TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.30 p.m. on Tuesday 5th May 2009

PRESENT:	Mr C Wilkinson *(Chairman)*	
	Mr D Bucknall	Dr H Rayner
	Ms M Coalter	Mr R Samuda
	Mr I Cunliffe	Mr A Stokes
	Ms A East	Ms M Sunderland
	Mr M Goldman	Dr S Woolley
	Prof C Ham	
	Mr R Harris	
	Mr P Hensel	

IN ATTENDANCE: Prof D Birch (for item 17 only)
Mr T Bleetman (for item 7 only)
Mrs B Fenton
Dr I Gupta
Ms L Jennings (Minutes)
Ms Jervis (for item 7 only)
Mrs C Lea
Ms E Ryabov
Ms C Slingo (for item 5 only)

Action

09.62 1. APOLOGIES
Apologies had been received from Ms N Hafeez

09.63 2. DECLARATIONS OF INTEREST
The declarations of interest were noted by the Board.

09.64 3. MINUTES
Dr Woolley asked for the wording around the first paragraph of minute 09.48 to be amended to improve its clarity. Dr Woolley and Ms Lea would agree a revised wording. Subject to this amendment the minutes were approved as a correct record. SW/CL

09.65 4. MATTERS ARISING
Infection Control Board Reporting. It was agreed that the current format would be continued and then reviewed at the August Board meeting. CL

Discharge Review Report. Mr Goldman confirmed that this had been received and a meeting between Mr Goldman, the Chairman and Ms Anderson and Mr Hay of Birmingham City Council had been planned for the following week to discuss the findings of this report. The Chairman informed the Board that he had recently met with Ms Jenny Ord, Chair of Solihull CT Trust, and had raised the same issue with her re the management of long

term care. Dr Rayner had also circulated a research document from Northern Ireland regarding discharge planning. Mr Goldman had met Peter Hay that morning and he was also keen to take the matter forward in a collaborative manner. Mr Hay had advised Mr Goldman that the issue in funding care homes had been resolved, which would also help to relieve the situation. Prof Ham asked for a copy of the Northern Ireland report to feed into the Working Together for Health Group. HR

Board Development Plan had been discussed by Ms Lea, Ms Fenton, Ms Coalter and Mr Wilkinson and would be brought back to a future board meeting. CL/CW

09.66 5. CHAIRMAN'S REPORT

The Chairman welcomed the Trust's legal adviser, Ms Corinne Slingo of Beachcroft to the meeting. Rule 43s were becoming an issue for the Trust and the regulator and Mr Wilkinson had requested a legal opinion to inform the Board.

Ms Slingo explained that the Rule 43 enabled Coroners to write a letter to the Trust's regulators following a case when he had heard matters of concern. Rule 43s were intended to be a non judgemental vehicle to raise concerns. Last year the rule itself had changed to give slightly different power to the Coroner. Before July 2008 a Rule 43 letter could be written if the facts that caused the concern related to the death. After this date the Coroner could issue a Rule 43 letter even if the facts that caused concern did not actually relate to the death.

The Coroner, Mr Cotter, routinely picked up concerns about training of staff, supervision of junior doctors, and medical records. Beachcroft's experience, based on their knowledge of dealing with inquests nationally, was that Mr Cotter took a more robust approach to Rule 43 than other Coroners. There were dramatic regional variations, with some Coroners having not issued any Rule 43s at all. This local variation went some way to explaining why the Trust was receiving a high number of Rule 43's but in itself was not the only explanation. Monitor had also met with Mr Cotter to discuss the number of Rule 43s he had been issuing and to understand the criteria he used before issuing a Rule 43. Under the new rules all Rule 43s would soon be published either by organisation or region.

Although prior to July 2008 there had been no obligation for the Trust to respond to each Rule 43, it always had. Rule 43's and the responses would now become a matter of public record and there would be an report on the effectiveness of Rule 43s in due course.

Ms Slingo did not believe that, taken on their own, the high number of Rule 43's demonstrated a patient safety issue. They should be taken as part of a wider picture of patient safety indicators. For example, an increase in incident reporting could actually demonstrate an improvement in reporting and the move towards a safer culture. However, Rule 43s were an important marker and should be taken into account with other safety indicators.

