

The Shrewsbury and Telford Hospital NHS Trust

ANNUAL GENERAL MEETING

**Held on Thursday 5 August 2010 at 3 pm in the Lecture Theatre,
Education Centre, Princess Royal Hospital**

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Vice Chair/Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mrs T Rowson	Director of Service Delivery (DSD)
	Dr S Evans	Medical Director (MD)
	Mr S Shanahan	Finance Director (FD)
	Mrs J Clarke	Director of Corporate Affairs (DCA)
In attendance	Mrs B Graham	Committee Secretary
Apologies:	Mr Adam Cairns	Chief Executive
	Dr P Vernon	Non Executive Director
	Mrs D Vogler	Director of Strategy

2010.001 WELCOME AND INTRODUCTIONS: The Chair welcomed everyone to the meeting. Apologies were noted as above. Adam Cairns, Chief Executive, had sent his apologies due to commitments (during July and August) agreed prior to his appointment. The Chair said that Adam had already set a new management style at the Trust and he looked forward to an exciting time over the next few years.

The Chair informed the meeting that regular formal Board meetings are held alternatively at Shrewsbury and Telford sites and in future they will be held more frequently.

Since the last AGM there had been a number of changes to the Board membership:

- The Chair had replaced Professor Margaret Bamford, who elected to retire and to take on other activities. The Chairman wished to place on record the Board's thanks for all her work and effort over the last four years.
- Professor Robin Pritchard resigned from the Trust in January 2010; he had made valuable contributions to the Trust and should also be commended.
- The most visible change was the absence of Tom Taylor who left the Trust at the end of April 2010 after 5 years as CEO. Tom has joined DEFRA as CEO of the Agricultural and Horticultural Development Board. The Chair said that Tom had made a great contribution in transforming the Trust from the failing organisation he inherited in 2005 to an organisation which gained "excellent" recognition from the CQC.
- The Chair said he was delighted to advise that Adam Cairns started as Chief Executive on 1st July 2010. Adam comes from Airedale Trust, West Yorkshire where he had gained FT status; and won "Small Hospital of the Year" award three out of four years. The Chair said he was confident Adam would make a similar contribution at SaTH and that Adam was anxious to meet everyone as soon as possible.
- The Trust is currently seeking a new Non Executive Director who has both clinical experience and experience in working in a complex organisation. The Chair encouraged anyone interested to apply. The post has been advertised through the Appointments Commission, the Trust's website and circulated to GPs across the county and through the Shropshire Star.

.....
Chairman
7 October 2010

CHAIR'S WELCOME (Continued)

The Chair took the opportunity to thank all Board members and staff for their hard work in what has been a very challenging year. Whilst making the Trust Awards for 2009/10, Board members recognised the enthusiasm amongst the staff to make the Trust a great success. The Board also recognised the contributions from all stakeholders including the 2 PCTs, Powys LHB, Local Authorities, League of Friends at both RSH and PRH and many other volunteers who work so hard to make both hospitals a better place. The Chair also thanked both Leagues of Friends for their financial contributions to provide facilities and extra services which would not be available in any other way.

The Chair said that although 2009/10 had proved challenging, 2010/11 would be even more challenging in terms of funding, which is considerably constrained, and NHS reorganisation. The Trust has been adversely affected by the implementation of EWTD in terms of the hours junior doctors can work and the increased reliance on locum staff which has placed a considerable burden on finances. In addition there are uncertain times surrounding PCTs and their replacement by a GP Commissioning Consortia. Also there is a long standing and urgent need to reconfigure services between Telford and Shrewsbury in order to ensure long-term sustainability of services in terms of quality and safety for patients.

Copies of the Annual Report & Summary Financial Statements 2009/10 and Quality Account 2009/10 were made available – the latter being a new document focusing on patient quality and effectiveness. It highlights both what the Trust has got right and where there are opportunities to improve. During the year the Trust achieved EXCELLENT from the CQC in relation to quality of services. As part of their ongoing responsibility for quality and safety, the CQC Team arrived for an unannounced inspection visit last week which revealed no causes for concern and the initial response from the CQC had been very positive. The Chair wished to place on record the Board's congratulations to all staff in making sure this level of quality is retained. The Chair said that having come to the NHS from private industry he was amazed at the complexity of the NHS organisation and the level of supervision and inspection it receives but was hugely impressed by the dedication of staff. He assured everyone that the Trust's aim is very simple - to provide a brilliant health service for the population it serves.

