

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 24 November 2011

Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Vice-Chair/Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Dr A Fraser	Medical Director (MD)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Company Secretary (DCRM)
	In attendance	Mr A Osborne
	Miss V Maher	Workforce Director
	Mrs B Graham	Committee Secretary
Apologies:	Mrs D Vogler	Director of Strategy (DoS)

- 2011.1/141 WELCOME** - The Chairman welcomed everyone to the meeting. Apologies were received from the Director of Strategy (DoS) who was representing the CEO at the Annual CEOs Conference in London.
- 2011.1/142 CHAIRMAN'S AWARD** was presented to Hilary Beswick, Maxillofacial and Orthodontic Prosthetist who was recommended for the Chairman's Award by her patients "for making a difference" and by her colleagues for stepping in to run the service to cover maternity leave.
- 2011.1/143 DECLARATION OF INTEREST** by members in relation to any matters on the agenda : None.
- 2011.1/144 MINUTES OF THE MEETING HELD IN PUBLIC** on 27 October 2011 were **APPROVED** subject to :
Dr Vernon's title under the list of apologies should have read "Non Executive Director".

MATTERS ARISING FROM THE MEETING HELD ON 27 OCTOBER 2011	
(89.1)	Analysis of Security Incident Reporting – The DCRM said she had met with the Crown Prosecution Service (CPS) and had discussed with them the recently published Memorandum of Understanding between the CPS, the Police and NHS. She will meet with the two Chief Inspectors in Shropshire to discuss how frontline Officers and Trust staff can work more closely together. Item complete .
(108.1)	Psychiatric Advice and Support in A&E This item was on the private session agenda. The CEO assured the Board that it is a high priority for the Trust to provide appropriate psychiatric advice and support in A&E – particularly for 16 to 18 year olds. It will be addressed in the upcoming commissioning round with a view to establishing a different model of care for 2012/13. Item complete .
(110.1)	Finance Report – The DQS confirmed that Ward Managers do hold non pay budgets but that they require additional detail in order to more effectively control costs. This will be provided through the Finance Leads. Item complete .

.....
Chairman
26 January 2012

	MATTERS ARISING (Continued)
(110.2)	Performance Report – Balanced Score Card Mr Simms (NED) said that a useful session had been held with the DoS to review examples of best practice. The overall objective was to develop a report that had consistency in approach and focused on corrective actions linked to individuals and timescales. The DoS will develop a draft report format and outline to be reviewed at the December Board Development session. Action: DoS/FD.
(111.2)	Capital Expenditure Approvals – Item on the agenda. (Finance Report).
(122.2)	Strategic Performance Report – Item on the Agenda (Strategic Performance Report)
(124.1)	FCHS – Timing of the Appointment of the Project Director – Item on the agenda.
(127)	Questions from the floor re Numbers of patient cancellations – The DQS had discussed the issue with Mr Jones (PALS Volunteer) and it had been satisfactorily concluded. Item complete.
(131.)	Minutes circulated within 5 working days. Item complete.
(132.1)	Chairman’s Report – Observer Status – Item on the agenda.
(133.1)	Urgent Care Winter Planning – The CEO agreed to arrange for Dr Bill Gowans to attend the January Board meeting to review the robustness of the Winter Plan delivery. Action: CEO.
(133.4)	Safeguarding Annual Report – The issue of non compliance of CRB checks was raised at the last meeting. Action: DQS.
(133.5)	Risk Management Annual Report – Item on the agenda.
(134.1)	Finance Update – A summary paper clarifying PricewaterhouseCoopers CIP schemes is on the private agenda.
(139)	<p>Questions from T&W LINK representative – The CEO confirmed the following :</p> <ul style="list-style-type: none"> ▪ Help Desk at PRH is not closing - speculation about its closure was possibly linked to the plan to centralise the Switchboards. ▪ Hot Drinks in A&E are not permitted but there are facilities to purchase hot drinks from a machine in the corridor and from the League of Friends Shop. ▪ Paediatric Play Area at PRH : the Estates Team had been asked to look into the condition of the play area and report back on any remedial work that may be necessary. ▪ Car Parking : there is a system in place which allows for 20 minutes free parking for patients to drop off/collect. The CEO said he had asked for signs to be put up to convey this message more effectively. <p>The T&W LINK commented that the condition of the Play Area was still the same on 21 November and also on the same day the car park attendants at PRH were advising people that there was no 20 minute allowance. The CEO agreed to follow up Action: CEO.</p>

