

The Royal Wolverhampton NHS Trust

Minutes of the Quality Governance Assurance Committee held on the:

**Date**                      **Wednesday 23 March 2016**  
**Venue**                     **Boardroom, Building 12**  
**Time**                      **2.00pm to 4.00pm**

	<b>Name</b>	<b>Role</b>
<b>Present:</b>	Dr J Anderson <b>(JA) Chair</b>	Non-Executive Director
	R Edwards <b>(RE)</b>	Non-Executive Director
	C Etches <b>(CE)</b>	Chief Nursing Officer
	S Hickman <b>(SH)</b>	Compliance Manager (representing M Arthur)
	D Loughton <b>(DL)</b>	Chief Executive
	Dr J Odum <b>(JO)</b>	Medical Director
	Dr J Parkes <b>(JP)</b>	Non-Executive Director
<b>Attendees:</b>	J Colgan <b>(JC)</b>	Healthcare Governance Manager – Div 1
	A Plaza <b>(AP)</b>	Shadowing C Etches
	L Walker <b>(LW)</b>	Shadowing Minute Taker
<b>Apologies:</b>	M Arthur <b>(MA)</b>	Head of Governance & Legal Services
	G Nuttall <b>(GN)</b>	Chief Operating Officer

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1	<p><b>Apologies for absence</b></p> <p>Apologies were noted.</p>	
1A	<p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>	
2	<p><b>Minutes of Previous Meeting</b></p> <p><b>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 24 February 2016 were approved as a correct record.</b></p>	
3	<p><b>Matters arising from the Minutes</b></p> <p>The matters arising from the Minutes were updated on the action log sheet and closed accordingly.</p>	
4	<p><b>Regular Reports</b></p>	
4.1	<p><b>Integrated Quality &amp; Performance Report –C Etches</b></p> <p>CE presented the Integrated Quality &amp; Performance report to the meeting.</p> <p>CE expressed concerns in regards to the number of complaints received in February. In the said month there were 37 complaints received which is an increase of 21% from the previous year. In February there was also a rise in re-opened complaints, these raised new issues. The meeting noted that of the 37 complaints received there had been an improvement in the number responded to within the 25 day timescale. However, 9 complaints breached without consent. JA raised concerns regarding the number of breached without consent. CE explained the reasoning behind the delays and the meeting noted that the hold-up can be from everyone from Division / Directorate to the Executive Directors. After discussion it was agreed to see how the new policy works.</p> <p>CE advised the meeting that the new Complaints Policy is awaiting approval at the March 2016 TMC.</p> <p>CE informed the meeting that the figures for February's Friends and Family Test indicate a deteriorating position, especially within the Inpatient Response Rates. CE explained that the Trust figures and the TDA figures are different. This is because the Trust is uploading into a unified and merged Inpatient and Outpatient FFT. Once the Outpatient is removed the Inpatient will then become the true figure .However this highlights how low outpatient responses are</p> <p>The meeting was informed that in February there was 1 Duty of Candour within Element 2: sharing outcome of investigation with patients / relatives.</p> <p>CE informed the meeting that there were only 2 C Diff cases at the Trust; this is the first time</p>	

