

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 29 March 2012 at 9.30 am

Seminar Room 1&2, Shropshire's Education & Conference 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)
	Mr D Jones	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	Miss V Maher	Workforce Director (for Item 30.6)
	Mrs B Graham	Committee Secretary
Observers	Mrs C Bond	Shropshire Link
Apologies:	Dr S Walford	Non Executive Director
	Mrs D Vogler	Director of Business & Enterprise (DBE)

2012.1/25 WELCOME

The Chairman welcomed everyone to the meeting. It was noted that Debbie Vogler was making good progress but will be absent for another 6-8 weeks.

2012.1/26 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2012.1/27 MINUTES OF THE MEETING HELD IN PUBLIC on 1 March 2012 were **APPROVED**.

MATTERS ARISING FROM THE MEETING HELD ON 1 MARCH 2012	
(83.1)	Productive Operating Theatre Project – the follow up report was deferred until the Board meeting on 26 April 2012.
(146.1)	Quality Improvement Strategy – Item is on the agenda. Item complete .
(17.1)	Booking & Scheduling – The DQS is working on a list of individuals from the Patient Involvement Panel who wish to be involved in the project. The list will be sent through to the DoT when completed.
(18.1)	Quality Quarterly Report – The Board's thanks had been passed on to all the staff involved in the tremendous achievement with regard to mortality figures. Item complete .
(20.1)	Annual Review of SFI/SO and Scheme of Delegation – Terms of Reference (ToR) for Board Committees: The Chairman said that a half a day, as part of the Board Development session in May, will be dedicated to discussing ToR, Board Committee structures etc. The Chairman therefore asked all Committee Chairmen to review their ToRs in advance of the May session and to raise any outstanding issues at the May session. Action: Comm. Chairs.
(21.1)	Future Configuration of Hospital Services – The Chairman said it is necessary to submit the Full Business Case to the SHA on 17 April 2012 for approval at the SHA's Board meeting on 24 May 2012. A Special Board meeting will therefore take place on 16 April 2012. This item is on the agenda.

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Chairman
26 April 2012

2012.1/28.1 CHAIRMAN'S REPORT

Members **NOTED** the following verbal report:

- **Chief Executive Recruitment** – Harvey Nash has been appointed to lead a national recruitment process and an advert has been placed in the Health Service Journal. The closing date for applications is 30 April 2012 and it is planned to make an appointment before the end of May.
- **Stakeholder Meetings** - Meetings have been held with the Leader of Shropshire Council, and Chair of Shropshire CCG, and meetings have been arranged with Leader of Telford and Wrekin Council and Chair of Telford and Wrekin CCG with regard to their involvement in the CEO recruitment process.
- **Consultant Recruitment** – Five new consultants have been appointed in the last month.
- **New Cancer & Haematology Centre Development at RSH** – The building construction phase is nearing completion and it is looking very impressive. Handover of Phase 1 is scheduled for 5 April 2012. The Chairman paid tribute to all those organisations and individuals who have so generously contributed to this build.
- **Health & Social Care Bill** has been passed and is scheduled to gain Royal Assent in April. This will then trigger a number of implementation activities, including the following:
 - From April to September consultation will take place on the pricing methodology. Following the consultation, Monitor commences pricing functions for the 2014/15 tariff.
 - In June the NHS Development Authority, which will take over responsibility for the FT pipeline, will be established. It will formally take over responsibility for the FT pipeline from the SHA in April 2013.
 - In October HealthWatch England will come into force and the Appointments Commission will be transferred to the NHS Development Authority. Also, authorisation of Clinical Commissioning Groups begins and Monitor starts its regulatory functions.
 - In January 2013, Monitor's licensing regime is expected to begin.
 - In April 2013, SHAs and PCTs are abolished

Members were briefed on the new structures that will be created under the Bill i.e. National Commissioning Board with its regional and local offices, Clinical Commissioning Groups and the Clinical Commissioning Support Group. The Chairman said it will be important for SaTH to have a strong voice around the table as these new structures and arrangements are established.

Mr Beardwell (NED) referred to the Health & Social Care Bill in terms of the patient pathway and said it will be crucial to get it right and he hoped SaTH can take a lead on this.

