

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 26 May 2011

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

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs T Cookson	Chief Operating Officer (COO)
	Dr A Fraser	Medical Director (MD)
	Mr N Nisbet	Finance Director (FD)
	Mrs D Vogler	Director of Strategy (DoS)
In attendance	Mrs B Graham	Committee Secretary
Apologies:	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)

2011.1/56 WELCOME

The Chairman welcomed everyone to the meeting.

2011.1/57 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2011.1/58 MINUTES OF THE EXTRAORDINARY MEETING HELD IN PUBLIC on 28 April 2011 were **APPROVED**.

MATTERS ARISING FROM THE MEETING HELD ON 28 APRIL 2011

(96.1)	Risk Management Executive Committee (96.1) On the agenda. Item complete.
(05.4)	<p>Urgent Care Network</p> <p>The COO reported that a 3rd Stakeholder Forum is due to meet mid-June to discuss key elements across the health economy. Effective Urgent Care is dependant on partnership working but a very clear strategy with clear deliverables and actions are needed to recover the current performance and to sustain effective pathways in an unscheduled environment. In the meantime, SaTH is taking actions to make sure patients are safe. The CEO said that he is seriously concerned that, for the month of May, SaTH had continued to see one of the highest levels of activity in A&E across the West Midlands and he was extremely worried about the system preparedness for the winter months. He reiterated that this is a whole health economy issue and advised that SaTH is not prepared to sign a contract that is not deliverable. SaTH is currently a part of a health economy which is demonstrating very poor performance on some key areas, including delayed transfers of care and A&E, and therefore we are being invited by DoH/SHA to create trajectories, as a health economy, for improving the situation. These are required by the end of June. The current difficulties are being compounded because PCTs have lost significant capabilities/capacity and certain responsibilities within the West Mercia Cluster are unclear. SaTH will be seeking data from the PCTs regarding referral rates by GP Practice, opening hours of Practices etc., in order to try to understand the recent surge in A&E activity. The Board requested a further update next month. Action: COO.</p>

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Chairman
30 June 2011

	MATTERS ARISING (Continued)
(18.3)	National Inquiries and External Reports – On the agenda. Item complete.
(20.1)	Foundation Trust Update <ul style="list-style-type: none"> ▪ Tripartite Formal Agreement – Final version. Action: DCRM – June 2011. ▪ The CEO advised that the DoH will be carrying out a review of SaTH's FT plan during June 2011.
(49.2)	Annual Security Report 2010/11 - All items actioned. Item complete.
(49.3)	IPR – Quality – HSMR : Item on the agenda. Item complete.
(50.1)	Finance Report M12 – Item on the agenda. Item complete.
(50.2)	Performance Report M12 – Item on the agenda. Item complete.
(50.3)	Budget Update – Item on the agenda. Item complete.
(50.3.1)	Capital Expenditure – Item on the agenda. Item complete.

2011.1/59 CHAIRMAN'S REPORT

The Chairman :

- congratulated Dr Ashley Fraser on his substantive appointment as Medical Director.
- advised that, together with the CEO, he had met with the local MPs to update them on the Trust's reconfiguration plans and to discuss the quality and performance challenges currently facing the Trust. There was a robust discussion on the Health & Social Care Bill, and it was generally recognised that significant changes and modifications were necessary to the NHS organisation but that the delays in obtaining parliamentary approval were creating problems as both the PCTs and SHA were well advanced in dismantling their respective organisations.

2014.1/60 CHIEF EXECUTIVE'S REPORT

The CEO wished to place on record his thanks to the staff who have continued to do a fantastic job given the pressures they are under from increased activity across the Trust.

The CEO updated the Board on the reconfiguration project, "**Keeping it in the County**", as follows:

- A meeting, chaired by Dr Andrew Cowley, had taken place with members of the public who had raised concerns around the future of Paediatric Oncology during the Consultation. The purpose of the meeting was to listen to their concerns, to allay fears and to look at opportunities within the new arrangements. The Trust has committed to working with the families over the next year to focus on delivering a solution with regard to the nature and style of the Paediatric Oncology facility. There was also agreement to work with the families, to find a suitable legacy to recognise the efforts of people who have raised funds in the past to support the facility. Dr Cowley's view was that moving to Telford will provide an opportunity to build on the strengths of the current service which is amongst the best in the West Midlands.
- Work to develop the Outline Business Case is continuing and a lot of effort has been put in by the clinical teams to develop new clinical pathways.
- An Estates Strategy is being developed in order to ensure that reconfiguration plans are consistent with estate priorities and that new services are developed in the right locations.

