

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 27 September 2012 at 9.30 am
Seminar Room 5, Shropshire Education & Conference Centre,
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Mr B Simms	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Mrs V Morris	Director of Quality & Safety (DQS)/Chief Nurse (DQS)
	Dr A Fraser	Medical Director (MD)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Company Secretary (DCRM)
In attendance	Mr A Osborne	Communications Director (CD)
	Mr S Peak	Transformation Director (TD)
	Miss V Maher	Workforce Director (WD) - (for Item 113.1)
	Mrs B Graham	Committee Secretary
Observers	Mrs M Fellows	Telford & Wrekin Link Observer
Apologies:	None.	

2012.1/106 WELCOME

The Acting Chair welcomed everyone to the meeting and took the opportunity to officially welcomed Peter Herring to his first formal Board meeting as Chief Executive.

The Acting Chair also advised that on 17 September 2012, the Board of The Shrewsbury and Telford Hospital NHS Trust received with great regret the decision of its Chairman, Dr John Davies, to resign with immediate effect due to ill-health. The Board **AGREED** to record formally its thanks to Dr Davies for his period of very diligent service generally to health services in Shropshire, Telford and Wrekin and mid-Wales and particularly for the leadership he has provided to this Board.

In accordance with Standing Order 2.11, the Vice Chair of the Trust Board will act as Chair until a successor is appointed.

2012.1/107 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2012.1/108.1 MINUTES OF THE MEETING HELD IN PUBLIC on 30 August were **APPROVED**.

2012.1/108.2 MINUTES OF THE ANNUAL GENERAL MEETING HELD IN PUBLIC on 13 September 2012 were **APPROVED**.

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Chairman
20 November 2012

MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 30 AUGUST 2012	
(48.1)	Year-End Finance Report – Agreement of 2012/13 Powys LHB Contract The FD advised that a meeting with Powys LHB was held on 17 September 2012 when agreement was reached on a way forward. The contract now needs to be finalised. Progress NOTED .
(73.1)	Chair’s Report – Board FT Readiness Assessment by SHA on 19 September 2012 – Issue to be discussed later in the meeting.
(74.4)	Business Case for Fractured Neck of Femur – Item relating to MSK to be covered in private session.
(75.1)	Finance Report M2 - Rise in Emergency Activity: The FD advised that a meeting had taken place with Commissioners last week and another meeting has been scheduled this week to provide more data to enable both parties to move forward. There are two issues to be discussed (i) finance and (ii) to establish what is causing the continuing increase in emergency activity.
(76.1)	NHS FT Update – seek to examine business strategy from neighbouring Trusts re. their aspirations The DCRM said she that she had spoken with Shropshire Community Trust and Royal Wolverhampton Hospital although neither would share commercial aspects of their business plan. Item complete .
(85.2)	Performance Report – RTT admitted performance details. Item actioned. Item complete .
(87.3)	Q&S Committee – 19 July 2012 : Breast Screening – Item is on the agenda.
(93.1)	Chairman’s Report – New NHS structure – Item would be covered under the FT item.
(93.2)	CEO’s Report <ul style="list-style-type: none"> ▪ Reconfiguration – The TD advised that the Guaranteed Maximum Price (GMP) was near to being concluded. ▪ Strategic Relationship with Community Trust – Frail & Elderly process – the TD said that the Community Trust has strong links with Age UK and are very keen to draw them into the Frail Elderly pathways. ▪ Threshold for delayed discharge patients – to be discussed under the CEO’s report.
(94.1.2)	Making Every Contact Count (MECC) – The DQS said she is still awaiting a decision regarding whether the CQIN penalty would be applied for the late submission of the Board paper.
(94.2)	Learning Disability update - further assurances around compliance to be in place by October 2012. A further report will be provided for the next meeting. Action: DQS – 1 Nov 2012.
(95.1)	Financial Report Month 4 – all issues to be covered later in the meeting.
(96.2)	Good Corporate Citizen and Carbon Management re. update on photovoltaics The DCRM had provided an update to the Board. Item complete .
(96.4)	Committee Structure – item to be discussed later in the meeting.
(97.3)	Clinical Q&S Summary – Future Workshop Dates and circulation of Q&S Committee agendas The DQS advised the Board of two forthcoming Quality & Safety Workshops i.e. 18 October and 22 November 2012. Item complete .

