

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 30 June 2011**  
**Room D, Education Centre, Princess Royal Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Dr J Davies	Chair
	Mr M Beardwell	Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs T Cookson	Chief Operating Officer (COO)
	Dr A Fraser	Medical Director (MD)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Mr N Nisbet	Finance Director (FD)
	Mrs D Vogler	Director of Strategy (DoS)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
<b>In attendance</b>	Mrs B Graham	Committee Secretary
	Mr M Cheetham	Value Stream : Scheduled Care (Add in David Heath)
	Mr D Heath	Project Manager – Continuous Improvement
	Ms B Peacock	Chantrey Vellacott DFK LLP
	Mr V Benson	Chantrey Vellacott DFK LLP
<b>Apologies:</b>	Mr D Jones	Non Executive Director (NED)

- 2011.1/79 WELCOME**  
The Chairman welcomed everyone to the meeting including Mark Cheetham and David Heath for the presentation on Productive Operating Theatre project. He also welcomed Beverly Peacock and Victor Benson from Chantrey Vellacott DFK LLP attending for the Board Development item.
- 2011.1/80 CHAIRMAN'S AWARD** – Sister Fearnall had nominated Jane Jeffries, Domestic Assistant on Ward 12 PRH for the Chairman's Award. The DQS read out the citation and said that Jane takes pride in her work and since she commenced on the ward, staff and patients have commented on the improvements in cleanliness and tidiness. The DQS was proud to support this award as Jane's nomination showed that she is a vital part of a team that values the contribution of all their members.
- 2011.1/81 DECLARATION OF INTEREST** by members in relation to any matters on the agenda : None.
- 2011.1/82.1 MINUTES OF THE MEETING HELD IN PUBLIC** on 26 May 2011 were **APPROVED**.
- 2011.1/82.2 MINUTES OF THE SPECIAL BOARD MEETING HELD IN PUBLIC** on 9 June 2011 were **APPROVED**.

**MATTERS ARISING FROM THE MEETING HELD ON 26 MAY 2011**

<b>(05.4)</b>	<b>Urgent Care Network</b> – Item on the agenda.
<b>(20.1)</b>	<b>Foundation Trust Update</b> – The Tripartite Agreement had not yet been formally signed off by the DoH but this is now expected to take place in August following a visit by Ian Dalton, MD of Provider Development at DoH. When signed the agreement will be brought back to the Board. It was noted that although the DoH is still aiming for all Trusts to become FTs by March 2013 some flexibility on timelines is likely to be introduced as a part of the revisions to the Health & Social Care Bill. <b>Action: DCRM.</b>

**MATTERS ARISING (Continued)**

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Chairman  
28 July 2011

(61.1)	<b>Quality Report</b> – Item on the agenda. <ul style="list-style-type: none"> <li>▪ “Protected meal times” the DQS said that HEC is committed to resolving the issue and the protocols will be presented to HEC by September. <b>Action: DQS.</b></li> <li>▪ “Ward Handovers” have been included in the list of items identified for improvement and as part of the Q&amp;S Committee’s activities a number of patient handovers have been observed. Item concluded.</li> </ul>
(61.2)	<b>Annual Inpatient Survey</b> – Item on the agenda.
(61.3)	<b>National Inquiries and External Reports</b> – Report to be brought back in September 2011. <b>Action: DQS.</b>
(61.4)	<b>HSMR Update</b> – Item on the agenda.
(61.6)	<b>FCHS Update</b> – Item on the agenda. It was additionally reported that an Ambulance Group had been established to include both West Midlands Ambulance Service and Welsh Ambulance Service, working with BT to make sure the right response is received from the right service. A further development is extended to first responders and to have one advanced paramedic in county. A formal Memorandum of Understanding is being prepared between the two Ambulance Services ensuring that the right care is available to the right address as quickly as possible - regardless of which Service is providing the ambulance. The Control Rooms will be joined together so that a Welsh Ambulance could respond to an English patient and vice versa. A meeting has been organised with elected representatives from Mid Wales to discuss these matters further. It is intended that the new arrangements will be communicated to members of the general public and GPs following a further meeting of the Group in September. Item concluded
(62.2)	<b>Performance Report M1</b> – Item on the agenda
(62.3)	<b>Capital Expenditure Review 2011/12</b> – Item on the agenda as a part of the Finance Update.
(63.1)	<b>Risk Management Executive Committee</b> – Item concluded

