

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 29 September 2011

Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

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

2011.1/116 WELCOME - The Vice-Chair welcomed everyone to the meeting. It was noted that the Chairman was on leave and the MD and DCRM were on sick leave.

2011.1/117 CHAIRMAN'S AWARD
The Chairman's Award went to Darren Beddows from the Plaster Room at RSH. The Communications Director said that Darren had been nominated by patients and colleagues and he was chosen as the recipient of this month's Award because of the high regard in which he is held. He said that Darren exemplifies the values and principles of the NHS in putting patients first and he regularly goes above and beyond what is expected of him with his fundraising activities. The Vice-Chair congratulated Darren and gave him a commemorative certificate, a lapel badge and a £50 gift voucher.

2011.1/118 DECLARATION OF INTEREST by members in relation to any matters on the agenda : None.

2011.1/119 MINUTES OF THE MEETING HELD IN PUBLIC on 25 August 2011 were **APPROVED**.

| MATTERS ARISING FROM THE MEETING HELD ON 25 AUGUST 2011 | |
|--|---|
| (20.1) | Foundation Trust Update – Item discussed under the CEO's Briefing. Item complete. |
| (61.1) | Quality Report "Protected meal times" and updating protocols will be taken the October HEC. The DQS assured members that nutrition is top of the agenda in the LIPS Programme. Following discussion it was agreed to also take this item to the Q&S Committee. Action: DQS. |
| (61.3) | National Inquiries and External Reports – On the agenda. Item complete . |
| (74) | Annual Report & Summary Finance Statements – Item on the agenda. Item complete . |

.....
Chairman
27 October 2011

| MATTERS ARISING FROM THE MEETING HELD ON 25 AUGUST 2011 (Continued) | |
|--|--|
| (83.1) | Productive Operating Theatre Project – Report due in 6 months. Action: COO – Jan 2012 |
| (83.2) | <p>Urgent Care Network Update</p> <p>The COO advised that there were two issues - internal and external escalation plans. The Internal Plan was subject to agreeing bed reconfiguration to determine where escalation areas will be located. In relation to the local health economy escalation plan, a draft winter plan had been circulated and had been sent to the SHA. The COO said the Director of Integrated Care is leading on this and there is a lot more engagement this year compared to last year. The COO said that she had not yet seen whether the long Christmas holiday period had been written into the external plan. Board members felt that this should be considered along with nursing homes and walk-in centres. The COO said she would present both escalation plans to the next Board meeting. Action: COO.</p> |
| (83.3) | Quality Account 2010/11 – Summary taken to AGM. Item complete. |
| (85.3) | Board Development Plan – Work in progress. |
| (89.1) | <p>Analysis of Security Incident Reporting and Current Responses</p> <p>The CEO introduced the paper and referred to the NHS Staff Survey for 2010 which placed the Trust in the top 20% of Trusts affected in relation to staff experiencing violence and aggression. The CEO pointed out the Trust is in the top 5% in relation to being very assertive around prosecutions and each week he sends out letters to the general public who have threatened or abused staff. There is also a very robust security response when situations arise and conflict resolution training for staff particularly in Emergency Departments.</p> <ul style="list-style-type: none"> ▪ Mr Simms (NED) said he was pleased to see this issue on the agenda and he looked forward to receiving further reports. ▪ In terms of the number of staff receiving conflict resolution training Dr Vernon (NED) asked whether it was enough and requested outside of the meeting further detail behind the numbers to be circulated. Action: DoS. ▪ The Vice-Chair said the Chairman had left a comment that the local CPS should be contacted and advised that the Trust considers this to be an important issue and it should come within the term of their remit. Action: DoS. <p>The Board NOTED the reported security incidents for 2010/11 and the ongoing work and actions to address this issue.</p> |
| (108.1) | Psychiatric Advice and Support in A&E. The CEO advised that very productive discussions are taking place and he was very optimistic that improvements would be seen in the near future. Action: CEO to report back in Nov 2011. |
| (110.1) | Finance Report – This item related to the question of Ward Managers holding the correct budget. The FD said that he could not understand this comment as all Ward Managers receive budget reports. The DQS agreed take this matter up with Matrons. Action: DQS. |
| (110.2) | Performance Report – Balanced Score Card. Action: CEO/DoS – Nov 2011. |
| (111.1) | Schedule of Items purchased by LoFs - Action taken. Item complete. |
| (111.2) | Capital Expenditure Approvals Process – Item deferred. Action: FD Oct 2011. |
| (112.1) | FCHS – Item on the agenda. Item complete. |
| (115) | Questions from the floor – The Chairman had followed the matter up in respect to the guttering problem around the PRH building and he understood this is now in hand. Item complete. |

