

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
 Held on Thursday 29<sup>th</sup> November 2012 at 9.30 am  
 Lecture Theatre, Education Centre  
 Princess Royal Hospital

**PUBLIC SESSION MINUTES**

Present:	Mr M Beardwell	Acting Chair
	Mr B Simms	Non-Executive Director
	Mr D Jones	Non-Executive Director
	Dr S Walford	Non-Executive Director
	Dr R Hooper	Non-Executive Director
	Mr P Herring	Chief Executive
	Mr C Beacock	Deputy Medical Director
	Mrs V Morris	Chief Nurse/Director of Quality & Safety
	Mr N Nisbet	Finance Director

Mrs J Clarke	Company Secretary (DCG)
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In attendance:	Mr A Osborne	Communications Director
	Mrs V Maher	Workforce Director (part)
	Ms C Webster	Governance Administrator
	Mr Steve Peak	Transformation Director

Apologies:	Mr Peter Vernon	Non Executive Director
	Ashley Fraser	Medical Director

**2012.1/134 WELCOME**

The Acting Chair welcomed Board Members, Dr Hooper attending his first meeting as a NED and observers to the meeting. Apologies were noted for Dr Vernon (NED) and Dr Fraser (Medical Director)

**2012.1/134 DECLARATION OF INTEREST** by members in relation to any matters on the agenda

Mr Simms (NED) declared an interest in relation to the Patient Flow item (2012/1.140) as Non Executive Director on the Board of Coverage Care Services Limited

**2012.1/134 CHAIR'S AWARD**

The Chair's award this month was awarded to the teams who ensured the successful move of Head and Neck services to PRH. The areas involved included Outpatients, Theatres, Information Department and Estates.

**2012.1/135 MINUTES OF THE MEETING HELD IN PUBLIC** on 1<sup>st</sup> November 2012

The Board **APPROVED** the Minutes.

**2012.1/136 MATTERS ARISING FROM BOARD MEETING HELD 1<sup>st</sup> November 2012**

132.Q1 Company Secretary (DCG) informed Board members that staff flu vaccinations have increased from 42% last year to over 48% this year. Staff continue to be encouraged to have their vaccination.

132.Q6 Company Secretary (DCG) reported that a set of chairs has been sourced for the main corridor at Princess Royal and the Infection Prevention and Control team were reviewing.

The Acting Chair advised that the post for a new Chairman had been advertised and the closing date was the 7<sup>th</sup> of January 2013 with interviews at the end of the month. Mr Simms (NED) once again expressed his disappointment with the lack of urgency and consequent delay for the recruitment process.

Mr Simms (NED) also raised his concern around minute 128.1 in relation to the Trust's poor cash flow position. The ongoing situation had also been discussed at Finance Committee earlier in the week. One of the consequences of this is a deteriorating track record in relation to paying creditors in line with the Public Sector Payment Policy.

The Finance Director commented that there was an improved income in our position compared to September 2012 but the historical cash flow position remained challenging. There would be more options available to the Trust to resolve liquidity issues when the Trust achieved FT status but in the meantime he advised the Board that this would remain an issue until cash flow improved and he was in discussion with the SHA about the position.

The Board noted the Trust Board Business Forward Plan for January – April 2013.

2012.1/137 **FRAIL AND COMPLEX INITIATIVE**

Dr Kevin Eardley gave a presentation on the Frail and Complex initiative. Care of the elderly is one of the biggest clinical and demographic challenges for the Trust and following significant investment by commissioners, a new approach was being introduced from December

Dr Eardley advised that the current processes of care for frail and complex patients in Shropshire do not currently support independence but tends to lead to hospitalisation and potentially institutionalisation. Patients could be more effectively and safely treated in their own home environment if a new model of care and services were introduced.

The new initiative being introduced in December will mean that a flexible health and social care workforce will optimise management of these patients which should improve patient outcomes and reduce length of stay. Furthermore community teams will be able to develop skills and capacity to support the GPs in managing more patients in the community, especially with the investment of a new community physician role...

Mr Simms (NED) queried if this approach would be cost effective, and was advised that Warwickshire Trust are successfully using this model and it should result in fewer and shorter admissions.

Dr Eardley was thanked for his time and congratulated on this new initiative.

The Board **RECEIVED** the Frail and Complex initiative.

