

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 31 March 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)
	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs T Cookson	Chief Operating Officer (COO)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Mr D Gilburt	Interim Finance Director (FD)
	Dr A Fraser	Interim Medical Director (MD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
	Mrs D Vogler	Director of Strategy (DoS)
In attendance	Mrs B Graham	Committee Secretary
Apologies:	Mrs S Assar	Non Executive Director (NED)
	Mr N Nisbet	Finance Director (Designate)

2011.1/30 WELCOME

The Chairman welcomed Colonel Roger McBroom, commanding officer 202 (Midlands) Field Hospital and his team, who would be speaking to the Leadership & Improvement item. The Chairman also advised that this was the last formal Board meeting for David Gilburt, Interim Finance Director, and on behalf of the Board expressed sincere thanks to him for all his hard work. David Gilburt thanked the Chairman and said it would not have been possible without the hard work of the Finance Team and his Executive colleagues.

2011.1/31 CHAIRMAN'S AWARD was presented to the staff of the Intensive Care and High Dependency Units at both PRH and RSH following nominations from patients and other members of staff. The Chairman presented the award to Debbie Millington, Sarah Kennerley, Heather O'Neill from RSH and Debbie Chidlow from PRH and thanked them for all their hard work and dedication.

2011.1/32 DECLARATION OF INTEREST by members in relation to any matters on the agenda :

Dr Fraser, Medical Director, declared an interest in Shropshire Education & Conference Centre and 202 (Midlands) Field Hospital, both in relation to the item on Leadership & Improvement Academies.

2011.1/33 LEADERSHIP & IMPROVEMENT ACADEMIES – STRATEGIC PARTNERSHIP AGREEMENT

The Medical Director (MD) introduced the item which proposed establishing a strategic partnership with 202 (Midlands) Field Hospital. He noted that the Trust is committed to developing Leadership and Improvement Academies to drive improvements in quality, innovation and staff engagement and that the proposed partnership with the TA is intended to form an important part of the programme. In particular, partnership activities will include a TA contribution to Trust training and development events, together with opportunities for the Trust's clinical staff to learn from experienced TA clinical staff and operations.

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Chairman
28 April 2011

LEADERSHIP & IMPROVEMENT ACADEMIES – STRATEGIC PARTNERSHIP AGREEMENT (Cont'd)

Col. McBroom asked the Board to support this collaboration and said that he felt that it would prove to be a fruitful and long-term partnership benefiting both organisations and patients.

Mr Beardwell (NED) welcomed the opportunity for staff to work in this partnership but he had three issues which he wanted clarified:

1. He was concerned about the responsibility for controlling the overall Trust training budget and the impact that the proposal would have. The CEO confirmed that the responsibility would remain with SaTH and that any costs associated with this proposal would be contained within the agreed Trust training budget.
2. He questioned whether there would be any indirect or hidden costs associated with the implementation of the proposal, such as agency costs for locums to backfill positions. Following the Board meeting, members were advised that the Reserve Forces regulations provide an effective scheme for claiming financial assistance to fully cover costs of replacing an employee who has been mobilised, including agency costs for hiring a temporary replacement.
3. He felt that the Memorandum of Understanding that had been tabled should be revised to exclude any reference that the Trust should promote the benefits of service with the Reserve Forces.

Following further discussion, the Board **APPROVED** the proposed strategic partnership with the 202 (Midlands) Field Hospital and the Memorandum of Understanding subject to the amendment under Paragraph 12, 4th bullet point which should read “We will jointly promote the benefits of Service with 202 Field Hospital”.

2011.1/34 MINUTES OF THE PREVIOUS MEETING HELD IN PUBLIC on 24 February 2011 were **APPROVED** subject to the following amendment :

Minute 18.2 Serious Incident Policy where the Board approved the revised policy relating to the reporting of Serious Incidents, the DCRM advised that subsequent to the Board meeting there was agreement that it was appropriate to notify Board members of Grade 1 incidents, as well as Grade 2 incidents, except for pressure sores and other incidents which are routinely reported elsewhere. The Board **NOTED** this change.