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	<p>we have been below target for several months.</p> <p>The meeting noted that there was an increase in avoidable pressure ulcers.</p> <p>The meeting noted that there has been an increase in the proportion of patients with harm from a fall. Each incident is scrutinised with an RCA and lessons learned.</p> <p>CE explained the number of patients with catheters within the Community. The meeting was informed that Vanessa Whatley and her team are working on alternative levels of support and how the patient can be discharged without a catheter. The meeting discussed this in depth and noted that a patient cannot be discharged immediately after the catheter is removed.</p> <p>It was noted that new VTE's had doubled in February and the reasoning behind this increase was unknown.</p> <p>CE mentioned that the Safety Thermometer would be staying in the report as it was popular nationally.</p> <p>It was noted that there were for the first time no radiation incidents in February.</p> <p>The WHO checklist was at 100% for both divisions</p> <p>CE notified the meeting that there was a new Head of Safeguarding.</p> <p>There has been an increase in C-Section rates for February and also an increase of 3<sup>rd</sup> &amp; 4<sup>th</sup> degree tears. The monthly variations are considerable and are mostly above target</p> <p>CE advised the meeting that the, Midwife to Birth Ratio the Trust is currently below target. However, recruitment of Midwives is on-going because of the anticipated increase in the birth referrals from Walsall Healthcare to this Trust</p> <p>The Trust saw an increase in Smoking at Delivery.</p> <p>JA expressed concerns regarding Cancer waiting times and the breakdown of cancellations for non-medical reasons (20 – ran out of Theatre time). The meeting noted that Urology had 9 breaches (50%) in February on 62 day target by cancer site. JO informed the meeting that a review had been undertaken by the Urology team. Following a national campaign there has been an increase in GP referrals. JO confirmed that a Consultant had joined the department from Dudley and he had been a tremendous help. JO assured the meeting that the changes would not be instant but over the next 12 months.</p> <p><b>Resolved: Report was accepted</b></p>	
4.2	<p><b>Board Assurance Framework / Trust Risk Register</b></p> <p>The meeting discussed the Board Assurance Framework and Trust Risk Register. After discussion and concerns were raised regarding the format of the BAF and TRR it was agreed that the current format of these reports would continue until the Trust's Governance review had taken place. Following this review a new format would be agreed to better align the</p>	

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	<p>strategic objectives and risks.</p> <p><b>Board Assurance Framework (BAF):-</b></p> <p>There are no new risks and there are 3 red risks</p> <p><b>SR8</b> – That there is a failure to deliver recurrent CIP's.  <b>SR12</b> – That the retention and development costs of staff are unaffordable.  <b>SR1</b> – Workforce – Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff.</p> <p>There were no closed risks.</p> <p>There are 10 risks currently being managed / on-going, there are no risks managed to target level.</p> <p>The meeting discussed the BAF and concerns were raised regarding the last update of BAF <b>SR10</b> was September 2015. Enquiries to be made to ascertain if this was discussed in detail at the Finance and Performance meeting earlier.</p> <p>JA commented that the Strategic Risk needed to be added to each sheet.</p> <p><b>Trust Risk Register (TRR):-</b></p> <p>There is 1 new risk:</p> <p><b>4172</b> – Supply disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets. This is a risk that has been reopened.</p> <p>Four risks have been removed:</p> <p><b>4306</b> – IT system changes – risk closed.  <b>4352</b> – There is a risk of significant budget overspend for the Special Care Dental Service due to the maintenance requirements for the Dental Mobile Unit. Risk moved to Directorate risk register.  <b>4163</b> – Failure of patients to receive timely and appropriate treatment for renal disease / acute kidney injury due to inability to admit to specialist ward within tertiary service. Risk moved to Directorate risk register.  <b>2836</b> – Delay in replacement of Lab 2. Risk moved to Directorate risk register.</p> <p>There are 3 red risks:</p> <p><b>4161</b> – Shortage of Qualified Nurses across the Division.  <b>2080</b> – Risk to quality of patient care: reduced manpower.  <b>4172</b> – Supply disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin.</p> <p>There are 24 risks currently being managed / on-going, there are no risks managed to target level.</p> <p>JA and JP commented that risk <b>4286</b> regarding 7 day cover, especially for weekend service to children with diabetes, needs to be explored and assurance sought that a same day/next day service is available for children.</p>	

