

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 28 July 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)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mrs T Cookson	Acting CEO/Chief Operating Officer (COO)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Mrs D Vogler	Director of Strategy (DoS)
	Mrs J Price	Representing the Finance Director (FD) (Item 98.1 & 98.2)
<b>In attendance</b>	Dr R Law	Clinical Lead for Organ Donation (Item 97.1)
	Dr P O'Neill	Director of Infection, Prevention and Control (DIPC) (Item 97.2 & 97.3)
	Mrs B Graham	Committee Secretary
<b>Apologies:</b>	Mr A Cairns	Chief Executive (CEO)
	Dr P Vernon	Non Executive Director (NED)
	Dr A Fraser	Medical Director (MD)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)

**2011.1/92 WELCOME** - The Chairman welcomed everyone to the meeting and confirmed the apologies received as listed above. The Chairman also welcomed Dr Rob Law (for the Organ Donation item) and Dr Patricia O'Neill (for the Infection Control items). Mrs Jill Price represented the Finance Director for the Finance Report item.

**2011.1/93 CHAIRMAN'S AWARD - Two separate Awards were presented to :**

- Medical Admissions Unit RSH; and
- Medical Admissions Unit at PRH

Adrian Osborne said that this award recognised the Medical Assessment Units on both sites. For many patients MAU is the first department they see and it can be a busy and frustrating environment for patients, carers and staff. Based on feedback from patients and colleagues both MAUs are real examples of team working in practice to ensure that patients stay at the heart of care, keeping a focus on dignity and safety. One letter received from a relative was in admiration of Nurse Kendal's amazing caring attitude and her exemplary attitude to the whole family through an emotional day.

The Chairman thanked both sets of staff for their hard work. Each Unit received a commemorative certificate, lapel badges for staff and a gift certificate to the value of £50. The Chairman said that NEDs had recently visited MAU at RSH and were very impressed with the attitude and enthusiasm of staff. It is the intention of NEDs to also visit MAU at PRH in the very near future.

**2011.1/94 DECLARATION OF INTEREST** by members in relation to any matters on the agenda : None.

**2011.1/95 MINUTES OF THE MEETING HELD IN PUBLIC** on 30 June 2011 were **APPROVED**.

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Chairman  
25 August 2011

	<b>MATTERS ARISING FROM THE MEETING HELD ON 26 MAY 2011</b>
(20.1)	<b>Foundation Trust Update</b> – The Tripartite Agreement is expected to be presented to the Board in August following a review meeting with DoH. <b>Action: DCRM.</b>
(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> </ul>
(61.3)	<b>National Inquiries and External Reports</b> – Report to be brought back in September 2011. <b>Action: DQS.</b>
(74)	<b>Annual Report &amp; Summary Finance Statements</b> – Item moved to August. <b>Action: FD.</b>
(83.1)	<b>Productive Operating Theatre Project</b> – Report due in 6 months. <b>Action: COO – Jan 2012</b>
(83.2)	<b>Urgent Care Network Update</b> – Agreement had been reached to sign off the Escalation Plan by September. <b>Action: COO.</b>
(83.3)	<b>Quality Account 2010/11</b> – An Executive Summary will be produced for the AGM. <b>Action: DQS.</b>
(83.5)	<b>Annual Inpatient Survey</b> The DQS advised that the first meeting of the Patient Experience Board had taken place in July. The Terms of Reference was being developed and would be presented to the next meeting in August.
(85.2)	<b>Cancer &amp; Haematology Full Business Case</b> – The DCRM had circulated a paper to members which demonstrated that the cost associated with the project was cost neutral. Item <b>complete.</b>
(85.3)	<b>Board Development Plan</b> – All interviews with Board members will be completed by middle of August.
(89.1)	<b>AOB : Security Issue</b> – deferred until August Board. <b>Action: CEO.</b>

