

The Shrewsbury and Telford Hospital NHS Trust

## TRUST BOARD MEETING

Held on Thursday 28 February 2013 at 9.30 am  
Seminar Rooms 1&2, Shropshire Education & Conference Centre,  
Royal Shrewsbury Hospital

### PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Mr B Simms	Non-Executive Director
	Mr D Jones	Non-Executive Director
	Dr P Vernon	Non-Executive Director
	Dr S Walford	Non-Executive Director
	Dr R Hooper	Non-Executive Director
	Mr P Herring	Chief Executive
	Dr A Fraser	Medical Director
	Mr N Nisbet	Finance Director
	Mrs V Morris	Director of Quality & Safety / Chief Nurse
	Mrs D Kadum	Chief Operating Officer

	Mrs J Clarke	Company Secretary (Director of Corporate Governance)
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In attendance:	Mr A Osborne	Communications Director
	Mrs V Maher	Workforce Director
	Mr S Peak	Director of Transformation (part)
Meeting Secretary:	Ms M Devitt	PA to Director of Corporate Governance
Observer:	Mrs M Fellowes	Telford & Wrekin Links Representative
Apologies:	none	

#### 2013.1/22 WELCOME

The Acting Chair welcomed Dr Edwin Borman, who was observing the meeting. Dr Borman would become Medical Director in April 2013.

#### 2013.1/23 DECLARATIONS OF INTEREST by members in relation to any matters of the agenda

There were no declarations of interest.

#### 2013.1/24 CHAIR'S AWARD

The Chair's award this month was awarded to the Hospital at Night Team, following nomination by colleagues in recognition of the vital role played by the team in supporting critically ill patients overnight and at weekends, and particularly the strong clinical leadership provided by Emma Jones, Hospital at Night Team Matron.

The Board were advised that Emma Jones had worked tirelessly to make improvements to the service provided and to support the ward teams across the Trust. It was also noted that Emma Jones was one of the members of staff who had gone out of their way to help colleagues to travel to and from work in the recent wintry weather.

2013.1/25 **MINUTES OF THE MEETING HELD IN PUBLIC on 31<sup>st</sup> January 2013**

The Minutes were **APPROVED** as a correct record.

2013.1/26 **MATTERS ARISING FROM THE MEETING HELD IN PUBLIC on 31<sup>st</sup> January 2013**

**212.1/121 – Health & Wellbeing Management Update**

The Board were advised that this matter was being progressed through the Workforce Committee. **Action Complete**

**2013.1/07 – Chairman’s Report**

The Board were advised that a message of thanks had gone out to all staff for their efforts in continuing to provide a service during the challenging weather conditions, via the Message of the Week. **Action Complete**

A similar message thanking all staff involved in transferring equipment to the new Booking Centre facility had also been included in the Message of the Week to all staff. **Action Complete**

**2013.1/09 – Receive and Review Information Pack of Draft Sub-Committee Minutes and Terms of Reference**

Mr Simms (NED) confirmed that the Finance Committee Terms of Reference had been amended, as agreed at the last meeting, and the Chief Operating Officer had been included in the core membership of the Committee. **Action Complete**

**2013.1/11 – To Review and Approve Integrated Performance Report**

The Director of Quality & Safety advised that work was ongoing with the Scheduled Value Stream Lead to undertake a wider emergency case audit relating to the completion of the SHO Surgical Safety Checklist.

The Director of Quality & Safety advised that work was ongoing to expand the information available within Table 2 relating to complaints in the Integrated Performance Report.

**2013.1/15 – To Receive and Review the Quality Governance Framework (QGF)**

The Director of Quality & Safety advised that she and Mr Simms (NED) were the final pair to meet, and that a meeting had been arranged for Friday 1<sup>st</sup> March 2013. **Action Complete**

**2013.1/18 – To receive and Adopt the Standards for Members of NHS Boards**

It was confirmed that all Board Members had committed, in writing, to meeting the Standards for Members of NHS Boards. **Action Complete**

2013.1/27 **THE CHAIR’S REPORT**

The Acting Chair reported that he, along with several members of the Board, had attended the funeral of Dr John Davies, former Trust Chair, held on 2<sup>nd</sup> February 2013.

