MINUTES OF THE 39TH MEETING OF
THE BOARD OF DIRECTORS OF THE
ROYAL DEVON & EXETER NHS FOUNDATION TRUST

Held on Wednesday 26 September 2007
In the Boardroom, Noy Scott House, RD&E

PRESENT:
Ms A Ballatti (Chairman)
Mrs A Pedder (Chief Executive)
Mr B Baty (Non-Executive Director)
Mr D Bishop (Senior Independent Non-Executive Director)
Mrs L Hall (Director of Facilities)
Miss E Hobson (Director of Operations)
Miss M-N Orzel (Director of Nursing & Service Improvement)
Dr V Pearce (Joint Medical Director)
Mr M Stevens (Director of Finance & Information)
Mr G Sturtridge (Vice Chairman & Non-Executive Director)
Mr R Walker (Non-Executive Director)

APOLOGIES:
Mrs M De Viell, Mrs L Lane, Mr J Rackstraw, Dr I Wilson

IN ATTENDANCE:
Mr T Taylor (FT sec), Mr Peter Adey (Acting Director of Operations (designate))

380.07 DECLARATION OF INTERESTS
There were no new notifications of interest.

381.07 CHAIRMAN’S REMARKS
The Chairman welcomed Mr Pete Adey, the Acting Director of Operations, with effect from 1st October to the Board meeting and wished Elaine Hobson good luck for her secondment in New Zealand.

She asked if procedurally all questions could be placed through the Chair and that she intended to increase the pace of Board meetings in the light of the large agendas the Board were now facing.

382.07 CHIEF EXECUTIVE’S VERBAL REPORT
Mrs Pedder reported the following:

a) She had attended a dinner hosted by Dr Bill Moyes (Executive Chairman of Monitor) at which Mr Greg Beale (the Prime Minister’s Health Adviser) was present. In discussion it was apparent that the Government viewed foundation trusts as a successful part of the NHS organisation and that for the future there would be a focus on a drive towards public health and improving the general health of the population. There had been interesting discussion about secondary care providers delivering care closer to patients’ homes. Mr Beale will be invited to visit the local area at some stage in the future.

b) The Trust was meeting with the Healthcare Commission on Thursday 27th September to receive feedback on their review of performance in meeting
healthcare standards.

c) On 9th October Lord Darzi would be visiting the Trust, together with Mr David Nicholson the NHS Chief Executive, as part of his review of the NHS. Much work nationally had been undertaken towards the Darzi review focusing especially on clinical staff engagement. She also reported that the emerging national strategy appears to mirror our own revised strategic directions, which was good in that it would reduce any potential tensions within the organisation in the future. It would also provide a firm foundation on which we could build relations with our stakeholders.

382a.07 The Chairman asked Mr Bishop to report on his attendance at a King’s Fund meeting where he had represented the Chairman. He reported that the discussions had centred on the potential role of the Foundation Trust Governors Association where it had been suggested that one role might be to lobby Government. There was concern at this as it was not widely viewed as the governors’ role. In general, the feeling was that the governors’ role in relation to foundation trusts is unclear and needs clarification.

383.07 MINUTES OF THE LAST MEETING
The minutes of the Board of Directors meeting held on Wednesday 25 July 2007 were approved as a correct record.

384.07 MATTERS ARISING & BOARD ACTIONS SUMMARY CHECK

a) Review of the Action Grid.
279/07 (Patient Pathway complexities) Complete. A briefing paper had been prepared and would be issued shortly.
358/07 (Rises in ED activity) Complete. A response was included within the performance briefing for this month.
359.07 (Amendment of Infection Control Report) Complete.

b) Matters Arising
378/07 (MTAS). Mrs Pedder reported that the August hand over went well finally and no RD&E doctors were without jobs. However, next year may be more problematic.
370/07 (Revised Complaint Policy). Miss Orzel reported that changes had been made to the Complaints Policy as discussed at the July Board meeting.

Mr Sturtridge reported on the issue of a document from Monitor concerning managing operating cash in foundation trusts. He requested a short statement from the Finance Director on how our cash holdings are invested and whether they are in line with Monitor’s recommendations. He was concerned that if they were not, it could affect our financial risk rating in the future. Mr Stevens replied that this information would be included in his review of financial information coming to the Board.

