

## MINUTES OF THE BOARD MEETING

HELD IN THE REGENCY SUITE, THE LORDHILL HOTEL, ABBEY FOREGATE, SHREWSBURY  
SY2 6AX

AT 2:00 PM ON THURSDAY 19 JULY 2013

### PRESENT

#### Chair and Non-Executive Members (Voting)

<b>Mr. Mike Ridley</b>	<i>(Chairman)</i>
<b>Ms. Angela Saganowska</b>	<i>(Non-Executive Director)</i>
<b>Mr. Mike Sommers</b>	<i>(Vice Chairman)</i>
<b>Mr. Chris Bird</b>	<i>(Non-Executive Director)</i>
<b>Mr. Rolf Levesley</b>	<i>(Non-Executive Director)</i>

#### Executive Members (Voting)

<b>Mrs. Julia Bridgewater</b>	<i>(Interim Chief Executive)</i>
<b>Ms. Maggie Bayley</b> <i>Quality, HR, Workforce/OD)</i>	<i>(Deputy Chief Executive, Director of Nursing, AHPs,</i>
<b>Dr. Alastair Neale</b>	<i>(Medical Director)</i>
<b>Mr. Chris Calkin</b>	<i>(Interim Director of Finance)</i>

#### Executive Members (Non-Voting)

<b>Ms. Julie Thornby</b>	<i>(Director of Governance &amp; Strategy)</i>
<b>Ms. Tessa Norris</b>	<i>(Director of Operations)</i>

<b><u>Members of the Public</u></b>	8
<b><u>Press</u></b>	0
<b><u>Observers</u></b>	1

#### In Attendance

<b>Mrs. Louise Tompson</b>	<i>(Personal Assistant, to record the minutes of the meeting)</i>
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Mr Ridley welcomed Tessa Norris as Director of Operations to her first meeting of the Trust Board.

He thanked Nette Carder Interim Director of Operations, Owen White and Chris Calkin Interim Directors of Finance for their contributions to the Trust, as they will be leaving the organisation before the next meeting of the Trust Board. Trish Donavon will commence in her post of Director of Finance, Performance and Contracting on 1 August.

Mr Chris Bird will be leaving the Trust in October. Mr Ridley thanked him for his contribution to the Trust and noted arrangements are in place to recruit a replacement Non-Executive Director who will also be Chair of the Audit Committee.

Mr Ridley informed the Board that Julia Bridgewater will be leaving the Trust at the end of September to take up the position of Chief Operating Officer at Central Manchester University Hospitals NHS Foundation Trust. He expressed the Board's appreciation to Mrs Bridgewater and said that discussions with the Trust Development Authority are on-going with regards to a future replacement.

**Minute No 2013.4.42 - Apologies** (Agenda Item 1)

There were none received.

**Position noted.**

**Minute No. 2013.4.48 – Update on new Ludlow Health Facilities** (Agenda item 7)

Mrs Bridgewater gave a presentation summarising the current position. She said that the Trust Board approved the full business case at its meeting in May 2012 which was subsequently approved by the Midlands and East Strategic Health Authority. There had then been a delay of over twelve months while the Department of Health resolved a national contractual issue. During that time there were significant changes to the NHS structure, and recently the new Trust Development Authority had asked for a number of assurances before the project proceeded. In light of this, the Trust had asked partners to confirm and update their commitments and had also revisited the overall affordability of the project, including activity and change in the new economic climate.

The level of financial risk in the project has increased from £11k per annum to £1.1m per annum which is a major challenge to the Trust. There are other risks not included in this financial risk total, including interest rates and issues with the GP underlease, which it is assumed can be resolved or are risks the Trust will absorb. Mrs Bridgewater went on to summarise the steps that are being taken to resolve the current situation. Discussions are currently taking place with partner organisations and a meeting has taken place with Shropshire CCG to consider activity levels. The CCG have also commissioned an external review of the robustness of assumptions. Alongside these actions SaTH are undertaking a high level review of the potential shift of activity. A Board to Board meeting with the CCG took place on 10 July in which both organisations agreed that the Community Trust could not underwrite the financial gap independently. The Trust has written to the CCG formally requesting financial support; the CCG is undertaking its own external scrutiny of funding options and their likely consequence and is expected to hold a meeting towards the end of August at which a decision is anticipated

In view of this position, Mrs Bridgewater could not at this point recommend the scheme going forward in its current form.

