

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 28 March 2013 at 9.30 am
Lecture Theatre, Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Mr P Herring	Chief Executive
	Mr B Simms	Non-Executive Director
	Mr D Jones	Non-Executive Director
	Dr S Walford	Non-Executive Director
	Dr R Hooper	Non-Executive Director
	Dr A Fraser	Medical Director
	Mrs V Morris	Chief Nurse/Director of Quality & Safety
	Mr N Nisbet	Finance Director
	Mrs D Kadum	Chief Operating Officer

Mrs J Clarke	Company Secretary (DCG)
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In attendance:	Mr A Osborne	Communications Director
	Mrs V Maher	Workforce Director (part)
	Mrs D Vogler	Director of Business & Enterprise (part)
Meeting Secretary:	Ms S Matthey	PA to Head of Assurance
Apologies:	Dr P Vernon	Non-Executive Director

2013.1/138 WELCOME

2013.1/139 DECLARATION OF INTEREST by members in relation to any matters on the agenda.
None received.

2013.1/140 CHAIR'S AWARD

The Chair's award this month was awarded to Sister Rachel Pearce and Sister Carol Van der Westhuizen, Ward Sisters of Ward 9, following nominations by patients and colleagues who recognise their strong leadership and commitment to Putting Patients First.

The Trust has received moving testimonies from patients and their families regarding the care given by the team on Ward 9, particularly Mr Keith Smith whose wife had been a patient on the ward. Mr Smith attended the Board meeting and his nomination described the care received by his wife and particularly mentioned the "two ward sisters who led by example, every member of the team both day and night gave the highest medical consideration, respect and support anyone could wish for."

1st Chair's Commendation

The Chair's Award is normally presented to individuals or small teams who represent the values of the Trust or the NHS as a whole; however the Acting Chair reported the importance of celebrating the work of much larger teams. The Board has therefore decided to introduce a new

Commendation in recognition of their contribution to Putting Patients First.

Domestic Services were the first recipients of this Commendation made in recognition of their vital contribution to patient care and Putting Patients First.

Some examples of the feedback received included:

Domestic services “work extremely hard to clean the hospitals to ensure patients are staying in and visiting clean safe environments”. Their role often goes unnoticed and “people tend to notice on the few occasions when something goes wrong rather than the majority of the time when it goes right” and “it is vital that we recognise these important behind the scenes roles”.

“The cleaner brightens my day with his cheery attitude and always a friendly smile for everyone who passes whilst clearly showing great pride in his job.”

2013.1/141 MINUTES OF THE MEETING HELD IN PUBLIC on 28 February 2013

The Board **APPROVED** the minutes of the meeting held on 28 February 2013.

2013.1/142 MATTERS ARISING FROM BOARD MEETING HELD 28 February 2013

2012.1/29 – Committee Minutes

The Acting Chair and Director of Corporate Governance reported that draft versions of minutes held the previous month are issued to Board members as part of their supplementary information pack to enable them to query any issues with the relevant Committee lead. The final versions of these minutes are available, following approval, on the Trust’s internet site as part of the Freedom of information publication schedule. The Board would receive a summary of the latest meeting as updates from the Chairs of the Committees. **Action Complete.**

2013.1/30 – Detailed Report around Falls to Quality & Safety Committee

The Director of Quality & Safety confirmed that a detailed Falls report and action plan was received by the Quality & Safety Committee. **Action Complete.**

2013.1/30 – Identification of 72 hour C.Difficile breaches

The Director of Quality & Safety confirmed that the information was received by the Quality & Safety Committee. **Action Complete.**

2013.1/30 – Update Board on how Women & Childrens Centre would address issues from Dashboard

The Director of Quality & Safety reported that she had liaised with the Deputy of Women & Childrens Services who confirmed the Centre has clear governance arrangements in situ. **Action Complete.**

2013.1/31 – Update Board on CIP QIAs

The Director of Quality & Safety advised that further discussions would be held during the meeting at Agenda item 15.

2013.1/36 – Lack of Pillows in Clinical Areas

The Director of Quality & Safety reported that discussions have been held at the Band 7 Ward Managers meeting and this issue will be measured to ensure it is taken forward. **Action Complete.**

No further Matters Arising.

3 month Forward Plan

The meeting received the Trust Board Business Forward Plan to end June 2013.

The Director of Quality & Safety requested the Francis Report update be presented to the May 2013 Trust Board. **Action: Trust Board Secretary to amend**

The Director of Quality & Safety also requested the first draft of the Quality Accounts be presented to the June 2013 Trust Board. **Action: Trust Board Secretary to amend.**

The Board members **ACCEPTED** the Forward Plan, subject to the above amendments.

2013.1/143

CHAIR'S REPORT

Resignation of Non Executive Director Mr Barry Simms, Retirement of the Medical Director Dr Ashley Fraser and Resignation of Transformation Director Mr Steve Peak

The Acting Chair reported that it was the final Board meeting for two current members of the Board – Mr Barry Simms (NED) and Dr Ashley Fraser (Medical Director) and former member Mr Steve Peak (Transformation Director).

He thanked both Mr Simms and Dr Fraser for their contributions to the Trust and wished them well for the future.