A system-wide seminar on Tele Health Care will be held during the first week of June to discuss innovative ways of working using the technology. Mr Mark Prescott and Dr Darren Warner have been appointed Tele Health champions and they will be responsible for introducing applications to the Trust.

61.1

QUALITY REPORT

The Medical Director (MD) introduced the initial quarterly Quality Report, in the absence of the DQS. He explained that nationally Quality is defined in three areas: Patient Safety, Patient Experience and Clinical Effectiveness. The Quality & Safety Committee (Q&SC) was established to provide a formal structure to focus on the detail of all three elements, to analyse the trends and themes and to keep the full Board informed on any areas of concern.

The following were discussed:

- Tissue Viability - The DQS had commissioned an internal review of all Grade 3 and 4 pressure sores in the last year - 33 cases - to identify the root cause and put a plan in place to improve the care provided. Specific conclusions and recommendations were detailed in Appendix 1 of the report. It was noted that there had been no Grade 4 pressure sores reported in the month.
- Patient Experience – The Senior Nursing Team has commenced a detailed review process of nursing practices for each ward. The process is ongoing and the results are being reported through the Q&S Committee. Some consistent themes have been identified and improvements have been recommended, specifically with regard to arrangements for nursing handovers and the completion and accuracy of nursing documentation.
- Patients Complaints – A total of 119 complaints were received during February and March 2011. The main areas for complaint were: inadequate or lack of nursing care, inadequate or lack of medical care, communication/attitude, inadequate discharges and waiting time appointments.
- PALS – A majority of cases were resolved without going to a formal complaint procedure but the range of issues were consistent with the complaints identified above.
- CQC Annual Inpatient Survey – The results were published on 21 April 2011 and showed that the Trust scored at about the same level as other similar hospitals across England and the Trust scored marginally better on overall standards of care in 2010 compared to 2009.
- Patient Experience – Monthly patient experience surveys in all inpatient wards commenced in February 2011 (face to face surveys with six patients a month in each ward). This is aimed at enabling staff to continually reflect on patient feedback and to both improve practice and acknowledge good practice. Initial results however are showing a different picture from Complaints and PALS statistics.
- Clinical Effectiveness/Outcomes – HSMR is discussed later under a separate agenda item.
- National Cancer Patient Experience Survey – The survey was carried out during January to March 2010. The Trust scored in the top 25% of Trusts in England but opportunities for improvement were noted in relation to appointments, choice, information and privacy.

The Board was informed that to support an objective process of analysing patient experience feedback and holding the Trust to account in tracking improvements, the Q&S Committee will be reviewing proposed Terms of Reference for the establishment of a Patient Experience Board. Membership would include patients, patient representatives, external partners and volunteers who want to support improvements in patient experience.

Whilst recognising good progress, the following points were made during discussion:

- Appendix 2, Para 3.1 identified areas for improvement, 5th bullet "To look at strategies to support the feeding of patients to include protected mealtimes and flexible use of a range of staff". Mr Beardwell (NED) stated that this issue had been discussed for far too long and many complaints mention the absence of protected meal times. The CEO said he would look into this issue and report back at the next meeting. **Action: CEO.**
- The Report should specifically highlight Serious Incidents e.g. Patient Falls, Pressure Sores, etc. It was felt that the fact that these had been left out of the report indicated that a major culture change was required in the Trust.
- Appendix 2, Para 3.0 Key Findings – "Weakness in Ward handovers" was noted in the report but was omitted from the list of "Identified areas for improvement". **Action: DQS.**

61.1 QUALITY REPORT (Continued)

- Although the report identified areas for improvement, it was queried whether or not there was any acknowledgement of ownership by ward staff that these were care issues and that there was a need to improve.

The CEO said that the right leadership and management would be installed through the management change process to get the right people to operate and deliver what is needed. The DQS with Lead Nurses are developing a Ward Assurance Framework that will have a suite of indicators and these will be fed into the Q&S Committee on a monthly basis.