Mrs Bridgewater said that it is anticipated that at the next Trust Board meeting, due to take place on 19 September, a report will be received following the CCG's considerations, enabling a decision to be made to determine if the Trust will go ahead with the project.

The Chairman welcomed comments or questions from members of the Board. Ms Bayley said that the summary presented by Mrs Bridgewater was a fair description of the position of the Trust; she agreed that this is disappointing for all concerned. Mr Levesley expressed his concerns around the uncertainty that has occurred in the local health economy, following the process of revisiting the full business case and asked if Mrs Bridgewater is confident that the Board will be able to make a decision at the next meeting. Mrs Bridgewater said that she was confident of this, barring unforeseen circumstances that may occur resulting in timescales not being met.

The Chairman welcomed comments or questions from members of the public.

Mr Peter Corfield, Chair of Ludlow Hospital League of Friends expressed his concerns around the continued delay to this project, adding that the League of Friends have, since 2005, fought to save then develop the hospital. Mr Corfield highlighted that according to Mrs Bridgewater's presentation Finnamore have been commissioned to assess the viability of the scheme going forward, this is of a great concern to him as Finnamore had put a business case forward recommending the closure of the hospital in 2005. Mr Corfield commented that he was also concerned that a senior official, who in his view spearheaded a campaign to close the hospital is now employed in a senior position in the Trust Development Authority

Further concerns were raised by Mr Corfield including that in May 2012 this Board said that all outstanding issues had been addressed in terms of finance and activity; and that funding sources had been identified to cover the costs. Mr Corfield said that the overseeing of the project should have changed in light of the Trust's awareness of the changing circumstances, and he had very little hope that the project would now succeed.

In response Mrs Bridgewater said that she is aware that this is very disappointing but it is important to be open about the position and she believes many areas of the original case are still relevant. The CCG have asked Finnamore to carry out an external review. Ms Bayley assured Mr Corfield that the senior official referred to had not been involved in the review of the business case.

Mr Peter Sealy, local resident of Ludlow asked a number of questions related to this item.

1. Is it the case that there may be a charge for the non start of this project, as in other PPI or PPP initiatives? Mr Calkin said that there is the potential that this would be the case if the scheme cannot progress although there is not a contractual provision for this. If a claim was made and found to be valid it would be strongly negotiated
2. Could the current hospital close due to current significant ongoing upkeep costs, if the project does not go ahead? Mr Calkin said that the original assessment some years ago looked at 4 options including upgrading the older facility, do nothing is not an option in this case.
3. What activity has been identified in order to address the funding shortfall? Mrs Bridgewater assured Mr Sealy that no stone will be left unturned; all possible options are being looked at for alternative use of space at the hospital.
4. Is it fair to say some contract bidders do not allow for modifications to original plans, as contractors will be able to claim a lump sum if the project does not go ahead? Mrs Bridgewater said that her view is that she has had no indication that would happen in this case. From the contractor's point of view, they are involved in the project as a long term relationship.
5. What is Mr Phillip Dunne's view on this? The Chairman said the Trust could not comment on Mr Dunne's view; the Trust is working closely with Mr Dunne; we are leaving no stone unturned to deliver a viable facility for the community. He said that he was hopeful the project would move forward and the Trust will do everything possible on this before the Trust Board meeting in September.

Cllr Gerald Dakin expressed concerns around the continued closure of the Beech Ward at Whitchurch Community Hospital. He said that the League of Friends is keen to spend funds at the hospital and utilise the 16 bedded ward that has been closed for almost 2 years. The Chairman thanked Cllr Dakin for raising this issue, which has been discussed at Trust Board meetings a number of times. He said that it was not acceptable to have vacant space at the hospital; this needs support of the CCG, and it may be the case that it is used in conjunction with SaTH or other organisations. Mrs Bridgewater said that work around urgent and emergency care is looking at future uses of space within community hospitals generally, and the role of vibrant community services. She recognised the need to make the best use of facilities; it may be the case that space will be used not in a traditional ward area.