Chairman and Non-Executive Director recruitment

The Acting Chair reported that he is awaiting information regarding the appointment of a Trust Chair; unfortunately there was no further news to report.

NHS Winter Heroes

The meeting was informed that NHS Winter Heroes was launched in late January and followed the first scheme which was held last summer as part of the NHS 64th birthday. A total of 27 nominations were received in the winter scheme; these were particularly focused on efforts to provide the best care possible over the winter.

Nominations covered a wide spectrum and included staff who used 4x4 vehicles to get colleagues to work, teams involved in big projects such as the move of Head and Neck inpatient services to PRH, staff who have helped to make a real difference in performance, and who have touched the lives of a patient or colleague

The NHS Winter Heroes have been celebrated in internal newsletters, in local media and via Twitter.

Centre of the Month Initiative – Head & Neck Services

Throughout March the Head and Neck Centre has been highlighted as part of the Trust's Centre of the Month initiative. This has seen the spotlight fall on the Centre, giving it a chance to let people know a bit more about its departments and staff.

Several Directors have visited Audiology, ENT, and the Maxillofacial Unit at RSH earlier this month, and Ward 8 – the Head and Neck Ward, Audiology, Clinic Rooms and the Maxillofacial Unit at PRH last week. The visits were extremely informative and provided a great opportunity to meet the staff from the departments and see their facilities.

International Kidney Day on 14 March 2013

As Organ Donation Champion on the Trust Board the Acting Chair reported that he was particularly pleased to see the excellent coverage on BBC Radio Shropshire and in the Shropshire Star in connection with International Kidney Day on 14 March.

NHS Sustainability Day on 28 March 2013

The Acting Chair reported that it was NHS Sustainability Day; an opportunity for organisations in the health service to share some of the excellent work that has been going on to promote sustainability.

A special "green" edition of the Putting Patients First newsletter will be circulated to staff on a monthly basis.

Prince's Trust Launch Event on 26 March 2013

Earlier this week the Trust was delighted to host a 'Get into Hospital Services' launch event in partnership with the Prince's Trust. 'Get into' courses aim to support young people aged 16 to 25 who are ready to work, but may not have the right skills/experience.

Following the recent taster event, young people will be invited to join a 4 week course offering a mixture of practical training and experience that give them a foot on the ladder of careers in Health and Social Care. Every young person will also receive ongoing mentoring for six months.

NHS Changes on 1 April 2013

Major changes in the way the NHS is commissioned and scrutinised will come into effect from 1 April 2013. New Clinical Commissioning Groups (CCGs) will take up the reins in Shropshire and Telford & Wrekin, the new national NHS Commissioning Board formally takes up its full responsibilities and the national NHS Trust Development Authority will be responsible for supporting Trusts to achieve NHS Foundation Trust status.

Government response to the Francis Report due on 26 March

The Acting Chair reported that the Trust Board will actively consider a number of quality and safety issues, as detailed in reports and papers throughout the meeting's agenda.

Nurses Day Conference on 17 May 2013

It was reported that TV broadcaster Fiona Phillips has been announced as the guest speaker for a major conference being held at the Shropshire Education and Conference Centre at the Royal Shrewsbury Hospital to mark International Nurses Day on 17 May 2013.

Dr Mike Dean funeral on 26 March 2013

The Acting Chair reported the death of Dr Mike Dean, former President of British Society of Interventional Radiology. Dr Dean died 28th February 2013 at RSH, where he had worked for more than 40 years.

He was one of the original pioneers in Interventional Radiology as well as a former Dean of the Royal College of Radiologists and an inspiration and friend to a great many people in the Interventional Radiology community.

2013.1/144

CHIEF EXECUTIVE'S REPORT

The Chief Executive reported the appointment of Julia Bridgewater who has joined the Community Trust, from University Hospital of North Staffordshire, as new Interim Chief Executive.

The new 111 emergency service has been introduced across the country. A 'soft launch' took place within the Trust and unfortunately encountered some issues with call handling. The Trust has therefore reverted back to the ShropDoc system for the following month until the problems have been rectified.

QUALITY & SAFETY COMMITTEE – 21 March 2013

The Board noted the summary of the key points from the Quality & Safety Committee update which focused on a pre-meeting visit to the A&E Dept which highlighted the problems that lack of medical beds and high attendance was having on patient flow and the ability to maintain professional standards in the ED Dept. Dr Simon Walford (NED) reported that it appears other parts of the organisation, i.e. Renal Unit, DAART, AMU, SAU, transfer their out-of-hours (after 5pm) patients to the emergency department, exacerbating the problem.

The Chief Operating Officer reported that the underlying problem is the lack of beds within the Trust. Work is currently underway on a 'Hospital Full Plan' and staff are working extremely hard to relieve pressures.

