

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 25 July 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
	Dr R Hooper	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Dr E Borman	Medical Director (MD)
	Mrs D Kadum	Chief Operating Officer (COO)
	Mrs V Morris	Director of Quality & Safety (DQS)/Chief Nurse (DQS)
	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)
	Mrs D Vogler	Director of Business & Enterprise (DBE) - part
Meeting Secretary	Mrs B Graham	Committee Secretary
Apologies:	Dr P Vernon	Non Executive Director (NED)

2013.1/216 **WELCOME** : The Acting Chair welcomed everyone to the meeting.

2013.1/217 **DECLARATION OF INTEREST** by members in relation to any matters on the agenda.

2013.1/218 **MINUTES OF THE MEETINGS HELD IN PUBLIC** on 27 June 2013 were **APPROVED**.

	MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 27 JUNE 2013
2013.1/209	CQC Review of Compliance at PRH The DQS said the Q&S Committee will consider this issue at its next meeting and will report back to the Board in September 2013. Action: DQS.
2013.1/214	Questions from the floor Business Case for the Creation of Inpatient Capacity – copy sent to Mr Dakin as requested. Item complete .
	3-MONTH FORWARD PLAN for the period July to September 2013 was AGREED .

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Acting Chairman
26 September 2013

2013.1/219 CHAIR'S AWARD

The Chair's Award was awarded to two members of staff who had demonstrated their passion and commitment to high quality and productive health care services, these were :

Sharon Jones, X-Ray Assistant at RSH nominated jointly by staff-side and management-side.

The Workforce Director said that Sharon had been recognised for her outstanding contribution to support the implementation of 7-day working in the Radiology Department. She had played a vital role to support this service change and spent a huge amount of time and effort to ensure the service meets the needs of our patients and to support staff wherever possible in the design of the rotas. Her wealth of experience has been invaluable. Sharon's contribution has been recognised by the Trust Negotiation & Consultation Committee (TNCC), managers and staff-side colleagues.

Lin Ijewsky, Stroke Specialist Nurse. Lin was unable to be present at the meeting but was represented by Sister Lorna Kynaston, Ward Manager Carol Aldridge and Lin's daughter Nicola to accept the award on her behalf. Dr Suzy Thompson, Consultant Physician, who was present, nominated Lin for her professionalism and dedication. She puts patients first at every point of their hospital admission and after discharge follows the patient through to the community offering advice and support as they return to normal life. Lin has worked tirelessly to improve stroke services at SaTH. Lin is also the main driving force in educating staff in SaTH in stroke care and co-ordinates audit data. Lin has also been invaluable in ensuring seamless and timely care to patients during the recent temporary changes to the stroke services.

2013.1/220 CHAIR'S UPDATE

Members **NOTED** the following verbal report from the Acting Chair :

Update on current Board vacancies

- **Chair** – recruitment is proceeding through the NHS Trust Development Authority (NTDA).
- **Non Executive Director vacancies on the Board** – applications for prospective NEDs close today and interviews will be arranged in early August, again through the NTDA. There have been over 20 applications and positively reflects the interest in the Trust. It was noted that the Acting Chair's term of office expires on 30 September 2013 and if the new Chair has not filled the role by this time, the Acting Chair's position may be officially extended for continuity purposes and good governance.
- **Local Meetings: Tripartite Meeting** between SaTH and the 2 Clinical Commissioning Groups (CCGs) took place on 1 July 2013. This was a valuable opportunity to understand each other's roles, priorities and challenges. It was agreed that this would be the first joint meeting of many and it was considered to be a good step forward.

NHS Heroes Celebration was held on 5 July 2013 the 65th birthday of the NHS

Forty individuals and teams were nominated as NHS Heroes and they were visited at their place of work and were presented with the award.

Charity Matters – A meeting was held on 22 July 2013 with members of Friends of PRH, League of Friends of RSH and the Lingen Davies Cancer Relief Fund. The Trust and its patients are very grateful to these organisations for their fantastic support to improve care and facilities. At the meeting plans were finalised for the Trust to appoint a Fundraising Officer to help improve the way the Trust supports and celebrates people who donate to our services.