2011.1/145.1 CHAIRMAN’S REPORT

The Chairman reported on the following:

- The NHS Commissioning Board was established in October as a Shadow Board. The Board will most probably operate across the four SHA Clusters and the local PCT Clusters. It will also have responsibility for commissioning services not delegated to Clinical Commissioning Groups, including specialist and screening services.
- The NHS Midlands & East SHA Cluster became operational on 1st October 2011. The CEO is Sir Neil McKay and the Chair is Sarah Boulton. The stated priorities for the SHA Cluster in 2012/13 will be:
 - Elimination of Grades 2, 3 and 4 Pressure Sores
 - Improved primary care performance “out of hours”
 - Enhanced relationship between the NHS and local government
 - Creation of a “revolution” in patient experience.

PCT Clusters will operate with one Board and one Executive Team from December and the individual PCTs will no longer meet as separate bodies. Jo Newton, Chair of NHS Herefordshire has been appointed to chair the West Mercia PCT Cluster Board.

Members **NOTED** the verbal report.

2011.1/145.2 CHIEF EXECUTIVE'S REPORT

The CEO **TABLED** a paper which explained the Bed Bundle initiative. He reported on the following :

- **Bed Bundles** – The aim of the Bed Bundle is to improve the patient experience by focussing on early completion of the clinical Board Round, giving all patients an expected discharge date, discharging 50% of patients by midday and moving first patients to the ward from MAUs by 10 am each day. The Bed Bundle is working well in many areas but further work is required in order to ensure full implementation.
- **Waiting List Position** – the CEO repeated his apologies to all the patients who had experienced waiting list delays. He explained that these were fundamentally a result of an imbalance between demand and capacity within the Trust, but poor booking and scheduling systems were also contributory factors. He noted that the delays were being tackled and that waiting times had been substantially reduced over the last couple of months.

Dr Vernon (NED) said that he and Dr Walford (NED) had recently visited two wards and, although it was clear that both senior and junior staff were aware of the Bed Bundle, it was disappointing that some staff regarded it as just another target and did not appreciate the link with quality and safety of patient care.

The Board **NOTED** the report and expressed confidence in the initiatives that the CEO is taking to improve patient care.

2011.1/146 **QUALITY AND SAFETY**

146.1 **QUALITY REPORT**

The Director of Quality & Safety (DQS) introduced the Quality Report which provided detailed updates on current issues affecting patient experience, patient safety and clinical effectiveness in the Trust:

- **Venous Thromboembolism (VTE) assessments** – the national CQUIN target for VTE assessments is 90% and the Trust achieved 91% in October. This was the first month that the Trust had achieved the national target. Dr Vernon (NED) said that on the basis of recent Q&S Committee ward visits it was apparent that staff are now aware of the importance of these assessments. Mr Simms (NED) asked why the Trust could not achieve 100% compliance. The MD explained that this is the ultimate target but the reality is that in an acute setting some patients may be treated and discharged before the assessments can be completed so that 100% compliance is an extremely difficult target to achieve.
- **Hospital Standardised Mortality Ratio (HSMR)** – Dr Foster was due to publish their 2011 Hospital Guide the following week and this will include the HSMR score for all Trusts for the period April 2010 to March 2011. SaTH's score for the period is 114.8 which is higher than the national average but does represent some improvement over the 2009/10 position. However, SaTH's HSMR position over the period September 2010 to August 2011 is 108.7 and in the current financial year to date is 102. This improvement reflects real changes in patient care as well as changes to the depth of coding.
- **Quality & Safety Review** - a visit was undertaken in July 2011 by the SHA and PCTs which identified three key priority concerns: medical outliers, medical staffing at night and VTE compliance. It was noted that significant work has been undertaken on these concerns and that good progress is being made.
- **Quality Improvement Strategy** – the Leading Improvements in Patient Safety (LIPS) teams have identified a number of safety issues to be tackled over a 5 year period. The CEO has also held a number of staff conversations which also identified improvements that staff wish to make. A draft of the Quality Improvement Strategy will be presented to the Board in March 2012. **Action: DQS.**

146.1 QUALITY REPORT (Continued)

- **Care Quality Commission** undertook a visit in October 2011. Verbal feedback revealed that they had found some improvements in protected meal times, and privacy and dignity and had seen a significant drop in agency staff usage. However, a number of issues that were identified for improvement including a "Moderate Concern" around the manner in which the patients' plan of care is described in patients' notes. The Trust has yet to receive the final report, but has already commissioned a formal review of nursing documentation to ensure necessary improvements are made.

