The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 31 October 2013 at 9.30 am
Seminar Rooms 1 & 2, Shropshire Education & Conference Centre,
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Mr H Darbhanga	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Mrs S Bloomfield	Acting Director of Quality & Nursing (ADNQ)
	Dr E Borman	Medical Director (MD)
	Mrs D Kadum	Chief Operating Officer (COO)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
In attendance	Mr A Osborne	Communications Director (CD)
	Miss V Maher	Workforce Director (WD) – part meeting
	Mrs D Vogler	Director of Business & Enterprise (DBE) – part meeting
Meeting Secretary	Mrs B Graham	Committee Secretary
Apologies:	Dr R Hooper	Non Executive Director (NED)
	Mrs D Leeding	Non Executive Director (NED)

2013.1/254 WELCOME : The Acting Chair welcomed everyone to the meeting. .

2013.1/255 DECLARATION OF INTEREST by members in relation to any matters on the agenda. None.

2013.1/256 CHAIR'S AWARD

The Chair's Award went to John Pinches, Theatre Porter. Debbie Kadum, Chief Operating Officer (COO) read the citation and said that the success of every organisation is dependent on the values that sit at its heart. John is someone who truly embodies the values of the Trust and the NHS as a whole, with a clear commitment to Putting Patients First. Colleagues have made their recommendations in recognition of John's tremendous enthusiasm, reliability, courtesy and diligence. He is cited as an example that others can follow at every level in the organisation. He is an ambassador for the Department and the Trust, and ensures that everything he does contributes to a better experience for our patients and staff.

2013.1/257 PATIENT STORY

The Acting Chair said it is vitally important for the Board to learn from the experiences of patients. The Acting Director of Nursing & Quality (ADNQ) introduced Mr Barnes who wished to present the story of his late mother's two experiences of being a patient at Royal Shrewsbury Hospital (RSH).

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PATIENT STORY (Continued)

Mr Barnes explained that his mother Lil was 93, nearly blind with a host of other age-related conditions. She was first admitted in February 2013 with acute anaemia and he described the poor care she received and the unhelpful and almost indifferent attitude of the nursing staff. In contrast his mother was admitted to a different ward in September/October 2013 when the care she received from the onset was outstanding. This difference centred around four main areas :

i) Communication and lack of information from both nursing and medical staff. Mr Barnes said on the first admission he was continuously asked to provide the same information over and over again, and it became apparent that this information was not being recorded, shared or acted upon. By contrast he felt in September/October that information was clear and acted upon. He was kept informed of his mother's condition throughout.

ii) Care : his mother had a range of complex medical issues. In February her anaemia was dealt with by a blood transfusion but her other medical problems were not addressed. However in October he felt the staff gave his mother the best possible care and they were visibly concerned when her condition deteriorated and they supported the family throughout.

iii) Staff Attitude : In February staff were distant, casual, indifferent and he felt they were disrespectful to his mum and to him. However in October, staff were consistently respectful, always engaged with his mum and the atmosphere on the ward was focussed on high quality care. Everyone was proactive and Mr Barnes felt that he was also a key part of the team and involved in decision-making about his mother.

iv) Leadership : In February Mr Barnes could not see evidence of any leadership. Some junior nurses may have had a degree but had no practical skills and this led them to causing unnecessary pain. In October the leadership on the ward was visible and accessible. The leader was always engaged and led by example, had a whole team approach and demonstrated that going the extra mile was part of the job.

Mr Barnes said the impact of the experience led him to join the Trust's Patient Engagement & Involvement Panel (PEIP). His experience in February had led to a complete lack of confidence that his mum was safe in the hospital's care. In October (his mum's last admission) he was confident that she was gong to be looked after and in the latter stages of her admission Mr Barnes said he was fully supported and his mum was able to die with dignity.

The Acting Chair said the Board was enormously grateful to Mr Barnes for sharing the experiences of what was an incredibly difficult year for him and the Board would take away so much learning from his powerful presentation.

2013.1/258 MINUTES OF THE MEETING HELD IN PUBLIC on 26 September 2013 were APPROVED.

	MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 26 SEPTEMBER 2013
2013.1/226	Booking and Scheduling – It was noted that the Assistant COO attended the Finance Committee to speak to the Booking & Scheduling action plan. Item complete.
2013.1/243	▪ CEO's Report – Stroke Service - Item complete.
2013.1/245	IPR Operational Performance ▪ Cancer RTT action plan would be presented to the Board meeting. Action: COO – Nov/Jan 2013. ▪ Finance Position – the Financial Recovery Plan update was on the agenda. Item complete.
2013.1/249.2	Integrated Education Annual Report 2012/13 - the full Training update would be presented to the next Board meeting. Action: WD – Nov 2013.
2013.1/250	Falls Action Plan Update – The ADNQ said this item would be covered under the IPR section. Item complete.
2013.1/259	FORWARD PLAN for the period October to December 2013 was AGREED.

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2013.1/260 CHAIR'S UPDATE

Members NOTED the following verbal report from the Acting Chair :

- Appointment of a new Chair – the Acting Chair was delighted to confirm that the NHS Trust Development Authority had appointed Professor Peter Latchford as Chair of the Trust. The appointment runs from 1 November 2013 to 31 October 2017. Professor Latchford lives in South Shropshire and, has been Chair, Chief Executive and trouble-shooter for a variety of public service organisations. He is also Visiting Professor of Enterprise at Birmingham City University and Trustee of the Lankelly Chase Foundation. . On behalf of the Board he wished Professor Latchford a successful future with the Trust. Meeting with Shrewsbury & Atcham MP – met with Daniel Kawczynski MP to discuss his hopes for the future on behalf of his constituents and share SaTH's hopes for all of our constituencies across Shropshire, Telford & Wrekin and mid-Wales.
- 2nd Tripartite Meeting between SaTH and the two Clinical Commissioning Groups (CCGs) took place on 7 October 2013. The Acting Chair explained that although it was not a decision-making meeting, these sessions discussed working relationships and how to plan together in the best interests of the patients and communities. The Acting Chair said this particular session discussed planning together for the winter Association of League of Friends AGM – The Acting Chair said that he and the DCG attended this event which brought together all LoFs across the county including both acute hospitals and community facilities. It was a valuable opportunity to thank them sincerely for their tremendous achievements for which we and our patients are more grateful than ever in these times of economic austerity.

The Acting Chair also took this opportunity to advise that this was his last meeting after 10 years of serving on the Board and he valued the support, encouragement and friendship around the Board; he also paid tribute to all the achievements over the years.

