

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 31 May 2012 at 9.30 am

Lecture Theatre, Education Centre, Princess Royal 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)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mr N Nisbet	Finance Director (FD)
	Dr A Fraser	Medical Director (MD)
	Mrs J Clarke	Company Secretary (DCRM)
In attendance	Mrs D Vogler	Director of Business & Enterprise (DBE)
	Mr S Peak	Director of Transformation
	Adrian Osborne	Communications Director
	Mrs B Graham	Committee Secretary
Observers	Mrs M Fellows	Telford & Wrekin Link
	Cllr Roberts-Jones	Montgomery CHC
Apologies:	Mrs S Assar	Non Executive Director

2012.1/54.1 WELCOME

The Chairman welcomed everyone to the meeting and reported on the following :

- Caroline Bond, Shropshire Link representative has been seriously ill since the last Trust Board. The Board wished her a speedy recovery.
- Sue Assar, Non Executive Director, has decided not to seek a further term of office. During her four year term she has made a valuable contribution to the Trust, based on her experience as a PCT Chief Executive. The Chairman on behalf of the Board thanked Sue and wished her well for the future.
- This is Adam Cairns last Board meeting as Chief Executive, his departure date will be the beginning of July 2012. The Chairman said from a personal point of view he will be extremely sorry to lose Adam who has done a fantastic job over the last two years. Adam has made SaTH into a true clinically-led organisation and has successfully established his authority so that we finally have the beginnings of a real reconfiguration of services between Telford and Shrewsbury – something many of his predecessors have tried and failed to achieve. He will be leaving us with very solid foundations firmly in place on which he was confident his successor will be able to build a successful future. The Board wished Adam every success in his new role and hopes that he is able to achieve the same level of success that he has enjoyed at SaTH.
- Debbie Vogler, Director of Business & Enterprise, was welcomed back from sick leave.
- Barry Simms, Non Executive Director was congratulated on being appointed for a second four year term.

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Chairman
28 June 2012

WELCOME (Continued)

The Chairman was pleased to announce that Peter Herring has been appointed as the Trust's new Chief Executive. Peter has been Chief Executive at Countess of Chester Hospital NHS Foundation Trust since 2000; previously he was CEO at Liverpool Women's Hospital for 6 years so he comes with a lot of experience and a track record of delivering both high quality care to patients, and strong operational performance in an FT environment. The Countess of Chester Hospital, under Peter's leadership, was one of the first 10 FTs to be established and is one of only five Trusts to achieve the 40 Top Hospital Award for high clinical standards for 11 consecutive years. The Countess of Chester Hospital has also been consistently graded excellent by Monitor. The Chair considered this to be a very good appointment for the Trust's ambition to become an NHS Foundation Trust. Peter's start date is still to be negotiated but the Chair was optimistic that Peter will be fully operational at SaTH by no later than the beginning of September 2012. In the interim period between Adam's departure and Peter's arrival, Steve Peak will be acting up as CEO. Steve has previous CEO experience at Birmingham Women's Hospital and the Chairman was confident that he will maintain the momentum of our FT application during this period.

2012.1/54.2 CHAIRMAN'S AWARD

The winner of the Chairman's Award was Del Franks, Staff Nurse on Ward 15, following recommendation and endorsement from relatives. SN Franks had made a huge difference to their sister's comfort and dignity and to their peace of mind during the last weeks of her life.

A second citation and presentation of the special commendation was awarded to Ann Allsop and the whole team on Ward 15. The Chief Nurse said that Ward 15 had faced some difficult challenges over the last 12 months but with Ann's leadership, as interim Ward Manager, and the passion and commitment of staff on the ward there had been an amazing turnaround. Ward 15 is now a ward to be proud of.

The Chairman said it is vitally important to recognise good performance and service improvements. He noted that one of the government's key measures for defining high performing hospitals is to ask the question "Would you recommend the hospital to relatives and friends?" The Chairman said that this is a question that SaTH will be regularly asking staff and that it will be essential to get it right.