The Board **NOTED** the Quality Report and the actions being taken to improve patient experience, patient safety and clinical effectiveness.

146.2 MEDICAL APPRAISAL AND REVALIDATION UPDATE

The MD introduced the report and advised that the Medical Profession (Responsible Officers) Regulations 2010 came into force on 1st January 2011 and designated bodies (including NHS Trusts) are all required to appoint a Responsible Officer to oversee revalidation and appraisal. The Medical Director will be SaTH's Responsible Officer. The purpose of revalidation is to assure patients and the public that licensed doctors are up to date and are practising to the appropriate professional standards.

The annual cost of implementing this policy at SaTH is estimated at £100k. There will also be initial setup costs of £20k. Dr Vernon (NED) questioned whether it would be possible to share some of the costs with RJAH and PCTs.

The Board **NOTED** the details and **APPROVED** the resource implications but also asked the MD to pursue Dr Vernon's suggestion to share costs with others in the local health economy. **Action : MD**

2011.1/147 PERFORMANCE

147.1 FINANCE UPDATE

The Finance Director (FD) introduced the Finance Report which covered the period April to October 2011. It was noted that the report had been discussed in depth at the F&P Committee meeting which had taken place earlier in the week.

The FD highlighted the following :

- **Financial Position** at the end of October was a cumulative deficit of £507k, which is £214k worse than Plan. In the month of October, however, there was a profit of £404k which is £127k better than Plan. The Trust continues to forecast a balanced position for the full year.
- **Pay Costs** are in line with Plan for the month but cumulatively were £793k over Plan.
- **Non Pay Costs** continued to overrun in the month and on a year to date basis were £1,830k over Plan with high drug costs, orthopaedic implants and clinical consumables being the main adverse variances.

The FD highlighted the fact that the underlying financial position of the Trust is improving. At the end of 2010/11 there was a recurrent deficit of £14,400k which is forecast to convert into a £700k recurrent surplus at the end of 2011/12 and a £8,200k surplus by the end of 2012/13, assuming that the bed closure programme is completed by year end (£4.2 million recurrent saving) and effective controls introduced across medical staffing (£2.8 million recurrent saving).

The FD proposed an increase in the Capital Resource Limit (CRL) to £8.2 million. It was agreed to defer this discussion pending a review of the full capital expenditure programme at the next F&P Committee meeting. **Action: FD.**

147.1 FINANCE UPDATE (Continued)

Dr Walford (NED said that it would be helpful if benchmarking information could be incorporated into future Finance Reports. The CEO responded to advise that the Trust had recently joined the McKinsey Benchmark Club and it was hoped to get the first output before the end of the financial year.

The Chairman thanked the FD and his team for the presentation and also for the progress that had been made in controlling costs and advancing the Board's understanding of the Trust's underlying financial position.

The Board **NOTED** and **APPROVED** the actions being taken to achieve a balanced financial position. Also **NOTED** the Month 7 position.

147.2 STRATEGIC PERFORMANCE REPORT

The FD introduced Month 7 Performance Report. He reported that of the thirteen Key Performance Indicators reported in October, two were reported as Red; two Green and six Amber. The remaining three had not been RAG assessed as they represented only an initial baseline assessment.

The main points noted were as follows: :

- **Referral to Treatment** : The waiting list backlog has decreased during the month from 3,806 patients to 2,794 at the end of October. Admitted performance was 62.5% and non admitted was 82.4% compared with targets of 90% and 95%, respectively. The real challenge is with the admitted category due to limited theatre capacity and it was now considered unlikely that the Trust will be able to achieve the target of eliminating the backlog in all specialties by end of December. The Trust has advised Commissioners that Oral, Orthopaedics, Vascular, Urology and Ophthalmology specialties are not likely to meet the target and have invited them to seek alternative providers for Oral patients. The Trust is seeking to obtain additional capacity with the Nuffield.
- **Delayed Transfers of Care** : The average daily number of delayed transfers of care amounted to 29 patients in the month of October. The Trust believes that the target of 26 cases can be achieved in December 2011.
- **Pressure Ulcers** : Two patients were reported in October as having grade 3-4 hospital acquired pressure ulcers.
- **A&E Performance** was 96.16% against the 95% target in the month of October but the year to date performance was slightly below target at 94.68%. Achievement of this target continues to be a challenge.
- **Cancer** : Significant progress is being made in meeting cancer waiting list targets but the 62 day referral to treatment from screening only achieved 88.24% against target of 90%.