As Vice-Chair, Mr Jones (NED) formally recorded the Board's appreciation and recognition of Martin's service to the Trust since his appointment, which coincided with the merger and creation of one hospital on two sites in October 2003. He highlighted Martin's relentless patient focus, and his commitment to health services.

2013.1/261 CHIEF EXECUTIVE'S REPORT - Members NOTED the following verbal report :

- 2nd Leadership Conference – Earlier this month our new Trust Values were launched at a very successful Trust Leadership Conference. The new Values have been developed by staff and patients and will shape the standards, behaviour and culture of this organisation. These values will form the basis of new customer service standards across the Trust and it is important these are to be consistently lived by the staff. A series of workshops will be held to help embed the values throughout the organisation.
- Visits – the Executive Directors had recently increased their informal visits across the organisation and the CEO informed of three of his departmental visits during last month, these were:
  - Midwife-led Unit in Oswestry – to talk about our new Values. His intention is to follow this up with a visit to the Midwife-led Unit in Bridgnorth.
  - Surgical Assessment Unit at RSH to meet Sister Emma Salvoni and her team.
  - IT Team based at Shrewsbury Business Park – heard about the Team's hopes for the future of providing clinical information systems to support patient care.
- SIFT Accreditation Meeting – The CEO said that SaTH contributes to the medical workforce of the future by educating undergraduate medical students from Keele University, providing them with an opportunity to work with patients alongside our experienced doctors, nurses and allied health professionals. An external quality assurance visit led by Professor Valerie Wass visited on 18 October to meet the undergraduate medical education team. The informal feedback was very positive; the formal report will be shared with the Board when it becomes available.

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2013.1/260 CHIEF EXECUTIVE'S REPORT (Continued)

- Ministerial Meeting – The CEO said he met with the Health Minister Earl Howe and other local MPs to discuss some of the challenges facing local health services and how these are being addressed through the "Call to Action" debate being led by our local CCGs and the work that will follow this. It was a useful opportunity to highlight the specific issues and challenges we face on behalf of our patients and communities across Shropshire, Telford & Wrekin and mid Wales.

- Car Parking – Two years ago the Board agreed that any increases in charges would be introduced alongside improvements to the car parking experience for patients and visitors and the new tariff will be introduced at RSH on 4 November 2013 and later in the year at PRH. Improving visitor experience including parking at hospital sites therefore requires a wide range of actions includes providing alternatives to attending hospitals by providing more care closer to home, reducing the time spent at hospital and avoiding unnecessary delay, working with local authority partners to ensure that transport to and from hospital remains a priority within local reviews of public transport and working to reduce the on-site spaces required for staff so that more spaces are available for people coming to hospital for appointments.

Mr Jones (NED) expressed his frustration about the media coverage relating to the car parking issue which did not acknowledge that the charge is below most other hospitals in the country and has never been increased since first introduced in 2005. He felt more frequent but smaller price rises may be a more effective strategy in future.

- Community Trust appointments – the Community Trust had announced the new permanent Chief Executive as Jan Ditheridge with immediate effect.

2013.1/261 BREAST SCREENING UPDATE

Dr Marie Metelko, Consultant Radiologist/Clinical Lead for Breast Screening Programme, gave a PowerPoint presentation (*copy of slides attached to the minutes*). Dr Metelko briefed the Board on the Shropshire Breast Screening Annual Report An overview highlighted the following :

- Screening invitations had been sent to 31,543 women aged 50-70 years;
- 17,574 women had been screened;
- 148 cancers had been found
- Digital mammography equipment available
- PCT had financed a new ultrasound machine.

An analysis of the screening during this period showed higher diagnosis rate of cancer overall; uptake remains excellent and technical repeats remain low. The main aim in the future is to maintain good standards, work towards expansion of the service for 47 to 73 year olds and work towards a purpose built larger workspace. It was noted that in the next four years new equipment will be needed costing approx. £1.1 million and this is be kept in mind along with succession planning as recruitment of a consultant radiographer will be needed to help with the increasing workload expected with expansion.

The Board thanked Dr Metelko for her excellent leadership and to her and her team for their achievements.

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2013.1/262 KEY SUMMARY UPDATES FROM TRUST COMMITTEE MEETINGS were RECEIVED and NOTED.

- Finance Committee meeting held on 29 October 2013 – Key Summary Paper TABLED. Mr Jones (NED), Chair of the Finance Committee, said that the main issue concerning finance would also be picked up in the Integrated Performance Report (IPR) section of the meeting. The Finance Committee also looked at the guidance summary relating to the Foundation Trust Network's (FTN) report on national financial planning strategies for 2014/15 and it was clear from the draft that the financial context will remain very difficult. The Committee also received the Historic Due Diligence (HDD) action plan update and signed off some of the actions but noted that financial sustainability issues were still troublesome. The Committee also received the Finnamore Report on Booking & Scheduling where the key factor was that there was only a 70% 'cash up' rate in clinics which has to be improved. Internal Audit will reassess progress and report back to Audit Committee to give further assurance.
- Hospital Executive Committee (HEC) meeting on 20 October 2013 – Key Summary paper was TABLED which noted serious concerns relating to the current financial position, again to be covered under the IPR section of the meeting.

2013.1/263 INTEGRATED PERFORMANCE REPORT (IPR), BOARD GOVERNANCE AND MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS

The Board RECEIVED the Integrated Performance Report (IPR) in respect of the month of September 2013 which summarised the Trust's performance against all the key quality, finance, compliance and workforce targets and indicators for 2013/14.

QUALITY : Patient Safety, Effectiveness and Patient Experience – The Medical Director (MD) firstly said that he was pleased to report that our performance in the Risk Adjusted Mortality Index had improved in September although there may be a slight down turn in the next month or two.

The Acting Director of Nursing & Quality (ADNQ) briefed the Board of the following key areas :

- RED RAG - RIDDOR Reportable Falls - There were three reportable falls in the month of September which remains a concern. It was explained that overall the number of falls is continuing to decrease; RCAs have seen significant improvement in the nursing records. Next month the Board will receive details on whether falls are avoidable/unavoidable. Deloitte have completed their clinically-led audit and their report will be presented to Audit Committee and Quality & Safety Committee. The NHS Trust Development Authority (NTDA) have shared information with SaTH on other Trusts that have reduced falls and this will be followed up. Dr Walford (NED) wished it to be noted that the Trust was spending extra money on staffing levels to reduce the falls risks. The CEO said that this point had already been noted and it was recognised that there were additional costs associated with longer lengths of stay when serious falls occurred.
- RED RAG – Pressure Ulcers (PUs) There were three unavoidable Grade 3 pressure ulcers and two unavoidable Grade 4 pressure ulcers in September, with no avoidable pressure ulcers of either grade.
- RED RAG - Infection Control : there were three C-Difficile cases in September. The ADNQ had met with the Director of Infection, Prevention & Control (DIPC) and an investigation is taking place and feedback on typing was expected in December and would be presented to the Quality & Safety Committee. Action: ADNQ.
- VTE Assessment –after years of non achievement the Trust achieved the target for the third month running in September with 95.59% and it is hoped to sustain this trend.
- RED RAG - Friends & Family Test – the overall Trust rating for September was 73 compared to 75 target and 81 in August. There is a revised plan in place to improve the response rate. Over the next couple of months an improvement is expected.

