

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
 Held on Thursday 31<sup>st</sup> January 2012 at 9.30 am  
 Seminar Rooms 1&2, Shropshire Education & Conference Centre  
 Royal Shrewsbury 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
	Dr A Fraser	Medical Director
	Mrs V Morris	Chief Nurse/Director of Quality & Safety
	Mr N Nisbet	Finance Director
	Mrs D Kadum	Chief Operating Officer

	Mrs J Clarke	Company Secretary (DCG)
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In attendance:	Mr A Osborne	Communications Director
	Mrs V Maher	Workforce Director (part)
	Mr S Peak	Transformation Director
Meeting Secretary	Ms S Matthey	Interim Secretary
Apologies:	None Received	

**2013.1/01 WELCOME**

The Acting Chair welcomed Debbie Kadum as Chief Operating Officer to her first meeting of the Trust Board. Debbie joined the Trust during December from her previous role as Divisional Director for Urgent Care at the Countess of Chester Hospital NHS Foundation Trust.

**2013.1/02 TRIBUTE TO DR JOHN DAVIES**

The Acting Chair also formally announced with great sadness the death of Dr John Davies, former Chair, who died on Saturday 26 January. Condolences have been sent to Dr Davies' wife on behalf of the Trust Board.

The Acting Chair spoke of Dr John Davies' great contribution to our hospitals and to the wider health community by giving unstintingly of his time, wisdom and knowledge. The Board also reflected on all the achievements that Dr Davies had led during his time with the Trust.

**2013.1/03 DECLARATION OF INTEREST** by members in relation to any matters on the agenda  
 None received.

**2013.1/04 CHAIR'S AWARD**

The Chair's award this month was awarded to Clare Walsgrove, Matron of the Emergency & Critical Care Team at RSH who was nominated by colleagues for her passion for patient-centred care. Clare is inspirational in bringing her enthusiasm for patient care to the forefront;

she has an extremely caring and compassionate approach and leads by example.

Alongside her Matron duties Clare has also taken an active role in supporting the Acute Medical Unit at RSH and under her leadership, patients have seen tangible improvements in quality of care as evidenced by ward-to-board scores.

The Acting Chair thanked Clare for the impact achieved and for her enthusiasm and desire to embrace change.

**2013.1/05 MINUTES OF THE MEETING HELD IN PUBLIC on 29 November 2012**

It was agreed to remove the symbol c= from row 9 of the first paragraph of item 2012.1/143 on page 6. The Board **APPROVED** the remainder of the Minutes.

**2013.1/06 UNRESOLVED ITEMS FROM BOARD MEETING HELD 29 November 2012**

**2012.1/140** The Finance Director informed Board members that he will provide an update at the February Finance Committee regarding the financial implications of medically fit patients delayed transfers to community beds.

**Action: FD to provide update at February Finance Committee**

The Director of Quality & Safety reported that CRB checks are being processed in a timely way; a risk assessment process is in place for any exceeding 2-3 weeks.

Further staffing recruitment into vacancies has taken place during January to permanently staff the Escalation Ward; this will progress during February.

**2012.1/141** In response to Mr Simms (NED) request to include actions and milestones relating to the Ward to Board patient experience metrics in the next iteration of the Quality section of the Integrated Performance Report, the Director of Quality & Safety confirmed that this was discussed at the latest Quality & Safety Group where it was agreed this is not required as assurance is provided at Ward level.

**2012.1/149** Company Secretary (DCG) confirmed that HR policies were accessible via the Corporate Meetings folder as well as on the Intranet.

Dr Hooper (NED) wished to give support to the Medical Director in relation to the discussion held at minute 141.1 regarding the target of completion of appraisals for medical staff at 80% rather than 100%. The Chief Executive reiterated that the figure provided in the performance report related to all staff, as opposed to just medical staff, and the Trust is on target of 100% for all relevant medical staff by 31 March 2013 (i.e. those with more than one year's service).

**2013.1/07 CHAIRMAN'S REPORT**

As previously discussed, the Acting Chair drew attention to the recent death of former Chair, Dr John Davies. He reported that a funeral service will be held on Saturday 2 February; the Acting Chair will attend to represent the Board.

He also reported that interviews for the next Chairman of the Trust were currently taking place; an announcement from the NHS Trust Development Authority on the outcome of the interviews will follow in due course.

