what feedback the Clinical Director expected the General Medical Council (GMC) would receive from trainees when they visited the Trust in May, particularly in relation to the quality of their training and whether it would improve with the reconfiguration. The Clinical Director responded that in respect of registrar training the Trust's reputation amongst trainees and the Training Board is very good; trainees

are well supported and supervised, with Consultants playing a hands-on role. He therefore anticipated positive reports in this regard. However, like everywhere else in the country there are problems filling non-registrar level posts, so there are real issues in this area. The Directorate Manager reported that there has been some negative feedback over the past 18 months, but they are actively working with the Deanery to address this; looking at new ways of co-ordinating Neurology Consultants and working with registrars to ensure they get the supervision and training they need. The Clinical Director added that the reconfiguration will be a challenge in terms of the additional staff required to work across two sites; discussions are under way in this regard and engagement with RCS has been sought, but nothing secured as yet. It will also be important to ensure that people get both surgical and outpatient exposure. He added that the reconfiguration will bring many opportunities to expand the Trust's training programme and he was pleased that one of the newly appointed Consultants had a special interest in Education. The Clinical Director confirmed that he would effect an introduction with Professor Reed in due course.

The Board thanked the Clinical Director and Directorate Manager for an informative presentation and for the considerable amount of hard work invested by the Directorate in the site reconfiguration process, whilst at the same time managing to maintain its service. The Chief Executive concluded that it was important to note that Directorates are now starting to see the positive benefits of the new clinical structure; linking together to allow the organisation to start delivering against objectives, a number of which are now contained in the Annual Plan.

3.3 DECLARATIONS OF INTEREST

There were no declarations of interest.

3.4 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 23 February 2015 were approved as a correct record.

3.5 MATTERS ARISING FROM THE PREVIOUS MEETING

The Board noted the items detailed under the progress log.

3.6 REPORT FROM THE CHAIRMAN AND CHIEF EXECUTIVE

Chairman's Report

The Chairman reported that three new Non-Executive Directors (NEDs) had been appointed and would be approved by the NHS Trust Development Authority to start on 1 April 2015. He added that the new NEDs would bring significant skills and expertise and a range of experiences to the Board.

Chief Executive's report

The Chief Executive reported that the Safety Quality and Patient Experience Strategy had been shared in early draft form with the patient safety team, Patient Safety Ombudsman and Associate Director of Transformation, and is being updated to

incorporate essential elements around equality and diversity and race equality. He added that the strategy once finalised will be extremely important to the Trust and will sit alongside the Annual Plan.

It has been agreed that on 31 July 2015 the Sodexo contract will end early and from 1 August 2015 all 'soft' Facilities Management (FM) services will be brought in-house and managed by the Trust. This will include housekeeping, catering, portering and cleaning. All staff who provide these services and who have contracts of employment with Sodexo will be transferred over to the Trust from that date. Those directly affected were informed by Sodexo last week and the Chief Executive also wrote to them personally. In addition, open drop-in sessions have been held at both RSCH and PRH to ensure Sodexo staff are fully informed and supported throughout the transition. The Chief Executive reported that the meeting the Executive Team had with Sodexo staff last week had been very well received and there was a positive atmosphere which he would be reflecting in his weekly message. A Programme Management Group has been established to finalise the work over the next 4 months, with a full-time dedicated Programme Management Officer (PMO) leading on the transfer. The Board acknowledged that it would be a huge undertaking, but that it was the right thing to do at this point in time for everyone concerned and for the organisation as a whole.

The Site Reconfiguration programme continues to make good progress in preparation for the move of elective and emergency cranial neurosurgery from HPNC to RSCH, and the fractured neck of femur and inpatient urology services to PRH. Once a date for the service moves and pathway changes has been determined the operational arrangements will be widely communicated. The capital programme is also nearing completion, with the four new additional critical care beds and works to Twineham and Albourne Wards at PRH having been finished. Completion of the new neuro-theatres, recovery and ITU beds at RSCH is expected in May, with the bi planer angiography suite expected in June.