MATTERS ARISING FROM THE MEETINGS HELD ON 27 JANUARY 2011

(49.3)	<p>Clinical Governance Annual Report 2009/10 – Selected cases to be presented to the Board in private session.</p> <p>It was agreed to start presenting patient stories from April 2011. It was recommended that patient stories should be local and be received from members of staff investigating the incident. AGREED.</p>
(93.3)	<p>Whistleblowing Policy (93.3) – This item is on the agenda. Item complete.</p>
(96.1)	<p>Committee Structure/Membership Update (96.1)</p> <ul style="list-style-type: none"> ▪ Risk Management Executive Committee Terms of Reference. Action: CEO – April 2011. ▪ It was noted that Sue Assar (NED) has agreed to take over Chairmanship of the Charitable Funds Committee.
(05.2)	<p>Paediatric Safeguarding Q3 Report</p> <p>The Paediatric Safeguarding Policy is included as a part of Whistleblowing Policy which is on the agenda. Item complete.</p>
(05.4)	<p>Urgent Care Network Board</p> <p>The COO reported that the impact of the Walk-In Centres on A&E activity was unclear but that there had been productive meetings with the GP Commissioners who had committed to look at patient pathways across the system. The CEO added that the Urgent Care Network was no longer in place but that there was scope to use the reconfiguration agenda as a basis for more productive discussions which he would be pursuing and would report back to the Board within the next two months. Action CEO.</p>

MATTERS ARISING (Continued)	
(18.1)	Future Configuration of Hospital Services A meeting with Paediatricians, Neonatologists and NEDs had taken place. Item complete .
(18.2)	Serious Incident Policy – This item is on the agenda. Item complete .
(18.3)	National Inquiries and External Reports – Follow-up item scheduled for April Board. Action: DQS April 2011
(18.4)	Shropshire Vulnerable Adults Safeguarding Strategy – Details have been circulated. Item complete .
(18.6)	IPR Quality Report – A&E waiting times - Item on agenda under Performance Report. Item complete .
(19.1)	Finance Report – Outline Budget presented to Extraordinary Board meeting on 24 th March and F&P Committee on 29 March 2011. Item complete .
(20.1)	FT Update – Tripartite Formal Agreement – The draft was presented to the Extraordinary Board meeting on 24 March when amendments were made including some additional management information. The final version would be brought to the May Board. Action: DCA – May 2011 .

2011.1/35 **CHAIRMAN'S REPORT**

The Chairman reported another busy month with reconfiguration activity dominating the period. He said that with the successful conclusion of the consultation, he believed this was a real opportunity to move SaTH forward at pace and start to work as one hospital. He cited this month's Chairman's Award as a good example of cross site working.

He noted that the Health & Social Care Bill which was due for Royal ascent by October has been delayed for at least six months and that the challenge for the Trust would be to make as much progress with our FT application before SHA and PCTs disappeared. The Act provided for a new development agency - NHS Trust Development Authority (NTDA) to manage the FT process.

Through the transition process Eamonn Kelly had been appointed Chief Executive of West Mercia Cluster; to cover Worcestershire, Herefordshire, Shropshire County and Telford & Wrekin PCTs. Leigh Griffin would continue to be responsible of Shropshire/Telford & Wrekin PCTs, reporting to Mr Kelly.

2014.1/36 **CHIEF EXECUTIVE'S REPORT** - The CEO apologised for the absence of a written report but presented a verbal report reflecting of the year ending and the year ahead.

36.1 **2010/2011:** had been a year of significant change and transition to a new way of working. Elements of that transition included :

- **New Executive Team** – The appointment of the Medical Director post would be announced shortly and this would complete the establishment of the new Executive Team who are all competent and experienced directors.
- **New Strategy** – In the last few months work had been concentrated on clarifying the strategy for the organisation the Strategic Plan for 2011/12 is included in the agenda.
- **Clinical Leadership** - A new momentum around clinical leadership in the Trust has been introduced with the establishment of a clinical centres.
- **Leadership Academies** - Opportunities are being developed for staff to acquire new skills that will drive improvements in quality, innovation, and staff engagement.
- **Oncology, Obstetrics and Ophthalmology** - Clinical issues in these specialities are at last being addressed. The ICAT has been established in Telford and the Trust is investing heavily to develop Obstetrics and Oncology services. There is also a lot of work going on to sort out the Trust's booking system.
- **Financial Position** – The Trust's financial position is stabilising but there is still a long way to go.
- **Leading Improvement in Patient Safety (LIPS)** – A good session was held early in the month to introduce LIPS and a follow-up session is scheduled for June when LIPS will be launched throughout the organisation.