#### 2011.1/96.1 CHAIRMAN'S REPORT

- **NEDs Terms of Office** : Terms of office for NEDs were being updated by the Appointments Board as it will cease to operate from 2012. Mr Beardwell (NED) and Mr Jones (NED) were congratulated on their reappointment. Mr Beardwell had been reappointed for a further two years to 30 September 2013, the maximum term allowable and Mr Jones had been reappointed to 30 November 2015.
- **SHA reorganisation** : SHAs were being reduced from 10 to 4. The 4 new SHA Clusters would cover London, South, Midlands and North. The new Midlands SHA will include West Midlands, East Midlands and East Anglia
- **PCT reorganisation** : The West Mercia PCT Cluster would operate across Hereford, Worcester, Telford & Wrekin and Shropshire. However, until a Cluster Board is established, Telford & Wrekin and Shropshire County PCTs will continue to operate as independent Boards.
- **Shropshire County PCT** : The Chair and the DQS met with the Shropshire County PCT Board on 26 August 2011 to update them on a number of quality and performance issues including waiting lists, HSMR and delayed transfers of care. The Chairman said that he had been invited to a similar session with Telford & Wrekin PCT next month. The Chairman added that he had also extended an invitation to PCT Board members to attend future SaTH Board meetings.
- **SHA Chair meetings** – Meetings had been held with the SHA Chair during the month and it was clear that the SHA were supportive of the work currently going on at SaTH and it was recognised that the changes had started to make a difference. The key would be to make the changes sustainable and to maintain the pace of change.
- **Workforce Director** - the recruitment process to appoint a Workforce Director was in progress. With final interviews scheduled for 12 August 2011. It was noted that William Wraith, Head of HR, would be retiring in August and on behalf of the Board the Chairman thanked him for his contribution to SaTH.

#### 2011.1/96.2 CHIEF EXECUTIVE'S REPORT

The COO, in the absence of the CEO, advised that it was a difficult time for all managers because of the organisational restructuring, and the implementation of a number of performance improvement measures.

**97.1 ORGAN DONATION COMMITTEE REPORT (*Dr Rob Law attended*)**

Dr Rob Law, Clinical Lead for Organisation Donations, introduced the 6-monthly report which updated the Board on progress made nationally towards increasing rates of organ donations in the UK and described the local achievements, local performance data and the Organ Donation Committee's objectives for next year. Dr Law said a lot of progress had been made to date and he paid tribute to Ben Cole, Senior Nurse for Organ Donation, who he felt had done an extremely good job in shifting the culture in the organisation. He also thanked Martin Beardwell for chairing the Organ Donation Committee.

The last 6 months had been spent working on guidelines and protocols to form two integrated care pathways. Donor reimbursement monies had been used to pay for nursing shifts when there were no ITU beds and a percentage had been spent on nurse education to benefit the organ donation programme. An Organ Donation website has been established on the intranet and a statement in the Staff News.

In terms of total consented Donor after Brain Death (DBD) and Donor after Cardiac after Death (DCD) donors, SaTH had 30 referrals during 2010-11 compared with 12 during the previous year and is currently the leading non-neurological centre Trust in the Midlands.

The Trust's objectives for next year are to continue the programme of education for doctors and nurses. Also to meet CQUIN targets to increase availability for transplant.

Dr Walford (NED) noted that the number of referrals was more than double compared to each of the last 3 years and he asked if this was as a result of the initiatives taken within SaTH. Dr Law replied that out of the 30 referred only 10 proceeded so it showed a small gain but these gains do make a difference. Mr Beardwell (NED) said he felt the cultural change in education and general shifting of attitudes as a whole had made a big difference in the improvement in donor numbers and he felt that was down to the efforts of Dr Law and Ben Cole.

The Board **NOTED** the report. The Chairman thanked Dr Law for his efforts in making good progress.

**97.2 HEALTH CARE ASSOCIATED INFECTION (HCAI) ANNUAL REPORT FOR 2010/11**

Dr Patricia O'Neill, Director of Infection, Prevention & Control attended the meeting to present the HCAI Annual Report and Quarter 1 Infection Control Report (*copy slides attached*).

