

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 28 April 2011**  
**Room D, Education Centre, Princess Royal Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Dr J Davies	Chair
	Mr M Beardwell	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs T Cookson	Chief Operating Officer (COO)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Dr A Fraser	Interim Medical Director (MD)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
<b>In attendance</b>	Mrs B Graham	Committee Secretary
<b>Apologies:</b>	Mr B Simms	Non Executive Director (NED)
	Mrs D Vogler	Director of Strategy (DoS)

**2011.1/44 WELCOME**

The Chairman welcomed everyone to the meeting including David Williams – an observer from the Strategic Health Authority.

**2011.1/45 DECLARATION OF INTEREST** by members in relation to any matters on the agenda : None.

**2011.1/46.1 MINUTES OF THE EXTRAORDINARY MEETING HELD IN PUBLIC** on 24 March 2011 were **APPROVED**.

**2011.1/46.2 MINUTES OF THE FORMAL MEETING HELD IN PUBLIC** on 31 March 2011 were **APPROVED**.

**MATTERS ARISING FROM THE MEETING HELD ON 31 MARCH 2011**

<b>(96.1)</b>	<p><b>Risk Management Executive Committee (96.1)</b> : It was noted that the Terms of Reference (ToR) have been redrafted and the first Committee meeting will take place on 3 May 2011. The Committee will have a strong core representation plus attendance from each of the Centres, as appropriate. The first task will be to review the Risk Register. The Committee's ToR and minutes will be presented to the next Board.</p> <p><b>Action: CEO – May 2011.</b></p>
<b>(05.4)</b>	<p><b>Urgent Care Network Board</b></p> <p>The CEO reported that following discussion, Leigh Griffin (Lead for Shropshire County and Telford &amp; Wrekin PCTs), will establish a Shropshire Health Economy Board to co-ordinate and drive forward the QIPP. Further discussions are planned and an update will be presented at the next Board.</p> <p><b>Action: CEO – May 2011.</b></p>

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Chairman  
26 May 2011

<b>MATTERS ARISING (Continued)</b>	
18.3)	<b>National Inquiries and External Reports</b> – The DQS advised that the report had been considered at the April Q&S Committee and following revision would come to the May Board. <b>Action: DQS - May 2011</b>
(20.1)	<b>FT Update – Tripartite Formal Agreement</b> – The final version would be brought to the May Board. <b>Action: DCA – May 2011.</b>
(36.1)	<b>QIPP Agenda – Covered</b> under Item (05.4), above.
(37.2)	<b>18 weeks</b> – Item is on the private agenda. <b>A&amp;E</b> – Item to be covered as part of Integrated Performance Report.
(38.4)	<b>Budget Proposal 2011/12 – Capital Expenditure</b> - Item is on the agenda.
(39)	<b>HR Policies</b> – Amendments made. Item <b>complete</b> .
(42)	<b>Questions from the floor</b> – Item <b>completed</b> .

#### 2011.1/47 CHAIRMAN'S REPORT

The Chairman reported another busy month. In relation to previous discussions with regard to the Community Trust, he advised that Jo Chambers had been appointed Chief Executive and the name of the organisation will be Shropshire Community Health Trust.

#### 2014.1/48 CHIEF EXECUTIVE'S REPORT - The CEO had no items to report this month.

#### 2011.1/49 QUALITY AND SAFETY

#### 49.1 THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (FCHS) PROGRAMME

The CEO presented the paper which provided an update on the plans and programme of work for the development of the Outline Business Case (OBC) to bring to the Board in June 2011. The CEO addressed the following issues :

- i) *Ambulance delivery times and response times:* A strategic forum has been established bringing together Powys Teaching Hospital Board, Welsh Ambulance Service and the West Midlands Ambulance Service to focus on arrangements are for the provision of border ambulance transport. A clear position is expected in May.
- ii) *Response times in south-west of county :* This will be a joint piece of work with the West Midlands Ambulance Service to gain a better understanding of the current position and then to look at a possible range of options.
- iii) *Final Version of OBC:* It was agreed that the key assumptions for the OBC will be presented to the May F&P Committee.
- iv) *Paediatric Services* The Royal College of Paediatricians (RCP) have just produced a document which looks at mergers and workforce modelling which supports the proposed reconfiguration. The MD noted that SaTH is therefore ahead of the game in this respect.