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INTEGRATED PERFORMANCE REPORT (IPR), BOARD GOVERNANCE AND MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS (Cont'd)

External Feedback and Assurance - National Cancer Patient Experience Survey in August 2013

It was noted that there were 70 questions and that the Trust was in the bottom 20% in 8 areas and two areas had significantly improved since the last survey in 2011. The Lead Nurse for Cancer Services is co-ordinating the formulation of multidisciplinary responses and action plans from various tumour specific clinical teams.

The ADNQ confirmed that benchmarking questions relating to patient experience will be presented to the Q&S Committee this month. Referring to one of the key themes – of delayed discharge, the COO advised that there is an action plan to be put in place and Commissioners are helping relating to discharge planning being rolled out.

Dr Walford (NED) said that he had looked at the report by Ann Clwyd MP to radically overhaul the NHS Complaints procedure. The ADNQ confirmed that staff are trained on how to handle complaints and not to be defensive; and Matrons have a lot of input in this.

OPERATIONAL PERFORMANCE – The COO briefed the Board on this section of the report :

- A&E 4 hour wait target – the Trust failed to achieve the target in September mainly due to a large increase in the number of patients on the 'safe to transfer' list. Mr Darbhanga (NED) asked why the target was failing when activity was down. The COO explained that the 4 hour target is a time-sensitive target and relies on beds being available when surges of patients arrive in A&E. Overall activity may be down but on a bad day it can spike which causes capacity pressure. It was noted that a new capacity and demand dashboard is now in place and refreshed every 15 minutes to provide a regular overview of available bed capacity and numbers of patients in Emergency Departments. The COO will arrange a demonstration next month at the Board Development Session. Action: COO. It was noted that bed occupancy is running over 95% and a recent analysis of patients aged over 80 at SaTH this year had revealed an overall increase of 8%, and over 25% at RSH. And that nationally patients of this age have a longer length of stay due to co-morbidity.

Action to improve performance includes internal discharge improvements, further reconfiguration of wards, an extra 10 beds being made available in the community from 4 November 2013. .

- Referral to Treatment (RTT) position – the Trust failed the RTT target for admitted patients but this was not unexpected whilst specialties are clearing the backlog of 18-week patients. SaTH is due to meet with the Clinical Commissioning Groups (CCGs) in November to discuss Referral to Treatment (RTT) with their expectation that delivery will be achieved by end of March 2014. The FD added that as part of the winter planning, money has been identified to buy additional capacity at the Nuffield as protection for elective activity.
- Cancer Standards – In August the validated position was that the Trust failed three out of 9 standards. The validated position showed the Trust failed one standard – 31 day second or subsequent treatment (radiotherapy). The COO said she planned to meet with the Scheduled Group and Lead Cancer Doctor/Nurse to go through the issues and make improvements because some of the breaches could be avoided. There was also work being undertaken with the CCGs to develop an action plan for four cancer tumour sites. It was noted that a new Cancer Manager is due to start in November.
- Medical Records – It was noted that the number of patient notes not available for clinic was 0.75% and 0.70% at PRH and RSH respectively.

The COO summarised by stating that there is lots of data but no business intelligence; she is currently in the process of putting reports in place to see where performance is going off track. Dr Walford (NED) referred to the Medical Records section of the report and asked if the Board could see how many people, rather than percentages, are seen by a Consultant without notes. Action: COO.

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INTEGRATED PERFORMANCE REPORT (IPR), BOARD GOVERNANCE AND MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS (Cont'd)

FINANCE

The Finance Director (FD) introduced this section of the report and said that the headline position at Month 6 was that the Trust had a significant and unplanned overspend of £5.7 million and without corrective action it was likely that the Trust would face a £10.2 million deficit at year end. There were a number of factors contributing to this position, including the under-achievement against the income target in the last six months e.g. A&E, elective day case, elective inpatient, outpatients attendances and emergency inpatients were all underachieving, with the level of income July-September £2.38 million below contract.

- Pay spending continues to be an issue. A recovery plan was constructed at Month 2 on the assumption of a sharp decline in the level of pay spend, however the actual reduction was more modest with the consequence that in the last quarter pay has overspent when compared to the recovery plan by £1.52m, with the cumulative overspend at the end of September being £2.57m. Going forward pay spending has to reduce to an average of £16.5m per month, compared to the current average of £17.3m since May. Corrective actions have been identified to help to redress the position by the year end and bring the forecast deficit down from £10.2 million to £5.7 million. A key issue is the over-establishment in nursing budgets amounting to 122 wte in September, which are largely attributable to Enhanced Patient Support (EPS) and excessive levels of nurse sickness in some areas. Nurse agency spend was £489k, the highest recorded all year and £304k higher than the same period last year.
- Non-pay spending is currently ranging between £7.1m and £7.3m over the past 12 months and is currently at a rate of £7.16m. To achieve a forecast deficit of £5.7m non-pay spend will need to be contained within £7.76m.

The FD said this financial position is creating significant challenges around our cash position and the Trust is in discussion with the NHS Trust Development Authority (NTDA) to access additional borrowing to underpin our position between now and the end of March 2014. By the end of December in order for us to handle our cash issue we will need a financial plan that demonstrates our sustainability in order to access any loan.

Quality Impact Assessments (QIAs)

The ADNQ said that the Cost Improvement Programme (CIP) schedule has been reviewed and QIAs have now been received. The MD, ADNQ and COO will meet with Commissioners in November to go through each QIA. The status of QIAs will be monitored through Quality & Safety Committee and reported to the Board.

WORKFORCE

The Workforce Director (WD) briefed the Board on this section of the report as follows :

- Sickness Absence continues to show an upward trend at 4.23% in September which was a similar position and trend as the same time last year. Year to date absence rate is 3.98%. Corrective measures to support staff during the winter period have been put in place, including additional HR input into nine areas to support Managers. This issue is reported to the Workforce Committee.
- Appraisals – The appraisal rate for all staff remained static at 72%for all non-medical staff, with rates for medical staff falling by 4% to 52%. The issue has been discussed at the Operational Performance Group and a concerted effort is being made to improve on performance. The MD added that he had written to doctors to stress the importance of appraisals.