He advised the Board that the NHS Trust Development Authority had not appointed a Trust Chairman, following interviews held on 31 January 2013. It was assumed that a new advert would be placed, however further details were expected to be received shortly. Mr Beardwell (NED) would continue in his role as Acting Chair.

The Acting Chair advised that today was the closing date for the National NHS Winter Heroes Programme; to thank anyone working in the NHS who has demonstrated their compassion and commitment to putting patients first. The Trust was expecting to receive details of nominees, and it was noted that the Acting Chair and members of the Board would personally be visiting our NHS Winter Heroes to thank them in person.

The Acting Chair advised that the quarterly meeting of the Charities Strategy Board had been held last week with the Friends of the Princess Royal Hospital, the Royal Shrewsbury Hospital League of Friends and Lingen Davies. The Acting Chair reiterated his thanks to the Charities for helping to ensure that our patients had access to the latest equipment and facilities.

The Board were advised that the Francis Report had been published earlier this month. Reference to this report would be made throughout the Board papers. Attention was also drawn to two letters to Trust Chairs from the Secretary of State regarding the implications of the Francis Report, which had been circulated to Board Members.

A Ground Breaking Ceremony for the new Women's and Children's Centre at PRH had been held on 27 February 2013 and it was noted that a lot of support had been received from the Chairs of the two HOSCs and from the local authorities in general.

2013.1/28

#### **CHIEF EXECUTIVE'S REPORT**

The Chief Executive highlighted the importance of the Francis Report and urged Board Members to read, at least, the Executive Summary and discuss with colleagues. The report was available online, and a copy had been sent to all Board Members and Centre Chiefs.

The Board were advised that Chief Executive had used the Message of the Week to send a message to all staff about the Report and it was included in the quarterly Staff Update Newsletter. Quality aspects of the Francis Report would be progressed through the Quality & Safety Committee with the responsibility for ensuring an open and transparent culture being dealt with by the Workforce Committee. Staff Briefings were also being held this week to enable staff to debate and respond to the Report.

In relation to the latest position on the Travel and Transport Plan, the Chief Executive advised that discussions had been ongoing with Arriva, and a 10% discount had been offered to all NHS staff. Automatic Number Plate Recognition was being introduced in the public car park from April and was also being considered for the staff car park, which would enable staff to be charged on a daily rate and encourage staff to use alternative modes of transport. Lift sharing was being actively promoted and more cycle racks were being installed, with the aim to reduce parking congestion.

Dr Hooper (NED) questioned the implications that this could have on Trust Volunteers. The Company Secretary (DCG) advised that Volunteers were currently reimbursed for car parking charges and this would continue. The Chief Executive pointed out that the Trust would also continue to provide concessions to patients receiving regular treatment.

Mr Simms (NED) queried whether the Trust was sufficiently resourced to handle issues that may arise following publication of the Francis Report. The Chief Executive advised that the Trust was working through the Workforce and Quality & Safety Committees and would respond to all complaints and concerns received. The Director of Quality & Safety added that staff visits were being carried out and staff were aware of the Quality & Safety issues being discussed.

2013.1/29

**RECEIVE AND REVIEW INFORMATION PACK OF DRAFT SUB-COMMITTEE MINUTES, HR POLICIES AND FRANCIS REPORT SUMMARY**

The Acting Chair presented the supplementary information pack of Committee Minutes and HR Policies for information. It was pointed out that the new format enabled Board Members to view and read the content prior to the meeting.

**Audit Committee – 14 February 2013**

Dr Walford (NED) provided a written summary outlining key points from the Audit Committee, for information, which related to the improvement in Data Quality arrangements and the responses to Internal Audit recommendations.

**Finance Committee – 29 January 2013**

The draft minutes of the Finance Committee were received. Mr Simms (NED) advised that much discussion was held around the I&E position and plans for the rest of the year.

Concern had been raised around the ongoing liquidity and inability to make supplier payments on time and Mr Simms (NED) stressed his discomfort, as Chair of the Committee, at the wider implications of the Trust's current and future cash position.

