

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 24 February 2011**  
**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)
	Mr B Simms	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs T Cookson	Chief Operating Officer (COO)
	Mr D Gilbert	Interim Finance Director (FD)
	Dr A Fraser	Acting Medical Director (MD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
	Mrs D Vogler	Director of Strategy (DoS)
<b>In attendance</b>	Mrs B Graham	Committee Secretary
<b>Apologies:</b>	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Mr N Nisbet	Finance Director (Designate)

- 2011.1/13 **WELCOME** : The Chairman welcomed everyone to the meeting.
- 2011.1/14 **DECLARATION OF INTEREST** by members in relation to any matters on the agenda – None.
- 2011.1/15 **MINUTES OF THE PREVIOUS MEETING HELD IN PUBLIC** on 27 January 2011 were **APPROVED**.

**MATTERS ARISING FROM THE MEETINGS HELD ON 27 JANUARY 2011**

<b>(49.3)</b>	<b>Clinical Governance Annual Report 2009/10 - Selected cases to be presented to the Board in private session.</b> In the absence of the Chairman of the Q&S Committee, the Chairman advised that work is in progress to make selected cases available in the near future. <b>Action P Vernon</b>
<b>(64.1)</b>	<b>Use of IPADS for Board papers</b> – The CEO advised that 4 iPads had been purchased and were currently being tested in order to make the use as efficient as possible. <b>Item complete.</b>
<b>(76.1)</b>	<b>HSMR Update</b> – Item on the agenda.
<b>(78.1)</b>	<b>Cytology Cervical Screening</b> – The CEO said this was an issue that needs to be brought to a conclusion. The MD confirmed that the Trust had sent its costings to the two PCTs, based on recovering the cost of providing the service. If the PCTs do not wish to commission the service on this basis, then SaTH will withdraw the service although patients would not see any change as it is entirely a laboratory function. Current turnaround times are less than 8 days. The MD confirmed that an amount had been set aside for maintenance within the costings. Awaiting response from PCTs.
<b>(93.3)</b>	<b>CEO's Report – Whistleblowing Policy (93.3)</b> is out to consultation and will be presented to the March Board.
<b>(95.6)</b>	<b>Dates of Board meetings in 2011 (95.6)</b> The Chairman confirmed that the dates of Board meetings from April to December 2011 had been circulated to members.
<b>(96.1)</b>	<b>Committee Structure/Membership Update (96.1)</b> - Risk Management Executive Committee Terms of Reference - the CEO said he aimed to report back to the Board in 8 weeks. <b>Action: CEO – April 2011.</b>

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Chairman  
31 March 2011

	<b>MATTERS ARISING (Continued)</b>
(99)	<b>Q &amp; A Session – Item complete.</b>
(05.2)	<b>Jan 11 – Paediatric Safeguarding Q3 Report</b> Safeguarding Policy/Whistleblowing Policy – cross referencing will be concluded in the Policies. <b>Action : DCRM.</b>
(05.3)	<b>Jan 11 – National Inquiries and External Reports – Item on the Agenda.</b>
(05.4)	<b>Jan 11 – Urgent Care Network Board</b> The COO advised that the FD was working through the costings with regard to the full implications of the increased demand from A&E and emergency admissions and also the effectiveness of walk-in centres. The conclusions will be presented as part of the budget. <b>Action : FD/COO - March 2011.</b>
(07.1)	<b>Jan 11 – FT Membership and Engagement – Documents had been circulated. Item complete.</b>

## 2011.1/16 CHAIRMAN'S REPORT

The Chairman reported that last month had been an extraordinarily busy month, particularly for Executive Directors (EDs) with the consultation process gathering momentum and the system-wide QIPP plans that need to be finalised and submitted to SHA during the month of March. The Chairman took the opportunity to thank the EDs for all their hard work and particularly the CEO for his work during difficult public debates and discussions involving large numbers of people.

The Chair referred to another important issue, the Foundation Trust (FT) application and the need to progress the application. He noted the new legislation that required more involvement from governors and new arrangements requiring increased emphasis on quality and governance.

## 2014.1/17 CHIEF EXECUTIVE'S REPORT

### 17.1 Care of the Dying – pattern of care provision across Shropshire, Telford and Mid Wales

Positive meetings have been held with local Hospices as working together should improve and enhance the experience of terminally ill patients and their families. The DQS will be liaising with the Hospice Managers to focus on :

- Detail of pathways that people can follow to develop more choice and more opportunities;
- Helping the Hospices by using SaTH infrastructure to support them in their work;
- Considering the use of TeleHealth solutions for families who are caring for their loved one at home.

