

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 26 July 2012 at 9.30 am
Seminar Rooms 1 & 2, Shropshire Education & Conference Centre,
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Dr J Davies Mr M Beardwell Dr P Vernon Mr D Jones Mr B Simms Dr S Walford Mr S Peak Mrs V Morris Mr N Nisbet Mr C Beacock	Chair Vice-Chair/Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED) Non Executive Director Non Executive Director (NED) Interim Chief Executive (CEO) Director of Quality & Safety (DQS)/Chief Nurse Finance Director (FD) – part meeting Deputy Medical Director (DMD)
	Mrs J Clarke	Company Secretary (DCRM)
In attendance	Mr A Osborne Mrs B Graham	Communications Director Committee Secretary
Observers	Mrs M Roberts	Telford & Wrekin Link
Apologies:	Dr A Fraser Mrs D Vogler Mr N Nisbet	Medical Director (MD) Director of Business & Enterprise (DBE) Finance Director (part meeting)

2012.1/80.1 WELCOME

The Chairman welcomed everyone to the meeting and with great sadness reported the untimely death of Caroline Bond who passed away on 16 July 2012. Caroline had been a very good friend to SaTH and to healthcare across Shropshire. She was a great champion of improvements in patient care and had recently been involved in the establishment of the Trust's Patient Experience & Involvement Panel and undertaking regular ward visits. Her contributions have been greatly appreciated and, speaking on behalf of the Board, the Chairman said she will be sadly missed. The details of the Thanksgiving Service to be held on 27 July 2012 were given to the Board.

2012.1/80.2 CHAIRMAN'S AWARD

The Chairman's Award this month went to two people – Nick Holding and Sally Hodson - who were the main drivers of an organised Walk from PRH to RSH on 24 May 2012 when 130 walkers raised money for the Lingen Davies Cancer Appeal. The event raised over £10k and will help towards the £400k required for equipment and furniture for the new Cancer Centre development which will be formally opened in September 2012.

2012.1/81 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

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Chairman
30 August 2012

MINUTES OF THE MEETING HELD IN PUBLIC on 28 June 2012 were **APPROVED** subject to the following amendments under **74.2 Quality Account 2011/12** :

- Page 4, 1st para, 3rd Line, change “Deputy Head Nurse” to “Deputy Chief Nurse”;
- Page 4, 1st para, 8th Line, should have read “through the Quality Improvement Strategy consultation process”.
- Page 5, 2nd para, under “The Board agreed” - 2nd bullet point - the Chief Nurse clarified that SaTH agreed to support midway between SHA’s aims and what was realistic for SaTH to achieve. The slight differences were with regard to pressure sores i.e. eliminate Grade 4 by December 2012; Grade 3 by 31 March 2013 and Grade 2 for RCAs to be undertaken on each case during 2012/13 as identified in the Quality Account and the Quality Improvement Strategy.
- Page 5, 3rd para, The Board **APPROVED** the Quality Account for 2011/12. Therefore no action for DQS as previously stated.

