

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 27 October 2011
Lecture Theatre, Education Centre, Princess Royal 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)
	Mr A Cairns	Chief Executive (CEO)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mrs J Price	Assistant FD - representing Finance Director (AFD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
In attendance	Miss V Maher	Workforce Director
	Mrs J Price	Assistant FD - representing Finance Director (AFD)
Apologies:	Mrs B Graham	Committee Secretary
	Dr P Vernon	Non Executive Director (NED)
	Dr A Fraser	Medical Director (MD)
	Mr N Nisbet	Finance Director (FD)
	Mrs D Vogler	Director of Strategy (DoS)
	Mrs T Cookson	Chief Operating Officer (COO)
	Mr A Osborne	Communications Director

2011.1/129 WELCOME - The Chairman welcomed everyone to the meeting. He gave a warm welcome to Victoria Maher, new Workforce Director, also Julia Clarke who was back off sick leave and Jill Price who was attending on behalf of the Finance Director.

2011.1/130 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2011.1/131 MINUTES OF THE MEETING HELD IN PUBLIC on 29 September 2011 were **APPROVED**.

MINUTES OF THE AGM MEETING HELD IN PUBLIC on 15 September 2011 were **APPROVED** subject to Page 4, Minute 2011.1.005 paragraph 1 and 4 should have read "Mr Ridley" and not "Mr Riley".

Mr Simms (NED) commented on the length of time it took to receive the draft minutes. It was **AGREED** to circulate draft minutes to all members within 5 working days of the Board meeting. **Action: Secretary.**

MATTERS ARISING FROM THE MEETING HELD ON 29 SEPTEMBER 2011	
(61.1)	Quality Report "Protected meal times" and updating protocols. The DQS said that there had been a number of trials taking place and lessons learnt. DQS would provide an update in January 2012 with the intention of clear timescales for roll out from January to March 2012. Action DQS
(83.2)	Urgent Care Network Update – Item on the agenda.
(85.3)	Board Development Plan – Sessions had taken place in September and October. Another meeting would take place on 9 November 2011. Work is ongoing and to be discussed separately. Item complete .
(89.1)	Analysis of Security Incident Reporting – DCRM reported that over 1100 staff currently in post had been trained. Discussions were taking place with the Crown Prosecution Service and two Police forces to hold a joint meeting. Action DCRM
(108.1)	Psychiatric Advice and Support in A&E. Action: CEO to report back in Nov 2011.

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Chairman
24 November 2011

	MATTERS ARISING FROM THE MEETING HELD ON 29 SEPTEMBER 2011 (Continued)
(110.1)	Finance Report – This item related to the question of Ward Managers holding non pay budgets. The DQS said she would take this matter up to resolve. Action: DQS.
(110.2)	Performance Report – Balanced Score Card. The Chair said this item would be discussed at a Board Development session Action: Chair
(111.2)	Capital Expenditure Approvals Process – Item deferred. Action: FD Nov 2011.
(122.2)	Strategic Performance Report – the CEO said he would prepare the Position Statement on RTT delivery for the next meeting. Action: CEO Nov 2011.
(124.1)	FCHS – Timing of the Appointment of the Project Director – The CEO advised that a Project Director would be appointed. Action: CEO Nov / Dec 2011
(127)	Questions from the floor re Numbers of patient cancellations – Mr Jones (PALS Volunteer) said that since his last report he knew of a further 6 more outpatients cancellations. Action: DQS to investigate.

2011.1/132.1 CHAIRMAN'S REPORT

The Chairman reported that :

- The Health & Social Care Bill had passed through the House of Lords and should be enacted some time next year.
- SaTH is now part of the NHS Midlands & East SHA Cluster which became operational on 1 October. Sir Neil McKay was the new CEO and Sarah Boulton the new Chair.
- A new chairman of the Cluster PCT would be appointed by the end of November.
- SaTH had received a request from Montgomery Community Council to be a formal Observer at the Board. The Chairman said that he was very supportive of the request and a paper would be brought to the next meeting. **Action: Chairman - Nov 2011.**

Members **NOTED** the verbal report.

2011.1/132.2 **CHIEF EXECUTIVE'S REPORT** - No specific report this month as most of the items were on the agenda.