Dr Edwin Borman will join the Trust as Medical Director at the beginning of April 2013; he currently works as a Consultant Anaesthetist at University Hospitals of Coventry & Warwickshire where he is Clinical Director for Anaesthetic, Critical Care and Pain Services. The Acting Chair reported that the recruitment panel were impressed with his breadth and balance of skills and experience.

The Shropshire County Clinical Commissioning Group announced on 11 December 2012 that

they had passed the national Commissioning Board's authorisation process, and last week Telford & Wrekin Clinical Commissioning Group joined them in the second wave of authorised CCGs. Both will become statutory organisations from April when they will take over commissioning local health services

The Acting Chair reported on the recent period of snow and icy conditions which presents challenges for staff getting into work; various members of staff made tremendous efforts to ensure they were available, and a great deal of staff worked additional hours to ensure patients received vital health care. The Acting Chair asked the Chief Executive to pass thanks to staff across the Trust for their efforts.

**Action: Thanks from the Acting Chair to be sent to staff**

Adrian Osborne informed the meeting of a new National Initiative – 'NHS Winter Heroes'. A website is in the process of being devised at [www.nhsheroes.co.uk](http://www.nhsheroes.co.uk) but nominations can be forwarded to Adrian in the meantime.

The recent bad weather unfortunately postponed the ceremony to mark the work to create the new Women & Children's Unit at PRH. This will be rescheduled and advertised shortly.

Also, the Shropshire Education and Conference Centre was set to host a national conference on Cross-Border Health Care between England and Wales. This was also postponed due to the weather conditions and will be rearranged.

Finally the Acting Chair drew the Boards attention to the 'Putting Patients First' newsletter which had been provided regarding the Trust's new Booking Centre. The first phase of the project opened this week, with outpatient booking and waiting list teams from RSH moving into the new facility. It was agreed this is a tremendous step forward to having a consolidated service. The Acting Chair asked the Chief Executive to thank the staff for giving up part of their weekend last week to transfer equipment into the new facility.

**Action: Thanks from the Acting Chair to be sent to the staff**

2013.1/08

#### **CHIEF EXECUTIVE'S REPORT**

The Chief Executive reported that from 1<sup>st</sup> April 2013 the Local Area Team for Shropshire and Staffordshire are now established and will effectively take over the PCT cluster role at the end of January 2013.. before taking up their new responsibilities as Local Units of the NHS Commissioning Board on 1<sup>st</sup> April 2013..

Sir Bruce Keogh has recently launched a national review of A&E Services to ensure sustainability and highest quality of care, which is relevant to SaTH's current strategic direction and we will monitor its outcomes to help inform future strategy

2013.1/09

#### **RECEIVE AND REVIEW INFORMATION PACK OF DRAFT SUB-COMMITTEE MINUTES AND TERMS OF REFERENCE**

The Acting Chair presented the supplementary information pack of various Committee Minutes and Terms of Reference; this is a new format which enables the Board members to view the content prior to the meeting. The members agreed that they found it helpful.

#### **AUDIT COMMITTEE – 13 December 2012**

Mr Jones (NED) reported that the update on the Finnermore review into IT systems and controls requires more clarity and timescales. A further report will be made to the Audit Committee in February 2013.

On a more positive note, an audit has been undertaken in respect of clinic appointments supported by the availability of patient records. The result was 98% which is a significant improvement.

Finally, Mr Jones confirmed that the Pharmacy Centre Chief updated the Committee regarding the processes for drug stock control; this was in the context of stock write-off costs including significant increases in Autumn 2012. Recent increases in stock write-off related to exceptional circumstances for specialist imported drugs for a very small number of patients and arose from a change in clinical requirements. Normal level of write-off is below 0.5% and this compares well to other Trusts in benchmark reviews.

#### **FINANCE COMMITTEE – 27 November 2012**

Mr Simms (NED) reported that in once more reviewing the Terms of Reference, the Committee expressed concern with the make-up of its membership with the possibility of a disconnect between financial results and corrective operational activity. Following discussion, the Chief Operating Officer agreed she should be included in the core membership.

Mr Simms highlighted that item 7.2.4. of the Terms of Reference refers to the Committee 'Agreeing the 24-month Cost Improvement Programme'. He reported that the Committee felt it is out of their powers to 'agree' and sought the Board's approval to amend this to 'review' or 'recommend'. Following discussion, the Board agreed to amend the Terms of Reference to state 'recommend'.