Mr Beardwell (NED) felt that the DQS would want to assure the Board that enhanced care for the dying is also provided in the organisation as well as the three local Hospices. The CEO confirmed that staff training would be a key element.

### 17.2 Update on Centre Chief/Value Stream Lead appointments

The appointment process has nearly finished. The CEO said he was very pleased to report that the Centre Chiefs and Value Stream Leads have demonstrated a degree of ownership of problems, challenges and opportunities which was very encouraging and showed a measure of developed authority which has gained a positive reaction from the organisation.

### 17.3 Transition Boards for the GP Consortia – Shropshire and Telford & Wrekin

Early discussions have taken place and there has been an opportunity to involve Centre Chiefs and Value Stream Leads in this process which will make it a more powerful forum for the county. Work will continue to facilitate the development of a shared programme of work.

### 17.4 FT Application – The Health & Social Care Bill is currently travelling through Parliament to agree the tests Boards have to meet to become FTs. The Trust will also have to go through a process of Historic Due Diligence covering working capital and financial performance.

## CHIEF EXECUTIVE BRIEFING (Continued)

### 17.5.1 Consultation on the Future Configuration of Hospital Services

Seven public meetings had taken place where there had been very full discussion. One of the issues raised was the difficulty in accessing ambulance transport for patients in Mid-Wales, and the need to enter into discussions with the Welsh Ambulance Service to improve the situation.

Statistical information on admissions and bed occupancy for all patients revealed :

- Under 16's, 6,500 admissions per year occupying 8,000 bed days equating to an average LoS of one day.
- Over 65's, 15,000 admissions a year and 145,000 bed days equating to an average length of stay of 10 days therefore 10 times greater than a child.

The CEO said if services for older people were to transfer from Shrewsbury to Telford it would mean visitors of older people from Mid-Wales having to travel up to 10 times more to get to and from services. For Mid Wales there are 700 children but the vast majority of those could be assessed and looked after on the Shrewsbury site in a Paediatric Assessment Unit. In relation to Obstetrics, the CEO pointed out that there are 330 deliveries from Mid Wales which is a small fraction of the activity carried out.

The CEO said it was important to make these facts known whilst acknowledging concerns about the proposed changes. The Chairman acknowledged the concern that travel time is important but pointed out that total time elapsed from the first call for an Ambulance to arrival at the hospital was more relevant. The Chair informed the Board that he had had some initial conversations with the Chair of the West Midlands Ambulance Service and that they were prepared to work with SaTH to establish flexible working arrangements as part of reconfiguration.

2011.1/18

## QUALITY AND SAFETY

### 18.1 THE FUTURE CONFIGURATION OF HOSPITAL SERVICES PROGRAMME

The Director of Strategy introduced the update on the formal consultation "Keeping it in the County" which continues until 14 March 2011. The programme remains on track against key milestones and deliverables as detailed in the Phase 1b Action Plan presented to the Board on 27 January 2011. Key activities listed in the report were noted. A second Local Assurance Process is due to take place on 28 February 2011 when draft set of clinical pathways will be presented and financial and workforce modelling will be discussed.

The CEO briefed the Board on the visit to Calderdale & Huddersfield NHS Foundation Trust. Who had implemented a model for paediatric care which was very similar to the one that is being proposed in Shropshire. The team included clinicians from RSH and PRH, Head of Midwifery and nurses. It provided an opportunity to discuss the service pathways and operational issues they had experienced. The MD added that although Calderdale and Huddersfield hospitals were only five miles apart, due to geography the travel times were almost identical to the travel time between PRH and RSH. It was noted that the service is working well based on a Paediatric Assessment Unit staffed at night with nurse practitioners on one site.

Mr Simms (NED) said he attended the Telford public meeting and was concerned that perhaps the message was not getting out to the community. The CEO said that every effort had been made to publicise the issues but sadly it is not as newsworthy as individual patient stories. The CEO said that unfortunately the public do not believe that services will be lost if this proposal fails.