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INTEGRATED PERFORMANCE REPORT (IPR), BOARD GOVERNANCE AND MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS (Cont'd)

MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS

Section 7 - Appendix 1 and 2 - Monthly Self Certifications – NTDA Requirement
The Trust followed the formal process and was submitting the monthly self certifications templates for August :

1. Monitor Licensing Requirements – summary of each relevant licence condition. A summary of the submission was included at Appendix 1 of the report. All conditions were marked compliant.
2. Trust Board Self Certification Board Statements covering clinical quality, finance and governance was included in the report at Appendix 2. The Trust is currently rated as having material issues "red" in Governance risk rating.

The Board confirmed it will ensure that the Trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times. The Board NOTED the Integrated Performance Report for September 2013 and APPROVED the self certification submissions to the NTDA.

2013.1/264 FINANCIAL RECOVERY PLAN UPDATE

The Finance Director (FD) presented the paper and said the Trust, based upon financial performance at the end of September and, without corrective actions will end the 2013/14 financial year with a deficit of £10.2 million. To counter this, the Trust has commenced a programme of financial recovery aimed at reducing the scale of the deficit to £5.7 million by the year end, although the NTDA are encouraging a break-even position. The Recovery Plan takes into account a series of actions across income, pay and non pay. The governance arrangements include a newly constituted monthly Financial Recovery Board comprising chaired by the Finance Director and with Directors will be responsible for taking forward a series of actions. Actions contained in the financial recovery plan include :

- Elective Activity Recovery - to deliver additional income within the remaining 6 months of the year by putting in place additional theatre sessions. Generating surpluses of £1 million. Lead Director: COO.
- Reinvestment of financial penalties – in dialogue with local Commissioners over financial penalties because they did not assume within the contract to benefit from the application of contract financial penalties. Anticipate £1 million reinvestment. Lead Director: FD.
- Coding Improvements – the Trust is not capturing sufficiently the level of patient complexity when coding activity performed. As a basis for addressing this, it has been proposed that a reliable method for obtaining such information would be to incorporate patient data sets produced by Theatre Anaesthetic Teams. Anticipated surpluses of £250,000 in last 3 months of the year. Lead Director : MD.
- Review bank and agency staff. The nursing review is to be finalised to possibly deliver savings of £1 million between now and the end of the financial year. Discussions are being finalised around nursing, bank and agency staff; non clinical bank and agency and corporate services. The FD said he was optimistic on saving £1 million. Lead Directors : ADNQ, COO and FD.
- Revised Medical Agency Price Tariff – from 1 October 2013, the new tariff payable for Agency Consultant/Medical staff reduces by 20% which will reduce spending by £525,000. Lead Director: MD.
- Non pay area – printing arrangements to be overhauled. Anticipate savings of £100,000. Action: FD.
- Non Pay Controls – Restrictions are being put in place to defer non essential non pay expenditure over the remaining months of the year. Estimated savings between now and end of year of £2.6 million. Lead Director : FD.

The CEO said that in terms of the Nursing Review, the ADNQ will bring this back to the Board in November. Action: ADNQ – Nov 2013. It is anticipated that revised practices in respect of EPS and tighter performance management at ward level will reduce the level of bank and Agency spend. However there is also national recognition, based on the Francis Report, that staffing has not been reflected in the tariff levels and this point will be fed into discussions with Commissioners.

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FINANCIAL RECOVERY PLAN UPDATE (Continued)

The CEO took the opportunity to recognise that the Trust had already done very well in saving £13.7 million, which represents 4.5% saving, but it was not enough. The Acting Chair added that every member of the Board needs to own this recovery plan.

Mr Jones (NED) reflected on similar experiences throughout his term of office where expectations and plans had failed. With only five months remaining to the end of the year he said time was running out and he was mindful that even if the recovery plan was achieved there is still £5-6 million deficit and a big cash issue. The FD said that every level of assurance in constructing this report in terms of service savings and arriving at £5.7 million has been considered. Pay numbers have been based on assuming a level of pay of £17.5 million and the run rate is set at what we are presently spending.

Dr Walford (NED) expressed his concern about additional borrowing and said the strategic framework seemed to lack insight. He also made reference to the warning letter in the recent Audit report which referred to the £20 million balance sheet deficit and asked if it would be sensible to add to this. The FD said KPMG are obliged to report the historic deficit as it is part of the accounting requirements.

The CEO said that he was writing a report to reflect the current and historic financial position for the new NEDs. It will cover the consequences of the historic cash problem resulting in a huge backlog in basic infrastructure, also the additional cost consequences suffered through, for example, community midwifery services not being reflected in tariff, and additional costs incurred by duplication of services across two sites. He said SaTH needs to have bespoke solutions to move to long-term stability. He said there is a need to be optimistic that we can get to sustainability, requiring negotiation to modernise and invest in our infrastructure.

The Board REVIEWED the financial recovery performance and APPROVED the actions taken and planned.

2013.1/265 EXCELLENT AND SUSTAINABLE ACUTE AND COMMUNITY HOSPITAL SERVICES PROGRAMME

The Director of Business & Enterprise (DBE) introduced the briefing paper and said that there is absolute commitment from the two Local CCGs, SaTH, Shropshire Community Health NHS Trust and representatives from Powys Local Health Board to undertake a Clinical Services Review, engaging fully with their patient populations to secure long-term high quality and sustainable patient care.

The two Chief Officers of the CCGs will have joint responsibility to lead on this. The Programme Board is in shadow form to scope the work and discuss full membership arrangements. It was noted that membership had been agreed and ex officio members includes patient representatives, local councils, Healthwatch, Ambulance Services, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and Shropshire & South Staffordshire Healthcare NHS Foundation Trust. The Programme Board will meet bi monthly and the first full meeting will take place in December where the Terms of Reference will be agreed along with the work plan. The Commissioners are establishing a Programme Office.

The Board RECEIVED and APPROVED the briefing on the Excellent & Sustainable Acute and Community Hospital Services Programme Board.