	MATTERS ARISING FROM THE MEETING HELD ON 28 JUNE 2012
(48.1)	Year-End Finance Report – Powys LHB Contract The CEO confirmed that a meeting with Powys had taken place but that it had mainly dealt with general issues. The CEO advised that a further meeting with Powys LHB will be required to resolve the outstanding issues from 2011/12 and non payment issues in 2012/13. Urgent Action: CEO.
(48.3)	Provider Management Reporting Template for March - Learning Disability The DQS TABLED a paper which provided an Action Plan on the six criteria required to meet the needs of learning disabled patients.. Dr Vernon (NED) advised that this was discussed at length at the Q&S Committee when the Committee asked the MD and DQS to ensure the SEMA system captured necessary Alerts but that in the meantime a paper based solution should be considered. The DQS said that a firm date for implementation would be available for the next Board meeting. Action : DQS – Aug 2012.
(52)	Question re. Automatic Doors by the Lofthouse Unit: Item complete.
(57.1)	Chairman’s Report – Board Committee Structure/Terms of Reference The Chairman said he had received some model Terms of Reference from Deloittes and will now hold discussions with Committee Chairmen in the next few weeks before submitting revised Terms of Reference to the next Board meeting. Action: Chair.
(59.2.1)	Strategic Performance Report – Further explanation on incidents of pressure ulcers The DQS said this was focused on at the last Q&S Committee meeting. The issue will be discussed in depth in the private session but for the public session she had provided Posters on “Episodes of Care” reflecting Root Cause Analyses from those Wards who have reported pressure ulcers.
(61.1)	CFC Outcome Summary – The Chairman said there had been conversations with Lingen Davies regarding future projects. It has also been agreed to set up a Strategic Charity Board in August which will also involve the two Leagues of Friends and Lingen Davies.
(73.1)	Chair’s Report – Board FT Readiness Assessment by SHA The FT Assessment by SHA on 3 July 2012 was cancelled and has now been rescheduled for 19 September 2012. Action: Members to note.
(73.2)	CEO’s Report – Joint Venture details – will be covered under the CEO’s Report. Item complete.
(74.2)	Quality Account 2011/12 – had been discussed. Item complete.
(74.3)	Annual Security Report 2011/12 – The Trust Training Plan will be presented to the next Board meeting. Action: Workforce Director – Aug 2012.
(74.4)	Business Case for Fractured Neck of Femur – The outcome of the review of MSK will be brought back to the Board in September. Action: CEO – Sep 2012.
(75.1)	Finance Report M2 – Rise in Emergency Activity (i) This concerned the rise in Emergency Activity in the context of the QIPP programme that SaTH has agreed with Commissioners. This issue has been raised with Commissioners. Further discussions are needed to revise the contract. Action: FD. (ii) The increased emergency admissions are adversely affecting our ability to close beds. A meeting has been arranged to expedite bed closures. The number of beds closed to date was 102. Action: CEO.
(75.3)	PMO Report - The status of this work was discussed in the F&P Committee meeting on 24 July 2012. Mr Simms (NED) would comment later.
	MATTERS ARISING (Continued)

(76.1)	NHS FT Update – seek to examine business strategy from neighbouring Trusts re. their aspirations The CEO advised that the neighbouring Trust in question was currently being scrutinised by Monitor however they will be happy to share this information with SaTH in the next couple of weeks. Action: CEO.
(77.5)	Q&S Committee Workshop 21 Jun 2012 – Centre Reviews (i) The DCRM said that there is a proposal to reintroduce the Clinical Governance Executive and this has been included in the Deloittes work. (ii) In terms of Centre Reviews, it was noted that a 20:20:20 allocation of time has been adopted to cover Finance, Performance and Quality respectively.
(79)	Questions re. Frequency of Cleaning Windows and Guttering – DQS agreed to pursue this. Action: DQS.

2012.1/83.1 CHAIRMAN'S REPORT included the following :

- i) The Chairman reported that he had met with the Chairman of the Community Trust to confirm our mutual proposals to develop a strategic relationship - which has been approved by both Boards. Both parties are very enthusiastic and there is a mutual endeavour to move forward as soon as possible in this respect. The priorities are the Frail Elderly Project, Improved Use of Bed Capacity/Step Down Facilities and Telehealth Project.
- ii) It was noted that the National Commissioning Board will have 27 local offices with SaTH becoming part of the Shropshire and Staffordshire group. However, SaTH will become part of the Shropshire, Worcester, Hereford and Telford & Wrekin.
- iii) Discussion with the Chairs of PCTs, confirmed that there was real disappointment and frustration with Finnermore's work to produce a 5-year Strategic Plan for the Health economy. This work has not reached a conclusion.
- iv) The Chair had met with the Shropshire Council with the objective of securing SaTH's involvement with the Shropshire Health & Wellbeing Board. It was agreed that Shropshire Council would support active involvement..
- v) A successful meeting had taken place with the MPs and Peter Herring (Designate CEO).
- vi) SaTH was actively seeking candidates to fill the vacant Non Executive Director position. The closing date for applications is 15 August 2012.
- vii) SaTH is well advanced with the appointments process for a Chief Operating Officer (COO). A long listing meeting is scheduled for 15 August 2012.
- viii) FT Chairs Academy – The Chair had attended the final session which integrated care for patients with diabetes and other long-term conditions. He believed that some of the learning from this work should be incorporated into SaTH's strategy. The Chairman encouraged NED colleagues to consider attending future FT Academy courses at Cass Business School.