**MATTERS ARISING FROM THE MEETING HELD ON 9 JUNE 2011**

- (73) **Statement of Internal Control** – Item concluded  
(74) **Annual Report & Summary Finance Statements** – To be presented in July. **Action: FD.**  
(75) **Quality Account** – Item on the agenda.

**2011.1/83.1 CHAIRMAN’S REPORT**

The Chairman said he had recently attended two FT Network meetings and that they had mainly focused on the proposed revisions to the Health & Social Care Bill and how they are likely to affect the Trust’s FT application. It was noted that the proposed revisions will bring some positive changes to the governance of the commissioning consortia but that there are also some significant negatives. In particular, he commented that there was a potential conflict in the proposed role of Monitor as both a price setter and a supporter of FTs and that it appeared that it would be more difficult to reconfiguration services. Also, the revisions to the Bill substantially reduce the role of the private sector and there is no provision for failure or access to capital at economic rates. From SaTH’s point of view the relaxation of the deadline for gaining FT status is a positive.

The Chairman reported that the new Community Trust had now been formally approved and will hold its first official Board Meeting next week. He noted that the Community Trust Chairman is being very supportive of SaTH’s plans to establish two discharge wards which would be operated by the Community Trust.

The two PCTs continue to still operate as independent Boards, notwithstanding the fact that they have merged operationally and are part of the West Mercia PCT Cluster. This is causing some confusion for the Trust and the Chairman plans to meet with the two PCT Chairs in order to clarify the situation and establish a common understanding around current concerns and actions.

## 2011.1/84.2 CHIEF EXECUTIVE'S REPORT

The CEO briefed the Board on the Leading Improvements in Patient Safety (LIPS) programme designed by the Institute of Improvement and Innovation. . . . A LIPS event was held at the Trust during the week of June 13<sup>th</sup> involving some 120 clinicians, physiotherapists, nurses and operating department practitioners, and was based around 11 safety themes in key areas where we need to make improvements. Participants demonstrated a very high degree of enthusiasm for the programme and specifically on what they could do to make improvements. The Trust now has 120 people actively working to implement these improvements. The DQS is leading the programme of work.

In response to questions, the CEO assured the Board that the LIPS event was held completely "site" blind. The DQS observed that key projects were also included in the Quality Account and, in order to maintain momentum, the teams will report back on a monthly basis. Dr Vernon (NED) said he would like to see this followed up through the Q&S Committee. The Chairman also requested that the outcomes from the various projects be presented to the Board in three months time. **Action: DQS - Oct.**

The CEO emphasised that LIPS is about making small tests of change on a daily basis, measuring and auditing the results, and then re-measuring.

## 2011.1/83 QUALITY AND SAFETY

### 83.1 THE PRODUCTIVE OPERATING THEATRE PROJECT (Mark Cheetham & David Heath attended)

Mr Cheetham, Consultant Colorectal Surgeon and Scheduled Care Value Stream Lead, made a PowerPoint presentation (*slides attached to the minutes*) on the Productive Theatre Project. He pointed out that there are real opportunities to improve productivity of theatre in the Trust and he wanted to achieve at least 85% theatre utilisation by March 2012, in line with performance at other Trusts.

The Productive Theatre Project involves a set of improvements designed by the Institute for Improvement and Innovation. The Project has four domains:

- improving the patient experience and outcome;
- improving team performance and staff wellbeing;
- improving safety and reliability of care
- improving value and efficiency.