Mr Simms (NED) said that he felt the Board should be aware that the F&P Committee liked the new style of succinct reporting and added that he would encourage a similar approach in other reports.

The Board **NOTED** the performance in Month 7.

148.1 OBSERVER STATUS AT TRUST BOARD MEETINGS

The Chairman introduced the paper which set out a proposal for formal Observers to the Trust Board in accordance with the provisions set out in Standing Order 3.43.

The Board **APPROVED** :

- Inviting Board Observers from Telford & Wrekin Local Involvement Network, Shropshire County Local Involvement Network and Montgomeryshire Community Health Council.
- The Board Observer will be the Chairman of the relevant body or their named deputy as confirmed in writing at least annually to the Chairman of the Trust Board. Only the Chairman of the relevant body or their named deputy may attend as Board Observers.
- Board Observers are not members of the Trust Board and do not have the corporate decision-making responsibilities of Trust Board members, for example, they do not have voting rights.
- Board Observers are required to comply with all relevant Standing Orders of the Trust Board in relation to proceedings, standards and behaviour
- Board Observers are invited to attend only Part I of the Trust Board meeting, with reserved seats in the front row of the public area to ensure that their roles and responsibilities are distinct from those of the Chairman and Members of the Trust Board.
- In common with members of the Trust Board, Board Observers may be called on to speak by the Chairman of the Trust Board and may ask the Chairman for permission to speak.

Mr Beardwell suggested that the Trust should consider granting Observer Status to other partners in the local health economy, specifically the two HOSC's and Shropshire Partners in Care. The Chairman felt that it would be premature to consider extending invitations to other organisations until the Trust had some actual experience working with the LINKs and CHC as Observers. He said that he would be prepared to consider the matter again in the future.

148.2 NHS GOOD CORPORATE CITIZEN, CARBON SUSTAINABILITY STRATEGY AND CARBON REDUCTION COMMITMENT

The Director of Compliance & Risk Management (DCRM) introduced the Annual Report. The DCRM reported that the Trust had made good progress against the NHS Good Corporate Citizen criteria in the first 3 years of the scheme (2008-2010) but that progress had levelled off in 2011. As a result a new Steering Group has been established which has set new targets for the next year around (i) Estates & Transport, (ii) Procurement and (iii) Workforce & Engagement.

The DCRM confirmed that when taking on new capital works the Trust aims to achieve the highest environmental standards. It was agreed that in response to Mr Simms' (NED) query, enquiries should be made with regard to the feasibility of installing solar energy capacity at the Trust. **Action: DCRM.**

Mr Simms (NED) noted that the workforce score had fallen off sharply in 2011. The DCRM replied that, although a lot of work had been done with volunteers and the long-term unemployed, more effort was required and that it was hoped new links that had been established with Job Centres would help.

Dr Walford (NED) said that it could prove more helpful if reported CO2 emission data were linked with utility consumption. The DCRM agreed to look into this. **Action: DCRM.**

The Board **APPROVED** the identified priority areas for each element during 2012/13 and **NOTED** the progress that has been made against the Good Corporate Citizen agenda and Carbon Reduction and the Carbon Management plan.

STANDING FINANCIAL INSTRUCTIONS (SFIs) – APPROVALS PROCESS

The FD introduced the paper and advised that a full review of the Standing Financial Instructions (SFIs), Standing Orders (SOs) and Reservations of Powers to the Board would take place once the Trust had completed a review of all its Committees and sub-Committees. In the interim, however, a review of the Authorisation limits within the SFIs had been initiated to reflect the role of the Clinical Centres in the organisation.

The Board **APPROVED** revised Authorisation limits for publication with the SFIs and Reservation of Powers to the Board, as proposed, **subject to a change** in relation to Authorisation level for the FD and one Charitable Funds Committee member which should be changed from <£100k to >£10k < £100k.
Action: FD.