Annual General Meeting (AGM) and Annual Awards will be held on Thursday 12 September 2013 at SECC, everyone is welcome from 1 pm for the Open Exhibition. The presentation of the Trust Awards will be held at 2.30pm followed by the AGM.

Next Formal Board meeting will be held on 26 September at 9.30 am at the Princess Royal Hospital and will be concluded by a Topping Out Ceremony at the Women & Children's Unit at 3.30 pm.

Members **NOTED** the following verbal report :

- **Pathology Update** – our own programme for reconfiguring Pathology and consultation with staff is progressing and is still dependant on the decision by the Commissioners as to whether they intend to proceed with the region-wide tender affecting GP work. The plans to transfer the Gynae Cytology service to University Hospital North Staffordshire by 31 December 2013 are progressing. The CEO has asked the Commissioners for confirmation and he expected to be able to report the decision at the next Board meeting. **Action: CEO.**
- **Risk Summit 9 May 2013** – The Trust and its Commissioners agreed a series of actions to provide further assurance around mitigating key risks. A follow-up meeting held earlier this month with Commissioners and the Area Team agreed that good progress was being made but also that progress is dependent on work continuing on the whole system plan, working together on **Five Unscheduled Care Strategy projects** :
 - Attendance Avoidance
 - Emergency Departments patient flow
 - SaTH and Community Discharge
 - Optimising capacity to support discharge
 - Local Health Economy (LHE) Hub
- **2nd Urgent Care Network Board took place on 18 July** which oversees the whole system plans to ensure safe and sustainable urgent care this winter including the five projects identified in the Unscheduled Care Strategy. Progress is closely monitored to ensure completion by October 2013. It is recognised that a lot of progress needs to be made in a short timescale. This will continue to be reported.
- **Powys Teaching Health Board (THB)** - Executive Directors regularly meet with other partner organisations and recently met with Powys THB when there was an opportunity to discuss cross border issues. The CEO was very impressed with the arrangements they have in place to minimise emergency demand and there were some useful lessons that could be applied locally.
- **Professor Sir Bruce Keogh's Review** – a review into the quality of care and treatment provided by 14 Hospital Trusts in England was published last week. Whilst the review focussed specifically on the 14 Hospital Trusts it has valuable findings and recommendations for all NHS organisations. The CEO said he had arranged for a copy to be sent to all Board members and links to the individual reports. He urged members to read the document in preparation for a review of this at the Board Development Session in August 2013.
- **Local Healthwatch bodies** – these were established in April replacing the former LINKS. On 28 June 2013 Healthwatch Shropshire was officially launched and Healthwatch Telford & Wrekin have yet to be launched. The CEO advised that a meeting had been arranged with both organisations and the intention would be to invite them as formal Observers at Trust Board meetings. The Board **AGREED** to this.

Mr Jones (NED) raised the point that there had been substantial coverage of Shropshire Council's significant budget reduction and whether they were engaged in plans for the winter and ongoing management capacity and demand for urgent and emergency care, as they play a key role to its success. It was acknowledged that both Councils are under severe financial pressures and this is a risk for future health and social care services. All this will have to be closely monitored together with progress on the five Unscheduled Care Strategy projects through the CEOs meeting every week.

The DQS referred to the Health Select Committee report which had been critical of the development of the Urgent Care Networks and associated plans for urgent and emergency care in some parts of the country and asked whether local arrangements are sufficiently developed. The CEO said that arrangements are progressing positively but organisational leaders will need to keep a tight grip to ensure the plans remain on target.

The Acting Chair added that the Board Development Day on 15 August (10 am till 1 pm) will consider the Keogh Review and also the Cavendish Report which looks at recruiting and implementing Health Care Assistants. Feedback from this session will be brought back to a Board meeting in public session.

2013.1/222 BOARD REPORTING

The Director of Corporate Governance (DCG) advised that a change to the format of Board reports included a refreshed Executive Summary sheet which accompanies all reports. It has been agreed and implemented following a review of the papers of nine other organisations and it now reflects key issues to focus on, such as the Board's objectives, assurance framework and the CQC domains which affect our registration.