2012.1/55 **DECLARATION OF INTEREST** by members in relation to any matters on the agenda : None.

2012.1/56 **MINUTES OF THE MEETING HELD IN PUBLIC** on 26 April 2012 were **APPROVED**.

	MATTERS ARISING FROM THE MEETING HELD ON 26 APRIL 2012
(20.1)	Annual Review of SFI/SO/Scheme of Delegation – Terms of Reference (ToR) for Board Committees: To be discussed under Chair's Report..
(29.1)	Quality Improvement Strategy: A full review at Centre level will be scheduled in July.
(30.1)	Finance Update - Rapid Increase in Non Pay Costs: The Board had requested two items to be handled through the F&P Committee in May : <ul style="list-style-type: none">- Staff numbers: The FD noted that there had been a very significant increase in volumes of activity in February and March, particularly in General Medicine with a 20% over performance in non elective inpatients and a consequent increase in the use of temporary staff. This issue will be covered in more detail under the Finance Report.- Non pay costs: the profile showed that there was evidence of a discernable shift happening across the Trust possibly due to 'spending up' for year end. This issue will be covered in more detail under the Finance Report.
(46.1)	Chairman's Report – An updated Board Assurance Framework is on the agenda. Item complete .

	MATTERS ARISING FROM THE MEETING HELD ON 26 APRIL 2012 (Continued)
(48.1)	<p>Year-end Finance Report</p> <ul style="list-style-type: none"> ▪ Powys Contract – the FD said that a meeting had taken place to seek to close off the 2011/12 year and also to agree a way forward for 2012/13. In respect of 2011/12 there are still issues of validation of data between SaTH and Powys to be resolved. In relation to the 2012/13 contract there is an expectation within Powys that they will reduce their spend at SaTH and we have asked them to be explicit in relation to the effective dates for any changes. Several NEDs expressed concern regarding the following: <ul style="list-style-type: none"> ➤ Any referral changes will need to be completely transparent and in the public domain, otherwise SaTH's reputation could suffer, a clear implementation and communication plan was needed. ➤ The Board AGREED with the suggestion that Montgomery CHC should be kept fully updated on this issue and implications for patients.
	<ul style="list-style-type: none"> ▪ Nursing Budgets – the FD confirmed that nursing budgets at ward level have been distributed and have been agreed. Item complete.
(48.2)	Strategic Performance Report – An outline of a revised Strategic Performance Report format was presented to the May F&P Committee and will be fully populated from next month. Item complete .
(48.3)	<p>Provider Management Reporting Templates for March 2012</p> <ul style="list-style-type: none"> ▪ DQS agreed to share the Learning Disability Briefing paper with Board members. ▪ Overlap/inconsistency between SHA's reporting requirements and SaTH's internal control reporting requirements – item to be discussed under the Strategic Performance Report.
(49.2)	Corporate Seal Report – the DCRM said that adjustments had been made to the Executive Summary in order to clarify the authority for use of the Corporate Seal. Item complete .
(52)	Question re. Automatic Doors by the Lofthouse Unit: The DQS will follow this up with Estates Department.

2012.1/57.1 CHAIRMAN'S REPORT

The Chairman noted that May had been an extremely busy month. He had already reported on the outcome of the recruitment process for a new CEO, but wished to put on record his thanks to everyone involved in the process.