## THE FUTURE CONFIGURATION OF HOSPITAL SERVICES PROGRAMME (Continued)

Mr Beardwell (NED) referred to a recent statement that “9 out of 14 Paediatric Neonatologists had expressed extreme concern over the proposal to move Women’s & Children’s from RSH to PRH”. Recognising the consultation process and the fact that the Board has to make its recommendation to the PCTs on 24 March, 2011, he said the Board needs to understand the facts. The CEO advised that he had met with the Paediatricians/Neonatologists and their concerns related to :

- providing safe acute surgery for children with two basic procedures - scrotal torsion and appendectomy. A model has now been developed by 2 Associate Specialists who have an interest in children’s surgery and currently do this type of work. It was reported that Dr Rees, Consultant Paediatrics from RSH, was reassured by this development and the CEO believed this issue had been resolved.
- Trauma in the child – currently when a seriously injured child presents at RSH he/she is transferred to Birmingham and this would continue. A safe and detailed pathway is being worked through with Paediatricians. The MD said that it was important to note that 90-95% of children who were admitted to A&E were treated by A&E doctors and discharged without seeing a Paediatrician.
- Neonatology Consultants’ main concern related to the transition time with up to 20 extra minutes being a risk. The MD advised that a recent publication had demonstrated that although the risk increased after 20 minutes, based on the distribution of children across Shropshire and mid Wales this risk was offset by the fact that more children will live closer to the Neonatal Intensive Unit if it is based in Telford so that the overall risk is reduced.

The Chairman advised that he had requested a session to be arranged for the NEDs with Paediatricians/Neonatologists prior to the 24 March in order to provide further reassurance.

**Action: Chair/CEO.**

The DoS informed the Board that SaTH representatives had met with the CHC and Welsh Ambulance Service on 18 February 2011 and discussions had taken place on the implications of the proposals. Another meeting was planned on 25 February with representatives from Powys LHB and the Welsh Ambulance Service when the CEO would talk about plans around the Ambulance strategy, training and alignment around reconfiguration. The CEO said it was important to note that from a midwifery point of view in mid Wales patients are already travelling long distances and this has been successfully managed.

This information would be provided to the Local Assurance Panel and Overview Scrutiny Committee to assure them that SaTH has done everything it can to deal with legitimate anxieties and worries.

The Board **NOTED** the good progress to date. There was a need to make sure patient pathways and protocols were devised to resolve concerns that have been expressed. Mr Beardwell (NED) added that he hoped these comprehensive minutes would be presented to the Assurance Panel for information.

### 18.2

#### **SERIOUS INCIDENT (SI) POLICY**

The Medical Director (MD) introduced the paper, in the absence of the DQS, which advised that the SI policy had recently been revised to take account of changes in relation to the national framework for incident reporting. Main changes include Lead Nurses/Midwives taking a co-ordination role for investigation of most incidents in conjunction with clinicians. SIs have been graded 0-2, grading being agreed with the SHA and PCTs; and checklists are to be used following extremely serious incidents and incidents affecting multiple patients.

Discussion took place with regard to Section 4.12 – (Role of Board) and it was noted that in future SIs would be notified to all Board members via email; formal reports/updates will be reviewed by the Q&S Committee, and the Audit Committee will review the process. The Board agreed this should only be level 2 Incidents. The MD added that a Serious Incident report covering all SIs goes to the Clinical Governance Executive Committee and a summary is submitted to the Board.

## **SERIOUS INCIDENT (SI) POLICY (Continued)**

The Trust was currently on “green” with regard to its rating but to give further assurance to the Board the DQS would be able to report fully on themes etc., at the next meeting. **Action: DQS – March 2011.**

On the issue of communicating this new policy to staff, it was noted that staff are expected to read these policies and governance checks are made. The CEO said that there is a new leadership structure through DQS and COO to Matrons and Ward Managers who work with staff on this type of issue. In addition the DQS is undertaking an evaluation through walkabouts to assess how well people are embracing the new way of working.

The Board **APPROVED** the revised policy subject to the amendment relating to Grade 2 incidents.

### **18.3 NATIONAL INQUIRIES AND EXTERNAL REPORTS**

The MD introduced this item for the DQS and advised that this followed on from the paper which went to the Trust Board in January 2011. Following a review of all Inquiries and External reports, a list of recommendations had been compiled for internal review and action. The list would be analysed and prioritised by the DQS and MD and a report produced on how the recommendations would be implemented. Further to Quality & Safety Committee review it was agreed that a paper to either demonstrate that the recommendations have been considered and implemented or that an action plan has been approved will be presented to the Board in May. **Action : DQS/MD.**

The Board **NOTED** the specific recommendations from the review of external recommendations and **APPROVED** the process identified for further work.