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	<p>JA asked if risk <b>2719</b>, lack of real time bed management, was being actioned. CE assured the meeting that this is being actioned by Rose Baker and under Safe Hands. RE asked if the risk needed to be rewritten.</p> <p>JA sought assurance from the meeting that the risks on the TRR are being actively managed and actioned. The next meeting will include a deeper dive into the TRR.</p> <p>JO confirmed that he had seen an update on Sonographers in regards to risk <b>4243</b> and the meeting agreed that this risk now needed to be updated.</p> <p><b>Resolved: Report was accepted.</b></p>	
<b>5</b>	<b>Sub Group Reports</b>	
<b>5.1</b>	<p><b>Patient Safety Improvement Group minutes – February</b> The meeting accepted the minutes</p> <p><b>5.2 Chairman’s Report</b></p> <p><b>Ward Performance</b> Both divisions continue to report issues around staffing breaches. This is also reflected in the safer staffing reports to Trust Board with deteriorating positions on qualified nurse staffing.</p> <p>Estate issues are impacting on environmental audits despite ward refurbishments and deep cleaning programme. Individual areas are reporting jobs to be completed.</p> <p><b>Medicines Safety Officer</b> The issue was raised about the number of near misses occurring in the organisation and ensuring that lessons are shared to prevent actual harm occurring.</p> <p>Table top reviews had occurred regarding incidents with moderate harm with specific lessons around discharge medication requiring some specific actions. An annual work plan will be brought to a future PSIG meeting.</p> <p><b>BCG vaccine</b> Due to a shortage in BCG vaccines NHS England has issued guidance for the administration of the vaccine for 6 months beyond expiry date. Significant discussions took place. Risk assessments had been completed and required sign-off outside of the meeting alongside a SOP and patient information leaflet. These will be received at March 2016 PSIG.</p> <p><b>Catastrophic outcome of risks</b> The current OP10 (Patient Safety and Risk Management Reporting policy) has a potential of grading a risk outcome of catastrophic, but low likelihood. The current score would not trigger a review. It was agreed to review all catastrophic outcomes of risks scoring 12 or less to be reviewed at a future PSIG.</p> <p><b>Organ Donation</b> The report relating to April – September 2015 was presented and most targets were achieved. The overall transplantation rate remains disappointing locally and nationally. A wider debate followed regarding the benefit of an opt out scheme nationally.</p>	

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	<b>Resolved: Report was accepted.</b>	
5.5	<p><b>Quality Standards Action Group Minutes – February</b></p> <p>The meeting accepted the minutes.</p>	
5.6	<p><b>Chairman’s Report</b></p> <p><b>Health and Safety Steering Group (6 monthly) Report</b>  This report was discussed in some detail. The RAG rating of the individual Trust H&amp;S risk profiles were reviewed. The question was posed regarding the criteria used to provide assurance and reassurance regarding the confidence of the risk rating. The work under pinning the risk rating for each item is discussed at the H&amp;S Group and presented by the owner of the risk. The risk rating was questioned at QSAG on the basis of additional information available to members present at the meeting. It was agreed that further work was required around the RAG rating and the assurance/reassurance process under pinning this. The CNO will progress this.</p> <p><b>Clinical Audit Report (4 monthly)</b></p> <p>A comprehensive report was presented and whilst there were further questions asked regarding completion rates and reasons for “abandoned” audits it is evident that significant work and progress has been made with the Clinical Audit Programme across the Trust and some individual audits were highlighted as being particularly noteworthy in developing quality of clinical service provision and improvement in patient experience.  There was a view that individual audits (in brief) should be presented to the Trust Board periodically (query quarterly) in order to demonstrate the work undertaken through this process.</p> <p><b>NCISH Update Further to November 2015:</b></p> <p>An update around this important area was presented by an ED Consultant Emergency Physician. The action plan remains in development and will be presented at QSAG in May.</p> <p><b>Quality Review Visit Process Annual Evaluation:</b></p> <p>Through the calendar year of 2015 12 quality review visits were undertaken in line with the agreed QRV programme. The outcome of each of these was presented in tabula form with ratings set against each of the CQC domains for each visit.</p> <p>Evaluation of these visits has demonstrated that they are of great benefit to both the department visited, with actions required and lessons learned being taken forward by those departments, and also, the value to the visiting team. The latter have uniformly taken this responsibility seriously and are fully engaged in the process.</p> <p>Whilst the visits are time consuming in terms of preparation and demands on staff the benefits are significant. QSAG discussed the future of the programme bearing in mind the above points and a further plan will be brought back to the meeting regarding additional visits and repeat visits to areas already rated.</p> <p><b>Resolved: Report was accepted.</b></p>	