The Chairman said that further detail of the Bill and the specific impact on Foundation Trusts will be presented at the next Board Development Day.

2012.1/28.2 CHIEF EXECUTIVE'S REPORT

Members **NOTED** the following verbal report:

- Next year will be very different in the Health Service. In particular the financial settlement means that SaTH will be required to absorb the cost of inflation and pay awards as well as a reduction in tariff, penalties for readmissions and the impact of the QIPP plan. A budget will be presented to the Board later in the meeting.

CHIEF EXECUTIVE'S REPORT (Continued)

- **Future Configuration of Hospital Services** – work continues on the Full Business Case. Planning applications have been submitted and the planning approval for the new Women & Children's Unit at PRH has been received. The planning process for the additional works at RSH, including provision of the new Paediatric Assessment Unit (PAU) has commenced. The Executive Team continue to visit communities, including Mid-Wales, to talk through their ongoing concerns. As a result of the Reconfiguration proposal a number of developments have been made possible, including :
 - AAA Screening Service – will start in three months time which will mean that every adult male over the age of 65 will be invited every 3 years to have an ultrasound screen to detect aneurysms. The CEO said it is a tremendous achievement as this service would not be possible without Vascular Surgery being consolidated on to one site.
 - Trauma Network – the Trust's role as a designated Trauma Unit was safeguarded by expanding acute services on RSH site through reconfiguration.
 - Consolidation of Acute Surgery at RSH - it is aimed to bring these changes forward to 16 July 2012. At the same time Head & Neck will transfer to Telford. Detailed plans are being drawn up and should be finalised by mid-April.
 - Patient Flow - January / February has been a very difficult period in terms of patient flow across the health economy and has led to very unsatisfactory performance in A&E waiting times and very significant congestion throughout the hospital. A team led by Dr Kevin Eardley and supported by the Executive Team, Matrons and Lead Clinicians have been working hard to reinstate patient flow and the position is improving.
 - Pathology Services - In 2006 Lord Carter produced a report for the Labour government which reviewed Pathology Services and his recommendation was to bring together Pathology Teams across the country and make larger units which are less widely geographically dispersed. Little progress has been made since 2006 however conversations have now began to gain momentum. SaTH is working with the Black Country group of hospitals i.e. Dudley, Sandwell & West Birmingham, Wolverhampton and Walsall to take ideas forward and deliver significant cost benefits and to make the service more resilient. From a patient perspective the change would not be visible.

It was noted that the AAA screening service provided a good opportunity for some good news stories in the media. It was suggested that the Trust consider inviting a local MP to receive AAA screening.

2012.1/29.1 **QUALITY AND SAFETY**

29.1 **QUALITY IMPROVEMENT STRATEGY**

The Director of Quality & Safety (DQS) introduced the Quality Improvement Strategy that provides a 5-year framework within which the Board can proactively make improvements across patient safety, patient experience and clinical effectiveness. The strategy has been developed in partnership with internal and external stakeholders and has involved a number of workshops.

The Quality Improvement Strategy does not stand in isolation but is linked to a number of key Trust strategies such as Workforce & OD, IT and the Integrated Business Plan. The strategy sets out the ambition and drive for improvements, and uses the Quality Governance Framework as a basis for the format. The main thread through the strategy shows how Wards and Departments will work within their Centres and how the Centres will work with the Corporate structures to achieve the quality improvements. The expectation is that annually each Centre will develop a Quality development plan picking up the objectives set out in the Strategy as well as their own more detailed objectives. Development of improvements will need to be tracked through Centre performance meetings and other forums.

QUALITY IMPROVEMENT STRATEGY (Continued)

Progress against the strategy will be published through the Annual Quality Account. The Patient Experience Involvement Panel have been encouraged through the consultation on the strategy to hold SaTH to account for the delivery of these improvements. There is also a metrics approach to monitoring care delivery at all stages of the patient pathway and it has been established with the patient group, senior staff and Board members.