### **18.4 SHROPSHIRE VULNERABLE ADULTS SAFEGUARDING STRATEGY**

The MD introduced the paper in the absence of the DQS and advised that the Vulnerable Adult Safeguarding Board (VASB) established by the Shropshire Council and Telford & Wrekin Council is responsible for co-ordinating working arrangements related to Safeguarding and Adult Protection in Shropshire and Telford & Wrekin. The strategy provided a framework within which all partner agencies (including SaTH) could work in order to protect and safeguard vulnerable adults. The strategy had been approved by the VASB and was presented for adoption by the Trust Board. The strategy had already been considered by the Trust’s Clinical Governance Executive and progress of implementation would be reported to the Trust’s Q&S Committee.

It was noted that the DQS would be taking the lead on the work relating to the recent report on the NHS and Care of the Elderly. The CEO added that before the report was published the DQS had set out to work with the nursing teams to critically appraise the quality of nursing care being delivered with particular emphasis on pressure sores, fluid management etc. This item would feature on the next Q&S Committee Agenda. It was also pointed out that adult safeguarding currently features as part of statutory training.

The Board **APPROVED** and **ADOPTED** the VASB Safeguarding Strategy.

**ACTION: DCRM to share details of VAS training.**

**HOSPITAL STANDARDISED MORTALITY RATIO – UPDATE**

The MD introduced the paper and advised that as a result of a continuing elevated Trust score for HSMR (Quarter Aug 09 to Jul 10 of 113.7) presented to the Board in November 2010, significant analysis had been undertaken, including improvements in clinical coding processes. As a result there were early signs that the HSMR was reducing - 89.9 for the month of November 2010. However due to the impact of re-basing, the rate is predicted to rise at the start of 2011/12 to approx 119 which would again make the Trust an outlier nationally. As a consequence it was recommended that the Trust :

- Send two people to attend the King's Fund Conference on reducing and measuring avoidable deaths and new measure for mortality;
- Formally recognise the Mortality Group; led by the Medical Director with the Public Health Consultant who leads for both PCTs.
- Monitor progress of coding improvements by Coding Working Group;
- The Q&S Committee to be the body for prioritisation of possible improvement initiatives for HSMR;
- Implement a process for the systematic review of deaths across SaTH including key measures. Clinicians to look at a series of clinical events; and also involvement in the LIPS programme.

It was noted that SaTH had improved but that other Trusts had improved more and consequently the benchmark had moved from 100 to under 100, which was why Dr Foster was rebasing. It was pointed out that coders could only code what was written in the case notes and therefore the first priority was to encourage clinicians to write more comprehensive patient notes.

The Chair said this was a very useful report but recognised the complexity of the subject. It was noted that the Q&S Chair had already met with Dr Mohammed – an expert in this area from Birmingham University - and it was hoped that he would attend a future Board meeting to address some of the Board's concerns.

The Board **NOTED** the ongoing work.

**INTEGRATED PERFORMANCE REPORT – QUALITY**

The MD on behalf of the DQS presented the Quality Report for the period ending 31 January 2011. It was pointed out that a new reporting suite was being developed for use from 1 April 2011. The following areas in Month 10 were highlighted:

- Serious Incidents were on “red” because 10 SIs cases were reported in the month. These would be addressed in private session.
- Choose & Book would remain “red” to the end of the year. The Trust was working with PCTs to improve this for the coming year.
- Early access in Maternity – disappointingly only 89% but work was being undertaken.
- Delayed transfer of care – would remain “red” to the end of the year but there was a lot of work ongoing around urgent care pathways and A&E
- 18 weeks should have shown “red” on the summary page. This would remain “red” for the rest of the year.
- A&E 4 hour waits – (national target is 95%) the health economy as a whole achieved over 98% year to date but performance has deteriorated significantly in recent months. New measures for A&E performance will be introduced for next year.

Observations were made from the NEDs as follows :

- A&E 4 hour waits – line showed a decline since August. **Action: COO to review.**
- Patient Falls – it was recognised that it was a big issue which was being addressed but too late to correct before the end of the year.