This project started over a year ago but stalled due to lack of clinical engagement. It was relaunched in April 2011 and David Heath will manage the project on the RSH site and Dawn Sculley on PRH site. Following the inaugural workshop a number of initiatives have been implemented: routinely measuring patients body temperatures after surgery to reduce wound infections; improving start times with a "live" display of individual performance in (5% improvement achieved to date), and fully embedding the MPSA "time out" procedure to verbally check and confirm the plan for the procedure. The next phase will be to link with the safety improvements from LIPS. There are now Productive Theatre champions in place in Anaesthetics, Surgery, Nursing, HCA and ODPs. A Human Factor Workshop is scheduled on 8 July to look at improving outcomes. A Team Work module is to be launched on 22 July and a Scheduling Module is planned for September. Mr Cheetham said that he is confident that the Project will lead to significant gains in safety, quality of care, productivity and staff morale.

Mr Cheetham noted the following :

- RSH achieved 85% theatre utilisation in April and he expected to achieve the same level of efficiency at PRH by the end of the year.
- It is planned to operate an extended the theatre working day from 8 am to 8 pm.
- There is a formal mechanism to drive these changes through.
- Barriers between sites are being broken.

## THE PRODUCTIVE OPERATING THEATRE PROJECT (Continued)

Mr Cheetham thanked the DQS and COO for their support. The Board was impressed with the progress being made on this project and thanked Mr Cheetham. The Board **APPROVED** the future direction of the project and asked for a further report to the Board in six months time.

**Action: M Cheetham/COO – Jan 2012.**

### 83.2 URGENT CARE NETWORK UPDATE

The Chief Operating Officer (COO) reported that Bill Gowans, Deputy Chair of the Shropshire GP Consortium, had led 3 Workshops involving some 40 people and that an Urgent Care Plan is starting to emerge for the local health economy. A new Urgent Care Network Board has been set up to take forward the plan and to make decisions regarding its implementation by the end of July. The COO and Kevin Eardley are representing the Trust on the Network Board. The first meeting of the Network Board is expected to sign off a set of pathways for patients but independent of this, SaTH is implementing an internal plan to deal with delayed transfers of care.

Dr Walford (NED) asked if the COO could confirm that the Plan involved appropriate risk sharing between SaTH and other organisations and that there would be proper co-ordination of escalation plans by September, as last year SaTH had been very unhappy with the escalation plans. The COO said she was not yet in a position to confirm these points but would follow them up at the next meeting. Following discussion the Board requested :

- The Escalation Plan to be presented to the Board in September to sign off formally.  
**Action: COO.**
- A summary to be provided which details the significant differences from last year's Plan and which will identify early warnings of stress in the system and make the system run more smoothly.  
**Action: COO.**

### 83.3 QUALITY ACCOUNT 2010/11 SIGN OFF

The Director of Quality & Safety (DQS) **TABLED** the revised Quality Account and noted that all comments received following the presentation to the Board meeting on 9 June had been incorporated. The Medical Director confirmed that appropriate consents had been obtained for use of the images contained in the Quality Account.

The Chair said it was important to get the best value out of this document and requested that an executive summary be prepared which could be used for wide circulation to stakeholders. **Action: DQS.**

The Board **NOTED** the revisions to the Quality Account and **CONFIRMED** that to the best of their knowledge and belief the requirements set out in the "Statement of Directors' Responsibilities" in respect of the Quality Account; have been complied with. The Board **APPROVED** the Quality Account for 2010/11.

**CQC REPORT AND ACTION PLAN**

The DQS introduced the report which provided a formal briefing on the Care Quality Commission's published report on their visit to RSH at the end of March 2011. The visit was part of the CQC's national programme of visits to 100 Trusts. The CQC Team assessed two wards at RSH against two CQC essential standards of care relating to dignity and nutrition: (1) respecting and involving people who use services and (2) meeting nutritional needs. They found that RSH was meeting the essential standards but they suggested some minor improvements to ensure that standards are maintained. An action plan to make implement these improvements was sent to the CQC within the required 5 days.

