

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 26 January 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)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Dr A Fraser	Medical Director (MD)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Company Secretary (DCRM)
	Mrs D Vogler	Director of Business & Enterprise (DBE)
In attendance	Mr A Osborne	Communications Director (CD)
	Mrs B Graham	Committee Secretary
Observers	Mrs M Fellows	Telford & Wrekin LINK
	Mr D Saunders	Telford & Wrekin LINK
	Mrs C Bond	Shropshire Link
	Mrs E Anderson	Montgomery CHC
Apologies:	Dr P Vernon	Non Executive Director (NED)

2012.1/01 WELCOME - The Chairman welcomed everyone to the meeting including Dr S Awwad, Oncology Centre Chief and Dr Bill Gowans, Vice Chairman of Shropshire County CCG & Unscheduled Care Lead.

The Chairman also welcomed the newly appointed Board Observers listed above and explained that Board Observers are not members of the Trust Board but may attend public session meetings and can ask questions or be called upon to speak from time to time. Mr Saunders (T&W LINK) thanked the Board for this opportunity and said his organisation values the relationship with the hospital and increasingly the positive relationship over the last year in terms of public engagement.

Apologies were received from Dr Peter Vernon, Non Executive Director who was in the USA on business.

2012.1/02 CHAIRMAN'S AWARD was presented to Sister Belinda Wright from Ward 7 at the PRH. The Medical Director said that Sister Wright had been nominated by patients and internal/external colleagues for her passion and commitment to her patients.

2012.1/03 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2012.1/04 MINUTES OF THE MEETING HELD IN PUBLIC on 24 November 2011 were **APPROVED**.

	MATTERS ARISING FROM THE MEETING HELD ON 24 NOVEMBER 2011
(61.1)	Quality Report – Protected Meal Times – Item on the agenda. Item complete .
(83.1)	Productive Operating Theatre Project – Report required in March 2012.

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Chairman
1 March 2012

	MATTERS ARISING FROM THE MEETING HELD ON 24 NOVEMBER 2011 (Continued)
(110.2)	Performance Report – Balanced Score Card - The FD advised that the priority during the month had been the preparation of the new Provider Management Report for the SHA and as a result work on the new Integrated Performance Report had been delayed. A draft of the new Integrated Performance Report will be presented to the F&P Committee on 28 February. Action: FD.
(133.1)	Urgent Care Winter Planning – Item on the agenda. Item complete.
(133.4)	Safeguarding Annual Report – The concern about non compliance of CRB checks for staff appointed in low risk areas before 2002 had been discussed at the Safeguarding Committee. The DQS will follow up and circulate a response to Board members. Action: DQS.
(139)	Question - T&W LINK representative: Car Parking. The CEO confirmed that 20 minutes free parking was permitted to drop off samples etc and he advised that car park staff had been instructed to be more aware. Item complete.
(146.1)	Quality Improvement Strategy – A draft will be presented to the Board in March 2012. Action: DQS.
(146.2)	Medical Appraisal & Revalidation Update – The MD reported that he had been in touch with RJAH & PCTs regarding sharing of some resources and they had agreed this was a sensible way forward. Item complete.
(147.1)	Finance Report M7 – The FD confirmed that he had taken the CRL proposal to the F&P Committee with the revised capital expenditure plan and this item was on the Private Session agenda. Item complete.
(148.2)	NHS Good Corporate Citizen & Carbon Reduction Commitment – The DCRM said information regarding solar energy had been circulated to members and confirmed that use of solar energy would be investigated when the Government issues the new “Green” Plan. The linkage of CO2 emission data to utility consumption will be included in the next report. Item complete.
(148.3)	SFI - Approval Process – The FD reported that the necessary revisions had been completed. Item complete.
(149.1)	Risk Management Strategy - The DCRM confirmed that a short version of the risk management strategy had been produced and would be issued in the next Staff Newsletter. Item complete.
(149.2)	FCHS – Public & Patient Engagement – The FCHS Project Board will meet on 9 February to consider each of the 78 recommendations from the Equality Impact Assessment. Item complete.
(152.1)	Statement of Emergency & Business Continuity – Item on the agenda. Item complete.
(152.2)	AOB: Opening of Ludlow Satellite Dialysis Unit - Letter to the League of Friends has been sent. Item complete.
(153)	Dates of Future Board Meetings – List circulated to members. Item complete.
(154)	Question - Loss of Heat from main entrance doors at PRH : The FD said that the Associate Director of Estates & Facilities Management had advised him that the problem could be solved with revolving doors but are not suitable in a hospital environment. Item complete.