Action: MS

Mr Bishop added that the Board needed to be assured that no unnecessary risks were being taken with investment. Mr Stevens confirmed that this was the case.
Mrs Pedder introduced this report by reminding the Board that the Annual Plan included proposals to create a fund for re-investment purposes which were to be appropriately allocated. Clinicians and managers throughout the Trust had been consulted and asked how the money should be re-invested to achieve key strategic objectives and the results of these discussions were now presented to the Board for approval. The Executive Directors had reviewed the proposals and all that were considered appropriate were set out in the paper.

Mr Stevens then reported on the financial background. The Trust was now operating on a financially sound financial basis and £3-4m had been identified for re-investment in the current year. However, he stressed that items to be included were largely of a non-recurrent revenue nature for this year as the resources were already taken into account in meeting future expenditure from 2008/9. A small number of recurrent items (i.e. under £500k) could be approved but these would inevitably form a pre-commitment on next year’s funding. Criteria for inclusion in the investment fund were that:

- Proposals should be aligned to the emerging Strategic Directions
- Priority given to the top 5 priorities identified by members of staff and membership
- Schemes must be completed before the year end
- A maximum of £500k is available for recurrent revenue commitment in the next financial year
- Proposals must aim at delivering significant benefits to large numbers of staff and patients.

Proposals from Directorates had been reviewed and prioritised against the 7 key strategic objectives; namely:

- Improving quality of patient care
- Eliminating avoidable infections
- Improving patient safety
- Improving the environment for patients and staff
- Improving staff developments and welfare
- Reducing waiting for patients
- Improving efficiency

Mr Stevens explained that the allocation of £54k for reducing waiting for patients appeared low but was not the full extent of funding as significant additional funds for meeting the 18 week referral to transfer target were also available. Therefore this initiative did not need as much assistance from the strategic investment fund. The same situation related to funds allocated to avoiding infections where further earmarked funding had been provided by the DH.

Mr Stevens viewed this fund as a very positive message to the Trust by providing visible evidence of the Trust’s intention to invest in services once stringent financial targets had been met. Mr Stevens confirmed that he would investigate how this exercise may be repeated in future years.

One of the largest investments was the intention to replace all the beds in the hospital with new state of the art electrical beds. This will have a hugely positive impact for patients and staff alike. The list includes many items submitted by
individual Clinical Directors reflecting the priorities for their departments and he commended it to the Board.

Miss Orzel added that a further £220k was available from the Strategic Health Authority towards infection control.

Mr Baty fully supported the thrust of the report but was concerned that some of the spending would be seen as investing in the infrastructure and not strategic investment. Mr Stevens agreed but added that some areas needed attention and it was not possible to meet all the requirements in this area from in-year funds. Mrs Pedder also agreed but stated that there was a need to catch up on infrastructure work in some areas, particularly with regard to the ongoing redecoration programme.

The Chairman summarised that this is a one-off opportunity at present to do things which had been left out in the past. Bids for funding that had not been prioritised were valued at less than £250k and were mainly funded from elsewhere.

Mr Sturtridge supported the idea of the fund but made the following points:
- Funds available for investment were substantial – in the order of £40m and he felt that there must be protocols for both their investment and reporting to the Board. It would always be a problem to decide what to do with such funds and he felt that a set of ‘rules/criteria’ was necessary to ensure even-handedness in dealing with the various bids
- He asked whether the covered walkway from E link corridor to the northern end of the site would be replaced as it was an eye-sore. In response, it was stated that there was no current plan to replace this walkway as although it may not look very cosmetically attractive it was functional. The question could be readdressed when future capital programmes were considered.

Mr Bishop asked whether our surplus would cover any risk if the PCT was unable to pay the contractual sums it might owe the Trust in the future. Mr Stevens considered this should not be a problem as the PCT had a funding capacity for this and the Trust also has a small contingency set aside. He also asked about the potential shortfalls against planned budget in some of the Directorates and how this would be dealt with. Mr Stevens responded by saying that 3 Directorates had forecast an overspend this year and the end of year forecast figures included this possibility of such an overspend.

The Chairman asked Mr Stevens if he felt that the financial assumptions upon which the Trust was operating remained robust which Mr Stevens confirmed.

Mr Baty asked whether this was an opportunity to involve governors by linking with members on this matter. It was agreed that the newsletter and constituency meetings would be used to reinforce this initiative.

The Board noted this report and approved the list of areas for investment.

