

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**

Held on Friday 3 December 2010 at 9.30 am  
in Room D, Education Centre  
Princess Royal Hospital

**PUBLIC SESSION MINUTES**

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

**2010.1/89** **WELCOME:** The Chair welcomed everyone to the meeting. Apologies received from Dr Walford (NED) who was snow bound in Dublin.

**2010.1/90** **DECLARATION OF INTERESTS**

- Vicky Morris declared that she was on secondment to SaTH as Interim Director of Quality & Safety/Chief Nurse whilst still working for Robert Jones & Agnes Hunt Orthopaedic Hospital;
- Tina Cookson declared she was in a transition period for 4 weeks and would be commencing officially as Interim Chief Operating Officer on 20 December 2010.

**2010.1/91** **MINUTES OF THE PREVIOUS FORMAL BOARD MEETING** held on 4 November 2010 were **AGREED** as correct.

**MATTERS ARISING FROM THE PREVIOUS FORMAL BOARD MEETING held on 4 November 2010*****Annual Report on Handling Complaints 2009/10 (35.3) Waiting times in Outpatient Clinics***

The Chief Executive said he had commissioned IST to review the waiting time situation, initially for ophthalmology and then for other specialities. He will present a detailed review of IST findings at next Board Meeting. **Action: CEO**

The Chairman noted that the Board had invested a considerable amount of money with Newton, particularly in ophthalmology to improve efficiency and reduce waiting times and requested that a report on their conclusions and recommendations be presented at the next Board meeting. **Action: DoS/COO.**

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Chairman  
27 January 2011

## MATTERS ARISING FROM THE PREVIOUS FORMAL BOARD MEETING (Continued)

### **Budget and Capital Plan 2010/11 (36.2.1)**

- Dr Vernon (NED) clarified that this issue related to 2010/11 QIPP plans and, in particular, he wanted to establish whether PCT admission avoidance programs were working and the extent to which SaTH had seen any real reductions in admissions. He noted that these programs had a potentially huge financial impact on SaTH (up to some £5 million). The FD said that NHST&W performance to date appeared to be in line with forecasts but SCPCT was very much over-performing and was causing problems for SaTH. The FD was asked to circulate to the Board a summary of performance to date by PCT and to estimate the probable exposure for the last part of the year.  
**Action: FD.**
- It was noted that QIPP plans for the health economy for 2011/12 were due by 10 December 2010 and would be discussed at the next Board meeting. **Action : FD**

### **Clinical Governance Annual Report (49.3) Selected cases to be presented to the Board in Q1 2011. Action: MD Choose & Book Targets (62.1)**

**Dermatology** – The CEO advised that some GPs were currently supporting Dermatology. SaTH is in discussion with PCTs about proposals to draft in some additional private sector support. **Item complete.**

**Patient Falls** - Definition of falls to be reviewed. **Action: Interim DQS.**

### **Service Line Reporting (63.4)**

F&P Committee has requested a demonstration of the system. **Action: FD to arrange with Mr Simms (NED).**

**Charitable Funds Committee – Governance Arrangements (67.4)** Item on the agenda. **Item complete.**

### **Hospital Standardised Mortality Rate Update (76.1).**

The Acting Medical Director reported that since August the Trust has aligned coding practices with other organisations and put in Clinical Champions to support Coding in a more structured fashion. In addition, staff are being trained to carry out routine clinical note reviews. Over this period, it was reported that the HSMR monthly rate has reduced from 117 to 104. Mr Beardwell (NED) welcomed the update and noted the administrative issues which may improve the situation, however, he felt it would give the Board greater assurance if there could be some clear definition of the specific practices that had been changed. **Action: MD/DQS.**

The CEO proposed to allow the global trigger tool to provide evidence of changes to the reporting procedures. The Board would receive a three month summary of the reviewers' findings to make sure that all issues are being addressed. The NECPOD Report which reviews clinical practices will also be used as a baseline. **Action: MD/DQS.**

### **Safeguarding Children Annual Report (76.2)**

Clarification in terms of specific training requirements and membership and terms of reference of the Trust's Safeguarding Team and Board had been circulated. **Item complete.**

### **Clinical Governance Executive Report May to Aug 2010 (76.3)**

Work is ongoing to avoid any items affecting patient safety slipping through the net following the establishment of the new Board Committee structure. **Action: Committee Chairmen.**

**IPR Month 6 (77.1)** The action items relating to Urgent Care Network, Choose and Book, SUI and RIDDOR reporting, VTE reporting are covered elsewhere on the agenda.