It was reported that during 2010/11 the Trust had continued to improve in prevention and control of HCAI, meeting the challenging reduction targets for MRSA Bacteraemia and C Difficile. Compliance with the Health Act stood at 95.7%.

Dr O'Neill said that SaTH had made a superb improvement in MRSA but the target of only 2 cases for 2011/12 would be very difficult to achieve as the position could change in a few days, so there was a need to keep the focus on prevention. In terms of C Difficile, the West Midlands had performed very well and SaTH could be very proud of its efforts to reduce numbers as it was listed 6<sup>th</sup> best performing Trust in the Region with three of the others being specialist hospitals.

It was noted that new problems continue to emerge in HCAI e.g. July 2010 there was a new outbreak of an extremely resistant bacterial strain called NDM Klebsiella.

**INFECTION CONTROL REPORT - QUARTER 1 2011/12**

Dr O'Neill advised of the following performance for Quarter 1 :

- **MRSA** - there had been no Trust apportioned cases of MRSA Bacteraemia in Quarter 1 of 2011. Compliance with emergency admission screening continued to be over 90% at 93.9% but the aim was to achieve 95%.
- **C Difficile** – there had been 13 SaTH responsible cases in Q1 (post 72 hours) versus a target of 54 for the full year
- **Hand Hygiene** - Dr O'Neill said hand hygiene was the single most effective way of preventing transmission of infection. Compliance with the hand hygiene assessments of all clinical staff is now monitored by the IPC Team. Compliance rates have increased but are still not 100%. Nurses and HCAs are at 98% whereas Doctors are only 91%. Dr O'Neill confirmed that non-compliance was a disciplinary matter. Consultants support hand hygiene but there was a huge changeover of junior doctors who were a difficult group to re-educate. Dr O'Neill said she would be addressing the new intake of junior doctors in August to reinforce the message with regard to the consequences of non compliance.
- **MSSA bacteraemia** - the Trust has been required to report all MSSA Bacteraemias since 1 January 2011. MSSA is a commoner version of MRSA and is a common infection in the community mostly associated with skin, soft tissue and bone infection but it can be associated with health care. There is no formal target this year but systems are being put in place to collect and analyse the data. There were 23 cases in Quarter 1 of which 9 were post 48 hours.
- **E coli bacteraemia** – the Trust was required to report all E coli Bacteraemias from 1 June 2011 on the HPA database. E coli was a common infection in the community mostly associated with urinary or abdominal infections and was a common cause of severe sepsis (not food related). There is no formal target set this year and the emphasis was on data collection. There were 20 cases in June.

Dr O'Neill said that looking ahead to 2011/12 targets for C difficile and MRSA bacteraemias were going to be very challenging but the aims were to :

- Monitor compliance with MRSA screening, providing local support to areas of poor performance;
- Challenge existing assurance mechanisms and validate self assessment;
- Follow up sub optimal standard of hand hygiene by small minority of medical staff;
- Look in detail at root causes in order to reduce the annual number of post 48 hour MSSA bloodstream infections and 48 hour E coli bloodstream infections;
- Focus on decontamination of instruments/equipment outside of CSSD;
- Increase Infection Prevention & Control information to visitors through improved signage and the development of additional informal leaflets.

The Board **APPROVED** the contents of the report.

**QUALITY REPORT**

The Director of Quality & Safety (DQS) introduced the Quality Report which reviewed current issues affecting patient experience, safety or clinical effectiveness in the Trust and included :

- the current waiting list challenges in the Trust and the impact of this on our patients;
- prevention of venous thromboembolism (VTE),
- continued progress to reduce in-hospital mortality,
- Leading Improvement in Patient Safety (LIPS)
- Improvement Plan
- Findings and recommendations of recent quality reviews