2011.1/133 **QUALITY AND SAFETY**

133.1 **URGENT CARE – WINTER PLANNING**

The CEO introduced the paper written by Steve Peak, new Director of Transformation, which provided an update on preparations for the winter and in particular the management of non-elective patient care and its flow during that period. Specifically the paper outlined an emerging "Perfect Fortnight" proposal to improve communication and co-ordination at the clinical service level. The paper also described the alignment with the specific actions being taken by the Trust to improve current non-elective patient flow across the two sites...

- (i) The completed Winter Plan is scheduled to be signed off by the health economy on 4th November and will be run for 9 week period from the middle of November.

Mrs Assar (NED) said she welcomed the paper but asked for assurance to how nursing homes fit into this plan. The CEO said that there were 17 different workstreams looking at some very detailed proposals, to include some joined up work between community and hospital therapy teams.

Mr Beardwell (NED) was very encouraged by this work, however, he was concerned about "control" particularly in relation to Shropdoc and Social Services availability at weekends. The CEO advised that this proposal would provide some metrics that would underpin the plan and the PCT would be holding people to account if they failed to deliver.

133.1 URGENT CARE – WINTER PLANNING (Continued)

Mr Simms (NED) asked how this new proposition was going to be communicated to the 500,000 population as he worried that it might be misconstrued. A public communication would be considered once the Urgent Care Strategy is finalised. The CEO said it would be useful for Dr Bill Gowan (Clinical Commissioning Group Lead) to talk to the Board on the Urgent Care Strategy. **Action: CEO.**

The Board **NOTED**:

- The need and timescale for a signed off health economy Winter Plan
- The outline of the “Perfect Fortnight” proposal and its importance to the delivery of a robust Winter Plan
- How the proposal complements the existing SaTH actions to improve hospital flow and how the resultant bed capacity would support Winter Plan escalation requirements.
- How the proposal represents an opportunity to act differently, testing and establishing principles and working practices that support and deliver improved performance across the urgent care pathway.

133.2 HOSPITAL STANDARDISED MORTALITY RATIO (HSMR) UPDATE

The CEO, in the absence of the Medical Director, advised that Dr Foster would publish the 2011 Hospital Guide in November 2011 and this would include the HSMR position for all Trusts in England for the period April 2010 to March 2011. He said that SaTH had a HSMR score that was higher than the national average and the paper sought to explain the main reasons for the high score and to highlight that over the last year there had been a significant improvement in HSMR, although there was no room for complacency. Key areas of improvement that had been implemented included:

- Introduction of Palliative Care coding at PRH
- Improvements to the depth of co-morbidity coding
- Implementation of new coding model at PRH
- Introduction of regular reviews using Global Trigger Tool
- Introduction of regular reviews of Dr Foster data with the Dr Foster analysts to conduct specific analysis and peer reviews
- Future introduction of mortality reviews at Specialty level in Medicine

Graph 2 showed sustained reductions in the HSMR rate over time. Mr Jones (NED) asked if there was a single Coding policy in place. The CEO confirmed and advised that work was ongoing to strengthen the coding. Mr Simms (NED) said progress was encouraging but he was concerned about the possible headlines and bad publicity in the media on the release of this report. He proposed that a press release highlighting improvements over the last 12 months should be prepared in advance of the Dr Foster publication. The CEO confirmed that a press release would be prepared and he advised that he had talked to the media about this and he confirmed that he meets with the Editors once or twice a year

The Board **NOTED** current trends and actions being taken.

133.3 PATIENT EXPERIENCE REPORT

The DQS/Chief Nurse introduced the quarterly report for the period April to September 2011 which aimed to inform the Board of current trends and activities associated with patient experience – including an overview of complaints and patient feedback covering all aspects of care delivery, communication and discharge arrangements. This should provide clear information for the Centres.

Mr Simms (NED) complimented the DQS on the progress being made and it was noted that a lot of improvement had been achieved through the LIPS programme.

The Board **NOTED** the contents of the report.

133.4

SAFEGUARDING ANNUAL REPORT 2010/11

The DQS/Chief Nurse introduced the Safeguarding Annual Report for the period 2010/11 which highlighted current child protection/vulnerable adult arrangements and identified areas of good practice achieved over the last year in order to further strengthen and improve systems and services in place to safeguard children and vulnerable adults. The report also highlighted the priorities for the coming year.

The DQS said there would be a focus on training and awareness on both Safeguarding Children and Vulnerable Adults which would be targeted through the remaining six months of the year.