The Board **NOTED** the structure and plan for delivery of Phase 2 of the FCHS Programme; and **NOTED** the progress on the FCHS Programme.

**ANNUAL SECURITY REPORT 2010-11**

The Director of Compliance & Risk Management (DCRM) introduced the report which described security management undertaken during the period April 2010 to March 2011. The following key elements:

- Lock down policy developed in accordance with NHSLA requirements
- Introduction of annual security risk assessments for managers
- Counter Terrorist procedures and raising staff awareness through Project Argus
- Protecting people – in top 5% nationally for bringing criminal sanctions against perpetrators of intentional physical assaults, as per NHS Security Management Service.
- 50% increase in security guarding across both sites
- Continued roll-out of training for off-site lone worker in use of devices
- Significant Increase in roll-out of staff pagers for on-site lone workers
- Expansion of CCTV system to be carried out 2011-2012

The DCRM said that liaison with local police teams at both sites was strong. It was noted that Barry Simms (NED) is the Non Executive Lead.

The Work Plan for 2011/12 looked at a number of options for making further improvements across both sites and would be submitted to the DoH for approval following this Board meeting.

The DCRM clarified that when dealing with vulnerable adults it was not normally appropriate to use security guards and therefore nursing staff would be properly trained to deal with these patients.

The following actions were noted :

- i) Patient Restraint Policy : DQS clarified that the Trust had a Vulnerable Adult & Paediatric Safeguarding Board which will consider this policy at its May meeting; and it would then be taken to the Q&S Committee. **Action: DQS.**
- ii) Equality Impact Assessment page would be amended. **Action: DCRM.**
- iii) Section 3.2 Table would show Intentional Violence or Aggression (towards staff) over the last 3 years to provide an indication as to whether the position is improving. **Action: DCRM.**
- iv) Capital Expenditure for CCTV this year would need to be reviewed and prioritised as part of the review of the capital programme.

The Board **NOTED** progress in relation to matters of security across the Trust and, subject to the above actions, **APPROVED** the proposed 2011-2012 Work Plan.

**INTEGRATED PERFORMANCE REPORT – QUALITY**

The Director of Quality & Safety (DQS) presented the IPR Quality Report for the period ending 31 March 2011 and noted that this was the last performance report in this format. It was highlighted that Cancer 62 day target and Choose & Book target failed in month. The DQS commented the following points :

- **Serious Incidents** - work is ongoing to address these issues
- **Patient Falls** - the planned 10% reduction had not been achieved at year end (146 compared to 142); this is considered to be a serious issue, requiring prompt action.
- **Tissue Viability** – the aim for a 10% reduction had not been achieved. The DQS said that Ward Managers would be held to account in terms of pressure sores and patient falls.
- **Venous Thromboembolism (VTE)** – the MD advised that the Trust was in the process of implementing a change in VTE data collection. From 3 May 2011 the recording of VTE at PRH would be through VitalPAC. The same system would start at RSH from the beginning of June.

## INTEGRATED PERFORMANCE REPORT – QUALITY

### HSMR

HSMR analyses were being undertaken to understand the difference identified in death rates between the two sites using the Dr Foster Real Time Monitoring Analysis Tool. Dr Foster had been invited into the organisation to help to understand the differences. There was concern that it was not entirely a coding issue. The CEO said it may prove helpful for the Q&S Committee to receive a written position statement and he asked the Committee to review the work and look at what further steps need to be taken.  
**Action: MD.**

Dr Vernon (NED) Chair of Q&S Committee agreed to this request but wished to put on record that the Q&S Committee was not looking at this issue just as a coding issue. He considered that the use of VitalPAC was essential to help clinicians perform better, to ensure consistency and to monitor quality of care.