## QUALITY REPORT (Continued)

- **Waiting List challenges** (Section 2.2 and 2.3). It was noted that patients had been waiting too long for appointments and that they had been inconvenienced because the appointments process was not working as well as it should. The DQS said that the Trust needs to make sure processes are improved to achieve the 18 week referral to treatment target. The Trust is working with GPs and PCTs colleagues to manage this.
- **VTE non compliance with national standard of 90%** (Section 3). The Trust was currently 60.21% compliant but was on track against the planned trajectory to achieve the 90% target by September 2011. It was confirmed that complex cohort groups would be receiving particular consideration by the Medical Director.
- **Mortality Update** (Section 4). One of the Trust's quality priorities as set out in the Quality Account is to reduce deaths in our hospitals by 10% by June 2012 and a further 10% by June 2013. In addition, the Trust aims to improve and sustain Hospital Standardised Mortality Ratio (HSMR) at or below the national index of 100. The latest data at Section 4.1 showed the trend in monthly HSMR below the baseline of 100, for the 2<sup>nd</sup> month running. Also, it is now more consistent across both sites following a review on clinical coding procedures at both sites.

Dr Walford (NED) said that the report was beginning to offer reassurance. The DQS said the significant shift was mainly as a result of more accurate data.

- **Quality and Safety Review Visit** (Section 7). The review visit was undertaken jointly by the SHA, West Mercia PCT Cluster and the 2 local PCTs on 11 July 2011. The report provided the feedback received and detailed areas for improvement or development. The DQS confirmed that the report would be followed up by an Action Plan which would be sent to the SHA and PCTs on 29 July 2011. The DQS said there were key issues that needed urgent attention and these are being progressed. She added that a lot of things including inappropriate admissions would be picked up through system improvements and walkabouts. The Chairman requested that the Action Plan be presented at the next Board meeting. **Action: DQS.**

The Board **NOTED** the Quality Report and the actions being taken to improve patient experience, patient safety and clinical effectiveness.

2011.1/98

## PERFORMANCE

98.1

FINANCE UPDATE (*Jill Price attended on behalf of the Finance Director*)

The Trust is required to deliver a balanced Income and Expenditure position in the year. The Finance Report had been discussed at the last Finance & Performance Committee meeting. It provided a description of the performance over the period April to June as follows:

- **Month 3 Financial Position** showed a year to date overspend amounting to £1.616 million which represents a deficit of £533k when compared to the planned position. It was forecast that by the year end, without management actions, the Trust would record a deficit amounting to £3.5 million.
- **Income** in the first quarter was £190k better than planned but the forecast for the year end remains unchanged. In the first quarter the Trust had planned to generate increased income arising from Pending and Waiting List targets amounting to £475k. The actual level of increased income generated amounted to £500k which suggested that the Trust was presently recording a level of activity consistent with the levels required to generate the £4.2 million increased income assumed within the Trust income budgets.
- **Pay budgets** continued to overspend in the first quarter by £511k predominantly within emergency care and general medicine. An examination of pay budgets indicated that actions needed to be taken to introduce greater controls over the number of staff employed and in particular the employment of agency staff.
- **Non Pay spending** showed an overspend in Quarter 1 of £211k arising from increased activity in renal care, orthopaedic implants, energy costs and clinical consumables.

## FINANCE UPDATE (Continued)

Mr Simms (NED/Chair of F&P Committee) said that the Finance Report was sufficiently comprehensive to show where problems were. The indication is that the Trust should start to see progress in the coming months.

Jill Price reiterated that without the management actions to address the projected overspend - detailed below - the Trust would record a deficit amount to £3.5 million. The additional management actions include :

- The introduction of a dedicated medical staffing team from August to review all medical agency requests and which is predicted to lead to cost savings of £1.25 million (full year £3 million).
- A reduction in the scale of staff employed to undertake "bed watching" across the Trust wards from August. Reducing the level of staffing by 80% reduces costs in the year by £1.1 million.
- Immediately halting overtime working in both clinical and non clinical areas which is expected to reduce costs by £200k in 2011/12.
- Adoption of tighter budgetary control practices.

