Mrs Williams welcomed Mrs Dimmick to the Management Board as the new Allied Health Professionals representative.

1. **Minutes of the previous meeting**

These were accepted as a true and accurate record of the meeting held on 26 August 2004

2. **Matter Arising**

2.1 **Wanless Action Plan**

Mrs Williams explained that this was still with the Welsh Assembly Government. The requirement had been for contingency bids to be made by the end of August and the Trust is still awaiting a response. Mr Rees outlined a presentation made by consultants to the executive team. The consultants had been tasked to look principally at the provision of day surgery and modified A&E/acute services on site. The presentation outlined options for moving this forward along with possible costs. They have also been asked to look at
obstetric theatre services and mortuary facilities. The next stage is to take this to the Medical Staff Committee and then bring it back to Management Board. Mrs Williams suggested that this presentation should be taken to the Surgical Directorate Business Meeting to enable the day surgery element to be progressed quickly. At the Charitable Funds Committee meeting in September 2004 Mrs Williams asked that pump priming money be released to appoint a project manager to take this work forward over the next 18 months.

Dr Axford asked about the energy requirements and the situation regarding the generator. Mr Rees explained that since the risk workshop there has been an increase in capacity during normal service. There is still an issue regarding an external fault. Options are under consideration for managing capacity and this would include such service modifications and additions. Mr Rees also explained that there would be a need to upgrade the internal electrical infrastructure.

2.2 GMS Out of Hours Service

Mrs Williams provided the Board with an update, confirming the go live date as 18 October 2004 and explaining that the Trust was working with the LHB to sign off the finances. An outline infrastructure has been done, the rotas for the first 4 weeks are confirmed and the drivers have been appointed. There was no success following the first round of the appointments to the Managers post. Subsequently, Mr Jason Crowl (Head of Nursing – Family and Child Health) has been appointed and the directorate are working to identify solutions for backfilling aspects of his post. Dr Catherine Thomas has been appointed as the lead GP. Mrs Williams explained that some of the salaried GP posts will have to be readvertised. Dr Axford asked about the remuneration agreements and Mrs Williams confirmed that all those involved were informed of the differentials. The Management Board asked that Mr D Thomas keep them informed of progress.

2.3 Acute Services Review

A Regional Strategy Workshop took place on 16 September 2004 in Carmarthen at which there was considerable debate around services and future configuration. It was noted that Bronglais was in a distinctive position in Wales as it cannot be considered in the same way as hospitals based around the M4 corridor. Dr Axford commented on a meeting with the Royal College where they had been looking at healthcare provision in isolated rural communities. There were some examples from Scotland which demonstrated some innovative approaches. Mrs Williams felt that contact with similar Trusts would be very useful and that the Trust should be looking to actively benchmark. Dr Axford will pass on the relevant documentation so that appropriate contact can be made.

The obstetrics audit is to be presented to the regional office. Dr Penry commented about midwifery led services at other hospitals. Mrs Williams felt there was a need to get a consensus on the significance of transfer times and the clinical consequences. Paediatrics and obstetrics are going to be key areas with regards to this especially as the Royal College of Obstetrics and Gynaecology advice is that there should be no more than 75 minutes between the decision to intervene and delivery.
Mrs Williams welcomed Mr Bouchier to present his briefing paper. Mr Bouchier explained that the ECDL qualification was now mandated for all NHS employees and at present the Trust is expected to have all employees qualified by 1 April 2008. ECDL is forming part of the Informing Healthcare programme, which has provided funding for 2 posts to facilitate/train/mange this until 31 March 2007. Mr Bouchier explained that there are various methods of preparing for the exams, but if all staff wanted classroom training this would take a disproportionate amount of time and resource. NHS Wales now has access to the internet based training portal used in England. Mr Bouchier estimates that potentially 25-30% of the Trust staff will use this for training.

The original plan was for the IM&T Directorate to be first to sit ECDL to evaluate the options. A key issue for all departments will be backfilling staff. Mr Bouchier explained that he is looking to come up with a multi-modal option. Mrs Williams explained that it would be useful to stratify staff from those for whom the certification is essential to those for whom it is desirable. This way the Trust can ensure that the right staff groups are targeted. Mr Bouchier commented that he is hoping to send a questionnaire out with the next payslips to aid in identifying such groups.

Mr Walsh asked about other courses such as CLAIT and Mr Bouchier explained that the NHS and the WAG have mandated ECDL. Dr Penry asked if there were any exemptions or credits for other certificates, for which there are not. Mrs Williams felt that getting staff released would be a problem, as this has been identified in the past with various other training courses. Whilst the questionnaire would be useful, Mrs Williams felt there was a need to identify key staff groups. Other key actions were identified as appointing trainers, assessing the essential staff, instigating the Informing Healthcare Project Board to oversee this. Management Board asked Mr Bouchier to identify key staff groups and provide an update to the next Management Board.

Dr Penry suggested a pilot using representatives from various groups. Dr Walters and Mr Barr explained that it should be included in personal development plans and Mr Rees asked if it could be added as a requirement for appointment. It was agreed that HR would be approached to consider this suggestion. Mr Bouchier also explained that they were very tight in terms of office and training space.