**ME Outcome Summary -19 October 2010 (78.1) : Cytology Cervical Screening. Action: CEO February Board.**

2010.1/92

## CHAIRMAN'S REPORT

The Chairman reported on the West Midlands Chairs meeting held on 19 November, 2010. The main issues related to the White Paper – "Liberating the NHS" – were:

- The Health Bill has been delayed until January 2011 but responses to the formal consultation, the NHS Operating and HR Frameworks and Tariffs are all due by end of December.
- A shadow NHS Commissioning Board will be in place from 31 March 2011;
- The new Monitor in shadow form will be in place from 31 March 2011 and will operate in parallel with the old Monitor.
- The SHA will be abolished from 31 March 2012 but will be replaced by a Special Health Authority (for non FTs) and an Educational & Training Board through to 31 March 2014.
- PCT clusters will have greater prominence as the PCT role declines. GP Commissioning will go live by 31 March 2013;
- One major unknown relates to the ownership of PCT assets.

## 2010.1/92 CHAIRMAN'S REPORT (Continued)

The Chairman noted that the scope of the Francis Enquiry has been extended to include both current and future operations and to bring forward examples from patients across the country. There will be a focus on three issues - 1) communication between organisations and patients regarding safety; 2) responsibility for quality between individuals, providers, commissioners and regulators; and 3) delivery of action plans.

The Chairman **tabled** a letter which he had sent to the Secretary of State for Health dated 29 November 2010, confirming that the Trust would aim for FT authorisation by 31 December 2013. This timescale would allow for a clear period of operations following the management restructuring and for SaTH to be able to demonstrate to new Monitor the capabilities and robustness of the organisation.

## 2010.1/93 CHIEF EXECUTIVE'S REPORT

### 93.1 Hospital Services Configuration Proposal

The CEO confirmed that both PCTs had approved SaTHs proposals to go to public consultation, subject only to NCAT's approval. He took the opportunity to acknowledge the work of Debbie Vogler and her team in reaching this position.

### 93.2 Francis Inquiry

The CEO said it will be useful to reflect on where the Francis Inquiry will take the NHS both locally and nationally. From SaTH's perspective action plans will be checked to ensure that we can be confident that all necessary actions have been taken from the first Francis Inquiry and also from the Bristol, St Helier and Rodney Ledward Inquiries. The Board will receive a report as soon as possible. **Action: DQS.**

### 93.3 Whistleblowing Policy

This policy will be reviewed to understand the processes for staff to raise any concerns. **Action: DCRM.**

### 93.4 Leading Improvement in Safety Programme (LIPS)

A team of clinicians and managers attended a week long training programme in safety management and clinical safety. They have returned enthused to lead the charge in improving patient safety and are working through an action plan. Mr Beardwell (NED) and Dr Vernon (NED) both agreed that it was very pleasing to learn that, the Trust now has a LIPS programme in place as a basis for making a step change in delivering clinical safety and quality. It was noted that Vicky Morris is the LIPS Lead. The CEO said that it was going to be a year long programme of change to reset the culture, and that he was very optimistic about this programme. The Board wished to be kept updated on progress.

### 93.5 Timelines for Foundation Trust status

Following submission of SaTH's plans for achieving FT status to DoH, the DoH will be making an early decision as to which organisations are going to be capable of dealing with their issues within the timeline. The SHA has placed SaTH in Category 2 of aspirant FTs and on this basis is confidently expected to be authorised as an FT by December 2013.

### 93.6 Operating Framework

The Operating Framework is expected to be published before the end of December. There is a possibility that any breach of mixed sex accommodation could attract a fine of some £3 million per month. The Trust will need to review its facilities and prepare for this eventuality. Other areas of significant change are emergency readmissions (currently running at 11%) and patient transfers.