The Board **NOTED** the findings of the report; and recognised that there were a number of issues but that there was a need to be selective and priorities should be protected meal times, pressure sores, patient falls and clinical response time to deteriorating patients.

61.2 ANNUAL INPATIENT SURVEY

This item was deferred until next month. **Action: DQS – June 2011.**

61.3 NATIONAL INQUIRIES AND EXTERNAL REPORTS – SCHEDULE

The Medical Director, on behalf of the DQS, noted that the Board had received a briefing paper in January 2011 raising awareness of the West Midlands SHA tracking tool on National reports and recommendations. Since that time, the Q&S Committee has undertaken a review process which has themed several hundred recommendations into 11 key work areas, as detailed in the paper. The themed areas of recommendations will be systematically reviewed through the internal Governance and Operational processes with an assigned Executive lead and a formal review process to ensure that the recommendations are appropriately implemented in the Trust. The MD acknowledged that this had been an enormous piece of work and that it had taken three months to reach this point. The MD added that a number of the recommendations are currently being taken forward and others will be actioned through the LIPS Programme to be held in June.

The CEO however acknowledged that this report was a position statement and he suggested that it needed to be assessed but in doing so it must be recognised that the Trust could not commit to everything given the resources available.

The COO advised that she and the DQS have a suite of indicators that challenge and support Ward Managers in their roles and they have confidence that it will make a difference and put more focus on the basic care platform.

Following discussion, it was **AGREED** that this item should be brought back to the Board in three months time to assess progress and to satisfy the Board on areas that may be deferred without exposure to unacceptable risk. It was also **AGREED** to share this report with PCTs because it is a whole health economy issue and not just a SaTH issue. **Action: MD/DQS.**

61.4 HOSPITAL STANDARDISED MORTALITY RATIOS (HSMR) UPDATE

The MD confirmed to the Board that reducing the mortality rate is one of the top priorities for the Trust. Progress is being measured by using the crude number of death and the National Standard HSMR measure which measures deaths across 56 diagnostic groups and represent approximately 80% of deaths. The MD reported that there were 4 fewer deaths in April than the same month last year and that HSMR for the month was 101.4 (estimated re-based 111.4) and 105.1 (re-based 115) over the last 12 months. Improvements in coding practices implemented in the second half of last year are now having a positive effect.

61.4 HOSPITAL STANDARDISED MORTALITY RATIOS (HSMR) UPDATE (Continued)

The MD advised that the HSMR for the Trust is reducing faster than the National index and for the last 3 months has been around the National Index of 100. The best result is at RSH, where the re-based HSMR is 90.4 for the last 12 months – well below the National Index. Consultant Physicians at PRH are currently engaged in reviewing sets of notes from patient deaths for January to identify any clinical issues. Further work is being done to reconcile apparent differences in coding practice between the two sites. The focus on achieving further reductions in the crude rates of death rate will be through improvements from the LIPS programme and ensuring patients die in their place of choice. The MD will report back detailed findings to the next meeting. **Action: MD – June 2011.**

The Board **NOTED** current trends and looked forward to receiving the detail findings of the review as a matter of priority.

61.5 FUTURE CONFIGURATION OF HOSPITAL SERVICES (FCHS) UPDATE

The Director of Strategy (DoS) introduced the update and advised that despite a challenging timeline for the delivery of the Outline Business Case to the Board by 30 June the programme remains on track against key milestones and workforce modelling is complete. The DoS reported the following key dates:

- 6 June - Meeting with the SHA and external advisors to receive and discuss the draft OBC;
- 7 June - Clinical sessions to share the work with primary care;
- 8-10 June - OGC Gateway Review of the Outline Business Case will take place;
- 16 June - Progress report to Health Overview and Scrutiny Committee.

In answer to a question from the Chairman regarding ambulance response times, the DoS noted that a strategic transport group had been set up involving both West Midlands Ambulance and the Welsh Ambulance representatives and they are due to meet again on 27 May 2011. The Chair requested an update, specifically in response times from Mid Wales, at the next meeting. **Action: DoS – June 2011.**

The Board **NOTED** the progress on the Future Configuration of Hospital Services Programme.