**Action: Mr Simms to arrange for item 7.2.4. of the Finance Committee ToR to be amended from 'agree' to 'recommend' and to include Chief Operating Officer as a core member**

The Finance Committee reviewed the December financial results in detail and expressed concerns with payroll control and liquidity.

The Cost Improvement Programme outlook for the current year and an early view for the following year were considered. Whilst a summary of significant projects was presented, the Committee sought assurance that other lesser value initiatives were being captured. The Finance Committee received indications that there were examples of a definite cultural change in pockets within the Trust. Mr Simms provided an example of a lady in Housekeeping who this year has saved double her salary through benchmarking the price of products she uses in her role and then securing savings.

The Company Secretary (DCG) attended the Finance Committee to provide an overview of the post-audit review of the Lingen Davies Centre Project which came in on time and within budget; the Committee commended her excellent control of the project to the Board.

The Company Secretary (DCG) also provided a Historic Due Diligence Action Plan update at the Committee; the members were satisfied with the improved procedural controls introduced at an executive level.

#### **QUALITY & SAFETY COMMITTEE – 22 November 2012 & 17 January 2013**

Dr Vernon (NED) reported the Committee's concern regarding the administrative support for producing and maintaining the Quality Governance Framework, and was advised that the development is being supported by the FT & Governance Manager.

It was reported that the Ward to Board matrix is working well and went to Green for the first time which is a great improvement.

The Q&S Committee noted a positive visit to Ward 7 where recent patient feedback has been positive.

The VTE 90% target is currently being achieved; as the target is due to be increased to 95% the Trust will require input from IT to find a solution. The Medical Director reported that there is a link for VTE assessment on Patient Status at a Glance (PSAG).

The Trust is on target to achieve a 20% reduction of deaths over the past 2 years.

The Quality Impact Assessment focus has moved forward to next year's Cost Improvement

Programme.

Mr Simms enquired if the Trust captures 'customer care' anywhere as a service provider, i.e. car parking, complaints, front of house, visitors, etc. The Chief Executive suggested results are captured via Patient Surveys, PALs and complaints but that more focus should be considered.

#### **CHARITABLE FUNDS COMMITTEE – 13 December 2012**

The Acting Chair reported that Patient WiFi will be piloted in the near future on a trial basis; the first of the pilot areas will include the Lingen Davies Centre at RSH.

Adrian Osborne confirmed that the above will be included in the IT Strategy and will be presented to the Board at a later date.

A tremendous amount of work has been undertaken to raise money by Trust staff; the 'Great Walk to Work' raised £10k for the Lingen Davies Appeal which saw Trust staff members undertake a sponsored walk from PRH to RSH. A further fund-raising walk entitled 'From Here to Maternity' is scheduled to take place on 10 May 2013 from RSH to PRH to support children's facilities at PRH.

#### **REMUNERATION COMMITTEE – 29 November 2012**

For information only

#### **HOSPITAL EXECUTIVE COMMITTEE – 18 December 2012**

For information only

#### **RISK COMMITTEE – 22 November 2012**

As Chair of the Risk Committee, the Chief Executive reported that the Board Assurance Framework was discussed during the November meeting, along with the Terms of Reference and Governance arrangements for the risk management process.

The Board **RECEIVED** the Information Pack of Minutes and Terms of Reference and **SUPPORTED** the level of attention given to matters relating to Quality.

2013.1/10

#### **RECEIVE AND REVIEW THE NHS TRUST DEVELOPMENT AUTHORITY'S PLANNING GUIDANCE 2013/14 – 'TOWARD HIGH QUALITY, SUSTAINABLE SERVICES'**

The Chief Executive introduced this report. The document sets out expectations and requirements for Operating Plans for 2013/14. This translates the NHS Commissioning Board's high level guidance into plans and priorities for NHS Trusts.

All Trusts are required to submit their Operating Plans 2013/14 to the NHS Trust Development Authority. Key milestones for submissions are as follows:

- First cut submissions by 25 January 2013
- Updated submissions, where required, by 28 February 2013
- Final plans by 5 April 2013

Alongside an overarching presentation setting out our strategic priorities for 2013/14, together with any necessary improvement and development plans, the Trust will need to submit a high level Performance & Activity Plan, Financial Plan, Workforce Plan and Assurance Checklist. The Operating Plan will build on the work that has taken place in the Trust as part of the Trust's annual planning process.