### 93.7 Urgent Care Network

The CEO expressed concern that the Urgent Care Network was not operating effectively. He said that further work was urgently required and that he would be working with the COO to develop effective action plans in regard to cancelled operations and winter arrangements, in order to relieve pressure on beds. **Action: CEO/COO.**

**2010.1/93 CHIEF EXECUTIVE'S REPORT**

**93.8 Patient Pathways**

**Threshold money** has been made available to employ a person two days a week for patient pathway redesign work.

**2010.1/94 QUALITY AND SAFETY**

**94.1 ORGAN DONATION - INTERIM REPORT**

Mr Beardwell (NED) referred to the presentation given to the Board by Dr Rob Law in March 2010, on the direction of travel for Organ Donation in the Trust. This followed a DoH recommendation that every Acute NHS Trust in the UK was required to establish an Organ Donation Committee to remove barriers to donation.

The interim report was introduced on behalf of Ben Cole, Specialist Nurse employed by the NHS Blood & Transplant and Dr Law. It was pointed out that Dr Law is working hard to try to change the culture of the organisation and raise awareness in terms of moving towards natural organ donation. Mr Beardwell (NED) said that it is a very sensitive issue in terms of "end of life" care but that the question of organ donation should become routine in Acute settings right across the country.

Mr Beardwell (NED) said that the Committee hoped to see an improvement in the figures in the full report due to be issued in April 2011.

**94.2 INTEGRATED PERFORMANCE REPORT - QUALITY**

The CEO presented the report for Month 7 and highlighted the green ratings reported for 18 weeks, stroke services, MRSA and C difficile, cancer 14 and 31 days and rapid access for chest pain targets. However, in terms of the 18 weeks target, the CEO was unconvinced and was seeking further assurance by asking IST to review individual specialties. **Action: CEO to present a report on IST findings.**

The CEO advised that the Trust had struggled to achieve thrombolysis, outpatient utilisation, cancelled operations, A&E, workforce numbers, Choose and Book and the 62 day cancer targets. However, he reported that actions were in hand to resolve the problems in meeting the 62 day cancer target and that an action plan to improve the Choose and Book arrangements was being developed. The A&E performance has continued to deteriorate but new work is being undertaken to look at a 24 hour cycle, and working with partners to improve patient flow. **Action: CEO/COO.**

Mr Simms (NED) said that whilst he understood the various elements of the report he felt that it would add greater emphasis if the exceptions were identified by specialty e.g. 18 weeks, Choose and Book, etc. He also wanted to see detailed action plans, with timelines and assigned responsibility. **Action: CEO.** The Board was informed that the Quality & Safety Committee had already agreed to review the appropriateness of all the targets and definitions (specifically the definition of falls) and to look at the overall style of reporting. **Action: Q&S Committee.**

The CEO referred to the CQUIN payment target and in particular VTE reporting where the Trust had to demonstrate that it was carrying out assessments. He pointed out to the Board that there had been some technical problems in the use of the Vitalpac system but he was pleased to say that live testing is currently being conducted. He had not yet received the results but from a technical point of view the initial tests have been successfully completed. Once the system is up and running it will provide a great deal of assurance that the assessments are being performed. **Action: CEO to confirm full implementation of VTE reporting.**

## 94.2 INTEGRATED PERFORMANCE REPORT – QUALITY (Continued)

Dr Vernon (NED) referred to the A&E target and noted that the trend appears to be following the same pattern as previous years. He said the work of the Urgent Care Network will be of major importance. Dr Vernon (NED) asked if the Trust could use numbers of people waiting rather than percentages. The CEO confirmed that the LIPS Team will advise on numbers of people.

Nutrition – Although the Board had previously agreed the implementation of protected meal times, it appeared to be not fully in place and early corrective action was required. **Action: DQS.**

## 2010.1/95 PERFORMANCE AND GOVERNANCE

### 95.1 FINANCE REPORT – MONTH 7

The Interim Finance Director (FD) introduced the report and advised that the Trust had a surplus of £275k in October 2010 (not a £275k deficit as stated in the report) and was on target to achieve a year end surplus of £0.2 million, after recognising the benefit of £3.5 million strategic change reserve support.

The FD referred to pages 10-11 which provided graphs comparing 2010/11 activity with 2009/10 levels. Actual performance in 2010/11 in the majority of areas has over-performed, particularly in A&E. The FD reported that the Trust's costs were forecast to rise month on month for the rest of the year and that he will be looking to try to improve the forecast outturn.

The cash position remains very tight and this will be discussed later in private session, together with opportunities for restructuring the balance sheet.