2012.1/138 **CHAIRMAN'S REPORT**

The Acting Chair drew attention to the recent death of Roy Allan MBE, who joined Salop Area Health Authority in 1974 as Area Treasurer. In that capacity he was very helpful in supporting in its early days the fund raising across Shropshire and Mid-Wales for the Cobalt Unit. In time the Lingen Davies Cancer fund was formed and Roy continued to give it great support. When he retired he continued his commitment and was Chair of the fund for 16 years. Ultimately he

was made Life President of the fund.

The Acting Chair advised that he had sent the condolences of the Board to Roy's family and asked the Board to agree that a minute be placed recording the thanks of many for Roy's outstanding public service in Shropshire.

The board agreed.

The Acting Chair also drew the Boards attention to the consultation on the NHS Constitution and the proposed changes including responsibilities in relation to privacy, dignity and single sex accommodation.

The Acting Chair advised that he would be presenting certificates to NHS Heroes later today invited Board members to attend and celebrate with all our staff who have been nominated for the award. A similar event had also been held at Shrewsbury...

Finally the Acting Chair drew the Boards attention to the new lay out of the agenda. The information pack contained the draft minutes from committees who report to the Board. The integrated performance report is a work in progress and will be discussed at the Board Development day on the 17<sup>th</sup> of December 2012 to ensure all issues are covered.

**2012.1/139 CHIEF EXECUTIVE 'S REPORT**

Chief Executive had no update to report as these were all covered in his Board papers later on the agenda.

**2012.1/140 ACTION PLAN TO IMPROVE PATIENT FLOW AND EMERGENCY ACCESS PERFORMANCE**

The Chief Executive advised the Board that the Trust continues to fail to achieve the national emergency access target of 95% of patients being seen, treated, discharged or admitted within four hours of presenting to A&E. In recent months, performance has deteriorated against a context of increased emergency activity, lower bed base, the impact of the surgical relocation to RSH and increasing numbers of medically-fit patients who are not discharged in a timely way. The Plan set out an evidenced improvement trajectory whereby the Trust will aim to achieve 94% in December 2012. By the end of Q4 the aim is for the Trust to be robustly achieving 95% to continue into 2013-2014. This was subject to no impact from unexpected winter pressures such as high novovirus infection.

A collaborative and supportive relationship has been developed with our Clinical Commissioning Groups (CCGs) the Community Trust and Local Authority stakeholders, to reduce emergency presentations to the Trust and further improve the speed of discharge. The Trust has appointed an interim Head of Emergency Access and Patient Flow to support the new Chief Operating Officer

Improvements that will be needed to help achieve performance are:-

- Improve rate of daily discharge before midday
- Eliminate the practice of GP planned emergency patients presenting to the Trust.
- Increase nurse recruitment.
- Weekly process meeting with Centre Chiefs.

Mr B Simms (NED) asked, that whilst recognising the importance of patient welfare, whether an analysis could be undertaken to assess the significant financial implications of keeping a medically fit patient in hospital as a result of the lack of community beds. It has been reported there are sometimes over 100 beds utilised by such patients so the impact on the system must be significant and resolution seemed to offer a major opportunity in addressing our current bed

shortage.

**Action: Finance Director to arrange analysis of financial implications of medically fit patients delayed transfers to community beds for Finance Committee**

Director of Quality and Safety (DQS) reported that staffing recruitment is currently taking place to permanently staff the two re-designated wards so that staff are not pulled from other wards to staff escalation.

Dr R Hooper (NED) asked if the recruitment process could be quicker and if CRB checks could be fast tracked. The DQS informed the Board that there would be a cost implication if CRB were fast tracked but she would look into this **Action: DQS to investigate possibility of CRB fast-tracking of ward staff**

Mr D Jones (NED) asked for clarification on recruitment of the current nursing vacancies, DQS will provide an update for the Board in her next paper.

**Action: DQS to update on recruitment position**

The Board **RECEIVED** and **SUPPORTED** the improvement plan.

2012.1/141

## REVIEW AND APPROVE INTEGRATED PERFORMANCE REPORT

The Chief Executive introduced the Report and advised the Board that it is a work in progress and will be further refined to ensure all FT requirements are included and all issues are covered. The report summarises the Trust's performance against all the key quality, finance, compliance, and workforce targets and indicators for 2012-13 and considers all elements of the Provider Management Regime. An additional section that benchmarks Trust performance with regional and national averages will be included in future reports.