Mr Beardwell (NED) said that he was satisfied that the privacy and nutritional issues would be adequately dealt with and monitored through the Quality & Safety Committee. However, he referred to a statement from one patient about a lack of explanation about his transfer to another ward and asked for clarification. The DQS said that a number of patients need to be moved more than once and there is a need to work through patient flow. She felt that most staff ensure that patients understand why a move is needed – but this point together with any medication change has been highlighted in the action plan.

The Board **NOTED** the findings of the report and **APPROVED** the action plan.

**ANNUAL INPATIENT SURVEY**

The DQS introduced the report which provided an overview of the key findings from the 2010 National Inpatient Survey which was published on 21 April 2011 based on a survey conducted amongst patients who were in hospital during August 2010. There were 444 responders which provided a "snapshot" of what patients thought of the care and services they received. It also provides a useful benchmark comparison with other Trusts. The DQS noted that this information together with the findings of the quarterly postal survey and inpatient ward audits have been joined together to identify some clear recurring themes and which will be the focus of our attention.

The next step will be to share the results of the surveys with staff; and develop a Trust-wide improvement plan. There will be ownership and implementation of the improvement plans within Centres and progress will be monitored through the Patient Experience Board and the Quality & Safety Committee. It was noted that the first meeting of the Patient Experience Board will be held in July.

The CEO discounted the use of benchmarking and said that some of the issues raised by the survey pointed to simply having enough time to care. The Trust had undertaken a staffing review and had appointed an additional 70 nurses to ensure appropriate base line nurse to patient ratio.

Dr Vernon (NED) referred to the seven key areas for development in the report and asked if they were part of a LIPS programme. The DQS said the LIPS Programme covered a wide agenda and involved a lot of actions to improve communications and core values and skills to be caring and support patients. She pointed out that there is a lot of work to do with individual teams and part of this will include "walk arounds" and independent reviews by CiNCH and LINK around staff attitudes.

The point was made that this not only related to nursing staff but also medical staff. The CEO said that the new junior doctors intake starts in August and that a training session has been planned to focus on communications with patients and their relatives.

The Chair said that the Board regarded improvements in caring for patients as an absolute essential and that the Board would continue to monitor patient satisfaction surveys.

The Board **NOTED** the findings of this report.

The Director of Compliance and Risk Management (DCRM) introduced the report and noted that this had already been discussed at the April Board meeting in the private session. The Listening into Action (LIA) programme will be the key element to more effectively engaging with staff in decisions that affect them and the services they provide. Another key element will be the Health & Wellbeing programme.

Dr Walford (NED) said he was depressed to note the number of staff who considered that their role does not make a difference to the care of patients. He felt that this view was down to skills and leadership. The CEO said the results of this survey were not good enough and he said there is a need to make fundamental changes from top to bottom. Of the organisation he intended to put a proposition forward in the private session in terms of engaging with staff and if the proposition was embraced he felt this situation could be turned around quite quickly.

It was noted that the next Staff Survey is scheduled for September 2011 but there is a need to find ways to understand on a more regular basis how staff perceive their role and responsibilities in the organisation. Dr Vernon (NED) pointed out that the organisation was going through a difficult reconfiguration process as well as being in middle of a major staff reorganisation so that it was no great surprise that morale was low. Following discussion, it was agreed that from September we should start to take regular internal soundings around key areas and for Centre Chiefs and Executive Team to be responsible for monitoring performance. The Chairman further suggested that members of staff should be involved in developing the improvement programmes.

The Board agreed that the results of the survey were wholly unsatisfactory but recognised that we are in a difficult place at the present time and there is a need to move forward. The Trust Board **NOTED** the contents of the paper and **AGREED** the action plans.

2011.1/84

**PERFORMANCE**

84.1

**FINANCE UPDATE**

The Finance Director (FD) reminded members that at the last Board meeting he had presented a paper which forecast a deficit of £10.5 million for 2011/12. Since that time a considerable number of changes have been introduced so that the Trust is now able to forecast a financial balance in 2011/12.