Mrs Assar (NED) asked about the position regarding patients from Wales. The DQS agreed that further work needs to be undertaken to make sure all the cross-boundary issues are dealt with.

Mr Beardwell (NED) asked how the work of the Dementia Steering Group would be incorporated and the DQS advised she would use the Report to bring it all together in a measured way taking account of families and carers concerns.

A query was raised under Page 16, Appendix 1, Section 1.1 and 1.2 in relation to Non-compliance in terms of CRB checks. The DQS explained that there were systems and processes in place but this concern related to some staff appointed in low risk areas before 2002. The DQS said she would work with the Workforce Director in relation to this. **Action: DQS/WD.**

The Board **APPROVED** and **NOTED** the contents of the report.

133.5

RISK MANAGEMENT ANNUAL REPORT 2010/11

The Director of Compliance & Risk Management (DCRM) introduced the Risk Management Annual Report which reflected the risk management activities and developments in the Trust for the period 1 April 2010 to 31 March 2011. The report had been presented to the Audit Committee and Risk Management Executive in May 2011 to inform the Statement of Internal Control.

The report summarised the key activities undertaken during 2010/11, highlighted the progress in the ongoing development of the Trust's risk management arrangements and outlined the risk management objectives for the coming year. The Risk Management Strategy is currently being consulted on in preparation for the NHSLA assessment. The DCRM said she would share this with colleagues before it was presented to the Board in November. **Action: DCRM.**

Mr Jones (NED) reported comments from the Audit Committee in terms of the new structure : the new Risk Management processes had been commended by Internal Auditors and it is hoped that it would be more effective in the future, both in terms of controls and assurance gaps.

The Chairman referred to Page 14/15 Incident Reports and noted that there were 11,053 reports received during 2010/11 with 84% resulting in no harm to the patient but 5% (500 patients) suffering some sort of harm – he asked that all future reports refer to patients and not percentages.

The Board **APPROVED** and **NOTED** the Risk Management Annual Report.

133.6

AUDIT COMMITTEE ANNUAL REPORT 2010/11

The DCRM introduced the report which reflected the Audit Committee activities and developments in the Trust for the period 1 April 2010 to 31 March 2011.

The Audit Committee's key role is in the development of Board Assurance. Section 3 outlined four sources of control weaknesses highlighted by the Internal Auditors : Catering, Data Quality, Charitable Funds (donations being managed on the wards) and Junior Doctors (management of planned absence).

133.6 AUDIT COMMITTEE ANNUAL REPORT 2010/11 (Continued)

Mr Jones (NED) said the Auditors had given a clean bill in relation to the financial administration. However there was a need to follow up the implementation of actions and hold people to account and to refine the recommendation tracking system. It was noted that an Internal Audit Report being presented to the Audit Committee in December would flag up issues around the quality of information being reported to the Board in relation to delayed transfers of care and cancelled operations.

Mr Simms (NED) expressed concerns about the timing of Annual Reports in terms of the value of information that they contained. Mr Jones (NED) said the points made by Mr Simms were valid but he said there should be no surprises in the reports. It was **AGREED** that these reports in future should be presented in May.

The Board **APPROVED** and **NOTED** the Audit Committee Annual Report 2010/11.

133.7 APPOINTMENT OF SATH TRUST BOARD AS “NOMINAL LICENSEE” FOR THE FERTILITY CENTRE

The CEO, on behalf of the Medical Director, introduced the paper which was self explanatory. The paper advised that the Human Fertilisation & Embryology Authority (HFEA) require 2 statutory positions in order for an assisted conception centre to be granted a licence to perform treatments. The HFEA will allow the ‘body corporate’, in this case the Trust Board, to be appointed as the ‘Nominal Licensee’, provided that a named individual is nominated as the link for both the HFEA and the ‘Person Responsible’. In this case the Trust Board would become ‘Nominal Licensee’ and the Medical Director would become the nominated link.

The Board **APPROVED** its own appointment as HFEA “Nominal Licensee” for the Fertility Centre with the Medical Director as the nominated link.