2012.1/83.2 CHIEF EXECUTIVE'S REPORT

Members NOTED the following verbal report :

- **Strategic Relationship with Community Trust** – the CEO had recently met with the CEO of the Community Trust and agreement had been reached to focus on a limited number of key activities, starting with the introduction of the Frail Elderly complex pathway. There will be more feedback at the end of August 2012. **Action: CEO.**
 - Mr Jones (NED) recognised the sense of urgency and asked if we are likely to see a positive impact on the ground in Autumn/early Winter. The CEO said the project would be working with existing resources e.g. in Medicine with "DAART" and with expertise in Care of the Elderly and that recruitment of Geriatricians had been started prior to formal funding approval being given by the CCGs.
 - Mr Beardwell (NED) asked if Age UK was involved in the Frail Elderly project as it could be a useful advocate. The CEO said he would take this up with Dr Bill Gowans as part of the Unscheduled Care workstream and also consider the possibility of others. **Action: CEO.**

- **Aspirations to repatriate Cardiology Coronary Angioplasty back to SaTH** – This procedure is currently undertaken in Stoke and Wolverhampton. When it was discussed at the Hospital Executive Committee (HEC) it was noted that SaTH would first have to gain formal accreditation but that all the key elements were in place. The Board will receive a paper in the next 3 months to consider the capital and revenue consequences for the next financial year. The Chairman added that he had discussed this action with the Chair of North Staffs Hospital Trust who advised that since they are currently under a lot of pressure they would be amenable to this change. **Action: CEO.**
- **Moving Acute Surgical Services from PRH to RSH** – This is the first element of the Reconfiguration Project and was successfully completed on 24 July 2012. The Deputy Medical Director said that the move had gone well but that he anticipated issues in aligning the hospital with the increased levels of activity. Mr Beardwell (NED) reflected that this provided much safer surgical services. It was suggested that the Board should visit the facilities. **Action: ALL.**
- **Booking and Scheduling** – A Project Plan was taken to HEC on 24 July 2012. The CEO agreed to share the full Project Plan with timescales at the next Board meeting. **Action: CEO – August 2012.**
- **Pathology Joint Venture** – Work continues on the structure of the Joint Venture. It was expected that the tender would be submitted in the autumn. Dr Vernon (NED) said that this proposal is causing a lot of unrest and suggested that we should convey to the SHA the extent of the stress and anxiety being created due to the uncertainty. The Chair accepted this and noted that there is some evidence to suggest that similar schemes had not worked as well as expected and with reduced benefits.

2012.1/84 QUALITY AND SAFETY

84.1 TRAVEL AND TRANSPORT PLAN

The CEO introduced the paper and gave a PowerPoint presentation (*copy of slides attached*). The paper confirmed that there had been an ongoing programme of public engagement to support the development of a Travel and Transport Plan which included articles in the Trust's "A Healthier Future" newsletter (October 2011), discussion in public briefings and workshops and a discussion document ("Shaping Your Travel and Transport") to seek views. The consultation was launched in June 2012 and the feedback from patients and the public will support the development of a discussion document on staff travel and transport and a detailed Travel and Transport Plan for future presentation to the Trust Board. Nearly 100 responses were received from the consultation, with the main focus being on car parking arrangements at the Trust and the cost of car parking.