2010.002 MINUTES OF THE AGM MEETING HELD ON 30 JULY 2009

The minutes of the Annual General Meeting held on 30 July 2009 were **ACCEPTED** as a true record.

2010.003 ANNUAL REPORT AND SUMMARY FINANCIAL STATEMENTS 2009/10

The Director of Service Delivery (DSD) introduced the Annual Report and Summary Financial Statements for 2009/10 and advised that it is a requirement for all NHS Trusts to publish an Annual Report. She credited Adrian Osborne and his team for its preparation. The Annual Report highlighted key areas to recognise the work of the staff. The following contributed to improving patient care :

- Page 13 – detailed the excellent work from Division 1. A major achievement during the year was a new Medical Assessment Unit at PRH which involved changing staff routines, moving clinical areas and recruiting Acute Physicians.
- Page 14 – detailed the excellent work from Division 2. A major achievement during the year related to Cancer Services and the introduction of new state of the art CT scanner which treated its first patients in February 2010.
- Page 15 - detailed the excellent work from Division 3. A major achievement during the year included the introduction of a Bowel Screening Programme which will aid the early identification and treatment of a major cause of mortality.
- Page 18 - demonstrated massive improvements made in the way technology is used e.g. Tele-tracking and E-rostering systems which aim to bring efficiency to the processes of moving people and equipment around the hospital and delivering the right balance of care at the right time. Also, VitalPAC introduction has greatly assisted in monitoring patients.
- Page 19 - Developing the Healthcare, demonstrates that the quality of the Estate enhances the patient experience, for example, in the last 12 months, £650k was spent on improving same sex accommodation.

The Board **NOTED** the Annual Report and Summary Financial Statements for 2009/10.

The Finance Director (FD) introduced the Annual Accounts for 2009/10 which had been written in a prescribed format set out by the Department of Health. The Trust however, through its Annual Report, highlighted to the general public the key issues for last year. The FD drew attention to Section 5.2 Finance Report :

Page 30, reported that the Trust had achieved a surplus of £712,000 which the NHS recognised. However the Annual Accounts showed a significant deficit brought about by the move that all NHS bodies adopt International Financial Reporting Standards. The deficit for the financial year is stated after accounting for impairments of property, plant and equipment following revaluation of the Trust's estate under the Modern Equivalent Asset valuation. As a result of the revaluation, the Trust recorded an impairment within operating expenses of £12,364,000.

Page 32 detailed the Capital Programme and showed that in 2009/10 the Trust invested a total of £13.9 million on both sites, the two major projects were :

- £2.3 million to provide an additional 28 bedded Ward at PRH by converting the Paediatric Outpatient Department to a Ward and re-providing this service within the modular building facility;
- £2.4 million Aseptic Pharmacy Unit at RSH

The Board **NOTED** the Annual Report for 2009/10.

The Medical Director (MD) said he was very pleased to present the Quality Account because "quality" is at the heart of the organisation. When defining quality for patients this represents safety, effectiveness and providing the right patient experience. The Quality Account is new and is a welcome addition to the Annual Accounts that we have traditionally seen.

In preparing the Quality Account 2009/10 views were sought from the Partnership Forum, Patient Engagement, PCTs, Local Authorities and local Overview and Scrutiny Committees; as well as with the Trust staff.

The MD said that the Quality Account compared favourably with that of other Trusts and he took the opportunity to praise Adrian Osborne and his Team for the extensive work in compiling this document.

The Trust had received very positive external reviews of the quality of its services - including the EXCELLENT rating for quality of services from the Care Quality Commission, although, the MD pointed out that the Trust will not become complacent and will continue to strive for excellence.

- Section 2.2.4 Use of the Commissioning for Quality and Innovation (CQINN) payment framework; the MD advised that as well as the Trust receiving money from the Payment By Results tariff system, a proportion of our income depends on quality measures being met. One example is ensuring patients have risk assessments for venous thromboembolic disease (VTE). The MD said that 25,000 people in the UK die each year from VTE and a significant proportion of these deaths may be preventable.
- Section 3 reviewed the quality performance in relation to healthcare associated infection. It showed that the Trust was making significant reductions in MRSA and C difficile; and since the late 1990s there had been a steep reduction in the number of cases of MRSA bacteraemia. The MD said everyone should be commended on this achievement.
- Section 4 looked ahead in terms of the plan for moving forward. Feedback is considered important and Page 52 asked for views from the general public on the Quality Account.