Dr Woolley's team had created a safety dash board which had been presented to the Governance and Risk Committee. It showed measures that had been put in place. It was agreed to map the dashboard across to Complaints and SUI trends. Mr Goldman confirmed that he had asked Dr Woolley, in readiness for the CQC, to put together a similar file that was used for the NHSLA, to ensure that everything was presented in a coherent way to

give the accurate sense of what the Trust had achieved in response to the issue of safety and rule 43s. Evidence to back up the file was also in the process of being collated together with narratives.

Mr Goldman reassured the Board that the Trust did and would behave in an open and honest way as, though sometimes painful, it was the only way to become a safer organisation. The Trust was now uncovering SUIs that would remain hidden in many other organisations. An unavoidable consequence of the journey to becoming safer was the potential to appear less safe.

Dr Woolley agreed and commented that in the safety critical industries, as well as healthcare, it was well recognised that all individuals make mistakes. In the most safety conscious organisations they accept this and design their operational systems and processes around this to minimise the impact of individual on the overall safety of services. It was about responsibility, good risk management and creating a supportive safety culture. Bringing about the cultural shift would be the hardest part.

A number of the Trust Board's Executive Directors and Non Executive Directors had been to the recent Patient Safety Congress and a speaker from Shell had said it had taken them about 20 years to achieve the shift in their culture. Dr Woolley confirmed that the Trust had approved the concepts around patient safety and was now moving into implementation phase. This would require a long term approach to improving the safety culture within the organisation.

Mr Goldman confirmed that he had arranged a meeting between himself, Dr Woolley and the Clinical Directors. Those Clinical Directors who had had direct experiences of SUIs would be talking to their colleagues about the learning they had taken from them. Dr Woolley was also working on a big communications plan regarding winning hearts and minds. The plan would be all about encouraging people to learn and not be afraid to raise errors. Mandatory Training had a huge part to play in this and the Trust was leading the NHS in its approach to mandatory training at the moment.

A discussion took place around the Right to Appeal on any inaccurate Coroner's verdicts. Ms Slingo confirmed that there was an Appeal process in place but often it was counterproductive to pursue that line, as it just drew more unwelcome attention to the incident itself.

Although Rule 43's identified areas that needed to be examined Monitor also had to come to its own judgment and so it was important to provide the Regulator with as much reassurance as possible.

The Chairman reiterated that the Board needed to understand and satisfy themselves that patient safety concerns were being addressed. He brought to the Board's attention the issue of Junior Doctors that frequently came up from his visits. Mr Goldman explained that the junior doctors were now all on shifts and thus safety at night had been improved. The issue regarding the system used for doctors in training was a national one and was in the process of being addressed. Ms Coalter confirmed that her department had just carried out an internal review on how the Trust managed Junior Doctors to assist with the process of removing any ambiguity on accountability.

Ms Slingo concluded by leaving the board with 2 key considerations: the Board must satisfy itself to the wider context of patient safety indicators and

ensure the collection of proper and accurate information on patient safety. It was agreed that Dr Woolley would provide the Board with other indicators of safety to provide that wider context. SW

The Chairman thanked Ms Slingo for attending and she left the meeting.

STRATEGY AND PLANNING

09.67 6.1 CEO Forward Look – Becoming an "open source" organisation

Mr Goldman presented his thoughts on the organisation becoming more open in terms of the information available to the Public, through, for example, the internet. The Trust would be leading the way within the NHS if it chose this direction of travel.

The following benefits were highlighted:

- Openness would be consistent with the Trust's vision and would generate tremendous brand recognition.
- Public confidence would be increased.
- Second hand data would be avoided and real time live data would provide a much more accurate picture.
- If started this early, ahead of any legislation, would have the control over pace with which to commence.
- It showed the spirit of collaboration, allowing people to find what best practice looked like and so enable that practice to be put in place much more quickly than 3 to 5 years ago.

The following drawbacks were highlighted:

- Would inevitably draw more criticism.
- Could lose intellectual property, although it was acknowledged that could also gain business.
- The Trust would come under intense scrutiny.
- Greater interest from regulators would be attracted.