Mr Ridley thanked members of the public for their helpful contributions. He said that there will be substantial work being completed over the summer culminating at the next Board meeting in September.

**Minute No. 2013.4.43 - Minutes of the Meeting held on 23 May 2013** (Agenda Item 2)

The minutes of the meeting were approved as a true and accurate record.

***Mr Bird FORMALLY PROPOSED that the Minutes of the Board Meeting of Shropshire Community Health NHS Trust held on 23 May 2013 be received and approved as an accurate record. The proposal was SECONDED by Ms Bayley.***

***MEMBERS UNANIMOUSLY AGREED the proposal.***

**Minute No. 2013.4.44 - Matters Arising** (Agenda Item 3)

Members noted the action log giving an update on actions from the last meeting.

***Position noted.***

**Minute No. 2013.4.45 - Declaration of Interests** (Agenda Item 4)

Mr Ridley sought any declarations of interests in respect of items on the Board agenda or updates/additions to previous declarations. No declarations were made.

***Position noted.***

**Minute No. 2013.4.46 - Chairman's Communication** (Agenda Item 5)

The Chairman gave a verbal report on his activities and meetings attended, both internally and externally since the last Board Meeting including that he had:

- Joined Members of the Board in carrying out clinical visits around the county following the last informal Board meeting, including meeting with staff and patients.
- Attended the NHS Confederation Conference which was a helpful event. Future plans and ideas were shared from a range of NHS leaders.
- Attended the launch of a Healthwatch Shropshire event, and looking forward to working closely with the organisation in the coming years.
- Attended a Chairs Development Day organised by the Foundation Trust Network.

***Position noted.***

**Minute No. 2013.4.47 - Chief Executive's Report** (Agenda Item 6)

Mrs Bridgewater provided an update for Board members on key national, regional and local issues.

In relation to key national issues, a report on transforming urgent and emergency care services has been published. The report identified a number of areas for improvement and 4 emerging principles:

- provide consistent safe care on a 7 day basis
- be simple and guide good choices by patients/clinicians
- given right care in the right place, with right skills – First Time
- be efficient

As a result of recommendations in the report an urgent Care Network Board for Shropshire has been established. The Urgent Care Network Board is requesting that Mrs Bridgewater has delegated authority from the Board to make decisions necessary to progress urgent care issues.

In relation to key regional issues, Mrs Bridgewater provided a brief update on key education/training meetings that she has attended, including LETB and LETC meetings. She also gave an update following a recent Chief Executive Officer meeting in which the main item for discussion was emergency care pressures and performance across the West Midlands. Discussion took place around the preparation for winter pressures and the need for Trusts to prepare for notification of any additional winter/emergency pressure monies and working with social services to support the flow of patients through the system effectively.

With regards to key local issues, Mrs Bridgewater provided an update on ATOS workstreams. Five workstreams have been launched including the workstreams on optimizing capacity. It is anticipated that workstreams would report by the end of September and performance metrics have been established to monitor progress, which are being monitored through the Urgent Care Board.

Mr Levesley asked a question relating to 7 day working. Mrs Bridgewater said that this has been talked about for a long time in the NHS. The urgent care review signals that there will be no extra money offered for this and along with extra financial pressures the NHS faces this will be a significant challenge. She said that if there are any growth monies available in this area then this won't be going to traditional services, therefore it will be vital that the services the community trust provides are innovative. Mr Levesley expressed concerns that there appears to be little work around the prevention agenda. Mrs Bridgewater said that an ATOS workstream related to admission avoidance is doing some work in this area, a lot of focus is on the management of patients with long term conditions and this is likely to continue to be a vital area for the trust.