The Chair drew attention to Page 13 which gave a list of some of the national audits which involves a lot of checking and reviewing of the Trust's activities so as to compare what we offer with national standards and best practice. The Audit Department also need to be commended for their efforts as the burden of national audits increases year on year. The Board **NOTED** the Quality Account for 2009/10.

2010.006 QUESTIONS AND ANSWERS

Q. Are audits undertaken regularly? Request for details concerning the CQC?

A. The CQC (Care Quality Commission) reflected a separate Audit. It involved an unannounced visit at both sites. A team of six people visited three areas and spent 3 hours at each site. They undertook a thorough audit in relation to risk assessment, documentation, staffing levels and looked at safety and quality issues. They talked to staff and patients and carried out an external assessment of the Trust's performance.

Internal assessments are also undertaken e.g. PEAT Cleanliness Assessment takes place regularly and involves a walk about on both sites with a group of people who follow a checklist.

The Chair added that the Trust has a lot of inspections which involve very rigorous reviews of our systems – these are totally independent - and the results are published and available to anyone. The Chair added that he had recently visited one of the Wards as part of a programme of visits made by Non Executive Directors to take the opportunity to talk to patients and receive feedback.

The DSD advised that other inspections include Peer Review in Cancer Services; and the West Midlands Quality Review will be visiting in September and October where an external team will scrutinise various clinical systems and pathways.

The DCA also advised that the Board Assurance Framework lists a schedule of external assurances to the Board - including NHS Litigation Authority. All clinical audits are undertaken against recognised standards and independent audits.

The audit work for the Trust represents an enormous amount of work but provides confidence in our processes and systems.

Q. Has the Trust received any Freedom of Information (Fol) requests?

A. Freedom of Information (FOI) requests sits under the DCA's portfolio. The original intention of FOIs was to give the public the opportunity to ask questions on how decisions are made. However, if it is a burden in providing the information the Trust is at liberty to refuse. Where possible the Trust will always accept FOI requests. The Trust publishes all FOI requests on the website.

Q. In terms of preventing MRSA and C difficile, what actions are you taking?

A. It was clarified that alcohol gels are used to prevent the spread of MRSA bacteraemia but that soap and water was required to remove C difficile spores. The number of cases has reduced significantly. In terms of hand washing, the compliance rate has improved and during the last six months was over 95% - however the momentum has to be kept up. Other issues include environmental cleanliness and management/education of junior doctors in terms of the antibiotic policy. The Chair said at the last count the Trust was at 163 days since the last reported case of MRSA bacteraemia. This record is very satisfying for staff and they do not want to see it broken down.

Q. When is the Trust going to take over the management of the Community Hospitals because at Whitchurch Community Hospital the situation is currently diabolical?

A. The Chair said that the Whitchurch Community Hospital and all other Community Hospitals in Shropshire are the responsibility of the PCTs. The PCTs were directed earlier this year to develop plans to divert their provider services. SaTH had submitted a proposal to take over the running the Provider Services of both Shropshire County PCT (SCPCT) and NHS Telford & Wrekin. Unfortunately SaTH's bid had not been successful – SCPCT had decided to adopt a social enterprise model in a joint venture with Shropdoc, and NHS Telford & Wrekin had agreed to a similar model. Subsequently, both PCTs have decided to join forces and to involve both Councils to form a Community Trust to run the hospitals and provide the services.

- Q.** PCTs are going to be abolished why should they set up an organisation to run essential facilities?
- A.** SaTH very much believes that it can offer a better service to patients, providing a continuous patient pathway, and better control the movement between acute hospital and the community hospital. The PCT staff supported SaTH's bid by a significant majority.
- Q.** What can the public do?
- A.** The public should continue to let us know how we can best provide services and also to engage with their GPs. GPs will take a more prominent role in commissioning services and SaTH needs to strengthen that relationship.
- Q.** Who will the Community Hospitals be answerable to?
- A.** The proposal is for the Community Hospitals to be run by a new Community Trust which will have its own Board and accountability.

The Chair thanked everyone for attending and looked forward to seeing everyone next year in Shrewsbury.

The closed the meeting