2012.1/109.1 **CHAIR’S REPORT** included the following events held during September :

- **3 September 2012** - the new Head & Neck Inpatient Facilities opened at PRH.
- **13 September 2012** - the AGM and Trust Awards were held. The AGM had good attendance and the Trust Awards was a very happy and heart warming occasion. The Acting Chair on behalf of the Board thanked the winners, finalists and the organisers of the event.
- **19 September 2012** – SaTH Board met with SHA Board to discuss the NHS Foundation Trust process. A letter on the outcome had been received from the SHA. This will be discussed under the CEO’s report.
- **20 September 2012** – 21st Anniversary of the Hamar Centre.
- **24 September 2012** – Open Evening for new digital mammography equipment for the Breast Screening Services at the RSH following the generous support of the League of Friends
- **27 September 2012** – An open evening and tours for staff and stakeholders will take place this evening. This £5 million scheme was funded by local fundraising (£3.2 million from Lingen Davies, £1 million from Shropshire Blood Trust Fund, £250k from Head & Neck Charities, £300k from RSH League of Friends and a further £350k from Lingen Davies towards vital equipment and facilities. The Board expressed their gratitude to the public.

2012.1/109.2 CHAIR'S REPORT (Continued)

Fifteen members of staff had acted as volunteers at the Long Olympics. In addition Sister Cathy Briggs returned from the London Olympics. Cathy was a National Technical Official for the field events at the London Paralympics and also officiated at the Olympic Games where she judged nine events including Greg Rutherford's Gold Medal on Super Saturday.

Lead Midwife Maggie Kennerley will be undertaking a Charity Skydive in October to raise funds for Progressive Supranuclear Palsy. Also PRH ITU staff are planning their Charity Winter Ball at the Enginuity Museum in Telford on 1 December 2012.

The appointment of a Non Executive Director has been made however the official notification has not yet been received. The Board hoped that this new person would be in post very soon.

The Board **NOTED** the verbal report.

2012.1/109.2 CHIEF EXECUTIVE'S REPORT

Members **NOTED** the following verbal report :

- **Media Issue:** related to a teething problem experienced within the configuration of services from PRH to RSH. Working arrangements for middle grade staff have been changed to facilitate the move and 3 Surgical Middle Grade Doctors have resigned from their positions because these arrangements did not suit their requirements. Reduced surgical assessment at PRH has required that 8 children have been safely transferred to RSH since August and the staff are coping with the small additional workload. The Surgical Centre and Women & Children Centres are working on a recruitment strategy to respond to this change.
- **Interim Chief Operating Officer:** Andrew Stenton has been successful in obtaining another job closer to his home. The Board wished to place on record its thanks to Andrew for the period he has acted as Interim COO.
- **A&E Performance:** Because of the difficult position relating to A&E performance, agreement has been reached with the Clinical Commissioning Group (CCG) at their request, that SaTH will put in place the principle of a major incident approach to co-ordinate action in the CCGs and health economy to improve the patient flow.
- **FT Readiness Report:** As mentioned in the Chair's report, the Board met with the SHA Board on 19 September 2012 to discuss its readiness to proceed with Foundation Trust status. SaTH Board concluded that because of several problems it should request a delay to the original submission date of February 2013, and the SHA Board agreed. A revised date for submission will need to be negotiated with the SHA Board. Another Board Readiness Assessment session will need to take place in March 2013 and, by that time, it is hoped that SaTH will be in an improved position to proceed to the next stage. The Acting Chair added that the letter received from the SHA Board identified areas that require immediate focus but they were supportive that SaTH can achieve FT status and they want to help us in the process. The Acting Chair also said that in discussion with the Company Secretary, future Board Agendas will focus more on key issues, and similarly, the same focus through the other Committees, as there is urgency to deal with these various strategic objectives in the next few months. The response to the SHA Board's letter will be handled in private session. The CEO said that in the context of the SHA Board Readiness Assessment, as discussed at the last F&P Committee meeting, the position we are in at this point is very different to what was imagined and some of the plans in budgetary and performance terms have moved on and are no longer relevant. With the Board's support,, the CEO would during October refresh and re-establish an operational, financial and workforce plan for the next six months that the Board can subsequently monitor. The Board **AGREED**.

110.1 BREAST SCREENING

Dr Metelko, Clinical Lead, attended the meeting and gave a PowerPoint presentation (**copy of slides attached**). She briefed the Board on the Breast Screening Programme in England which included the minimum standard of women aged 50-70 receiving a mammogram every 3 years and the fact that the target expansion for women aged 47-73 is a key indicator for PCTs.