The Chairman clarified that the Authorisation limits included in the SFIs applied to all capital expenditures and confirmed, for the avoidance of doubt, that approval of the Annual Budget by the Trust Board does not imply approval by the Board of individual capital expenditure items that may be listed in the Annual Budget.

2011.1/149

STRATEGY

149.1

RISK MANAGEMENT STRATEGY

The DCRM introduced the Risk Management Strategy and explained that it was a core element of the Trust's system of integrated governance and underpinned risk management activities throughout the Trust. The Strategy has now been revised to take account of internal changes including revisions to corporate objectives, the quality and management arrangements, as well as external changes to the regulatory framework. The document has been critically reviewed by an external assessor and the revisions are in line with the latest national guidance including the revised NHSLA risk management standards, Monitor, and the Audit Committee handbook.

The DCRM advised that the Trust was due to be assessed by the NHSLA at Level 1 in December and that they are required to review the Trust's Risk Management Strategy as a part of the process. It was noted that a reader-friendly staff leaflet would be issued outlining individual key responsibilities. There will also be relevant training on risk management for staff in the new Centres. **Action: DCRM.**

In answer to a query from Mr Simms (NED) about the large amount of duplication included in the document, the CEO explained that quite often the Trust finds itself in a position where it has to produce documents to meet regulatory requirements. However, this was not the same as producing a document to meet the staff's requirements and it was therefore important to find a way to use the document in a meaningful way for staff.

The Board **RATIFIED** the Risk Management Strategy.

149.2

FUTURE CONFIGURATION OF HOSPITAL SERVICES

The CEO introduced the update and said that the Trust was continuing with the patient and public engagement and communication activity following the successful "Keeping It in the County" public consultation.

A Transport and Travel plan is being developed and is due to be published in 2012. Mr Jones (NED) referred to the possibility of introducing a dedicated shuttle bus between PRH and Wellington Station. The CEO said this would be considered as a part of the Transport and Travel Plan. The DCRM advised that a meeting had been held with Telford & Wrekin Council earlier in the year and reported that they would be supportive of such a "park and ride" scheme.

FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

Dr Vernon (NED) referred to Section 6 of the Report regarding engagement with the two Ambulance Providers. The CEO advised that a formal agreement has been secured between Welsh Ambulance Service and West Midlands Ambulance Service so that whichever service had an available ambulance nearest to a call would respond. This is already working and is leading to a reduction in response times.

Mrs Assar (NED) welcomed the comprehensive report and questioned whether or not there had been any significant issues coming out of the Equality Impact Assessment. The CEO agreed to check. **Action: CEO.**

With regard to Project Management responsibility for the Future Configuration of Hospital Services, the CEO advised that this would become a part of the Director of Transformation's portfolio when the FBC has been completed but that responsibility for completing the FBC would continue with FD and DoS. A Project Manager to oversee the construction phase of the Project will be appointed once the FBC is approved.

The Board **NOTED** the engagement and communication report for April to November 2011.

2011.1/150 POLICIES FOR CONSIDERATION

150.1 Additional Clinical Activity (HR68)

The MD presented the policy and advised that this had been discussed at length with the Local Negotiating Committee (LNC) who agreed the principles and processes of the policy but did not agree the sessional rates proposed under Section 8 (i.e. £600 for 4 hour session for consultants). The MD advised that the rates had been benchmarked with other Trusts and were competitive. The date of implementation was not included in the Policy document but a start date of 1 April 2012 was agreed. It was noted that revisions to Annual Leave policy were being handled separately.

The Board **APPROVED** the Policy HR68.

150.2 Acting Down Policy for Consultants (HR69)

The MD introduced this policy and explained that when there is a shortage of junior medical staff Consultants were being asked to be on call and 'act down' as a Senior Registrar or SHO. Previously the Acting Down rate was four times the normal PA/sessional rate but it has now been agreed at 2.5 times the normal PA/sessional rate plus a single standard time off. This revision to the Acting Down Policy was agreed by the LNC in September 2011 and approved at the Hospital Executive Committee (HEC) on 25 October 2011.

The Board **APPROVED** Policy HR69.

