

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 1 March 2012 at 9.30 am
Meeting Room 1, Treatment Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Vice-Chair/Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Dr A Fraser	Medical Director (MD)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Company Secretary (DCRM)
In attendance	Mr A Osborne	Communications Director (CD)
	Mr S Peak	Director of Transformation (DoT) (for Item 6)
	Mrs B Graham	Committee Secretary
Observers	Mrs C Bond	Shropshire Link
	Mrs E Anderson	Montgomery CHC
Apologies:	Mr D Jones	Non Executive Director (NED)
	Mrs D Vogler	Director of Business & Enterprise (DBE)

2012.1/14 WELCOME & ANNOUNCEMENT

The Chairman welcomed everyone to the meeting. The Chairman announced to the meeting that Adam Cairns (CEO) has been offered the Chief Executive position with Cardiff & Vale University Health Board. Whilst disappointed that Adam is leaving, the Chairman said he wished to pay tribute to his hard work and achievements at SaTH over the last 18 months, and in particular, his commitment to improving care for our patients which will provide a long lasting legacy. There are some important milestones coming up over the next few months which Adam will be seeing through to completion before he leaves, including the Full Business Case for hospital reconfiguration and submission of the Integrated Business Plan for NHS Foundation Trust status. The recruitment process for Adam's successor will begin shortly.

The CEO said that it had been a privilege to work with such passionate people at SaTH and that before he leaves he was personally committed to putting SaTH in a strong position to move forward.

The Chairman said that a statement was being circulated to staff and a Press Release prepared for stakeholders in and around the county.

2012.1/15 CHAIRMAN'S AWARD was presented to Shelley Gooding, Hygiene & Compliance Officer and Trust Food Safety Advisor. The Chief Nurse said that this award went to Shelley primarily because of her recent work with the LIPS programme around nutrition and hydration in terms of patient outcomes. Her passion and contribution in the introduction of Protected Mealtimes has been fantastic. The Chairman thanked Shelley for her hard work.

2012.1/16 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2012.1/17 MINUTES OF THE MEETING HELD IN PUBLIC on 26 January 2012 were **APPROVED**.

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 Chairman
 29 March 2012

MATTERS ARISING FROM THE MEETING HELD ON 26 JANUARY 2012	
(83.1)	Productive Operating Theatre Project – Report required 29 March 2012.
(110.2)	Performance Report – Balanced Score Card – The new draft Integrated Performance Report is in progress and will be available by the end of March.
(133.4)	Safeguarding Annual Report – The concern about non compliance of CRB checks for staff appointed in low risk areas before 2002. The DQS said this will be taken to the Safeguarding Committee meeting at the end of March.
(146.1)	Quality Improvement Strategy – The DQSA said the draft was discussed at the Board Development Session in February and the final Strategy would be presented to the Board at the end of March. Action: DQS.
(08.3)	FT Performance Management Report <ul style="list-style-type: none"> ▪ New reporting arrangements were presented to the F&P Committee in February. Item complete. ▪ Submission to SHA was sent through on 31 January 2012. Item complete.
(10.2)	HEC Outcome Summary 22 Nov 2011 Clarification around policy approvals was requested. The DCRM referred to the agenda item on SFI/SOs and noted that the reservation of powers to the Board related specifically to the approval of management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.

2012.1/16.1 CHAIRMAN'S REPORT

Members **NOTED** the following verbal report:

- There had been separate visits over the past month by the Chair of the PCT Cluster and Chair of the SHA Cluster. On each occasion there had been useful discussion and confirmation of their support for our plans for the reconfiguration and FT application.
- The Chair had attended a seminar on NHS integration and noted that the key messages were to minimise the number of boundaries and to ensure that responsibility for redesigning pathways belonged to Providers.
- The Chair attended a second session of the FT Chairs Academy which had focussed on FT Leadership and Governance.
- There had been an ongoing programme of Consultant Appointments resulting in eight appointments in the first two months of 2012.