The members were informed that this item would be discussed further during the Board Development Workshop following the Trust Board meeting and the final plan will be presented to the March Trust Board prior to the April date of submission.

**Action: Board members to discuss report further at Board Development Workshop.**

Final plan to be submitted to March Trust Board prior to April submission.

The Board RECEIVED and NOTED the paper.

2013.1/11

**TO REVIEW AND APPROVE INTEGRATED PERFORMANCE REPORT – INCLUDING UPDATED PATIENT FLOW ACTION PLAN**

**Quality / Patient Safety**

The Director of Quality & Safety presented this section of the report informing the members that key issues are highlighted in Red or Amber for December/Q3.

**RIDDOR Reportable Forms**

Currently RED for Q3 although there has been a month on month reduction in falls overall and to date whilst Q3 is flagged Red due to the increase of RIDDOR reportable falls compared to the previous 2 quarters, the year to date trajectory is in line to achieve a decrease in both RIDDOR reportable falls as well as an overall reduction in falls incidents.

**Grade 3&4 Pressure Ulcers**

The latest published Safety Thermometer identifies that the Trust is demonstrating that whilst significant reductions are required, the incidents of pressure ulcers is below the collective % performance. With the agreed aim to see month on month reduction to achieve the eradication of Grade 3&4 ulcers by the end of December (Grade 4) and end of March (Grade 3), the target for the dashboard has been based on a 33% reduction per quarter. To support this, a range of actions are in place to ensure all previous gaps in care are addressed and a Root Cause Analysis is undertaken on each Grade 3&4 pressure ulcer.

**C difficile & Infection Control Synopsis**

Above trajectory for December (7 new cases); the Infection Prevention & Control Team have considered the increase and suggest that the considerable cases of Norovirus may have led to the increase.

**Serious Incidents (SI)**

The Board established a RAG rating of RED during 2010/11 if there were more than 8 SIs in any given month, however during 2011/12 an additional 25 criteria were added to the national list of SIs which has led to an increase of reportable cases. The metrics now identifies the trigger level of SIs at 12 per month.

**WHO Surgical Checklist**

The Trust's aim is 100% compliance however there has been one emergency case where the team did not undertake the pre-team briefing prior to surgery. An audit of all emergency cases will be undertaken to ensure the full range of checks are embedded into practice and the Director of Quality & Safety will work with the Scheduled Value Stream Lead to undertake a wider emergency case audit.

**Action: Director of Quality & Safety to undertake a wider emergency case audit with the Scheduled Value Stream Lead – March 2013**

**Complaints**

The complaints RAG rating is based on actual figures and shows an improvement to last years data. The Chief Executive expressed concern at the length of time complaints were taking to be resolved.

**CQUIN Measures**

The report featured a Table of Quality Improvement Indicators:

**Indicator 1 – Percentage of Adult Inpatients assessed for the risk of VTE**

Performance has continued to remain above the required level however there are opportunities for further improvement which will be mandated for 13/14.

Indicator 4, 5 & 6 – Dementia

Work has been undertaken to find a solution to the requirement for all patients who meet the criteria to be screened after admission. This has been implemented in Q4 but may take some time to become embedded fully.

Indicator 23 – VTE Prophylaxis

Percentage of patients on appropriate prophylactic agent with an increasing compliance trajectory each quarter. Q4 requires 90% compliance.

This is audited against randomly selected sets of casenotes

Ward to Board Patient Experience Metrics

The results of the 12 questions of the Ward to Board Patient Experience Metrics increased to GREEN (91% during November and 90% during December 2012).

One of the questions relates to 'medication side effects' which scored 76% during December; the Director of Quality & Safety confirmed that further interaction with the Pharmacy Team is required.

Mr Jones (NED) queried the content of paragraph 3.6 relating to Ward Managers and Matrons being actively engaged with the work programme of improvements to eliminate Grade 3&4 Pressure Ulcers. Mr Jones enquired if there is personal engagement alongside ward engagement; the Director of Quality & Safety confirmed this is around both individual and ward performance where required.

Mr Jones (NED) reported that he did not understand the content of Table 2 within the report; The Director of Quality & Safety agreed that further explanatory text is required.