The Quality Assurance (QA) visits are undertaken to share good practice and assess performance against the NHS Breast Screening Programme (BSP) standards and allows the QA team to make recommendations with targets for implementation in 3 and 6 months. The QA assessment covers everyone and everything. The QA Team carried out an assessment of SaTH's performance in March 2012 and our strengths included an Excellent uptake of 80% of women invited. SaTH was also rated as Excellent in cancer detection and best in the Region, and reconstruction was excellent.

In 2009 there were 22 recommendations and these have been achieved with the exception of Radiography where mammographic staffing levels should reach those recommended by the NHS BSP.

In 2012 there were 31 QA recommendations for improvement but some were very minor and have already been achieved. In terms of staff planning for the future there has been problems in pathology and PCTs have to work with SaTH on this. The transfer to digital mammography will take place at the end of the month thanks to the League of Friends. Accommodation sometimes proves difficult and Dr Metelko said it would be easier if the service was accommodated on one site.

The main aim in the future is to work towards expansion of the service for 47 to 73 year olds as well as maintaining our high standards and working towards a dedicated breast unit.

- Mr Jones (NED) asked if there was anything within the reconfiguration which could address the issue i.e. placing Breast Screening on one site. The TD said it is possible and he agreed to explore this. **Action: TD.**
- Dr Walford (NED) asked how many women have a real tumour and require intervention. Dr Metelko said that of those women 75% will have a needle test and between 30-40% will have an operation.
- Mr Simms (NED) said the work achieved to date was commendable and asked if there was greater uptake than the 80% would there be practical problems of handling more. Dr Metelko said that SaTH was already doing more work than we are being paid for. Mr Simms (NED) also asked if there were any plans as a health economy to encourage the 20% non attenders to take up breast screening Dr Metelko said that under the recommendations it noted that PCTs are writing up a strategy for poorer areas, and Practices with low uptake are going to work with Breast Care Nurses to encourage non attenders.
- SaTH Breast Screening service does not go into Wales but people living on border areas are welcome to attend.
- Dr Metelko assured the Board that with the excellent NHS BSP computer programme patients should not get lost on the system.
- Dr Vernon (NED) acknowledged that SaTH is doing very well in terms of the 80% take up but in terms of expansion and age group we are way behind. Dr Metelko agreed and advised that expansion is expected in January 2013 and there is a plan to work to.

The Board thanked Dr Metelko for her presentation and attendance at the meeting, and also asked her to pass on the Board's thanks to the Breast Screening staff for their hard work.

The Director of Quality & Safety (DQS) introduced the Safeguarding Annual Report covering the period November 2011 to August 2012. The report detailed the safeguarding arrangements and corporate responsibilities within the Trust and multi-agency work completed including safeguarding activity.

The DQS referred to the "Passport" document which has recently been launched and is a key development, and the hospital assessment document is now in place along with the "hospital communication book". It was considered that all these will improve the service we provide.

In terms of training figures the DQS said there is a need to continue to improve our training particularly in Mental Capacity Act and Vulnerable Adults.

Mr Jones (NED) referred to Page 4 of the report and in particular "Multiagency Working" referencing the Child Protection Plan in Shropshire, Telford & Wrekin and asked if there was parallel working with mid Wales population. The DQS said that the Named Nurse and Named Doctor link into colleagues from Powys and A&E Departments (particularly RSH) and any joint concerns are taken up with Powys LHB and SaTH. Processes are in place for formal and informal reviews.

Mr Jones (NED) also pointed out that the training figures were very low and he said this appeared to be a generic issue along with mandatory training and said that the attitude towards training is disappointing. The DQS said that the low training is very often as a result of our ability to release staff from the wards. There is Adult and Paediatric internal training but we continue to work on the challenges. The Medical Director is also looking at the level of doctors receiving training and recognising the priority areas are fundamental. The DQS agreed to take the suggestion in terms of setting KPI targets to the Safeguarding Committee. **Action: DQS.**

In relation to the Passport document, Dr Vernon (NED) said that this was a real improvement and asked if there was clinical involvement in this because he was aware of the enormous amount of paperwork required for completion on Wards. The DQS said that the document had received full professional involvement, disability involvement and local health economy involvement. The DQS agreed to make checks with regard to the possibility of duplication following the introduction of the Passport document. **Action: DQS and report back to the Q&S Committee.**

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

2012.1/111

PERFORMANCE

111.1

FINANCIAL REPORT – MONTH 05

The Finance Director (FD) introduced the Financial Report for Month 5 which had received robust discussion at the Finance & Performance (F&P) Committee meeting held on 25 September 2012. The FD focused on the following areas :

- Income – The Trust recorded an overall deficit at the end of August amounting to £801k compared to a planned deficit of £8k. The in-month deficit was £37k. The FD said that although the focus is regularly on the volume of over performance in non elective activity, there is now a need to focus on the under-performance of elective activity. Making reference to the previous discussion on Powys LHB contract, the FD advised that Powys had put in a revised set of arrangements and consequently reduced their contract in T&O activity.