2012.1/05.1 CHAIRMAN'S REPORT

Members **NOTED** the following verbal report:

- The West Mercia PCT Cluster Board held its first meeting last week in Worcester. It is a single Board of the four statutory PCTs – Hereford, Worcester, Shropshire County and Telford & Wrekin -- sitting concurrently as all four Boards. The purpose of the Cluster Board is to provide resilience during the transition period to the new model involving the Clinical Commissioning Groups, National Commissioning Board and Health & Wellbeing Board. The Chairman said that he had met with the Chair of the Cluster Board and that she was very supportive of the work of SaTH.
- The Midlands and East SHA is now fully operational and the Chair – Sarah Boulton – will be visiting SaTH on 30 January 2012.
- The Chair noted that he had joined the FT Chairs Academy run by Cass Business School and sponsored by Monitor. It is a 5-session programme run over a 6 month period and the first session was held last week which focussed on the NHS changing landscape, growing consumerism and changing imperatives of governance.
- There has been a good response to the recruitment of the Operations Director and it is hoped to make an appointment very shortly.

2012.1/05.2 CHIEF EXECUTIVE'S REPORT

The CEO gave a PowerPoint presentation (copy of slides **attached**) which gave a sense of direction as to what is happening in the Trust. The following points were noted :

- There are 80 fewer permanent beds than at the same time last year and a proper escalation capability is now available.
- A&E year to date performance had achieved the 95% target for 4 hour waiting time in December but there has been a deterioration since Christmas.
- Emergency attendances have continued to increase and at the same time elective admissions are increasing in both numbers and degree of complexity.
- A major initiative has been launched to improve the hospital experience of the Frail and Elderly. In particular a target was established to discharge at least 20% of these patients within 72 hours (achieved 37% discharges within 72 hours).
- Cancer waiting times at the Trust have improved dramatically over the past 12 months to the extent that in Q2 2011-12 SaTH is the best performing General Hospital in the West Midlands for the critical 62 day target.
- SaTH's safety goal is to reduce in hospital mortality by 20% by 2013 and is currently ahead of schedule with 163 fewer deaths than last year. In terms of HSMR the rate has declined sharply from 113 in the period April 2010 - March to 100 for the current financial year to date. These improvements reflect a very significant change in the way care is administered.
- SaTH is on course to achieve a recurrent financial balance this year despite starting the year with a £14.5 million recurrent deficit. At the same time the Trust has recruited 30 more consultants, 93 more Nurses and 11 more Midwives.

The Chairman congratulated the CEO on a fantastic performance and for the hard work and dedication of all members of the operations teams.

Mr Simms (NED) agreed it was superb progress but asked how this message was going to be conveyed to the Trust's 500,000 client base. The CEO said that he would be communicating with staff through a planned series of briefings and newsletters and that there were plans to take out an advertisement in the local press to more widely publicise the improvements at SaTH.

The Board **NOTED** the report.

2012.1/06 PRESENTATIONS

2012.1/06.1 UPDATE ON ONCOLOGY BUSINESS CASE

The Board was reminded that a Business Case for the appointment of 3 Additional Consultants was approved at the Trust Board in November 2010. Dr S Awwad, Centre Chief for Oncology, attended the meeting to update the Board on results that have been achieved since that time.

Dr Awwad gave a PowerPoint presentation (copy of slides **attached**) and he highlighted the following;

- Achievement of the National Cancer Targets the first time for 18 months in :
 - 31 day standard for subsequent cancer treatments in Chemotherapy (98%)
 - 31 day standard for subsequent cancer treatments in Radiotherapy (94%)
- Additional Capacity per annum
 - 936 additional new appointments (income £191,880);
 - 2,236 additional follow-up appointments (income £169,936)
 - The Oncology Centre ceased Waiting List Initiative payments which has enabled the Centre to generate a reduction in pay costs totalling £54,906

UPDATE ON ONCOLOGY BUSINESS CASE (Continued)

- Achievement of the NRAG Recommendations for 9.2 hour extended day
- Implementation of an Acute Oncology Consultant On-call Service;
- Cross cover for specific tumour sites and Multi Disciplinary Teams;
- Supporting more Clinical Trials.

Dr Awwad said he was proud that the Oncology Centre can now support more clinical trials and that the Centre is now contributing to 35 studies involving more than 500 patients. One such trial is comparing six to three month treatments which it is hoped will reduce the side effects to the patients.

In answer to a question from the T&W LINK Observer in relation to the level of GP understanding of cancers, Dr Awwad said that all GPs should follow DoH guidance.