An update on Historic Due Diligence was received from the Company Secretary (DCG) and the Finance Committee noted that there were no overdue actions.

Mr Simms (NED) added that it was also useful to have Dr Walford as a new member of the Committee; providing a link with Quality & Safety.

**Charitable Funds Committee – 7 February 2013**

The Acting Chair advised that the Committee was proceeding with the appointment of a Fundraiser.

The introduction of WiFi in pilot areas of the hospital was expected during 2013/14, focusing on areas providing longer term outpatient treatment.

**Remuneration Committee – 31 January 2013**

The Board received the draft minutes of the Remuneration Committee held 31<sup>st</sup> January 2013 for information. Dr Walford (NED) questioned whether a schedule of discussion and decisions taken was kept. The Workforce Director confirmed that the minutes were a record of the meeting, albeit not verbatim. The Company Secretary (DCG) advised that Remuneration Committee minutes were received by the Board for information, but pointed out that they were not in the public domain as they contained personal information.

It was agreed that further clarification outside of the Board meeting would be useful.

*Action: Clarification around Remuneration Committee to be held between Company Secretary and Acting Chair.*

**Hospital Executive Committee – 29 January 2013**

The Minutes were received for information.

### **Clinical Governance Executive – 29 January 2013**

The Medical Director advised that this was the first meeting and was mainly to agree the Terms of reference and process setting.

In answer to the Director of Quality & Safety's query around Dementia Screening, the Medical Director advised that two HCAs, across the Trust, as part of the Frail & Complex Team would assist with dementia assessment. It was noted that the target was to achieve 90%; this was for patients aged 75 or over who had spent 72 hours in hospital. The Board would receive assurance in future reports.

### **Risk Committee**

The Chief Executive advised that further refinement of the Board Assurance Framework had been undertaken, and that the Board could feel assured that processes around rating and monitoring risks were appropriately in place.

With regard to CQC Compliance, training had been offered across the Trust and the CQC dashboard was now fully populated, providing an aggregated overview of Trust compliance.

### **Quality & Safety Committee**

Dr Vernon advised that Ward 12, PRH had been visited and the Committee were very impressed with what was seen. It was noted that there was a shortage of substantive staff however interviews were held yesterday so the position should improve.

The Committee received Quality Impact Assessments for Nursing and Womens & Childrens Reconfiguration, and the new CQUIN process was discussed. It was felt that it would be useful for the Board to look at the process as part of a Board Development Session in order to raise NED awareness.

### **Workforce Committee – 27 February 2013**

The Workforce Director advised that the first meeting had been held yesterday, and the Terms of Reference had been agreed. Statutory and Mandatory training compliance was discussed and it had been agreed that the Committee should be the formal Committee to agree training programmes and ensure that compliance was managed appropriately. Mr Jones (NED) reinforced the need to address Statutory and Mandatory training compliance.

The Health & Wellbeing Improvement Plan was agreed, although there was some concern around resource implications to meet recommendations.

2013.1/30

### **TO REVIEW AND APPROVE INTEGRATED PERFORMANCE REPORT**

#### **Quality / Patient Safety**

The Director of Quality & Safety presented this section of the report and attention was drawn to the following key points:

#### RIDDOR Reportable Falls

There had been a reduction in the overall rate of falls, although regrettably there had been three RIDDOR reportable falls in January which had resulted in injury or harm. Each case was being reviewed through root cause analysis and a significant amount of work was being undertaken to ensure lessons were learnt and implemented.

Mr Jones (NED) raised risk impact in relation to falls, and the Company Secretary (DCG) advised that increasing falls had been identified as a key issue on the Board Assurance Framework, under Quality & Patient Safety.

It was agreed that a detailed report around falls would be presented to the Quality & Safety Committee, who would monitor the action plan and an update provided to the Board.