**Action: Director of Quality & Safety to expand upon the information within Table 2**

Operational Performance

Discharge & Patient Flow

The Chief Operating Officer informed the members that she has set up a Workstream to look at patient discharge which will include a review of policies to strengthen the management of discharge and to manage patient expectations of the process from the day of admission. .

Emergency Access Target – Progress Report

The Trust failed to achieve the 95% target during December 2012 with 90.36% for the month, giving 90.41% for Q3 and a year to date position of 92.14%.

Dr Vernon (NED) asked about the difference between RSH and PRH performance. It was suggested that this was multifactorial - it may be due to the demographics with patients being younger at Telford & Wrekin. It was reported that Telford & Wrekin also appear to have more discharge-support schemes in place. There has also been a disproportionate increase in emergency admissions on the RSH site – almost 11% compared to 4% less at PRH. This increase may impact on RTT targets as elective admissions were being cancelled to accommodate emergency admissions. The Chief Executive reported that bed capacity modelling and analysis is work in progress. However the Trust has a below average length of stay with high day case rates and nationally the 6<sup>th</sup> highest Finished Consultant Episode per bed, which indicated that the problems were not due to inefficiency but lack of bed capacity.

It was reported that Social Care have provided an additional 30 discharge-to-access beds which will enable patients to receive an additional 2 weeks care outside of the hospital; staff are absolutely committed to this.

The Chief Operating Officer pointed out that the resolution requires a whole health economy approach and the current Emergency Access Improvement Plan reflected this. Realistically it would be end of March before 95% could be sustainably achieved, so long as all organisations delivered their actions, but ultimately the Trust would be looking to achieve 98% admitted within

4 hours of the decision in A&E to allow 'headroom'.

#### 18 weeks Referral to Treatment Target (RTT) – Admitted

The Transformation Director reported that the Trust failed the RTT for Admitted patients in December with 81.21% against the 90% target. A programme of work to reduce the number of patients waiting over 18 weeks continues in all specialties, with focus upon Ophthalmology and Orthopaedics, but by reducing the number of patients waiting over 18 weeks impacts upon the performance in those specialties and the trust as a whole. The Trust has agreed with Commissioners a timescale of the end of March to be compliant across all specialties and at Trust level. However there are risks to achievement of this due to the high number of elective cancellations because of emergency admissions and the current high rate of staff sickness.

#### 18 weeks Referral to Treatment Target (RTT) – Non-Admitted

The Transformation Director informed the members that the Trust failed the RTT for Non-Admitted patients in December with 86.66% against the 95% target. Although the high number of patients waiting over 18 weeks has reduced over the last three months, the Trust is not yet in a position to be 18 week compliant. Plans are in place to reduce further over the next two months. The overall backlog now stands at 6% of the total waiting list which is in line with national performance but particular specialties need additional efforts to achieve the target by 31 March – ophthalmology, neurology, respiratory medicine, cardiology and dermatology. Additional capacity has put in place where possible and referral reviews to improve performance.

#### Cancer

The Trust achieved 10 of the 12 target areas in December; the two areas where the target was not achieved were 'To receive treatment within 31 days of diagnosis' and 'To receive surgical cancer treatment within 31 days of diagnosis'. However the Trust continues to achieve all the standards for the year to date period.

#### Cancelled Operations

There were 149 cancelled operations in December; 41 of which were for medical reasons and 108 for non medical reasons. Work continues to ensure patients are re-admitted within 28 days of cancellation; an action plan has also been agreed with each Centre to track and escalate individual cases where re-admission is proving a challenge. It was noted that the cancellation of operations impacts on the volume of activity that can be delivered.

#### Trust-wide Financial Performance

The Finance Director presented this section of the report.

#### Income

It was reported that at the end of December 2013 the Trust had recorded an under recovery of Income as compared with the revised Income budgets approved in October of £170,000. At the year end the Trust is forecasting to under achieve against Income targets by £685,000. However income for January to March was expected to exceed the average levels in April to December and discussions were ongoing with commissioners regarding the end of year position and a fair settlement.

#### Pay

Pay spending in the month of December amounted to £16.952 million and is £162,000 above the planned level for the month. The level of spending in respect of Agency costs increased in respect of Nursing staff to £472,000. A Group has been established to review agency requests on a weekly basis, which now have to be authorised by the relevant Centre Lead Nurse.

In forecasting an outturn for the year it has been assumed that Pay spending will amount to £17.0 million per month. In the year to date, the average level of monthly Pay spend amounts to £16.823 million.