2011/12

- The CEO cautioned that the QIPP agenda needed to be better understood in order to deliver the required improvements. A proposition is being developed to bring together all the CEOs from Trusts and PCTs in the health economy to:
 - (i) Each organisation to set out their vision for the health service at the end of a four year period.
 - (ii) Jointly commission and lead work to identify opportunities for changing the local system through a shared agenda with a set of key deliverables.
 - (iii) Financial modelling would be necessary to secure a satisfactory outcome.

A further report would be provided in April. **Action: CEO.**

In response to a question from the Chairman, the CEO said he planned to create a Programme Management Office for the county to cover the reconfiguration, urgent care system and priorities around QIPP. This would be a single common centre with all parties committed and accountable to deliver change processes. The CEO confirmed that a key objective would be to produce one set of data for all organisations.

2011.1/37

QUALITY AND SAFETY

37.1

QUALITY ACCOUNT 2010/11 AND QUALITY IMPROVEMENT STRATEGY

The Director of Quality & Safety (DQS) presented a paper which had been reviewed at the last Quality & Safety Committee (QSC) meeting. The Board was advised that the Trust was required to publish its Annual Quality Account to be approved by June 2011. The paper outlined the timescales to meet that requirement and also set out the intentions to develop a Quality Improvement Strategy to be developed with staff, clinicians and patient representatives to ensure that the process was fully inclusive.

The Chairman noted that this work would tie in with the "Listening into Action" programme to engage with staff and patients to develop their views on defining quality and which was due to begin shortly.

The Board **NOTED** the process of engagement in both processes and **APPROVED** the timescales.

37.2

INTEGRATED PERFORMANCE REPORT – QUALITY

The DQS presented the IPR Quality Report for the period ending 28 February 2011 and specifically referred to the Serious Incidents (SIs) which continued to be high. There were 10 Serious Incidents reported in February and 16 in January. The Board was briefed on the following :

- Ophthalmology - work was proceeding to review capacity and demand and further issues were being uncovered. A report has been prepared and would be discussed in private session.
- Pressure sores continue to be of particular concern. The Trust was required to prepare a paper for the PCT on how to resolve and reduce pressure sores at Grade 3-4. The CQINN target of 10% reduction had not been achieved and the Trust was averaging 3 cases per month which was not satisfactory. This issue was being taken very seriously and the overall action plan to improve the situation is being overseen by Q&S Committee.
- HSMR – The MD said that coding is being reviewed because there were some differences identified in death rates between the two hospitals. A previous suggestion by Dr Walford (NED) was being introduced to move coded cases between the hospitals to check accuracy.

The FD referred to the issue of coding and said that following discussions with clinicians it was felt that it may not be a coding issue but rather a problem of poor record keeping by clinicians. The MD advised that a standardised co-morbidity sheet had been introduced and was currently being piloted at PRH.

INTEGRATED PERFORMANCE REPORT – QUALITY (Continued)

- Patient Falls – the DQS said that every patient fall is taken very seriously despite some patients being confused. This would be performance managed.
- A&E 4 hour waits – the COO advised that SaTH had seen a significant increase in activity and last week registered the highest ever number of attendances in A&E. Performance remained unacceptably poor partly due to the high numbers presenting and delayed discharges. There seemed to be no single reason for the high numbers.
- 18 weeks – Capacity and demand analysis had shown that there was a significant shortfall in capacity. The IST template is being used for 18 weeks and a comprehensive report on the review would be available next month. **Action: COO.**

Dr Walford (NED) expressed concern that the A&E and 18 week targets were the Trust's core business and he felt that these had to be dealt with as a matter of urgency. The CEO agreed and said he had agreed the following with the SHA:

- 18 weeks – to deliver a trajectory to achieve the 18 week target by next month;
- A&E – a sustainable solution to A&E performance was needed. Work is going on to set a performance target of 60% of patients discharged within 72 hours - it is currently 20%. If this could be achieved the problem would start to disappear but the CEO pointed out that this was a health economy issue and full co-operation from the PCTs was essential. The CEO to report back in May 2011. **Action: CEO.**

The DCRM referred to the 18 weeks target, and the fact that over 5,000 patients who had already breached 18 weeks. This was seen as a more accurate representation of performance.