A report will be brought to the Board in May 2015 providing assurance that the necessary actions have been taken in relation to recommendations made by Kate Lampard in her overarching report into the *'Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile'.*

The Secretary of State visited the hospital on 26 February 2015 to confirm his strong support of the 3Ts scheme and the allocation of a further £60m to address the increase in costs due to inflation since the original business case was submitted. Final confirmation of sign-off is yet to be received, but the Secretary of State, Chancellor and Prime Minister have commented positively on it. The Board expressed its strong disappointment that formal approval had still not been received. Christine Farnish, Non-Executive Director, felt it was a further blight on the ability of the Trust to move forward and asked the Board to strongly consider sending a private letter from the Non-Executive Directors, signed by the Chairman, to formally express this disappointment. This was discussed at length and the Chief Executive stated that the Trust had worked extremely hard to get to this point, answering every question asked of it. He stressed that the Board should be mindful that there is as much political support behind the scheme as one could wish for and there is also a firm timetable in place that everyone is working to. Staff morale could also be adversely impacted, especially as real physical progress is now being seen along Eastern Road. He added that mechanisms are in

place to guarantee the maximum price and allow the Guaranteed Maximum Price (GMP) process until July; the challenge will be if the approval is not forthcoming in July.

The Board agreed that on balance it would be prudent to reconsider the position once correspondence has been received.

The process to agree contracts with Commissioners continues. The Trust has now agreed the 'Enhanced Tariff' – one of two national tariff options on offer – which has a revised set of business rules, adjusted tariff structures and a reduction in the proposed level of tariff deflation. An initial Sussex CCG offer has been received and is currently being worked through, but an offer has yet to be received from NHS England for the Trust's portfolio of specialised services. The National Contract was published on 17 March, with a revised set of mandated obligations and business rules. These will be discussed with commissioners and a progress report brought back to a future Board meeting.

Work on the Annual Plan is progressing well, with significant input from the directorates and corporate teams. The Plan in its current form is discussed in greater detail later in the meeting.

The Trust is on track to meet its annual Local Comprehensive Research Network (LCRN) recruitment target by the end of the financial year. In light of this, the Trust has been awarded a slight increase on last year's baseline budget with an allocation of £1.7m to support an enhanced recruitment target of 3200 patients next year. The Board noted that the Clinical Trials Unit is also on track to submit an application for formal registration with the UKCRN in May.

The Trust will be hosting a GMC visit on 27 May to assess the training provided by BSMS and HEE KSS. BSUH as lead provider for education for both of these organisations will be an important part of the assessment. The Chief Executive, Medical Director and Director of Education and Knowledge will be undertaking preparatory work in advance of the visit. The Board noted that the GMC visit is akin to a CQC visit for education and should be viewed with the same importance. It will mainly cover General Surgery, General Medicine, Emergency Medicine and Foundation Trainees.

On 18 March, staff from across the Trust took part in an 'EMERGO' exercise, run by Public Health England, to help strengthen emergency preparedness and response in the event of a major incident. It was an important event and well supported by those involved.

The Board noted the report

SAFETY AND QUALITY

3.7 CARE QUALITY COMMISSION

The Chief Nurse advised the Board on progress with the CQC action plan, noting the high risk areas in relation to patient flow and staffing, and the negative findings in the national staff survey around appraisal and staff engagement, together with emerging risks around the storage of equipment and the safe care of outlying patients.

Stephen Woodford, Non-Executive, asked if when reviewing progress with the CQC Inspector last month it felt that progress was being made at the right pace, as it was sometimes difficult to get a sense from the RAG ratings of the overall trajectory. The Chief Nurse reported that one of the areas of concern had been around appraisal rates and training and the recent meeting with the Directorate Lead Nurses had been key in moving this forward, so she felt real progress had been made in the past month. There were also risks in the emergency care pathway and a lot of work had been done by matrons and nursing teams around managing patient flow. The Chief Executive added that a significant amount of work had been done, but in real terms the Trust was still about two months' behind where it would like to be so there was still more to be done.

The Chief Nurse reported that the Fundamental Standards of Care will come into force in April 2015 and a baseline assessment is now under way to ensure Trust compliance. Any gap analysis will be brought back to the Board in the next report on CQC in May.

The Board noted the report.