#### Non-Pay

During December, the Trust underspent by £163,000.

The three month average spending covering the period October to December amounts to £7.318 million; in forecasting an outturn it is assumed that Non Pay will spend at the rate of £7.3 million per month throughout January to March.

The Finance Director reported the Trust is unable to achieve a surplus of £1.9 million at year end; a surplus of £1 million is proposed.

A number of remedial action plans are in place for associated risks carrying financial penalties, which include:

- A&E
- Cancelled Operations
- Choose & Book
- 18 weeks Referral to Treatment Target (RTT)

It was noted that the Trust intended to deliver recurrent CIPs of £14.75m against a plan of £25.98m, which would result in the Trust carrying forward a recurrent deficit of £3.2m in 2013/14, which combined with negative tariff and pay and non-pay inflation, produced a £16m deficit in 2013/14 which would require 6% CIP. Extrapolating from discussions with T&W CCG in relation to demographic growth, activity increases and QIPP schemes should enable the Trust to record a surplus of £2.3m in 2013/14 rising to £5.2m by 2017/18

It was noted that the working capital position is weak and is creating pressure on our ability to make payments which should ease once an agreement with the Commissioners has been reached, but requires a long-term liquidity solution.

Key risks were identified in relation to contract income, penalties and CQUINs, patient flow costs, agency costs and clinical Centre overspending.

#### **Workforce Performance**

The Chief Executive presented this section of the report on behalf of the Workforce Director; Appraisals continue at a consistent rate and through discussions with Centres, plans are in place to achieve 80% by April 2013. It was suggested the threshold be increased for 2013/14.

There was a significant increase in sickness rates during December; reasons include sickness (related to Norovirus outbreaks) and Stress which reflects the current pressures of organisation.

The current sickness absence rate is 4.50%. Although further discussions were agreed to be held during the afternoon Board Development Session, the members agreed that consideration should be given to reducing this rate below 4%.

#### **Declaration against Provider Management Review Framework**

The Trust currently rates as RED with 10.5 including 5 penalty points at December. This includes one penalty point for

- failure to achieve A&E 4 hour wait standard
- 18 weeks RTT target (Admitted)
- 18 weeks RTT Target (Non Admitted)
- 18 weeks RTT Target (Open Clocks)
- 31 day diagnosis to treatment (0.5 penalty point)
- 31 day second or subsequent treatment and finally C difficile.

An additional 4 penalty points relating to the A&E override should be added, giving a total of 10.5 penalty points at end December 2013.

The members acknowledged concerns relating to failure to achieve the above and noted the actions being taken by the Executive team.

The Acting Chair asked the Board members if they are happy for him and the Chief Executive to sign the Declaration which highlights that there is insufficient assurance available to ensure continuing compliance with all existing targets. The Board members **RECEIVED** the contents of the performance report and **AGREED** sign-off of the Declaration.

The Chief Executive presented the Autumn version of the Acute Trust Quality Dashboard received from Midlands & East Quality Observatory, for information. This showed SATH's performance against the five domains of the NHS Outcomes framework, plus an additional domain looking at organisational context and metrics. This benchmark information was welcomed by the Board

The Chairman noted that this item had taken 58 minutes to discuss but that it was important to consider each of the elements in detail.

**2013.1/12 TO RECEIVE AND APPROVE BOARD COMMITTEE STRUCTURE**

The Company Secretary (DCG) presented the revised edition of the Board Committee structure which details the revised structure; The Tier 1 Committee is the Trust Board and Tier 2 Committees are the formal sub-Committees of the Board which will report to the Board through the meeting Chair and minutes included in the Board Information Pack.

The Board **RECEIVED** and **APPROVED** the Committee structure and the Terms of Reference for the Committees contained in the Information pack.

**2013.1/13 TO RECEIVE AND REVIEW PROGRESS ON RECOMMENDATIONS FROM NATIONAL INQUIRIES INTO HEALTHCARE SERVICES**

The Director of Quality & Safety presented this report which relates to key themes and actions arising from a series of national reports and recommendations. This Framework originated from the SHA, following the first Francis Report.

This paper includes consideration of additional reviews published since Autumn 2011, including the Winterbourne View Report, and provides an evaluation of work undertaken to date.