Mr Rees explained that there is an ongoing problem getting people to attend these courses. Mrs Williams suggested not permitting staff to access other training courses until they have completed the manual handling course. She asked for this message to be taken to the directorates. Mrs Dimmick also commented on the problem for community staff as the courses are held in Aberystwyth. Mr Rees explained that they could not move to other areas of the community as the equipment was all in Aberystwyth.
2.6 Nurse Recruitment

Mr Walsh explained that some new staff had started but some were delayed pending work permits. Mr Griffiths and Mrs Davies were asked to bring a paper to the next Management Board meeting updating the Board on progress with nurse recruitment. 

3. Monitoring Reports

3.1 Finance, Capital and Activity Report

Mr Forster summarised the Trust’s current financial position, explaining that excluding the SaFF deficit, there was an overspend of £40,710 (including the SaFF deficit this is £242,377). The current forecast is an overspend of £98,000. This shortfall needs to be managed from delegated budgets as there is no flexibility in the reserves. Mr Forster explained that this meant that there is very little room to manoeuvre. Some money has been allocated against high cost drugs and the same allocation as last year has been made to SIFT. Mrs Williams requested that a detailed forecast be undertaken based upon the month 6 figures and further actions will need to be considered at the next Management Board meeting. Mr Forster will need Directorates to meet with their finance representatives and go through the figures in close detail prior to this discussion.

Mr Barr asked about the EWTD and any improvement in the pay position and Mr Forster explained that this should help marginally once all new rotas are implemented.

Mr Foster outlined the current capital position included in the finance report. The daycase theatre allocation covers what has been received to date. The total spend to date is low as many items are in the process of being procured. The Capital Investment Forum will report to Management Board in October 2004.

In terms of activity, the Trust had one orthopaedic patient waiting over 18 months, but they had declined a 2nd offer scheme place. In general surgery there were 4 patients over but this list has now been moved to central admissions, which should ensure this is less of an issue in the future. Gynaecology lists are being discussed within the Directorate. Mr Forster explained that he is in discussion with the WAG regarding the 12 month targets for outpatients and day cases with a view to securing additional resources for local treatment.

3.2 Strategic Change and Efficiency Plan

Mr Forster explained the loan situation over the future years as detailed in the report and explained the CIP position and specific cost reduction schemes. Of these, procurement and operational efficiencies had been met. The savings identified for Cardigan hospital have not been achieved due to the proposed reprovision plans being delayed. Drug prescribing has been non-recurrently met for this year. In terms of the level 3 (shared services review) a paper has been developed demonstrating little scope in terms of cash releasing savings, but scope for improved efficiency and cost avoidance has been identified. The paper will be circulated once agreed with all Chief Executives concerned.
Between the CIP and SCEP there is a need to find £2.6 million. To date, £1.1 million has been identified.

Mrs Williams and Mr Forster explained that financial options will need to be the main agenda item for the next Management Board. Board members need to look at the SCEP schemes again and revisit the initial list with the intent of further discussion at the October Management Board meeting.

Mr Forster will also do a review of the budgets and come back with challenges on budgets for the October meeting.

3.3 Balanced Scorecard

The performance changes were noted and the waiting targets are discussed above. Target 2.14 is noted as having an issue about how to collate this information and there is a need to work with the LHB to define where this target lies. This will be picked up at the quarterly review.

4. Items for discussion/decision

4.1 Bed Management Report

The Board noted that bed occupancy at Cardigan is falling, mainly due to GPs only admitting Cardigan patients, and that occupancy at Bronglais exceeded 90% in August.

4.2 Report of the Director of Human Resources

Mrs Williams drew attention to the Consultant contract update and explained that Mr D Thomas and Mrs Davies had been asked to review the dates for the timescales. The national audit is due to start in Bronglais on 24 October. Regarding Agenda for Change, it was noted that there are still some outstanding job descriptions. If these are not agreed by 30 September then a core job description will be assigned as agreed with staff side representatives.

5. Items for information

5.1 IM&T Steering Group report

The Board noted the report and minutes from the IM&T Steering Group. Dr Penry commented that although the high IT workload is appreciated, there is a need to ensure support is available to the Postgraduate centre. Mr Forster explained that he has been looking at the workload and will be taking a report to the executive team on options.

6. Any other business

6.1 Organisational Development review arrangements

Mrs Williams led discussion on the appropriate timing of a formal review of the ODR and how to ensure that sufficient views are obtained. Dr Jones suggested that general
managers have informal interviews and that directorates gather opinions from within. The Board felt that however it is done, it needs to be done properly. Mr Barr felt that there may need to be more specific questions. Mrs Williams reminded the Board of the original paper and phase 2. If anyone has an objection to this continuing, then they are to contact Mrs Williams by 8 October.

Mrs Williams and Mrs Davies will draft an evaluation process which will be circulated to all Management Board members. The Board agreed to defer the review until the end of the year.

6.2 Health and safety at work

Mr Rees explained that a workshop has been arranged but some attendances had been poor. The key to the management of health and safety is ownership. There is a feeling that more of what was managed centrally is being given to the directorates. This is creating an issue for directorate workloads. Mrs Williams explained the need to find time to do this workshop, after this a lot of work will pass back to Facilities.

7. Date and time of the next meeting

4.00pm on 28 October 2004 in the Lecture Theatre, Postgraduate Centre