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Miss Orzel gave a presentation on this topic which is part of a national programme aimed at increasing the time that nurses have available to spend on direct patient care. It focused on ward teams and their processes and systems. Nationally, the programme has been successfully piloted on 1 ward in 4 different hospitals. This
pilot programme is now being rolled out to 10 further hospitals although the RD&E had not been not successful in a bid to represent the South West. However, there is great enthusiasm to take this forward within the RD&E alongside the national programme.

The main principles underpinning releasing time to care initiative reflect a number of objectives already outlined in the RD&E strategic objectives, including:

- Delivering care to a consistently high standard
- Delivering services in an environment which is comfortable and friendly to patients
- Reducing hospital acquired infections
- Enabling innovation, excellence and ongoing quality improvement by financially responsive actions.

The paper proposed that the Director of Nursing & Service Improvement would take responsibility as the executive lead for the project, which would be co-ordinated by the RD&E Service Development Team.

The outcome of the project would be to:

- Increase the clinical time spent face to face with patients
- Enable safer and more reliable care
- Improve the experience of staff and patients
- Organise wards to work more efficiently
- Reduce interruptions and improve communication
- Reduce the time taken in handovers
- Ensure clear lines of accountability
- Limit interruption during medicine rounds thereby allowing their safer administration.

It was stressed that this project was not about reducing the number of nurses.

Funding costs were expected to be £45k for this financial year and had already been approved as one of the strategic investment fund allocations. This would allow staff to:

- Complete relevant training
- Review current systems and processes
- Implement appropriate changes
- Evaluate results
- Present results
- Disseminate learning

In addition, a sum of money would be made available to enable rapid implementation of any initiatives to facilitate changes without having to delay the process by going through a more bureaucratic directorate process.

Mr Walker asked how you would ensure that the ‘freed’ time actually was spent on patient care and how it would be measured. Miss Orzel reported that would have to be part of the ongoing work of the project to ensure that this occurred.

Mr Baty asked whether there was training programme to help nurses make better use of their time. Miss Orzel replied that there was no specific one but some techniques like videoing activities helped in this respect.
The Chairman was enthusiastic in her support for this initiative to help people work in a more efficient manner, which would ultimately be more rewarding.

The Board noted the report and endorsed the introduction of the Productive Ward initiative across the RD&E.

387.07 PLANNING & PERFORMANCE FRAMEWORK

Mr Stevens reported that this was an attempt to pull together the integrated nature of all our strategic planning processes in one unified process which neatly dovetailed within its constituent parts and was delivered on time in accordance with an annual cycle. Currently planning and performance processes were not fully integrated and this leads to some fragmentation. The framework would encompass many key elements including such items as the Trust’s Strategic Directions, Operational Plans, the Annual Plan and a number of efficiency and service development programmes. It was based on a cyclical process running throughout the year which started with the review of the Trust’s Strategy; a review of both national and local commissioning requirements leading to the production of short-term plans and performance targets and budgets. There would be consistent monitoring of performance towards meeting key objectives throughout the year. Mr Stevens wished to introduce this framework concurrently with the new Trust Strategy in October 2007. The Service Line Management model being introduced across the Trust already provided a basic process to follow and the Trust business planning framework would mirror the 5 business case model used widely in the public sector. This included:

- Pre-strategic outline case
- Strategic outline case
- Outline business case
- Full business case
- Post implementation review

A key part of this cyclical process is to identify the involvement required from the Trust Board and the report recommended an annual timetable of Board involvement.

The Chairman acknowledged that there would be a lot of hard work required in implementation of this framework and asked whether the benefits would justify the resource costs. Mr Stevens replied that he believed that it would, providing the framework was not made too complicated.

Mrs Pedder added that most of the constituent parts envisaged in the framework were already being done and the overall process needed streamlining, in order to allow a more systematic approach to be developed. She saw this as an iterative process which must enhance decision-making, and not just be a bureaucratic exercise.

Mr Bishop endorsed the idea saying that it would provide a total picture for the Board on how to manage change.

The Chairman added that she would be working with Mr Stevens and the Board Secretary to include the requirements of this framework into the Board business cycle in a sensible way.

Action: MS
She concluded by thanking and congratulating everyone who had been involved in the development of the framework so far.