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6	<p><b>Routine Reporting / Themed Review Items</b></p> <p><b>6.1 NICE Compliance</b></p> <p>JO presented the NICE Compliance report.</p> <p>JO advised the meeting following a change of process which has led to a marked improvement in compliance.</p> <p>The meeting was informed by JO that the CCG had written to the Trust raising concerns regarding poor compliance of the implementation of NICE approved TAG's. JO explained that a new process for implementation of TAGs had been agreed between the Trust and CCG as follows. Following receipt of a NICE approved TAG the Medicine Management Group will approve the medicine in question to be added to the formulary to be used in line with NICE guidance. A business case will then be required from the appropriate directorate supporting the use of the medicine to be received and approved by C&amp;C and the CCG within a 3 month period. During this time the CCG will support the funding of the medicine. Assuming the BC for medicine is approved (and assuming it is to be used in line with NICE guidance, then it should be approved) confirmation of on-going support will be provided by the CCG. . Failure to adhere to the timescales may mean Directorates will have to fund the medicine themselves.</p> <p><b>6.2 External reviews registry report</b></p> <p>JC presented the above report.</p> <p>JC informed the meeting that since the last report to the group in August there have been 7 external reviews which have taken place and have been reported onto the Trust's Registry. The meeting noted that there were 5 external reviews waiting for the final report / formal outcome, 18 external reviews remaining open with actions in progress and 48 external reviews marked for completion and consideration of closure on the Registry.</p> <p>JC informed the meeting that there had been 4 changes to this report to improve the scrutiny and monitoring process. The Trust lead for each external review will be asked to RAG rate the outcome once the final report is received or immediately after the visit if no formal report is expected. An outcome report will be presented to the QSAG meeting 3 months after a visit. Actions following each visit will be captured centrally within Health Assure for consistent monthly reporting / monitoring at Directorate Governance via the Integrated Governance Report and finally QSAG to review and agree with external reviews may be proposed for closure by QGAC.</p> <p>JA queried <b>EV226</b> (Review of Cardiology Speciality Registrar Training) and asked JO if this was still red. JO confirmed that it was no longer red following an update in February. JC confirmed that this risk had now been re-registered as <b>EV246</b>.</p> <p>JC asked for the group to approve the closures and confirmed that QSAG had already discussed and approved for closure. After discussion it was agreed to approve the closures.</p> <p>JA expressed interest regarding the number of external reviews that is undertaken within the Trust. The meeting discussed the concerns around frequent inspection disruptions.</p> <p><b>6.3 Trust Clinical audit plan (progress and outcomes)</b></p> <p>JO presented the Trust Clinical audit plan.</p>	

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	<p>JO informed the meeting that as of the 2 March 2016, the Trust wide completion rate was 56% (248 out of 446) were completed against plan. The meeting noted that 91 audits (58 in Division 1 and 33 in Division 33) were abandoned with agreed rationale. JO to ask Mr Cherukuri for reason behind the abandoned audits.</p> <p><b>6.4 Health and Safety Assurance Report</b></p> <p>SH presented the Health &amp; Safety Assurance Report to the meeting.</p> <p>The meeting noted that incidents relating to Health &amp; Safety have reduced with the exception in Manual Handling Inanimate objects (+11%).</p> <p>SH reported that there were no red rated items.</p> <p>SH advised the meeting that in March a Health &amp; Safety Executive visit was undertaken. The main issue which arose from this visit was the request that the removal of non-safe stock of sharps is completed immediately. This resulted in a volume of stock currently being used up made obsolete.</p> <p><b>Resolved: All reports were accepted.</b></p>	JO
7	<p><b>Issues of Significance for Audit Committee –</b></p> <p>There are no issues to be escalated to the Audit Committee.</p> <p><b>Issues of Significance for Trust Board:-</b></p> <p><b>Integrated Quality and Performance Report February 2016</b></p> <ul style="list-style-type: none"> <li>• On-going concerns re cancer wait times for 62 day waits for screening and first treatments especially in Urology. Recruitment of additional consultant will help. Shortfall of expertise across region and delays in tertiary referrals from elsewhere are factors.</li> <li>• Deteriorating response to FFT. Inpatient and outpatient responses were uploaded together in error and are being corrected however this will expose a poor response rate from OPD.</li> <li>• Reduced number of falls but falls with harm increased. Continuing scrutiny and actions.</li> <li>• Noticeable decrease in C.diff. and MSSA incidents.</li> <li>• Catheter patients with UTIs increased. New drive to increase early TWOC and reduce the number of patients discharged from RWT with a catheter.</li> <li>• Increase in complaints compared with same period last year. Still 9 without consent to breach. New complaints policy with enhanced training for staff soon to be launched.</li> <li>• Radiation incidents lowest in month for some time.</li> <li>• New safeguarding report with increased granularity and hence understanding.</li> <li>• CCG have launched a health and social care group to enhance pressure ulcer prevention for Wolverhampton</li> <li>• Active recruitment of midwives to deal with extra births expected from Walsall. Midwife to birth ration still slightly within target.</li> <li>• Sickness absence well above target.</li> </ul>	