2011.1/62 PERFORMANCE

62.1 2011/12 BUDGET UPDATE INCLUDING MONTH 1 FINANCIAL POSITION

The FD tabled an Update to the 2011/12 Budget that had been approved at the March Trust Board. The update was based on the actual performance during the month of April and resulted in an overall deficit of £10.6 million. Following discussion, the Chairman concluded that the Board could not approve the Update and tasked the Executive Team to find solutions to bring the I&E account into balance for 2011/12 and to provide for a recurrent surplus for 2012/13. He wanted to be in a position to review a revised Budget proposal by 9th June. **Action: EDs.**

Mr Simms (NED) asked whether or not the original budget had been distributed to ward managers so that they were fully aware of their responsibilities. The FD replied that the Trust is currently in the midst of constructing substantial revisions to the original spending plans and until that work is completed it cannot be devolved. The COO advised that she will be meeting with the CEO and FD to agree a process to monitor and manage expenditures at ward level.

The FD recognised the concerns expressed by Board members around the management of agency costs and he noted that it is one of the key areas that will be focussed on by PwC who have been commissioned to identify both short-term and long-term cost savings opportunities across the Trust.

2011/12 BUDGET UPDATE INCLUDING MONTH 1 FINANCIAL POSITION (Continued)

Mr Simms (NED) reminded members that when the Budget was received the Board in March he had questioned whether or not the starting point for the Budget was reliable and that he had requested the FD to explore the underlying sensitivities as well as “best/worse” case scenarios. He recognised that this Update was still “work in progress” and showed numbers that were unpalatable. However, he felt the FD and his team should be commended for the substantial work that had been undertaken to date and encouraged them to continue to develop the detailed understanding of the Trust’s cost structure.

The Chairman said that the Board fully **SUPPORTED** the Executive Team in the work they were doing to deliver a balanced budget.

The Board **RECEIVED** and **NOTED** the paper.

62.2

PERFORMANCE REPORT

The Director of Strategy introduced the item and explained that a new Trust-wide Performance Framework had been developed to support the new approach to strategic planning. The Board received a document entitled “Developing our Balanced Scorecard Report” which detailed the new process to measure performance in relation to the delivery of our long-term organisational objectives across the four domains (A) Financial Strength; (B) Patients/GPs/Commissioners; (C) Quality & Safety; and (D) Learning & Growth.

The DoS noted that this Report should still be considered as “work in progress” since some headline measures were still under development. She was, however, committed to reporting on Month 1 against the following critical objectives:

- A1 : Develop and implement a sustainable clinical strategy – status RED; forecast RED
- A3 : Increase surpluses to reinvest in quality and innovation – status RED; forecast RED
- A4 : Maximise the productivity and efficiency of our services – status AMBER; forecast GREEN.
- A5 : Eliminate waste and non value adding processes – status RED; forecast RED
- B9 : Reflect Commissioner’s plans in our capacity plans and deliver contractual commitments – status RED; forecast GREEN. .
- C3 : Provide the Right Care, Right Time, Right Place and Right Professional - status RED; forecast GREEN
- C4 : Deliver services that offer safer evidence-based practice – status AMBER; forecast GREEN
- C6 : Ensure our patients suffer no avoidable harm – status RED; forecast AMBER.

The following points were noted :

- The definition in terms of level of confidence of delivery of the forecast needs to be clarified
- Additional column to be added “year to date performance”.
- Charts to be extended to include expected outcomes and actions and timelines **Action: DoS to take up all points.**
- Under C3 the number of Bed Days Lost to be included. **Action: COO.**
- Under C6 - to consider tracking RCAs under Serious Incidents. **Action: DQS.**

The CEO noted that over the next six months the plan is to display this performance data around the Trust ; and to hold regular challenge discussions with staff. The COO added that Centres will be responsible for all Quality and Safety performance and a suite of indicators will be developed to use at Ward/Specialty/Centre levels.

62.2 PERFORMANCE REPORT (Continued)

The CEO advised the Board that Mark Cheetham, Value Stream for Scheduled Care, has been asked to present his work to the Board at the next meeting. **Action: Secretary.**

The Board formally **NOTED** the approach to developing the revised performance framework and performance at Month 1. The Board felt that this approach would provide a much better understanding of the underlying issues and congratulated the Performance Team and Tricia Titley on their work.