- The Committee noted the high SHMI (mortality index) score and the Medical Director's update on the work being done to understand and address this issue

FINANCE COMMITTEE – 26 March 2013

The Board noted the summary of the key points from the Finance Committee update which focused on

- the cash flow position
- the five key improvement and development priorities from the 2013/14 Operating Plan
- the latest position of the 2013/14 budget proposal and
- the outline capital programme from 2013/14 to 2017/18 which focused on backlog issues

HOSPITAL EXECUTIVE COMMITTEE – 26 March 2013

The Board noted the summary of the key points from the HEC Committee update which focused on

- Infection Control issues and the fact that the last MRSA Bacteraemia recorded in the Trust was almost one year ago
- Support for the proposed Microbiology reconfiguration and the SHA Pathology tender
- Updates on the Annual Plan and Budget/CIP and the need for strong programme management and robust Quality Impact Assessments
- Support for the proposed internal bed reconfigurations and more effective use of external resources e.g. community hospitals and patient choice/navigation.

INTEGRATED PERFORMANCE REPORT**Quality / Patient Safety**

The Director of Quality and Safety presented this section of the report and attention was drawn to the following key points:

RIDDOR Reportable Falls

There has been a reduction in the number of RIDDOR reportable falls; 130 patient falls were recorded in the Trust in February 2013, of which one was RIDDOR reportable. Whilst the number of falls in February has decreased compared with January 2013, it exceeds the same reporting period last year. Despite this, the Trust remains below last year's falls incident rate.

RIDDOR reportable rates remain lower than the same reporting period last year with the Trust reporting 21 compared to 29 in the same period last year.

Grade 3 or 4 Pressure Ulcers

There was one grade 3 pressure ulcer and zero grade 4 pressure ulcers reported during February 2013. This represents a significantly improved position compared with January 2013 although the Trust remains behind plan for the year; High level scrutiny remains in place to fulfil ambitions to eradicate avoidable pressure ulcers.

C.Difficile, MRSA and Infection Control

There were 4 new cases of C.Difficile during February 2013; each from within a different medical ward area. These may be related to antibiotic prescribing or cross infection from unrecognised carriers. MRSA screening for Emergency cases has risen from 92% during January 2013 to 94.9% during February 2013; this remains just below the 95% target. The Director of Infection Prevention & Control is currently working to make improvements, and this will be monitored and reported back to the Quality & Safety Committee on a monthly basis.

Serious Untoward Incidents

There were 14 Serious Incidents reported during February 2013 including the RIDDOR reportable fall and the Grade 3 Pressure Ulcer. This is the same number as those reported during January 2013.

Mortality

The Medical Director reported that the SHMI (in hospital) figure for June 2011-12 was 97.17 compared to 106.64 overall. It was noted that this data was produced nine months in arrears and that the current rolling in-hospital figure was 97.71.

Discussions were held last month regarding deaths that occur outside of the hospitals 30 days following discharge; the Medical Director reported that a casenote review of 200 patients is being undertaken to understand the Results and will be reported through the Mortality Group. It was explained that standardisation is rebased annually.

The Chief Executive highlighted that the year to date figure for in-hospital deaths is below the national average for mortality.

The Acting Chair reported that mortality is regularly reviewed by the Chief Executive and Executive Directors, and via the Associate Medical Director who is responsible for chairing the Mortality Group. Governance meetings have also been established in all Centres to hold discussions relating to deaths.

Patient Experience and Outcomes

The Quality and Safety Committee has reviewed the process of complaints responses following concerns about response times.

It was reported at last month's Trust Board meeting that a process was in place to recruit a new Head of Patient Advice and Liaison Services during March; interviews have taken place and a new appointment made, which should improve performance in this area.

Operational Performance

The Chief Operating Officer presented this section of the report and attention was drawn to the following key points:

Emergency Access Targets

The Trust failed to achieve the 95% emergency access target in February 2013 with 86.43% for the month, giving a year to date position of 91.38%. It was noted that there had been a surge in activity and a significant cohort of patients who are fit to transfer but remain in hospital awaiting a nursing / residential placement. It was noted that the Secretary of State is reviewing the problem this winter, whereby over 100 Trusts failed to achieve the target last quarter, which was the worst performance since 2004. The Local Health Economy review should conclude 31 March. However the overriding factor at SaTH is insufficient beds.

Plans are in place and schemes will continue internally; these include Hospital at Night, additional staffing in the Emergency Department and continued discussions with the Discharge Liaison Team. The Chief Operating Officer reported that staff are working extremely hard on the new model of care for inpatients who do not necessarily need to utilise a bed. She confirmed that she is working with the Local Authority to purchase 'Step down' beds for medically stable patients. If there are 50 within the Trust at any one time, over a 2 week period this would release 2 wards worth of beds back to the Trust. The Board members welcomed this approach.

18 Weeks Referral to Treatment Target (RTT) – Admitted

The Trust failed the RTT target for Admitted patients with 78.8% against the 90% target during February 2013. A total of 236 routine patients were cancelled for elective surgery, resulting in ENT, Gynaecology, Oral Surgery, Urology and Plastic Surgery failing to achieve the admitted target. There have been 154 extra medical patients admitted across both sites which has led to cancelled elective activity due to insufficient beds due to high levels of emergencies. Recovery plans are in place but at present these indicate that the Trust will not be back on track until the end of Quarter 2, however this is subject to the reconfiguration of beds within the hospital and the Day Surgery Unit at RSH not being used for escalation.