Mr Jones (NED) referred to the Finance Committee and in particular the cost of colour printing Board/Committee papers. The CEO said that it is the intention in future for the organisation to go paperless as far as possible, in the meantime, papers would be printed in black and white wherever possible.

The Acting Chair said that Board members receive a Supplementary Information Pack which includes draft minutes from Committees. He drew attention to the report from the Medical Director (MD) which provided his assessment of what is happening in the Trust in relation to medical issues. The Board found this enormously useful and it will be referred to in due course. He thanked the MD on behalf of the Board for this piece of work.

2013.1/223 KEY SUMMARY UPDATES FROM TRUST COMMITTEE MEETINGS were RECEIVED and NOTED.

Finance Committee meeting held on 23 July 2013 - Mr Jones brought the Board's attention to the Committee's discussion on the following:

- **Financial Recovery Plan** – the Committee was presented with a month by month profile of a revised budget for the rest of the year which is required if the Trust is going to return to its original position. It involves eliminating the overspend run rate but also recovering the deficit from the last three months. A key point is to see an immediate and significant reduction in monthly pay costs including bank and agency staff spend, and the plan requires a “step change” in monthly costs to be achieved in August payroll reducing from £17.4 million average to £16.5 million per month until the end of the financial year. A series of phased actions and initiatives need to become assured as a matter of urgency. The Committee wished to advise the Board that there is a need for this recovery plan to be both fully and immediately effective if significant I&E and cash problems are to be avoided in the rest of the financial year.

Hospital Executive Committee meeting on 23 July 2013 – Key summary points were **NOTED** including :

- The Committee noted and discussed the Month 3 finance position, with particular debate around the decline in activity that requires further scrutiny and close monitoring. It had been anticipated that diminished emergency activity levels would be offset against increased elective activity and reduction of backlog; but this does not appear to be the case. Discussion also took place around the ongoing over-establishment, and Agency and Bank use within the area of nursing staff. Control measures in place are not delivering the required effects therefore further investigation of measures in place is to take place to tighten further.
- The Committee noted a presentation that provided a progress update on the development of a refined People Strategy, including work being done on refreshing core values of the Trust for staff as well as embedding those values into the employment and appraisal life cycle. The update to Trust Board was delayed to allow for more extensive consultation.
- The Committee noted the Sustainable Development (Corporate Citizen and Carbon Management) Annual Report for 2012/13, and approved the identified priority areas for each element during 2013/14; noting the continued progress being made. It was also agreed that invest to save schemes should be worked up for future consideration.

Quality & Safety Committee meeting held on 18 July 2013 – Key summary points were **NOTED** including:

- The Committee was presented with the new toolkit designed by Nick Holding to show the trust performance at a glance. The Committee were delighted with the new system and recommended it be presented at Trust Board.
- The Committee discussed and fully support the focus on avoidable pressure ulcers as the Quality marker and the revised reporting arrangements. The focus on reducing avoidable is in line with the Midlands and East Ambition 1 and the guidance available and the Committee were very pleased to note the changes on the trajectory.
- The Committee noted that due to the sustained improvements to the Who Safer Surgery audits that these will be reduced to alternate monthly audits and were assured that the results would continue to be monitored at the Quality and Safety Committee. The Committee noted the caution voiced by the TDA on the reduced audit programme. The committee agreed whilst still monitoring the Who Safer Surgery results the priority will now be on gaining the same level of sustained 100% compliance on the procedural checklist.

2013.1/224 INTEGRATED PERFORMANCE REPORT, BOARD GOVERNANCE AND MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS

The Board **RECEIVED** the Integrated Performance Report (IPR) in respect of the month of June 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 DQS introduced the report and briefed the Board of the following points :