The Chairman said he appreciated all the effort that had gone into developing this document. Following questions from the NEDs the following points were noted by the DQS :

- Linkage between Objectives and Centre Chiefs/Matrons: It is essential that there is active engagement with Centres. Discussions have taken place and templates provided to track through progress. The first year will be primarily about finding a way to support the Centres and work with them. The DQS said she would expect to see more commitment from Centres to own and develop plans.
- Centre Performance meetings: These started in January 2012 and have initially focussed on Service Line Reporting, activity and staffing issues and not Quality. However, a series of quality key indicators will be identified and included in future Centre Performance meetings. The FD noted that the Head & Neck performance meeting on 28 March had included a paper on quality. The CEO pointed out that this is not the only forum to discuss quality issues. Dr Vernon (NED) still expressed concern that quality was not being given sufficient prominence and suggested the structure of these meetings should be reviewed in 3 months time to confirm that quality has been incorporated into the structure of the meetings. **Action: DQS – Jun/Jul 2012.**
- The Quality Improvement Strategy will be updated annually.

The Board **APPROVED** the Quality Improvement Strategy and **NOTED** the implementation process.

2012.1/30

PERFORMANCE

30.1

FINANCE UPDATE

The Finance Director (FD) introduced the Finance Report which covered the period April to February 2012. It was noted that the report had been discussed in depth at the Finance & Performance Committee meeting on 27 March 2012. The FD said that February had proved to be a difficult month operationally and that this was reflected in the disappointing financial performance in the month.

A Summary of the Key Messages for the end of February 2012 was provided and the following points were **NOTED** :

Income & Expenditure Position

- The Trust recorded a cumulative deficit at the end of February amounting to £724,000 versus a planned deficit of £1.497 million.
- In the month of February a deficit of £847,000 was recorded versus a planned deficit of £601,000.
- Despite the disappointing February performance, the Trust is still forecasting a balanced position at year end.

Income

- At the end of February an over achievement of £5.625 million had been recorded which is forecast to increase to £6.135 million by year end.

2012.1/30.1 FINANCE UPDATE (Continued)

Pay Expenditure

- Pay was a serious negative issue in February. The Trust over spent against the budget by £280,000 and there was an increase in spend over the previous month of £316,000 due primarily to the effects of escalation and new starters.
- In February the Trust employed 61.62 posts in excess of the budgeted level, a combination of temporary and substantive posts. In order to support escalation, the Trust increased Temporary Nursing Staffing levels by 12.32 posts, the number of Temporary Nurses increased by a further 20.84 posts. As a consequence of the bed closure programme the Trust retained 65 nursing posts to support escalation. Given these levels of staffing it is apparent that the Trust has not yet been able to generate the anticipated savings from the closing of beds.
- Agency spending amounted to £1.003 million in the month which was the highest level since October.

Non Pay Expenditure

- Non pay overspent against the Budget in the month of February by £1.162 million.
- Non Pay budgets had recorded a cumulative overspend at the end of February as compared with budget of £4.775 million and is projected to increase to £5.849 million.
- Overspending in respect of Specialist High Cost Drugs exceeded a revised budget level, as agreed with the local PCTs, at the end of February by £970,000, this overspend is not recoverable from the PCTs.
- The last four months have seen a rapid increase in Non Pay costs. The FD expected a further significant increase in Month 12 as a result of deferred income adjustments. He agreed to provide a detailed analysis of Non Pay costs at the next F&P Committee meeting. **Action: FD.**

Mr Simms (NED) said the organisation must refine itself and as part of its continuous improvement it should institute commitment accounting (i.e. on a weekly basis know where we are and the consequences of actions and to address questions being raised). With regard to March, the FD said that the level of pay for bank staff had reduced in March and was lower than January and February because escalation beds had shut in the last two weeks, but the level of reduction is not as significant as might be imagined. Mr Simms (NED) said that these questions should not be directed at the FD who only captures the information, it should be directed to the MD in terms of medical staff and DQS for other staff in relation to agency and bank spend.

The MD referred to the reduction of medical agency staff and stated that he did not understand the £230k increase in medical agency staff costs in the month. It was agreed that the FD would provide some further detail. **Action: FD.**

The Board **NOTED** the Month 11 position and **APPROVED** the actions being taken to achieve a balanced financial position.

2012.1/30.2 BUDGET PROPOSAL 2012/13

The FD introduced the Budget proposal for 2012/13. The proposal had previously been discussed at the Board Development meeting on 19 March 2012 and Finance & Performance Committee meeting held on 27 March 2012.