Mr Beardwell (NED) referred to the good news in respect of the recent consultant appointments and asked if the process could be speeded up as he was concerned that the Trust was at risk of losing candidates. The Medical Director (MD) said that Royal College representatives were now being arranged at the very start of the process.

2012.1/16.2 CHIEF EXECUTIVE'S REPORT

The CEO gave a verbal report when the following points were **NOTED** :

- In mid-2011 the organisation was in a difficult position in that it had 6,000 patients (20%) waiting longer than 18 weeks for an appointment as a result of the imbalance between capacity and demand. Since that time our clinical teams have been working tirelessly at weekends and evenings to deal with the problem. As of 29 February 2011 the organisation has only 800 patients (6%) waiting over 18 weeks which was an enormous turnaround. The CEO thanked John Cliff and his team who played a massive part in this achievement. It was noted that Orthopaedics still needs to do further work to meet the 18 week target.
- There has been increased demand in Unscheduled (Urgent) Care and discussions are in progress to address this and achieve improvements in patient flow, A&E waits and cancelled patients which have deteriorated since the beginning of the year.

The Chairman on behalf of the Board thanked everyone involved in their efforts in managing the RTT waiting list problem.

17.1 BOOKING AND SCHEDULING

The CEO introduced this item and said that having listened to patients and GPs one of the main concerns was the unsatisfactory booking arrangements. The Trust is committed to improving this situation. Steve Peak, Director of Transformation (DoT), gave a PowerPoint presentation entitled “Transforming our Booking and Scheduling Systems” (*copy of slides attached*). The presentation covered the scope of the project, the need for change and how to implement the changes.

A taskforce has been set up to concentrate on four workstreams including referral pathways, booking and scheduling processes, demand and capacity and IT systems. A 10 working day assessment commenced at the end of February to build improvement plans with key indicators around patient experience, operating efficiencies and system visibility. It will set milestones, targets, resource requirements and timescales focusing on the most significant areas of change. The provisional timescale for completion of the project is 9 to 12 months.

Mrs Assar (NED asked whether the Trust could learn from “best practice” elsewhere to speed up the process. The DoT said that we need to fully understand where we are starting from which will take time although we will also be looking at best practice.

The DQS said she would give the DoT the names of two people from the Patient Involvement Panel who would like to be involved in the project. **Action: DQS.**

The issue of integrating the system with GP Practices and the Community Trust was discussed and it was acknowledged that this is considered to be very important and will need to be included in the work programme.

It was agreed that the PMO will monitor progress and that it will also be followed through both F&P and Q&S Committees.

In answer to a question of whether there were Champions of this Project, the DoT confirmed that there are clinicians and clerical staff who have the passion to make changes in a sequenced way.

The Chairman thanked the DoT for his presentation and said this was an excellent piece of work and the Board will follow the progress with great interest.

18.1 QUALITY REPORT (including CQC Outpatient Dept Survey 2011)

The Director of Quality & Safety (DQS) introduced the quarterly Quality Report which included the current waiting list challenges in the Trust, prevention of VTE, continued progress to reduce in-hospital mortality, and the findings and recommendations of recent internal quality reviews and the National Outpatient Survey 2011. The DQS said that issues contained within the report had been discussed at recent PCT Board meetings.

The following sections of the report were highlighted :

Section 2.3 Update on Waiting Times

- The DQS said that three processes had been running last year to address the issues that came to the Board’s attention around significant delays, long waiting and clinical deterioration.

2012.1/18.1 QUALITY REPORT (Continued)

The three reviews included :

- A clinically-led Task & Finish Group had been established to review a snapshot of 1,149 long-waiting patients as of 11 July 2011 to ascertain the level and extent to which the clinical condition of patients may have deteriorated as a result of their wait for treatment;
- A “look back” exercise was undertaken whereby a number of serious incidents associated with the delayed treatment of ophthalmology patients between 2009 and 2011 were reviewed;
- A clinically-led review of the current state of the Trust’s PAS system was undertaken to review the extent to which identified shortcomings in the current system presented risks in the tracking and management of patient care.