The Director of Quality and Safety introduced the Quality section. It was noted that the table in s3 needed further refinement to ensure consistency. This included changing reporting of falls to only include RIDDOR-reportable falls. Dr Walford (NED) had a number of comments that he would pick up directly with the DQS outside of the meeting. Mr Simms requested that the ward to board patient experience metrics should also include actions and milestones in the next iteration. **Action: DQS to include actions and milestones**

It was noted that although there had been six C Difficile cases which were above trajectory for the month, the Trust remained within trajectory for the year.

The Finance Director reported that at the end of October the Trust had recorded an under recovery of income, across Clinical and Non Clinical areas amounting to £185k. Following the recast plan approved at the October Board meeting, the Trust recorded a cumulative deficit amounting to £340k, against a plan of £347k. It was noted that pay spending in October was £17.02m which was £74k below plan, but for the remaining five months of the year it had been set at £16.8m. The forecast outturn for the remaining five months is that the £1.9m surplus position should be achieved. However recent discussions had identified that income levels assumed by the Trust for 2012/13 resulted in a £2.5m financial gap and work was continuing to address this issue.

A number of risks were highlighted including penalties for non-compliance with COQINs, delivering patient flow, increasing agency costs and the identified income gap.

Dr Walford (NED) queried the overall financial risks and the penalties incurred by the Trust. The Finance Director reported that these penalties were agreed at the time of the contract and were part of the national approach.

Mr R Hooper (NED) asked if this contracted was negotiable. The Chief Executive advised that the overall framework and tariff was set nationally and generally not negotiable but some elements could be raised with commissioners

The Director of Transformation reported that in relation to the Performance and Provider Management Regime of the report, the Trust had achieved some elements of the Referral to Treatment Target (RTT) over the past seven months but had failed all three elements this month. This was due to a number of reasons including problems with high numbers of patients waiting in neurology, ophthalmology, respiratory medicine and dermatology. It is predicted that neurology, cardiology and dermatology should be compliant by end of November with ophthalmology compliant by end of December. He also flagged up that due to emergency pressure on inpatient beds it was possible that due to one cancer breach the trust would not achieve the target in November, which was disappointing, but it should remain on trajectory for year end.

The Chief Executive updated on the Workforce section and it was noted that sickness absence has increased in the month and remains significantly behind the challenging target of 3.39%.

Dr Walford (NED) challenged the target of completion of appraisals for medical staff at 80% rather than 100%. The Deputy Medical Director replied some medical staff will not be required to have an appraisal as they will have been in post less than a year; the key was to ensure 100% of all eligible consultants are appraised... It was noted that any items relating to appraisals will be discussed at the Workforce committee when it is set up.

The Board **REVIEWED** and **APPROVED** the work in progress report

Overall the Provider Management Regime (PMR) position was that the Trust failed

- A&E 4 hour wait,
- 18 weeks RTT target (admitted, non-admitted and open clocks)
- C Difficile

This meant the trust was rated Red with 5 penalty points

The Financial Risk Rating was also Red with a score of 2

Due to the ongoing concerns around delivery of the ED 4-hour wait target and financial performance the Board **AUTHORISED** the Chair and Chief Executive to sign Declaration 2 of the PMR – There is insufficient assurance available to ensure continuing compliance with all existing targets.

#### 2012.1/142      **TO RECEIVE, COMMENTS AND QUESTIONS FOR THE INFORMATION PACK**

The information pack is a work in progress. The Board briefly discussed draft minutes from the following committees Audit, Finance, Clinical Quality and Safety. It was agreed that each chair of the subcommittee would either give a verbal or written feedback depending on when the meetings are held.

Mr Simms (NED) advised that the main points from the Finance Committee meeting had been discussed and repeated his concern about the Trust's liquidity position

Mr Jones (NED) advised that he had given a written update at an earlier meeting

Dr Walford (NED) on behalf of Dr Vernon (NED) advised the Board that the Quality & safety Committee had discussed the congestion on Assessment Units as a concern and re-enforced the importance of effective patient flow

The Board **RECEIVED** the contents of the information pack

#### 2012.1/143      **TO REVIEW AND APPROVE GUARANTEED MAXIMUM PRICE FUTURE CONFIGURATION OF HOSPITAL SERVICES**

The Director of Transformation firstly thanked Kate Shaw (Programme Manager) and Chris Needham (Technical Project Director) for all their hard work; this was echoed by the Board.