Mr Goldman invited questions and comments, which highlighted the following points:

- Ms Fenton would oversee the communication and feedback.
- There would be no "spin", all information would be available unless there was a valid reason for it not to be (confidentiality or commercial sensitivity).
- Consultants could be put on the website to raise their profile along with that of the Trusts, as was the case with their private practice, this would give reassurance and comfort to patients, as they would have some information on the people who would care for them.
- Information would be related to patients, patient care and quality.
- Length of Stay data could be presented in a way to give a much more accurate picture, than at present.
- Challenging areas or performance difficulties would also be shown, in the interests of openness. (The Patient Congress had highlighted that a more open approach often attracted less claims).

It was agreed that there was a positive correlation between strong organisations and openness but that any information put out did need to be structured and presented in a helpful and accurate way for patients and their families.

It was suggested that the process should be started internally, by turning the huge amount of data available into meaningful information. It was agreed

that having data on Consultants, LoS, theatre productivity, safety information and SUIs would provide a broader picture of what was going on and would have cost benefits in the long run.

A discussion then took place which centred around the pros and cons of putting HEFT Consulting information on the Website. On the plus side it would attract business but competitors may use the information to their advantage. It was agreed that care would be needed on what data should be available. Ms Fenton confirmed that the HEFT Consulting website would be ready soon for live presentation.

It was suggested that SharePoint should be made more accessible. With regards to patient records, an uncomplicated system of viewing documents would be put in place. Thus access to health records would be simplified, giving peace of mind to patients. It was agreed that in principle Board papers should go on website, taking into account any confidential and data protection issues.

Mr Goldman agreed to come back to the Board with this issue after discussions with Mr Laverick and Ms Sunderland, later in the year. MG

6.2 CEO Update on Patient Safety

Mr Goldman confirmed that in the run up to the Coroners case he had been in contact with CQC and Monitor and had invited the CQC to do a review and a meeting had been arranged to meet with Monitor on May 18th. However, the Rule 43 letter was still awaited. When that had been received and Monitor's view established, CQC would be informed and given the opportunity to amend recommendations, which would then be brought back to the Board.

BUSINESS PLAN 09/10 PRIORITIES

We Provide The Highest Quality Patient Care

09.68 7. Infection Prevention And Control Report (Dr I Gupta)

Mr Goldman informed the Board that he thought it appropriate that the Board receive a brief overview of the management of the swine flu outbreak and that Mr Tony Bleetman and Ms Kelly Jervis had come to present this.

Mr Bleetman had been working on the delivery of a previously drawn up plan and had overseen an exercise to test the plan the previous week at Solihull, Good Hope and Heartlands to check for any flaws or omissions in that plan. A Flu panel had been convened and was meeting daily, it included surveillance at the Trust, nationally and at airports. He had forged a new partnership with Dr Gupta to ensure a combined message was being sent out. Communication updates had been sent to all staff. Equipment had been found to be in good order, although there had been a few issues at Good Hope which had now been resolved. Mr Bleetham confirmed that the plan would be finalised by the end of the day.

Ms Jervis informed the Board that a good relationship had been forged with the airport and a meeting had taken place last week with the Health Support Unit. There was only one flight per week and passengers were being segregated and assessed, if any risk was detected, they were being told to go home and call NHS Direct.

Mr Goldman confirmed that no one with suspected influenza would be admitted but would be directed to a place of safety, the biggest centre for people was in Stoke. The ambulances were aware that any patient with

suspicious symptoms would go straight to Ward 28 and bypass Emergency, thus protecting vulnerable patients in high risk areas. Mr Bleetman reassured the Board that the latest vaccine did provide some protection and immunisation amongst staff had risen significantly. In the event that the situation escalated the Trust had 3 stages of response: occasional, steady, and overwhelming. When stage 2 was reached, a separate assessment area would be set up.

The plan also accounted for up to 20/30% staff absence and so where appropriate, recently retired staff had been contacted. So far they had received 28 affirmative replies. Indemnity issues were recognised and at the meeting planned for that afternoon, the group would look at a matrix on length of time someone had been retired and allocate them to relevant roles. Alternative checks to CRB were also going to be devised at the afternoon's meeting.