62.3 CAPITAL EXPENDITURE REVIEW 2011/12

The Finance Director (FD) introduced the paper. He advised that the Capital Planning Group had been asked to review and propose amendments to the 5-year Capital Programme to achieve the following key objectives:

- To realise in the short-term £1 million per annum to strengthen the Trust's cash position consistent with the Long-Term Financial Model. This is to be achieved by underspending against the available Capital Resource Limit (CRL) for the first three years of the plan.
- To assist in the delivery of the Trust's requirement to achieve an I&E surplus; to support the I&E position by £1 million per annum for the 5-year plan.

The FD proposed a capital programme totalling £7.2 million to be funded through cash generated from a balanced I&E account for 2011/12. He said that the programme he was now recommending had been scaled back from an original proposal of £13 million and he did not believe that it would be feasible to plan for anything less than £7.2 million. The Board was concerned about the affordability of the proposal even at this reduced level. The CEO urged the Board not to cut the plan as all the items included addressed specific identified risks.

The FD suggested that creditor smoothing should be used as a short term measure if there was a shortfall in cash generated from operations. Mr Simms (NED) expressed his strong objections to such a policy and considered creditor smoothing to be unethical unless the Board agreed to approach our suppliers and formally advise them that the terms of payment were to be changed.

Following further discussion, the Board **APPROVED** :

- the Revised Capital Programme on the condition that a plan is presented and approved at the next Trust Board meeting which brings the I&E account into balance
- the proposal for the high priority schemes totalling £7.2 million on the condition that there is a clear plan to get the cash position back into balance, sufficient to fund that amount of expenditure, and not to use creditor smoothing as a planned strategy to fund capital expenditures

Action: FD.

2011.1/63 GOVERNANCE

63.1 RISK MANAGEMENT EXECUTIVE COMMITTEE

The Board **APPROVED** the Terms of Reference **SUBJECT** to two amendments under the membership :

- include the Director of Strategy
- delete duplication of Director of Compliance and Risk Management

Action: DCRM.

The Board **RECEIVED** and **NOTED** the minutes of the RME meeting held on 3 May 2011.

The COO advised that all NHS organisations, as set out in the Civil Contingencies Act 2004 (CCA), are required to maintain plans to ensure they can: 1) continue to exercise their civil protection functions and 2) continue to perform their ordinary functions to a minimal acceptable level. The CCA places a statutory duty on SaTH, as a Category 1 Responder, to have a plan in place that sets out the actions, roles and responsibilities for preventing, where possible, or recovering from disruptive incidents that have the potential to seriously impede the Trust's ability to provide critical services.

The COO advised that the Trust is compliant around major incident plans but there is a need to strengthen the Business Continuity Plans. An Interim Emergency Planning Advisor has been recruited who will support the development of comprehensive Business Continuity plans and associated training and competency development for the organisation.

The Board **NOTED** the contents of the Report and Annual Statement.

2011.1/64 **POLICIES FOR CONSIDERATION/APPROVAL**

63.1 **HR40 EMPLOYMENT REFERENCES**

The Board **APPROVED** HR40 Employment of People with Disabilities reflecting new legislation.

2011.1/65 **OUTCOME SUMMARIES FROM COMMITTEES**

- **Hospital Executive Committee – 17 May 2011 received and noted.**

It was noted from the Outcome Summary that PriceWaterhouseCoopers has been contracted for 8 weeks:

- (i) to identify cost releasing efficiencies and action plan,
- (ii) to prepare a programme management framework, and
- (iii) to recruit a Programme Management capability

- **Finance & Performance Committee – 26 April 2011 received and noted.**
- **Clinical Quality & Safety Committee – 21 April 2011 received and noted.**

2011.1/66 **ANY OTHER BUSINESS – None.**

2011.1/67 **QUESTIONS FROM THE FLOOR**

Mrs Caroline Bond said she found the papers much clearer but raised an issue with regard to the Quality Report and in particular issues around "communication with carers and relatives" which she felt was very poor.

A recent meeting she attended had highlighted the fact that there was no information available on the wards when patients are discharged into the care of carers. Mrs Bond said that this issue needs addressing as a priority because carers are taking responsibility for patients and working 24/7 without training and without resources.