## Enclosure 01

Approval was sought from the Board to progress to the next stage of implementation of the Future Configuration of Hospital Services programme including to enter into a contract with Balfour Beatty for the remaining design and construction of the new Women and Children's unit at Princess Royal Hospital with a Guaranteed Maximum Price (GMP) of £22.613m under the ProCure21 + framework. This figure excludes all Trust direct works, equipment, IM&T, Trust fees and VAT etc associated with the project. The Trust has allocated an element of contingency to cover the Trust risks, which is considered adequate for the project stage and the risks being covered. The Transformation Director highlighted that the scheme is reliant on a number of other schemes being delivered which includes vacating Wards 12 and 14 by relocating Escalation and ophthalmology outpatients, development and implementation of the medical records strategy, new ways of working within outpatients, rebalancing of theatre capacity, freeing up capacity within wards 15/16 and the remaining Trust direct works to complete the FCHS programme. There was a capital allowance of £3,624k for new equipment as the project assumed a significant re-use of existing equipment.

Dr Walford (NED) asked if the new maternity took into account the predicted growth in demand across the UK. It was confirmed that additional capacity has been allocated anticipating this and the potential to attract other women to deliver their babies in the new facilities at PRH.

The Board

**NOTED** the continued staff and public involvement in the development and design of the Women's and Children's Unit

**NOTED** the Project Board approval of the capital cost, value for money and affordability; the proposed design and scope of work; the risk allocation and contingency; and the programme delivery of the new Women and Children's Unit

**APPROVED** the Trust's progression to the next stage of implementation of the new Women and Children's unit and entering into a PRoCure21 + Stage 4 contract with Balfour Beatty with a GMP of £22.613m

### 2012.1/145 TO RECEIVE THE MEDICAL RECORDS UPDATE

The Director of Transformation updated the Board on the health records action plan and the next steps to explore the costs/benefits of a paperless health records service. Work has begun to identify storage space for maternity records when the service moves in 2014 and more generally to future-proof the service. This has resulted in work to put together a business case for the digitisation of health records that not only deals with the storage issues but also has the potential to improve clinical access to records and deliver efficiency gains. An outline case will be presented to the Board early in the New Year that will set out the plans and options. This work is being led by the Finance Director and Head of Estates.

Mr Simms (NED) wished to thank Christine Bellies the Interim Patient Access Manager for her work in taking this forward. Mr Jones (NED) asked that the latest position regarding availability of health records at outpatient consultation be presented to Audit Committee

**Action:** Add Health Records Business Case to Business Forward Plan (April 2013)

The Board **RECEIVED** the update on progress to complete objectives set out in the agreed action plan and **NOTED** the newly commissioned work to create a longer term plan for health records management.

### TO RECEIVE THE TRANSFORMING BOOKING AND SCHEDULING SYSTEMS UPDATE

The Director of Transformation presented the paper and explained that the Booking and Scheduling Project was established in recognition of the need to deliver major change to our systems and processes for both outpatient and booking and theatre scheduling.

The Board were advised that good progress had been made across a range of key tasks and that the project was now entering the critical implementation phase over the next four months. This included

- Creation of a centralised booking function based at RSH
- Review of appointment letters
- Introduction of an Active booking list that provides a single patient list
- Review of outpatient and clinic room planner to optimise use
- Revised clinical outcome forms to improve recording and data quality
- Transforming use of Choose & Book system
- Scheduling for inpatient and day case treatments
- Standardising clinic processes
- Establishing key performance indicators

Given the critical phase it was agreed that further updates, including performance across the key performance indicators, will be made on a monthly basis to the Board through January to March.

**Action:** Add Booking & Scheduling update with KPIs to Business Forward Plan (April 2013)

The Board **RECEIVED** the project update on programme of work to transform our booking and scheduling systems, **NOTED** the progress made and actions still to be completed to finalise stage one of the programme and **NOTED** stage two of the programme that will focus upon realising the efficiency gains resulting from the revised systems and processes.