Mr Bleetman confirmed that stock level of Tamiflu were adequate but more had been ordered. The decision had been taken to reduce the time of the course of treatment to 3 days to increase the number of recipients. The treatment would be prescribed on the specific instruction of an ID Consultant in line with Occupational Health Policy.

Mr Bleetman confirmed he had been working very closely with Communications and the email system had been utilised and a flyer printed of frequently asked questions. As of today there had been 4 cases reported in the West Midlands. Mr Bleetman said there was more concern that there may be a more virulent strain in the Winter. The vaccine makers had to decide what vaccine to make. The Chairman thanked Mr Bleetman and Ms Jervis for their attendance and they left.

Dr Gupta then turned to the Infection Control Report.

MRSA
There had been 3 MRSA bacterium this month. The annual trajectory of 46 allowed for a 3, 3, 4 pattern and the Trust was just on trajectory. Dr Gupta invited questions on MRSA. The Chairman asked if there had been anything unusual. Dr Gupta confirmed it was a paediatric case, with eczema, so was unavoidable as children were not screened. If there was an increase in cases, situation would be reviewed.

Dr Gupta confirmed that the relationship with the Community was improving.

C.Diff
Dr Gupta informed the Board that since April a new definition had been agreed for measuring C.diff. It was now infection from admission plus 2 days. The trajectory for C.diff had been set with 2 different targets:

(1) financially and for Monitor, which had been agreed with the HAS
(2) a more ambitious target, which had been set internally of 28 cases post 48 hours.

Dr Gupta confirmed that the prescribing of antibiotics had been driven down. Mr Cunliffe confirmed that the plan to refurbish Ward 17 had been brought forward as a result of an outbreak meeting due to a rise of cases last year.

Norovirus
Dr Gupta confirmed that there was nothing new to highlight. It was agreed

that it would be useful to see cost of disruption of these viruses and some comparison over time. Mr Stokes confirmed that the cost to each bed lost was approximately £150.

The Board also requested that a report on Winter bed management for 2009/10 be brought to the July Board meeting MG

Para Flu
There had been an outbreak on Ward 19. Dr Gupta explained that this type of flu was usually quite mild but an outbreak could be prolonged. Patients had brought it in from the community and some staff members had caught it too. Still seeing trickling of cases coming in but tended to be minor and it had been managed in side rooms. There had been some bay closures.

Case of Probable Hospital-Acquired Legionnaires' Disease
A severely immune-compromised patient had developed Legionnaires' Disease whilst as an inpatient on BHH Ward 12. The Trust had introduced a special treatment system at the end of 2007, as well as a routine flushing programme. An incident meeting in line with national guidelines had been held to establish the source of this infection. The main finding had been that even though the above system had been well maintained, water samples had tested positive for the presence of legionella bacteria and there was a possible link with usage of flexible hoses. The flexible hoses were now being replaced.

09.69 8. Review of Neo-natal Unit (Solihull) (IC) (Strictly Confidential)

THIS MINUTE IS RESERVED UNDER SECTION 43 OF THE FREEDOM OF INFORMATION ACT 2000

09.70 9. Performance Measures
The only national target which had not been achieved was A&E, which was marked as "under achieve" rather than fail. New performance measures were currently being implemented. The Trust would attract an amber rating for governance and a financial risk rating of 4 from Monitor.

We Are the Local Provider of Choice

09.71 10. Site Strategy Plan – (AS)
Mr Stokes confirmed that this was a one page summary of what had been discussed at length, at the Board Away Day. It would be reviewed every 6 months. The decision had been taken to go ahead with the Good Hope Ward straight away and then go through business case for others including Outpatients. The business cases would set out all possible benefits. It was agreed that the Outpatients refurbishment was a priority area for improvement.

Mr Stokes confirmed that the business cases were being scrutinized by the ED Committee and that a summary of business cases would be brought to the Board. The larger business cases such as Outpatients would be brought to the Board as well as Executive Directors in due course

09.72 11. In Patient Survey Report (LD)
The key themes had been outlined on the summary page. The Board expressed disappointment with the results, particularly around the basics such as not having medication explained or poor food quality.