2011.1/38

PERFORMANCE AND GOVERNANCE

38.1.1

FINANCE REPORT – MONTH 11

The Finance Director (FD) introduced the financial report for the period ending 28 February 2011. He reported a small improvement in the financial position after taking account of the strategic change reserve support that reduced the cumulative trading deficit from £4.3 million to £313k enabling the Trust to be on target to breakeven at the end of the financial year. The year end target assumed £5 million support from the Commissioners.

The FD referred to the recent Shropshire Star statement which incorrectly called the support “a loan”. He clarified that the support came from the Commissioners and that the support reflected the unforeseen additional activity during the year.

The FD said that there was a continuing issue with agency costs but given the level of activity in A&E escalation beds had to be opened and staffed. The DQS added that sickness had also been significant over the winter period. The COO and DQS intended to work to a plan for opening escalation beds using substantive staff rather than agency staff.

The Board **NOTED** and **APPROVED** :

- February trading deficit of £1.159 million;
- February surplus, post support of £66k;
- Cumulative trading deficit of £4.289 million;
- Cumulative deficit, post support of £0.314 million;
- BPPC performance
- Liquidity improvement due to Strategic Change Reserve funding receipt.

38.1.2 CAPITAL PROGRAMME MANAGEMENT AND GOVERNANCE 2010/11

The Finance Director **TABLED** the paper and advised that because of additional activity the Trust had received additional funds from the PCTs. The Capital Planning Group met on 17 March 2011 when the cashflow was considered and the additional income that had to be managed in-year against the external financial limit (EFL) of £736k. The FD said it was a complex mechanism which had been discussed outside the meeting. The FD added that it should be noted for the first time that as at 25 March 2011 the Trust had cleared all overdue creditors within the accounts payable system.

The Capital Planning Group took the decision to deliver the EFL by committing to some approved capital items that had originally been deferred. When looking at the Capital Programme for next year there was now £1 million contingency which was not committed and was therefore available to the Board.

The Board **NOTED** the detail in the paper regarding the management and governance of the 2010/11 Capital Programme.

38.2 INTEGRATED PERFORMANCE REPORT – PERFORMANCE

The COO said that the SHA were very concerned about the number of delayed discharges. The numbers were to be validated on 1 April 2011. Next year there would be outcome measures, quality focused on the impact of the patient journey. She noted that there were 51 patients with a combined LoS at 1078 bed days, and that although some patients were critically ill, a significant number were long stays or were waiting for specialist care in a non acute environment. Dr Vernon (NED) pointed out that one issue was that patients were not usually discharged over the weekend and asked for this problem to be remedied.

The Board **NOTED** performance against a range of Key Performance Indicators.

38.3 STRATEGIC PLAN 2011/12

The Director of Strategy (DoS) presented the paper for approval. The Strategy Plan for 2011/12 set out the Vision, Mission, Values and Strategic Objectives for the year. The document identified the key initiatives and programmes that will need to be worked on with Centres and Value Streams and corporate functions. This is a “live” document and Centres had already attended Business Planning Workshops and were thinking through their priorities.

Discussion took place with regard to the pyramid and strategic map. The CEO said that the pyramid is “what the priorities are” and the strategic map is “how to do it”. The aim is to increase productivity and eliminate waste and to hold the Centres to account for delivery of the Plan. The Chair said the Board was keen to meet with Centre Chiefs and to discuss their specific objectives and priorities. He also highlighted the need to develop the Trust’s commercial capability.

The DoS confirmed the Next Steps in the strategic planning cycle, as follows:

- Performance framework agreed by May 2011
- Accountability Agreements in place with Centres and Corporate Departments in May 2011;
- Centre Business Plans completed by June 2011;
- Quarterly Strategic Review process to start in July 2011;
- 2012/13 Planning process to begin in September 2011.

The CEO said that by the end of Quarter 1 we should have a prospective 3 year financial plan in place as part of the progression towards FT status and given our situation we need to start to have confidence in our ability to manage what is in front of us.

The Board **APPROVED** the Strategic Plan for 2011/12 and **NOTED** the key milestones and next steps in implementing the plan and in particular the development of a balanced score card and dashboards.

The Finance Director (FD) introduced the Budget Proposal 2011/12. He noted that it had been presented to the Finance and Performance Committee (FPC) on 29 March 2011.