Key Messages from the Budget Proposal were as follows :

Overall Income and Expenditure Position

- The Trust to deliver a surplus in the year amounting to £157k;
- The Trust will need to deliver a Cost Improvement Programme that generates recurrent cost savings amounting to £27.145 million;
- In-year savings from the CIP amount to £13.586 million;
- The Trust to carry forward into the 2013/14 a recurrent surplus of £15.166 million.

BUDGET PROPOSAL 2012/13 (Continued)

Income

- Total income for the year £302.094 million;
- A combination of factors which reduce income by £11.296 million versus with the previous year are offset by other factors which increase income by £12.502 million so that there is a net increase in income of £3.676 million.
- Trust will receive non recurrent transitional funds of £4.9 million.
- Local Commissioners QIPP Programmes reduce income for 2012/13 by £5.288 million.

Expenditure Budgets and Reserves

- Pay Budgets set based upon Month 10 level of spending £198.307 million, increased by further £1.72 million as a consequence of actual spending level in February;
- Non Pay set based upon a 3 month moving average covering the period November to January £93.881 million – increased to £94.706 million as a consequence of actual increased spending recorded in February;
- Contingency reserves – held to cover lost income associated with QIPP and Demographic growth amount to £6.382 million.

Cost Improvement Programme

- New schemes introduced in the 2012/13 year generate recurrent costs savings amounting to £27.145 million, and in year savings of £14.256 million.
- Slippage on schemes carried forward from the 2011/12 year reduces the total level of savings by £670,000 to £13.586 million.
- £11.1 million of the £14.256 million savings are to be delivered in the last six months of the 2012/13 financial year.

Monthly Income and Expenditure Plan

- Trust suffers a deficit in the first month of the year amounting to £1.528 million,
- End of Quarter 1 cumulative deficit £1.033 million, by quarter end of Quarter 2 cumulative deficit £207,000 and by Quarter 3 cumulative deficit of £194,000.
- To achieve plan the total Pay spend has to decline from £17.052 million in April 2012 to £14.984 million by March 2013.

Risks and Contingencies

- Contingency reserves exist to cover the impact of Local QIPP schemes and Demographic growth upon Income;
- No contingency reserves exist to cover the failure to deliver the 2012/13 CIP Programme.
- Delay in the delivery of the 2012/13 CIP programme will create a cost pressure of £2.3 million; delay by three months will create a cost pressure of £6.3 million.

Medium Term Financial Plan

- 2012/13 CIP – Successful delivery of the 2012/13 Plan will be critical for the Medium Term Financial sustainability of the Trust, achieving this sum will enable the Trust to achieve its CIP requirements in the 2013/14 year.

Mr Beardwell (NED) made two points :

- i) Paid tribute to the quality of reporting for the Board and Finance Committee. The level of information received by the Board has never been received before in terms of clarity and presentation.
- ii) As the Finance Director is the reporter, he asked where the Executive drive will come from to push through the Budget. He said the Quality Report is a tremendous step forward but such factors as the CEO's departure and no Operational Director in post he asked for reassurance as there is no history of achieving CIP and he had great concerns from 1 April 2012.

The CEO gave assurance that he will be in post for the next three months. Advice has been taken from outside organisations to form a detailed plan of delivery and the Executive Team and Centre Chiefs have agreed the detail and contents of the programme put forward. The CEO said he was satisfied that the individuals understand what they have to do. The Chair added that the Interim Operational Director will be in post until September and within that time it is intended that an appointment will be made.

BUDGET PROPOSAL 2012/13 (Continued)

The Board **APPROVED** the Budget Proposal for 2012/13 subject to further detailed scrutiny of the QIPP and CIP elements in the private session, which would confirm the final forecast position. The CEO said that linked to the Budget is the Annual Plan for 2012/13 but this would not be tabled at the meeting today. Item to be discussed later in the meeting.