Following discussion, the Board **NOTED** :

- A year to date Income and Expenditure deficit of £0.820 million against planned surplus of £1.868 million.
- A revised forecast Outturn of £0.2 million surplus;
- Deterioration in performance against the Better Payment Practice Code (BPCC) target of 95% for non NHS creditors.

### 95.2 INTEGRATED PERFORMANCE REPORT – PERFORMANCE

The Director of Strategy (DoS) introduced the report and focussed on workforce numbers. The other red rated targets (finance, governance risk rating and FT status) were unchanged from the previous month and there was nothing new to report.

In relation to the workforce measurement, the CEO stated that definitions and reporting basis needed to be reviewed. The Interim DQS said the approval to appoint process was incurring significant delays and she felt that the processes needed to be owned at a lower level to provide continuity of care. Mr Jones (NED) asked if the Board could receive clarity as to numbers and staff costs in a more structured way in order to better monitor performance. The CEO noted that there are currently shortages of staff in many specialities and he was having discussions with the radiologists and anaesthetists to establish a single service to cover both hospitals in order to improve cover. **Action: COO to review reporting of workforce numbers.**

## 95.2 INTEGRATED PERFORMANCE REPORT – PERFORMANCE (Continued)

Elective surgical pre operative bed days per month are improving but work is ongoing to make further reductions. Non elective length of stay remains relatively static at too high a level but at the same time offers opportunities for significant future savings. Concern was expressed that theatre utilisation rates are not improving. The CEO pointed out that theatre utilisation is the “end point” of a whole series of processes, and that there are many reasons why operations are cancelled.

The COO felt that “Transfer of Care” should be reported within the A&E section of the Performance Report. She was confident that there are things that can be done to make improvements in these areas.

**Action: COO to review reporting for “Transfer of Care”.**

Following discussion, the Board **NOTED** performance against the range of Key Performance Indicators.

## 95.3 CHARITABLE FUNDS – ANNUAL REPORT AND ACCOUNTS 2009/10

Dr Vernon (NED) emphasised that the Board as a whole is the Corporate Trustee and is therefore required to approve the Charitable Funds Annual Report & Accounts for 2009/10. Dr Vernon (NED) introduced the draft Annual Report and Accounts which needed to be submitted to the Charities Commission together with the audit opinion before the 31 January 2011; he confirmed that the external auditors had audited the document.

Mr Simms (NED) asked for clarification with regard to the total resources expended (£930k) quoted on Page 10 compared to (£955k) grand total resources quoted on Page 16. He also asked for details of the spend. The Interim FD advised that the numbers were correct and agreed to circulate reconciliation to members.

**Action: FD.**

It was noted that a change had occurred in the investment policy where charitable funds are no longer invested in property but instead are invested at a fixed interest rate. The Chairman suggested that the investment policy should be reviewed to take advantage of higher return opportunities available in the market.

**Action : Charitable Funds Committee to review investment policy in Q2**

Dr Vernon (NED) said that one area that has to be reviewed is the process for approving expenditure. The DCRM said there was currently a system in place where requests were first reviewed by the Divisional Board before going to the Capital Planning Group (CPG) for approval or to be added to the Capital Aspirations List. If the item was patient friendly and there were no capital funds available the CPG could approve that the request be referred to the League of Friends for funding, or if this was unsuccessful or not appropriate, to the Trust's Charitable Funds Committee. **Action : DCRM.**

Reference was made to fundraising alongside the Lingen Davies Cancer Appeal for the new Cancer Centre. The DCRM confirmed that authorisation had been given to use funds from the Trust's Head & Neck fund plus £50k from the Shropshire and Mid-Wales Head & Neck Charity towards the Cancer Centre.

The Trust Board as Corporate Trustee **APPROVED** the actions within the paper and delegated the signing of the accounts to the Charitable Funds Committee.

## 95.4 STANDING ORDERS

The Interim Finance Director introduced the paper and confirmed that a review of the Standing Orders had been undertaken which required the following minor changes :

- Renumbering of Section 3 and restating as sections 3.1 to 3.43;
- Updating Section 2.13 restating to Local Involvement Networks (LINKs)

The Board **APPROVED** the revisions to the Standing Orders.