Mr Simms (NED), Chair of the Finance and Performance Committee (FPC), advised that a long and robust examination of the proposed budget for 2011/12 had taken place. The Committee was satisfied with the assurances that the EDs were able to offer on the process that had been followed in arriving at the numbers, and also recognised that there inevitably remained significant areas of uncertainty. The confidence displayed however by the EDs in presenting what everyone considered to be a challenging budget generating a small surplus was welcomed and subject to the clarification in several areas the Committee was prepared to allow the proposed budget to go forward to the Board. The Committee was disappointed with the absence of a detailed reconciliation between the expected outturn for 2010/11 and the 2011/12 since without such an analysis it was difficult to quantify the activities and initiatives being proposed to meet the budget. It remained a requirement of the F&PC to receive such an analysis.

Mr Simms (NED) said the FPC was not totally convinced that we know precisely where we are now and, whilst this is no reflection on the new Executive team, the F&PC wished to explore the underlying sensitivities and requested a "best/worse" position for the next meeting and thought that this might prove valuable to the EDs in formulating their action plans for the year.

In considering the capital budget the F&PC requested that the total project cost of all individual schemes carried over into the budget year be detailed as should the total cost of schemes commencing during the budget year. Also, the F&PC sought clarification as to the proposed action to be undertaken if activity levels were out of line with the undertakings that had been contracted with the commissionaires. This stimulated much discussion with little resolution and remains a particular concern. Against a background of volatility not only nationally with the new government initiatives, locally with the impending reconfiguration and parochially with virtually a new Executive Team and a structural reorganisation, the F&PC thought that the preparation of a budget under such circumstances was commendable. It did see some value with the introduction of regular perhaps quarterly rolling forecasts to aid the EDs in confirming the viability of the proposed budget and enable them sufficient time to take early corrective actions as necessary.

The Finance Director then summarised the key principles and assumptions used in forecasting income and setting the expenditure budgets. The Committee was reassured that the process had included budgets being signed off by the individual managers responsible for delivering the elements of the budget.

The F&PC asked that additional information be presented at its April meeting to include:

- A reconciliation/bridge analysis between the outturn position 2010/11 and the proposed budget 2011/12 to include both income and expenditure.
- A sensitivity analysis which recognised the key risks
- An outline of how the risks will be mitigated/managed, specifically:-
 - delivery of CIP
 - reduction in the use of agency staffing
 - correct funding for known vacant posts
- The inclusion of total project expenditure for each scheme in the Capital Programme 2011/12 including prior year amounts.

BUDGET PROPOSAL 2011/12 (Continued)

The F&PC recommended the proposed Budget for 2011/12 to the Board. The Trust Board **resolved** to :

- **APPROVE** the contract proposal as described for 2011/12 subject to confirmation of the £4 million “Cluster support”, which is included in forecast income.
- **APPROVE** the budget proposals, conditional on the Executive Team demonstrating the full disestablishment of the 200 currently vacant posts generating the required £5 million recurrent savings.
- **NOTE** the Executive Team will be reporting on the outcome of the disestablishment work to the April Trust Board; with the caveat that disestablished posts must not compromise direct quality provision and will be in agreement with Centre Chiefs and senior clinical staff.
- **APPROVE** the Productivity Improvement and Savings Proposals outlined above and the proposed monitoring arrangements.
- **APPROVE** the proposed capital programme for 2011/12 and note the contingencies contained therein.

The Chairman noted that Service Line reporting would be an essential tool in facilitating delivery of the budget and asked that work to bring forward Service Line Reporting be given a high priority. He also requested that the Capital Expenditure plan should be brought back to the Board next month for further review. **Action: FD.**

38.5 GOVERNANCE SCHEDULE 2011/12

The DCRM introduced the Governance Schedule which informs the Board of governance-related items to expect during the year and enables the board to obtain assurances in relation to its governance.

The Board **NOTED** the proposed Governance Schedule for 2011/12.

2011.1/39 POLICIES FOR CONSIDERATION/APPROVAL

The following policies were submitted for consideration:

- HR05 Whistleblowing Policy: the full policy was presented to Board members. This policy had been reviewed in line with recent changes to published guidance and drawn up in consultation with lead nurses for Safeguarding Children and Vulnerable Adults. It was noted that all Whistleblowing issues, once concluded, would be reported to the Board in private session. Any failure in management would need to be addressed through a separate route
- HR50 Annual Leave and Public Holidays for Medical Staff – was designed to establish clear Trust-wide arrangements for booking annual leave by medical staff. The Local Negotiating Committee had approved this policy and the next stage was to roll it out across the Centres noting that there was a six week notice rule to be enforced
- HR60 Job Evaluation – new policy is based on national principles and provides for the ongoing review of existing jobs and the banding of new or amended roles.
- HR70 Employment References – was **deferred** to be discussed further with Staff Side representatives.