From the “look back” review of Ophthalmology patients the DQS said that regrettably there were a small number of patients whose eyesight had deteriorated during their extended wait for treatment. All these patients have been informed and have received follow-up care and support.

The Chairman asked what specific immediate actions had been taken to ensure the waiting list problem could not be repeated.

The CEO further assured the Board that the following actions had been put in place: (i) system capacity had been increased to balance demand, (ii) a formal fail/safe “cashing up” procedure had been introduced at the conclusion of all clinics, (iii) new and effective governance arrangements had been introduced for the PAS system and “pending” was no longer an option, and (iv) a patient tracking list had been introduced and regular review meetings were being held to track patients through their pathways.

It was agreed that the Audit Committee would follow up to ensure that these procedures were now being followed.

As a result of actions taken, SaTH will be able to achieve 18 week waiting time standards by the end of March 2012. The CEO noted that the Boards of the Trust and the PCT Cluster can be assured that the levels of risk have been thoroughly assessed and action taken to mitigate potential future risks. This section of the Quality Report had also presented to the Board of the West Mercia PCT Cluster on 28 February 2012.

Section 3 : Venous Thromboembolism (VTE) compliance – The MD reported that VTE was now under control and the Trust expects to continue to exceed the 90% target. It was pointed out that responsibility for VTE compliance is with admitting clinicians and is reported on a weekly basis. December performance was 91.47%.

Section 4 : HSMR – The MD reported that for the 12 month period from December 2010 to November 2011 performance was 104.4 and that for the current year from April 2011 to November 2011 it is 99 (November in month 86.7). The Trust continues to be on track to achieve the HSMR National Index of 100 by October 2012. Dr Campbell has recently taken over the lead for the Mortality Group and an initial pilot of the mortality review process was launched in Medicine in January 2012. Rollout across all other Centres will be completed by end of March 2012.

Section 6.6 Outpatient Survey 2011 undertaken every 2 years – The National Outpatients Department Survey was recently published and contained questions used by the CQC in its assessment of acute and specialist Trusts in England covering the period April to May 2011. The table within the report provided an overview of the survey and compared 9 key sections with performance at SaTH OPD in 2009. Responses in most areas had remained “about the same” over the period and it was clear that major improvements were required in the following areas:

- Informing patients of wait times in OPD;
- Information given to patients;
- Improving patient choice in treatment pathways;
- Improving the explanation given to patients about tests, treatment and medications.

QUALITY REPORT (Continued)

The Patient Experience Involvement Panel will develop a detailed action plan and work to improve the experience. The Inpatient Ward to Board Indicators will be implemented within Outpatients during the first quarter of 2012/13 and will provide a monthly analysis of the key areas highlighted in the 2011 survey in order to enable the Centres and the Trust Board to track improvements on a monthly basis.

Dr Vernon (NED) expressed concern about the absence of Serious Incidents from the report. The DQS said that Root Cause Analyses were carried out for all Serious Incidents and "Never Events" are very serious incidents. The Trust has unfortunately had a number of Never Events over the last few months and the MD and DQS will be chairing panels to review these incidents. The Q&S Committee will be updated on the detail at their next meeting. The CEO said these events are regrettable and should never have happened. The Trust will invite the patients involved to help us learn from these events.

The Board **NOTED** :

- The improvement in relation to Mortality figures, and asked the Medical Director to pass on the Board's thanks to all the staff involved. **Action: MD.**
- The Quality Report and the actions being taken to improve patient experience, patient safety and clinical effectiveness.

2012.1/18.2 BUSINESS CASE - REPLACEMENT LINEAR ACCELERATOR

The Finance Director (FD) introduced the Business Case for replacement of the Linear Accelerator and advised that the item had been discussed at the Finance & Performance Committee on 28 February 2012. The Board was advised that two Linear Accelerators are required in order to meet current demand and that the recommended life of one Linear Accelerator will expire in June 2012, which would leave the Trust very vulnerable and unable to support the delivery of cancer services in Shropshire.