- A Board to Board meeting had taken place with the PCT Cluster Board to review our Budget and QIPP plans for the year and to support SaTH's request for £4.9 million of transitional funding in order to implement essential changes. The FD had written to the Cluster confirming his understanding of what was agreed on the day and he awaited confirmation.
- The Board has continued to work with Deloitte's, in support of our FT application, and a large part of the Board Development session on 21May and been devoted to reviewing the Board committee structures in order to achieve full alignment between Terms of Reference and oversight responsibilities under the updated Board Assurance Framework (BAF). It was agreed that the current meeting schedule and timings would be maintained. The Board would rely on the Chairs of F&P and Q&S to inform and update the Board currently on any items emerging from the latest meetings of their respective Committees either verbally or to table a summary paper Full Committee minutes will routinely come to the Board the following month. The Chairman said he will be working with Deloitte's and the Committee Chairs to review the detail of the Terms of Reference and the third tier committees in order to present a fully aligned proposal to the June or July Board. **Action: Chair – Jun/July 2012.**
- The first Stakeholder Conference was held on 10 May. It was well attended with members from across the health economy e.g. patient and voluntary groups, PCTs, Councils etc. The Chairman felt it was a successful meeting with lots of engagement around our strategic plans and FT structure. The next Stakeholder Conference will be held in September when, the new CEO will be in post, and it will be linked to the AGM.

CHAIRMAN'S REPORT (Continued)

- SHA Clinical Summit was held in Leicester last week and it involved the whole of the Midlands and East region. Neil McKay clarified the delivery priorities as A&E, RTT and Mortality. He also highlighted the following key objectives :
 - To implement “The Patient Revolution”. All Trusts will be required to ask the question “Are your staff and patients recommending your Trust to friends and families?”
 - To make sure that every patient counts.
 - To eliminate pressure ulcers – a big target for the SHA;
 - To improve Safety in Primary Care and the relation between local hospitals and local government.

Ian Cumming, MD of Transitional Quality and Safety, gave an update on the Francis Inquiry. The report is due to go to the DoH in October and will probably be published by mid-November. He also introduced a new Quality Dashboard and a series of best practice manuals which are designed to be a vehicle for spreading best practice more effectively -- Quality Impact Assessment for reviewing CIPs is due to be published shortly .

- Meetings with Councils – the Chairman had met with the Leaders of Telford & Wrekin Council to update them on reconfiguration. He was also delighted to announce that the new Mayor has nominated Children's Services at PRH as his charity, in anticipation of the move of Women and Children's to PRH. The Chairman had also met with the Shropshire Council to open a conversation about collaboration on non core activities such as IT/Finance/Estates/Procurement. Shropshire Council is keen to align the roll out of “Super fast” broadband with our Telehealth activities.
- Consultant Appointments – three consultants had been appointed this month - all in Acute Medicine.
- The Telford to Shrewsbury Walk – 100+ members of staff raised £10,000 for the Lingen Davies Charity. The Chairman, on behalf of the Board, congratulated all participants for their efforts in raising this amount.

2012.1/57.2 CHIEF EXECUTIVE'S REPORT

The CEO thanked the Chairman for his kind remarks in his opening statement and said he was grateful to the Board for the support he had received throughout his time at SaTH. Members **NOTED** the following verbal report :

- **FCHS Full Business Case** has been approved by the SHA and full implementation of the plans can now proceed. The CEO paid tribute to the work of the Team that had produced the document to such a high standard. It was also noted that the SHA had commented that the consultation process was carried out in an exemplary manner.
- **Hospital Activity:** On 28 May, a record-breaking 430 people attended the two A&Es and everyone was working extremely hard to achieve the 95% 4 hour A&E target. In the next few weeks we will see a number of new measures delivered by our partners. Shropshire County's “Discharge to Assess” model will help many patients to find places in more appropriate settings outside an acute hospital. Shropshire County is also committed to increasing their “step down” provision through intermediate care beds and this is expected to begin quite quickly. The Community Trust is increasing their presence in MAU and A&E at both hospitals to provide more timely services for patients.
- **New Frailty Service** is to be established by September/October 2012 and will be run by a team consisting of Geriatricians, Therapists and Nurses to provide rapid assessment and solutions. The purpose of this service is to get more engaged at the “front end” and this will hopefully see patients receive more timely and appropriate care.
- **RAID Service** is to be introduced for patients who have mental health issues. This service is closely linked to the new Frailty Service

2012.1/57.2 CHIEF EXECUTIVE'S REPORT (Continued)

There were also a number of internal changes taking place:

- Work is underway to re-commission areas on wards in order to be able to use them as isolation spaces, when appropriate.
- New escalation procedures have been developed for therapy, nursing and medical staff to allow the rapid movement of these staff from their normal areas of work to support A&E when A&E is struggling. This should be in place by the end of June.
- Focus on a population of patients' with length of stay longer than 14 days: Following talks with all nursing teams around discharge planning, a target of a 20% reduction has been agreed.
- National Bowel Cancer Awareness Programme: SaTH has seen a 60% increase in the number of patients on the two-week colorectal pathway, which could present a significant challenge to the Endoscopy Service. The CEO said there is a need to consider how best to respond to this potential increase in demand on an already stretched service. He also warned that there were other awareness programmes coming through the system (lung/ovarian) and SaTH will need to be ready to respond to the increased patient expectations.

Mr Beardwell (NED) paid tribute to the work of Professor McSherry and the Chief Nurse on the RAID Service, as there is a very high percentage of people who present to the acute setting with varying degrees of dementia. The CEO said that Bill Gowans, for both CCGs, is the Lead Commissioner for this service and he is building a specification based on knowledge and expertise.

2012.1/58.1 QUALITY AND SAFETY

58.1 QUALITY REPORT

The Director of Quality & Safety/Chief Nurse (DQS) introduced the Quality Report and gave a PowerPoint presentation entitled "Quality Report – a focus on patient experience" (*copy of slides attached*). The presentation covered a range of actions and gave the Board an opportunity to understand the range of systems and processes in place to support improvements. The Board noted the current trends and activities associated with patient experience.

The DQS **TABLED** Inpatient and Outpatient Action plans for improvement.

- Outpatient Survey was published in February 2012. There are a range of issues to tackle through the action plan and will be reinforced by Ward to Board month on month. The Q&S Committee will also monitor progress. Ward to Board measures enabling real time patient feedback will be rolled out in A&E and Outpatients during the summer of 2012.
- Inpatient Annual Survey findings were published on 24 April 2012 and are consistent with the last report. There is an identified need for patient representatives to work with SaTH to maintain the pace of improvements - including, information on discharge and contact points, information on medication and side effects and improved quality and experience at meal times. It is believed that the introduction of the protected meal times has helped to improve the meal time experience..

On the issue of questionnaires and response rates, the DQS said that the response rate was low and there is a need for a more consistent approach from departments. Mr Beardwell (NED) suggested that a discussion outside this meeting could prove helpful to refine this information and speed up the process. **Action: DQS.**

The Finance Director introduced the paper. This project dated back to February 2010 when approval was granted to spend £1.862 million in order to move from analogue to digital equipment over a three-year timeframe. Since that time the Trust has secured support from the Leagues of Friends and through a series of discounts the total amount of funding required from Trust funds was reduced to £1.143 million over the three years - £0.629 million has already been spent.

The 2012-13 Capital Budget included an amount of **£408,000** to complete the digital conversion programme for Breast Imaging. However, following discussions with the preferred supplier the cost to the Trust was confirmed to be **£523,920**. Further discussions have now taken place with the supplier and a discount of **£33,300** has been secured on the basis of an order being placed by the end of June 2012. This left an additional requirement of £82,620 from unallocated funds in the 2012-13 Capital Budget.

Following discussion, the Board **APPROVED**:

- i) the proposal for the completion of the phased conversion of the breast imaging service from analogue to digital as per the business case previously agreed at Capital Planning Group and Management Executive meetings,
- ii) the total of £490,620 from the 2012-13 Capital Budget including the £82,620 additional allocation plus the £408,000 originally allocated.
- iii) the approval of the expenditure for a June order to secure the £33,300 discount.

2012.1/59

PERFORMANCE

59.1

FINANCIAL REPORT – MONTH 01

The Finance Director (FD) introduced the report which had been discussed in detail at the May F&P Committee meeting. The report described the Trust's performance in the month of April 2012 and highlighted progress towards achieving the two objectives of :

- (i) achieving a surplus in the year amounting to £1.9 million
- (ii) achieving an £18.1 million CIP so as to carry forward into the 2013/14 a recurrent surplus amounting to £15 million.

