

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 28 June 2012 at 9.30 am

Lecture Theatre, Education Centre, Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Vice-Chair/Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr S Peak	Interim Chief Executive (CEO)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mr N Nisbet	Finance Director (FD)
	Dr A Fraser	Medical Director (MD)
	Mrs J Clarke	Company Secretary (DCRM)
In attendance	Mrs D Vogler	Director of Business & Enterprise (DBE)
	Mr A Osborne	Communications Director
	Mrs B Graham	Committee Secretary
Observers	Mr D Saunders	Telford & Wrekin Link
Apologies:	Mr B Simms	Non Executive Director

2012.1/70.1 WELCOME

The Chairman welcomed everyone to the meeting and formally welcomed Steve Peak as Interim CEO, following the departure of Adam Cairns, until Peter Herring commences as Chief Executive in September.

2012.1/70.2 CHAIRMAN'S AWARD

The winners of the Chairman's Award were Chris Needham and Kate Shaw from the Future Configuration of Hospital Services Team, in recognition of their huge contribution in preparing the Full Business Case (FBC) which was approved by the SHA in May 2012.

2012.1/71 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2012.1/72 MINUTES OF THE MEETING HELD IN PUBLIC on 31 May 2012 were **APPROVED** subject to :
Page 6, Financial Report Month 1, (ii) should have read "achieving £25.3 million CIP (not £18.1 million).

.....
Chairman
26 July 2012

	MATTERS ARISING FROM THE MEETING HELD ON 31 MAY 2012
(48.1)	Year-End Finance Report – Powys LHB Contract The Finance Director (FD) informed the Board that Powys LHB had put a revised offer to SaTH but this was still not acceptable. Consequently, the 2012/13 contract with Powys LHB has not been signed and a meeting had been planned to try to resolve these issues. Concern was expressed that patients may be unaware of the position and Mr Beardwell (NED) asked for absolute assurance that patients would not be turned away by the hospital. Dr Walford (NED) said that a best practice standard of pre authorisation should be followed as is undertaken at many other Trusts. It was confirmed that emergency patients would be treated but all electives have to go through the referral guidance centre. The CEO said a meeting had been arranged with Executive Directors of Powys LHB next week, and this issue will be raised. Action: CEO/FD.
(48.3)	Provider Management Reporting Template for March - Learning Disability DQS agreed to email out to Board members the action plan. The DQS hoped to achieve the standard before August. Action: DQS.
(52)	Question re. Automatic Doors by the Lofthouse Unit: The DQS will follow this up with Estates Department.
(57.1)	Chairman's Report – Board Committee Structure/Terms of Reference The Chairman said he was still awaiting documentation from Deloittes. He will follow this up. Action: Chair.
(58.1)	Quality Report – Questionnaires/response: Discussion was required outside the meeting..
(59.2.1)	Strategic Performance Report – Further explanation on incidents of pressure ulcers The DQS said she would progress this item. Action: DQS. Dr Vernon (NED) said pressure ulcers and falls were big issues. The next Q&S Committee would fully review these in terms of work achieved to date and how to generate more impact going forward.
(59.2.2)	Provider Management Performance Template. Governance Risk Rating had changed. Item complete.
(60.2)	Board Assurance Framework – Item on the agenda.
(61.1)	CFC Outcome Summary – The Chairman said there had been conversations with Lingen Davies and these were continuing. Action: Chair.
(63-1.3)	Questions from Floor – Fractured Neck of Femur – Business Case on the agenda.
	MATTERS ARISING FROM THE MEETING HELD ON 7 JUNE 2011
(66.1)	Annual Report 2011/12 – Amendments co-ordinated. Item complete.
(66.2)	Quality Report 2011/12 – Item on the agenda.
(66.3)	Annual Plan 2012/13 – The Annual Plan was approved subject to editorial amendments. All have been correlated and the DBE is working on this. Item complete.
2012.1/73.1	CHAIRMAN'S REPORT Board FT Readiness Assessment by the SHA – this was due to take place on 3 rd July but it had been cancelled at short notice. This will now be re-scheduled when Peter Herring is in post as CEO. The Board was disappointed at the cancellation but will take advantage of this delay to concentrate on refining the strategy. The Chairman asked the Director of Compliance & Risk Management (DCRM) to request a firm date for the next assessment. Action: DCRM.