The CEO said that the Trust had not updated its car parking prices for approximately 5 years and he felt this proposal was gauged at the right level. Recommendations were:

- To introduce a tiered tariff system from Autumn 2012;
- To install number plate recognition technology at CP Plus' expense
- To reduce tariffs below the original proposal to £2.50 for up to 2 hours, increasing to £3.00 from 2 hours to 5 hours and increasing to £3.50 above 5 hours;
- To pay on exit, not on entry, with flexible payment options;
- To improve signage;
- To increase visibility of concessions;
- To focus attendants on customer support rather than enforcement;
- To improve design and layout of car parks;
- To review car parking charges annually;
- To increase free parking period to 30 minutes, with drop off zones at all major entrances and free 30 minute drop off anywhere on site;
- To take forward patient/public feedback into a staff discussion document;
- To develop a detailed Travel and Transport plan by year end.

TRAVEL AND TRANSPORT PLAN (Continued)

The CEO said the staff plan consultation will be launched in the next four weeks with implementation planned for the end of December 2012. The following comments were noted from Board members :

The Deputy MD raised concerns that patients were frequently late for appointments because of lack of parking spaces and staff frequently drove around looking for spaces. He felt that there was a fundamental lack of car park spaces and, in his opinion, it was fanciful to assume that patients and staff would not bring in cars to work. Dr Vernon (NED) responded by stating that 300 cars were being parked on site from people who live less than one mile from the hospital. The Deputy MD said it was important to note that a percentage of these people are required to travel to other hospital sites. The Chair said these issues will feature as part of the staff consultation transport exercise.

Mr Simms (NED) said he could not see how these proposals would either improve availability of parking spaces for staff or change staff behaviours. He considered that the proposal was a device to increase charges and not particularly for providing a better service. In answer to what parking arrangements will look different in 6 months time, the CEO said that there would be more concessions, improved signage, drop off zones, and double line parking will be enforced. Feedback from the public consultation will be taken into account and following the staff consultation a proposal for a staff travel and transport plan will be brought forward for the Board's consideration. Without the staff consultation Mr Simms (NED) felt that he had to abstain from voting in favour of the proposal. In response to Mr Simms' query on the policy to be applied to non-payers, the CEO confirmed that a clearly displayed escalating level of penalties would be levied.

The Board **AGREED** – with Mr Simms NED **abstaining** - to go ahead with the plan to proceed to install the number plate recognition system. In addition, it was agreed to introduce the other recommendations detailed above. The Trust will continue to discuss with ARRIVA and Local Authorities the feasibility of introducing park and ride schemes and additional bus routes to serve the two hospital sites. **Action: CEO.**

84.2

ANNUAL INFECTION CONTROL REPORT 2011/12

The Director of Prevention & Control (DIPC) attended for this item. She introduced the Annual Infection Control Report and gave a PowerPoint presentation (*copy of slides attached*). In 2011/12 the Trust continued to see improvements in prevention of Health Care Acquired Infection. The following points were **noted** :

- The MRSA bacteraemia target was achieved with only a single case and this represents a 93% reduction since the peak on 2003/04. In 2012/13 the target is no more than 2 cases.
- The C difficile target was also achieved with 41 cases against a target of 54, a drop of 80% since the peak in 2008/09. The common cause is antibiotic use. The 2012/13 target is no more than 45 cases.
- Hand hygiene compliance continued to improve with over 95% compliance over the whole year and this reflects a culture change in the organisation.

In 2012/13 the Trust will additionally focus on MSSA and E coli bacteraemia with the aim of reducing these risks which are predominantly acquired in the community. They are most commonly associated with infected intravenous lines (MSSA) and urinary catheters (E coli).

Elsewhere in the Trust, work continues to ensure compliance with the Health and Social Care Act, which covers all aspects of prevention of HCAI, from management structures to environmental cleaning. SaTH is currently 95% compliant.

ANNUAL INFECTION CONTROL REPORT 2011/12 (Continued)

Noting the Challenges for 2012/13, the DIPC expressed concerns that the Microbiology Laboratory will be moving and there will be a lot of work to maintain the focus on Infection Control. The DIPC pointed out that Infection Control is not achieved by the Infection Control Team alone but by every member of staff. The DIPC stressed the importance of the use of gel for relatives and visitors entering and leaving the hospitals. In response to a question relating to capacity in the Team, the DIPC said that there are currently staff shortages but she gave assurance that IPC maintains essential capacity to respond to outbreaks. Junior Doctors who have been a problem in the past now receive more training and compliance has improved.