- **Pressure Ulcers (PUs) (3.3)** – The Q&S Committee looked at separation of Pressure Ulcers. Avoidable and unavoidable pressure ulcers are now separated for clarity and transparency. There was 1 Grade 3 avoidable PU reported in June. The DQS was pleased to report that there were no Grade 4's in the first Quarter and the Pressure Ulcer Group Peer Review continue to improve care to deliver zero avoidable Grade 3 and Grade 4 PUs and also work towards zero avoidable Grade 2 PUs.
- **Falls (3.4)** – There was 1 RIDDOR reportable fall in June in which a patient sustained a fracture to her neck of femur. A Root Cause Analysis (RCA) is being undertaken to gain a full understanding of the circumstances and whether this fall could have been prevented. For the second consecutive month Ward 4 (an acute stroke ward) reported the highest number of falls. This has been escalated to the Ward Manager and Matron for a detailed review. Dr Hooper (NED) asked what actions should be taken in terms of management of patients in order to eliminate falls. The DQS said the Trust-wide Falls Group looks at lessons learned. The CEO said it was of great concern and he said he was not convinced that there was consistent application across the Trust and he had therefore asked for an audit to be undertaken by our Internal Auditors during September 2013 with a clinical reviewer. Once this has been carried out the situation will be reassessed. The DQS said she would take the comparison between Wards 22 and Ward 4 to the next Q&S Committee; and the Falls Action Plan would be brought back to the Board. **Action: DQS – September 2013.**
- **Infection Control (3.5)**
 - E Coli outcomes for June were significantly higher than usual and the Director of Infection Prevention Control (DIPC) is reviewing this. This will be raised at the next Infection Control Committee meeting and the DQS will report back to the Board. **Action: DQS.** The CEO added that he had spoken to DIPC about this unexplained increase.
 - Emergency Admission Screening for MRSA and Elective MRSA screening had significantly improved and the target had been reached. Ward Managers are closely monitoring this.
 - MSSA Bacteraemia – Mr Jones (NED) pointed out that the 3 cases should indicate "Red".
- **Same Sex Accommodation Breaches (SSA) (3.7)** - There were 4 SSA breaches during June which occurred on Ward 23H. The breach involved one female patient being moved to a bay of 3 male patients and therefore this one breach became 4 SSA breaches. Following an RCA the outcome of the report highlighted that the breach was due to a lack of capacity for female haematology beds on that ward. The MD said that it was a clinical decision that was justified and there was no alternative. This has been reported to the Commissioners.

QUALITY : Patient Safety, Effectiveness and Patient Experience (Continued)

- **Mortality (3.8)** - The Medical Director said the latest 12 months to March 2013 Risk Adjusted Mortality Indicator (RAMI) was 94 against the National Peer Group (a benchmark group that includes all Acute Trusts in England) of 94. The trend over the last 4 months in terms of the Crude Death rate have shown that nationally there is an increase as a percentage of spells, however, the increase has been less at SaTH in comparison. The introduction of the Mortality Group has initiated specific targeted case note reviews, the outcome of which will be reported back to the Board, these include deaths with primary diagnosis of Urinary Tract Infection (UTI), Emergency Department (ED) deaths that are within 30 days of discharge from hospital and microbiology review of deaths within a diagnosis of UTI and pneumonia. **Action: MD – Oct 2013.** Following this exercise there will be targeted case note reviews on 30 day post discharge deaths in the community and deaths with a primary diagnosis of pneumonia. Also a statistical analysis around the impact on mortality of longer waits in EDs. Commendable progress is being made but there is a need to learn from these cases. The MD also referred to the last Board meeting where issues were previously identified around potential UTI cases. A review was undertaken on a cluster of patients who had died as a result of UTI who went on to develop sepsis. The MD explained that if patients do not receive antibiotics rapidly enough it can result in a potential avoidable death. The necessary change has been made following this review and a similar analysis will be made around pneumonia.

 - Dr Walford (NED) said he was much more reassured on what was reported i.e. better reference to internal outcomes and external benchmarks. He said it shows that the Trust can do things better.
 - On Antibiotic Treatment and Renal Physicians concern – the MD said that there is national best practice incorporated into our guidelines but it also has to take into account local circumstances.

- **Wards subject to a Quality Improvement Framework (QIF) (3.12)** - Three wards are being supported by a Team of Senior Nurses, Matrons and PEIP members to deliver sustained improvements to the care delivery on the wards Ward 10 and Ward 22 T/O will be taken through a detailed review) in August to determine the level of assurance and consider a de-escalation from the QIF. Ward 12 will continue on the formal framework and a detailed review will be undertaken in September.