150.3 Medical Staff Job Planning (HR71)

The MD introduced this policy and confirmed that this was based on national terms and conditions and provided the framework for job planning. The policy was initially agreed by the LNC in May 2011. HEC asked for amendments to be made and these were approved by the HEC in August 2011. The policy was resubmitted to the LNC in September 2011 but the amendments were not accepted. The amendments involve the introduction of two new paragraphs - 6.8 and 9.5 – and relate to the use of SPA time for managerial activity

The Board **APPROVED** Policy HR71, including the amendments to paragraphs 6.8 and 9.5.

POLICIES FOR CONSIDERATION (Continued)

150.4 Corporate and Local Induction (HR02) and Dignity at Work (HR45)

The Workforce Director presented the following two policies :

- **HR02 – Corporate and Local Induction.** The policy had been updated to reflect the requirements for NHSLA and a more robust monitoring process to ensure that new staff complete local and corporate induction. The policy meets role and department requirements as well as legislative and patient safety needs. There is no additional staff time or cost implications to these amendments.
- **HR45 - Dignity at Work.** The policy has been updated to reflect the requirements for the NHSLA and reflects current practice in respect of Dignity at Work issues.

It was noted that once policies are approved they are routinely communicated to staff through the intranet and through the Operational Delivery Group. There were no real material differences within these policies and the policies had received appropriate consultation and agreement at TNCC.

The Board **APPROVED** Policies HR02 and HR45 to be implemented with immediate effect. The Board **NOTED** that HR45 Dignity at Work will be reviewed again in line with new guidance and legislative requirements in January 2012 and as agreed with Staff Side representatives at the TNCC meeting held on 16 November 2011.

150.5 Health & Safety Policy (HS01)

The DCRM introduced this item and said that the Trust Board's Statement of Intent commits all staff, volunteers and contractors to achieving and maintaining good standards in Health and Safety. The minimum acceptable standards are those set by UK legislation, in particular the Health and Safety at Work Act 1974 and its associated regulations, approved codes of practice, and guidance. The policy has been revised to take account of internal changes to management arrangements, as well as external changes to the regulatory framework. It describes the duties of staff from the Trust Board downwards and the approach taken to minimise risk throughout the Trust including training, risk assessment and audits and inspections. The full policy is available on the Trust intranet site.

The Board **RATIFIED** the revised Health & Safety Policy.

150.6 Verification of Professional Registration (HR04) and Recruitment and Selection Policies (HR33)

The Board received the following two policies :

- **HR04 Verification of Professional Registration:** The policy has been updated to reflect good practice and the requirements for NHSLA, with particular emphasis on automated checking through the ESR interface for GMC and MNC registrations and the checking of the professional registration of Agency staff.
- **HR33 Recruitment & Selection:** This policy has also been updated to reflect the requirements for the NHSLA with particular emphasis on the changed regulations for Agency staff.

The Board **APPROVED** the Policies HR04 and HR33 to be implemented with immediate effect.

2011.1/151 OUTCOME SUMMARIES from the following meetings were NOTED.

Risk Management Executive – 4 November 2011

- **Attendance :** Mr Simms (NED) pointed out that 50% of the membership had not attended the October meeting and this caused him to question the value of this meeting. The CEO said that this issue had been discussed at the November meeting and it was agreed that nominated deputies could attend. It was noted that in the Terms of Reference the quorum is four Centre Chiefs.
- **IT Risk :** SaTH is working with Siemens to develop solutions to this particular risk. Mr Jones (NED) confirmed that this issue would be on the next Audit Committee agenda, with particular regard to the resilience of the IT system as a whole.

OUTCOME SUMMARIES (Continued)

Hospital Executive Group – 25 October 2011

The CEO commented that, since it is important that HEC deals with policy and strategy issues an Operational Delivery Group has been established which will be chaired by the Director of Operations.

Charitable Funds Committee – 4 November 2011

Mrs Assar (NED) reported that in November the CFC had agreed to support an interim Fund Raising Development Officer post since there was a lack of capacity within the Trust to respond to all fund raising opportunities. She noted that there was also a need to increase the level of donations, which had declined over the past year. Mrs Assar will discuss this with the Chairs of the League of Friends before any action is taken. The Chairman expressed his concern that the appointment of a Fundraiser by the CFC may create a legal agency relationship and liability and proposed that this matter be discussed further at the Corporate Trustees meeting following this Trust Board meeting.

