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ACTION

- iv. To enable a complete separation, in the long term, of the adult and paediatric service, for the benefit of both patient groups and to consolidate the adult service onto one site.

It was suggested that these aims should be shared and discussed with all interested parties.

Mr Dhasmana expressed his concern at the ability of the surgeons to process the work through the unit at the current rate. As beds are blocked with high risk cases their ability to take urgent cases is affected.

It was agreed that the most helpful way forward was for Mr Dhasmana and Dr Pitts-Crick to meet outside of this meeting, discuss this issue and report back to the Management Board.

JPD/JPC

Sue Underwood said that we must address efficiency issues throughout the whole system - improving entry to the system was important, but would not work if it resulted in blocked beds in ITU due to case selection.

Dr Pitts-Crick said it was important to be able to guarantee purchasers a waiting time when we negotiate contracts, and Mr Dhasmana pointed out that this did form part of the discussions.

3. Financial Report

Dean Bodill circulated information on our latest financial position. The total budget of the Directorate is £6,460,000, making it a medium sized Directorate within the Trust.

Cardiac Surgery is underspent at month 6, but this is reducing rapidly with the increased workload and the overspend in Cardiology has not yet started to reduce, presenting a potentially worrying picture for the year end.

Dr Pitts-Crick commented that private patient income did not appear for Cardiology, and was assured it was in the budget under "M & S". Dean Bodill would separate it out for the next month's statement.

Peter Wilde commented that we must look at areas for increased efficiency such as drugs and equipment etc.

Dean asked if he should bring proposed prices to the group for discussion, and it was agreed that he should.

4. Contract Performance

Lesley Salmon circulated contract reports for September for both specialties.