**The Board approved the introduction of the Planning and Performance Framework.**

### 388.07 PERFORMANCE REPORT

Miss Hobson reported that the Trust was meeting all the key Healthcare Commission standards and targets and highlighted the following issues:

- Performance against the 62-day cancer target had fallen for July 2007. However recalculation of performance by the Healthcare Commission now indicated that the Trust had met the target. The numbers involved were very small, just 4 out of 54 patients; and therefore any delay to a patient had significant effects on the percentage performance figure.
- She advised the Board that the Trust had been asked by the PCT to agree revised interim targets working towards the 18 week referral to treatment target. The Trust had responded by saying that it would do its best to meet this request.
- There had been only 1 case of hospital acquired MRSA in the last 3 months.
- Emergency Department activity. It had been assessed that the number of Walk-in Centre patients which was increasing and generating the additional activity in ED. (refers to Action Grid – Minute 358/07)
- C.diff infections. The Healthcare Commission had confirmed the data requirement for this year which the Trust was submitting.

Delayed transfers of care. The Trust was in discussion with the PCT about how systems could be improved, to ensure that patients are cared for in the most suitable setting.

- C.diff infections. The age range for reporting C diff infections had been increased this year to include everyone over 2 years old as opposed to those over 65 years old. This had increased the Trust’s rate of infection from 1.47 per 1000 bed days to 2.19 in the final quarter of 2006/07. Despite this, the Trust’s level of infection were still less than the national and regional average, however, it may prove difficult to achieve the agreed local PCT target of <1.47 infections per 1000 bed days.

**The Board noted the Performance Report.**

### 389.07 COMPLAINTS REPORT QUARTER 1 2007/08

Mrs Orzel reported that there had been a total of 80 formal written complaints received during Q1 and 10 requests relating to losses and compensation. Formal written complaints represent less than 0.07% of overall patient activity within the Trust equating to 1 formal written complaint for every 1420 episodes. The number of commendations received, although slightly decreased on the previous quarter, was at a ratio of 19 commendations to every 1 complaint.

98% of complaints were responded to within 25 working days. There were no identifiable trends in any of the complaints received, although there were rises in the number of complaints surrounding ‘access and waiting’ and ‘clean, comfortable safe place to be’ categories.
Miss Orzel went on to explain that a consultation process was ongoing suggesting new changes to NHS (Complaints) Amendment Regulations 2006. The consultation process is due to end in October 07 and the RD&E will need update its internal processes accordingly. These proposals would place far more importance on rigorous local resolution of the complaint and the option for a complainant to ask for an independent review would disappear. This would include greater use of meetings and mediation, and the new processes would require close co-operation between complaints, PALS and Claims departments.

With regard to reporting complaints activity to the Board she requested approval to form a sub-group to review this and recommend a revised reporting procedure. She requested the inclusion of a Non-Executive Director. In her absence it was considered that perhaps Mrs De Viell may be interested in joining this group. Mr Walker also indicated his willingness to be involved in this group. The Board discussed how the views of governors could be considered as part of the review and the Chairman suggested that they should be involved by means of a joint development session at some stage.

Mrs Hall asked whether the new system of complaints would overcome the problem of vexations complainants. Miss Orzel felt it would probably not achieve this but it may help those complainants who had less confidence in the complaints system.

The Board noted the content of the report and agreed the proposals to form a working group to review the complaints reporting procedure.

390.07 **FINANCE & ACTIVITY REPORT**

Mr Stevens reported a satisfactory financial position for the Trust which was now predicting an end of year surplus figure of £0.4m ahead of plan. Liquidity remained ahead of plan and the financial risk rating was assessed at 5

He referred to some potential areas of concern namely:

- Currently the Trust was £1m under its income target for the year, mostly due to a shortfall in elective activity against plan. However, he expected this to pick up on account of increased activity to meet the 18 week referral to treatment target.
- Underachievement of CRES was estimated to be £2m across all Directorates for the year. Discussions were taking place with Directorates in order to improve the situation.
- 3 Directorate were forecasting an overspend. Work continues with these Directorates to achieve a balanced position by the year end.

Mrs Pedder added that there was a degree of concern nationally about the amount of FT surpluses being generated which were not being reinvested in service improvement. The creation of the strategic investment fund demonstrated the Boards intention to re-invest in services for the benefit of patients.