2012.1/30.3 OUTLINE CAPITAL PROGRAMME – 2012-13 TO 2016-17

The FD introduced the paper and advised that the Outline Capital Programme 2012-13 to 2016-17 had been prepared following a review of the Clinical and Corporate Centre capital aspirations. The contents of the appendices had been considered at the Capital Planning Group held in March 2012 and also at the F&P Committee. The main points in the Plan were as follows:

- The proposed capital expenditure for 2012/13 is £40.450 million, including £33 million for the Reconfiguration project. Proposed expenditure for 2013/14 to 2016/17 is £9.500 million per year.
- Capital Aspirations for the Trust to 2016/17 totalled £37.697 million, including £17.009 million in 2012/13.
- The 'Top 5' capital expenditure items identified by the Centres for 2012/13 totalled £8,465k., including £2,474k for the replacement Linac Unit which has been funded in 2011/12.

The FD said that there is a significant amount of expenditure planned for 2012/13, essentially because of receipt of the 2nd tranche associated with reconfiguration of £33 million. The budget has been shaped in this context and although the DoH recognises that the Trust will not spend £33 million in 2012/13 the DoH requires that it is presented in this way.

The FD said the key message to note is that it is necessary to strengthen the Trust's underlying liquidity position by releasing cash of £1 million in 2012/13 from the capital resource limit. Similarly, the plan is to release £1.4 million in 2013/14 and £2 million in each subsequent year. The FD said he felt that the approach should be to spend the money to replenish and maintain existing asset stocks rather than defer spending into new schemes and then leave backlog problems.

The Board **APPROVED** the Outline Capital Programme for 2012/13 but, following discussion, deferred approval of Capital Expenditure proposals for later years.

2012.1/30.4 STRATEGIC PERFORMANCE REPORT

The FD introduced the Strategic Performance Report for Month 11 and confirmed that 2 of the 9 headline measures had been assessed as RED (not achieving); 3 were GREEN and 4 were AMBER. The FD highlighted some of the key points as follows :

- Positive progress in relation to VTE compliance in February.
- A&E Performance for February against the 95% target was 91.77% with a year to date figure of 94.30%. A&E performance in the month had proved difficult but there had been a concerted effort put in place which has seen a significant shift in performance towards the end of the month. Recent information around "bed bundles" is positive. Promotion of bed bundles is now being picked up through streams of work and with Community Hospitals.
- The average daily number of delayed transfers of care amounted to 35 patients in the month of February compared to 50 at the beginning of the year, and against a monthly target of no more than 26. A disproportionate share of the delayed transfers of care relates to Powys. It was noted that Telford Team work well with SaTH to minimise delayed transfers of care and Shropshire Team are learning from them.

2012.1/30.4 STRATEGIC PERFORMANCE REPORT (Continued)

- The percentage of patients discharged before midday on average in the month of February was 27% as compared with the target of 50%. Work has started to try to improve our quality of discharge. The CEO said that a cross site meeting had taken place to look at patients length of stay of over 14 days and clinicians have introduced a plan to reduce that number and set targets to reduce the number by 17 by 30 April 2012.

The Board **RECEIVED** and **NOTED** the Month 11 Performance Report.

2012.1/30.5 FOUNDATION TRUST - PERFORMANCE MANAGEMENT REPORT (PMR)

The FD introduced this item and said that the templates for February 2012 have been completed based on the data that is available within the necessary timescales. The templates are 'in shadow' for the remainder of this year in part to allow Trusts to identify any data/information gaps and resolve these moving forward in April. The following points were noted:

Acute Governance Risk Rating 2011/12 :

- Cancer Targets – there was a problem in February but it has been rectified in March;
- RTT targets continues to be classified as RED until there is 95% non admitted and 90% admitted. There is increased confidence that 95% will be achieved next month;
- A&E performance has been a problem in February due to the high level of hospital activity.

Financial Risk Rating 2011/12

- SaTH scored RED in two out of the five criteria, therefore the overall position was AMBER. The two related to I&E margins and Liquidity.

Contractual Risk Rating 2011/12

- The position is GREEN as the contract with the Commissioners has been signed.

The Board **NOTED** that the Provider Management Regime Report for February 2012 had been reviewed in detail and approved at the F&P Committee. The report was **RETROSPECTIVELY APPROVED** for submission to the SHA by the deadline of 29 February 2012 and signed by the Chairman and Chief Executive.