The key messages for April were as follows :

- The Trust recorded a deficit amounting to £2.27 million, however adjusting for a distortion caused by case mix variation in the month the deficit reduced to £1.884 million versus a forecast deficit of £1.476 million.
- Income was £735k under budget in the month as a result of lower elective day case and inpatient activity due to high levels of annual leave.
- Pay Expenditure was over budget by only £4k but, of more concern, the number of staff employed as permanent and temporary staff exceeded the budgeted levels by 58 wte and the number of nursing staff employed in the month exceeded budgeted levels by approx 57.5 posts. To achieve the June budget, nursing staff levels are required to reduce by 118 posts.
- Non Pay Expenditure in the month overspent against the budget by £56k. The level of non pay spending has reduced substantially when compared with levels of spending recorded in the previous five months.
- Forecast outturn - a review of the CIP suggests that the Trust will underachieve against the budget level of savings by £1.63 million but other actions will be partly offsetting and the forecast outturn position is a surplus for the year of £920k.

FINANCIAL REPORT – MONTH 01 (Continued)

Mr Simms (NED) on behalf of the F&P Committee advised that he believed that adequate controls in staff numbers and non pay costs are now being put into place and he expects to see improvements with regard to the CIP delivery. Mr Jones (NED) agreed with Mr Simms and said that the next couple of months are critical. On concerns around staff numbers, the CEO said that 68 beds have been closed but 26-50 escalation beds have been periodically opened. The CEO said he would explain the detailed control mechanisms being applied in the Private Board session. A strict rules approach to ordering Bank nursing staff has been agreed and the expectation is that bank nursing numbers will decline steeply over the next couple of months. In addition a letter will go out to all Bank Nursing staff to inform them that if they have not got authorisation they will not be paid.

The Chairman said the message from Monitor is that SaTH has to achieve a minimum level of £1.9 million surplus in 2012/13 to be considered as an FT and he felt that it was premature to be forecasting a £1 million shortfall at year end.

The Board **APPROVED** Month 01 financial position.

59.2.1 STRATEGIC PERFORMANCE REPORT

The FD introduced the Strategic Performance Report for April and advised that, of the 9 headline measures, 2 had been assessed as 2 RED (not achieving); 6 AMBER and 1 GREEN. Key points were **NOTED** as follows:

- The average daily number of delayed transfers of care amounted to 25 patients in the month of April against a monthly target of no more than 26.
- The percentage of patients discharged before midday on average in the month of April was 32% as compared with the target of 50%.
- Three patients were reported in April as having grade 3 / 4 hospital acquired pressure ulcer.
- Draft VTE compliance in March was 91.89% as compared with the target of 90%. The MD said that performance should improve as we now have assessment at admission.
- One MRSA bacteraemia and two C-Difficile cases apportioned to SaTH. The annual targets are 2 and 45, respectively.
- A&E Performance in the month was 90.91%. against the 95% target. There is a significant amount of work being done to address this situation and is expected to be compliant in May.
- Referral to Treatment for Admitted patients was 85.2% in April compared to 90% target. This adverse variance is largely due to Orthopaedics and Orthodontics. The Ophthalmology backlog is being addressed and we expect the target to be reached by July 2012. Non Admitted performance was achieved at 95.0%.
- Initial unvalidated data shows cancer failed the in-month national targets during April for 31 day second or subsequent treatment - surgery (91.67% against a target of 94%) and 31 day second or subsequent treatment - chemotherapy (96.49% against a target of 98%). The CEO said that the 2nd or subsequent treatments had been discussed and actions will be taken to improve the situation. The CEO said that the solution is to get the flow right in the hospital.

Mr Beardwell (NED) welcomed the FD's approach to the Finance and Performance Reports but felt that there should be more explanation about the incidence of pressure ulcers. **Action: DQS/FD.**

The Board **APPROVED** the Month 01 Performance Report.