- (1) Through SHA External Funding £6.5 million (non recurrent transition funding) will be provided but this comes with certain conditions i.e. a need to demonstrate a recurrent balance by the end of the financial year and to demonstrate that we are achieving the key performance targets. It will be necessary to perform in both areas to demonstrate that we are a viable organisation. The details of the revised forecast will be presented to the SHA and it is intended that they will take a recommendation to their July Board for formal approval of the £6.5 million external funding.
- (2) The 2011/12 contract has now been signed with the 2 PCTs. This is an activity based contract which provides for increased activity to deliver improved waiting list performance and eliminate the number of excess patients on the Pending List. The local PCTs estimate the value of activity to be £3 million whereas the Trust believes the real value of activity to be £5.7 million. Agreement has been reached with the PCTs that funding amounting to £1.5 million will be made available in respect of the PCTs estimated activity levels and that full tariff will be paid for activity that exceeds those levels. The Trust therefore expects to receive income in 2011/12 in respect of Waiting List and Pending activity amounting to £4.2 million. The FD noted that this is a calculated risk but he does not believe that the Trust is 70% wrong in its assessment.
- (3) A series of activities is also being put in place to deliver cost savings to establish a recurrent balance by year end. Planned development positions have been reduced by 20% and a further 10% deferred. Also, it is planned to transfer 2 wards to PCT/Community Trust and to close 2 more wards during the year. Improved theatre productivity and a range of other initiatives identified by PricewaterhouseCoopers will also contribute.

## 84.1 FINANCE UPDATE (Continued)

The FD said that he is confident that we now have a deliverable and credible budget for 2011/12, although it is not without some risk and to demonstrate the risk he presented best and worst case scenarios. The best case scenario, to which he assigned a 10% probability, indicated a year-end surplus of £2.5 million and the worst case scenario with a 30% probability indicated a year-end deficit of £5.2 million.

**Month 2 Financial Position** showed an overspend of £189k particularly in "Pay" costs. Whilst the total number of people employed in the Trust was below budget, the increased proportion of agency staff produced an overspend, primarily in medical staffing. Revised working practices are being established to improve control of agency appointments. An analysis of pay overspend by Division showed that Division 1 is the main contributor to the overspend.

**Cash Position** – The Board had long discussions last month about the Trust's cash position and its ability to fund the Capital Programme. It was confirmed that the revised budget proposal eliminates the need for "creditor smoothing" as a planned strategy and means that the capital programme can go ahead as proposed last month.

The Chairman commended the FD for coming up with a realistic and practical plan but asked the FD to identify where he felt the major risks were. The FD highlighted the risks as follows :

- i) CIP delivery and, in particular, the ward closures;
- ii) Margins of success and failure are relatively small and as a result, from 1<sup>st</sup> July each Centre is being asked to detail savings on a monthly basis.

Mr Simms (NED) said that the FD had done a splendid job and there was a degree of transparency. He acknowledged that it is "work in progress" and there is a baseline to follow with great interest. He was also pleased to note that there was a clear alignment between finance and operations.

The Board **APPROVED** the revised budget forecast and noted the actions being taken to deliver a balance recurrent position at year end. The Board also **NOTED** the Month 2 position.

## 84.2 PERFORMANCE REPORT

The Performance Report for Month 2 was presented. The following headline measures were assessed by the Directors responsible :

- A1 : Develop and implement a sustainable clinical strategy – status RED; forecast RED
- A3 : Increase surpluses to reinvest in quality and innovation – status RED; forecast RED
- A4 : Maximise the productivity and efficiency of our services – status AMBER; forecast GREEN.
- A5 : Eliminate waste and non value adding processes – status RED; forecast RED
- B9 : Reflect Commissioner's plans in our capacity plans and deliver contractual commitments – status RED; forecast GREEN.
- C3 : Provide the Right Care, Right Time, Right Place and Right Professional - status RED; forecast GREEN
- C4 : Deliver services that offer safer evidence-based practice – status RED; forecast GREEN
- C6 : Ensure our patients suffer no avoidable harm – status RED; forecast AMBER.