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	<p><b>Board Assurance Frame work and Trust Risk Register</b></p> <ul style="list-style-type: none"> <li>• Still concerns re format of BAF and TRR with on-going debate as to how best to present. Agreed that current version will continue until Trust’s Governance review with on-going work to later produce a better alignment of strategic objectives and risks.</li> <li>• Three red risks on BAF on-going, reflecting the national picture of staff shortages and financial squeeze in the NHS.</li> <li>• Concerns re last recorded review of SR10 was several months ago.</li> <li>• Of TRR red risks two relate to staffing levels across the divisions. Active recruitment continues but slow progress with arrivals from the Philippines. Third red risk relates to problems with supply chain of Baxter compatible IV administration sets.</li> <li>• TR 2486 Concern about 7 day cover especially for weekend service to children with diabetes. To be explored.</li> <li>• TR4243 Not updated</li> </ul> <p><b>Patient Safety Improvement Group (February 2016)</b></p> <ul style="list-style-type: none"> <li>• On-going concerns affecting ward performance around staffing levels. (Risks on BAF and TRR). Reflected in increase in late observations.</li> <li>• Risks with low probability but catastrophic outcomes to be reviewed at PSIG ( Patient Safety and Risk reporting policy OP 10) as they may score less than the trigger for review</li> <li>• Organ Donation report indicated no donations in last 6 months. National opt out scheme strongly supported.</li> <li>• National shortage of BCG vaccine continues with temporary solution being implemented by extending expiry date of currently held vaccines. (Concerns re efficacy presumably addressed by NHS England)</li> <li>• Continuing work on Medicine safety particularly around discharge medication.</li> </ul> <p><b>Quality Standards Action Group (February 2016)</b></p> <ul style="list-style-type: none"> <li>• Several reports to QSAG were also presented to QGAC (see below)</li> <li>• NCISH action plan considering safe environments for patients with mental health issues linking with external agencies in progress. Good work being done and NCISH will be part of mandatory training.</li> <li>• Quality review visits beneficial and on-going with sufficient recruitment to continue.</li> </ul> <p><b>NICE Compliance</b></p> <ul style="list-style-type: none"> <li>• CCGs concerned re poor compliance with implementation of TAGs (mostly biologics). New more efficient implementation policy from February. MMG to add all NICE guidance approved medicines to formulary. If time scales not adhered to Directorates will have to fund. Catch up programme largely complete (of 76, 49 met deadline, 23 submitted late and 4 outstanding). See above section 6.</li> </ul> <p><b>External reviews registry report</b></p> <ul style="list-style-type: none"> <li>• 7 new reviews in last 6 months.</li> <li>• 50 presented to QGAC which have been completed recommendations and closed by QSAG.</li> <li>• 18 still open and 5 others ready for closure.</li> <li>• Trust lead for each external review will RAG rate findings</li> <li>• Plans for swifter review process in place.</li> <li>• 2 red RAG rated. Cardiology training concerns addressed. CQC action plan in plan. Rating challenged—still awaiting response</li> </ul>	