3.8 SAFER NURSING AND MIDWIFERY STAFFING

The Chief Nurse introduced the monthly safer nursing and midwifery staffing report, advising the Board on overall fill rates for trained and untrained staff in February 2015.

She reported that the Trust currently sits in the middle of the pack nationally, but February was a concern, particularly in relation to day fill rates, with the lowest figures for trained staff since data collection began nine months ago. There continues to be additional capacity areas open, increased short term sickness, half term holidays and end of annual leave year for most staff. The Chief Nurse was keen to note that continuation of the recruitment plan is critical in order to address the number of vacancies across the wards. She added that shortfalls are discussed four times a day at bed meetings and staff are moved to accommodate extra capacity staffing and areas that need additional support, with Bank and agency staff being booked as necessary to ensure the correct nurse to patient ratio. Directorate Lead Nurses, Matrons and Practice Educators also work on the wards as required. She added that acuity and dependency will start to be monitored over the next few months, plus direct and indirect contact time of nursing staff looking after patients.

In terms of recruitment, the Chair asked how many nurses graduated from the University of Brighton this year. The Chief Nurse advised that there was only a small proportion and she was currently in discussion with the Dean in this regard. In terms of international recruitment, 240 nurses have now been appointed, including 5 for ED and 6 for Intensive Care. The first cohort of 46 staff are already working on the wards and the Deputy Chief Nurse will be able to provide more detailed news on start dates when she returns from the Philippines where she is currently interviewing. The Board noted the additional delay for internationally recruited staff due to the NMC registration process which can take over five months for European staff and even longer for those coming from the Philippines. The Chief Nurse advised that there is already a strong community of loyal Filipino nurses in the Trust, some of whom have been in post for nearly 10 years. The Chief Nurse attributed this to the Trust's approach to induction, which focuses on social as well as workplace integration. New international recruits are also given a 'buddy' and access to a practice educator.

The Board noted the report and thanked the Chief Nurse and her team for their continued hard work in this area.

STRATEGY

3.9 SITE RECONFIGURATION

The Programme Director and Clinical Lead for the Major Trauma Centre (MTC) updated the Board on progress with the site reconfiguration programme, advising on: critical path and milestones for the delivery of the programme; workforce issues; assurance processes, including patient flows and capacity, PRH medical cover and transport; operational plan to move services; clinical service specifications; finance update; and communications.

The Board noted the completion of the ITU expansion, Twineham and Albourne Wards at PRH in terms of fractured neck of femur work. The Programme Director advised that overall there was a slight slippage which would push completion back 1-2 weeks to late June 2015. The Chair asked the reasons behind the slippage and was informed that there were multiple reasons, most recently mechanical and engineering problems that could not have been foreseen. The Chair highlighted that the completion date had moved several times. The Clinical Director advised that contractors had been engaged on an accelerated programme and penalty clauses were currently being looked into. The Director for Strategy and Change added that it was a complex site to work on and Level 5 was particularly challenging. However, they would be meeting with contractors and would bring back assurance to the Board.

Action: Director for Strategy and Change

Antony Kildare, Non-Executive Director, asked what impact the slippage would have on staff and how this was being managed in terms of communication. The Clinical Lead advised that the greatest frustration is waiting for certainty over the move date, as the Trust needs to allow 10 weeks' notice due to general working patterns and theatre templates, but this would be picked up at the Executive Directors meeting on 31 March 2015. He added that the team had a dedicated Communications person who was keeping staff regularly updated. The Director of Strategy and Change advised that there were a few other items that would be picked up at the Executive Directors meeting, including transport and finalising the medical model. She confirmed that an up-to-date timetable would also be made available to the Board.

Action: Director for Strategy and Change

The Chair highlighted that there were some 47 staff that had not yet made up their minds and asked what would be done to accommodate them. The Programme Director advised that most would move with their services, but others would move to other areas; he confirmed that he did not expect any redundancies.

The Clinical Lead for MTC reported that as the programme moves into its final phase, the level of public engagement is being stepped up, with the programme team continuing to engage with local commissioners, agencies and other acute providers. This will be built on in the coming weeks both internally and externally in the local health economy.