**BOARD MEMBERS:**

***Mr Sommers PROPOSED the delegation of authority to Mrs Bridgewater to make decisions necessary to progress urgent care issues. The proposal was SECONDED by Ms Bayley.***

***MEMBERS UNANIMOUSLY AGREED the proposal.***

**Minute No 2013.4.49 - Quality & Safety Report** (Agenda Item 8.1)

Ms Saganowska summarised key issues from the Quality and Safety Committee report which discussed patient safety, experience and effectiveness issues raised at both the May and June Committee meetings:

- Specific focus was on the number of pressure ulcers that have developed in the Trust especially in April.
- Zero never events occurred in the period
- The Trust remains compliant with same sex accommodation requirements
- Risk profile from CQC was not reviewed at the June meeting.
- The Committee received reports and action plans following visits by commissioners to Whitchurch Community Hospital and the Minor Injuries Unit (MIU) that were carried out in January 2013.
- The Committee received reports from the Family Nurse Partnership in Telford and Wrekin and the Trust Mortality Group, along with an update on the process for managing complaints.
- In May the Committee were provided with a briefing paper from Mills and Reeves in relation to the "working together to safeguard children 2013" paper which will be discussed as part of the next safeguarding update to the Committee.
- No Serious Untoward Incidents, other than pressure ulcers have been reported during 1 April – 31 May.
- Key risks were identified as follows:
  - May 2013 – Concern around the number of pressure ulcers developing in Community Hospitals. The role of medical input into Community Hospitals.
  - June 2013 – Pressure ulcers developing in the Trust, record keeping in clinical records. The high length of stay at Whitchurch Community Hospital; although this was agreed that this was not a clinical risk, this was an issue for concern and would require further investigation.
- Since 1 April the Trust Mortality Group now review all deaths in community hospitals
- The Committee is reviewing the Trust's response to the Francis inquiry bi-monthly.

The Board then discussed various topics in more detail.

Ms Bayley said that the Royal College of Nursing has now published its response to the Francis Inquiry, the Trust will be taking this into account when considering its action plan. She emphasised the Trust's concerns around the increase of grade 2 pressure ulcers in April but said that a lot of work is being carried out to address this including a peer review to enable external scrutiny of current practice and also to share benchmarking of data. Ms Bayley said that at the June 2013 meeting the Committee heard that the number of grade 2 pressure ulcers had reduced to pre April figures.

Members noted that the Committee received a report relating to feedback from commissioners following their visit to Whitchurch Community Hospital. Members were aware that the MIU was temporarily suspended out of hours and discussions are on-going following the issuing of a revised specification.

The Chairman asked a question relating to the School Nursing review in Shropshire. Ms Bayley said that Shropshire Council have launched a review of school nursing to ensure that it is fit for purpose and ensuring children have the care they need. It is hoped that a draft report will be available by the end of September, along with a draft service specification and Ms Bayley and Ms Norris will consider the report to see if there are any implications on the Trust.

The Board went on to view a short film promoting public awareness of pressure ulcers which is available on the Trust's website and via YouTube.

**THE BOARD NOTED:**

- a) *The issues and actions being taken to maintain quality and safety*
- b) *The key incidents reported and actions taken to mitigate those risks*

**ACTION:**

- a) *Ms Bayley and Ms Norris to consider implications of School Nursing Shropshire review and service specification.*

**Minute No 2013.4.50 – Medical Revalidation Update** (Agenda Item 8.2)

The report was presented to the Board for information in order to update them on the revalidation process and understand what is required locally to enable continued compliance.

The Board noted that Dr Alastair Neale is the Trust's Named Responsible Officer and is approved for revalidation.

***Position noted.***

**Minute No. 2013.4.51 – Trust Service Development and Transfer Update** (Agenda Item 9.1)

Ms Thornby and Ms Norris presented this report to the Board. Ms Norris informed the Board that unfortunately the Trust had not been successful in relation to its tender for Stop Smoking Services (Telford and Wrekin) and is working with staff who are affected.

Telford and Wrekin Council decommissioned a variety of Health Improvement services previously provided by the Trust on 28 June 2013, 28 staff were affected, 25 have been made redundant, 3 were redeployed within the Trust or wider NHS. The transfer of the Trust's Learning Disability

Nurses, who are currently managed by the local authority, to South Staffordshire and Shropshire Mental Health NHS Foundation Trust is still not finalised and the Trust is awaiting a confirmed date.