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2013.1/266 THE STROKE SERVICES PROGRAMME REPORT

The Communications Director (CD) introduced the report which provided an interim update on the temporary unification of hyper-acute and acute stroke services at PRH during the summer in response to short-term staffing challenges. There had been clear evidence of improved performance against all key stroke indicators which provided a proxy for improved patient outcomes. It was noted that stroke rehabilitation continued to be provided on both sites. It had therefore been agreed with Commissioners that the temporary unification should be extended for a further period so that the benefits and advantages of a unified hyper-acute and acute stroke service could be reviewed further and a recommendation made for the provision of these services for the medium term to be presented to the Board in November 2013, whilst the longer-term configuration will be developed through the wider review of acute and community hospital services that will follow the Call to Action. The importance of access in both Shropshire and Mid-Wales will be taken into account as well as inpatient indicators. Action: CD.

The Board NOTED the update.

2013.1/267 PROGRESS AGAINST DELIVERY OF OUR 2013/14 STRATEGIC PRIORITIES

The Director of Business & Enterprise (DBE) introduced this item which provided an update on progress against the 2013/14 strategic priorities. There were 7 operational objectives rated as RED :

1. Focus on improving clinical outcomes for fractured neck of femur;
2. Delivering key performance indicators (RTT);
3. Embed the Frail and Complex service;
4. Deliver a financial plan that achieves a breakeven position;
5. Deliver Trust's 5% implied efficiency target;
6. Develop an investment strategy to secure funds to modernise the Trust's estates and infrastructure;
7. Address liquidity issues

This review of progress is presented to the Board on a quarterly basis and is intended to inform a strategic discussion on where good progress is being made or not, and to provide assurance on the further interventions that is needed to get the organisation back on track.

In relation to (1) above, the MD was pleased to report that after some intervention, working with orthopaedic colleagues at RSH, more patients are being taken to theatre and length of stays are reducing resulting in better operative care. Following difficulties in recruiting Orthogeriatric roles, a new model is being considered where a specialty doctor is supervised by a Consultant.

In relation to (3) above, it was noted that Commissioners had decided to cease pilot funding of the Frail & Complex service but SaTH is continuing with the service albeit on a smaller scale. Dr Walford (NED) expressed his deep concern that Commissioners had been disinvesting in this service and putting delivery of our priorities for our patients at risk.

The Board RECEIVED and NOTED the progress against our strategic priorities in Quarter 2 and the risks highlighted to delivery of our strategy.

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2013.1/268 TO RECEIVE AND REVIEW GOVERNANCE AND COMPLIANCE UPDATES :

2013.1/268.1 TO RECEIVE AND REVIEW CQC INTELLIGENT MONITORING REPORT

The Director of Corporate Governance (DCG) introduced the item and advised that the CQC published its first Intelligent Monitoring reports last week. She explained the CQC Intelligent Monitoring system was based on 150 indicators that look at a range of information including patient experience, staff experience and statistical measures of performance/outcomes and for SaTH 83 indicators were applicable. SaTH was in Band 2 (of six), with Band 1 being the highest risk, along with 27% of Trusts who were in Bands 1 and 2, the two highest risk bands. Over half the Trusts in the worst two bands have already been selected by the CQC for Wave 1 and Wave 2 visits. The CQC had identified 8 risks, and 3 elevated risks as follows :

- Referral to treatment times under 18 weeks: admitted pathway;
- Whistleblowing alerts;
- Patient Opinion

It was noted that a Trust only needs one Whistleblowing alert in a year to become an elevated risk. The Board had been briefed on this particular issue when it occurred and had put steps in place to raise awareness of internal whistleblowing policies at the School of Health.

The Board RECEIVED and REVIEWED the CQC Intelligent Monitoring Report and NOTED the actions already being taken by the Trust in relation to the identified risks.

2013.1/268.2 TO RECEIVE AND REVIEW NHS FOUNDATION TRUST (FT) UPDATE

The Director of Corporate Governance(DCG) presented this item and advised that the Trust continues to work towards FT authorisation This includes implementing recommendations from the Historical Due Diligence (HDD) and continuing to progress against the Board Governance Assurance Framework (BGAF). Work is also planned with Deloitte to develop an action plan for the Quality Governance Framework (QGF).

It was noted that membership has increased to 9,225 public members. A draft authorisation timeline was attached, but it was noted this was contingent upon achieving quality, performance and finance standards.

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

2013.1/269 TO APPROVE HR02 MANAGEMENT OF CORPORATE AND LOCAL INDUCTION POLICY

The Workforce Director (WD) introduced HR02 Management of Corporate & Local Induction. There had been no major revisions to the content, the main changes reflect the new organisational structure and local induction checklists for use by Managers, Non Executive Directors (NED) induction and a ward-based manual handling checklist. The WD said that the policy is currently being implemented through the two new NEDs and the new Chair.

The Board APPROVED HR02 Management of Corporate and Local Induction Policy.

2013.1/270 QUESTIONS FROM THE FLOOR RELATING TO ITEMS ON THE AGENDA

Montgomery CHC representative presented the following questions:(Q1 to Q3)

Q1 Queried training for Infection Control re. medical and portering staff.

A1 WD said that a Training Report will be presented to the next Board meeting. Item included on the Forward Plan.

Q2 Concern regarding Stroke Services i.e. there was no data about the differences between patients normally being treated at RSH as opposed to those treated at PRH. Transport times were also missing and this will form the whole debate and is one of the anxieties of people living in Wales. He asked if this could be incorporated so that people are better informed.

A2 CD said the Ambulance Services and Commissioners met yesterday when they agreed that additional work would be carried out to include this detail.

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Acting Chair
28 November 2013

Q3	Does any Capital funding come from NHS Wales.
A3	FD said that it is part and parcel of the tariff so indirectly SaTH is receiving capital funding from Wales.
Comment	Mr Sandbach (Q4-Q7) : He thanked Mr Beardwell for his 10 years involvement in the Trust.
Q4	As a Parish Councillor he asked if the Board could circulate the excellent paper on the Stroke Service to all the Parish Councils as they have a lot more understanding of SaTH's difficulties than expected and he felt that having direct communication with them would be of great benefit to the Trust. Action: CD
Q5	He asked how confident the Trust was regarding the 60 beds being made available in the community?
A5	COO said that 10 beds are coming on stream now, however she was not confident about the remainder. There is a senior managers winter planning group meeting next week when this will be reviewed.
Q6	He asked the Board to consider opening an Urgent Care facility for seniors similar to Abingdon Community Hospital. He had already sent a letter to the CEO and MD detailing this suggestion. He felt this would have a massive amount of benefit for a relatively small investment.
A6	MD said that it is very interesting information and he was more than happy to see the potential of this.
Q7	He thought the Clinical Services Review would be discussed in Spring 2014 and not September 2014. He felt the sooner this review was held, the better.
A7	The Acting Chair said the Board was also surprised about the change of date as the General Election is due in 2015 and it is envisaged that a significant consultation will be held in late autumn.
	Mr Jones (PALS Volunteer) :
Q8	Raised concerns about the staffing level of the PALS/Bereavement Office at PRH.
A8	ADNQ assured Mr Jones that there had been no cut back in this service. The shortage was unfortunate and due to one person retiring and another leaving without giving notice. The Trust realises the importance of the service and two people will be in post. An advert has been placed for a replacement.
Comment	Mr Jones said he had recently had a major operation on his eye under the care of Mr Craig and is due to have another operation shortly. He said he had worn glasses for over 60 years and he no longer requires these. He said it is a credit to Mr Craig who is fantastic and he wanted the Board to pass his thanks on to him. Action DCG.