The Board thanked the Programme Director and Clinical Lead for a comprehensive report, acknowledged the complexity of the work in hand and asked that an update be brought back each month in order to follow through on implementation.

3.10 ANNUAL PLAN 2015/16

The Director of Strategy and Change introduced the draft Annual Plan for 2015/16, which described the strategic context, and Trust priorities and actions aligned to five, refreshed Trust corporate objectives, supported by seven key enablers for the plan. The plan was currently in draft form, pending conclusion of the financial and activity sections, which would be completed when final contract positions had been agreed with NHS England and the CCGs. The Director of Strategy and Change further advised that the Plan had been developed through a 'bottom-up' approach with the clinical directorates, and refined through discussions regarding priorities at the Clinical Management Board (CMB). Performance against the plan would be reported through a revised balanced scorecard from Month 1, 2015/16, at the May (1st June) Board meeting.

The Board discussed the status of discussions with commissioners and in discussion, welcomed the commitment to a restructure of the HR/People function. The Board further noted that further discussion of priorities would take place at CMB before the final plan was submitted to the Board.

The Board approved the draft Trust Annual Plan for 2015/16, noting that a further update and final plan would be submitted to the April Board meeting.

FINANCIAL AND OPERATIONAL PERFORMANCE

3.11 BOARD PERFORMANCE DASHBOARD

The Chief Executive introduced the Board performance dashboard, advising the Board of the connection between performance against the 4-hour Accident and Emergency Standard and Referral to Treatment standards.

The Chair asked when the Performance Dashboard would contain validated ambulance handover data. The Chief Executive advised that the Dashboard was currently being updated for 2015/16, so an updated version with April's data would be available for the Board in May 2015.

Emergency and Unscheduled Care

The Director of Emergency Care reported that performance against the 4-hour standard remains below the required level of 95%, with significant factors appearing to be a change in the age profile and acuity of admitted patients and an improvement in the Medically Ready for Discharge (MRD) position. He asked the Board to note the recent fall in elderly admissions, which are often more complex, with higher acuity and higher post-acute needs resulting in longer lengths of stay. This downturn reflects the Trust's improved performance, whilst the recent slight upturn reflects the performance downturn. He added that the Trust remains extremely vulnerable to changes in flow and acuity and therefore the biggest challenge going forward is securing capacity.

Christine Farnish, Non-Executive Director asked what proposals CMB had brought forward and were there any solutions that could be quickly implemented to alleviate matters. The Director for Strategy and Change confirmed that CMB had had many conversations and part of their Business Plans is about using beds in a more efficient way. Newhaven Downs is also a response to that – not for frail elderly, but for a different cohort of patients. The Chair asked if the plan was still for a phased start in May; the Director for Strategy and Change responded that nurse staffing was proving a challenge. The Trust had been out to recruit twice with Sussex Community Trust and had only recruited 4 of the 12.5 nurses necessary to open 20 beds and 25 to open 40. She added that there was a meeting taking place on 2 April to look at alternative solutions, including secondment, and in the meantime the Trust was out to advert for the third time. The pharmacy post was also still vacant.

The Board then reviewed the deep dive analysis around the breaches of the 4-hour standard, which had been requested at the last Board meeting in order to help understand the causes and factors to be considered with regard to improving performance by reducing their occurrence. The Board agreed this was really helpful in sighting them on the scale of challenge and noted that the analysis would be built on in coming months.

The Director of Emergency Care then outlined preparations for the Easter break. He reported that through extensive modelling it had been identified that the highest number of attends would be on Sunday at PRH and Monday at RSCH. To this end, this week was a 'hot week' on both sites in order to get the Trust into a pre-emptive situation. The Director for Strategy and Change thanked the Director of Emergency Care for his tremendous efforts and confirmed that all hands would be on deck across the system to manage the weekend.

The Board noted the report.

Referral to Treatment

The Director of Scheduled Care and Service Transformation updated the Board on the delivery of the 18-week standard from referral to treatment (RTT) and work on-going to ensure the Centralised Booking Hub is able to deliver its key objectives and providing a booking service of the highest standard.