2011.1/120 CHIEF EXECUTIVE'S REPORT

The CEO was pleased to report on two pieces of "good" news :

- The SHA approved the Outline Business Case (OBC) for reconfiguration. The CEO said this was excellent news and on past experiences in delivering OBCs the timescales set had been very tight and the process had been very fast. He congratulated the DoS on her leadership in this project and her Team for all their hard work.
- The Tripartite Formal Agreement between the Shrewsbury and Telford Hospital NHS Trust, NHS West Midlands and the Department of Health had been signed and a copy of the agreement was **TABLED**. This reflected that the Department of Health is content with the key milestones. Subject to delivering the plan SaTH is on trajectory to become a Foundation Trust by December 2013. The CEO said signing the agreement is an indication of an expression of confidence in our ability to pursue FT status.

Members **NOTED** the verbal report.

2011.1/121 QUALITY AND SAFETY

121.1 NATIONAL INQUIRIES AND EXTERNAL REPORTS - UPDATE

The Chief Nurse/Director of Quality & Safety (DQS) introduced the update and reminded members that they had previously received two briefing papers which looked at a range of national inquiries and provided an opportunity to be sited on the Trust's progress in terms of the recommendations. The Quality & Safety Committee considered the full range of recommendations and removed those not applicable. The extensive list of recommendations was then themed into 11 key work areas. These had been discussed and progressed through the Executive Directors. Assigned Directors will continue to progress actions required in all areas and in addition the Quality & Safety Committee will track progress quarterly.

Dr Vernon (NED) congratulated the DQS, MD and their teams for turning what was a massive job into something that is now manageable.

The Board **NOTED** the current position and ongoing review by the Quality & Safety Committee.

2011.1/122 PERFORMANCE

122.1 FINANCE UPDATE

The Finance Director (FD) introduced the Finance Report which summarised performance over the period April to August and also provided a forecast outturn for the year. The FD specifically briefed the Board on the following :

- **Month 5 Financial Position** showed a year to date deficit of £1.322 million versus a planned deficit at the end of August amounting to £705k.
- **Forecast Outturn** - the Trust is predicting an overspend at the year end amounting to £2.652 million without management action.
- **Pay Budgets** – there was an assumed level of savings for August based on bed closures in August but due to a delay this was not achieved, however discounting this, the overspend appears to have stabilised reflecting a hold on the "core" spend in the organisation which is good news. The FD said in order to achieve financial balance at year end the closure of wards is an absolute key factor.

FINANCE UPDATE (Continued)

- **Management Actions to Deliver Financial Balance at year end** include the establishment of a dedicated medical staffing team, closing beds and reducing agency medical staffing costs. There is significant work being undertaken to achieve all of these issues. The Medical Staffing Team had started and will become fully operational from November. The FD felt this will lead to improvements in the month of October because of the scale of effort. It was noted that this also applied to improvements in nursing agency staff due to tighter controls.
- **Non Pay** – the level of overspend had increased in August by £783k. More work is being undertaken to correct this including an exercise in Theatres - part of the Transition Team - to look at stock levels as there is a general sense that some of the non pay overspend is a product of over stocking. In addition PricewaterhouseCoopers have been commissioned to look at what spending can be avoided between now and the end of the year which is estimated to be around £400k. For these reasons the FD believed that a balanced position can be achieved at the end of the year.
- **Underlying financial position** – the FD referred to the fact that the Trust had started with a recurrent deficit position carried forward of £14 million which presented a serious challenge. Delivering the ward closure programme and delivering savings in terms of agency medical staffing and agency nursing costs will bring us back into a recurrent balanced position. The FD recognised that the challenge is big and, in addition, going into 2012/13 will be extremely tight as every acute provider will be required to achieve at least a 4% saving.
- **Cost Improvement Programme** – the Trust is committed to delivering savings in the year amounting to £6.881 million. At the end of August the Trust had planned to deliver savings of £1.518 million; the actual level of savings delivered was £1.504 million.

The CEO said that achieving a financial balance by year end is fundamental to the Tripartite Agreement. He warned that it is going to be very tight but looking back at the underlying spend position it is a very different picture now and with the FDs help there is confidence in what we have to do. Further discussions would take place in private session on how to increase the impetus and deliver change.