The DQS reported to the Board on the successful launch of the LIPS Workshop in March. This event had been attended by 120 staff and the Centre Chiefs had identified key safety priorities to take forward. The CEO added that a key element of the Trust's safety plan would aim to tackle avoidable deaths in the Trust.

Mr Beardwell (NED) referred to the culture change that had produced significant improvements in MRSA and C difficile incidents and he hoped the LIPS programme would do the same for HSMR, tissue viability and patient falls. The CEO said it was important to develop a culture throughout the organisation where staff take a sense of pride in their work.

Dr Walford (NED) referred to the RAG rating system in the Performance Reports and stated that in the future he would like to see a trajectory for when targets would be achieved.

The Board **NOTED** performance against a range of Key Quality Performance Indicators.

2011.1/50

## PERFORMANCE AND GOVERNANCE

50.1

### FINANCE REPORT – MONTH 12

The Finance Director (FD) introduced the financial report for the 12 month period ending 31 March 2011 and reported a small surplus of £26k as a result of receipt of SHA support of £5 million

The FD drew the Board's attention to the payroll costs which totalled £16.5 million in the month of March, which was substantially higher than the budget for April 2011. A significant part of the increase was £1.4 million associated with agency costs and work was being undertaken to identify the detailed causes. The Chair noted that agency costs had increased dramatically over the last six months and concluded that there was no control on agency costs. He also referred to past initiatives to replace agency staff with permanent employees.

The COO said that at the last F&P Committee it was agreed to do a piece of work looking back at what was agreed last year in terms of Agency costs and see whether substantive staff numbers had increased. There would also be detailed scrutiny on bank and agency staff figures, sickness, vacancies, WLI, bed watches and falls during March. The results would be taken to the F&P Committee in May.  
**Action: COO – May 2011**

## FINANCE REPORT – MONTH 12 (Continued)

The CEO asked if assurance could be given that Ward Managers understood their budget and their responsibilities and if there was a clear mechanism in place across the Wards to monitor costs. The DQS said that there was no mechanism across all Wards and there was a need for much more support and direction. The CEO said if Ward Managers could not control their costs then urgent controls must be imposed from above. The COO confirmed that all Ward Managers and Matrons have planned meetings with COO and FD in the next two weeks. The Chair requested a detailed analysis of agency numbers a full reconciliation against new permanent staff. He wanted to see a robust action plan to bring agency costs under control before the next Board meeting. **Action: COO/DQS/FD – May 2011**

In terms of medical staffing, the CEO said there were two issues – (i) there were not enough clinicians in the Trust and a medium term solution was required; and (ii) capacity and demand tools needed to be developed. The Chair said that where agreement had been reached to recruit doctors and consultants, this needed to be progressed as a priority. He was concerned about the long delays that were being experienced between approval and actual recruitment and improvements to the appointments process were required. **Action: CEO.**

The FD referred to Better Payments Practice Code (BPPC) where year to date performance in making payments to suppliers was only 43% within 30 days policy. The reason for this low rate related principally to liquidity problems and issues relating to the transfer of monies from PCTs to the Trust. Further discussions were being held with PCTs to ensure that this problem was minimised in 2011/12.

The Chair said that although SaTH was grateful for the £5 million support that had been received from the SHA, this compensated in part for the loss of £3.5 million of income due to emergency admissions exceeding the 2008/9 threshold and the fact that these admissions were only funded by the PCTs at 30% of tariff. It was also noted that SCPCT activity was 5% above plan during February and March and T&WPCT activity was 18% above plan for the same period. Over performance was continuing in April.

The Board **NOTED** and **APPROVED** :

- March trading deficit of £0.685 million;
- March surplus, post support of £340k;
- 2010/11 trading deficit £4.974 million;
- 2010/11 outturn post SHA support, £26k surplus
- BPPC performance
- Liquidity improvement due to Strategic Change Reserve funding receipt.

## 50.2 INTEGRATED PERFORMANCE REPORT - PERFORMANCE

The Chief Operating Officer (COO) introduced the report for the period ending 31 March 2011. The following key facts were highlighted:

- Delayed transfers of care patients remained high;
- Non elective length of stay remained above target on both sites;
- Elective surgical pre-operative length of stay decreased on both hospital sites;
- Number of staff employed was 4,284 wte showing an increase of 5 wte;
- Validated sickness absences for December were 4.5% a decrease of 0.5% from the previous month.