The Board noted that work is currently taking place around locality commissioning in Church Stretton where they are establishing pilot team to support people living independently for longer. Shropshire CCG has asked the Trust to identify a member of staff to second in to the team for a period of twelve weeks.

Ms Thornby introduced the final version of the Trust Annual Plan which has now been agreed by the Trust Development Authority.

**The Board noted the content of the report and that discussions are ongoing with relevant partners.**

#### **Minute No 2013.4.52 - Foundation Trust Programme Board Report** (Agenda Item No.9.2)

Ms Thornby asked the Board to note the report from the Foundation Trust Programme Board for information.

Discussions regarding the Trust's timeline in order to achieve FT status were held with the Trust Development Authority on 10 June. The Trust plans to broadly align its timeline with that of SaTH and to focus on core business before moving on to FT work in the next financial year. Timescales and future milestones will be brought to a future meeting when this has been agreed by the Trust Development Authority.

***The Board noted the content of the report.***

**ACTION:**

- a) Trust milestones to be brought to future Trust Board meeting when agreed by TDA.**

#### **Minute No 2013.4.53 - Resource & Performance Report** (Agenda Item 10.1)

Mr Sommers presented the performance report which provided the Board with a briefing on the performance and financial position of the Trust.

#### **Performance Report**

Main points summarised by Mr Sommers and raised in subsequent discussion, included:

- Performance in relation to referral to treatment times (RTT) has improved although the target of 90% of patients treated within 18 weeks has not yet been achieved. Mr Sommers noted that there are 3 dental breaches at Bridgnorth, all due to patient choice in relation to patients wanting to be treated at Bridgnorth. Actions are in place to ensure that these issues are resolved and information sheets are produced in which RTT patients are listed against RTT wait times; monthly waiting list meetings are also being held to highlight any problem areas.
- Performance in relation to District Nurse Response Times within 24 hours. The Board noted that the position has improved, but due to the cumulative nature of this target, the target will not be achieved in this financial year. Issues related to data entry have been identified, work is on-going with staff to address this and staff are being informed on a daily basis of individuals who could breach this target.

- Performance against average length of stay in community hospitals, specifically Whitchurch Community Hospital. The Board noted that the average length of stay at Whitchurch has increased from 33.9 days to 35.7 days; this is against a target of 22 days. Mrs Bridgewater said that it is important that a detailed look at the evidence takes place to ascertain why this is occurring at Whitchurch more than in other community hospitals. Ms Bayley said that along with other actions a dependency review is taking place at each of the hospitals, and emphasised that a lot of variables impact on an individual's length of stay.

## **Finance Report**

Mr Calkin presented the report on the Trust's financial performance to 31 May 2013. The Trust has an income and expenditure deficit of £253k. It is anticipated that the Trust will meet its control total of a surplus of £212k, based on actions being in place to deliver CIP. The Board noted however that the RAG status remains red as schemes to deliver the CIP target for 13/14 remain unidentified totalling £2,317k.

The Board noted that Finnamore have been appointed to develop relevant CIP schemes but were assured that different personnel are involved that would have been involved with work around Ludlow. Mr Calkin emphasised that Finnamore were appointed through a competitive process and were considered to be very service sensitive.

**MEMBERS NOTED the content of the report.**

### **Minute No 2013.4.54 – Ratification of Approval of Trust Annual Accounts 2012/13** (Agenda Item 10.2)

Mr Calkin said that the Trust Annual Accounts had been formally approved by the Trust Audit Committee on behalf of the Board in June, after being audited by the Trust's external auditors. The Board noted that the Annual Accounts will be published on the Trust website in due course

**MEMBERS NOTED the content of the report.**

**Mr Bird PROPOSED the ratification of the approval of the Trust Annual Accounts 2012/13. The proposal was SECONDED by Mr Sommers.**

**MEMBERS UNANIMOUSLY AGREED the proposal to ratify the accounts.**

#### **ACTION:**

- Trust Annual Accounts 2012/13 to be published on Trust website as soon as possible.**

### **Minute No 2013.4.55 Governance Report** (Agenda Item 10.3)

Mr Bird presented this report which updated the Board on the Board Assurance Framework (BAF), the activities of the extraordinary Audit Committee meeting held on 5 June and its recommendations and the Audit Committee meeting held on 2 July, and the key points from the Information Governance Committee on 9 July.