*Action: Director of Quality & Safety to present action plan around falls to Quality & Safety Committee.*

#### Grade 3 or 4 Pressure Ulcers

It was noted that the Board had agreed to a target to eliminate Grade 4 ulcers from the end of December 2012, therefore it was regrettable that there were two Grade 3 and two Grade 4 (hospital acquired) pressure ulcers reported in January 2013. A root cause analysis was being carried out and the senior nursing team were continuing to work with ward teams to address omissions and basic fundamentals in care planning, improvement and evaluation.

#### C-Difficile & Infection Control Synopsis

There were 5 new cases of C-Difficile in January 2013; above trajectory for the month, however no ward had more than one case.

It was noted that a meeting involving the Local Health Economy Group had been held and a collective Local Health Economy Action Plan had been agreed.

MRSA had risen from 90.6% in December 2012 to 92% in January 2013, but was still below target. Results were continuing to be closely monitored.

Dr Vernon (NED) suggested that it would be useful to identify wards where 72 hour breaches had occurred in order that members of the Quality & Safety Committee could carry out a visit.

*Action: Director of Quality & Safety to identify wards where 72 hour C.Diff breaches had occurred in order for Q&S Committee members to visit.*

#### Serious Untoward Incidents

The Board were advised that 14 Serious Incidents had been reported including the four pressure ulcers and three RIDDOR reportable falls, in January 2013, compared to 23 in December 2012.

#### Maternity Dashboard

It was noted that the Midwifery service had a dashboard of indicators to review the quality and safety of the services it provides; some indicators were locally agreed to monitor practice and others nationally determined. It was noted that there were 5 amber performance indicators, which were being monitored internally. Attention was drawn to one red indicator, showing the percentage of mother's breast feeding within 48 hours of delivery which had reduced to 62.7%, against a target of 67%.

It was agreed that the Director of Quality & Safety would continue to update the Board on how the Centre would address these issues.

*Action: Director of Quality & Safety to update Board on how Womens & Childrens Centre would address issues.*

### The Francis Report

Recommendations from the Francis Report would be reviewed and addressed by the Quality & Safety Committee to advise the Board of any additional actions required following the recommendations implemented arising from the original Francis Report 2010. The Board were asked to note that soft and hard intelligence was being used to develop a dashboard of information to capture the care provided in wards and departments. These would be used to identify further improvements to service and this approach sat at the heart of the Francis Report.

### Current Status - Mortality

The Medical Director advised that the Trust was currently looking into a number of deaths which had occurred outside of the hospital to ascertain whether discharge from hospital could have contributed to death; taking a number of factors into consideration, this equated to approximately 200 patients. Thanks was given to the CCG for their help to identify these patients.

It was noted that the SHMI (in hospital) figure for June 2011 -2012 was 97.17 compared to 106.64 overall.

### External Feedback and Assurance

Following an announced visit to Ward 8, PRH, undertaken on 24<sup>th</sup> January 2013, a draft report had been received by the Trust detailing observations. The Trust had produced an action plan which would be reviewed by the Quality & Safety Committee and actions tracked by Executive leads.

### **Operational Performance**

The Chief Operating Officer presented this section of the report and attention was drawn to the following key points:

#### Emergency Access Targets

The Trust failed to achieve the 95% target in January 2013 with 91.43% reported for the month; giving a rolling year to date position of 91.7%. It was noted that the use of escalation beds was not as effective as it could be due to a surge in activity; an action plan was in place and reasonable progress was being made. It was pointed out, however, that a majority of Trust were failing to achieve the target nationally.

It was noted that ATOS were facilitating a piece of work to look at patient flow across the Local Health Economy, and an update would be brought to the Board in April.

**Action:** *Local Health Economy Sustainable Patient Flow Update – Chief Operating Officer to April Trust Board.*

The Chief Executive advised that the Trust had received, on average, 250 extra GP admissions per month compared to last year and that the fundamental problem was inadequate bed capacity. Dr Walford (NED) suggested that it would be useful to see the data of age profiles of patients. The Chief Executive advised that an analysis was being carried out. It was also noted that discussions were ongoing around bed modelling and the possibility of the provision of 20 additional beds outside of the hospital.