2012.1/30.6 STAFF SURVEY 2011

The Workforce Director introduced the paper and advised that the Survey was based on 38 key findings and the results were benchmarked against Acute Trusts across England. The benchmark illustrated that SaTH performance was poor: :

- Worse 20% in 24 key findings
- Below average in 8 key findings
- Average in 3 key findings
- Above average in 3 key findings

These results have been shared with staff including Trust-wide briefings to all staff with detailed presentations to the Leadership Team and Centre management teams. These results are not what the Board would want and a strategy for improving employment experience was explained. A key aim is to increase the response in recommending the Trust as a place to work and receive care by 10% for 2012/13. The Trust will continue to monitor how staff feel throughout the year.

It was noted that the 2012 Staff Survey will be launched in September/October 2012 and it has been decided to send the questionnaire to all staff to receive as much feedback as possible.

2012.1/30.6 STAFF SURVEY 2011 (Continued)

The Chairman said these results were disappointing and particularly as there was no evidence of progress being made over the last 12 months. Bearing in mind that the data was collected in October 2011 the Chairman asked if there was any evidence of what the staff felt at the moment. The WF Director said she was in the process of holding discussions with staff on ways to improve the situation. Her hope is to see some improvement and she felt the strategy gives a focus in a number of areas to achieve a sustainable change.

The CEO said it is essential that these results improve but he reminded the Board that during the 2011 Staff Survey, staff were being told that services that were not good enough, there was turmoil across the community as a result of the consultation on reconfiguration and a massive restructure of the organisational management was underway. He felt all these factors contributed to the unsatisfactory results.

The WF Director said that the first priority is to engage with staff, through the Centres and Focus Groups. The main drivers will be Listening into Action, Workforce Strategy, Health & Wellbeing and regular feedback from staff side.

The Board **NOTED** the contents of the report and **APPROVED** the proposed actions.

2012.1/30.7 ANNUAL PLAN 2012/13

The CEO explained that the Annual Plan 2012/13 is due to be submitted to the SHA before the end of the month, although Monitor normally requires the Annual Plan to be submitted in May. The CEO paid tribute to the team under Paul Hodson who have worked extremely long hours to prepare this document in a short period of time.

The Board **AGREED to delegate authority** to the Chairman, DQS and the CEO to sign off the document on 30 March 2012 in order to comply with the deadline for submission. Final copies would be circulated to the Board. **Action: CEO.**

2012.1/31 GOVERNANCE

2012.1/31.1 MINUTES OF THE FOUNDATION TRUST PROGRAMME BOARD HELD ON 26 JANUARY 2012

The Board **RECEIVED** and **NOTED** the contents of the minutes of the FT Programme Board meeting held on 26 January 2012.

2012.1/32 STRATEGY

2012.1/32.1 FUTURE CONFIGURATION OF HOSPITAL SERVICES (FCHS) UPDATE

The CEO introduced the paper and said this item had been covered under Matters Arising and also the CEO's Report. Submission of the Full Business Case will be presented to the Trust Board on 16 April 2012; and for onward approval by the PCT Cluster and Strategic Health Authority. Final approval is expected at the SHA Board meeting on 24 May 2012. Sign off by the Joint Health Overview and Scrutiny Committee and the Clinical Commissioning Groups for Shropshire and Telford & Wrekin is also planned during the approvals process.

The Chairman said that the F&P Committee had received a presentation on Procure21+ which was impressive and gave confidence that the project is on track. He paid tribute to Kate Shaw, Chris Needham and others for all their hard work.

The Board **NOTED** the update.

2012.1/33 OUTCOME SUMMARIES FROM COMMITTEES were RECEIVED and NOTED :

- **Audit Committee meeting held on 9 February 2012** – Mr Jones (NED) said a narrative of the meeting had been provided at the last Trust Board in private session.
- **Charitable Funds Committee meeting held on 9 February 2012** – Mrs Assar (NED) said that a review to scope fundraising and the strategy i.e. to work better with charitable partners is about to get underway and the outcome will be reported to the CFC in May.
- **Finance & Performance Committee meeting held on 28 February 2012**
- **Hospital Executive Committee meeting held on 28 February 2012.**
- **Quality & Safety Committee meeting held on 22 March 2012** – Dr Vernon (NED) said that a considerable amount of time had been taken in discussing “never” events and developing action plans for Ophthalmology.