2012.1/146 **TO REVIEW AND APPROVE THE BOARD ASSURANCE FRAMEWORK**

The Chief Executive presented the paper. It was noted that the Board developed the Board Assurance Framework in April and May 2012. Following a period of further review, and a recent Internal Audit, it is suggested that the current risks on the Board Assurance Framework were reviewed to allow a more focussed approach to monitoring by reducing the number of business critical risks from 14 to 6, and using the format that adopts the DoH and FT guidance. The six new risks were agreed

- **Patient Flow** - If we do not achieve safe and efficient patient flow then we will fail the national quality and performance standards
- **Safety & patient experience** - If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience
- **Strategy** - If we do not have a clear clinical service vision then we may not deliver the best services to patients
- **Workforce** - If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve
- **Governance** - If Board members are not appointed in a timely fashion then this may impact on the governance of the Trust.
- **Finance** - If we do not achieve a financial risk rating of 3 then we will not be authorised as a FT

Each of the individual risks, impact, controls sources of assurance and gaps was then discussed. It was agreed that the integrated frail and complex approach initiative with the Community Trust be added as a control to the Patient Flow risk. No further principal risks were identified.

The Board **AGREED** the proposed BAF, including the categorisation of risks,

2012.1/147 **TO RECEIVETHE SHROPSHIRE CHILD SAFEGUARDING ANNUAL REPORT**

The Director of Quality & Safety pointed out that the report related to Safeguarding Children not Adults. The Shropshire Safeguarding Children's Annual Report was shared with each of the partner organisations as a means of providing an overview of all children's safeguarding across all organisations and as a means of feedback to each Board and to inform them of the key priorities for 2012-15...

Mr Simms (NED) requested if lengthy documents and reports are available before the Board meeting for them to be circulated to members before main papers are circulated, to give them more time to study them. .

The Board **RECEIVED** the annual report

**2012.1/148 TO RECEIVE THE FOUNDATION TRUST UPDATE**

The Director of Corporate governance introduced the paper.

She advised the Board that progress against the revised FT project plan will be monitored on a monthly basis via a review meeting with each individual lead, chaired by the CEO, and updates provided bi-monthly to the Board. The Board noted that the final version of the revised Tri-Partite Formal Agreement should be agreed with the NHS Trust Development Authority (NTDA) in January 2013.

It was noted that progress against key elements of the Single Operating Model would be through the relevant Assurance Committee e.g. Workforce Strategy through the Workforce Committee, Quality Governance Framework through the Quality & Safety Committee, Historic Due Diligence through Finance Committee

The key work presently being undertaken was in relation to the Clinical Service strategy, which would inform future iterations of the Integrated Business Plan and LTFM.

The Board **REVIEWED and APPROVED** the update

**2012.1/149 TO RECEIVE AND APPROVE HR POLICY – 37 EMPLOYMENT BREAKS**

The Workforce Director joined the meeting for this item

She advised the Board that the Policy Sup-Group had recently updated and approved the following staff policy:

- HR37 Employment Break

The Board **RECEIVED and APPROVED** the policy.

Dr Walford (NED) asked if all HR policies could be accessible via the corporate meetings folder as well as on the internet. Company Secretary (DCG) will explore the possibility if HR policies could be accessible via the corporate meetings folder as well as on the internet.

**ACTION: Company Secretary**

**2012.1/150 ANY OTHER BUSINESS – None.**

**2012.1/151 QUESTIONS FROM THE FLOOR**

**Q1**  
**Mr T Jones** Mr Jones thanked the Chief Executive for the Public briefing the previous week at the Princess Royal, he also thanked the Trust Board for work to improve reception facilities at the Princess Royal.

Mr Jones wished to inform the Board of the dedication and professionalism of the PALs department at PRH. As a PALs Volunteer Liaison officer Mr Jones experience a situation that could have been detrimental to the Trust but was handled efficiently and resolved so that no further action was taken.

**2012.1/152 DATE OF NEXT MEETING**

- **Formal Board Meeting** – Thursday 31<sup>st</sup> January 2013, at 9.30 am

The meeting closed.

Enclosure 01

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 29<sup>th</sup> NOVEMBER 2012

Item	Issue	ACTION LIST	PRIORITY
<b>ACTIONS FROM THE MEETING</b>			
2012.1/140	Arrange analysis of financial implications of medically fit patients delayed transfers to community beds for Finance Committee	FD	Feb 2013
	To investigate possibility of CRB fast-tracking for recruitment of ward staff	DQS	21/1/2013
	Clarification on recruitment of the current nursing vacancies - provide an update for the Board	DQS	21/1/2013
2012.1/141	Patient experience metrics should also include actions and milestones in the next iteration - include actions and milestones in next Board paper	DQS	21/1/2013
2012.1/149	Explore the possibility if HR policies could be accessible via the corporate meetings folder as well as on the internet.	Company Secretary	31/1/2013