2013.1/271 DATE OF NEXT MEETING

Formal Board Meeting – 28 November 2013 at 9.30 am in Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

The meeting then closed.

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Acting Chair
28 November 2013

UNRESOLVED ITEMS FROM THE PUBLIC TRUST BOARD MEETING ON 31 OCTOBER 2013

Item	Issue	ACTION OWNER	DUE DATE
245	Matters Arising : IPR Operation Performance Cancer RTT action plan would be presented to the Board	COO	Nov/Jan Item on Forward Plan
249.2	Integrated Education Annual Report 2012/13 Full Training update would be presented to next Board.	WD	Nov 2013 Item on Board Agenda
263	IPR Quality : RED RAG - Infection Control : there were three C-Difficile cases in September. The ADNQ had met with the Director of Infection, Prevention & Control (DIPC) and an investigation is taking place and feedback on typing was expected in December and would be presented to the Quality & Safety Committee.	ADNQ	Jan 2013
263	IPR Operational : ▪ Capacity/Demand Dashboard : COO to arrange demonstration ▪ Medical Records : Dr Walford (NED) asked if the Board could see how many people rather than % are seen by a Consultant without notes.	COO COO	November Item for Board Dev. Session November
264	Financial Recovery Plan Update Nursing Review – ADNQ will bring to Nov. Board.	ADNQ	Nov 2013 Item on Board Agenda
267	Stroke Services Programme Recommendation for the provision of these services for the medium term to be presented to Nov Board. Importance of access in both Shropshire and Mid Wales will be taken into account as well as inpatient indicators.	CD	Nov 2013 Item on Board Agenda
270	Questions from the floor Mr Sandbach as Parish Councillor asked if the Board could circulate the excellent paper on Stroke Services to all the Parish Councils.	CD	ASAP
270	Mr Jones asked if his comments re. fantastic care provided by Mr Craig could be passed on to him.	DCG	ASAP

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Acting Chair
28 November 2013

Shropshire Breast Screening Annual Report

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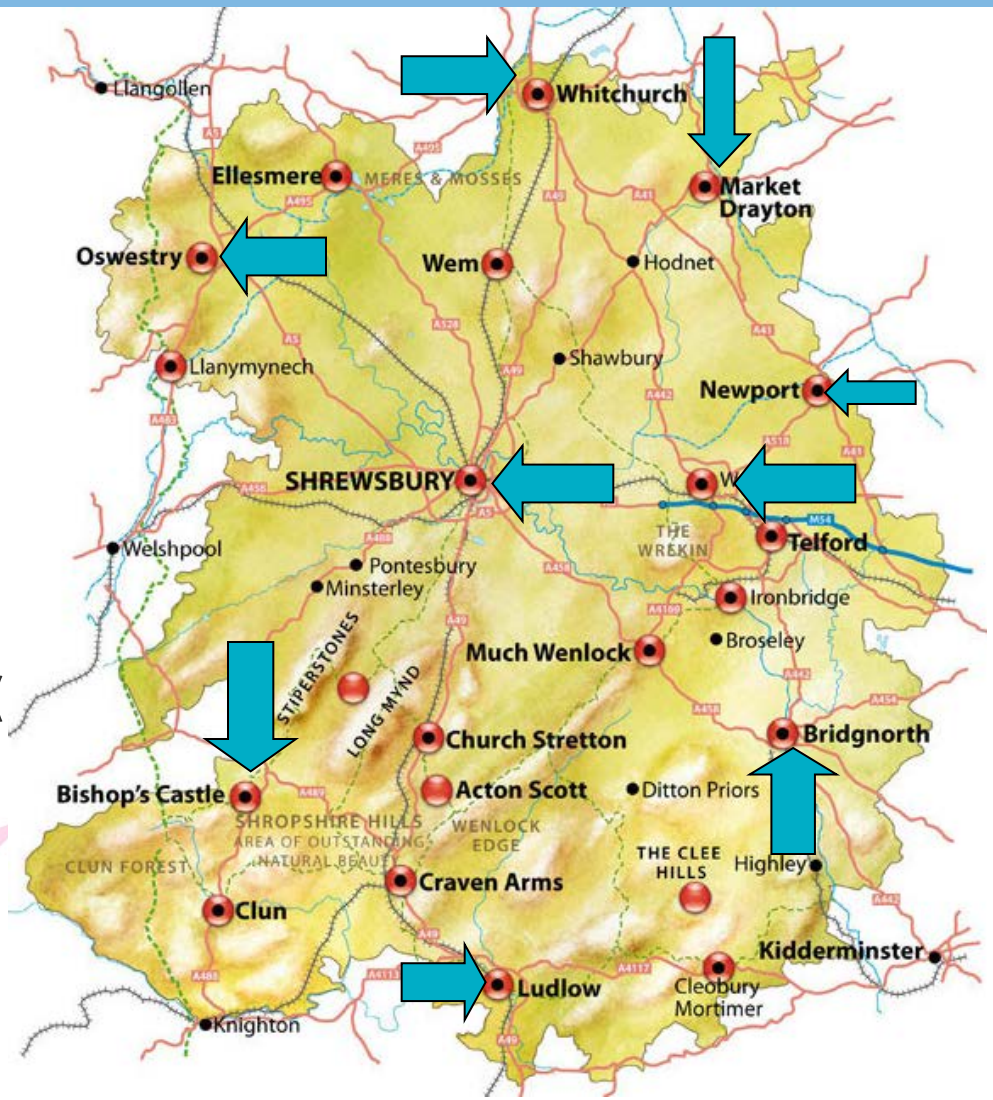
Purpose of annual report

- To illustrate the performance , successes and challenges faced by Shropshire breast screening service in the period 2012-2013