## Key issues:-

- Board Assurance Framework (BAF) – the Board agreed the Audit Committee's recommendations in the report for changes to the BAF including the inclusion of an entry relating to the development of the Ludlow health Facility.
- Summary of the Audit Committee – At the Extraordinary meeting of the Committee external audit present their findings for the year. Two recommendations were made and actions have been agreed. The Committee received an Annual Report from Internal Audit. Some areas for improvement were recommended particularly around Data Quality; recommendations have been implemented or are in the process of being implemented. At the meeting on 2 July the Committee received an update on arrangements for emergency planning. Since 1 April the Trust has a service level agreement with Public Health at Shropshire Council to provide support in the delivery of emergency arrangements. A workplan has been developed to ensure all new national standards are being met: the committee will review the workplan at a future meeting.
- Summary of the Information Governance Committee meeting – the Committee noted the concern that monitoring of IG training shows that only 33% of staff have completed training from April to the end of June, compare to the 50% the Trust hoped to achieve as a minimum at this point in the year. The Committee agreed that the Executive Team would encourage all teams to achieve the targets.

**MEMBERS NOTED the content of the report.**

**Dr Neale PROPOSED the agreement of the BAF with the changes recommended by the Audit Committee this was SECONDED by Ms Bayley and UNANIMOUSLY AGREED by all members.**

## **Minute No.2013.4.56 - Questions or Comments from Members of the Public** (Agenda Item 11)

Mr Ridley invited any questions or comments from those present.

Kate Ansell commented specifically around Dr Neale's Medical Revalidation update report received today. She said that it is important that the patient voice is heard and hopes that patient feedback can be taken into account in this process. Ms Bayley said that she would welcome Ms Ansell's input into the questionnaire structure.

Roland Brown said that the Care Quality Commission has recently announced that patients will have a more active role in the monitoring of NHS services; he encouraged this approach. Mr Brown thanked Mrs Bridgewater for her clear report presented today and expressed his disappointment that she would be leaving the Trust.

## **Minute No 2013.3.39 – Committee Minutes** (Agenda Item no 12)

The Board noted the latest approved minutes from Sub-Committees of the Trust Board, for information.

### **Quality and Safety Committee**

- 25.04.2013
- 30.05.2013

### **Resource and Performance Committee**

- 29.04.2013
- 28.05.2013

### **Information Governance Committee**

- 07.05.2013

#### **Audit Committee**

- 02.04.2013
- 05.06.2013 (extraordinary meeting)

#### **Foundation Trust Programme Board**

- 21.03.2013

***Position noted.***

#### **Minute No 2013.3.40 - Any Other Business** (Agenda Item 13)

There was none.

#### **Minute No. 2013.4.57 Burdett meeting evaluation checklist for completion** (Agenda Item 14.1)

Members of the Board discussed the checklist in detail following the meeting. Members were asked, if on reflection, they considered more information should be included then they should inform Ms Thornby by the end of next week.

See completed checklist.

***Position noted.***

#### **Minute No 2013.3.41 - Dates of Future Meetings**

The next public meeting of the Board will take place on Thursday 19 September 2013, 9:30 am – 12.30 pm, Ludlow Mascall Centre, Lower Galdeford, Ludlow, Shropshire, SY8 1RZ

**Mr Ridley thanked everyone for attending the meeting.**

**The following resolution was PROPOSED by Mr Sommers and SECONDED by Mr Bird and UNANIMOUSLY SUPPORTED by all Members:**

***IT WAS 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 (in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960).***