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

**19.1 FINANCE REPORT – MONTH 10**

The Finance Director (FD) introduced Month 10 financial report. He advised that it had been a challenging year for the health economy as a whole with unplanned levels of activity and reminded members of the impact of the 30% tariff on non elective admissions which could equate to as much as £3.8 to £4 million by the end of the year. The CIP had a shortfall of £3 million however through negotiations with Commissioners and the SHA the Trust would receive £5 million financial support. The FD advised that the Trust was on target to breakeven by the end of the year; but would also need to continue to improve efficiencies and reduce costs.

Mr Simms (NED) reported that this report had been thoroughly discussed at the Finance & Performance Committee meeting on 22 February 2011. He wished to reinforce that the Trust would breakeven but only with substantial outside support.

The CEO addressed the comments concerning :

- the increase in the monthly run rate of bank and agency staff - he said that every bed had to be opened so patients could be admitted to hospital safely, but the impact was that staff in post could not cope with the demand together with 100 delayed discharges.
- £2.8 million Waiting List Initiative monies – this issue was being managed, there were plans in March to deal with the substantial backlog.

The FD said that there would be a risk sharing arrangement with PCTs next year to control activity levels. He felt that good progress had been made in discussing budgets with existing individual managers and discussions were starting with Centre Chiefs. The discussions with Commissioners should be finalised in the next few days and he aimed to present the budget proposal at the Board Development Session planned to follow the Extraordinary Trust Board meeting on 24 March 2011. This will be followed by an F&P Committee review on 29 March. **Action: FD.**

The Board **NOTED** and **APPROVED** at Month 10 :

- Actual trading year to date deficit of £3.130 million;
- SHA support year to date of £2,750 million;
- Actual year to date of £0.380 million;
- Planned year to date surplus of £2.188 million;
- Better Payment Practice code performance

**19.2 INTEGRATED PERFORMANCE REPORT – PERFORMANCE**

The COO introduced the report and key facts for the period ending 31 January 2011.

The COO reported that the number of staff employed was 4,253 wte at the end of January 2011. Concern was expressed about the use of temporary staff and the impact of escalation wards and sickness levels. It was noted that there were some specific long-term sicknesses in the Portering Service which had resulted in the use of agency staff.

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

20.1 **FOUNDATION TRUST UPDATE**

The Director of Compliance and Risk Management (DCRM) introduced the paper. The following points were made :

- The target authorisation date was currently December 2013;
- A “Tripartite Agreement” between the SHA, DoH and SaTH to move towards the FT authorisation would be finalised by 31 March 2011. The first draft had been sent out to Directors for completion by 7 March. It would need to be approved by the Board, or delegated authority to the Chairman, for signature with the SHA and DoH. The “Tripartite Agreement” considered governance, Board capability, financial position, quality and safety issues and a further section looking at the risk strategy for the organisation. Draft milestones and key activities within the planned FT trajectory would be agreed with the SHA in March 2011.
- Another Historic Due Diligence (HDD) would be required during Phase 1 of the Trust’s application with an associated cost of £150k early in 2012.

The Health & Social Care Bill 2011 was currently going through Parliament and proposed some significant changes to the role of Governors – including holding NEDs individually and collectively to account for the performance of the Board of Directors. The DCRM said it was important to recognise that there would be a need for training and a thorough induction would be essential.

Mr Simms (NED) sought clarification with regard to the two points under Section 4.4 in which the Health & Social Care Bill proposed strengthening roles for governors , including “Governors right to approve merger or acquisition or separation”; and “Governors right to approve constitutional amendments”. It was clarified that where such situations arose advice would be sought from the Trust’s Solicitors. The CEO added that consideration would need to be given in relation to taking out Directors Indemnity Insurance.

The Board **NOTED** :

- The next steps to achieving NHS FT status as set out in the paper .;
- The new policy and guidance for existing and applicant NHS FTs including the strengthened role of Governors.
- Tri-partite Agreement to be brought back to the Board on 24 March 2011 for approval.  
**Action: DCRM.**

2011.1/21 **OUTCOME SUMMARIES FROM COMMITTEES – RECEIVED FOR INFORMATION**

- Finance & Performance Committee – 25 January 2011
- Charitable Funds Committee – 13 January 2011 – it was noted that funding for the LIPS Programme was approved.
- Clinical Quality & Safety Committee – 20 January 2010

2011.1/22 **ANY OTHER BUSINESS**

The Chair reiterated the Board’s thanks to the Chief Executive and his team for all their hard work during the consultation period.