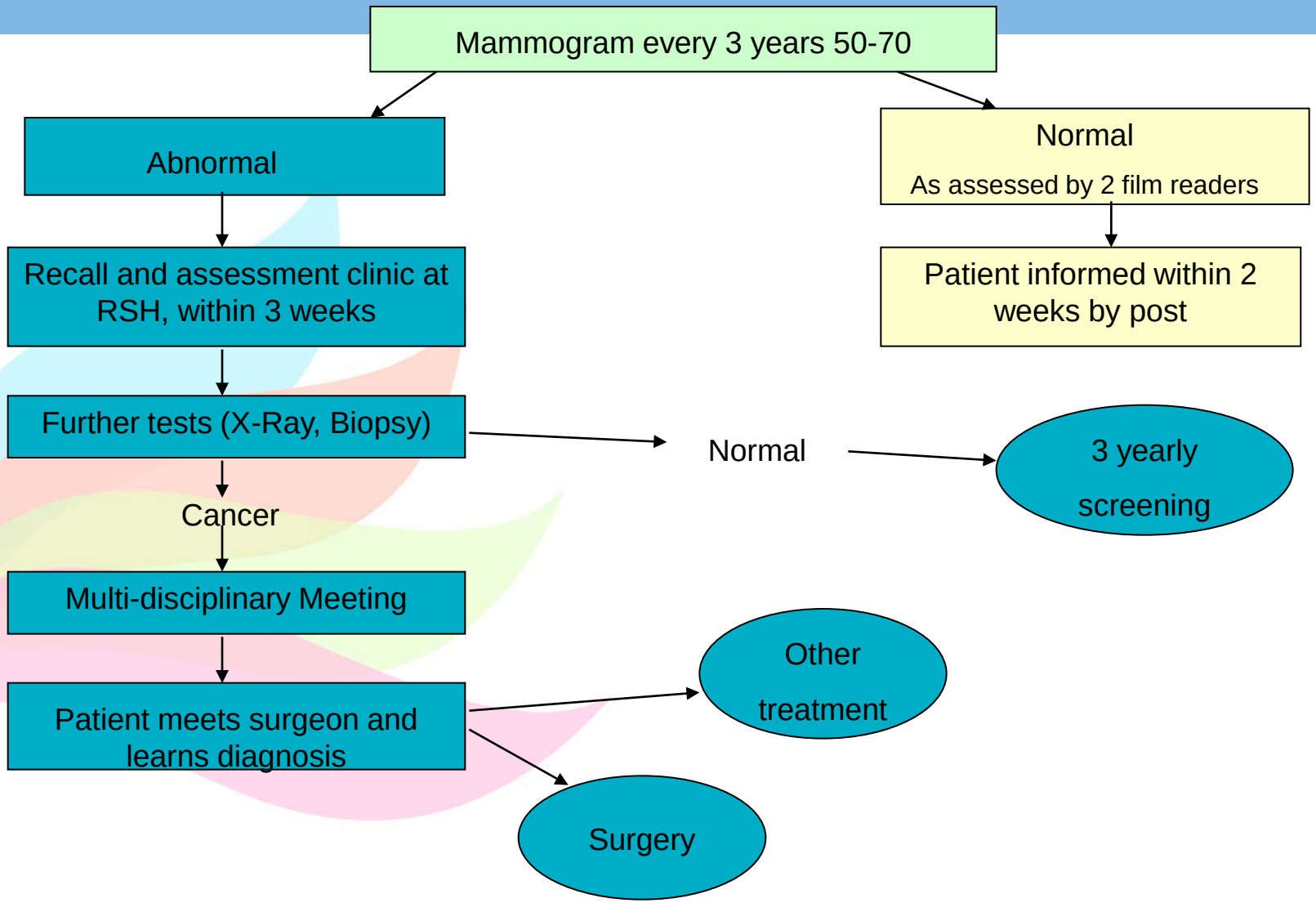
Structural overview of the service

Current population 63,000
(50-70yrs)

- 2 static sites, and 2 mobile vans
- Base at RSH
- 3 consultant radiologists (WTE 0.99)
- 3 trained advanced practitioners (band 7)
- approx 8.6 WTE mammographers (band 6 +4)
- 4 consultant breast surgeons
- Funding directly from Area Team



The breast screening programme (BSP)



Overview

- In 2012-13 we invited 21,543 women aged 50-70
- We screened 17,574 women
- We found 148 cancers
- We have all digital mammography equipment
- The PCT financed a new ultrasound machine

Over view staffing

- The office was integrated from the PCT into our RSH base
- We appointed a new office manager
- We trained one new band 4 mammographer*
- We appointed another band 4 to start training *
- We appointed 0.5 WTE band 6 mammographer*
- We trained a new band 7 film reader*

* To make up for historical lack of adequate staff numbers and previous reliance on bank staff

Key outcome measures

- Many different targets , and measures
- Some epidemiological
- Some process based
- Some clinical
- Some within pathology
- Always striving for improvement year on year
- Monitored closely , monthly
- Commissioners also receive monthly figures