Dr Vernon (NED) congratulated the DIPC on the Annual Report which reflected really good performance. He referred to the success of past years in achieving MRSA compliance, which was an important example of a very positive change in culture in the organisation.

The Board **APPROVED** the Annual Infection Control Report for 2011/12.

84.3 QUALITY & SAFETY REPORT

The DQS introduced the Quality & Safety Report which covered the following :

- Nursing Care Metrics – Feb to Jun 2012 – reviewed by Senior Nurses/Matrons;
- Patient Experience Metrics – Sep 2011 to Jun 2012;
- Supporting Improvements in Care and Experience;
- Complaints, Incidents and Serious Incidents;
- Patient Safety Summary – Key Indicators.

The DQS said that a review had been carried out on pressure ulcers since April and this information is being shared with staff. It focuses on “what should we have done” and “what we did not do”.

Section 2.2, bullet point 6 recorded a Learning Disability Training Workshop held in July, however, the attendance was not good and further training will be held in September.

The DQS said that the Deputy Chief Nurse is committed to issuing the Board with the latest SIs and Charts for Safety Walkabouts. In this way the Wards will be aware that Board members visiting the Ward will routinely know how well the Ward is performing.

Dr Walford (NED) commented that the process control charts shows that there has been no significant change of SIs since July 2010.

The Board **APPROVED** the Quality and Safety Report.

2012.1/85 PERFORMANCE

85.1 FINANCIAL REPORT – MONTH 03

The Board **RECEIVED** and **NOTED** the Month 3 Financial Report and the FD highlighted the main observations as follows :

Income and Expenditure position – SaTH reported an adverse year to date income variance from budget of £329k and continues to struggle to reduce pay numbers and pay costs. Actual spend was £16.6 million against a planned spend of £16.3 million. The effects of this will carry into July and August.

Non pay spend has seen a very significant reduction in the first 3 months of the year.

Pay spend shows that the number of staff employed in the organisation is not reducing at the planned rate. It is also reflected in the CIP performance, and even though beds have been reported as closed, there appears to have been no corresponding workforce reduction. Also the budgeted reduction in fixed term appointments were not realised.

Robust discussions took place when the following issues were raised :

- Mr Simms (NED) pointed out that the Board agreed several months ago that reference should be made to the “budget” and not the “plan”. The Board had been assured by the previous CEO that the Trust would be in balance by June 2012 but this report is sending out the message that we are not in control as an organisation and that more focus on financial performance is required. Mr Simms (NED) asked what action is being taken on the 6-8 Centres who are running above budget. He also noted that no specific actions of recovery have been proposed and therefore there is nothing to give confidence that the situation will improve in the near future. He considered that there was a dis-connect between finance and operations and would want to pursue further discussion on CIPs in the private session of the Board.
- The FD explained that the Trust is experiencing high levels of emergency activity. There is substantially more work being covered in the first 3 months of the year but the Trust is only receiving 30% cost for each incremental patient treated. The Chairman said he would like to receive a more detailed explanation and assurance around the £2.3 million adverse price variance since it consisted of losses in outpatients and elective admissions as well as emergency admissions. He proposed an urgent meeting with the CCGs to consider contract renegotiation. Dr Vernon (NED) asked what action was being taken with the CCGs to reduce admission rates in this area. The FD said he had met with the CCG to discuss the over-performance and they recognised that it was creating a problem in our ability to shut beds. SaTH has engaged Lightfoot to review and gather more detail on this issue.
- Dr Walford (NED) asked about invoicing and auditing. The FD said that external PRR audit reviews have not identified any serious issue in coding. However the Finance Team have done work on Best Practice Tariff and identified a number of areas where we are not recovering the amount of money that we should. It was noted that Centre Chiefs do receive this information on performance and that it is their responsibility to manage the situation.
- The CEO said the Trust was struggling to close beds due to the high level of emergency of activity. 102 beds have been closed to date and the plan is to maintain this and convert into less staff who are working in the organisation as a consequence. The big issue is use of bank staff. It is something we must focus on along with the use of temporary contract staff.