The preferred option Truebeam IGRT/SRT Linear Accelerator is "state of the art" technology that will substantially improve the nature of the Radiotherapy service and enable patients of SaTH to access technology that is already available in other parts of the Cancer Network. The Board was asked, to support the view of the Finance and Performance Committee, to support a capital allocation of £2,810,321 for the supply and installation of a replacement Linear Accelerator, image server and Eclipse workstation, and water plotting tank; and to acknowledge that £2,275,121 will be funded out of the 2011/12 capital programme.

- Mr Simms (NED and F&P Committee Chairman) said it was fundamentally a quality issue and the case is compelling e.g. the current equipment is continually breaking down and impacts on scheduling patients; and is important in terms of the threat of competition.
- It was confirmed that the Cancer Network has given its support to this.
- Dr Walford (NED) supported this case and was encouraged by the Finance Team who had undertaken the option appraisal in advance of the machine's expiry date.

The Board **APPROVED** the recommendation.

2012.1/19.1 **FINANCE UPDATE**

The Finance Director (FD) introduced the Finance Report which covered the period April to January 2012. It was noted that the report had been discussed in depth at the Finance & Performance Committee meeting on 28 February 2012. A Summary of the Key Messages for the end of January 2012 was provided when the following points were **NOTED** :

- **I&E position** - for the first time in the year a cumulative surplus amounting to £123k was recorded for the end of January - an over achievement against plan by £1019k. In the month of January, the Trust recorded a surplus of £123k which represents an over achievement against plan of £593k. The Trust has now recorded a positive run rate in 7 of the last 8 months, underpinned by SHA funding.
- **Pay** - under spent against the Budget by £291k in the month of January. Agency spend amounted to £722k in the month – the lowest monthly level recorded in the year. This was partly due to the efforts of the Medical Director and his team for the work in addressing medical staffing issues. Further reductions are expected as a result of contracts signed with four Agencies in February to reduce their fees by 20%.
- **Non Pay** – over spent against the budget in the month of January by £852k. There has been a sustained month on month increase in non pay costs in recent months part of this is due to high cost drugs which is largely recoverable but the underlying increase was not explained. The FD agreed to undertake a detailed review of non pay costs.
- **Forecast outturn.** – the likelihood of achieving a balanced yearend position has increased to 70%.
- **Service Line Reporting** – collectively the Centres generated a year to date contribution percentage of 18% (20% is required to breakeven), although five Centres reported a loss in the period April to January.

Mr Simms (NED) paid tribute to the Finance Director, his team and Executive support for the enormous progress made to come to a point where the Trust has a real chance of achieving its budget.

The Board **NOTED** the Month 10 position and **APPROVED** the actions being taken to achieve a balanced financial position.

2012.1/19.2 **STRATEGIC PERFORMANCE REPORT**

The FD introduced the Strategic Performance Report and highlighted the fact that the Trust has struggled post Christmas to deliver the “Bed Bundle” due to delayed transfers of care and escalation. The FD said it is crucial not only for financial reasons but also for the patient experience to return to the “Bed Bundle” performance that was being achieved before Christmas.

The Chairman said it was frustrating that the year to date Cancer performance including the unvalidated January performance shows achievement of all the national targets with the exception of 62 day urgent GP referral to treatment which remains marginally below the target of 85% at 84.89%. For this particular target the last 5 months have all been above the required 85%.

The Board **RECEIVED** and **NOTED** the Month 10 Performance Report.

2012.1/19.3 FOUNDATION TRUST - PERFORMANCE MANAGEMENT REPORT (PMR)

The FD introduced this item and said that that there was very little difference to last month's return. The following points were noted:

Acute Governance Risk Rating 2011/12 :

- RTT targets will not be achieved until March 2012 but after that time the risk is expected to move to amber or possibly green;
- Elective MRSA screening cannot be provided at present but FD will work with Infection Control Lead to agree reporting arrangements.
- Liquidity has slightly deteriorated. The Trust received support from the SHA in one lump sum in August which provided a short term benefit but which has now been eroded. In order to be classified green we should have 15 days worth of cash versus 14.7 days actual so the position goes from green to red.
- Compliance with WHO surgical checklist cannot be assured until Audits have been completed. This will be done in February.