Dr Walford (NED) said he was impressed with the progress made to date. However, as the national targets were now being achieved, he asked Dr Awwad whether internal targets should now be more ambitious. Dr Awwad said that his first priority was to hit the national targets - ovarian cancer treatment starts within 2-3 weeks but other cancer treatments start within 31 days.

The Board **NOTED** progress following the successful implementation of the Business Case for the three additional Consultant Oncologists and thanked Dr Awwad for his presentation.

2012.1/06.2 SHROPSHIRE UNSCHEDULE CARE STRATEGY 2011-2014

The CEO introduced Dr Bill Gowans, Vice Chair of Shropshire County CCG and Unscheduled Care Lead. Dr Gowans had been asked to attend the meeting to provide the Board with an update regarding the development of the Shropshire Unscheduled Care Strategy.

Dr Gowans gave a PowerPoint presentation (copy **attached**). A copy of the full Unscheduled Care Strategy 2011-2014 and the Operating Framework was made available to Board members. A second version of the Operating Framework is due to be published in 2-3 weeks.

Dr Gowans explained that complex care cannot be delivered unless it is co-ordinated and a whole system commitment is needed for an early and sustainable improvement urgent care provision. Five stakeholder events had taken place with providers, commissioners and patient representatives and the views collected from these sessions have been aligned to agree the project domains for the urgent care strategy and from which 19 specific projects have been developed. Dr Gowans **TABLED** a paper which detailed the Shropshire Unscheduled Care Strategy Project Structure. Project management leads have been established but he felt that shared responsibility for the implementation of the strategy will take time to evolve.

Dr Gowans made particular reference to the "Winter 9" project which aims to address the Demand and Capacity Management of unscheduled care through the Care Coordination Centre, as a part of Shropdoc.

The Montgomery CHC Observer noted that Shropdoc has a poor reputation in the community and results in people going straight to A&E where they feel safe. Dr Gowans said that the arrangements for Powys are different but there are representatives involved in developing the Strategy.

Dr Gowans observed that he felt attitudes, behaviours and relationships during the last 9 months had improved significantly between the various stakeholders and he was optimistic that this approach to managing unscheduled care will work.

The Board **NOTED** the update and **APPROVED** the Shropshire Unscheduled Care Strategy in respect of SaTH's involvement and responsibilities.

2012.1/07 **QUALITY AND SAFETY**

2012.1/07.1 **PROTECTED MEALTIMES & TIMESCALES**

The Director of Quality & Safety (DQS) introduced the paper and said that the Trust aims to introduce a protected mealtime service to help all its patients get the most from the food provided. It will include identifying individuals at risk of being malnourished, providing good nutritional care and stopping inappropriate weight loss and dehydration.

This proposal had been developed through the LIPS Programme and was fully supported by staff. It was noted that it will, however, require support from doctors to allow patients peace and quiet during mealtimes. This is consistent with GMC guidance requiring doctors to take more responsibility for patients. It was proposed to actively promote Protected Mealtimes over the next 10-14 days, with a target implementation date of 6 February 2012 across both sites. Sets of promotional material were **TABLED**.

Mr Beardwell (NED) said he had Chaired the Q&S Committee last week which had reviewed this item. He referred to the Mealtimes Policy, Page 4, Para 5 which quoted reference to “where appropriate” and suggested that this should read “when possible” - as it is about making this a priority but not to impede urgent clinical activity. Mr Beardwell (NED) confirmed that the Q&S Committee fully endorsed this approach.

The Board **NOTED** and **SUPPORTED** the approach to the launch/promotion and implementation of the Protected Meal Times Policy; and **NOTED** the monitoring arrangements which will be introduced through each Centre.

2012.1/07.2 **LEADING IMPROVEMENTS IN PATIENT SAFETY (LIPS) PROGRAMME**

The DQS introduced the paper and she explained that whilst LIPS is about improving patient safety it is also about building capacity. The paper provided an overview of progress made by the first cohort of over 100 clinical staff since the June 2011 LIPS event. It is proposed to hold three more cohorts (including some non clinical staff) over the next 18 months to sustain and improve patient safety and support the Trust's aim of reducing mortality by 20% by 2013. All projects are managed and supported through a Project Management Office. The DQS recognised that communicating and sharing success from the first cohort is important and an event is due to be held in February.

The Board **NOTED** and **APPROVED** the approach.