Discussion took place and the following points were made :

- The new Centres organisation has not been fully implemented and as a result the organisation is continuing with the existing 3 Divisions. Jill Price confirmed that from a finance perspective everything is in place for the change.
- The COO confirmed that Ward Managers have a clear understanding of their budgets and the requirement to manage against their budgets. Jill Price said that budgets had been sent out to Ward Managers, to be signed off on 3 August 2011, which meant that individuals would now take responsibility and be held to account.
- The last F&P Committee had identified that the Bed Watch practice was costing the Trust some £0.5 million per month. It was agreed that this was totally unacceptable and the DQS and COO were asked to urgently revise the existing procedure that had resulted in this level of expenditure. The DQS agreed there was a need for clear controls to restrict this practice and it had been clearly discussed with ward managers and matrons. **Action: DQS.**
- The COO confirmed that the MD was working with the Finance Team in terms of gaining a greater understanding and control of agency medical staff. In terms of medical and emergency rotas, Dr Walford (NED) said he understood that the medical and emergency rotas were better than last year.
- Mr Simms (NED) said it had been agreed for F&P Committee to take another look at operational and financial control of capital projects, terms of reference for the Capital Planning Group and Delegations of Authority.

Jill Price agreed to seek clarification around the SHA financial support. **Action: Jill Price.**

The Board **NOTED** and **APPROVED** the actions being taken to address the forecast deficit.

The Performance Report for Month 3 was presented and it was noted that an additional headline measure had been included - C5: Regulatory requirements and healthcare standards. The COO said that the Balanced Score Card showed an unacceptable level of "reds". The link with operational and financial recovery remained a tense one but had to be aligned. The COO advised that this report had been discussed in detail at the last Finance & Performance Committee. The following areas were noted :

- **B9** : Significant improvements have been made in delivering the 4 hour maximum wait in A&E. Each site was now running between 97%-99%. A huge amount of work had been undertaken to improve the plan and change behaviours.
- **B9** : The cancer treatment 62 day target related to a very limited number of patients and there is now a clear trajectory and recovery plan in place.
- **C3** : Delayed Transfers of Care (DTC) numbers are reducing, and are now typically in the 25 to 30 range. The maximum, based on the current bed base, should be 26 so although there has been a significant improvement there is a need to reduce further. The COO explained that there would never be no delays because assessments are reported as delays.

The Chair said it was very pleasing to see that SaTH was moving in the right direction. He thanked everyone involved for their hard work.

The Board **NOTED** the performance in Month 3.

2011.1/99

**STRATEGY**

99.1

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

The Director of Strategy (DoS) introduced the paper which provided an update on the FCHS programme. The Project Team had been very active over the last month :

- Continued development of the Outline Business Case (OBC)
- Incorporating the outcome of the Trust's wider bed capacity analysis into the OBC
- Maintaining public and stakeholder engagement;
- Continuing the ongoing assurance element of the programme through receiving the final report from the assessment by the Office for Government Commerce held on 8-10 June 2011 and the meeting of the Clinical Assurance Group on 12 July 2011.

Following attendance at the SHA Board meeting on 26 July 2011 to present the draft OBC, the DoS advised that the SHA CEO was very supportive of the project.

The DoS said that the only question she was asked to consider before presenting the formal OBC in September was to better understand the conclusions around the Stroke Units. **Action: DoS.**

The DoS said that over the next three months there would be further Public and Staff engagement sessions, to include:

- Meetings with GP Commissioners on 2<sup>nd</sup> and 10<sup>th</sup> August;
- Staff Briefings to update on the programme and preferred options on 8<sup>th</sup> and 10<sup>th</sup> August.
- Public / /Patient Briefings – 15 and 17 August.
- Work with Commissioners to explain future bed capacity.

Following discussion it was agreed that there was a need to be very clear on the information to be shared publicly as the Board had not yet seen the detail of the OBC proposals.

The Board **NOTED** the progress on the FCHS programme. The Chair added that there would be opportunity following the private session of the Board to review the detail.

2011.1/100 **POLICIES FOR CONSIDERATION/APPROVAL**

100.1 **HR71 MEDICAL STAFF JOB PLANNING** : This item was **DEFERRED**.