2011.1/134 PERFORMANCE

134.1 FINANCE UPDATE

The Assistant Finance Director (AFD) introduced the Finance Report which summarised performance over the period April to September and also provided a forecast outturn for the year. The AFD specifically briefed the Board as follows :

- **Month 6 Financial Position** showed a year to date deficit of £911k which was £341k worse than plan. The in-month performance in September had improved by £276k when compared with the previous month but without management action the Trust would record a year end deficit of £2.4 million.
- **Forecast outturn** The Trust is forecasting a balanced financial position by year end subject to the delivery of the following management actions – reduced medical and nursing agency spending, the closure of beds in two phases from mid-November 2011 and improved controls over non pay, particularly clinical supplies.
- An agreement for a block contract has been reached with local commissioners in order to reduce the potential risk associated with seasonal variation, to deliver a restated RTT trajectory, and to fully resource the over-performance in A&E and non-elective activity.
- **Pay budgets** – the overspending in September increased in-month by £349k largely due to continued reliance on Agency staff, particularly medical staff. However the pay spending in September was distorted by a number of spending commitments relating to previous periods being charged in September.
- **Non - Pay budgets** – the level of non-pay had increased in the month by £241k but this included high cost specialist drugs, which were fully recoverable.

134.1 FINANCE UPDATE (Continued)

The Board was advised of improvements in the Medical Staffing team and that SaTH would be sending out a team to an International Recruitment Event in Dubai to recruit doctors to fill the gaps in critical skills. SaTH is working with Keele University Medical School and the Deanery to enhance the attractiveness of some posts by adding in an educational dimension.

Dr Walford (NED) said he felt that the problem related to trying to run a medical staff model which was unrealistic. He said that the Audit Committee was surprised at the level of extra duty payments to deliver activity and fill gaps in the structure. The CEO said there were different models that could be developed and discussions were ongoing. The Chair noted that the reduction in nurse agency has been very encouraging; medical agency now needs to be the main focus of attention.

Mr Jones (NED) asked for clarification in relation to the PwC Cost Improvement Programme (CIP) schemes and assurance as to whether the forecast was realistic and did not include any double counting. Dr Walford (NED) asked how the Finance Team were supporting the new Centre Chiefs. It was agreed that the Finance Director would provide an update for the next Board meeting. **Action: FD - Nov 2011.**

The Board **NOTED** and **APPROVED** the actions being taken to address the forecast deficit; and **NOTED** the Month 6 financial position.

134.2 STRATEGIC PERFORMANCE REPORT

The AFD introduced Month 6 Performance Report which noted that six of the nine headline measures had been assessed as “red” and three had been assessed as amber.

- RTT - It was noted that as anticipated the Admitted and Non Admitted RTT performance dropped in September as a result of clearing the backlog. Admitted performance was 65.41% and Non Admitted was 81.28% compared to the respective 90% and 95% targets.
- Cancer targets - Initial unvalidated data shows SaTH failed three of the specific targets in September: 31 day diagnosis to treatment for all cancers was 95.17% against a target of 96%; 31 day second or subsequent treatment - surgery was 86.96% against a target of 94%; and 62 day referral to treatment from screening 73.91% against target of 90%. It was noted that these related to one or two patients but the Trust would work on correcting this.
- Cancer – year to date performance including the unvalidated September performance shows 62 days urgent GP referral to treatment of all cancers and 62 day referral to treatment from screening, both remain below the target of 90% and 85% respectively.
- VTE – although SaTH was not achieving 90% target, it is well ahead of its internal trajectory.

The CEO advised the Board that the Cancer results were very disappointing particularly because a lot of effort had gone into this and there had been additional recruitment in cancer services. He also noted that:

- there was a plan to fully deliver RTT (with the exception of Orthopaedics) by December 2011.
- The VTE underperformance was largely in Day Surgery. There were also data capture problems and some issues related to patients flowing through MAU before the data was captured. The CEO was confident that these issues would be resolved in November.

Section C6 Serious Incidents (SIs): There were 14 SIs in the month of September and one reported SI had subsequently been downgraded. On a question from Mr Beardwell (NED) on the reason for the increase in numbers, the DQS said that the SHA criteria for reporting SIs over the last 18 months had changed e.g. Pressure Sores Grades 3 and 4 now have to be reported together with RIDDOR patient harm cases and certain Maternity cases. She said it also reflected a good culture in reporting. The DQS said that the Board set a trajectory of 8 SIs per month but she felt that this target should now be reviewed by the Q&S Committee. NEDs felt that there were a number of people who are having bad experiences and they wanted assurance that some action was being taken.

The Board **NOTED** the performance in Month 6.