The Board **NOTED** that the Provider Management Regime Report for January 2012 went through the F&P Committee. The report was therefore **RETROSPECTIVELY APPROVED** for submission to the SHA by the deadline of 29 February 2012 signed by the Chairman and Chief Executive.

2012.1/19.4 BUDGET UPDATE 2012/13

The Finance Director provided a verbal update on the Budget for 2012/13, following discussions at the last Finance & Performance Committee meeting.

- The FD reported that the Trust is still trying to finalise the contract with Commissioners for 2012/13. The PCTs are assuming a reduction in income of £9 million (full year effect is £12 million). However, he has not received the detail of the planned QIPP schemes which contribute to this reduction in income but noted that it will be extremely difficult to deliver because SaTH already has a major CIP programme of £11 million to achieve in 2012/13. He noted that SaTH is prepared to work with the Commissioners to consider the schemes that they are putting forward but cannot commit to bridging a £20 million gap in its projected accounts for 2012/13.

Dr Vernon (NED) said he completely endorsed the view that we cannot carry all the QIPP risk and that we have to send a message that we are completely committed to achieving this plan but the Commissioners are responsible for the activity.

The Board **AGREED** to sign up to a plan that endorses doing the right thing for the community i.e. improving the quality experience of elderly and frail people, terminally ill and long term conditions but the plan also has to ensure that SaTH can continue to be safe and sustainable. The Board was adamant that it **WOULD NOT AGREE** to sign up to an agreement that takes out £9 million without having the risks appropriately balanced and quantified.

2012.1/20 GOVERNANCE

2012.1/20.1 ANNUAL REVIEW OF STANDING FINANCIAL INSTRUCTIONS, STANDING ORDERS AND SCHEME OF DELEGATION

The Finance Director introduced the paper and confirmed that a review of the Standing Financial Instructions, Standing Orders and Scheme of Delegation had been undertaken. Members had received a full set of papers and key changes included :

Standing Financial Instructions

- Increase in competitive tender value to £135,001 recognising the increase in OJEU tender limit requirements. This includes VAT at 20%.

Reservation of Powers to the Board

- Section C, sub code 5 - Replacement of Clinical Governance Executive with Clinical Quality and Safety Committee.
- Section C, sub code 6 - Replacement of Management Executive with Hospital Executive Committee.
- Section C, sub code 7 – Inclusion of Risk Management Executive.
- Section C – removal of Foundation Trust Programme Board.

Dr Vernon (NED) raised two issues :

- Terms of Reference for Board Committees (Finance & Performance and Quality & Safety) need to be reviewed again. The Chair agreed that a review was required and that he would arrange for this to be done at a future Board Development session **Action: Chair.**
- Clinical Governance Executive (Executive Committee) had been disbanded and effectively replaced with a Clinical Quality & Safety Committee which is led by a Non Executive Director. The CEO agreed to discuss this with Dr Vernon outside the meeting. **Action: CEO/PV.**

The Board **APPROVED** the draft documents and **NOTED** the key changes above.

2012.1/20.2 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 15 DECEMBER 2011 were RECEIVED and NOTED. The Board had received a verbal update on this meeting from Mr Jones (NED) in the private session meeting held on 26 January 2012.

2012.1/21 STRATEGY

2012.1/21 FUTURE CONFIGURATION OF HOSPITAL SERVICES – UPDATE

The CEO introduced the paper which provided an update on the development of the Full Business Case (FBC).

The planned source of funding as described in the OBC was to fund the developments with a loan of £34.96 million which was within the Trust's limit of affordability and this was approved by the SHA. However, in the middle of January 2012, the Secretary of State announced the availability of additional Public Dividend Capital and the SHA is very keen to support SaTH to access this funding. This funding would be cheaper than the original planned loan but the upper limit of £35 million remains.

The CEO said that the FBC will be completed during March and will be submitted to the SHA for approval at their May Board.