The Chairman said the current position on workforce numbers was unacceptable and the Board required the following by the following week : Definition of what actions are being taken to bring workforce numbers back to budget levels and specific reconciliation with budget at the end of June. **Action: CEO/EDs.**

STRATEGIC PERFORMANCE REPORT

The FD introduced the Month 3 Strategic Performance Report for June and highlighted the following:

- A&E Performance in June was 95.63% (against the 95% target) with a year to date position of 93.80%.
- C difficile – one case reported. The CEO said the Trust was still below the year-end trajectory of 45 cases.
- Referral to Treatment (RTT) :
 - Non Admitted performance was 96.59% against the 95% target.
 - Admitted patient performance was 77.54% in June against the 90% target. The CEO said that the recent closure of the Cataract service had exacerbated the position. The CEO agreed to send Board members detailed numbers on RTT by Centre. **Action: CEO.**

85.2 STRATEGIC PERFORMANCE REPORT (Continued)

- Referral to Treatment (Continued)
 - Ophthalmology – the CEO said that extra resources have been put into this service in the short-term.
 - Unvalidated Cancer targets – the national targets year to date were achieved but the in-month national target during June for 62 day RTT from screening had not been achieved (85.71% against the target of 90%).
 - Factual accuracy in the Safety Domain re. Open Serious Incidents requiring investigation – the DQS said that a total of 61 had been reported during June but this should have 37, including 9 overdue.

The Board **APPROVED** the Month 03 Performance Report.

85.3 PROVIDER MANAGEMENT PERFORMANCE REPORTING TEMPLATE

The FD introduced the report templates for June 2012. The templates showed the following performance :

Governance Risk Rating – AMBER

Financial Risk Rating – AMBER

Contractual Position – GREEN

Governance Risk Ratings 2011/12, Ref 17 Patient Experience Indicator – There was a query on the forecast date to deliver compliance on all six measures regarding access to healthcare for people with a learning disability. The DQS said she would review this with her team and report back to the Board. The Board had understood that the forecast compliance date would be September 2012 as opposed to the date quoted in the report of December 2012. **Action: DQS – Aug 2012.**

The Board **APPROVED** its Performance Reporting submission to the SHA within the agreed deadline of 31 July 2012.

2012.1/86 STRATEGIC

86.1 NHS FOUNDATION TRUST UPDATE

The Director of Compliance & Risk Management (DCRM) introduced the report which noted that the Trust remains broadly on schedule to deliver the key components included within the Tripartite Formal Agreement (TFA) with the SHA and DoH.

The DCRM said that the Trust had completed the HDD Phase 1 and the feedback session is scheduled for 2 August 2012. The final report and action plan will be provided by 9 August 2012 and this will be shared with the SHA and Monitor. HDD Phase 2 will take place November/December and will focus heavily on the financial aspects.

The Board Governance Memorandum Action Plan was included at Appendix D(i) and D(ii) of the report and this had been discussed in detail at the July Board Development Day (BDD). The self assessment will be externally assessed by Ernst & Young in the autumn. There were a few "red" flags but there have been some improvements and Directors are continuing to work through them. The DCRM said that the Board needs to be aware of the gaps and the action being taken to address these. It was noted that D(iii) will be brought back to the BDD in September 2012 for comment.

The Chairman said there was a lot of work still to be done and requested that the Board is given enough time to read thoroughly the IT, Estates, Workforce and Clinical Service strategies at the next Board Development Day which he wanted to see distributed by mid August **Action: FD, WD and DBE.**

- Quality Governance Framework the DQS said that there had been very good feedback in relation to the "pairings" of Board members. It is scheduled to be reported back to the BDD.
- LTFM following feedback and a meeting with the Finance Team on 25 July 2012, the DCRM said that the SHA is coming in to support us on this activity in order to enable SaTH to re-submit by the end of August.