Further comments were as follows:

**B9:** The FD said there were a number of areas where we are not hitting the national targets. The A&E 4 hour target is a particular problem. The CEO said this was not acceptable and he proposed to take the Board through a proposal in private session to correct the situation. Dr Walford (NED) said he expected the 62 day referral for cancer is a handful of patients and expected that this could be solved fairly easily.

**C3:** The COO advised that the Health Economy Plan is for no more than 26 delayed patient transfers by September. The number has reduced currently to 40-45, but the number of Powys patients was not decreasing. Establishing delayed transfer wards will make a difference. Discharge times are being monitored so that beds can be released early in the day. The challenge is ward leadership and the link between nursing and medical staff.

**C4:** The MD reported on HSMR/crude numbers of deaths and VTE compliance.

- HSMR combined rate had dropped below 100 for the first time since 2008 and is continuing on a downward trend (94.7 in the month). The rebased HSMR is currently at 114 and is expected to flatten out at 108 with better coding practice. Any further change will be down to improving quality of care and we expect through the LIPS programme to start to address these aspects. The crude number of deaths has lowered by 4% compared with the same time last year. The in-year target is a 10% reduction.
- VTE – the rollout of VTE on the Vitalpac system has been completed on both sites. In the last 2 months we achieved 43% compliance. The use of Vitalpac started on 7 May at PRH and 1 June at RSH. Since that time a “snapshot” of one day revealed that the Trust achieved 71.9%.

The MD updated the Board on the results of the exercise in which 100 case files had been coded on each site. It showed that RSH coders were generally more accurate and had greater competency than PRH coders. It is now planned to merge the two teams of coders and exchange coders between the two sites.

**C6:** The DQS reported that the number of Serious Incidents had fallen to 16 in May. Falls continue to show AMBER status with 5 RIDDOR cases. Infection Control has gone to AMBER due to C difficile cases rising to 10 (trajectory was 9). Dr O'Neill DIPIC is clear that it is due to Antibiotic use rather than cross infection but work will continue.

The Board **NOTED** the performance in Month 2.

2011.1/85

**STRATEGY**

85.1

**FUTURE CONFIGURATION OF HOSPITAL SERVICES (FCHS) UPDATE**

The Director of Strategy introduced the paper which provided an update on the FCHS programme. The Trust continues to develop the Outline Business Case – the non financial appraisal has been completed and the financial appraisal is being worked on. The following key activities were noted :

- A meeting with the SHA is due on 11 July and the next version of the OBC will be submitted next week
- We are engaging with PCTs informally;
- We have met with Office for Government Commerce and we have gone through the first gateway and rated us AMBER.

As the SHA does not meet in August it is planned to take the final version of the OBC in September therefore to be formally presented to SaTH Trust Board in August. The DoS advised that following feedback from the SHA the COO commissioned a piece of work to provide evidence of bed reductions.

On a question relating to the commitment from the Ambulance Services, the CEO said that the public need to be assured that reconfiguration makes the position no worse than before and he expected the Ambulance Services to confirm this.

The Board **NOTED** the progress on the FCHS programme and **NOTED** the revised timescale for submission of the OBC.

**CANCER AND HAEMATOLOGY FULL BUSINESS CASE**

The DCRM introduced the Cancer and Haematology Full Business Case (FBC) and apologised for the late circulation of the paper due to delays in receiving the Guaranteed Maximum Price (GMP) from the contractors.

The Board was briefed on the history of the project which started 7 years ago with fundraising from various organisations. Since then the Lingen Davies Cancer Relief Charity and three other charities have raised a total of £4.8 million. The GMP is £4,862,190 and the scheme is 100% funded from charitable funds. Lingen Davies Charity has undertaken to provide a reserve of £90k should there be any shortfall in the final cost.