18 Weeks Referral to Treatment Target (RTT) – Non Admitted

The Trust failed the RTT target for Non Admitted patients with 93.5 % against the 95% target in February. The non achievement of the target was due to a combination of four Medical specialities (Neurology, Dermatology, Cardiology and Thoracic Medicine). Urology also failed to deliver the non admitted target during February. A Task and Finish Group is in place looking at processes to ensure robust management.

Cancer

The Trust achieved the Cancer standards, with the exception of the 62 day standard; the performance was 80.92% against a target of 85% due to challenges within Urology following the unexpected departure of a consultant.

Additional weekly capacity will be in place from the new financial year through the appointment of locums in ophthalmology and ownership of validation processes in Centres.

Cancelled Operations

There were 84 operations cancelled on the day of surgery during February, which are subject to the Trust's contractual obligation to be rescheduled for treatment within 28 days of the cancellation date. A total of 328 operations were recorded as cancelled during February (including those cancelled on the day of surgery) of which 236 were cancelled due to bed capacity. Of the patients cancelled on the day of surgery during January 2013, 7 were not readmitted within the 28 day target.

Work continues with each Centre to ensure patients are re-admitted with 28 days of cancellation and an action plan and an escalation process is in place to ensure the Trust achieves this target.

Mr Jones (NED) queried closer working with the Community Trust to alleviate the substantial pressure. It was confirmed that resources had been increased including GPs working in Community Hospitals over Easter. Dr Walford (NED) reflected that given the demographics in Shropshire it was foreseeable that the ageing population would require greater hospital contact as over 80s have six serious contacts every year compared to one for under 40s, and there needs to be a community-wide response to this issue.

The Chief Executive highlighted that the new model of care that the Chief Operating Officer referred to is critical to relieving the above pressures and agreed it is sensible and cost effective for medically stable patients to be transferred into 'step down' beds.

The Chief Executive informed the members that he had conducted an interview with Radio Shropshire to highlight the pressures that the Trust currently faces. Regular meetings have been arranged with Trust partners, and a series of tele-conferences scheduled throughout the following week.

The Acting Chair reminded the Board that there needs to be a comprehensive approach in place, rather than simply pushing the problem to acute care, a view openly shared by Mark Cheetham so is being widely discussed, internally and externally.

Dr Hooper (NED) applauded the team for delivering what it promised in December.

Financial Performance

The Finance Director presented this section of the report and attention was drawn to the following key points:

Income

The Board were advised that the break-even forecast outturn assumes that the Trust will receive Income in the month of March amounting to £25.563m, in the year to date the average level of Income received per month has amounted to £24.719m.

At the end of February the Trust had recorded an under recovery of Income as compared with the revised Income budgets approved in October of £1.511m. At the year end the Trust is forecasting to under achieve against Income targets by £2.116m.

In order to achieve the Forecast Income levels by the year end, the level of Income delivered will need to exceed average levels recorded in the period April to February by £843,000. This additional sum is to be received from low risk areas, notably the two local CCG's, the Shropshire and Staffordshire LAT and the National Cancer Network.

Pay

In terms of Pay, spending in February amounted to £16.992m, which was £112k above plan. The reset Pay budgets have overspent by £166k by end of February and this is expected to increase to £388k by year end. The overspend was principally as a consequence of increased Agency Nursing staff, which although £68k lower than the previous month was still £250k per month higher than the comparable period in the previous financial year.

The meeting stressed the importance of avoiding dependency on nurse agency staff by appointing into vacancies and hopefully this should also help to reduce levels of staff sickness.

Non-Pay

In terms of Non-Pay, during the month of February the Trust underspent in respect of revised Non-Pay budgets by £84k.

Cash Flow

The Trust is planning to end the year with a cash balance of £2.2m. An injection of £3.316m cash in respect of over-performance was received during February and a further £3.328m from Shropshire CCG in March which results in the Trust not having to suppress creditors at year end.

Mr Simms (NED) congratulated the Finance Director on the above achievements and hoped this would be a sustainable position for the year ahead.

Mr Nisbet (FD) advised that the cash flow expectations will be built into the contract to alleviate these problems. There have also been discussions with the TDA around the Trust's long-standing liquidity issues. The TDA have asked that the 2013/14 plan identifies the sum of money to be viable as an FT, which is likely to be around £10m to achieve financial ratios appropriate for an FT.

The Acting Chair thanked Mr Simms (NED) for chairing the Finance Committee in recent years however due to his resignation from the Trust Board, Mr Dennis Jones (NED) will become the Chair of the Finance Committee and in turn Dr Robin Hooper will become the Chair of the Audit Committee.

Workforce

Absence

The Workforce Director advised that there was a reduction of 0.9% in absence during the month of February 2013, which is better than expected but still higher than it should be and reinforces the need to move forward with staff engagement and Health & Wellbeing initiatives.

Appraisals

The appraisal rate for the Trust at year end is expected to reach 72% against the target of 80%. The Workforce Director reiterated the importance of ensuring completion of appraisals.

Mr Simms (NED) queried the metric of the percentage of appraisals achieved as he feels the metric should relate to the completion of personal development plans (PDP) and objectives. The Workforce Director confirmed that PDPs and objectives are included in appraisals. This will be monitored through the Workforce Committee.