Mrs Assar (NED) asked if confidence could be drawn in terms of a message going through the organisation to concentrate on tighter financial control and the need for a culture change. The FD said we are not there yet but there was evidence from discussions at the last HEC meeting that those in attendance came with the clear intention of finding solutions to the problems, which was a positive indication. The CEO added that Centre Teams go “live” on 3 October 2011 and sufficient managers have been appointed to take charge of their own affairs. There will be 11 manageable Centres led by the Centre Chief to provide an opportunity to have very detailed discussions precisely on what people need to do. This puts us in a very different position and gives us confidence.

Mr Simms (NED) reminded members of last year’s financial position: “non pay” costs were £78.2 million against £83.4 the year before and our plan for 2011-12 is just under £78 million.. The FD said there were notable areas such as CSSD in terms of disposables. Another concern was that we are not delivering the procurement CIP as expected.

Mr Jones (NED) commented that there is still a challenge to achieve the target each month although there are clear opportunities and plans to get to a balanced position at the end of March 2012.

The Board **NOTED** and **APPROVED** the actions being taken to address the forecast deficit; and **NOTED** the Month 5 financial position. The Vice-Chair thanked the FD for the clarity of his report and particularly the conclusion at Section 9.

The Performance Report for Month 5 highlighted that six of the nine headline measures had been assessed as “red” and three had been assessed as amber. The FD focused on the following :

B9. Reflect Commissioner’s Plans in our capacity plans and delivery our contractual commitments

- **Cancer Care** – treatments in all cancer care targets had been achieved in month; this is the first time for achieving all targets in 2011-12 and was very positive.
- **Referral to Treatment (RTT)** category is “red” status. There is considerable work to address this and the plan will require SaTH to deliver the activity but also required our Commissioners input to either defer activity or refer to other areas when we do not have the capacity.

C3. Provide Right Care, Right Time, Right Place and Right Professional

- **Delayed Transfers of Care** continues to operate at a level which is significantly better than previously - again a positive step forward.
- **Discharge Time (target 50% before midday)** – the Trust is achieving 33%. The Transition Team is working on this as there is recognition that this is crucial to improve and deliver the flow in the organisation.
- **Outliers (target zero by 31 March 2012)** – the level appears to be on a downward trajectory, improving but it is a major challenge.

C4. Deliver Services that Offer Safe Evidence-Based Practice

- **Venous Thromboembolism (VTE)** – the Trust achieved 90% for the first time on the back of 88%. This again gives a positive sign that we are travelling in the direction.

The FD said there are positive signs of performance improving but there remains one single area of concern – that relating to RTT.

The COO said there is a huge effort with regard to discharging before midday and the Transition Team is providing support and is challenging daily at ward level. In addition an Ambulatory Care Stream (part of a front assessment process for patients arriving at A&E) has been set up at PRH and it is believed this will make a difference as many patients just need to run tests and then return home. The CEO said that we are beginning to get some of the enabling elements starting to happen. Mr Simms (NED) said this was very encouraging.

Dr Vernon (NED) said that members of the Q&S Committee visited two wards observing the Board Round – one was good but the other was disappointing. The CEO said this involves a huge engagement task. The CEO said he and the DQS had met Ward Managers and gave them a clear message to do the right things; and he had also met with the Medical Staff Committee giving them the same message. The aim is to get it embedded throughout the organisation in the next few weeks. The CEO said there is absolute commitment to deliver measures such as VTE, falls, pressure sores and discharge.

Dr Walford (NED) referred to the two process charts under A4 in relation to patients Length of Stay. He said although it suggests we are going to hit “green” status there is no evidence to suggest that anything has changed and it might be that it is not telling the whole story. The CEO said that this needs to be reflected in future reports. **Action: FD/COO.**

Mrs Assar (NED) referred to RTT and asked if improvements in performance will be dependent on Commissioners deferring work. The CEO said this is complex in that the capacity we have is insufficient to handle all the referrals received and therefore Commissioners either have to reduce the number of referrals or commission other capacity for what we are unable to deliver. The dialogue with SHA and Commissioners has revealed that we are delivering the amount of activity we promised. Although the target sits with SaTH it is really a “system” target. Our strategy over the next month is to seek further external validation from IST on our perspective on capacity and demand and make it very transparent.

STRATEGIC PERFORMANCE REPORT (Continued)

Mr Jones (NED) said the issue had been high profile at the Audit Committee and Board Assurance Framework last week. He felt that it is acknowledged that there is a need to establish an effective capacity and demand future planning process but he also pointed out that there were varying degrees of mismatch between IST, our own assessment and PCT assessment and there is a need to get a common understanding as much as getting established routines going forward.