## INTEGRATED PERFORMANCE REPORT – PERFORMANCE (Continued)

The COO advised that actions had been taken over the last 7-10 days where A&E performance had shown some improvement. With regard to delayed transfers of care, it was noted that the Trust should have no more than 26 delayed transfers however the actual number of delayed discharges (currently running at 57) has consistently been over twice that level and equivalent to two wards of patients who should be cared for in a different setting. In terms of lost bed days, the problem for SaTH is even greater. It was agreed that this is a health economy issue but that the Trust needs to take a lead in resolving the problem. Changes are being made internally to manage these patients by creating a discharge and transfer area staffed appropriately until the time when PCTs take charge of these patients. The COO confirmed that she had met with the commissioners and they have a specific plan to reduce delayed transfers and there is general support to put this in place. It was agreed that a detailed look at delayed transfers/A&E waits should be discussed at the next F&P Committee and reported back to the Trust Board.  
**Action: COO – for F&P and to share action plan.**

The Board **NOTED** performance against a range of Key Performance Indicators.

### 50.3

#### BUDGET UPDATE

The Finance Director (FD) introduced the paper and advised that at the March Board meeting a budget for 2011/12 had been approved which produced a surplus of £100,000. This assumed agreement with the PCTs to provide Strategic Change Reserve support of £4 million, but with only £0.9 million confirmed at the time. Since the last Board meeting, the Trust has been informed that the outstanding £3.1 million from the Strategic Change Reserve will not be made available.

Further work undertaken by the FD to assess the deliverability of the CIP programs and payroll costs (mainly due to agency costs) included in the approved budget have resulted in projected reductions of £4 million and £0.8million, respectively. Also, the income from Powys Health Board is now forecast to be £0.5 million lower. Offsetting savings of £5.1 million were identified but the overall impact of the budget update review is that the Trust would be forecasting a £4 million deficit, if further savings or additional income can not be identified. **APPROVED.**

Due to the seriousness of the situation the CEO **PROPOSED** immediate actions which the Board **FULLY SUPPORTED** as follows: :

- i) Two acute wards to be closed to acute admissions and used for patients whose discharge was being delayed. The costs for these wards would become the responsibility of the PCTs.
- ii) CIP Programme to be urgently reviewed as is the revised total is falling far short of what is expected even recognising the difficulties associated with implementing organisational change.
- iii) Assure that the payroll run rate is affordable by immediately disestablishing 200 wte vacant posts.
- iv) Discretionary expenditure – Arrange to meet all Matrons and advise them that we cannot afford to put resources into bank staff who offer sub standard care to our patients. The reliance on bank and agency staff to be strictly controlled with the aim of eliminating entirely by year end.
- v) Introduce additional capacity and capability into the organisation to accelerate the pace of change.

Mr Beardwell (NED) raised the issue that this discussion has significantly changed the understanding of the Board minute of 31 March 2011 which noted the Executive Team's reporting on the disestablishment work with the caveat that this must not compromise direct quality provision. The CEO said that it was essential to take necessary actions to control the financial position, but that he would expect to fill these posts at a time when there is a recurrent surplus.

## BUDGET UPDATE (Continued)

The Chair was not prepared to approve the revised budget proposal as presented and insisted that specific proposals to balance the accounts be brought back to the Board in May. **Action: CEO/ FD – May 2011.**

### 50.3.1 CAPITAL EXPENDITURE

The FD introduced the paper and advised that a revision was required to the approved 2011/12 Capital Programme in order to align the 5-year capital plan to the recently completed draft of the Long Term Financial Model (LTFM). There was an urgent need to address the weak cash position of the Trust and demonstrate sufficient liquidity resources.

The Chair proposed that this was taken to the Capital Planning Group for them to prioritise the projects to develop a new capital spending programme to be approved at the May Board.