The Acting Chair reflected that almost 50 minutes had been spent discussing the Integrated Performance Report and he thanked the Executive Directors for the reliable information produced.

The Board noted that the Governance Risk Rating was 6 points plus and override of 4 making 10 in total and RED.

The Financial Risk rating was 2 (RED).

The Board **approved** that the Acting Chair and CEO signed Declaration 2 of the Provider Management Review Framework: 'There is insufficient assurance available to ensure continuing compliance with all existing targets'.

2013.1/147 HIGH LEVEL INDICATORS OF TRUST EFFICIENCY

The Chief Executive presented a report summarising the Trust's performance nationally against high level indicators of efficiency in the use of its available bed capacity, the timeliness of treatment, appropriateness of admission and discharge and the use of planned surgery and outpatient services and asked the Board to note the relative efficiency of the Trust compared to national benchmarks.

Of the 18 metrics, 15 show that the Trust is 'better' than the national average, whilst only the following 3 show a 'worse' rate, which all reflect the pressure on beds:

- Reference 8 - Proportion of emergency admissions for ambulatory care sensitive admissions - SATH's rate is 12.4% against a national average of 12.1%
- Reference 14 - Scheduled operations that weren't performed – SATH's rate is 3.5% against a national average of 3.0%
- Reference 15 - On the day cancellations of elective surgery per 1000 procedures – SATH's rate is 59.0 against a national average of 26.8

The Chief Executive highlighted one of the 18 'better' metrics, relating to beds:

- Reference 5 – Number of admissions per bed – SATH's rate is 166.6 against a national average of 141.4.

It was noted that the majority of the metrics relate to capacity issues; it was agreed if these can be addressed, the Trust would experience an improvement.

Mr Jones (NED) reflected on the Trust's forward position following the Finance Committee and the CIP requirement over following years. The CEO advised these are very high level indicators which largely reflect the use of clinical assets and the need to dispel any thoughts of reducing beds, but nonetheless there is scope to improve efficiencies in other areas.

The Acting Chair thanked the Chief Executive for providing what he agreed was a useful document. The Board members NOTED its content.

2013.1/148 LOCAL HEALTH ECONOMY COMPACT

The Chief Executive reported that he has held meetings with the Chairs, Accountable Officers and leaders across the NHS and Social Care in Shropshire and Telford and Wrekin to develop a 'Compact'; a paper which documents a commitment to deliver improved health and wellbeing.

It sets out a high level vision and strategy for the health and social care system, drawing on the visions and priorities of individual organisations and other partnerships, including the respective Health and Wellbeing Strategies of the two local authorities and commits all organisations to a set of principles and ways of working which will provide a framework for collaborative working through which key elements of strategy will be delivered.

The document will be presented to both Local Authorities and to CCGs, Social Care and partners. The Board members **APPROVED** the positive step towards building a collaborative partnership.

It was highlighted that the document showed a 'Confidential' watermark. **Action: Trust Board Secretary to remove.**

2013.1/149 UPDATE REGARDING THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (FCHS)

The Chief Executive presented a paper to update the Trust Board on the implementation of the Future Configuration of Hospital Services (FCHS) programme. The paper identified that work has continued on progressing the programme, including:

- Progressing the next level of detailed design of the new Women & Children's Unit at the Princess Royal Hospital (PRH)
- Ongoing management of the £35m project budget
- Construction works to the main building at PRH
- Development of the design of the new Women and Children's Zones at the Royal Shrewsbury Hospital (RSH)
- The ongoing operational implementation of change, communication and engagement activities and assurance associated with the programme

The FCHS programme continues to meet all key target dates and remains within the allocated budget. The vacation of Wards 12 and 14 is being reviewed in light of the need to maintain current medical beds at PRH with a number of options under consideration.

The Acting Chair took the opportunity to thank the Transformation Director, Mr Peak, who has officially left the Trust, for work undertaken and his support in the FCHS programme.

The Board members **NOTED** the content of the paper.

2013.1/150 2013/14 BUDGET PROPOSAL INCLUDING CIP PLAN AND THE OUTLINE CAPITAL PROGRAMME 2013/14 TO 2017/18

The Board members agreed to combine items 13 and 14 (Papers 7 and 7.1) of the agenda relating to the 2013/14 budget proposal, including the CIP plan, and to review the outline Capital Programme 2013/14 to 2017/18.

The Finance Director reported that the Trust will face a challenging financial year during 2013/14 due to the reductions in Income combined with a requirement to internally absorb all cost inflation in respect of Pay and Non Pay expenditures. This will result in the Trust being required to deliver a significant Cost Improvement Programme (CIP) to achieve an Income and Expenditure balanced position at the end of 2013/14.