NHS FOUNDATION TRUST UPDATE (Continued)

The next BDD meeting is scheduled for 3 September 2012. Output from the last BDD included agreeing the process for reporting Quality Impact Assessments. In terms of the process it was noted that HEC agreed that all QIAs would be completed by 31 August 2012, and would then be reported to Q&S Committee in September 2012.

The Board **APPROVED** the content of the NHS Foundation Trust update report and **NOTED** the deadlines.

2012.1/86.2 NHS FOUNDATION TRUST MEMBERSHIP STRATEGY

The DCRM introduced the paper. The production and delivery of an FT Membership Strategy is a mandatory requirement. The Strategy details how the Trust will recruit, engage and communicate with FT members prior to and following authorisation, and how our Council of Governors will shape the future strategy once the Council is in place. An overview has been presented at various stakeholder meetings since January 2012. The 2012/13 action plan was included in the report with a trajectory to achieve the Trust's target membership of 10,000 by December 2013.

The DCRM said that as part of the FT application SaTH is required to have representative and engaged membership. The CEO said that as an FT aspirant organisation our intention has to be to increase the numbers of people who are actively engaged to set the agenda. We want to deliver more active members as they will become our Governors when we are an FT. There was discussion about the target set and it was agreed this would be reviewed.

The Board **APPROVED** the FT Membership Strategy

2012.1/87 MINUTES AND OUTCOME SUMMARIES FROM COMMITTEES

87.1 Finance & Performance Committee meeting held on 26 June 2012 – Noted.

The Chair said the F&P Committee had discussed CIPs at this meeting and the fact that performance delivery needed to be accelerated. It had been agreed to dedicate the July F&P meeting to a detailed CIP review and further comment on this meeting will be covered in the private session.

87.2 Hospital Executive Committee meeting held on 26 June 2012 – Noted.

87.3 Quality & Safety Committee - 19 July 2012 – Noted.

Dr Vernon (NED) referred to the Summary and Q&S Report Extract for June 2012; noting that the Minutes from the May meeting were being taken in private session.

Dr Vernon (NED) advised that:

- The Q&S Committee had met with a number of members of the Ophthalmology Team and had discussed the cultural aspects that need to be changed. These meetings will continue. In respect of a question relating to appointing a Centre Lead for Booking & Scheduling in the light of Ophthalmic issues, the CEO said that he had discussed this with the Chairman and he will wait for actions from the latest never event investigation to be completed before taking further action. **Action: CEO.**
- An excellent report had been received following the Breast Screening QA Team visit. SaTH has one of the best records in the country. It was noted that the Government is increasing the numbers of women who can access Breast Screening and that this will involve a 33% increase in activity. SaTH is only one of two Trusts in the West Midlands who are delaying the implementation due to lack of capacity. Expansion plans are being worked out including equipment upgrade to digital. The CEO/FD will liaise with the Commissioners regarding the cost implications of this change. **Action: CEO/FD.**

87.4 Risk Management Executive meetings held on 12 June & 3 July 2012 – Noted.

It was confirmed that the high risk around surgical services has now been removed as a consequence of the Transfer of Surgical Services from PRH to RSH.

2012.1/88 ANY OTHER BUSINESS – None.

2012.1/89 QUESTIONS FROM THE FLOOR

Q1 Miss M Wright and Mr Yardley raised an issue relating to the complaint that had gone through the Ombudsman.

A1 The Chairman said that the case had been passed to the Ombudsman and that SaTH had satisfied all requirements from the Ombudsman and that the matter was now closed. The Chairman said this was an inappropriate forum in which to take this matter further but he suggested that Miss Wright and Mr Yardley should write to him if they still wished to have any further discussion.

Q2 Mr T Jones (PALS Volunteer) raised an issue relating to the Security Contract which he understood was coming to an end at the end of July 2012. He said he had brought the issue up from time to time that there is a need for additional security people. Mr Jones briefed the Board on an incident that happened recently in A&E at PRH and said that he realised there were cost implications but there was also a need for additional cover.