In respect of insufficient capacity for RTT, the CEO clarified that it is not an issue of lack of beds as a huge proportion related to outpatients and day cases. He said 100 extra clinics were being run per month and all of this additional activity requires people, theatres, outpatient spaces, booking teams, diagnostics; and the second issue was physical planning. The FD added that despite all the extra activity our order books looked the same as at the start of the year.

The Board required general reassurance in terms of actions and timescales. The CEO said he planned to bring back a position statement of all the items that are causing concern and provide a view on what actions are being taken. **Action: CEO.**

The Board **NOTED** the performance in Month 5.

2011.1/123 GOVERNANCE

123.1 ANNUAL AUDIT LETTER 2010/11

The FD introduced the Annual Audit Letter which summarised the key issues arising from the work that the Trust's external auditors KPMG carried out during 2010/11. The report was presented to the Audit Committee on 22 September 2011 by KPMG. Appendix A of the report highlighted two key recommendations. The "High" risk recommendation related to delivery of the CIP to achieve the financial plan in 2011/12 and demonstrate a recurring financial position that is not reliant on non recurrent external funding going forward. It was noted that the letter will be published on the Audit Commission's website.

The Board **NOTED** the content of the Annual Audit letter 2010/11 and **APPROVED** its publication on the Trust website.

2011.1/124 STRATEGY

124.1 FUTURE CONFIGURATION OF HOSPITAL SERVICES – Programme and Resource Plan for the next 6 months

The Director of Strategy (DoS) introduced the paper and advised of key activities since the last Board meeting. The Outline Business Case was approved by the PCT Boards on 13 September 2011 and the SHA Board approved the OBC on 27 September 2011 for progress to the development of a Full Business Case. It was noted that the capital cost remained at £34.96 million. The SHA congratulated SaTH for getting to this point.

A review of the programme structure and governance arrangements going forward has been discussed with the relevant Centre Chiefs and the Programme Team. The proposed structure reflects the need to support and maintain the clinical leadership of the programme. The structure has two elements acknowledging the different deliverables from now until the end of March 2012 and from April 2012 onwards. The development of an FBC is required in February/March 2012.

Phase 2b requires the development of a Full Business Case and key elements of the work at this stage will be the selection of the preferred P21+ partner and the production of a GMP.

The governance structure reflects the establishment of the Programme Management Office (PMO).

FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

The FCHS Steering Group will formally report to the PMO and to the HEC each month.

The need to strengthen the FCHS programme team capacity has been reported within the PMO to the Programme Management Board.

A proposed approach of the structure was detailed at Appendix 2. The key people and clear line of responsibility include :

- Senior Responsible Owner – Chief Executive
- Project Director to deliver the FBC – Finance Director. The FD explained that this was an enormous piece of work and there is a need to commission an external organisation to produce a highly polished FBC to get through the approval process.
- Technical Director will be Associate Director of Estates.
- Programme Director/Transformation Lead will be the Director of Strategy to make sure the organisation is aligned and things strategically fit e.g. bed configuration, reform of medicine etc.
- Bottom tier of Attachment 2 related to appointing key workforce, finance and communications leads. The DoS and FD are due to meet to review the resources for these tasks.

The DoS said that significant engagement with key stakeholder groups was ongoing and had recently met with Telford LINK and the Surgical focus Group because it was important to reassure people how concerns are being addressed.

Mr Simms (NED) said that he had been involved in major capital projects in the past and his over-riding concern was that he could not see who the individual would be to deliver this project on time and within budget as he considered this was fundamental to the success of the programme and it was all about ownership.

The FD said that Attachment 2 – Phase 2b is a model to reflect how to get FBC approval. Attachment 2 – Phase 3 reflects the structure to be built after FBC approval and deliver against the specification. There is a Project Director to be in post to make sure it happens. The CEO added that there will also be a Transformation Director to be appointed. He did however agree that the timing of these appointments had to be right and this will be worked through. **Action: CEO/DoS/FD.**

On concerns relating to Centre involvement the COO said that Centre Chiefs are very keen on owning the redesign of their service models and what happens to their patients. They also want to deliver successful business units.

Mrs Assar (NED) asked for clarity regarding the reporting process. The DoS said that it is aimed to review the existing FCHS Steering Group and establish a Project Board. The Terms of Reference will be drawn up in October and membership will be a mixture of Executive Directors, Technical Director and Clinicians. Going forward the name will change to FCHS Project Board and membership will include an appropriate Non Executive Director. The DoS said she would value the Board's comments on this proposal.