The Board **NOTED** the requirements above and agreed that the Capital Planning Group should come up with a new prioritised capital spending programme for 2011/12. This to be presented to the next Trust Board meeting. **Action: FD – May 2011.**

### 50.3.2 IMPROVEMENT PROGRAMME REPORT – MONTH 12

The Board **NOTED** the Improvement Programme position and delivery of savings at 2010/11 outturn.

## 50.4 DECLARATIONS OF INTERESTS

The DCRM introduced the item and advised that the Code of Accountability required Board members to declare interests which are relevant and material to the NHS Board of which they are a member. The DCRM confirmed that the following declarations include those received from new Executive Directors:

Dr John Davies	<ul style="list-style-type: none"><li>▪ Trustee of Market Drayton Action for Health</li><li>▪ Chairman of Moreton Say Parish Council</li></ul>
Mr Martin Beardwell	<ul style="list-style-type: none"><li>▪ Director, Impact Alcohol Advisory Services</li></ul>
Dr Peter Vernon	<ul style="list-style-type: none"><li>▪ Managing Director of Alberi Limited</li><li>▪ Director of H10 Limited</li><li>▪ Related to the Directorate Manager of Facilities</li></ul>
Mr Dennis Jones	<ul style="list-style-type: none"><li>▪ None</li></ul>
Mr Barry Simms	<ul style="list-style-type: none"><li>▪ None</li></ul>
Mrs Sue Assar	<ul style="list-style-type: none"><li>▪ Director of Assar Consulting Limited which seeks to do business with the NHS.</li></ul>
Dr Simon Walford	<ul style="list-style-type: none"><li>▪ Chairman of Governing Body, Wolverhampton Grammar School</li><li>▪ Governor, University of Wolverhampton</li><li>▪ Director, Wolverhampton Academies Trust</li><li>▪ In receipt of an NHS Pension</li></ul>
Mr Adam Cairns	<ul style="list-style-type: none"><li>▪ Occasional paid consultancy work for Guidepoint Global Advisers</li></ul>
Mrs Julia Clarke	<ul style="list-style-type: none"><li>▪ Chairman of Shropshire Council's Standards Committee</li><li>▪ Deputy Chairman of the National Security Management Professional Accreditation Board</li><li>▪ Shropshire Education &amp; Conference Centre SECC) Trustee</li></ul>
Mrs Debbie Vogler	<ul style="list-style-type: none"><li>▪ None</li></ul>
Mrs Tina Cookson	<ul style="list-style-type: none"><li>▪ None</li></ul>
Mrs Vicky Morris	<ul style="list-style-type: none"><li>▪ None</li></ul>
Dr R Ashley Fraser	<ul style="list-style-type: none"><li>▪ Chairman of Shropshire Education and Conference Centre Company Limited;</li><li>▪ Hon. Colonel 202 (Midlands) Field Hospital;</li><li>▪ Co-opted Member of the BMA Medical Managers sub committee</li></ul>
Mr Neil Nisbet	<ul style="list-style-type: none"><li>▪ None</li></ul>

Board members **CONFIRMED** that the declarations listed were correct and agreed to advise the Committee Secretary or DCRM immediately or within **six** weeks of any future changes.

### 50.5 REPORT ON USE OF CORPORATE SEAL

The Board **APPROVED AUTHORITY** of the Common Sealing of documents recorded in the Corporate Seal Register for the period 1 October 2010 to 18 April 2011.

**2011.1/51 POLICIES FOR CONSIDERATION/APPROVAL**

**51.1 HR70 EMPLOYMENT REFERENCES**

The Board **APPROVED** HR70 Employment References. A new policy had been developed to provide clear guidance to managers on the standards required in this area. The policy would facilitate good practice and help to achieve high standards in the selection and appointment of staff.