59.2.2 PROVIDER MANAGEMENT PERFORMANCE REPORTING TEMPLATE

The FD introduced the report templates for April which had been reviewed by the F&P Committee. The FD said it was important to recognise that these templates were now being heavily scrutinised by the SHA and will become a part of our FT application.

The financial risk rating scored Red because SaTH had overspent in Month 1. Although the governance risk rating also scored Red, the Trust had subsequently received a draft report regarding the CQC's moderate concerns which shows compliance across all the review. The report would therefore be amended accordingly to reflect a governance risk rating score of Amber. **Action: FD.**

It was noted that achieving the A&E target would significantly improve SaTH's position. With respect to the indicator "Access to healthcare for people with a learning disability" the DQS said there were several things that could help turn this score from red to green and she envisaged that this could be achieved shortly.

The Board **APPROVED** its Performance Reporting submission to the SHA within the agreed deadlines (31 May 2012) subject to the agreed amendment noted above.

2012.1/60.1 STRATEGIC BUSINESS CONTINUITY PLAN

The CEO said that SaTH has a legal requirement under the Civil Contingencies Act 2004 and Regulations 2005 to produce a Business Continuity Plan which provides a clearly defined framework to ensure the resilience and continuation of the Trust's critical activities and dependencies as well as that of our suppliers and supply chain. As the Policy and Strategy was written prior to completion of the organisational re-structure which was introduced in October 2011, a review is now underway and is scheduled to be fully completed by the end of July 2012 with a programme of work set with target dates to achieve.

The Board **APPROVED** the outline of recommendations and actions detailed in the report. One of the recommendations included the requirement to have, as well as the Executive Director, a Non Executive Director to have the resilience reference. The Chairman **AGREED** to be the Non Executive Director.

2012.1/60.2 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Compliance & Risk Management (DCRM) introduced the item and advised that the BAF had been developed by the Board at Development sessions in April and May following 1:1 interviews with Board members by an external Risk Management consultant. It was noted that the Assurance Framework had been linked to the Performance Report, using the metrics as sources of assurance where possible. The risks were also linked to the Corporate Risk Register which will be presented to the Board in June 2012, following validation at the Risk Management Executive (RME). **Action: DCRM.** Appropriate oversight Committees have been identified for each risk and will be incorporated into the review of Board Committees and their Terms of Reference, currently being undertaken with Deloitte. The Committees will monitor assurances throughout the year and report, by exception, to the Board.

The Board was asked to approve the BAF and consider if any additional risks, controls or assurances are necessary to assure the Board that the risk to the strategic objectives are being properly managed. It was pointed out that quality risks will be presented to the Q&S Committee and financial risks presented to the F&P Committee.

Following discussion, the Board **AGREED** the 5 principal risks themes and 15 sub risks. Further discussion took place with regard to how often the Board should receive a review of the BAF. Dr Walford (NED) suggested monthly updates of any changes. Mr Jones (NED) suggested that if Chairs of Committees have concerns they could be included in their monthly Committee outcome reports to the Board. The Board **AGREED** to receive quarterly updates of the BAF and any changes through the monthly Risk report.

The Board **APPROVED** the Board Assurance Framework.

2012.1/60.3 NHS FOUNDATION TRUST UPDATE REPORT

The DCRM introduced the report which updated the Board on current milestones and timelines. The FT Programme Board has been dis-established and from now on this report will summarise the position of the FT Programme Board. The following points were noted :

- The Trust remains broadly on schedule to deliver the key components included within the Tripartite Formal Agreement (TFA) with the SHA and DoH.
- Monthly performance monitoring to the SHA via the Provider Management Regime (PMR) has been completed for April 2012.
- A first draft of the Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) was submitted to the SHA on 24 April 2012.
- A meeting of the Joint HOSC is scheduled for 1 June 2012 to discuss the need for public consultation.
- A meeting has been arranged with SHA on 3 July to assess the Board's readiness for our current authorisation date and resubmission of the LTFM.
- Next submission of the IBP will be to the SHA at the end of July 2012.
- The total FT membership stands at 12,761 members (7,306 public and 5,455 staff members). This shows a slight increase in public membership and a small decrease in staff numbers.