HR POLICIES (Continued)

The Board **APPROVED** the HR50 and HR60; and also **APPROVED** HR05 Whistleblowing Policy subject to the following changes :

- Front page to refer to Safeguarding Children/Safeguarding Adults Policies;
- Section 1.9 : to add final sentence “this will also cover action where managers have not responded appropriately to concerns raised by staff”
- Section 7.4 : to add the Whistleblowing telephone number to the final bullet point “Non-Executive Director”.

Action DCRM.

It was confirmed that as always the approval of Policies will be communicated to staff through Team Brief and HR Managers will take these to Divisions/Centres through management meetings. Any breaches of Trust policy such as HR50 will be dealt with appropriately.

2011.1/40 OUTCOME SUMMARIES FROM COMMITTEES – RECEIVED FOR INFORMATION

▪ Finance & Performance Committee – 22 February 2011

Mr Simms (NED) and Chair of F&PC, said the committee reinforced the need to review the Catering Service and recognised the potential in developing that service to the benefit of the Trust. The F&PC also felt that Sterile Services offered a huge potential for generating additional income and that he wanted to explore this opportunity at the next meeting of F&PC

▪ Clinical Quality & Safety Committee – 18 February 2011

Dr Vernon (NED) and Chair of QSC, recognised that this was a new Committee which needed to determine the right agenda. However, its priorities would include close monitoring of the quality performance indicators and development of a Quality Improvement Strategy. Also members would routinely visit wards before the meeting to talk to patients and staff. He felt that good progress was being made.

2011.1/41 **ANY OTHER BUSINESS** – None.

2011.1/42 **QUESTIONS FROM THE FLOOR**

Q1 In answer to a question from Caroline Bond, the CEO said he was trying to find a way of appropriately recognising the legacy created by the efforts of fundraisers for the Rainbow Unit at RSH. There was now a baseline standard for the new facility at PRH and to give assurance to the fundraisers, he would involve them in the planning for the new unit over the next year.

Q2 Mr Jones advised that he had met with the DQS on 17 March when they visited Wards 15 & 16 at PRH and found it very interesting. Mr Jones asked what had happened to the publication of the “Volunteers News”. The DCRM said she would liaise with the Volunteer Co-ordinator to publish this. **Action: DCRM.**

2011.1/43 **DATE OF NEXT MEETING : 28 April 2011 at 9.30 am Room D, Education Centre, PRH.**

The meeting then closed.

UNRESOLVED ITEMS FROM TRUST BOARD MEETING HELD IN PUBLIC ON 31 MARCH 2011

Item	Issue	ACTION LIST
96.1	Mar 11 – Committee Structure/Membership Update Risk Management Executive Committee Terms of Reference would be formulated.	CEO – Apr 2011
05.04	Mar 11 – Urgent Care Network Board The CEO added that the Urgent Care Network was no longer in place but that there was scope to use the reconfiguration agenda as a basis for more productive discussions which he would be pursuing and would report back to the Board within the next two months.	CEO – May 2011
18.3	Mar 11 – National Inquiries and External Reports Follow up item scheduled for April Board.	DQS - Apr 2011
20.1	Mar 11 – Foundation Trust Update Tripartite Agreement – final version to be brought back to the Board in May.	DCRM – May 2011
36.1	Mar 11 – CEO’s Briefing - 2011/12, 1st bullet point, Point (iii) QIPP Agenda - A further report will be due in April.	CEO – Apr 2011
37.2	Mar 11 - IPR Quality M11 18 weeks – A comprehensive report on the review would be available next month. A&E – a sustainable solution was needed. The CEO to report back in May 2011.	COO - Apr 2011 CEO - May 2011
38.4	Mar 11 - Budget Proposal 2011/12 The capital expenditure plan to be brought back to the next Board meeting for further review.	FD
39	Mar 11 - HR Policies HR05 Whistleblowing Policy was approved subject to the changes noted in the minutes.	DCRM to action
42	Questions from the Floor The DCRM agreed to liaise with the Volunteer Co-ordinator to publish the Volunteers Newsletter.	DCRM