**2011.1/52 OUTCOME SUMMARIES FROM COMMITTEES – RECEIVED FOR INFORMATION**

- Finance & Performance Committee – 29 March 2011
- Charitable Funds Committee – 18 February 2011
- Clinical Quality & Safety Committee – 24 March 2011 -

**2011.1/53 ANY OTHER BUSINESS – None.**

**2011.1/54 QUESTIONS FROM THE FLOOR**

**(Comment) Mr Jones (PALS Volunteer)** thanked Julia Clarke for her excellent work with PALS.

**2011.1/55 DATE OF NEXT MEETING : 26 May 2011 at 9.30 am Seminar Rooms 1 & 2 SECC, RSH.**

**The meeting then closed.**

**UNRESOLVED ITEMS FROM TRUST BOARD MEETING HELD IN PUBLIC ON 28 APRIL 2011**

Item	Issue	ACTION LIST
96.1	<b>Committee Structure/Membership Update</b> Risk Management Exec. Committee ToR and Minutes to be presented in May.	CEO – May 2011
05.4	<b>Urgent Care Network Board</b> Further discussions are planned and an updated will be presented at the next Board.	CEO – May 2011
18.3	<b>National Inquiries and External Reports :</b> Following revisions the report to be brought to the next Board.	DQS - May 2011
20.1	<b>Foundation Trust Update</b> Tripartite Agreement – final version to be brought back to the Board in May.	DCRM – May 2011
49.2	<b>Annual Security Report 2010/11</b> <ul style="list-style-type: none"> <li>▪ Patient Restraint Policy will go to the Vulnerable Adult &amp; Paediatric Safeguarding Board in May; then to the Q&amp;S Committee.</li> <li>▪ EQIA page to be amended.</li> <li>▪ Section 3.2 Table to show Intentional Violence or Aggression towards staff over a 3 last 3 years to provide indication of whether position is improving.</li> <li>▪ Capital Expenditure for CCTV this year to be reviewed and prioritised as part of Capital Programme..</li> </ul>	DQS DCRM DCRM FD
49.3	<b>IPR – Quality : HSMR –</b> Position Statement to go to Q&S Committee for review of work.	MD/Q&S Committee
50.1	<b>Finance Report Month 12</b> <ul style="list-style-type: none"> <li>▪ Detailed scrutiny on bank and agency staff figures, sickness, vacancies, WLI, bed watches and falls during March. The results would be taken to the F&amp;P Committee in May.</li> <li>▪ Chairman requested a detailed analysis of agency numbers a full reconciliation against new permanent staff. He wanted to see a robust action plan to bring agency costs under control before the next Board meeting.</li> <li>▪ Long delays were being experienced between approval and actual recruitment and improvements to the appointments process were required.</li> </ul>	COO COO/DQS/FD CEO
50.2	<b>IPR – Performance</b> <ul style="list-style-type: none"> <li>▪ Agreed that a detailed look at delayed transfers/A&amp;E waits should be discussed at the next F&amp;P Committee and reported back to Trust Board. COO for F&amp;P and to share action plan.</li> </ul>	COO/F&PC
50.3	<b>Budget Update</b> <b>CEO proposed immediate action and the Board FULLY SUPPORTED the following:</b> <ol style="list-style-type: none"> <li>i) Two acute wards to be closed to acute admissions and used for patients whose discharge was being delayed. The costs for these wards would become the responsibility of the PCTs.</li> <li>ii) CIP Programme to be urgently reviewed as is the revised total is falling far short of what is expected even recognising the difficulties associated with implementing organisational change.</li> <li>iii) Assure that the payroll run rate is affordable by immediately disestablishing 200 wte vacant posts.</li> <li>iv) Discretionary expenditure – Arrange to meet all Matrons and advise them that we cannot afford to put resources into bank staff who offer sub standard care to our patients. The reliance on bank and agency staff to be strictly controlled with the aim of eliminating entirely by year end.</li> <li>v) Introduce additional capacity and capability into the organisation to accelerate the pace of change.</li> </ol> <p>The Chair was not prepared to approve the revised budget proposal as presented and insisted that specific proposals to balance the accounts be brought back to the Board in May.</p>	CEO FD FD COO/DQS CEO CEO/FD
50.3.1	<b>Capital Expenditure</b> The Board noted the requirements and agreed that the Capital Planning Group should come up with a new prioritised capital spending programme for 2011/12. This to be presented to the next Board.	FD - May 11