95.5 **REPORT ON USE OF CORPORATE SEAL**

The Board **APPROVED AUTHORITY** of the Common Sealing of documents recorded in the Corporate Seal Register for the period 1 April 2010 to 30 September 2010. It was **NOTED** that there was no requirement by the Board to formally approve changes to the executive personnel as this was covered in the Standing Orders.

95.6 **DATES OF BOARD MEETINGS IN 2011**

The Chairman introduced a proposed list of dates of Board meetings for 2011. However having discussed the list with the Interim Finance Director and Chair of the F&P Committee it was considered that since they were confident that finance reports could be produced a week earlier than previously it was **PROPOSED** and **AGREED** to hold the next three Board meetings on 27 January 2011, 24 February 2011 and 31 March 2011, respectively.

It was agreed to review this arrangement and the remaining dates in February. **Action: Chair – Feb 2011.**

**2010.1/96 ORGANISATIONAL DEVELOPMENT**

96.1 **COMMITTEE STRUCTURE/MEMBERSHIP UPDATE**

The Chairman introduced the paper and asked the Board to formally approve the Committee Structure and Membership. He explained that the revised structure had been agreed with the Chairman of each Committee. Draft Terms of Reference were currently being reviewed. **Action : Committee Chairs.**

The Chairman said the rationale behind the change in structure and membership was to make better use of Executive and Non Executive time. In particular, NEDs would be able to focus on a specific areas rather than being expected to attend all Committee meetings.

It was noted that a new Risk Management Executive Committee would be established and chaired by the Chief Executive. Membership of this Committee and Terms of Reference would be presented in due course. **Action: CEO.**

The Board **APPROVED** the proposed new Committee structure and membership and **NOTED** the Draft Terms of Reference.

**2010.1/97 OUTCOME SUMMARIES FROM THE FOLLOWING COMMITTEES WERE RECEIVED AND NOTED :**

- **Management Executive (ME)** held on 16 November 2010
- **Finance and Performance Committee** held on 5 October 2010.

2010.1/98 **ANY OTHER BUSINESS – None.**

2010.1/99 **QUESTION AND ANSWER SESSION**

**Comment** Mrs Caroline Bond (LINKs) said it was really good to hear of the LIPS programme from a patient safety point of view.

**Comment** Mr Tom Jones (PALS volunteer at PRH) said

- he was pleased that the Trust had made an effort to look after the general public during the bad weather in terms of slippery floors. He felt the domestic cleaners should be credited for doing an excellent job.
- Patients had raised concerns regarding the shortage of nursing staff on Wards 15/16 at PRH which cater for older people and require a lot of looking after.

**Answer** Vicky Morris (Interim Chief Nurse) thanked Mr Jones for his comment concerning the shortage of nursing staff and said that she would follow this up. **Action: DQS.**

**Question** Mr Jones acknowledged the work entailed in preparing for the Public Consultation. He asked what would happen if the general public took a different view from the preferred option.

**Answer** The CEO said that having talked extensively to GPs and Consultants he felt that there were not many options left. He said he was happy to have lots of discussions on how to make this option work. He noted that the consultation document had been called "Keeping it in County", because without agreement there is a real danger of losing services in Shropshire. The CEO said action has to be taken now in the best interests of patient safety.

**2010.1/100 DATES AND TIME OF NEXT MEETING: THURSDAY 27 JANUARY 2011** at 9.30 am Meeting Room 1, Royal Shrewsbury Hospital.

**RESOLVED: That representatives of the Press, and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. The following items will be discussed :**

- Minutes from the meeting held in private session on 4 November 2010
- Matters Arising/Action List
- Chief Executive's Report
- Serious Untoward Incidents Report
- Employment Tribunals Claims and Staff Exclusions
- Framework Agreement for Procurement Services
- Balance Sheet Restructuring/Financing presentation
- Draft Remuneration Committee minutes from 2 November 2010