Mr Sturtridge fully supported the creation of the Strategic Investment Fund (SIF). He agreed that capital expenditure should be included in it, and, for the first year of its existence, some revenue expenditure. Thereafter, he felt that revenue expenditure should be in the Trust’s operating budget and not the SIF.

Mr Baty asked if future reports could show variance on the cost of capital projects against total planned expenditure and Mr Stevens agreed to include this in his review of how financial reporting was reported to the Board. Mr Baty also asked
about impairment and what might be the expected outcome of the forthcoming review of land and property revaluation. Mr Stevens replied that the likely outcome was unclear as the trust was currently engaged with the District Valuer in a whole hospital 5-year revaluation process.

Activity.
Activity in overall terms was lower in August than in July but higher than in August 2006. The forward order book (outpatient activity) was 25% lower than July and 9% below the level in August 2006. Elective inpatient activity is slightly lower in August than July but at the same level as August 2006. Elective day cases were slightly lower than July but 23% higher than August 2006. Non-elective activity levels have deceased since July but were running 3% higher than August 2006.

In conducting his review of how financial performance was reported to the Board Mr Stevens stated that he intended to issue a questionnaire to Board members this month and would then form a review group to review the results of this survey on proposed recommendations later in the year.

The Board noted the Finance and Activity Report.

391.07 GOVERNANCE ANNUAL REPORT 2006/07

Mr Paul Smith presented this report for last year and highlighted the following key achievement:

- Ongoing development of the Assurance Framework allowing another full statement on internal control to be signed
- Further development of a Trust-wide system to monitor and collate evidence against all core healthcare standards allowing internal audit of each standard with a positive sign-off
- Further development of the Trust’s Risk Register covering all areas of the Trust
- Directorate governance groups operating in all areas
- Continuing increase in the number of staff who attended detailed risk management training
- Implementation of the Health and Safety Action Plan
- Successful outcome of the Health and Safety Executive inspection
- Compliance with the National Patient Safety Agency Alert notices
- Uploading all patient safety incidents to the NPSA reporting system
- More robust and proactive dissemination of risk management information
- Embedding random note reviews into Directorate audit work streams
- Work on priority national clinical audits to ensure that the Trust takes part in all nationally agreed clinical audits
- Development of the national Institute for Health and Clinical Excellence guidance tracking system
- Continued development of the integrated care pathways with specific regard to the single assessment process
- Further development of user involvement monitoring systems.

Mr Bishop referred to a meeting the Non–Executive Directors had held with a neighbouring NHS Trust where it had been suggested clinical governance was a clinical directorate responsibility. Mr Smith confirmed clinical directorates were a key part of the trust’s governance structure and formed part of the assurance
process the Board had in place to ensure effective and embedded systems. Mrs Pedder commented statutory responsibility for clinical governance rested with the Chief Executive and it could not be devolved.

In discussion, it was agreed that Non-Executive Directors should be given a further briefing by the Governance Manager on the governance systems in place and their role in the overview of the governance structure. A future NED meeting would be an appropriate vehicle for this.

Action: PS

Mr Walker added that he had found the Governance Committee to be very committed to its task and that the culture surrounding governance had improved greatly across the Trust. As the Deputy Chair of the Governance Committee, he was extremely satisfied with the governance structure in place.

It was noted that in Para 4.1.1, fourth sentence, the reference to the Vice Chairman of the Board chairing the Committee was wrong and this would be amended by Mr Smith.

Action: PS

The Chairman asked how the NSF working parties reported. Mr Smith replied that this was done via the Directorate structures. Miss Hobson drew the Boards attention to the NSF element of the Directorate briefing reports that were prepared for the Board/clinical directorate briefing meetings.

The Board received the Governance Annual Report 2006/07, noted the progress made to date and approved the Health and Safety Action Plan and the Clinical and Cost Effectiveness Plan for 2007/08.

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<th>392.07</th>
<th>LIST OF THIRD PARTIES WITH WHICH THE TRUST HAS A DUTY TO CO-OPERATE</th>
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<td>Mr Taylor introduced this paper which was a requirement of Monitor’s Code of Governance, which required that Boards maintained a list of those third parties with which the Trust had a duty to co-operate. The list had been drawn up in consultation with Executive Directors and was now presented for approval. In discussion, it was decided that North Devon Healthcare NHS Trust and Devon &amp; Cornwall Constabulary should be added both of whom would be classed as ‘co-operation as required’. It was also noted that the Commission for Racial Equality had now been re-titled The Equality and Human Rights Commission. Mr Taylor would amend the list accordingly.</td>
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<td>Action: TT</td>
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The Board approved the list of third parties with which the Trust had a duty to co-operate with the amendments above.