Dr Vernon (NED) raised his concern that the Board had previously been promised a winter plan, to no avail. Clearly relying on escalation beds is neither good quality is nor efficient use of resources. The Chief Operating Officer advised that this year's winter planning issues were being managed and a Winter Plan would be produced and presented to the Board in June for next winter.

**Action:** *Chief Operating Officer to present SaTH Winter Plan to June Trust Board.*

The Board were advised that Commissioners had accepted the Trust's capacity problems and recognised the pressures the Trust was responding to.

18 Weeks Referral to Treatment Target (RTT) - Admitted

The Trust failed to achieve the RTT target for Admitted patients with 79.9% against the target of 90%, in January 2013. The programme of work to reduce the number of patients waiting over eight weeks continued in all specialties with particular focus upon ophthalmology and orthopaedics. The Trust had agreed with Commissioners a timescale of the end of March to be compliant across all specialties.

18 Weeks Referral to Treatment Target (RTT) – Non Admitted

The Trust failed to achieve the RTT target for Non Admitted patients with 94.6% against the target of 95%, in January 2013. It was pointed out that Ophthalmology continued to have a significant number of patients waiting over 18 weeks, although the number had reduced over last 3 months.

Two medical specialties also failed to achieve the target – neurology and dermatology with focused actions in place to improve performance.

Cancer

The Trust achieved the necessary performance for 10 of the 12 target areas in December 2012. The two areas where the Trust did not achieve were the 62 day target – 79.9% against a target of 85%, and the target for subsequent chemotherapy – 97.1% against a target of 98%

Cancelled Operations

The Board were advised that there were 191 cancelled operations in January 2013, 152 of which were for non-medical reasons reflecting the pressures placed on the hospitals as a result of emergency admissions. The Chief Executive advised that this would impact on future RTT figures. Centres were escalating individual cases to ensure readmission within 28 days of the cancellation.

**Financial Performance**

Income & Expenditure

The Finance Director advised that following negotiations, the following agreements had been reached:

- Further funding amounting to £1 million had been made available by T&W CCG.
- Shropshire & Staffordshire had agreed to provide non-recurrent funding amounting to £600,000; and
- East and West Midlands SHA had agreed to reduce the control total for the Trust by £1 million. The Trust is now required to reach a break even position by the year end.

This creates certainty of income profile from our two main commissioners.

With regards to Pay, the Board were advised that pay spending for January had amounted to £17.2 million, against a target of £17 million. The three month average spend for the period November 2012 – January 2013 amounted to £17.2 million. It had been forecast that the spend rate throughout February – March 2013 would increase to £17.5 million.

In January three Centres approved pay spending considerably in excess of this revised budget – Medicine, Emergency & Critical Care and Surgery.

Nurse Agency costs in month amounted to £469 k compared to an average of £185 K for the period July – September 2012.

In terms of Non-Pay, the Trust under spent by £118k in January but it has been assumed that Non-Pay would spend at the same rate of £7.507 million per month during February and March, reflecting the costs associated with delivery of waiting list targets.

Finance Teams would be looking into areas of non-essential spend across the Trust and it was noted that a cash injection would be received during March 2013 to clear the existing level of creditors. Discussions with local Commissioners were ongoing to ensure a regular flow of cash was received during 2013/14. Liquidity had been identified as an issue the Trust's NTDA Annual Plan submission. Mr Jones (NED) pointed out that this was also a key consideration for Monitor.

It was noted that contract offers are expected from the two CCGs. The net effect of latest guidance would result in £16 million deficit for 2013/14 which would be offset by achieving 6% CIP. Applying working assumptions from T&W CCG in respect of demographic growth, activity and QIPP savings would enable the Trust to record a surplus of £2.4 million in 2013/14. The key risks were:

- Patient flow costs
- Agency costs
- Clinical Centre overspending

### Workforce

#### Absence

The Workforce Director advised that absence continued to increase above target; however the Trust was receiving assistance from NHS Employers to develop an action plan to improve health and wellbeing. 30% of absence in January related to cold symptoms and gastroenteritis.

#### Appraisals

The appraisal rate for the Trust remained at 74% against the target of 80%. Discussions were ongoing with Centres.