The following key messages within the paper presented to the Board include:

Overall Income and Expenditure Position

- Trust to deliver surplus in the year amounting to £1,201million
- Required to deliver a Cost Improvement Programme that generates recurrent cost savings amounting to £11,875 million
- The Cost Improvement Programme represents 4.0% of expenditure
- The Trust carries forward into the 2014/15 year a balanced financial position

Income

- Total income for the year - £303,427m
- Income has grown in the year when compared with the Budget approved for the 2012/13 year by £2.55m principally as a consequence of increased Emergency activity. Income from Elective activity has reduced significantly in the 2012/13 year.
- Application of the Negative tariff reduces the Trust Income by £3.25m in 2013/14
- The Trust has identified Income growth for the 2013/14 year with local Commissioners amounting to £6,939m, although this level is to be agreed
- No agreement exists to provide Transitional support in the 2013/14 year
- Trust plan assumes that CCG QIPP savings of £6.3m are not achieved in the 2013/14 year

Expenditure

- Pay budgets set at £208.0m before the achievement of Cost Improvement Programme savings
- Non Pay set at £91,499m before achievement of Cost Improvement Programme
- Pay assumed to increase in the 2013/14 year by 2%, Non Pay by 4.5%

The Finance Director believes the budget is an appropriate amount for 2013/14 but the NTDA feel the Trust should defer signing the contract until fully satisfied and confident with its content. The Board were fully supportive of the NTDA's advice. The Finance Director reported that the Trust will agree a position over the next 2 to 3 weeks.

CIP

The Finance Director reported that the Trust has constructed a Cost Improvement Programme for delivery in 2013/14 with the requirement to deliver savings amount to £11,875m. There are plans to re-categorise beds between Medicine and Surgery; a change in practice will come into effect in the second quarter of the year.

The members agreed that the Trust faces a challenging year ahead; it is crucial that operational changes are in place to ensure the Trust does not face financial penalties. The Finance Director and Chief Operating Officer have been tasked to present updates to future Finance Committee meetings.

The Acting Chair asked how the Board would gain assurance regarding the impact of CIPs on quality of care. The Director of Quality & Safety suggested combining Quality Impact Assessments with the Cost Improvement Programme and underpinning these with robust Programme Management to bring back to the Board. It was agreed that the Finance Director, Director of Quality & Safety and Chief Operating Officer would liaise to discuss the detail.

Action: Finance Director, Director of Quality & Safety and Chief Operating Officer

Mr Jones (NED) enquired if the financial penalties for non-delivery of targets relates to the full year or if it is segmented. The Board was informed that financial penalties for the failure to deliver the A&E target is an annual targets whilst failure to deliver the RTT target is monthly.

It was reported that from the new financial year, the Trust can also face potential penalties for the length of time patients wait for ambulances.

Dr Hooper (NED) enquired if penalties could become a two-way agreement, for example if achieving in one area, whilst failing in another.

The Chief Executive suggested the Trust should agree KPIs; contractually there is not a great deal of deviation from the national contract; however there may be other plans to ensure the Health Economy work together.

Following discussion, the Board members **APPROVED the Budget for 2013/14 and the Cost Improvement Plan.**

Draft Capital Programme 2013/14 to 2017/18

The Finance Director introduced the paper relating to the draft Capital Programme for 2013/14 to 2017/18 which has been prepared following a review of the clinical and corporate Centre's capital aspirations. The Capital Programme was considered at the March 2013 meeting of the Capital Planning Group.

The paper being presented to the Board included:

- A summary of the Capital Aspirations for the Trust to 2017/18, totalling £44,037k
- For 2013/14 the total is £13,832k (the relocation of Therapy from the South site, ITU expansion/development and IT Strategy have been excluded from these figures)
- A summary of the 'Top 3' items identified by the Centres, totalling £5,101k for 2013/14

The Finance Director reported that risk based methodology has been used to identify the Centres/Departments concerns against their risk registers and how Capital monies should be utilised against the highest risks in the Trust. Some funding has been retained for contingency.

Dr Hooper (NED) commented that the Clinical Services Strategy will have significant capital implications in future years which will need external support and the Board recognises this may impact on capital requirements.

The Board were informed that if there are any additional capital plans for reconfiguration, the Capital Programme will be amended accordingly.

The Board members **APPROVED the Capital Programme.**

2013.1/152

THE OPERATING PLAN 2013/14 INCLUDING STRATEGIC OBJECTIVES

The Director of Business and Enterprise presented the Operating Plan for 2013/14 which has been developed in line with the requirements of the NTDA detailed technical guidance.

The Board were informed that the Integrated Plan sets out a vision for service delivery/sustainability.

The Plan includes the underlying principle of the 2013/14 Trust Vision statement 'Putting Patients First':

- Quality and Safety – Providing the best clinical outcomes, patient safety and patient experience
- Healthcare Standards – Delivering consistently high performance in healthcare standards
- People and Innovation – Striving for excellence through people and innovation
- Partnership – Improving the health and wellbeing of our community through partnership
- Financial Strength – Building a sustainable future

It also highlights the following Trust Strategic Objectives for 2013/14:

- Configuration of services and bed capacity issues
- Delivering core standards
- Quality of services
- Financial strength
- Workforce issues
- Estates, Equipment and Infrastructure issues

The paper highlights that the TDA expect NHS Trusts to close the gap on variation using the National Quality Dashboard to identify five key areas of delivery where there is a significant variation from the top performers in the Trust. The Trust Leadership Team have identified the following top five priorities for 2013/14:

- Timely access to emergency care (the Board suggested this be widened to include elective care e.g. RTT). **ACTION: Director of Business & Enterprise**
- Improving overall liquidity of the Trust
- Delivery of key safety outcomes for patients, including Falls and Pressure Sores
- Ensuring a safe and sustainable clinical service reconfiguration
- Improving health and wellbeing and reducing absence

The TDA also requested that all Trusts identify the support and development needs associated with the challenges they face. The Trust Leadership Team identified the following four areas where they feel additional support could benefit the Trust:

- The detailed development / implementation of the Clinical Services Site Strategy and wider Health Strategy
- Discussions regarding the implications of a more vertically integrated Health Economy Service Strategy
- Support for Capital / Transitional Funding Strategy that enables long-term service reconfiguration
- TDA discussion regarding seeking solutions to the liquidity issue

In addition, the TDA also required all Trusts to complete an assurance checklist which was designed for NHS Trusts to confirm (self certify) that they meet key planning requirements against each of the 103 statements across the following 7 areas:

- Quality
- Workforce
- Performance
- Finance
- Quality, Innovation, Productivity and Prevention (QIPP)
- Innovation
- Foundation Trust Pipeline

In relation to the above, the Trust has either confirmed full compliance, providing statements to demonstrate compliance where possible or stated where work is in progress, providing information about mitigation and timescales for resolution.

The Board was advised that an update on progress will be provided through the quarterly review process.

The Board **APPROVED** the content of the Operating Plan for 2013/14 and **NOTED** the work in progress within the NTDA planning checklist and **AGREED** delegated authority to the Chief Executive for approval of the final submission to the NHS TDA on 5 April.

2013.1/153 THE ANNUAL EQUALITY AND DIVERSITY REPORT

The Director of Quality and Safety presented the Equality Act 2010 and Equality Delivery System (EDS) Annual Report.

The Trust Board were first briefed on the EDS at the June 2011 Trust Board; the Director of Quality & Safety and Workforce Director have since reviewed the system and the paper being presented to the Board highlighted the following progress to date:

The EDS constituted a Task and Finish Group during 2011 to help formulate the Trust's actions in relation to the following four goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

For each EDS outcome there are four grades and a RAG 'plus' rating:

- Excelling
- Achieving
- Developing
- Under developing

Key achievements during 2012/13 include:

- Training of 26 patient dignity champions
- Declaration of compliance with six LD criteria
- Recruitment of patient representatives from protected characteristics into PEIP
- Effective patient representation and engagement in delivering real change to Trust processes, to include the Booking and Scheduling Group
- Supporting staff and promoting Health and Wellbeing Programme commenced

Progress for 2013/14

A re-run of the March 2012 event will be held during early 2013 as agreed by the EDS Steering Committee. The Trust EDS Task and Finish Group will review current goals and develop new outcomes which reflect the needs of both staff and patients.

The Board was informed that work continues to engage with Community partners to ensure review of actions and that the Trust delivers equity of access and the best possible patient experience.

Dr Hooper (NED) highlighted that everyone should be expected to be treated equally and advised the Board to recognise the cost of this legislation as costs will be involved. The Board agreed that good progress had been made and **AGREED** the content of the report.

A review report will be presented to the Board on a six-monthly basis.

The Board **NOTED** the Annual Report and Action plan and the progress made to date against the Equality Delivery Scheme

THE ANNUAL STAFF SURVEY

The Workforce Director provided a presentation relating to the NHS National Staff Survey which took place between October – December 2012. It was noted that this was during a period of change within the Trust following the appointment of a new Chief Executive.

The Survey asks questions based on the following four pledges to staff from the NHS constitution:

- Pledge 1 – To provide staff with clear roles, responsibilities and rewarding jobs for teams and individuals that make a difference
- Pledge 2 – To provide all staff with personal development, access to appropriate training and line manager support
- Pledge 3 – To provide support and opportunities for staff to maintain their health, wellbeing and safety
- Pledge 4 – To engage staff in decisions that affect them and the services that they provide
- There are 2 additional themes – Staff satisfaction and Equality & Diversity

The Trust response rate was 57%; 20 of the results were against the worst 20% benchmark.

The Workforce Director presented the 28 key findings and informed the Board members that the focus must be to improve upon the results. A copy of the results will be disseminated at organisational/Care Group level to enable staff to 'drill down' to staff level. Updates will be reported through the Workforce Committee which will feed through to the Trust Board.

The Chief Executive highlighted that the results show how the staff feel about the organisation and the core aspect appears to relate to the pressures that the staff feel they are under. The Board agreed that an improvement in leadership is required throughout the organisation.

The Workforce Priorities for 2013/14 include:

- Implement and Staff Engagement Framework that improves employment experience and reduces absence for <4%
- Policy, pay and contracts
- Increase workforce flexibility through new roles/working practices
- Build leadership and management capability
- Clear Action Plan
- Progress review at future Workforce Committee meetings

The Board **RECEIVED** the Staff Survey and **APPROVED** the high level action plan

BOARD CYCLE OF BUSINESS 2013/14

The Director of Corporate Governance presented the Governance Schedule 2013/14 to the Board, for information.