She reported that the Clinical Lead for MTC had been working with her in relation to the 18-week standard and even though the programme had been extremely challenging, she could confirm that the Trust had delivered and exceeded in terms of number of patients treated within 18 weeks of referral by ensuring a strong operational focus on the additional activity and accuracy of data. The business planning process had been used to good effect in order to better understand capacity and demand so that each of the directorates have the resources they need. Focus continues on data quality and the Patient Access Policy is currently undergoing a final review following CCGs comments ahead of Board review in April 2015. Recruitment is also now under way for a Performance and Assurance Manager to lead the Validation Team.

In terms of the Central Booking Hub, the Director of Scheduled Care and Service Transformation reported progress against each of the 5 high level actions: (1) ensure

that patients are booked within 5 working days; (2) maximise use of clinic capacity with patients assigned to the right clinic first time; (3) an absolute focus on eliminating missed calls with calls to be answered within one minute; (4) fully engage with clinical directorates to minimise clinics cancelled with less than 6 weeks' notice; and (5) introduce a patient focused booking programme convenient for all patients.

She reported that whilst work had focused on a clear improvement programme over the past four months, with robust measures in place to ensure a high standard of service, there was still significant work to be done and this was not without risk, particularly in relation to the continued pressures.

Antony Kildare, Non-Executive Director, noted that at the Finance and Workforce Committee (FWC) on 23 March a lot of the commentary appeared to indicate that the Hub staffing was under-resourced by around 50%. The Chief Financial Officer added that there had been a clear focus on making the service better and the financial challenge had been recognised, but in order to understand it better and benchmark it against other trusts, the original business case is now being revisited. The findings will be presented at the next FWC on 18 May 2015.

The Chief Executive concluded by saying that these issues had been discussed with the TDA in detail at the Integrated Delivery Meeting on 26 March and it had been agreed that the Trust would provide updated trajectories for RTT and unscheduled care by the end of April. More detail would therefore be available at the next Board meeting to ensure members were appropriately sighted.

The Board noted the report.

3.12 FINANCE REPORT

The Chief Financial Officer advised the Board that the Trust was reporting a £3.8m deficit at Month 11, £5.3m behind plan. Performance in February reported a net overspend of £0.6m. The forecast remains to achieve the planned surplus of £2.1m, but with significant risk attached, although a break-even position remained more realistic. Action continues to be taken to reduce the risk, including negotiations with commissioners around income, which remained challenging, and was largely related to elective activity. Operating cost are overspent, year to date, by £15m, of which £11.8m relates to pay, attributable to non-delivery of efficiencies, spend on the booking hub and the high costs of temporary staff. Non-pay was overspent by £3.2m. Strategic and operational capital was underspent with a slippage of £7.6m to be carried forward to next year. The CIPs programme was £1.15m behind plan and mitigations would need to be identified to ensure full delivery of the plan.

The Chairman noted, notwithstanding the risk to achievement of the plan, the work to achieve the current position and thanked the Chief Financial Officer and his team and the clinical directorates

3.13 TDA SELF-CERTIFICATION

The Board reviewed the monthly self-certification to TDA which included a declaration of non-compliance with 3 statements: 2 of those areas of non-compliance deriving from the outcome of CQC inspections, and 1 concerning ED performance.

The Board approved the declaration.

3.14 OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ASK QUESTIONS

A member of the public asked if the Trust would consider producing a news sheet for Princess Royal Hospital, and the Chief Executive advised that the Trust would give consideration to this alongside the other materials the Trust produced and the different methods of communication used.

Action: Director of Communications

A member of the public asked if the Trust supported the use of SABR to deliver advanced radiotherapy treatment and the Chief Executive confirmed that the development of stereotactic radiotherapy was being actively considered by the Trust as part of its broader programme of development of radiotherapy services.

3.15 ANY OTHER BUSINESS

There was no other business.

3.16 DATE OF NEXT MEETING

The next meeting will be held on Monday 27 April 2015 at 9.00am in the Boardroom at St Mary's Hall, Royal Sussex County Hospital.

3.17 CLOSED SESSION RESOLUTION

The Board agreed 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 business to be transacted, publicity on which would be prejudicial to the public interest.