## BOARD EVALUATION CHECKLIST

18 July 2013

### Preparation

Will this agenda inform us about quality, finance, performance and risk?	<ul style="list-style-type: none"> <li>➤ Is a patient story being reported?</li> <li>➤ Are patient safety walkabouts being reported?</li> <li>➤ Is there a report about staff experiences?</li> <li>➤ Is there a quality report/dashboard?</li> </ul>	Board received item regarding Ludlow Health Facility and DVD promoting Pressure Ulcer Prevention
Do we have sufficient time to discuss the relevant reports on this agenda?	<ul style="list-style-type: none"> <li>➤ Is there a performance report, finance report and board assurance framework (risk)?</li> </ul>	Quality report discussed
If we are hearing from patients or staff have we agreed how we will manage these items?	<ul style="list-style-type: none"> <li>➤ What will these items tell us about progress with our quality strategy?</li> <li>➤ Who will facilitate the discussions and debrief with the board?</li> </ul>	Quality report discussed

### During the meeting

Has anything happened since the meeting papers were circulated that is relevant to the discussions today about quality, finance, performance or risk?	<ul style="list-style-type: none"> <li>➤ Is there new information that changes the key messages or recommendations in the papers?</li> <li>➤ Have concerns increased, decreased, or been ameliorated?</li> </ul>	<p>Developments around Ludlow healthcare facility</p> <p>RCN publicity regarding Francis Inquiry</p> <p>Keogh mortality report – will be reviewed to consider implications on the Trust</p>
Do board members feel that anything is missing?	<ul style="list-style-type: none"> <li>➤ Is there anything else we need to be informed of or do something about today?</li> </ul>	Nothing specific
What have we learnt about patients' and staff experiences and from walkrounds?	<ul style="list-style-type: none"> <li>➤ <u>What does this feedback add to our understanding of the quality of patient care?</u></li> <li>➤ <u>What does this feedback reveal about staff morale and organisational culture?</u></li> </ul>	<u>Patient feedback received on revalidation of doctors</u> Walkrounds have been held and learning has been discussed informally by the Board – no significant risks to quality identified
<p>What did the reports tell us about</p> <ol style="list-style-type: none"> <li>1. Quality</li> <li>2. Performance</li> <li>3. Finance</li> <li>4. Risk</li> </ol>	<ul style="list-style-type: none"> <li>➤ What are the hotspots that require further investigation?</li> <li>➤ What are the trends over time?</li> <li>➤ Are there early warning signs of failure?</li> <li>➤ Do we have sufficient capability and resources?</li> <li>➤ What actions need to be taken by whom?</li> </ul>	We have assured ourselves wherever indicators are available Problem areas and actions involved have been identified particularly around RTT.
<p>What assurances are the board committees providing us with?</p> <ol style="list-style-type: none"> <li>1. Quality and Safety</li> <li>2. Resources and Performance</li> <li>3. Audit</li> <li>4. Information Governance</li> </ol>	<ul style="list-style-type: none"> <li>➤ Which information before us today have Committees previously reviewed?</li> <li>➤ Have we heard from the Chairs of the Committees?</li> <li>➤ What were the Committees' conclusions and recommendations?</li> <li>➤ What actions need to be taken and by whom?</li> </ul>	We have heard the Committees' recommendations
<b>Review</b>		
Have we had a good discussion about quality, performance, finance and risk	<ul style="list-style-type: none"> <li>➤ Do we have a good understanding of the quality of patient care?</li> </ul>	Robust discussions around new Ludlow

mitigation issues today?	<ul style="list-style-type: none"> <li>➤ Do we have a good understanding of financial position, performance and risk?</li> <li>➤ Are there gaps in the assurances we received today?</li> <li>➤ What could we have done differently?</li> <li>➤ What do we now need to do to improve things?</li> </ul>	<p>health facility.</p> <p>May need to review style of reports on performance review.</p>
Are we demonstrating sufficient ambition for patients?	<ul style="list-style-type: none"> <li>➤ Have we been accepting of any deterioration in quality or safety?</li> <li>➤ Are we sufficiently focused on improving quality, despite the challenging operational environment?</li> </ul>	<p>Particular challenge has been offered at the meeting today on improving the position on pressure ulcers.</p>