2012.1/08 **PERFORMANCE**

2012.1/08.1 **FINANCE UPDATE**

The Finance Director (FD) introduced the Finance Report which covered the period April to December 2011. It was noted that the report had been discussed in depth at the F&P Committee meeting on 24 January 2012. The FD was pleased to report a year to date break even position for the first time versus a budgeted £426k deficit. He expressed confidence that the Trust will achieve at least a balanced position at the year end. The main improvement has come from a reduction in agency staff costs but he noted that a further reduction in pay costs was required to ensure a sustainable position in 2012/13.

Mrs Assar (NED) asked for clarification about the comment on Page 5 of the Report: “*despite closing beds the Trust has been unable to deliver the required levels of associated staff reductions*”. The FD said that he expected to be able to deliver the anticipated staff reductions in February. He explained that although 80 beds had been closed, 20 beds were not closed until late December and, in addition, some staff had been redeployed to support the Escalation Team. The Chairman congratulated the FD for delivering this excellent result.

FINANCE UPDATE (Continued)

The Board **NOTED** the Month 9 position and **APPROVED** the actions being taken to achieve a balanced financial position.

2012.1/08.2 STRATEGIC PERFORMANCE REPORT

The Board **RECEIVED** and **NOTED** the Month 9 Performance Report. The following points were noted:

- Average daily number of delayed transfers of care were 21 in the month compared with 50 at the beginning of the year
- VTE compliance in December was 91.4% versus a target of 90%
- A&E performance in the December was 95.8% but the year to date performance was only 94.8%
- Latest information indicated that the backlog of Admitted and Non Admitted RTT patients had reduced from 2,237 at the beginning of December to 1,481.
- Unvalidated data showed that all the in-month cancer targets were achieved during December with the exception of 31 day second or subsequent treatment – surgery which was 93.94% against a target of 94%.

2012.1/08.3 FOUNDATION TRUST - PERFORMANCE MANAGEMENT REPORT (PMR)

The Chairman introduced this item and advised that the NHS Midlands and East SHA have introduced a Provider Management Regime which is to be completed and formally submitted on a monthly basis. This covers many of the items included in the Trust's monthly Strategic Performance Report and, in the future, it is proposed to combine the two reports in order to minimise duplication. It was **AGREED** that a draft of the new reporting arrangements would be presented to the February F&P Committee. **Action DBE/FD.**

The FD highlighted the following points which were noted:

Acute Governance Risk Rating 2011/12 :

- Patient Experience - the Trust is in the process of signing up to the Learning Disability Charter but is not yet fully compliant.
- RTT targets will not be achieved until February/March 2012.
- A&E target failed to achieve 95th centile.
- Learning Disability target is not being achieved
- Cancer target - 31 day second or subsequent treatment – surgery is 92.94% versus 94% target
- Overall, the Trust is rated Red for Acute Governance Risk.

Financial Risk Rating 2011/12:

- The fact that the Trust has moved into a balanced position year to date favourably impacts 3 of the 5 indicators and as a result the Trust is rated Green for Financial Risk.
- Supplementary Financial Risks have moved from Red to Amber rating due largely to capital programme underspend, high debtor levels and low cash balances.

The Board reviewed the Statement of Compliance and, following discussion, it was agreed that given the Trust's concerns with data quality it would not be correct to respond positively to Statement No.10 "Achieving Level 2 performance against key requirements of the DoH Information Governance toolkit". It was noted that the SHA is aware of SaTH's position on data quality issues and that it is expected that the Trust will achieve Level 2 by 31 March 2012.

The Board **NOTED** the Provider Management Regime Report for December and **APPROVED** its submission to the SHA within the agreed deadline (31 January 2012), and authorised the Chairman and Chief Executive to sign the document. **Action: Chair/CEO.**

2012.1/09 GOVERNANCE

2012.1/09.1 BUSINESS CONTINUITY COMPLIANCE STATEMENT

The Chair introduced the paper. It was noted that the Civil Contingencies Act (CCA) 2004 places a statutory duty on The Shrewsbury and Telford Hospital NHS Trust, as a Category 1 Responder, to have in place a plan that set out the actions, roles and responsibilities for preventing, where possible, or recovering from disruptive incidents that have the potential to seriously impede the Trust's ability to provide its critical services.

In March 2011 a Regional Compliance Audit was undertaken which gave the Trust an overall rating of Green but which also identified 7 areas of non-compliance. The CEO said that these remaining issues will be closed as soon as possible and it was agreed that the Audit Committee should follow up.

The Board **APPROVED** the Annual Business Continuity Compliance Statement.