On a question relating to how the Trust is actively encouraging membership, the DCRM said that membership is well above the threshold level but we are continuing to actively recruit new members. The internal stretch target is 10,000 public members by December 2013.

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

2012.1/61 MINUTES AND OUTCOME SUMMARIES FROM COMMITTEES

61.1 Charitable Funds Committee meeting held on 10 May 2012 – Noted.

Mr Beardwell (NED) referred to Item 2012.14 Governance Review of Charitable Funds. The Committee has been looking at the future of fundraising in the Trust and a proposal will be presented to the Corporate Trustees on 7 June 2012 to recruit the services of a charitable fundraiser on a short-term contract because the level of charitable funds into the Trust has reduced significantly.

The CEO added that Lingen Davies Charity is also conducting a review to align more closely the work they are doing. He asked the CFC to pick this issue up. **Action: Mr Beardwell & Mr Jones (NEDs).**

61.2 Finance & Performance Committee meeting held on 24 April 2012 – Noted.

Mr Simms (NED) briefed the Board on the issues that had been discussed. The F&P agreed formally that in future where we refer to agreed and planned expenditure it must be referred to as "the budget" in order to avoid any confusion and that this should be embedded throughout the organisation. The F&P Committee received the first draft of the new proposal for the Strategic Performance Report and the new format will be used for the next month's performance report to the Board.

61.3 Hospital Executive Committee meeting held on 24 April 2012 – Noted.

61.4 Quality & Safety Committee meetings held on 22 March; also 24 May 2012 including the Report Extract and Work Plan for 2012/13 – Noted.

Dr Vernon (NED) referred to the Outcome Summary and Q&S Report Extract for 24 May 2012.

- The Pharmacy Centre Chief has been invited to the next Q&S meeting;
- There was low risk on discharge planning from hospital also linked to bed bundle.
- Centre Performance meetings –The CEO said that these meetings now focused equally on finance, performance and quality.
- Draft Quality Account will be presented to the Board in June 2012.
- Quality Governance Framework had been reviewed.
- Executive Walkabouts - concern that there was only one Walkabout last month, at least two are required.
- Ophthalmology – The Royal College of Ophthalmology have given a significant level of support to the Trust in dealing with the Never Events
- CQC Unannounced Visit to PRH – visited Wards 7, 10 and 15. The CQC draft report states that the Trust is fully compliant. Dr Vernon (NED) congratulated everyone involved.

61.5 Risk Management Executive meetings held on 3 April and 1 May 2012 – Noted. The CEO felt that this process was working and risks were being managed appropriately.

2012.1/62 ANY OTHER BUSINESS – None.

2012.1/63 QUESTIONS FROM THE FLOOR

Comment/ Q1 Mr David Sandbach said he was sorry to see Adam Cairns leave the Trust as his approach to changing health services has been quite remarkable. Mr Sandbach strongly recommended that the NEDs look at the dashboards on the NHS Midlands and East quality observatory as there were a number of issues which caused him concern including :

- Staff recommending the Trust to receive treatment: in 2010 compared to 2011 showed a 7% drop.
- Staff recommending people to work in the Trust: 44.6% in the summer of 2011 and this figure has moved to 44.5 in Spring 2012. This is significantly below the national figure of 52.4%.

A1

The Chairman said that these issues have been raised in a number of Board meetings. Although the figures are from the staff survey undertaken in October 2011 and are almost a year old we are taking the results very seriously and lots of work being done through the Workforce Director to improve the scores.

Q2 Mr Sandbach referred to the SHMI figures. The results for pneumonia he personally felt should be looked at and he suspected people chose the easy option of quoting pneumonia in death certificates. He felt that NEDs have a responsibility to make sure they are aware of what is going on.