The CEO said he recognised these points from complaint letters. One of the actions being taken in the Trust is to implement real time patient feedback by using a simple questionnaire once a week across all the wards. Questions will be short and relevant and will be determined in liaison with patient representatives, carers and relatives. The MD added that the Patient Experience Board is being formed to get together with patient representatives, relatives and volunteers to try to understand where the problems are happening and address them promptly. The DQS is also considering placing on every bedside a clear set of key facts and then on the ward a set of data that tells patients, visitors and relatives how we see the ward performance and ward staff performance.

Mr Jones (PALS Volunteer) made the following comments:

- i) PALS Service is very important at both hospitals and he felt the Trust would have a lot more complaints if it wasn't for their early intervention.
- ii) Car Parking is a serious concern which needs to be addressed. Patients are missing consultant appointments because they cannot find a car parking space when all parking spaces and grass verges are full patients give up and go home.
- iii) Feedback from a friend who was admitted to PRH : praised the medical attention and was delighted with the service he received – a stark contrast to the care he received 4 years ago.

2011.1/68 DATE OF NEXT MEETINGS :

9 June 2011 (Special Meeting) 5 pm Meeting Room 1, Treatment Centre, Royal Shrewsbury Hospital.

30 June 2011 (Formal Meeting) at 9.30 am Room D, Education Centre, Princess Royal Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM TRUST BOARD MEETING HELD IN PUBLIC ON 26 MAY 2011

Item	Issue	ACTION LIST
05.05	Urgent Care Network The Board requested a further update next month.	COO – Jun 2011
20.1	Foundation Trust Update Tripartite Agreement – final version to be brought back to the Board in May.	DCRM – Jun 2011
61.1	Quality Report <ul style="list-style-type: none"> ▪ Appx 2, Para 3.1, 5th bullet : Absence of Protected Meals – CEO confirmed that this issue would be looked into and reported back to the next meeting. ▪ Appx 2, Para 3.0 Key Findings : “Weakness in Ward handovers” – Item was noted in the report but was omitted from the list of “identified areas for improvement”. This to be included. 	DQS – Jun 2011 DQS – Jun 2011
61.2	Annual Inpatient Survey - Item was deferred until the next Board.	DQS – Jun 2011
61.3	National Inquiries and External Reports Agreed that this item should be brought back to the Board in 3 months time to assess progress and to satisfy the Board on areas that may be deferred without exposure to unacceptable risk. It was also agreed to share this report with PCTs because it is a whole health economy issue and not just a SaTH issue.	DQS – Sep 2011 DQS - asap
61.4	HSMR Update The Board noted the current trends and looked forward to receiving the detail findings of the re-coding review as a matter of priority.	MD – Jun 2011
61.6	FCHS Update It was noted that a strategic transport group had been set up involving both West Midlands Ambulance and the Welsh Ambulance representatives and they are due to meet again on 27 May 2011. The Chair requested an update, specifically in response times from Mid Wales, at the next meeting.	DoS – Jun 2011
62.2	Performance Report – M1 <ul style="list-style-type: none"> ▪ The definition in terms of level of confidence in delivery of the forecast needs to be clarified. ▪ Additional column to be added “year to date performance”. ▪ Charts to be extended to include expected outcomes and actions and timelines. ▪ Under C3 the number of Bed Days Lost should be included. ▪ Under C6 - to consider tracking RCAs under Serious Incidents. ▪ Mark Cheetham to present his work at the next Board meeting. 	DoS DoS DoS COO DQS Secretary – Jun 11
62.3	Capital Expenditure Review 2011/12 The Board APPROVED : <ul style="list-style-type: none"> ▪ the Revised Capital Programme on the condition that a plan is presented and approved at the next Trust Board meeting which brings the I&E back into balance ▪ the proposal for the high priority schemes totalling £7.2 million on the understanding that there is a clear plan to get the cash position back into balance sufficient to fund that amount and not to use creditor smoothing as a planned strategy to fund capital expenditures 	FD – Jun 11
63.1	Risk Management Executive Committee Terms of Reference – approved subject to two amendments.: <ul style="list-style-type: none"> ▪ To include the Director of Strategy ▪ To dele duplication of Director of Compliance and Risk Management 	DCRM asap.