Ms Dunn drew the Board's attention to the list of recommendations, based on national importance and the fact that the Trust was below average and required further improvement: Cancellations of procedures; mixed sex accommodation; explanations provided to patients; staff awareness of their behaviour around patients; discharge process were all key areas for improvement.

The report recommended that KPIs should be agreed around these areas to enable changes to be tracked. LD

Ms Sunderland offered reassurance to the Board that ongoing patient satisfaction was being measured as part of the quality of care indicators, which would be available by ward every month. This would be real time information and would not just be a snap shot from the past. It would make easier to address issues raised. The Trust would also be able to identify themes and highlight areas of good practice. Dr Woolley pointed out that indicators also dovetailed well with the safety indicators.

The Board agreed that it supported Ms Dunn and Ms Sunderland working together on this and asked for a report in September. It was agreed that the issue of patient satisfaction together with SUI and Complaints should then be looked at on a monthly basis and for Ms Dunn to proceed with her recommendations. LD/MS

09.73 12. GP Satisfaction Report

The report set out findings from a new survey of GPs. To overcome previous challenges in persuading GPs to feedback through surveys a new survey had been redeveloped around a series of questions designed to gauge GP perceptions of the Trust as a quality provider of secondary care.

HoB PCT had been selected for the first tranche of the new 'face to face' surveys due to its lower than expected market share. The success rate was demonstrated by a GP response rate of 100%. By July the Trust would be able to see a picture from whole geographical area and would then develop an action plan to address the issue raised. Ms Dunn agreed to bring a further report in July, demonstrating the themes and trends.

Mr Goldman asked the Board to consider why the Trust's survey results showed dissatisfaction among patients, GPs and staff. The Trust had much more activity than had planned to do. He questioned whether the organisation had been putting itself under so much pressure that it was difficult for the Trust to achieve what the quality it wanted. Mr Goldman suggested that the Board needed to look at the environment that the staff were being asked to work in and if they were being placed under too much pressure with levels of activity to deliver a world class service. The Board needed to consider the paradox that the Trust could not be a world class service and the "sweatshop of Birmingham".

The Chairman suggested that level of business accepted from commissioners should be assessed in light of Mr Stokes financial report, still to come. Mr Stokes agreed as it was clear that some directorates had capacity, while others did not.

09.74 13. Performance Measures

Covered under minute 09.70.

We Are The Local Employer of Choice

09.75 14. Human Resources Committee Report (MC)

Ms Coalter drew the Board's attention to the national staff survey result as the results of the local survey, published in December 2008, had identified a much more positive result. Although the Trust had not performed as well as it would expect in the National survey, feedback had been based on returns from 400 staff (less than 4% of the total workforce) when compared to a 32% return rate for the local survey (3000 staff).

However, Monitor had raised concerns about the National Survey results and were considering ways to change the way the national survey was reported. The Board needed to be aware that the national results had attracted attention from the regulator. Bullying and harassment was highlighted as an issue and whilst this might be linked to the increasing levels of elderly, confused patients lashing out at night, the issue should be investigated. The Board requested that the survey results be mapped to IM1s and if necessary it should be followed up with pulse surveys. Workshops around the issue could then be developed to support staff. Ms Coalter would report back to the Board on the investigation findings. MC

09.76 15. Performance Measures

Covered under minute 09.70.

We Continually Learn & Innovate

09.77 16. Performance Measures

Covered under minute 09.70.

09.78 17. Schools Academy – (LD)

The Chairman welcomed Prof Di Birch, Nottingham University and thanked her for coming, which was much appreciated. Prof Birch gave the background to Nottingham's Academy School, of which the University wasa sponsor. A summary of which is below:

The Academy School served 11 to 16 year olds in a disadvantaged area of Nottingham. Although outside the remit of their core business the university had got involved as it had opened doors to local community for them and improved the life chances of every child in its reach.
The school was due to open in September with a VI Form and already a lot of the year 11 students had said they would stay on. It offered a mixture of diploma and vocational courses. The first Governors meeting had been held and Prof Birch was happy with the high calibre mix of governors.

A new Principal had been appointed, by Nottingham University and its private sponsor, David Samworth, prior to opening and the TUPE transfer of staff had been completed. Some new senior staff had been brought in, to help with the culture change and involvement of the community.