FINANCIAL REPORT – MONTH 05 (Continued)

- Pay was overspent in the months of April to August by £1.974 million. In August “Pay” overspent by £735k. The organisation had planned - through closing beds and reducing staff numbers - to be in a better position than it is. This situation is impacting on the cash position which had decreased from an expected £1,148k to £401k. Pressure within the cash position is expected to be experienced over the coming months and mitigated through working capital management and deferrals within the capital programme. The cash position is being aggressively monitored as the position has to improve especially in going forward with our FT application and demonstrating our performance.

Mr Jones (NED) welcomed the view to recast the Trust’s plans going forward. In relation to the T&O activity reduction in the Powys LHB contract, the FD confirmed that RTT numbers had reduced quite substantially in T&O but we are still behind.

The CEO said that the organisation has to revise its financial plan to come up with a revised financial strategy which will hopefully deliver £1.9 million surplus at the end of the year. It is recognised that patient flow problems are causing cancelled operations and therefore the focus will be on improving patient flow over the next three months. In this respect a Rapid Improvement Action Team has been set up to put in place process system changes which will have high impact. Further discussion at the next Board Development Day will reassess our priorities. **Action: DCRM.**

The Board **NOTED** the financial position for Month 5.

111.2

STRATEGIC PERFORMANCE REPORT – MONTH 05

The Board received the Month 5 Strategic Performance Report for August and was drawn to the **Declaration against Provider Management Regime Framework** which noted that under Quality, Safety and National targets the Trust fell short of the monthly target in the following areas :

- Cancer standards
 - 2 week wait referrals in General and Breast symptoms – 0.5 penalty point
 - 31 day pathway – drug treatment – 1 penalty point
 - 62 day pathway following screening – 1 penalty point
- A&E 4 hour wait standard – 1 penalty point
- 18 weeks RTT target (Admitted) – 1 penalty point

Against the governance framework the Trust is rated as Red with 4.5 penalty points and under the financial performance the Trust’s performance against the key financial indicators for August achieved a financial risk rating of 2.

The CEO asked the Board to appreciate the scale of the issues that had to be resolved in terms of patient flow. Patient flow is the top priority within the organisation as it is damaging patient experience and causing massive problems with the SHA/Commissioners, and is costing the organisation significant amounts of money. In terms of the cultural aspect, the CEO said that within the priorities will be to ensure there is rapid staff engagement throughout the organisation. The CEO said that he intended within the next few months to come up with a new set of recommendations to align them with the Trust’s objectives. **Action: CEO – Dec 2012.**

The Board considered the performance indicators and the actions being taken by the Executive Team to improve achievement levels. Due to the ongoing concerns around delivery of the A&E 4 hour wait target and financial performance the Board **AUTHORISED** the Acting Chair and Chief Executive to sign Declaration 2 in relation to the Provider Management Regime Framework and submit to the SHA by 28 September 2012.

111.3 PROGRAMME MANAGEMENT OFFICE (PMO) REPORT

The Board **RECEIVED** and **NOTED** the monthly report on the status and delivery of the Improvement Programme to the end of August 2012. The report confirmed that at close of play on 18 September 2012 £2.53 million had been validated and delivered against a year to date plan of £4.762 million resulting in a negative variance of £2.229 million.

111.4 ANNUAL AUDIT LETTER 2011/12 SIGN OFF

The FD introduced the Annual Audit Letter 2011/12 which was presented to the Audit Committee on 20 September 2012. The Annual Audit Letter summarised the key issues arising from the work that the Trust's external auditors KPMG carried out for the Trust during 2011/12. The Annual Audit Letter highlighted areas of good performance and also provided recommendations to help the Trust improve performance. A summary of key recommendations was highlighted in Appendix A.