**UNRESOLVED ITEMS FROM 3 DECEMBER 2010**

<b>Item</b>	<b>Issue</b>	<b>ACTION LIST</b>
35.3	<b>Dec 10 – Annual Report on Handling Complaints 2009/10 - Waiting times in Outpatients</b> Presentation of IST waiting list review for ophthalmology and other specialities Presentation of conclusions and recommendations from Newton work.	CEO DoS/COO
36.2.1	<b>Dec 10 – Budget and Capital Plan 2010/11 - QIPP 2010/11.</b> FD to circulate to the Board a summary of QIPP performance to date by PCT and to estimate the exposure for the last part of the year. Presentation of QIPP plans for 2011/12	FD FD
49.3	<b>Nov 10 – Clinical Governance Annual Report 2009/10</b> Selected cases to be presented to the Board in a private session in Q1 2011.	MD
62.1	<b>Dec 10 – Patient Falls</b> Definition of falls to be reviewed.	DQS
63.4	<b>Dec 10 – Service Line Reporting</b> The F&P Committee had requested a demonstration of the system. FD to discuss with Mr Simms (NED).	FD
64.1	<b>Nov 10 - NHS Corporate Citizen/Carbon Management Strategy/Carbon Reduction Scheme</b> Consideration of loading Board papers on to iPads to save on paper, electricity, secretarial time and postage (Q1 2011).	CEO
76.1	<b>Dec 10 – HSMR Update</b> <b>Clarify specific changes to HSMR reporting</b> The Board to receive a 3-month summary of the Global Trigger Tool outcomes using NECPOD as a baseline.	MD/DQS
76.3	<b>Dec 10 – Clinical Governance Executive Report – May to Aug 2010</b> Work is ongoing to avoid any items affecting patient safety slipping through the net following the establishment of the new Board Committee structure	Committee Chairmen
78.1	<b>Nov 2010 – ME Outcome Summary – 19 October 2010: Cytology Cervical Screening</b> A paper would be brought back to the Board to confirm arrangements.	CEO – Feb 2011
93.2	<b>Dec 2010 – CEO’s Report – Francis Inquiry</b> SaTH action plans to be checked to confirm that all necessary actions have been taken from the first Francis Inquiry and also Bristol, St Hellier and Rodney Ledward Inquiries. The Board to be updated on progress.	DQS
93.3	<b>Dec 2010 – CEO’s Report - Whistleblowing Policy – Policy to be reviewed to understand the processes for staff to raise any concerns.</b>	DCRM
93.7	<b>Dec2010 – CEO’s Report - Urgent Care Network</b> To review the current position regarding cancelled operations and winter arrangements, in order to relieve some of the pressure on beds, and to present a clear plan of action as a priority.	CEO/COO
94.2	<b>Dec 2010 – IPR Quality</b> <ul style="list-style-type: none"> <li>▪ IST Report on 18 weeks waiting lists to be presented to the Board</li> <li>▪ Choose and Book action plans to deliver improvements be presented</li> <li>▪ A&amp;E performance deterioration - new work is being undertaken to look at a 24 hour cycle and work with partners to improve patient flow</li> <li>▪ Review IPR reporting to emphasise exceptions by speciality</li> <li>▪ Review all targets (including stretch targets) in detail and look at style of reporting.</li> <li>▪ VTE Reporting -- to confirm full implementation</li> <li>▪ Nutrition – Action on implementation of protected meal times.</li> </ul>	CEO CEO/COO  CEO/COO CEO Q&S Committee CEO DQS
95.2	<b>Dec 2010 – IPR Performance</b> To review reporting of workforce numbers To review reporting for “Transfer of Care”	COO COO
95.3	<b>Dec 2010 – Charitable Funds Annual Report &amp; Accounts 2009/10 –</b> <ul style="list-style-type: none"> <li>▪ Clarification required relating to total resources expended and details of the spend. FD to circulate asap.</li> <li>▪ Investment Policy should be reviewed to take advantage of higher return opportunities in the market Q2 2011</li> <li>▪ Review process for approving expenditures</li> </ul>	FD Charitable Funds Committee  DCRM
95.6	<b>Dec 2010 – Dates of Board meetings in 2011</b> Dates were agreed for first three Board meetings. Arrangements for future meetings to be reviewed in February 2011.	Chair – Feb 2011
96.1	<b>Dec 2010 – Committee Structure/Membership Update</b> <ul style="list-style-type: none"> <li>▪ Draft Terms of Reference were currently being reviewed to ensure all areas are covered.</li> <li>▪ Membership of the Risk Management Executive Committee and Terms of Reference to be presented</li> </ul>	Comm.Chairmen CEO
99.	<b>Dec 2010 – Questions Session - DQS to follow up Mr Jones’ comment concerning a shortage of nursing staff on Wards 15/16 at PRH.</b>	DQS