2012.1/73.1 CHAIRMAN'S REPORT (Continued)

- **Attended the 4th Session of Monitor's Chairman's Academy** – The Chair said this was a very good session on strategy and the importance of its relationship to current performance, particularly in terms of the health of the organisation.
- **Evaluation of the New NHS** – Shropshire County GPs have signed up to the Constitution and will be in the 1st Wave of Clinical Commissioning Groups (CCG) to be authorised in September/October. It will be known as Shropshire County CCG.
- Dr Helen Herry has been appointed Interim Lay Chair and Dr Caron Morton is Accountable Officer. Telford & Wrekin Clinical Commissioning Group is expected to be authorised in the 2nd Wave in October/November.
- **Recruitment in SaTH :**
 - **Consultant Appointments** – there were no appointments in May but Appointment Panels have been arranged for Haematology and Medicine consultants in July. It was **AGREED** that the Board would receive quarterly updates on Consultant appointments from the Medical Director. **Action: MD.**
 - **Recruitment of the Chief Operating Officer (COO)** – The exercise for recruiting a COO has begun.
 - **Recruitment of a Non Executive Director** – This is in progress.
- **Uniform to Work Day** – This is designed to raise awareness for the Armed Forces and the role they play in the country and several members of staff took part. It was noted that in late March 2011, SaTH agreed a strategic partnership with 202 (Midlands) Field Hospital in relation to Developing Leadership. The MD advised that 30 members of staff have so far attended sessions in Birmingham on Leadership.

2012.1/73.2 CHIEF EXECUTIVE'S REPORT

Members **NOTED** the following verbal report :

- **Hospital Activity** – SaTH has been particularly busy over the last six months with growing emergency admission numbers and attendances in the A&E Departments. This is concerning because the general intention in the health economy is to see fewer admissions and lower numbers of A&E attendances. This pressure is placing an added burden on the organisation from an operational and financial perspective since incremental emergency admissions are only reimbursed at 30% of tariff. Despite this pressure the Trust has sustained delivery of the 4 hour target over the last four weeks.
- **A&E Department at PRH temporary move to the Day Surgical Unit at PRH** – This move took place to carry out essential work. The CEO paid tribute to Kerry Malpass and all the staff involved who made this happen. The MD said that he was Director On-Call on the weekend of the A&E temporary move and he noted that throughput was maintained and the 4 hour A&E target wait was delivered.
- **Friends and Family Survey** – The SHA published the results of the survey which was carried out last February. The purpose of the survey was to compare other organisations in terms of their responses to the question: "would you recommend this organisation". SaTH scored 65 compared to the regional average of 62 so for that particular month it was satisfactory but it was recognised that we need to improve.
- **Reconfiguration**
 - The new Surgical Assessment Unit will be opening in Shrewsbury in July.
 - Reconfiguration construction at PRH is to start in August and some disruption is anticipated due to the arrival on site of heavy equipment.

Provision of Pathology Services for the whole of the West Midlands in terms of GP activity. NHS Midlands & East SHA have decided to put Pathology Services out to a region-wide tender for GP referring tests. This is now in the public domain. SaTH has agreed to form a partnership with Walsall and Wolverhampton in order to compete and SaTH has agreed in principle that the Hub should be in Wolverhampton where there is a purpose-built facility. Face-to-face briefings are taking place with staff at both sites in order to answer their concerns.

CHIEF EXECUTIVE'S REPORT (Continued)

The following responses were given to various questions raised by Non Executive Directors :

In relation to Pathology:

- Inpatient Pathology Services will remain within SaTH as at present.
- Joint Venture – SaTH has shares in the joint venture so income and costs are to be shared.

The CEO will report back to the Board in respect of Joint Venture details. **Action: CEO – 30 Sept.**

2012.1/74

QUALITY AND SAFETY

74.1

PATIENT STATUS AT A GLANCE

The Head of Continuous Improvement gave a demonstration of the Patient Status at a Glance system works. The following points were noted :

- Should the system crash, there are links with SEMA that will automatically refresh the system.
- At present the system is available in Wards 4, 15 and 16 at PRH.
- SaTH is not under-estimating that training will be essential to the success of this system.
- The plan for rolling out the system across the organisation will take approximately six months dependant upon the success of the training programme.
- Dementia patients (through the Learning Disability) will be alerted through SEMA in 4-6 weeks and will then be available on the system. It was noted that patients can choose to have their name withdrawn from the system.