The FD explained that KPMG based on their findings gave an "except for" opinion and made particular reference to historic performance. Consequently when the Historic Due Diligence (HDD) assessment was completed they also referred to that point, and it was a particular negative position going forward with our FT application. The FD however felt that this point would be experienced by lots of other organisations who have experienced progressive periods of deficit and it would need to be addressed. The CEO added that he would expect the FT process to accept that the remaining Trusts going forward will have a 5 year breakeven performance otherwise these organisations including SaTH would have been notified by now. SaTH has no alternative but to demonstrate that its financial position is under control and going forward.

Mr Jones (NED) said that unfortunately our historic position will always be referred to and it will not disappear even after the fifth year is reached. It was however noted that the Auditors remained complimentary about the quality of our information.

The Board **NOTED** the content of the Annual Audit Letter 2011/12 and **APPROVED** its publication on the Trust website.

2012.1/112 STRATEGIC

112.1 NHS FOUNDATION TRUST UPDATE

The Board **RECEIVED** and **NOTED** the report which confirmed the following :

- FT Pipeline – the Trust is rated as Amber/Red;
- Provider Management Regime (PMR)
 - Financial Risk Rating – Red
 - Governance Risk Rating - Red
- FT Workstreams
 - Financial Governance – Amber
 - Quality Governance – Green
 - Business Development – Amber
 - Workforce – Green
 - Governance - Green

The Board **APPROVED** the content of the NHS Foundation Trust update report.

112.2 MEDICAL RECORDS OVERARCHING PLAN – PROGRESS REPORT

The Board **RECEIVED** the progress report which confirmed that since July 2012 the off-site move to a new Health Records location in Queensway was complete. The Acting Chair on behalf of the Board paid tribute to Andrew Stenton and to many others in achieving the progress to date, but it was also recognised that there is still a lot of work remaining.

The CEO said that a decision had not been made as to who will take on the Lead following Andrew's departure at the end of the week. He intended to consider a strategy for digitalising medical records as this could equate to huge revenue savings and improve quality.

Following discussion about the reporting mechanisms in the Trust it was agreed that the Board required :

- (i) Clarification around the monitoring arrangements/timescale for the Board, individual Committees or EDs;
- (ii) Discussion around progress and strategy. **Action: DCRM – next BDD.**

The Board **NOTED** progress to date.

2012.1/113 POLICIES for consideration

113.1 The Workforce Director (WD) introduced the paper and advised that the following HR policies were submitted following review and update in the light of legislative changes and/or procedural process changes within the organisation. The policies had had been through relevant committee meetings for discussion and consultation and had been approved for forwarding to the Board for final approval :

HR24 Maternity
HR25 Adoption
HR26 Maternity Support (Paternity) Leave
HR27 Parental Leave
HR31 Management of Sickness Absence
HR45 Dignity at Work
HR67 Preceptorship

Mr Jones (NED) said as mentioned earlier there appeared to be a reluctance in staff to be trained or take training and he asked what measures were being put in place to support this and what triggers are being put in place to manage sickness. The WD said that as part of the work of Health & Wellbeing a suite of management training will be introduced and update would be presented to the January Board. The WD agreed to provide a brief report on the effectiveness of this. **Action: WD.**

The Board **APPROVED** the policies for full implementation from 1 October 2012.

2012.1/114 MINUTES AND OUTCOME SUMMARIES FROM COMMITTEES

114.1 **Finance & Performance Committee meeting held on 28 August 2012 – Noted.**

Mr Simms (NED) referred to the outcome summary he re-emphasised that whilst F&P supported re-phasing and re-categorising of the budget it was on the understanding that it still targeted an outcome of £1.9 million surplus by the year end. Also F&P considered a paper on the progress of the private patient growth within the Trust when it was agreed that EDs would consider the paper with a view to bringing back a strategy proposal in the future, however, this did not represent a priority at the current time.

114.2 **Hospital Executive Committee meeting held on 28 August 2012 – Noted.**

114.3 **Risk Management Executive meeting held on 4 September 2012 – Noted.**

114.4 **Quality & Safety Committee – 20 September 2012.**

Dr Vernon (NED) provided a verbal report on this meeting. Key issues included pressure sores, the Ward to Board report and new safety thermometer. Q&S visited MAU at RSH when there was disappointment in respect of the VTE assessments. Verbal brief **noted.**