The planning application has been submitted for developments at both PRH and RSH. Focus groups have been involved with a number of service change areas e.g. Mums and Dads are associated with the Children's Cancer Services.

21.1 FUTURE CONFIGURATION OF HOSPITAL SERVICES – UPDATE (Continued)

The CEO said that a number of additional activity changes are now being pursued which are linked to the reconfiguration project, including the following:

- A&E at RSH – plans are being worked through;
- AAA Screening Programme is due to start later in 2012;
- Acceleration of the planned centralisation of inpatient vascular surgery to ensure robust 24/7 cover. Acceleration of the centralisation of acute surgery at RSH by July 2012.
- Relocation of Head & Neck to PRH at the same time as moving Acute Surgery to RSH.

Mr Beardwell (NED) asked if the existing vascular surgical team is happy to move to 24/7 rota. The CEO said that there are some people that would prefer to retire but part of the process is making sure we have the right workforce for reconfiguration and we are doing this as fast as we can. We need to be running a 1:9 rota to make it sustainable and the Colorectal and Upper GI surgeons are prepared to run less than 1:9 and are happy to start this in July 2012.

The Board :

- **NOTED** the key differences between the OBC and the FBC for the Future configuration of Hospital Services.
- **NOTED** the timeline for submission of the FBC to relevant Boards, Committees and the Strategic Health Authority Cluster is now May 2012 therefore it was **AGREED** that the FBC should be presented to the Trust Board in April. The timetable will need to be rescheduled. **Action: FD**
- **APPROVED** the proposed changes in relation to accelerating the Centralisation of Acute Surgery at RSH and relocation of Head and Neck to PRH.

2012.1/22 OUTCOME SUMMARIES FROM COMMITTEES were NOTED :

Risk Management Executive – 10 January and 7 February 2012

Hospital Executive Committee – 24 January 2012

Finance & Performance Committee – 22 December 2011 and 24 January 2012

2012.1/22 ANY OTHER BUSINESS – None.

2012.1/23 QUESTIONS FROM THE FLOOR

Q1 Mrs C Bond, Observer, Shropshire LINK, raised the issue of the condition of the unit housed by Shropdoc.

A1 The CEO said as part of the work being done to finalise plans at RSH for reconfiguration we intend to hold discussions with Shropdoc with a view to finding them more appropriate accommodation.

Comment Mr T Jones, PALS Volunteer, thanked the Board for a very interesting meeting. He said he has enjoyed his involvement in PALS over the last 11 years.

The Chairman thanked Mr Jones for his ongoing commitment to patient services.

2012.1/24 DATE OF NEXT MEETING :

Thursday 29 March 2012 at 9.30 am in Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, RSH.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 1 MARCH 2012

Item	Issue	ACTION LIST
(2011) 83.1	Productive Operating Theatre Project - A further report was required in 6 months time.	COO – 29 Mar 2012
146.1	Quality Improvement Strategy - a draft will be presented to the Board in March 2012	DQS – 29 Mar 2012
(2012) 17.1	Booking and Scheduling <ul style="list-style-type: none"> ▪ The DQS would provide the DoT with the names of two people on the Patient Involvement Panel who would like to be involved in the project. 	DQS
18.1	Quality Quarterly Report <ul style="list-style-type: none"> ▪ The MD was asked to pass on the Board's thanks to all the staff involved in the tremendous achievement with regard to Mortality figures. 	MD
20.1	Annual Review of SFI/SO/Scheme of Delegation <ul style="list-style-type: none"> ▪ Terms of Reference for Board Committees – the Chair agreed that these should be reviewed again at a future Board Development session. ▪ P Vernon concerns relating to CGE being disbanded and replaced with a Clinical Q&S which is led by a Non Executive Director. To be discussed outside the meeting. 	Chair CEO/P Vernon
21.1	FCBS Update <ul style="list-style-type: none"> ▪ FBC to be presented to the Board in April; ▪ Timetable to be rescheduled. 	FD – April 2012 FD