A2 The DCRM said the Trust was aware of the concerns about security cover and would reconsider this when the financial position allows. In order to mitigate these concerns SaTH has introduced body worn videos which have proved extremely helpful and that links with both local Police Forces had been improved. The DCRM confirmed that SaTH is in the top 5% in taking action against people who behave in an aggressive and anti social manner to NHS Staff whilst on NHS premises.

2012.1/90 DATE OF NEXT MEETING : Thursday 30 August 2012 at 9.30 am in the Lecture Theatre, Education Centre, Princess Royal Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 26 JULY 2012

Item	Issue	ACTION LIST	PRIORITY
48.1	Year-End Finance Report – Powys LHB Contract The CEO said the next meeting with Powys LHB should resolve outstanding contractual issues or the matter will be escalated.	CEO	URGENT
48.3	Provider Management Reporting Template for March – Learning Disability - A firm date for implementation would be available for the next Board.	DQS	Aug 2012
57.1	Chairman's Report – Board Committee Structure The Chairman had received the revised ToRs and will now hold discussions with the 3 Chairmen in the next few weeks.	Chair	
73.1	Chair's Report – Board FT Readiness Assessment by SHA The FT Assessment by SHA has now been rescheduled for 19 September 2012.	ALL	19 Sep 2012
74.3	Annual Security Report 2011/12 (re. Gap within Appraisal mentioned in Quality Account) The Trust Training Plan to be presented to the Board.	WD	30 Aug 2012
74.4	Business Case for Fractured Neck of Femur Outcome of the review of MSK will be presented to the Board.	CEO	27 Sep 2012
75.1	Finance Report M2 – <ul style="list-style-type: none"> ▪ Rise in Emergency Activity in context of the QIPP programme agreed with Commissioners. Further discussions are needed to revise the contract. ▪ Increased emergency admissions are adversely affecting our ability to close beds. A meeting has been arranged to expedite bed closures. Number currently stands at 102. 	FD CEO	ASAP
76.1	NHS FT Update re. opportunity to examine business strategies from neighbouring Trusts in relation to their aspirations. CEO to follow up.	CEO	Aug 2012
79	Cleaning windows and guttering – DQS to check frequency.	DQS	Aug 2012
83.2	CEO Report <ul style="list-style-type: none"> ▪ Strategic Relationship with Community Trust – There will be more feedback at the end of August 2012. ▪ New Acute Surgical Services – It was suggested that Board should visit the facilities and pay tribute to the staff. ▪ Booking and Scheduling – CEO agreed to share the full Project Plan with timescales at the next Board. 	CEO ALL CEO	Aug 2012 Aug 2012
84.1	Travel and Transport Plan – Proposal Agreed. The Trust will continue to discuss with ARRIVA and LA's the feasibility of introducing park and ride schemes and additional bus routes to serve the two hospital sites.	CEO	
85.1	Finance Report M3 – The Chairman said the current position on workforce numbers was unacceptable and the Board required the following information: Definition of what actions are being taken to bring workforce numbers back to budget levels and specific reconciliation with budget at the end of June.	CEO/EDs	w/c 30 July
85.2	Performance Report – RTT admitted performance – The Board members to be sent detailed numbers on RTT by Centre.	CEO	ASAP
85.3	PMP Report – Ref 17 Patient Experience Indicator – Learning Disability - The DQS said she would review the forecast compliance date with her team and report back.	DQS	30 Aug 2012
86.1	NHS FT Update – The Board to be given enough time to read thoroughly the IT, Estates, Workforce and Clinical Service strategies at the next BDD which he wanted to see distributed by mid August.	FD/WD/DBE	Mid Aug
87.3	Q&S Committee – 19 July 2012 Centre Lead for Booking & Scheduling : In respect of a question relating to appointing a Centre Lead for Booking & Scheduling, in the light of Ophthalmic issues, the CEO	CEO	

	<p>said that he had discussed this with the Chairman and he will wait for actions from the latest never event investigation to be completed before taking further action</p> <p>Breast Screening : the CEO/FD will liaise with Commissioners regarding the cost of this change.</p>	<p>CEO/FD</p>	<p>ASAP</p>
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