### Declaration Against Provider Management Review Framework

It was noted that the current Governance rating was Red with 7 points plus 4 additional points due to A&E performance. These relate to:

- A&E 4 hour wait
- 18 Weeks RTT (admitted)
- 18 Weeks RTT (non-admitted)
- 18 Weeks RTT (open clocks)
- 31 day second or subsequent treatment
- 62 day wait for first treatment
- C.Difficile

The Board authorised the Chair and Chief Executive to sign Declaration 2. There was sufficient assurance available to ensure continuity compliance with all existing targets.

The Acting Chair reflected that almost 70 minutes had been spent to this discussion with the main focus being on Quality.

2013.1/31

### TO REVIEW AND APPROVE CIP QUALITY IMPACT ASSESSMENT PROCESS

The Director of Quality & Safety introduced the paper to the Board, outlining the background to the systems for undertaking Quality Impact Assessments (QIAs) put in place across the Trust. It was noted that Quality Impact Assessments had been introduced by Monitor and put in place following the first Francis Report in 2010.

Workshops and awareness sessions had been held for Managers and the Quality & Safety Committee reviewed all QIAs in October 2012, and follow up meetings were held with all Centres during January / February 2013 to go through the plans in place.

The Board **NOTED** and **APPROVED** the process.

It was noted that the process was designed to ensure that decision making around cost improvements and service changes were considered formally against the impact on quality and safety / patient experience and that these are brought to the Board's attention and those with a negative impact that could not be signed off by the Chief Nurse and Medical Director. It was noted that the 2013/14 CIPs would have QIAs undertaken and be reported to the Board in March alongside the CIP plans.

***Action:** Director of Quality & Safety to bring CIP QIAs to Trust Board in March and regularly update.*

2013.1/32

#### **TO RECEIVE AND APPROVE BOARD ASSURANCE AND RISK UPDATE**

The Chief Executive presented the paper and advised that a revised Board Assurance Framework (BAF) was received at Attachment 2. It was noted that changes made since the last Board meeting had been highlighted in the report, and sources of assurance and gaps in controls & assurance had been included.

The Risk Committee had considered and approved the BAF which identified the six principle risks to the Trust's objectives.

The Board were advised that the Trust Risk Register was also attached; this was monitored and reviewed at the Risk Committee, and all risks were tracked. There was currently one risk scoring 25 (patient flow). The remaining risks scoring 20 were identified by Centre and by theme.

The Board were advised that the CQC Outcomes Dashboard provided a high level review of compliance across the Trust but this could be drilled down to individual ward and department level. A list of suggested corporate leads for the outcomes was approved.

The Board **APPROVED** Board Assurance Framework, Trust Risk Register and CQC Outcomes Assessment.

2013.1/33

#### **TO RECEIVE AND APPROVE FOUNDATION TRUST UPDATE**

The Company Secretary (DCG) presented the NHS Foundation Trust Update report and advised that this was the regular report on the progress made.

Progress against the overall action plan was now overseen by the Chief Executive and monthly review meetings were being held with each accountable Director, and outcomes reported to the relevant assurance Committee. It was noted that improvements were being seen.

Attention was brought to the summary Board Governance Memorandum self-assessment, at Appendix C. Mr Jones (NED) questioned whether the Trust's financial issues would be looked into as part of Historic Due Diligence 2, and the Company Secretary (DCG) confirmed that that was correct.

The Board **APPROVED** the paper.

**2013.1/34 TO RECEIVE AND APPROVE HR POLICIES**

The following HR Policies were received for information:

- HR01 – Equality & Diversity Policy
- HR03 – Secondment Policy
- HR29 – Time off for Special Circumstances
- HR42 – Relocation Policy

The Workforce Director confirmed that the Policies had been through the Trust processes for approval and pointed out that no key changes had been made. The Chief Operating Officer questioned the lack of reference to Quality Impact Assessments in the Equality & Diversity Policy. The Workforce Director confirmed that Equality & Diversity Assessments for service changes were carried out and would double check the references in the Policy.

The Board **APPROVED** the Policies.