The Chairman on behalf of the Board thanked Pete Gordon and his team and looked forward to the roll-out of this system.

74.2

QUALITY ACCOUNT 2011/12

The DQS introduced the Quality Account which is one of the most important documents to be published each year by all Provider organisations. It is a national requirement and includes mandatory statements. The DQS said that she had invited Sarah Bloomfield, Deputy Head Nurse, to the meeting as Sarah had led on this work which had been significant in terms of process and timescale to enable consultation with external and internal stakeholders. Sarah gave a slide presentation (**copy attached**) and advised that the main purpose of the Quality Account is to have a retrospective look back and also a look forward at our priorities in the next year to cover three domains i.e. patient safety, clinical effectiveness and patient experience. The Draft Quality Account had been produced through the Quality Improvement Strategy which had recently been approved by the Board, the aim of which is to improve quality of care over the next 5 years.

Under the heading "Mandated Content" information regarding registration status with the CQC was included at Page 13 where, following an unannounced inspection forming part of the CQC annual inspections programme in November 2011, the RSH had a minor concern relating to one outcome and PRH had one moderate concern and 4 minor concerns relating to the quality of care. Although these restrictions had now been lifted they had to be included in the Quality Account for 2011/12 since the removal of the concerns had taken place in 2012/13.

QUALITY ACCOUNT 2011/12 (Continued)

Patient Safety Priorities included Reduction in Falls, Safer Blood Transfusions and Eliminating all avoidable Grade 2, 3 and 4 pressure ulcers. Lengthy discussion took place with regard to the latter when it was noted that the SHA's ambition is to eliminate pressure ulcers by 31 December 2012. Dr Vernon (NED) was deeply concerned about the number of pressure ulcers recorded at SaTH, under Serious Incidents, especially those affecting frail elderly patients which appeared to be increasing. He said that the Quality & Safety (Q&S) Committee will undertake a review of pressure ulcers and he felt strongly that people should be held to account over these incidents. Dr Walford (NED) said he would need more information before agreeing to this and he believed that a really responsive Nutrition Team could play an important part in reducing the incidence of pressure ulcers. The DQS said she had discussed this issue with the SHA and she had advised them that SaTH has put processes in place to eliminate pressure ulcers but further work will need to be done to fully implement the work programmes. Mr Beardwell (NED) said the culture needs to be changed and he suggested that this issue should be tackled in the same way as SaTH very successfully tackled the MRSA issue. Sarah Bloomfield said that good care dictates that it is possible to eliminate pressure ulcers.

The Board **AGREED** to :

- Support the introduction of "Back to Floor Friday" where senior nursing staff each Friday, supported by an Executive will carry out ward rounds;
- The Q&S Committee undertaking a review of incidents on every single ward, when Matrons and Consultants will be held to account.
- Support the SHA ambition to eliminate pressure sores and to support the DQS and Sarah Bloomfield in their campaign to reduce pressure ulcers and ultimately achieve "zero" pressure ulcers by March 2013.
- Pressure Ulcer Reports will be presented to all Centre meetings to encourage all disciplines to take note/action.

The Board **APPROVED** the Quality Account for 2011/12. Following the debate around pressure ulcers, the DQS **AGREED** to refine the "Statement of Directors' Responsibilities in respect of the Quality Account" prepared by the PCT for sign off. **Action: DQS.**

74.3

ANNUAL SECURITY REPORT 2011/12

The DCRM introduced the Annual Security Report for 2011/12 which will be submitted to the Department of Health along with the Work Plan for 2012/13. The following points were highlighted from the report :

- Acts of physical and verbal abuse were down 27.5% since 1 April 2009.
- SaTH has developed its relationship with the local Police and there is now much more rapid intervention when called to incidents. There are regular meetings with the Police and Crown Prosecution Service.
- SaTH is in the best 10% of Trusts for bringing criminal sanction for intentional physical assault.
- A major improvement was the introduction of Body Worn Video equipment issued to security teams at both hospital sites. This was introduced several months ago and the Trust has seen a reduction in regular offenders.
- There is continued support for and expansion of Lone Worker programmes.