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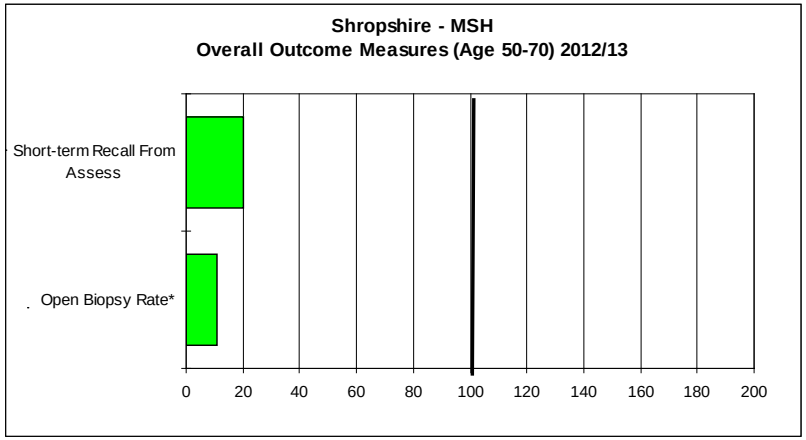
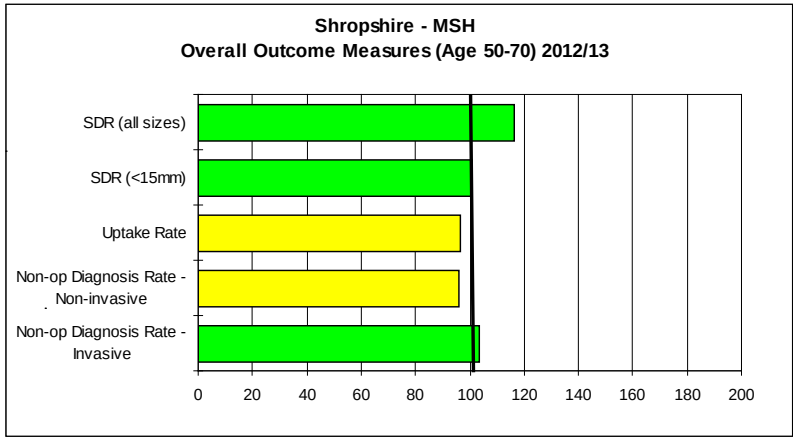
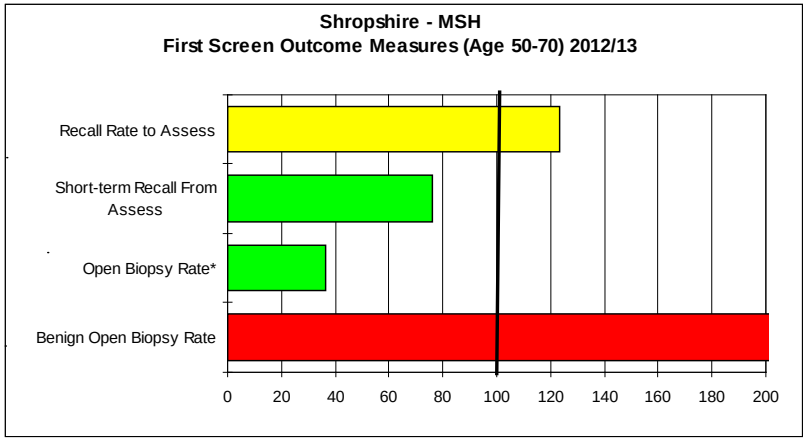
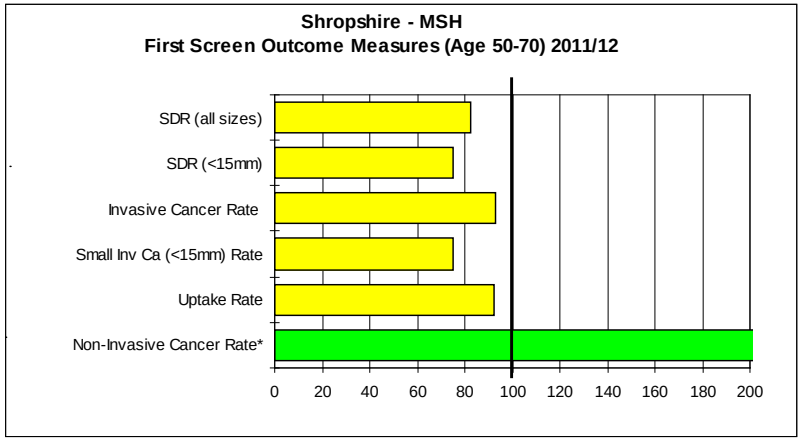
Key outcome measures from KC62









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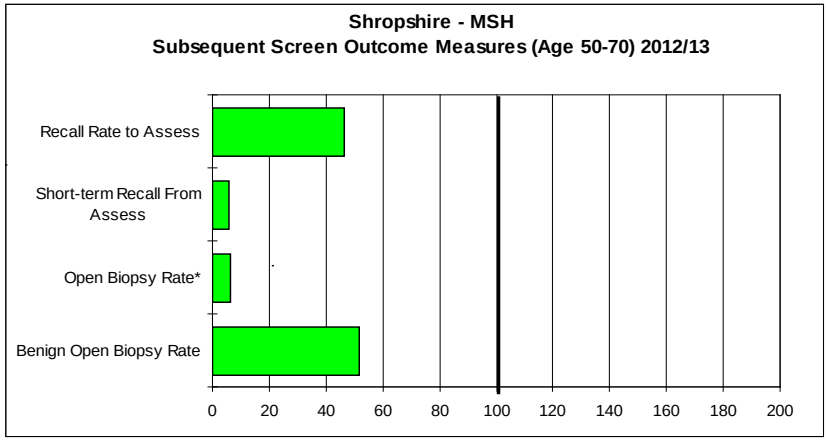
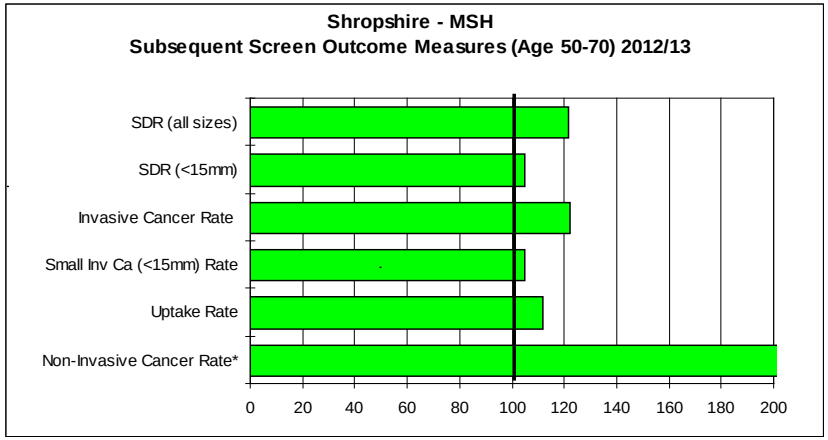
Key outcome measures from KC62





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Analysis

- Higher diagnosis rate of cancer overall
- Uptake remains excellent
- Technical repeats remain low

- High open biopsy rate has been subjected to local audit
- Some work to be done on small cancers in prevalent round

Results- 11/12 vs 12/13

	2011/12	2012/13
Round length	80.4	95.7
Screen to results	94.9	98
Technical recall	2.4	1.98
Uptake	80	80
Date of first offered assessment	96.8	98

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Quality management

- We have developed a robust quality management system to deliver safe and high quality patient care.
- This was commended in our QA visit in March 2012

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Research and Local Audits

- Taking part in COOPs reading trial (Warwick) around reading fatigue
- Lucy Pearson nominated for Trust awards

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Action plan for next financial year

- New service specification with Area Team and DoH
- Gap analysis done and with commissioners
- Work on costing of breast screening
- No new equipment needed- but keep in mind
- Recruit consultant radiographer to help with increasing workload expected with expansion

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Expansion

- From 47-73
- Increases workload by 15% immediately
- Then 15% again at year 3
- Clinical trial to take 6 years
- Randomised by GP practice

The future

- Maintain good standards , improve
- Expand to 47-73 with trust and commissioner support and planning
- Succession planning re consultant radiologist
- Purpose built larger workspace?