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	<p><b>Trust Clinical audit plan (progress and outcomes) to include National Audits</b></p> <ul style="list-style-type: none"> <li>• For March 56% completed against plan, 91 abandoned with reason given</li> <li>• 78 national audits for 15/16 55% completed</li> <li>• 78% of directorate NICE audits demonstrate full or almost full compliance</li> <li>• Actions for low performing directorates</li> <li>• Incomplete audits roll over into next year's plan for early completion.</li> <li>• Suggest Winner of Audit prize (Presentation day held quarterly) comes to present at Trust Board at agreed intervals especially if related to service improvement.</li> </ul> <p><b>Health &amp; Safety Assurance Report</b></p> <ul style="list-style-type: none"> <li>• H&amp;S incidents reduced except in Manual Handling Inanimate objects (+11%). Largely positive report.</li> <li>• No Red rated items.</li> <li>• Concerns re Construction Design Management—re no formal process for contractor selection</li> <li>• HSE visit re Safer Sharps asked for removal of non-safe stock immediately resulting in a volume of stock being used up made obsolete.</li> <li>• STF incidents reduced but Trust High claims highlighted and review to be undertaken to identify common themes.</li> <li>• Bariatric manual handling and Tenants' H&amp;S responses awaited.</li> </ul>	
8	<p><b>Evaluation of Meeting – ALL</b></p> <p>The meeting overran by 20 minutes due to an in-depth discussions on the Integrated Quality and Performance Report.</p>	
9	<p><b>Any Other Business – ALL</b></p> <p>There was no other business to discuss.</p>	
10	<p><b><u>Date and time of Next Meeting:</u></b></p> <p><b>Wednesday 20 April 2016 1pm, Boardroom, Building 12 – Please note this is the annual Joint Audit and QGAC Meeting.</b></p>	

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COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
6.3	<b>Trust Clinical audit plan (progress and outcomes)</b> JO to ask Mr Cherukuri for reason behind the abandoned audits.	JO	23.03.16	20.04.16	
4.2	JA asked for a start date to be added to the BAF register.	MA	24.02.16	<del>23.03.16</del> 20.04.16	It was noted that most of the BAF had dates of origin. JA asked for the dates of origin to be added to the remaining BAF and the TRR
4.2	RE raised a concern regarding <b>risk 535</b> If the Trust fails to achieve reductions in Healthcare Associated Infections then this will directly impact on the Trust's NHS reputation. After discussion, it was agreed that GN would speak to CE and feedback at the next meeting.	GN	24.02.16	<del>23.03.16</del> 20.04.16	The meeting noted that the figures were much lower in February. It was agreed to bring back to April's meeting
2	DH offered to revisit the dashboard to ascertain if other Trusts in the region were reporting anything different on their dashboards.  The meeting agreed to go back to the Obstetrics Department and ask for more descriptors to be added to the dashboard regarding unexpected term babies receiving level 3 care.	D Hickman  CE	25.11.15  25.11.15	<del>20.01.16</del>  18.05.16  <del>20.01.16</del>  18.05.16	CE reported that Obstetrics is being reviewed with the CCG currently and any changes will be implemented in the new financial year. <b>Bring forward to 18 May 2016 for follow up.</b>  CE reported Obstetrics are now working with the CCG to see what they would like to have reported. <b>This action is on-going and will be reviewed at the May meeting</b>

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Closed Agenda Items – To be removed at the next meeting

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
4.1	The meeting noted the significant decrease in C-sections for January. JA mentioned that there was only one good description for the unexpected term babies to Neo Natal unit (level 3 care). GN to take JA's comments back about the lack of information around admittance on the unit	GN	24.02.16	23.03.16	This item is now closed. However, this will be monitored
4.2	<b>SR12</b> – That the retention and development costs of staff are unaffordable – this is to be changed to the Chief Operating Officer	MA	24.02.16	23.03.16	Completed - close
4.2	The meeting discussed SR1 and the Committee recommend that SR1 should be RED as 3 of 4 risk origins red, which takes number to 3 red on BAF.	MA	24.02.16	23.03.16	Completed - close
4.2	RE mentioned that she will be submitting a number of suggestions to improve the report has she still cannot get assurances from the BAF report.	RE	24.02.16	23.03.16	RE informed the meeting that herself, Roger Dunshea, Maria Arthur & Cheryl Etches had met after the last meeting and it had been agreed to leave at the current set-up.
4.1	GN to speak to the CCG to ascertain if a letter has been sent to the GP's regarding admitting / referring patients to the Trust in an emergency capacity.	GN JP	20.01.16	<del>24.02.16</del> 23.03.16	After discussion it was agreed that JP would e-mail Helen to ascertain if the letter had been sent. JP confirmed that he had contacted Helen, who confirmed that a letter and flow chart would be circulated this week.
4.2	MA to change BAF SR12 to COO	MA	20.01.16	<del>24.02.16</del> 23.03.16	MA confirmed that this would be completed in readiness for March's meeting. Completed - Close