2012.1/34 ANY OTHER BUSINESS

34.1 Dr Ashley Fraser, Medical Director

The Chairman announced that Ashley Fraser will be officially retiring from the Trust on 31 March 2012. However, he will be returning after one month's leave and continue to work for the Trust for a further 11 months to March 2013 to ensure there is consistent Medical leadership and to support the organisation to move towards the appointment of his successor. The Chairman on behalf of the Board thanked Ashley for his contributions to the Trust. During Ashley's period of leave, Chris Beacock (Deputy Medical Director) will be acting Medical Director to ensure continuous medical guidance and support at Board level.

34.2 Mr Tom Jones, PALS Volunteer

The Chairman on behalf of the Board congratulated Mr Jones on his 84th Birthday.

2012.1/35 QUESTIONS FROM THE FLOOR

- (Mrs Bond)**
- Delayed Transfers of Care – Mrs Bond made the point that the problem sometimes relates to relatives and not the hospital ;
 - Although HealthWatch England is starting in October 2012, Local HealthWatches are not starting until April 2013.
 - The weather has been good so why was demand in A&E so high in February?

(CEO) On the question relating to why the demand in A&E was so high, the CEO said there were minimal cases of flu and noro virus. It is difficult to pinpoint a particular category. There had been more frail patients which is a reflection on demographic growth. Also, the evidence is that there has continued to be a year on year increase in the numbers of patients presenting in A&E. The best alternative for non emergencies is to contact your GP.

(Mr Jones) (i) Over the last few Sundays he has visited PRH and is concerned about the adequacy of cleaning at weekends. He wished to congratulate the cleaners for their hard work but domestic staff have expressed concerns and he wanted the Board to realise that their work is doubled during a weekend period and it is impossible to do more work in less time.

(DQS) The PEAT inspections discovered this issue and the Facilities Team is aware of this and will look into it.

(Mr Jones) (ii) Security Cameras: last Friday at PRH there was an incident and he was concerned about staff safety. He was interested to learn the cost of the security cameras when compared to the cost of an extra staff member.

(DCRM) Video cameras are required as part of the evidence process to prosecute people when needed. A new initiative is to commence at SaTH whereby Security Guards will wear body worn videos; they will advise the individual when they turn it on. This new equipment is of high quality and there is evidence that when used in other hospitals they have seen a dramatic decrease in incidents.

2012.1/36 DATE OF NEXT MEETINGS :

- **Mon 16 April 2012 at 10 am** in Seminar Rooms 1 & 2, SECC, RSH
- **Thurs 26 April 2012 at 9.30 am** in Seminar Rooms 1 & 2, SECC, RSH.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 29 MARCH 2012

Item	Issue	ACTION LIST	PRIORITY
(2011) 83.1	Productive Operating Theatre Project - A further report was required.	COO	26 April 2012
(2012) 20.1	Annual Review of SFI/SO/Scheme of Delegation <ul style="list-style-type: none"> ▪ Terms of Reference for Board Committees – Half-day Board Development session will be dedicated to this. Committee Chairs were asked to review their ToRs and/or raise any other issues. 	Comm. Chairs	May 2012
21.1	FCFS Update <ul style="list-style-type: none"> ▪ FBC to be presented to the Board in April; ▪ Timetable to be rescheduled. 	FD	16 April 2012
29.1	Quality Improvement Strategy To review in 3 months to show that QIS had been incorporated into the structure of the meetings.	DQS	Jun/Jul 2012
30.1	Finance Update <ul style="list-style-type: none"> ▪ Rapid Increase in Non Pay Costs – FD agreed to provide a detailed analysis of Non Pay costs at the next F&P Committee. ▪ The MD said he did not understand the increase in medical agency staff costs in the month. FD would provide further detail. 	FD FD	24 Apr 2012 ASAP
30.7	Annual Plan 2012/13 The Board agreed Delegated authority to the Chair, CEO and DQS to sign off the Annual Plan on 30 March 2012 in order to comply with the deadline for submission. Final copies would be circulated to the Board.	Chair/CEO/DQS	30 Mar 2012