The new unit is a modern purpose built facility which replaces units which are currently spread over several different parts of the hospital in cramped and unsatisfactory conditions. The DCRM noted that the actual number of outpatient rooms should be 4 and 8 not 3 and 7.

The Chair noted that the GMP would only be valid if there were no scope changes during the project and that this would require strong project management. He asked that progress be monitored through the F&P Committee.

Dr Walford (NED) pointed out that there were no detailed revenue costs shown in the FBC and questioned whether or not it was actually revenue neutral and, in particular, whether the ongoing costs associated with the vacated areas had been recognised. The DCRM stressed that there would be no increase in staff numbers and she assured the Board that the project will not attract capital charges.

Dr Walford (NED) remained sceptical about the stated cost neutrality of the project and the CEO agreed that the FBC, as presented, was incomplete. However, he was satisfied that the FBC was consistent with the OBC presented in October 2010.

Mr Simms (NED) said there was a governance issue and he felt that the decision to approve the FBC should be deferred. Following further discussion, the Board **APPROVED** the Full Business Case as presented **SUBJECT** to the Executive Team providing the full Board with details of all costs associated with the project and being able to demonstrate that it is revenue neutral. **Action: EDs.**

The Chair on behalf of the Board thanked all the Charities who had been involved in raising funds for this project and, in particular, the members of the public for the continued support and generosity.

**BOARD DEVELOPMENT PLAN**

The DCRM introduced the paper and advised that one of the requirements of FT applicants is to be able to demonstrate to Monitor that the Board has the capacity and capability, understanding of the business issues and sound governance in order to operate as an independent public organisation. The Chair and CEO have interviewed a number of organisations and have selected Chantry Vellacott to work with the Board on this project.

A 3-stage programme was proposed:

1. Board Capability and Capacity (June – October 2011)
2. Understanding the Business (October 2011 – March 2013)
3. Compliance requirements (March 2013 to authorisation) The programme will commence immediately with initial questionnaires and interviews with each of the Directors, and a feedback session following the August Board meeting. This will be followed by a half day Workshop early in September.

In addition, Chantry Vellacott will critically review Board papers for May and June.

**BOARD DEVELOPMENT PLAN (Continued)**

Dr Vernon (NED) asked if the Workshop could deal with “real” issues relevant to the Board. There was also some concern as to whether it was appropriate to hold these sessions immediately after lengthy Trust Board meetings. The Chair recognised this concern and committed to try to slim down the Board agenda to accommodate the sessions. **Action: Chair.**

The Board **AGREED** the proposed programme and **NOTED** this may need to be adapted to changing circumstances.

## 2011.1/86 GOVERNANCE

### 86.1 EQUALITY ACT 2010 AND THE NHS EQUALITY DELIVERY SYSTEM (EDS)

The DQS introduced the paper and set out the Employment Law Context. It was noted that the Equality Act came into effect on 1 October 2010 and the actions that SaTH is required to undertake. Mr Beardwell (NED) welcomed this approach particularly with the view on the age issue where people do not necessarily receive the access they require.

The Board **APPROVED** the recommendation that the Director of Quality & Safety & Chief Nurse acts as Executive Lead for EDS implementation and **APPROVED** the recommendation that SaTH adopts the Quality Delivery System from 1 April 2011 with a view to incorporating it into existing systems and structures and publishing Equality Objectives by April 2012.

## 2011.1/87 POLICIES FOR CONSIDERATION/APPROVAL

### 87.1 HR38 MANAGEMENT OF ORGANISATIONAL CHANGE

The Board **APPROVED** HR38 Management of Organisational change. The policy sets out guidance for the management of change where job security is and is not at risk. New wording has been negotiated with Staff side and reflects a change in protection of pay to 3 years.

## 2011.1/88 OUTCOME SUMMARIES FROM COMMITTEES

**Finance & Performance Committee – 24 May 2011 received and noted.**

Mr Simms (NED) said the meeting is taking far too long but the format is improving. Emphasis was on reports from the FD and COO. Issue relating to payroll costs were debated.