**2013.1/35 ANY OTHER BUSINESS**

The Medical Director advised the Board of the new RAID (Rapid Assessment & Integrated Discharge) Service being introduced. It was noted that this service was being run by the Mental Health Service in conjunction with the Trust.

**2013.1/36 QUESTIONS FROM THE FLOOR**

Q1 - Mrs M Fellowes Mrs Fellowes advised the Board that members of T&W Links had had the opportunity to read the Francis Report, and as the Trust moved towards Foundation Trust Status, all departments would be required to meet targets. It was questioned whether these targets would be brought before the patients.

The Chief Executive advised that all targets reflected the desired patient experience, and confirmed that the Trust would never allow targets to compromise the patient experience.

Q2 - Mrs M Fellowes Mrs Fellowes questioned whether assurance could be received from the Board that all complaints would be dealt with within a timely manner, as currently some complaints were over one year old.

The Director of Quality & Safety advised that the Trust recognised problems around complaints, and it advised that a new Complaints Manager was due in post and would have the task of responding to all complaints within the timescales.

Q3 - Mrs M Fellowes Mrs Fellowes questioned whether there were any plans in place for contingency beds following the closure of Ward 12, PRH.

It was noted that the Trust was working on a contingency plan for the closure of Ward 12, and the Chief Operating Officer advised that three options were currently being considered.

Q4 - Mrs M Fellowes Mrs Fellowes questioned whether the new Booking & Scheduling Scheme for Trust appointments would lead to less cancellations.

The Director of Transformation advised that the fundamental reason for setting up the new Booking & Scheduling system was to reduce cancellations. Appointments were booked within 6 weeks in order that they would not impact on annual leave and were also booked at a convenient time for the patient.

Q5 A question was raised as to whether the increased demand on the Trust had resulted in plans for enhanced medical staff.

The Medical Director advised that the Trust had introduced 8.30 am – 9.30 am ward rounds every day with new job plans for consultants to spend more time on the wards during week days and weekends. Extra Doctors were in place in the emergency departments.

Q6 - Mr T Jones Mr Jones thanked the Board for an interesting meeting and advised that he had raised the issue of a lack of pillows at the last meeting.

The Director of Quality & Safety confirmed that she was looking into this matter and would update at the next meeting.

*Action: Director of Quality & Safety to look into lack of pillows reported in clinical areas.*

Q7 - Mr T Jones Mr Jones advised that he had observed that PRH was very busy at times, and had received comments from patients that they were concerned with the amount of nurses, and advised that the view was that more were needed.

The Director of Quality & Safety advised that there had been staff sickness absence and the Trust had had to balance nursing and agency staff, in order to ensure all wards were appropriately staffed. Work was being done to ensure that support was available to nurses on the front line.

Q8 - Mr T Jones Mr Jones informed the Board that he had spent a lot of time at Stafford Hospital and commented that there were very good staff in place.

He also commented that he did have concerns about achieving Foundation Trust status.

20113.1/37 **DATE OF NEXT MEETING**

The Acting Chair pointed out that the date of the next meeting was confirmed as:

Thursday 28<sup>th</sup> March 2013, at 9.30 am in the Lecture Theatre, Education Centre, PRH.

**The meeting closed**

## UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 28 FEBRUARY 2013

Item	Issue	ACTION LIST	PRIORITY
<b>ACTIONS FROM THE MEETING</b>			
2013.1/29	<b>Remuneration Committee – 31 January 2013</b> Further discussion around records of Remuneration Committee.	DCG / Acting Chair	Mar 2013
2013.1/30	To present detailed report around falls to Quality & Safety Committee and update to be received by Board.	DQS	Mar 2013
	To identify wards where 72 hour C.Diff breaches had occurred in order for Q&S Committee members to visit.	DQS	Mar 2013
	To update Board on how Womens & Childrens Centre would address issues from Dashboard.	DQS	Mar 2013
2013.1/31	To update Board on CIP QIAs	DQS	Mar 2013
2013.1/36	To look into lack of pillows reported in clinical areas.	DQS	Mar 2013