The Quality and Safety Committee have programmed a review of the overall actions identified in this report (6 monthly) and will receive a full briefing on any new national report (including the Francis Report due early Spring 2013) and the Board will receive an overview of any new national reports.

The Board **NOTED** the additional national report and the progress made since the last report to the Board in September 2011.

**2013.1/14 TO RECEIVE AND REVIEW THE CQC REGULATORY REPORTS**

The Director of Quality & Safety presented this report and informed the members that the Care Quality Commission (CQC) undertake routine annual inspections at every NHS Trust but also undertake themed reviews to look at specific standards.

The report provides an overview of the key areas which were reviewed in late Summer and Autumn of 2012.

It provides positive assurance to the Trust on the outcomes of care provided in the Royal Shrewsbury Hospital, Maternity Services and both sites in relation to the CQC A&E Survey (published 6 December 2012).

Additionally there was information on a comprehensive response to CQC in relation to a maternity outlier alert for maternal non-elective readmissions within 42 days of delivery.

The Board **NOTED** the paper and **AGREED** to consider the evidence when reviewing the Quality Governance Framework and Board Assurance Framework.

2013.1/15 **TO RECEIVE AND REVIEW THE QUALITY GOVERNANCE FRAMEWORK (QGF)**

The Director of Quality & Safety presented the Quality Governance Framework; this was originally discussed at the March 2012 Trust Board where it was proposed and accepted that Non-Executive and Executive Directors would pair up to undertake a validation process of the evidence against an agreed number of sections/questions set out by Monitor (the Independent Regulator for Foundation Trusts).

The QGF has been reviewed and its content reduced and the Director of Quality & Safety asked the Board members to undertake the same self assessment process during February 2013 for further discussion at the Board Development session during March 2013.

**Action: Directors to undertake self assessment process during February 2013 for further discussion at the Board Development session during March 2013.**

The Director of Quality & Safety agreed to circulate the pairings and a reminder of the sections to the members.

**Action: Director of Quality & Safety to circulate pairings and a reminder of the sections for review.**

The Chief Executive considered that the commentary section of Appendix 1 was evidence rather than a succinct summary of the position. He suggested that a this should reflect the current position regarding the level of assurance pertaining to each area and an additional column be added to provide this and the current commentary heading be described as 'evidence'

**Action: Director of Quality & Safety to revise**

The members discussed the QGF Self Assessment RAG ratings at Appendix 2 and the Director of Quality & Safety requested the members to bear the content in mind when undertaking the validation process. It was reported that this document will be available via the shared drive on the Corporate nursing folder with the evidence being uploaded by 11 February, where identified.

The Board **NOTED** the progress on the sub sections of the QGF and **AGREED** to validate during February prior to a wider discussion at the March Board Workshop.

2013.1/16 **TO RECEIVE FUTURE CONFIGURATION OF HOSPITAL SERVICES (FCHS) UPDATE**

The Transformation Director reported that since the last update, the FCHS Programme continues to meet all key target dates for the development of a new Women & Children's Unit at PRH and a new Children's Assessment Unit and Children's Outpatients at RSH; and remains within the allocated budget of £35m.

The members were informed that there was now focus on the linked work programmes on which delivery of the reconfiguration of Women & Children's Services is reliant, which include:

- The delivery of changes within the Trust's Stroke and Rehabilitation Services
- Ophthalmology Outpatients moving from their current temporary location in Ward 14 by May 2013
- The vacation of Ward 12 by Escalation and alternative plans put in place for PRH by May 2013
- Changes within the operational delivery of Theatres and within the Day Surgery Units at both sites to enable the consolidation of children's surgery at PRH
- Capacity within Outpatients and Theatres at PRH to enable the transfer of the

Gynaecology Services in Summer 2014

- Development and delivery of a Medical Records Strategy to allow the Women & Children's Service to move in Summer 2014

The Chief Executive highlighted his concerns regarding the further loss of beds following the vacation of Ward 12 during April/May 2013. A Programme Board meeting will be held on 14 February where options will be received and discussed. The Transformation Director agreed to provide a further update at the March Trust Board meeting.

**Action: Transformation Director to provide an update at March Board meeting**

Mr Simms (NED) confirmed that although he is happy to receive the update, he enquired how he can be assured that the build is on target / budget. The Transformation Director agreed to provide further detail at the February Finance Committee meeting.