135.1 DECLARATIONS OF INTEREST – UPDATE

The Director of Compliance & Risk Management (DCRM) introduced the item and advised that the Code of Accountability required Board members to declare interests which are relevant and material to the NHS Board of which they are a member. The DCRM advised that she had received a change to Ashley Fraser's declaration in that he was now a Trustee and not Chairman of SECC. The following was therefore the current list of declarations :

Dr John Davies	<ul style="list-style-type: none"> ▪ Trustee of Market Drayton Action for Health ▪ Councillor of Moreton Say Parish Council
Mr Martin Beardwell	<ul style="list-style-type: none"> ▪ Director, Impact Alcohol Advisory Services
Dr Peter Vernon	<ul style="list-style-type: none"> ▪ Managing Director of Alberi Limited ▪ Director of H10 Limited ▪ Related to the Directorate Manager of Facilities
Mr Dennis Jones	<ul style="list-style-type: none"> ▪ None
Mr Barry Simms	<ul style="list-style-type: none"> ▪ None
Mrs Sue Assar	<ul style="list-style-type: none"> ▪ Director of Assar Consulting Limited which seeks to do business with the NHS.
Dr Simon Walford	<ul style="list-style-type: none"> ▪ Chairman of Governing Body, Wolverhampton Grammar School ▪ Governor, University of Wolverhampton ▪ Director, Wolverhampton Academies Trust ▪ In receipt of an NHS Pension
Mr Adam Cairns	<ul style="list-style-type: none"> ▪ Occasional paid consultancy work for Guidepoint Global Advisers
Mrs Julia Clarke	<ul style="list-style-type: none"> ▪ Chairman of Shropshire Council's Standards Committee ▪ Deputy Chairman of the National Security Management Professional Accreditation Board ▪ Shropshire Education & Conference Centre SECC) Trustee
Mrs Debbie Vogler	<ul style="list-style-type: none"> ▪ None
Mrs Tina Cookson	<ul style="list-style-type: none"> ▪ None
Mrs Vicky Morris	<ul style="list-style-type: none"> ▪ None
Dr R Ashley Fraser	<ul style="list-style-type: none"> ▪ Trustee of Shropshire Education and Conference Centre Company Limited; ▪ Hon. Colonel 202 (Midlands) Field Hospital; ▪ Co-opted Member of the BMA Medical Managers sub committee
Mr Neil Nisbet	<ul style="list-style-type: none"> ▪ None

Board Members **CONFIRMED** that the declarations listed were correct and agreed to advise the Committee Secretary or DCRM immediately or within 6 weeks of any future changes.

135.2 REPORT ON THE USE OF THE CORPORATE SEAL

The Board **NOTED** the Common Sealing of documents recorded in the Corporate Seal Register for the period 19 April to 18 October 2011.

136.1 FUTURE CONFIGURATION OF HOSPITAL SERVICES

The CEO introduced the paper which updated the Board on key activities since the last update which included :

- Planning for the next phase of the programme – including the progression to Full Business Case
- Starting the process for the selection of the Procure 21+ partner for the construction and development at the Princess Royal Hospital
- Maintaining staff, patient, public and stakeholder engagement and involvement
- Continuing the ongoing assurance element of the programme through submissions to the Joint Health Overview and Scrutiny Committee, the Boards of NHS Telford and Wrekin and Shropshire County PCT, the PCT Cluster and Strategic Health Authority.

The CEO suggested a move from monthly reports to reporting only when there were significant developments to update on. Mr Beardwell (NED) said that he would like an update relating to the response of community involvement. The CEO confirmed that there had been a number of discussions – he had met with the Town Council of Welshpool on 19 October. It was reported that the Town Council had intended to submit a petition against the proposal but following the presentation they were grateful for the work that had been carried out and no longer wished to submit the petition. The Chief Nurse and Centre Chiefs had also met with Llanidloes Council where they had received very positive comments about the changes to the ambulance service.

The Chair advised that he and the CEO had met with the MPs last week (excluding the Shrewsbury and Wrekin MPs) to discuss the next phase of the programme and they were satisfied. It was noted that the Shrewsbury MP had written to the Secretary of State objecting to the proposal and it was understood that the Secretary of State had referred it back as it was a matter of local determination. The Chair said that he and the CEO had met with the new Telford & Wrekin Leader and CEO and they had confirmed their support for the proposals. The two Overview & Scrutiny Committee Chairs were also maintaining their view in support. Mr Beardwell (NED) said it was very helpful to be updated on what has happened in the Community.