The DCRM said that the key point to note was that the Trust takes very seriously its responsibility to protect staff and patients and an example of this is the investment of £240k annually on our Security Services. The DQS believed that staff felt safe in the organisation although the DCRM said that disappointingly the recent Staff Survey failed to mirror this.

Dr Vernon (NED) raised an issue regarding Section 3.2.1 Conflict Resolution Training, Table 5 and how staff are identified for training. The DCRM said that conflict resolution training is aimed at training clinical frontline staff e.g. those who work in A&E and MAU and there is a record taken of all staff that receive this training.

ANNUAL SECURITY REPORT 2011/12 (Continued)

Following an issue raised by Dr Walford (NED) the CEO suggested that the Board ask the Workforce Director to bring the Trust Training Plan to the Board with information on attendance at courses. **Action: Workforce Director.**

The Board **APPROVED** the Annual Security Report for 2011-12 and the Work Plan for 2012-13.

74.4

BUSINESS CASE FOR FRACTURED NECK OF FEMUR SERVICE

The CEO introduced the Business Case which had been developed to expand the current provision of Musculoskeletal (MSK) Trauma Services cross site, to ensure 7-day operating for Fractured Neck of Femur patients, to enhance co-morbidity management through increased provision of Orthogeriatric services and to implement more effective case management through the appointment of Trauma Nurse Specialists. These service changes are required to meet NICE Guidance around hip fractures, and will also attract 100% additional best practice tariff (BPT) payments.

The Business Case was initially presented to the Hospital Executive Committee (HEC) in May 2012, where the general principles were agreed but the business case had been reworked to reduce the costs, and achieve a 30% margin. The revised case was presented for approval.

Dr Vernon (NED) referred to Appendix A and asked if the overall MSK service was running at breakeven. The FD said that MSK is not generating at the level of return that it should but that this proposal would help to improve overall profitability.

The Board **APPROVED** the Business Case but requested that a review of MSK activity be brought back to the Board in the next two months; and to also tie it in with the proposed Lofthouse development. **Action: CEO – September 2012.**

2012.1/75

PERFORMANCE

75.1

FINANCIAL REPORT – MONTH 02

The Chairman introduced the Month 2 financial report and said that this had been discussed at length at the Finance & Performance (F&P) Committee meeting on 26 June 2012, when there was specific debate around income and workforce numbers. The FD reported that the elective activity in May was substantially greater than the previous month and there had been substantial increased activity in A&E and emergency admissions.

The key messages for May were as follows :

- **I&E Position** - The Trust recorded a deficit at the end of May amounting to £1.485 million against a planned deficit at this stage in the financial year of £1.144 million. In the month of May a surplus of £399k was recorded against a planned surplus of £322k. The financial position at the end of May reflects the release of transitional funding in the first two months of the year amounting to £1.483 million.
- **Income** - At the end of May the Trust had recorded an under recovery of Income, across both Clinical and Non Clinical areas amounting to £254k. Clinical income is lower than planned by a £172k, despite very significant over performance of activity, particularly in Emergency Care due to the tariff rules relating to excess Emergency Care presentations. Shropshire County PCT is over performing significantly, whereas Powys LHB is showing a contract under performance.
- **Pay** - In the months of April and May, pay was overspent by £195k. The number of staff employed as permanent and temporary staff exceeded the planned levels by 26.71 whole time equivalents. Spending in May reduced by comparison with April by £164k and 95.21 whole time equivalent posts. In order for the Trust to deliver Pay savings consistent with the Cost Improvement Plan (CIP), the number of staff employed as Temporary or Permanent staff is required to reduce by 174.61 posts in June 2012.
- **Non Pay** – There was an underspend against the Budget in the month by £164k. Over the period April to May, Non Pay budgets underspent collectively by £108k.

FINANCIAL REPORT – MONTH 02 (Continued)

- **Statement of Cash Position** - Cash position reduced from £620k to £251k. . Capital expenditure plan has been restricted to generate a cash surplus of £1 million. BPPC for the month remains strong within non-NHS performance with limited improvement within NHS performance. Total assets employed increased by £0.78 million with net current liabilities decreasing by £0.98 million.

