The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 29th 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)

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 1st November 2012

The Board APPROVED the Minutes.

2012.1/136  MATTERS ARISING FROM BOARD MEETING HELD 1st November 2012
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.

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 7th 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 imitative.

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 Board’s 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 Board’s 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 17th 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.

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**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 CQUINs, 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.
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.

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**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,

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**2012.1/147 TO RECEIVE THE 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

**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

**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.

**ANY OTHER BUSINESS** – None.

**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.

**DATE OF NEXT MEETING**
• **Formal Board Meeting** – Thursday 31st January 2013, at 9.30 am

The meeting closed.
## UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 29th NOVEMBER 2012

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