2012.1/10 The following OUTCOME SUMMARIES were NOTED :

2012.1/10.1 Risk Management Executive – 1 November 2011 and 6 December 2011

**2012.1/10.2 Hospital Executive Committee – 22 November and 20 December 2011
22 November 2011 Outcome Summary :**

- **Policies** : The Chair noted that a considerable number of policies had been submitted for ratification. The DCRM was asked to clarify which, if any, of these policies require Trust Board approval.
Action: DCRM.
- **Review of Care Received by Elderly Patients Undergoing Surgery** – Mr Beardwell (NED) asked whether those national reports specifically included patients with Dementia. The DQS said that it did not specifically refer to patients with cognitive impairment.

2012.1/10.3 Finance & Performance Committee – 22 November 2011

2012.1/10.4 Quality & Safety Committee – 23 November 2011 and 19 January 2012

19 January 2012

The Q&S Committee outcome summary for 19 January 2012 was **TABLED** and the DQS said that there were a couple of issues that were significant highlighted the following issues:

- Never Events - the Committee has reviewed and discussed recent Never Events in detail. Further work is required in terms of audit around themes and trends.
- Equality Duty System – the Committee noted that this was due to be published on 31 January 2012 and also noted that significant work was required to meet the national standards.

Mr Walford (NED) said that the quality of the analysis to give assurance to the Q&S Committee members was done in a constructive way and he congratulated the Q&S Leads and the Chief Nurse on their thoroughness.

Mr Jones (NED) said that given the nature of the Never Events, he asked if the Board could have assurance that staff were learning from these events. The DQS said that there was a wide and active discussion with Centre Chiefs at the last HEC meeting around these events. Mr Beardwell (NED) added that he was confident that SaTH is developing a culture where people are not frightened to report such events and recognise mistakes can be made. He said that he regarded this as a very positive state of affairs.

2012.1/11 ANY OTHER BUSINESS – None.

2012.1/12 QUESTIONS FROM THE FLOOR

Q1 **T&W LINK Observer** requested an update on the Paediatric Play area at PRH.

A1 The CEO replied that the Trust is waiting for the inclement weather to pass before attempting a major refurbishment and refit.

Q2 **Montgomery CHC Observer** referred to Dr Gowans' presentation and asked if the Trust has any interaction with GPs in Wales.

A2 The CEO advised that the Trust meets regularly with the Local Commissioning Manager for Powys and also with Groups of GPs. He said that he had recently attended several public meetings and a number of issues were raised with respect to the entitlement of patients from Wales to be treated at SaTH. He noted that patients from Wales do not have the same choices and rights as patients from England but that SaTH aims to treat all patients equally.

Comment **Montgomery CHC Observer** observed that she was aware some patients were now making Telford their hospital of choice and she complimented Director of Quality & Safety on the improvement in nursing care.

The CEO said that the Trust has been reviewing how patients make their choice and that Deloitte had been commissioned to undertake a detailed marketing survey across the whole health economy.

Comment **PALS Volunteer** wanted to make the Board aware that there are some wonderful staff employed in the Trust. Specifically he visited every Ward in PRH at Christmas to thank the staff and noted that some wards had made collections to provide presents to their patients. He went on to inquire about changes to car parking arrangements.

The CEO said that the Trust is looking to improve car parking on both sites but is not yet ready to announce any specific actions. He gave an assurance that any changes will give patients a better experience.

2012.1/13 DATE OF NEXT MEETING :

Thursday 1 March 2012 at 9.30 am in Meeting Room 1, Treatment Centre, RSH.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 26 JANUARY 2012

Item	Issue	ACTION LIST
(2011) 83.1	Productive Operating Theatre Project - A further report was required in 6 months time.	COO - Mar 2012
110.2	Performance Report – Balanced Score Card - A draft of the new IPR will be presented to the F&P Committee on 28 February.	FD 28 Feb 2012
133.4	Safeguarding Annual Report 2010/11 Non compliance of CRB Checks concerning retrospective view of staff appointed in low risk areas before 2002. The DQS will follow up and circulate a response to Board members.	DQS
146.1	Quality Improvement Strategy - a draft will be presented to the Board in March 2012	DQS - Mar 2012
(2012) 08.3	FT Performance Management Report <ul style="list-style-type: none"> ▪ It was agreed that a draft of the new reporting arrangements would be presented to the February F&P Committee. ▪ The Board approved the submission to the SHA within the agreed deadline of 31 January 2012, and authorised the Chairman and Chief Executive to sign the document. 	DBE/FD Chair/CEO
10.2	HEC outcome summary 22 Nov 2011 Policies : The DCRM was asked to clarify which if any of these policies require Trust Board approval.	DCRM