2011.1/152 ANY OTHER BUSINESS

152.1 Strategic Emergency and Business Continuity Report (2011.1/63.2)

The Chairman reminded the Board that following presentation of this item to the Board in May 2011, the Trust is required to produce an Annual Statement of Compliance. It was agreed that this should be brought to the January 2012 Board. **Action: CEO.**

152.2 Opening of Ludlow Satellite Dialysis Unit

Mrs Assar (NED) said she had attended this event, which was a good example of integrated working with the Community Trust, She hoped that this relationship would be developed. The Chairman agreed to write a letter of thanks to the Chair of the Ludlow League of Friends. **Action: Chair.**

153 DATES OF FUTURE BOARD MEETINGS

The Board **RECEIVED** a list of dates of Board meetings to be held in 2012 and following discussion it was agreed to review and recirculate the dates, after giving consideration to the timing of school holidays. **Action: DCRM.**

2011.1/153 QUESTIONS FROM THE FLOOR

Q1. Mr Tom Jones (PALS Observer) expressed concerns about levels of security at PRH, in particular the number of security guards on duty in A&Es.

A1 The DCRM said that the current arrangement at each site is to have two security guards working from 4 pm to 4 am; and one security guard working 4 am to 4 pm. It was agreed that this will be reviewed as part of the budget setting process.

Q2 Mr Jones expressed a further concern about the loss of heat from the front doors at PRH during cold weather and the impact on reception desk staff.

A2 Finance Director agreed to look into this matter. **Action: FD.**

2011.1/154 DATE OF NEXT MEETING :

Thursday 26 JANUARY 2012 at 9.30 am in the Lecture Theatre, Education Centre, 1st Floor, Princess Royal Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 24 NOVEMBER 2011

Item	Issue	ACTION LIST
61.1	Quality Report - Protected Meal Times – DQS would provide an update with the intention of clear timescales for roll out from Jan to Mar 2012.	DQS – Jan 2012
83.1	Productive Operating Theatre Project - A further report was required in 6 months time.	COO - Mar 2012
110.2	Performance Report - Balanced Score Card – Outline Report to be developed and reviewed at the December Board Development session	DoS?FD Jan 2012
133.1	Urgent Care – Winter Planning - The CEO would ask Dr Bill Gowans to attend the next Board meeting to discuss the Urgent Care Strategy.	CEO – Jan 2012
133.4	Safeguarding Annual Report 2010/11 Non compliance of CRB Checks concerning retrospective view of staff appointed in low risk areas before 2002. The DQS to report back in January.	DQS Jan 2012
139	Questions from T&W Link representative - Car Parking charges for people dropping off blood samples. Car park attendants do not appear to know that there is a 20 minute drop off period. The CEO agreed to follow-up.	CEO
146.1	Quality Improvement Strategy in draft would be presented to the Board in March 2012	DQS - Mar 2012
146.2	Medical Appraisal & Revalidation Update The MD would pursue the suggestion of the possibility of sharing the potential resource implications with RJAH and PCTs.	MD
147.1	Finance Report M7 The FD would take the CRL proposal to the next F&P Committee meeting together with a revised capital expenditure plan.	FD
148.2	NHS Good Corporate Citizen & Carbon Reduction Commitment <ul style="list-style-type: none"> ▪ Enquiries would be made with regard to solar energy as to whether the deadline has been missed. ▪ DCRM would look into Dr Walford's suggestion that it could be helpful if CO2 data was linked with utility consumption. 	DCRM DCRM
148.3	SFI – Approval Process The Board APPROVED revised Authorisation limits for publication with the SFIs and Reservation of Powers to the Board, as proposed, subject to a change in relation to Authorisation level for the FD and one Charitable Funds Committee member which should be changed from <£100k to >£10k < £100k.	FD
149.1	Risk Management Strategy The reader-friendly staff leaflet to be circulated to members. There will also be relevant training on risk management for staff in the new Centres.	DCRM
149.2	FCHS - Public and Patient Engagement Equality Impact Assessment implications to be reviewed	CEO
152.1	AOB : Strategic Emergency & Business Continuity Report Annual Statement of Compliance to be presented in January.	CEO - Jan 2012
152.2	AOB: Opening of Ludlow Satellite Dialysis Unit Letter to the League of Friends	Chair
153	Dates of Future Board Meetings DCRM to review and recirculate to members.	DCRM asap
154	Questions : Perception at PRH : Main Entrance - automatic doors Staff suffering from the cold when manning Reception.	FD