**Action: Transformation Director to provide an FCHS update to the February Finance Committee**

The Board **NOTED** the assurance provided relating to the progression of the FCHS Programme

2013.1/17

#### **TO RECEIVE BOOKING AND SCHEDULING UPDATE**

The Transformation Director informed the meeting that Phase 1 of the newly created centralised booking function has been completed at the RSH site. A modern call handling system has been introduced, along with a working environment refurbishment, office furniture and IT infrastructure.

Phase 2 is due for completion at the beginning of February 2013. The Centre will operate with extended hours (8am – 8pm & Saturday mornings).

Improvement plans are in place for the Choose & Book system. This includes updating the Trust's Directory of Services. The Trust has agreed with local commissioning groups that it will become the system of choice for all new patient referrals.

By the end of January 2013, the Trust will have set up 8 Consultants across a number of specialties to offer an advice and guidance service to GPs via the Choose & Book system. The Trust will receive payment for the provision of this service.

The meeting was informed that work to refine the data input of the KPI Dashboard has continued to allocate publication to clinical Centres and the Project Board on a monthly basis. Information will be presented to the Board on a monthly basis.

The Board **NOTED** progress made to date and actions still to be completed to finalise Stage 1 of the Programme.

2013.1/18

#### **TO RECEIVE AND ADOPT THE STANDARDS FOR MEMBERS OF NHS BOARDS**

The Workforce Director joined the meeting and highlighted that the purpose of the paper is to ensure all members of NHS Board and CCG Governing Bodies should understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate.

The standards for members of NHS Boards are broken down into the following three key areas:

- Personal Behaviour
- Technical Competence
- Business Practices

The Acting Chair confirmed that he has written to all Board members asking them to commit in writing to meeting the standards.

**Action: Board members to sign and return template**

2013.1/19 ANY OTHER BUSINESS – None received.

2013.1/20 QUESTIONS FROM THE FLOOR

Q1 Mr Jones belatedly wished the Board members a Happy New Year.

Mr T Jones

He expressed his disappointment at being the only member of public in attendance at the meeting.

Mr Jones highlighted that he has found on his voluntary rounds of the hospital wards that it does not appear a Senior Nurse always accompanies the Consultant/Doctor when conducting their ward round. Mr Jones enquired if this is a regular occurrence. The Director of Quality & Safety confirmed that she has worked with Centre Chiefs to identify a specific time for Consultant Ward Rounds to take place to eradicate this.

Mr Jones reported that he has heard many discussions relating to the possible increase of car parking charges and suggested a final decision be made by Board members.

He also highlighted that Ward 11 is a credit to the Trust.

Finally, Mr Jones reported that he has received many comments regarding the lack of pillows in clinical areas within the Trust. The Director of Quality & Safety agreed to look into this.

The Board members thanked Mr Jones for his attendance and contribution to the Board meetings and his continued voluntary work within the Trust.

2013.1/21 DATE OF NEXT MEETING

- **Formal Board Meeting** – Thursday 28 February 2013 at 9.30 am Seminar Rooms 1&2, SECC at RSH

The meeting closed.

## UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 31 JANUARY 2013

Item	Issue	ACTION LIST	PRIORITY
<b>ACTIONS FROM THE MEETING</b>			
2012.1/121	Health and Wellbeing Management update – <i>November 1st Trust Board</i>	WD	Feb 2013
2013.1/106	To thank staff for their efforts in continuing to provide a service during the challenging weather conditions	CEO	Completed
2013.1/106	To thank staff involved in transferring equipment to the new Booking Centre facility	CEO	Completed
2013.1/108	To arrange for the Finance Committee Terms of Reference to be amended from 'agree' to 'recommend' and to include the Chief Operating Officer in the core membership	COO/B Simms (NED)	Feb 2013
2013.1/10	To work with the Scheduled Value Stream Lead to undertake a wider emergency case audit relating to the completion of the SHO Surgical Safety Checklist	DQS	Mar 2013
2013.1/10	To expand the information available within Table 2 relating to Complaints in the Integrated Performance Report	DQS	Mar 2013
2013.1/14	To undertake a self assessment process of the Quality Governance Framework during February prior to further discussion at Board Development session during March  To circulate pairings (as per previous self assessment process) and reminder of the sections for review  To include an additional column to Quality Governance Framework	Board Members	Feb 2013
2013.1/17	To commit, in writing, to meeting the Standards for Members of NHS Boards	Board Members	Feb 2013