Dr Walford (NED) said he had listened to the Commissioning Group in their aim to reduce activity etc., but he could not believe that they will work with SaTH to resolve this problem. He therefore felt that the Commissioners should be held to account. Mr Beardwell (NED) said that the number of emergency patients had increased far more than anticipated and, although he recognised the introduction of the new initiatives which were good, he felt that these would not compensate for the increased numbers presenting at SaTH. The CEO said that the issue had also been raised by other Trusts at the last CEO meeting, and it is to be discussed again at the next CEO's meeting. Following various concerns from the NEDs, the Chairman said that there is a need to raise these issues outside of this meeting. He proposed that there should be a discussion with Telford & Wrekin and Shropshire commissioner colleagues at Board level. **Action: CEO/FD.**

In terms of the Welsh activity, the FD said that SaTH had identified £60k per month of activity which Powys LHB refuse to pay for because SaTH had not sought the appropriate authorisation before treating their patients. The CEO noted that protocols are in place to deal with the new Welsh referral process and that he would be making sure that these were understood by everyone involved.

The Board **APPROVED** Month 02 financial position.

75.2 CAPITAL PLAN 2012/13 - This item was deferred.

75.3 PROGRAMME MANAGEMENT OFFICE (PMO) REPORT

The CEO introduced the report and advised that budget for the CIP in 2012/13 was £12.8 million but that this had subsequently been adjusted to allow for the delay in implementing the bed closure program in 2011/12. The Trust therefore had agreed a revised plan of £12.102 million savings in 2012/13.

At the present time SaTH has £4.4 million of schemes assessed as "Green" and £0.75 million assessed as "Amber" This leaves £6.9 million worth of schemes in the "Red" category and this is a real concern for the organisation. In order to correct this situation, the FD has established weekly CIP meetings to challenge individual project leaders. The results from these sessions will be reported to the F&P Committee. The Chairman pointed out that the Centre Chiefs will be attending the next Board Development session and it is his intention to raise the concern that the CIP programme is running behind schedule at that meeting. **Action: CEO/Chair.**

Dr Walford (NED) asked why WLI payments are still being made. The FD said that last year we spent £3.6 million on WLI payments and because controls were being put in place, this figure was reduced to £2 million. Although it is anticipated that some WLI payments will continue, they are expected to drop substantially such as in Surgery and Head & Neck; WLI payments in MSK are expected to continue at a high rate in MSK in order to meet 18 week target.

The Board **NOTED** the status of the CIP and savings to date; **NOTED** the CIP Review Meeting had been established to provide increased scrutiny and control for development of the details savings plans.

STRATEGIC PERFORMANCE REPORT

The FD introduced the Month 2 revised format of the Strategic Performance Report for May. It focused on those areas the SHA Provider Management Regime template identifies as key measures for 2012/13. Several of the key points were highlighted :

- A&E Performance in the month was 94.50% (against the 95% target) and a year to date position of 93.21%.
- Referral to Treatment :
 - Non Admitted performance was achieved at 96.08% against the 95% target.
 - Admitted patient performance was 82.84% in May against the 90% target. This non achievement was due to two specialties i.e. Ophthalmology and MSK. In all other specialties the performance is on target. There is, however, pressure building in surgery which is being driven by increased activity around the Bowel Cancer campaign.
 - Ophthalmology Service was suspended for a time following a clinical decision however patients are now being treated.
 - Work is underway with MSK to improve the situation but there is no expectation to deliver the target by end of June. The problem is a product of a whole series of problems in this specialty which all need to be addressed.. The CEO said that the number of patients beyond 18 weeks has dropped significantly but the new WLI Payment Policy may well have an impact.

The DQS referred to infection control numbers and said that the report should state 1 MRSA bacteraemia for May against a target of 2 for the year. She also questioned the accuracy of the figure relating to C difficile. It was agreed that she would liaise with the FD outside the meeting. **Action DQS /FD**

Dr Vernon (NED) said that MSK was mentioned as a concern in the Quality Account and asked the Executive Directors what action was being taken with regard to this Centre. The CEO confirmed that there is a comprehensive Centre review scheduled for 29 June 2012 and that more management resources are being put into the Centre to support them with regard to waiting list management, theatre, bed utilisation and other issues.