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<th>393.07</th>
<th>REVIEW OF POLICY FOR THE COMPOSITION OF NON-EXECUTIVE DIRECTORS ON THE BOARD OF DIRECTORS</th>
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<td>Mr Taylor introduced his paper which was a routine review of the policy. In particular, he asked the Board to confirm that the skills and experience categories in paragraph 4 remained relevant. He also stated that paragraph 7 concerning terms of office needed to be amended to align with the recommendations of Monitor’s Code of Governance and proposed that this should now read “Terms of Office will be in accordance with the guidance in Monitor’s Code of Governance”.</td>
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G/Hazel/Work/Board of Dirs/Mins BOD Part I 26 September 2007
The Board approved this amendment and also made one small change to paragraph 4b (Commerce) where “marketing” would be included in the wording. Mr Taylor would action these amendments and pass the policy on to the Council of Governors on 10th October for their approval.

Action: TT

The Board agreed the policy for the Composition of NEDs on the Board of Directors with the amendments noted above.

394.07 MONITOR’S REVIEW OF RD&E ANNUAL PLAN 2007/08

Mrs Pedder introduced this document. The Trust’s risk ratings for the year were confirmed as follows:

- Financial - 4
- Governance - Green
- Mandatory Services – Green

She asked the Board to note that the arrangements whereby the Trust had loaned money to the PCT last year were discouraged by Monitor.

The Board noted Monitor’s Review of the RD&E Annual Plan 2007/08.

395.07 MONITOR Q1 ANALYSIS OF RD&E PERFORMANCE

Mrs Pedder introduced this report. Monitor had confirmed the Trust’s risk ratings following analysis of the Trust’s Q1 report as follows:

- Financial – 5
- Governance – Green
- Mandatory Services – Green

The Trust continued to operate in the upper quartile of foundation trusts performance.

The Board noted the Monitor Analysis of RD&E’s Q1 Performance.

396.07 INTERNAL AUDIT REPORT – MONITOR CODE OF GOVERNANCE

Mr Taylor introduced this item which was the first in a cycle of reviews of the Board’s compliance with Monitor’s Code of Governance. A request for a full review of all 74 code provisions had proved too great a workload for internal audit and it had been agreed that 15 provisions would be reviewed every 6 months. The report had revealed that the Board is employing a sound system of oversight of the code provisions and that of the 15 provisions reviewed only one (F.3.2) did not comply with the Code. This concerned Audit Committee Terms of Reference and would be addressed as part of the proposed Audit Committee function review later this year.

The Board noted the Internal Audit Report on compliance with the Code of Governance, and agreed to the proposal to include a review of Audit Committee Terms of Reference within the forthcoming review of the Audit Committee function.
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<th>397.07</th>
<th>EXECUTIVE LEADERSHIP WALKAROUNDS</th>
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<td>Miss Orzel presented this report for information. Executive Directors are committed to regular walkarounds and visits to a variety of areas across the Trust. This is part of a campaign led internationally by the Institute of Health Improvement to increase safety awareness throughout the NHS. It also allowed EDs to directly engage with staff over a number of issues. The report also proposed methods by which the walkarounds should be conducted. Executive Directors have accepted the principles involved already and the first walkarounds started in August 2007. The Board will be kept advised on the success of the initiative as well as any significant findings identified.</td>
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<td>The Board noted the report on Executive Leadership Walkarounds.</td>
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<th>398.07</th>
<th>MONITOR REVIEW OF FT SECTOR ANNUAL PLANS 2007/08</th>
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<td>Mrs Pedder presented this paper for information which had been issued by Monitor into the public domain. It showed that the Trust continues to perform in the upper quartile of Acute Trusts.</td>
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<td>The Board noted the results of Monitor’s Review of FT Sector Annual Plans 2007/08.</td>
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<th>399.07</th>
<th>ANY OTHER BUSINESS</th>
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<td>There was no further business to discuss.</td>
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<th>400.07</th>
<th>DATE OF NEXT MEETING</th>
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<td>The next meeting of the Board of Directors will take place on Wednesday 31 October 2007.</td>
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