2011.1/101 **OUTCOME SUMMARIES FROM COMMITTEES**

**Finance & Performance Committee – 28 June 2011 received and noted.**

Mr Simms (NED) expressed his confidence that work was moving on at a pace to recover the financial position.

**Charitable Funds Committee – 7 July 2011 received and noted.**

Mrs Assar (NED) said the meeting of 7 July was somewhat limited because Chris Benham fell ill and the majority of the meeting depended on his input. Mrs Assar (NED) said she would take over as Chair from September.

**Clinical Quality & Safety Committee – 23 June 2011 received and noted.**

In the absence of Dr Vernon (NED), the DQS said that the last meeting had discussed issues around pressure sores, falls, serious incidents and nutrition. The meeting was pleased that these issues were coming through.

2011.1/102 **ANY OTHER BUSINESS – None.**

2011.1/103 **QUESTIONS FROM THE FLOOR**

**Q1 Mrs Bond** referred to the proposed closure of beds and asked how this would impact on patients going into the winter period.

**A1** The COO said it had been the aim to have presented a detailed plan to the Board by now but more work was taking place on patient pathways. It is, however, very encouraging that we have been able to reduce the number of delayed transfers of care by some 40% on a daily basis and this provides a clear opportunity to close that number of beds. Our plans will include making sure that additional capacity will be available to handle any “surge” through winter period.

**Q2 Mrs Bond** asked if the Trust would ensure patients did not end up in the community in a worse state.

**A2** The COO said that the Trust was monitoring readmission rates and feedback from community. The experience of patients is considered vitally important and will be fully integrated into our plans.

**Q3 Miss Wright** said that community care was very patchy in the north-east of the County and she wanted to know what was going to happen in the future.

**A3** The Chairman said that the new Community Trust had been established with responsibility for community care in Shropshire and he understood that they will be reviewing community facilities and producing a plan within the next three months. Unfortunately SaTH has no control over the community hospitals.

2011.1/104 **DATE OF NEXT MEETING : Thursday 25 AUGUST 2011 at 9.30 am in Room D, Education Centre, Princess Royal Hospital.**

**The meeting then closed.**

**UNRESOLVED ITEMS FROM TRUST BOARD MEETING HELD IN PUBLIC ON 28 JULY 2011**

<b>Item</b>	<b>Issue</b>	<b>ACTION LIST</b>
20.1	<b>Foundation Trust Update</b> Tripartite Agreement is expected to be presented to the Board in August following a review meeting with the Department of Health.	DCRM
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 Financial Statements</b> – Moved to August	FD – August 2011
83.1	<b>Productive Operating Theatre Project</b> The Board requested a further report in 6 months time.	COO - Jan 12
83.2	<b>Urgent Care Network Update</b> <ul style="list-style-type: none"> <li>▪ The Escalation Plan to be presented to the Board in September for formal sign off.</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> An executive summary will be prepared to be used for wide circulation to stakeholders. This will be produced for the AGM.	DQS 15 Sep 2011
85.3	<b>Board Development Plan</b> – Interviews were continuing and should be completed by middle of August.	
89.1	<b>AOB : Security</b> The CEO was happy to look at the number of security incidents affecting staff.	CEO
97.4	<b>Quality Report – Quality &amp; Safety Review Visit</b> The Chairman requested that the Action Plan be presented at the next Board meeting.	DQS
98.1	<b>Finance Report</b> <ul style="list-style-type: none"> <li>▪ DQS agreed that there was a need for clear controls to restrict the Bed Watch practice and it had been clearly discussed with ward managers and matrons.</li> <li>▪ Jill Price agreed to seek clarification around the SHA support.</li> </ul>	DQS  Jill Price
99.1	<b>FCHS Update</b> <ul style="list-style-type: none"> <li>▪ The SHA needed to understand the conclusions around the Stroke Units.</li> <li>▪ It was agreed that there was a need to be very clear on the information to be shared publicly as the Board had not yet seen the detail of the OBC proposals.</li> <li>▪ OBC to be presented to the Board in public session at the August meeting.</li> </ul>	DoS  DoS DoS – Aug 2011