Prof Birch suggested the best way for her to share her learning was to take questions, out of which the following points arose:

The University and its private sponsor, David Samworth had set off as joint and equal sponsors, the University's role had been around setting the culture and ethos, however, important decisions had been made jointly.

In order for an NHS organisation to give itself reassurance that classes and tuition that it had no involvement in, were of a good standard, it needed to establish a strong leadership team, which it would be wise to seek help with.

It was about having expertise in the management team and the governing body.

There would be a need to commit a large amount of time and would be appropriate to appoint someone to act as Project Manager, alongside someone in the Community.

The DEFS had their own project management team, but careful consideration should be given to that route, as it was important to ensure the Trust maintained its own vision.

Mr Goldman updated the Board on a recent visit he had made to the Birmingham school's Governors' Committee, which had included parent and staff representatives. The question had been asked "what if the school did not want the Trust's involvement, bearing in mind it was not a failing school?" Mr Goldman had made it clear the Trust would not be interested in a hostile encounter. Mr Goldman, however, had indicated that the Trust in conjunction with Warwick University had something extra to offer the school. There had also been a positive response from the current Principal.

Prof Birch advised that the longer time scale the Trust could bargain for, the better and that to have a strong principal in place in advance was invaluable.

The Chairman asked for clarification of the legal basis – would the governors be in charge of the school and have the legal responsibility or would the partners have the legal responsibility above the governors.

Prof Birch, explained that the sponsors appointed the majority of the governing Body and after that it was possible for Governing Body to develop life of its own or be constrained by the sponsors. The risk to reputation would be too great to stand back too quickly and so in Nottingham's case they would retain responsibility in early stages to ensure the school had the best opportunity to thrive.

The Chairman asked what the legal responsibilities of the governors were? Prof Birch said that the term used was "Governors were responsible to the Sponsors". Thus a reporting system between Governors and sponsors needed to be set up so that any concerns could be fed in. It was important to get the right balance.

Mr Goldman confirmed that Warwick University did have a school of education. Prof Birch had explained that in Nottingham's case they had help with the development of staff and determining curriculum and methodology of teaching from their School of Education. The University's facilities had been made available and so the children had the opportunity to explore some of their curriculum at the University.

Prof Birch, acknowledged the importance of good will and communications and so far there had been a good relationship between local community, school and the University. Whatever the University learned with the project they would share, the aim was to help the whole community and not just one school. There had not been issues with the press, apart from criticism because of the delay in building progress.

The appointment of the Chair and Governors had been carried out in collaboration with the other sponsor David Samworth with a balance between educationalists and non educationalists being identified as crucial.

The Chairman thanked Prof Birch again and she left the meeting.

09.79 18. Performance Measures
Covered under minute 09.70.

We Are Financially Secure

09.80 19. Monthly Finance Report (AS)
The focus of the financial report centred on an increase in expenditure against income. Although a relatively good year, the Trust was now running at nearly a £1m loss per month and at the end of March 2009, the Trust had over spent against operational budgets by £3.7m. The Business Unit overspend totalled £11.9m with £8.2m being offset from release of year end reserves. Mr Stokes emphasised again that the pay bill needed to reduce and CIPs needed to be achieved.

Mr Stokes then invited questions regarding the year end, out of which the following points were clarified:

- Individual business units had overspent by £12m.
- The pay issue had not yet improved.
- Directorate by Directorate analysis had been done and was now going through the ED Committee.
- Demand for locum staff had increased due to Trusts needing to be EWTD compliant, thus with the increase in demand, agencies have increased their charges.
- Ms Coalter confirmed that a head hunter had been employed in an attempt to fill vacancies as soon as possible. The issue of internal pay levels was being looked at this week. Doctors were also being sourced from abroad.
- Service line reporting and implementation of new structure was a key tool in improving the situation. The month 12 position would be available next month and the Trust will then have service line reporting on a quarterly basis.
- Mr Goldman confirmed that pay controls had been reined in centrally in an attempt to exert control over the pay bill with little success but this would be maintained until the Directorates take control with the implementation of the new structure in a few months time. Individual directorate managers would then be accountable. The new Group Operational Directors would be crucial in the success of this process.
- Ms Ryabov confirmed that different benchmarking processes were now in place and Elderly, Obstetrics and Trauma and Orthopaedics had been identified as a key issue to address. There were also issues around cancellations and discharges.
- Communication to the staff on the ground about the impact of tariff is key.
- Mr Goldman confirmed that the new structure should come into play around September; appointments were being made in May and June. If significant progress had not been made then harsher measures may have to be implemented such as a vacancy freeze and redundancies.