The Board **APPROVED** the Month 02 Performance Report.

PROVIDER MANAGEMENT PERFORMANCE REPORTING TEMPLATE

The FD introduced the report templates for May which the Board is aware of. The templates showed the following performance :

Governance Risk Rating – Amber (the rating has improved due to the removal of the CQC issue);

Financial Risk Rating – Red (the rating will move to Amber following receipt of £16 million at the end of May);

Contractual Position – Green (the rating is based on English Commissioner contracts which have been signed off).

The DQS raised three issues that needed to be adjusted :

- Under Governance Risk Rating No.17 Access to healthcare for people with a learning disability : There is now a plan to ensure compliance within the timeframe.
- Under Quality No.5 Open Serious incidents requiring investigation: Of the 88 listed in May 2012 only 41 are specifically open; 19 are open and overdue and the majority should have been closed; and 47 of the total had been requested through SHA/PCT for closure, some dating back to November. These will be raised with the SHA.
- Under Quality No.12,100% compliance with WHO surgical checklist – some of the audit results had not been recorded accurately. Compliance is near to 100%.

The Board **APPROVED** its Performance Reporting submission to the SHA within the agreed deadlines (30 June 2012) subject to the modifications noted above.

2012.1/76 STRATEGIC

2012.1/76.1 NHS FOUNDATION TRUST UPDATE REPORT

The DCRM introduced the report which noted that the Trust remains broadly on schedule to deliver the key components included within the Tripartite Formal Agreement (TFA) with the SHA and DoH. However delivery of performance and finance targets is still an issue.

The DCRM informed the Board that the SHA are currently holding discussions with Trusts that may not achieve Foundation Trust status. A great deal of work is currently being undertaken in the preparation for Phase 1 of the Historic Due Diligence, where SHA will decide whether SaTH progresses to the timescale in the TFA. The Board Governance Assurance Framework is also being worked on.

Mr Beardwell (NED) asked if there was an opportunity to examine business strategies from neighbouring Trusts in relation to their aspirations. The DCRM said that IBPs are commercially sensitive. The CEO said he would follow up on this. **Action: CEO.**

The Board **APPROVED** the content of the NHS Foundation Trust update report.

2012.1/77 MINUTES AND OUTCOME SUMMARIES FROM COMMITTEES

77.1 Audit Committee Minutes from 19 April and 10 May 2012 – Noted.

It was noted that the Medical Records issue was now in progress and the FD confirmed that a proposal was being worked through in terms of the provision of off-site storage.

77.2 Corporate Trustees Minutes from 7 June 2012 – Noted.

The Chairman said that a decision had been reached to go ahead with investing in a fundraising activity and to have a detailed conversation with Lingen Davies Charity and the League of Friends. Further discussions are planned pending the outcome.

77.3 Finance & Performance Committee meeting held on 29 May 2012 – Noted.

Mr Jones (NED) in the absence of Mr Simms (NED) said that the F&P Committee was really concerned with regard to the implications of the over-performance on emergencies, particularly in not receiving the full rate which reflected on the ability to close beds and the impact on elective activity.

77.4 Hospital Executive Committee meeting held on 29 May 2012 – Noted.

77.5 Quality & Safety Committee Workshop held on 21 June 2012 – Noted.

Dr Vernon (NED) referred to the Summary and Q&S Report Extract for June 2012; noting that the Minutes from the March meeting were being taken in private session.

The Workshop on 21 June continued to review the Centres. The next Workshop scheduled for August will review Pathology, Pharmacy and Therapy Centres. There is good progress being made, but somewhat patchy with regard to implementing governance procedures. They feel that the Centre governance structure is governance focused rather than patient focused. The Q&S Committee would like to see Trust-wide Executive Clinical Governance meeting; and would also like to see more assurance that action plans are implemented and followed up within Centres, although recognising that High Risk Scrutiny Group meets weekly. The next Q&S meeting is scheduled for 19 July and all are welcome to attend. It was agreed that the DCRM would discuss this point with Deloitte as part of their Committee review. **Action: DCRM.**

77.6 Risk Management Executive meetings held on 1 May 2012 – Noted.

2012.1/78 ANY OTHER BUSINESS – None.