The document informs the Board of the governance related planned items to expect during the year and enables the Board to obtain assurances in relation to its governance.

The Board members **RECEIVED** and **APPROVED** the content.

RECEIVE AND APPROVE HR POLICIES:

- HR09 – Alcohol & Substance Misuse
- HR44 – Knowledge & Skills Framework

The Board members **RECEIVED** and **APPROVED** the above mentioned policies.

2013.1/157

ANY OTHER BUSINESS

The Medical Director took the opportunity to thank the Board members and staff for the time he has worked, amounting to 41 years, within the Health Service. His retirement sees the appointment of a replacement Medical Director, Dr Edwin Borman, who will commence in post from 1st April 2013.

Mr Simms (NED) also thanked the Board for the time he has spent as a Non-Executive Director. He felt his departure allows the Trust to recruit a replacement to see the Trust through the transition of Foundation Trust status and beyond. Mr Simms stated 'it has been a delight to work with such committed people and wished all well for the future'.

No further business received.

2013.1/158

QUESTIONS FROM THE FLOOR

Q1

Mrs M Fellows

Mrs Fellows advised the Board members that as Telford & Wrekin LINK would cease to exist from 31 March 2013, this was her last official attendance at the Board meetings. The Acting Chair gave thanks to Mrs Fellows for her attendance and input over the last 3 years.

Q2

Mr T Jones

The Acting Chair advised the Board members that it was Mr Tom Jones' birthday and wished him many happy returns. Mr Jones thanked the Acting Chair in return.

Q3

Mr T Jones

Mr Jones reported that the volunteers have expressed concern at the decrease in levels of stock in the "ReHabitat" shop. The Director of Quality & Safety agreed to investigate the reason for this. **Action: Director of Quality & Safety**

Q4

Mr T Jones

Mr Jones enquired if the Board would allow an additional x 6 hours for security within the Trust. The Director of Corporate Governance reported that this is an important issue but unfortunately due to the position of the Trust's finances it may not be possible in 2013/14, but would be kept under review.

Q5

Mr G Dakin

Mr Dakin reported that he had attended the meeting as an advocate and as the Trust has issues with beds / discharge, he suggested utilising the services of the 16-bedded ward which has been empty at Whitchurch Hospital for over two years.

The Director of Business Enterprise reported that a Workshop will commence from April 2013 to investigate utilising beds within the Community.

Q6

Ms M Wright

Ms Wright informed the meeting that lack of beds within the Community Hospitals at both Whitchurch and Market Drayton was raised over 7 years ago and the Trust finds itself in the same situation. She feels it is unfair on patients within different parts of the County. The Acting Chair advised Ms Wright that her point was very well made but asked her to take from the meeting that the Trust will be looking forward to the improvement of patient flow.

Q7

Mr D Sandbach

Mr Sandbach asked the Board to support a joint Compact with the Ambulance Service. The Chief Executive reported that the Trust would welcome a joint Compact.

Q8

Mr D Sandbach

Mr Sandbach highlighted that he feels it is impossible and no longer viable to run two sites (Princess Royal Hospital & Royal Shrewsbury Hospital) as one and suggested the Board put forward a plan of merging hospital inpatient beds onto one site, with the inclusion of the Community Trust.

The Board members noted Mr Sandbach's concerns and the Chief Executive advised Mr Sandbach that an option would be to progress with a single site solution, engaging Stakeholders and members of the public. However, due to the geographical population of Shropshire, an integrated approach is required and discussions are also needed to plan a way forward for the future.

Q9
Mr D Sandbach Mr Sandbach advised the Board members that following a joint meeting of the Scrutiny Committee it had been reported by two members that at a recent meeting there were descriptions of two patients who had very poor and traumatic experiences of care at SaTH.

The Director of Quality & Safety agreed to investigate these issues. **Action: Director of Quality & Safety**

2013.1/159 **DATE OF NEXT MEETING**

Formal Board Meeting – Thursday 25 April 2013 at 9.30am, Lecture Theatre, Education Centre at PRH

The meeting closed at 12.50pm

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 28 MARCH 2013

Item	Issue	ACTION LIST	PRIORITY
ACTIONS FROM THE MEETING			
2013.1/142	3 month Forward Plan To amend forward plan to note that the Francis Report will be presented to the May 2013 Trust Board	TB Secretary	Apr 2013
2013.1/142	3 month Forward Plan To remove '1 st draft' from the Quality Account item being presented to the June 2013 Trust Board	TB Secretary	April 2013
2013.1/148	Local Health Economy 'Compact' To remove the 'Confidential' watermark from the document	TB Secretary	April 2013
2013.1/150	Finance – Expenditure To liaise to discuss the possibility of combining Quality Impact Assessments with the Cost Improvement Plan	DQS COO FD	April 2013
2013.1/158	Questions from the floor: To investigate the decrease in stock levels in the ReHabitat shop	DQS	April 2013
2013.1/158	Questions from the floor: To investigate the findings of issues raised at a joint Scrutiny Committee members in relation to two patients who had very poor and traumatic experiences of care at SaTH.	DQS	April 2013