The Trust Board :

- **NOTED** the progress on the Future Configuration of Hospital Services Programme
- **NOTED** the amendments to the Outline Business Case
- **APPROVED** the Future Configuration of Hospital Services Programme structure and governance arrangements for Phase 2b and **NOTED** the proposed structures for Phase 3.

2011.1/125 OUTCOME SUMMARIES FROM COMMITTEES

- **Hospital Executive Committee – 23 August 2011 received and noted.**
- **Clinical Quality & Safety Committee – 23 August 2011 received and noted.**

- **Charitable Funds Committee – 2 September 2011 received and noted.**

Mrs Assar (NED) reported that one of the actions highlighted was the need for the Board to receive training in terms of its responsibility as Corporate Trustees.

2011.1/126 ANY OTHER BUSINESS – None.

2011.1/127 QUESTIONS FROM THE FLOOR

Q1. Mrs C Bond: Between 7.30 and 8.30 am there is a gap with the closure of Shropdoc and the GPs services opening. Is this reflected through A&E Departments?

A1. COO : A particular peak during this time has not been noticed. From 11 am onwards a peak is seen as a result of GP activity.

Q2.1 Mr T Jones reported a number of patient concerns about cancellations and he asked if this could be
A2.1 looked into.

COO: said she was really sorry for the patient experience and said that staff were working really hard to stop this happening as it was not acceptable. She would arrange for PALS information to be fed back to her more directly. **Action: COO.**

Q2.2 Mr Jones said there was an issue at PRH in relation to bereaved families having to pay car parking charges when collecting death certificates. However this matter has now been resolved.

Q2.3 Work on new staff entrance - new doors and slabs: Mr Jones said he had raised concerns relating to patient safety in the main corridors and lack of warning signs. This issue was later resolved.

2011.1/128 DATE OF NEXT MEETING :

Thursday 27 OCTOBER 2011 9.30 am in the Lecture Theatre, Education Centre, Princess Royal Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 29 SEPTEMBER 2011

| Item | Issue | ACTION LIST |
|-------------|---|-------------------------------------|
| 61.1 | Quality Report Protected Meal Times – HEC is committed to resolving this issue and updated protocols will be presented to HEC in September. This item to also be taken to Q&S Committee. | DQS |
| 83.1 | Productive Operating Theatre Project - A further report was required in 6 months time. | COO - Jan 2012 |
| 83.2 | Urgent Care Network : Both internal and external escalation plans to the next Board meeting. | COO – Oct 2011 |
| 85.3 | Board Development Plan – Work is progressing and feedback would be received at the Board Development sessions planned for 14 Sept and 18 Oct 2011. | Chairman Sep&Oct 2012 |
| 89.1 | Analysis of Securing Incident Reporting : <ul style="list-style-type: none"> ▪ Dr Vernon asked if the number of staff receiving conflict resolution training was enough and requested, outside of the meeting, further detail behind the numbers to be circulated. ▪ The Chair had left comment that the Local CPS should be contacted and advised that the Trust considers this to be an important issue and it should come within the terms of their remit. | DoS DoS |
| 108.1 | Chairman's Report - Psychiatric Advice and Support in A&E : The CEO would report back to the Board in November. | CEO-Nov 2011 |
| 110.1 | Finance Report Ward Managers suggested that they do not receive a non pay budget. The DQS agreed to take this matter up with the Matrons. | DQS |
| 110.2 | Performance Report - Balanced Score Card : The CEO referred to the Board Development sessions scheduled for Sep & Oct as an opportunity to review the report in more detail. It was agreed to return to this in 2-3 months time. | CEO/DoS Nov 2011 |
| 111.2 | Capital Expenditure Approvals Process – Item deferred. | FD – Oct 2011 |
| 122.2 | Strategic Performance Report <ul style="list-style-type: none"> ▪ A4 - two process charts in relation to patients Length of Stay. Dr Walford said although it suggests we are going to hit “green” status there is no evidence to suggest that anything has changed and it might be that it is not telling the whole story. The CEO said that this needs to be reflected in future reports. ▪ CEO agreed to bring back a position statement of all items that are causing concern and provide a view on actions being taken. | FD – Oct 2011 CEO – Oct 2011 |
| 124.1 | FCHS – Programme and Resource Plan The CEO agreed that the timing of the appointment of the Project Director has to be right and this will be worked on. | CEO/DoS/FD |
| 127 | Questions from the floor Re. Numbers of patient cancellations : the COO said she would arrange for PALS information to be fed back more directly. | COO asap |