**2011.1/23 QUESTIONS FROM THE FLOOR**

**Comment** Mr Jones (PALS Volunteer) referred to the following :

- Patient Falls – he intended to discuss this with DQS on her return from leave.
- Patient Satisfaction with respect to Single Sex Accommodation – was improving.
- Cleanliness in both hospitals – impressed that this was moving in the right direction. Domestic staff were doing a brilliant job.
- PALS Officer at PRH – Considered this to be a very important role for patients and visitors but was concerned that the post had been vacant since December.
- Consultation – Mr Jones had met lots of patients/relatives over the past 2 months and he felt that attitudes had changed, with a more reasonable approach being taken.
- Committee Secretary – excellent work – well done.

**A** The Chair agreed that Patient Falls was a major issue for the organisation and it is anxious to resolve it as soon as possible.

**A** PALS Officer at PALS : DCRM advised that the post has been advertised, interviews had been held and the successful candidate was due to commence duty in March. In the interim, arrangements have been made to cover the office.

**2011.1/24 DATE OF NEXT MEETINGS :**

- **Extraordinary Trust Board Meeting** – will be held to consider proposals for the Reconfiguration of Hospital Services, following completion of the Public Consultation - **24 March 2011 at RSH; possibly 8.30 am – further details to be confirmed.**
- **Formal Trust Board Meeting** – **31 March 2011 at 9.30 am Seminar Rooms 1&2, SECC, RSH.**

**The meeting then closed.**

**UNRESOLVED ITEMS FROM TRUST BOARD MEETING HELD IN PUBLIC ON 24 FEBRUARY 2011**

<b>Item</b>	<b>Issue</b>	<b>ACTION LIST</b>
49.3	<b>Feb 11 – CG Annual Report 2009/10 – Selected cases to be presented to the Board in private session.</b> In the absence of the Chair of the Q&S Committee, the Chairman advised that work is in progress to make selected cases available in the near future.	Chair Q&S Committee
93.3	<b>Feb 11 – CEO’s Report - Whistleblowing Policy:</b> Policy will be presented to the Board.	DCRM - Mar 2011
96.1	<b>Feb 11 – Committee Structure/Membership Update</b> Risk Management Exec. Comm. Terms of Reference will be formulated in 8 weeks.	CEO – Apr 2011
(2011) 05.2	<b>Feb 11 – Paediatric Safeguarding Q3 Report</b> Safeguarding Policy/Whistleblowing Policy – cross referencing will be concluded in the Policies.	DCRM
05.4	<b>Feb 11 – Urgent Care Network Board</b> The conclusions will be presented as part of the budget setting.	FD/COO – Mar 2011
18.1	<b>Feb 11 – Future Configuration of Hospital Services</b> The Chairman advised that he had requested a session to be arranged with Paediatricians/Neonatologists and the Board prior to the 24 March in order to provide further reassurance.	Chair/CEO
18.2	<b>Feb 11 – Serious Incident Policy</b> The Trust was currently on “green” with regard to its rating but to give further assurance to the Board the DQS would be able to report fully on themes etc., at the next meeting.	DQS – Mar 2011
18.3	<b>Feb 11 – National Inquiries and External Reports</b> The list would be analysed and priorities by the DQS/MD and a report produced on how the recommendations would be implemented. Further to Q&S Committee review it was agreed that a paper to either demonstrate that the recommendations have been considered and implemented or that an action plan has been approved will be presented to the Board in May.	DQS/MD – May 2011
18.4	<b>Feb 11 – Shropshire Vulnerable Adults Safeguarding Strategy</b> DCRM to share details of VAS training..	DCRM
18.6	<b>Feb 11 – IPR – Quality</b> A&E 4 hr waits – line showed a decline since August. COO to review.	COO
19.1	<b>Feb 11 – Finance Report M10</b> – The FD aimed to produce the Budget proposal at the Extraordinary Trust Board on 24 March followed by an F&P Committee review on 29 March.	FD – 24 Mar 2011
20.1	<b>Feb 11 – Foundation Trust Update</b> Tripartite Agreement to be brought back to the Board on 24 March 2011 for approval.	DCRM