The Trust Board **NOTED** the contents of the report.

2011.1/137 OUTCOME SUMMARIES FROM THE FOLLOWING COMMITTEES were NOTED.

- Finance & Performance Committee – 27 September 2011.
- Audit Committee – 22 September 2011.
- Clinical Quality & Safety Committee – 22 September 2011.

2011.1/138 ANY OTHER BUSINESS – None.

2011.1/139 QUESTIONS FROM THE FLOOR

Q1. Mrs Muriel Fellows, T&W LINK Representative expressed her concerns relating to patients at PRH :

- (i) Information Desk at PRH – Ladies on the desk had been told that it was closing and they had great concerns regarding this.
- (ii) Hot drinks near A&E – There were no other facilities for hot drinks unless patients walk to the main entrance. People could be in A&E for 3-4 hours.
- (iii) Paediatric Play Area – toys were not put away and weeds were growing in the area – this was not acceptable.
- (iv) Car Parking Charges - people dropping off blood samples or collecting shoes were expected to pay the £2 charge.

A1 The CEO said he would look into issues (i) – (iii). In relation to the car parking charges he said there needed to be a review of car parking charges. **Action: CEO.**

Q2 Mr Tom Jones, PALS Volunteer

- (i) Said he had seen lots of patients during the month, some of the issues are solved within minutes because they are small issues but others are taken to the PALS Office to resolve.
- (ii) Asked about CCTV at PRH in terms of usage.
- (iii) Thanked DQS for her efforts.

A2 The DCRM said that CCTV was used to investigate specific incidents. There was a plan to centralise feeds into one place at PRH for easy monitoring. There were no infra red cameras.

The DQS took the opportunity to thank Mr Jones for his input in seeing a significant number of patients each week. As part of PALS he produced feedback which was very important to the Trust.

2011.1/140 DATE OF NEXT MEETING :

Thursday 24 NOVEMBER 2011 9.30 am in Seminar Rooms 1 & 2, SECC, RSH.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 27 OCTOBER 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 - Jan 2012
89.1	Analysis of Securing Incident Reporting : Discussions were taking place with the Crown Prosecution Service and two Police Forces to hold a joint meeting.	DCRM
108.1	Chairman's Report - Psychiatric Advice and Support in A&E : Report in Nov 2011.	CEO-Nov 2011
110.1	Finance Report - Ward Managers suggested that they do not receive a non pay budget. The DQS agreed to take this matter up.	DQS – Nov 2011
110.2	Performance Report - Balanced Score Card - The Chair said this item would be discussed at a Board Development session.	Chair
111.2	Capital Expenditure Approvals Process – Item deferred.	FD – Nov 2011
122.2	Strategic Performance Report - CEO said he would prepare a position statement on RTT delivery for the next meeting.	CEO – Nov 2011
124.1	FCHS – Programme/Resource Plan – CEO advised that a Project Director would be appointed.	CEO – Nov/Dec 2011
127	Questions - Re. Nos. of patient cancellations : Mr T Jones said he knew of a further 6 more outpatient cancellations since the last meeting. DQS agreed to investigate this.	DQS asap
131	Minutes : Draft minutes to be circulated to all members within 5 working days.	Secretary/DCRM
132.1	Chairman's Report - A paper would be brought back to the next meeting in relation to consideration of observer status.	Chair – Nov 2011
133.1	Urgent Care – Winter Planning - The CEO said it would be useful for Dr Bill Gowan to talk to the Board on the Urgent Care Strategy.	CEO
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 said she would work on this with the Workforce Director.	DQS/WD
133.5	Risk Management Annual Report 2010/11 The RM Strategy is currently being consulted on in preparation for the NHSLA assessment. The DCRM would share this with colleagues before it was presented to the Board.	DCRM
134.1	Finance Update - A brief summary paper to be provided for next meeting – clarifying PwC CIP schemes and assurance as to whether the forecast was realistic and did not include any double counting. Also how the Finance Teams were supporting the new Centre Chiefs.	FD – Nov 2011
139	Questions from T&W Link representative - related to the possible closure of the Information Desk at PRH, no facility for hot drinks near A&E and the condition of the Paediatric Play Area. Also Car Parking charges for people dropping off blood samples. The CEO agreed to follow up on these issues.	CEO