2012.1/79 QUESTIONS FROM THE FLOOR

Q1 Mr D Saunders, T&W Link Observer, asked why Agenda items 12, 20 and 22 were being in the private session.

- A1**
- Item 12 Patient Story: The DQS said the Board agreed an approach to review on a quarterly basis the processes to share a patient story with no questions asked. The challenge is how to do this in public session.
 - Item 20 Corporate Risk Register: The DCRM said this is the first time that it has been presented in the new framework. It is the intention to receive the summary in public session in the future.
 - Item 22 Q&S Minutes: Dr Vernon (NED) said that the minutes were in private session because they contained patient details which were confidential, however, a summary has been provided in public session.

Q2 Mr T Jones, PALS Volunteer, said that a number of people have asked him to check on the following :

- How often does are the windows cleaned at the hospitals?
- How often are the gutters cleaned out?

A2 The DQS will find out the information and inform Mr Jones accordingly. **Action: DQS.**

2012.1/80 DATE OF NEXT MEETING :

Thursday 26 July 2012 at 9.30 am in Seminar Rooms 1 & 2 at Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 28 JUNE 2012

Item	Issue	ACTION LIST	PRIORITY
48.1	Year-End Finance Report – Powys LHB Contract The CEO said a meeting had been arranged with Executive Directors of Powys LHB next week, and this issue will be raised.	CEO/FD	July 2012
48.3	Provider Management Reporting Template for March – Learning Disability The DQS agreed to email out to Board members the action plan. The DQS hoped to achieve the standard before August.	DQS	
57.1	Chairman’s Report – Board Committee Structure The Chairman will follow up documentation from Deloittes.	Chair	July 2012
59.2.1	Strategic Performance Report – Further explanation on incidents of pressure ulcers The DQS said she would progress this item.	DQS	ASAP
61.1	CFC Outcome Summary – The Chairman said there had been conversations with Lingen Davies and these were continuing.	Chair	
73.1	Chair’s Report – Board FT Readiness Assessment by SHA <ul style="list-style-type: none"> ▪ DCRM to request firm date for re-scheduled date ▪ Quarterly updates required on Consultant appointments. 	DCRM MD	Immediate Quarterly
73.2	CEO’s Report <ul style="list-style-type: none"> ▪ CEO to report back on Joint Venture details. 	CEO	ASAP
74.2	Quality Account 2011/12 DQS to refine the “Statement of Directors’ Responsibilities prepared by the PCT for sign off.	DQS	Immediate
74.3	Annual Security Report 2011/12 (re. Gap within Appraisal mentioned in Quality Account) The WD to bring the Trust Training Plan to the Board with information on attendance at courses.	WD	ASAP
74.4	Business Case – Fractured Neck of Femur The Board APPROVED the Business Case but requested that a review of MSK activity be brought back to the Board in the next few months; and to also tie it in with the Lofthouse work.	CEO	Sep 2012
75.1	Financial Report Month 2 re. rise in Emergency Activity <ul style="list-style-type: none"> ▪ To be discussed at next CEO’s meeting. ▪ To draw up a plan of action by next week. ▪ Discuss with Commissioner colleagues.. 	CEO CEO/EDs CEO/FD	Immediate ASAP
75.3	PMO Report - £6.9 million worth of schemes in the “Red” category and this is a real concern for the organisation. There is a need to look into the detail of these schemes. FD has established weekly CIP meetings that will challenge sponsors in asking them for weekly reports and the detail of which will be reported to the F&P Committee to determine how far off line we are in term of delivery. Centre Chiefs will attend next BDD and it will be raised with them.	FD CEO/Chair	Weekly/24 July 16 July
76.1	NHS FT Update re. opportunity to examine business strategies from neighbouring Trusts in relation to their aspirations. CEO to follow up.	CEO	ASAP
77.5	Q&S Committee Workshop 21 Jun 2012 – Centre Reviews It was agreed that the DCRM would discuss this point with Deloittes as part of the Committee review.	DCRM	ASAP
79	Questions – PALS Volunteer DQS agreed to check the frequency in relation to windows/gutters being cleaned/cleared. .	DQS	ASAP