09.81 20. Assessment of likely financial outturn for Monitor Plan 2009/10 (AS)
The report set out the Trust financial plan for 2009/10 of £15.4m surplus which the Board had approved and would be used as the basis for 2009/10 budgets. The Trust Board recognised that the Trust was starting the

financial year in a loss making position for 2009/10 and that there was a need for a phased recovery back to £15.4m over time. The Trust Board was asked to note that the 2009/10 plan of £15.4m was £7.1m below the current 10 year site strategy requirement for 2009/10. Mr Stokes' paper recommended that the Trust should set a lower Monitor Plan of £5.8m based on likely forecast including sensitivity.

Mr Stokes' cash forecast showed that recovery would start to kick in by June. The Chairman indicated that he was not prepared to wait until June and asked that the Executive Directors took immediate action. The Board agreed with this sentiment, however, it was considered important to understand where the problems with the pay bill were occurring and how much of that was within the Trust's control to ensure that the action taken impacted on the bottom line as quickly as possible. Ms Fenton and Mr Stokes were already in the process of examining which part of the pay bill was causing the problems. They acknowledged that the increase in agency price had its part to play, as did the increase in demand for Junior Doctors and Medics. Thus Ms Fenton and Mr Stokes were going through directorate by directorate and used SLR to assist them.

The following actions were agreed:

- Examine comparable data from other organisations for benchmarking purposes.
- Take steps to reduce reliance on nursing and HCA agency staff generally and for sickness cover but to approach locum cover more carefully as there were more complex issues.
- Examine at directorate by directorate level.
- Mr Goldman to continue with the Confirm and Challenge interview, although at times this was painful it had proved very successful so far.
- Ensure establishment was correct.
- Improve controls in T&O, Obstetrics and Elderly care.

£6m was agreed as the figure to submit to Monitor with an internal target of £15.4m. The Board agreed this urgent action had to be taken to get back financial control with immediate effect.

09.82 21. Forecast A & E 98% Target for 2009/10 (BF)

The report set out the forecast against the A&E 98% target and demonstrated that it was a complex issue and a key part of the Trust's Monitor Annual Plan. For which a declaration of compliance must be submitted by 31st May. The Trust's performance in 2008/09 had been 97.63%. Despite the failure over the whole year, the actions taken in 2008/09 to improve the Trusts performance had resulted in the best ever performance as a Trust since the merger, with a performance of 98.73% in March 2009. However, Easter and Bank Holidays had proved problematic to manage, and weekends were also challenging although to a lesser degree.

A discussion took place around the costs/benefits of a 7 day working week and work was being undertaken to improve the discharge flow into the Community. Mr Goldman confirmed that he and the Chairman had raised the issue with Ms J Ord at their recent meeting, as it was acknowledged that there was a radical change needed from the working relationship with PCTs. There were also issues around pharmacy.

Ms Fenton requested that the Board review the position prior to the

submission to Monitor date of 31st May after further analysis was undertaken and actions to mitigate risks implemented. It was agreed to arrange an extra board meeting to approve the monitor return. Information also needed to be available for consultation with the Governors at their Away Day meeting scheduled for 18th May. CL

09.83 22. Performance Measures
Covered under minute 09.70.

General Business

09.84 23. Company Secretary's Report (cl)
Ms Lea confirmed that she had nothing further to add to her previously circulated report. The seal report was approved by the Board and the draft minutes of the Sub-Committees noted.

The Chairman requested that larger spines be used on the Board papers.

09.85 24. Any Other Business

THIS MINUTE IS RESERVED UNDER SECTION 43 OF THE FREEDOM OF INFORMATION ACT 2000

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09.86 25. Date Of Next Meeting
Wednesday 3rd June 2009

…… Chairman