A2 The CEO said that SHMI is a new measure and there is a need to fully understand what it entails. It was noted that the crude mortality rate at SaTH has fallen by 10% in the last 10 months. SHMI relates to deaths within 28 days of being in our hospital. The latest data is only up to September 2011 and we have seen significant improvements since then. Dr Vernon (NED) said that this was also discussed at the Q&S Committee and a report is being presented at the end of the month. The Chairman added that we are working hard on these issues and that this is reflected in the massive improvement we have been seen in our HSMR rates over the last 12 months.

Q3 Mr Sandbach said another concern related to the percentage of patients with Fractured Neck of Femur being treated within 48 hours

A3 The CEO thanked Mr Sandbach for raising the concern in relation to Fractured Neck of Femur statistics. He said the intention is to invest £60k to improve that service and that this will include the appointment of another Geriatrician. The Business Case has been approved in principle and it is the intention to bring it to the Board next month. The CEO expected to see significant improvement by the 3rd quarter of this year. **Action: CEO.**

QUESTIONS FROM THE FLOOR (Continued)

Q4 Ms Wright raised the issue of her complaint about her mother's treatment in 2007. Ms Wright said she was unhappy with the way her complaint had been handled and the response she had received from the CEO.

A4 The Chairman said the Board is well aware of her complaint and that, following referral to the Ombudsman, there was no further action to be taken by the Trust. The Trust had apologised to Ms Wright. He did acknowledge that the Trust's complaint process had sometimes been slow but that changes had now been introduced to speed up the process.

Q5 Mr Jones, PALS Volunteer, noted that quite a number of patients have been exceptionally pleased with the domestic staff at the PRH but patients are very concerned that perhaps the domestic staff do not always receive the praise they deserve because of the work they do.

A5 The Chairman noted this point and assured Mr Jones that the Trust recognised domestic staff as an important part of the ward teams.

2012.1/64 DATES OF NEXT MEETINGS :

- **Thursday 7 June 2012 at 5 pm** in Seminar Rooms 1, Shropshire Education & Conference Centre, RSH.
- **Thursday 28 June 2012 at 9.30 am** in Lecture Theatre, Education Centre, Princess Royal Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 31 MAY 2012

Item	Issue	ACTION LIST	PRIORITY
48.1	<p>Year End Finance Report - Powys LHB Contract</p> <ul style="list-style-type: none"> ▪ Any referral changes will need to be completely transparent and in the public domain; a clear implementation and communications plan was needed. ▪ The Board agreed the suggestion that Montgomery CHC should be kept fully updated on this issue and implications for patients. 	<p align="center">FD</p> <p align="center">DQS/FD</p>	June
48.3	<p>Provider Management Reporting Template for March 2012 The Learning Disability Briefing paper would be shared with Board members.</p>	DQS	ASAP
52	<p>Questions from the floor Automatic Doors by the Lofthouse Unit not working. DQS agreed to look into this.</p>	DQS	ASAP
57.1	<p>Chairman's Report – Board Committee Structure The Chairman will work with Deloitte's and the Committee Chairs to review the detail of the ToR and 3rd tier committees..</p>	Chair/Comm. Chairs	June/ July 2012
58.1	<p>Quality Report – Issue of questionnaires and response It was suggested that discussion was required outside the meeting to refine this information and speed up the process.</p>	DQS	ASAP
59.2.1	<p>Strategic Performance Report There should be more explanation about the incidence of pressure ulcers.</p>	DQS/FD	ASAP
59.2.2	<p>Provider Management Performance Reporting Template The Governance Risk Rating score to be amended to Amber to reflect receipt of the CQC draft report.</p>	FD	Immediate
60.2	<p>Board Assurance Framework Corporate Risk Register to be presented in June.</p>	DCRM	28 June 2012
61.1	<p>CFC Outcome Summary The CEO asked the CFC to align Trust fund raising plans with Lingen Davies</p>	MB/DJ	June
63(A.3)	<p>Questions from the floor Fractured Neck of Femur Business Case to be presented to the Board in June.</p>	CEO	28 Jun 2012