- 2012.1/115 **ANY OTHER BUSINESS – None.**
- 2012.1/116 **QUESTIONS FROM THE FLOOR**
- Q1**
Mrs Fellows **Ophthalmology Clinic at PRH** : Has been moved to Ward 14 and concerns have been expressed by volunteers that patients are very often elderly and visually impaired and find the stairs/lift difficult when they have to find their way out of the hospital unaided and some have received eye drops.
- A1** The DQS said she would pick this up with the Centre and walk the pathway. It was confirmed that this is a temporary move. **Action: DQS.**
- Q2**
Mrs Fellows **Continual cancellations of appointments in Cardiology at PRH** : A patient had three cardiology appointments cancelled and the next appointment is scheduled for the end of October. The patient eventually went private however the ECG report at the clinic appointment was still not available.
- A2** The TD acknowledged that the Department was experiencing a high level of demand and staffing issues however he would take this up with the Centre involved to gain a better understand of what is happening.
Action: TD.
- Mrs Fellows**
Comment **Children’s Play Area at PRH** : Wished to congratulate the Board on the renovation of the play area which is a fantastic improvement.
- Q3**
Mr Jones **Main Entrance at PRH – Staff concerns regarding the lack of heat due to doors constantly opening and closing** : Mr Jones said he had raised this issue in November 2011 and as far as he was aware this has not been resolved.
- A3** The FD said that he would ask the Estates Department to look into this. The CEO suggested installing a heat curtain over the doors but it would be at a cost. **Action: FD.**
- Q4**
Mr Jones **Update requested on the issue of Cleaning Windows**
- A4** The DQS said she had reported the outcome to the July Board meeting. The window cleaning is an annual process but if areas are identified for more frequent cleaning (such as Wards) it would be undertaken. The DQS said she would follow this up with the Estates Department. **Action: DQS.**
- Comment**
Jane Mott
RSH LoFs The Tea Party held by the Breast Screening staff to mark £60k raised by the League of Friends for the new Digital Mammography equipment at the RSH was delightful. Dr Walford (NED) spoke at this event and was disappointed at the lack of medical staff present. She said it is particularly gratifying when Executive Directors and medical staff are represented at these events as the League of Friends aim is to help the Trust and the people of Shropshire.
- 2012.1/117 **DATE OF NEXT MEETING :**
- **Formal Board Meeting – Thursday 1 November 2012 at 9.30 am** Seminar Room 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 27 SEPTEMBER 2012

Item	Issue	ACTION LIST	PRIORITY
94.2	Learning Disability update Board agreed compliance with the standard could be declared in August with further assurances around compliance in place by October 2012.	DQS	1 Nov 2012
110.1	Breast Screening – Under Reconfiguration, the TD agreed to explore the possibility of siting Breast Screening on one site.	TD	ASAP
110.2	Safeguarding Annual Report <ul style="list-style-type: none"> ➤ Low Training figures : The DQS agreed to take the suggestion in terms of setting KPI targets to the Safeguarding Committee. ➤ New Passport document - The DQS agreed to make checks with regard to possible duplication following the introduction of the Passport document. DQS to report to Q&S Committee. 	DQS DQS	ASAP ASAP
111.1	Finance Report M5 New Finance Strategy/Improving Patient Flow – Further discussion at the next BDD will reassess our priorities.	DCRM	22 Oct 2012
111.2	Strategic Performance Report Month 5 The CEO said that he intended within the next few months to come up with a new set of recommendations to align them with the Trust's objectives.	CEO	Dec 2012
112.2	Medical Records Overarching Plan <ul style="list-style-type: none"> ➤ Clarification around the monitoring arrangements and timescale for either the Board, individual Committees or EDs; ➤ To discuss progress and strategy at the next BDD. 	DCRM	22 Oct 2012
113.1	HR Policies The WD said that as part of the work of Health & Wellbeing a suite of management training has been introduced. The WD agreed to provide a brief report on the effectiveness of this.	WD	ASAP
	QUESTIONS FROM THE FLOOR		
116 Q1	Patient concerns relating to the temporary transfer of Ophthalmology Clinic to Ward 14 - The DQS said she would pick this issue up with the Centre and walk the pathway	DQS	ASAP
116 Q2	Patient concern - Three cardiology appointments cancelled and the next appointment not until end of October; also delay in reporting ECG. TD to take this up with the Centre.	TD	ASAP
116 Q3	Staff concerns whilst working near Main Entrance at PRH in the winter period. FD to take this matter up with Estates and query providing heat curtains over the doors.	FD	ASAP
116 Q4	Annual Cleaning of Windows – DQS to liaise with Estates when areas such as Wards are identified for frequent cleaning.	DQS	ASAP