**Clinical Quality & Safety Committee – 19 May 2011 received and noted.**

Dr Vernon (NED) said that the Committee had settled down. It had taken a decision to focus on some key issues e.g. HSMR, pressure sores and patient falls. Committee members are making a big effort to get around the hospital sites before each meeting to talk to patients and staff. The DQS said as confirmed earlier, as part of the Q&S Committee, NEDs observed “patient handovers”.

The Chair said that the Board will continue to monitor these two Committees on a regular basis as there is a need for short-term gains and establish sustainability.

## 2011.1/89 ANY OTHER BUSINESS

### 89.1 SECURITY

Mr Simms (NED) said he meets regular with John Simpson, Head of Security, and the last meeting left him wondering if security had a high enough profile within the Trust. The DCRM confirmed that the CCTV item was on the Risk Register and was part of the Capital Programme but due to the cash constraints it was one of the items that had been deferred. She understood that the Head of Estates was looking at other options available to come forward later in the year. Discussions were being held with the League of Friends to see whether they would consider joining forces to provide monitoring services in a single place. Next week Executives will consider improving the guarding element i.e. increasing from 1.5 to 2 guards on each site. He also added that he was happy to look at the number of security incidents affecting staff. **Action: CEO.**

2011.1/90      **QUESTIONS FROM THE FLOOR**

**Mrs Caroline Bond** said that the Staff Survey results were very concerning.  
The Chair said that the Board fully recognises that the Survey results are unsatisfactory but that he was optimistic that the LIPS and LiA programmes will lead to significant improvements.

2011.1/91      **DATE OF NEXT MEETINGS :**  
Thursday 28 July 2011 at 9.30 am in Seminar Rooms 1 & 2 SECC, RSH.

The meeting then closed.

**UNRESOLVED ITEMS FROM TRUST BOARD MEETING HELD IN PUBLIC ON 30 JUNE 2011**

Item	Issue	ACTION LIST
20.1	<b>Foundation Trust Update</b> Tripartite Agreement – final version to be brought back to the Board for formal sign off by DoH. Some flexibility on timelines is likely to be introduced as a part of the revisions to the Health & Social Care Bill.	DCRM – Aug 2011
61.1	<b>Quality Report</b> <b>Protected Meal Times</b> – HEC is committed to resolving this issue and protocols will be presented to HEC by September.	DQS – Sep 2011
61.3	<b>National Inquiries and External Reports</b> Report to be brought back in September 2011.	DQS – Sep 2011
74	<b>Annual Report &amp; Summary Finance Statements</b> – To be presented in July.	FD – Jul 2011
83.1	<b>Productive Operating Theatre Project</b> The Board approved the future direction of the project and requested a further report in 6 months time..	M Cheetham Jan 12
83.2	<b>Urgent Care Network Update</b> <ul style="list-style-type: none"> <li>▪ An Escalation Plan to be presented to the Board in September to sign off formally.</li> <li>▪ A summary to be provided which details significant differences from last year's Plan and which will identify early warnings of stresses in the system and make the system run more smoothly.</li> </ul>	COO – Sep 11  COO
83.3	<b>Quality Account 2010/11</b> To get best value out of this document the Board requested an executive summary be prepared which could be used for wide circulation to stakeholders.	DQS
85.2	<b>Cancer &amp; Haematology FBC</b> Following further discussion, the Board <b>APPROVED</b> the Full Business Case as presented <b>SUBJECT</b> to the Executive Team providing the full Board with details of all costs associated with the project and being able to demonstrate that it is revenue neutral.	EDs
85.3	<b>Board Development Plan</b> <ul style="list-style-type: none"> <li>▪ Questionnaires were required to be returned to the DCRM's office by 12 July 2011.</li> <li>▪ The Chair recognised the concern and committed to try to slim down the Board agenda to accommodate the Board Development sessions.</li> </ul>	All – 12 Jul 11  Chair
89.1	<b>AOB : Security</b> The CEO was happy to look at the number of security incidents affecting staff.	CEO