 - The DQS explained that after August the next step will be determined in the action plan, the buy-in from the Team, and each ward will be dealt with slightly differently based on the issues e.g. dignity or communication issues.
 - The CEO said that it is good to understand how long some wards have been on the QIF but it highlights that there are serious leadership issues to tackle. The DQS explained that Ward 22 T/O was formerly Ward 28 and that the Ward Manager was only recruited in February therefore needed time to understand the issues. The DQS however recognised that the key issue is around leadership.
 - Table 7 Ward to Board Care Metrics – The FD referred to Discharge from Hospital, Table 7 and said that it is clear from this information, and patient survey information, that the position over the last 3-4 months has been deteriorating and he asked what actions are being taken to address this. The COO said that Scheduled and Unscheduled Care Groups will be reviewing this in detail over the next 2 months to drive improvements forward. The COO added that it is absolutely key to improve discharge planning to prepare for the challenges for the winter. The CEO said improving communication between clinical staff and patients is vital.

- **Rule 43 (3.13)** – There were two Rule 43 reports in June 2013. One related to a pressure ulcer and the other covered a number of issues from a patient on Ward 10. The CEO said he had met with the son of the patient who died on Ward 10. The CEO has asked for an audit to be undertaken to gain assurance around the processes. He added that the obligation on the Trust is to learn from Rule 43 reports. The Trust has to formally respond to the Coroner on what actions have been taken. The DCG said the Trust's response will be published through the Lord Chancellor's office. It was agreed at the last Clinical Governance Executive to review Rule 43 letters and action plans so that (i) lessons are shared and (ii) to monitor the action plan and to complete all actions; and also feed into Operational level.

OPERATIONAL PERFORMANCE - The COO introduced Section 4 of the report :

- **A&E 4 hour target** was achieved for the second consecutive month but because of the very poor performance in April, Quarter 1 performance target was not achieved. The Trust achieved 96.6% in June and last week's performance was 98.15% - the COO praised all staff involved in this good progress. The CEO pointed out that this figure does not include Walk-in Centres and this should be included.
Action: COO.
- **Ambulance Handover** figures were provided for information. Discussions are ongoing as the Trust can be penalised for failure to meet turnaround times. The current Ambulance Service system means that the clock can start ticking before an Ambulance is parked outside A&E. The COO agreed to check the definitions of the national standards. **Action: COO.**
- **Referral to Treatment (RTT) position** is improving but the target was not achieved in-month with 77.93% (amended figure) against the 90% standard. Surgery and ENT recovery plans have been revised but overall all RTT admitted targets will be completely achieved at an organisational level with effect from 1st November 2013. Non admitted RTT was achieved in June and the graph showed that the backlog is reducing. The June performance for incomplete pathways was 8.94% against a target of 8% of patients waiting over 18 weeks for treatment.
- **52 week RTT breach** – the COO advised that there was a single breach in June totalling 5 for the quarter. This one breach was in Urology and occurred as a result of a missing TCI form. A new process has been put in place to ensure this does not happen again. The other 4 breaches were unknown (3 in May and 1 from April), these were not visible to the Centres because of a technical issue between SQL reporting and SEMA systems. This issue has been reported to SEMA and this technical issue has now been resolved with a temporary fix until a permanent solution is devised. The Trust is formally reviewing these patients to check adverse outcomes and formally review operating processes as these patients should have been tracked. The CCGs and TDA have been informed and are content with the approach being taken. The consequence is a financial penalty and the Trust is under the national radar until it is eradicated. Before this issue was brought to light the Trust had requested support from the Elective Care Intensive Support Team to review our challenged specialties, to ensure that the action plans in place to achieve a sustainable RTT position are realistic and credible. The Team will be on site on 29 and 30 July 2013. This was considered to be helpful and timely.
- **Stroke** – 80% was achieved in June which indicated an improvement in the pathways on site. This is the first month since the Stroke Service transferred to one site, feedback has been very positive to help deliver the target. There will be a formal review on 1 August 2013 with all stakeholders on progress.
- **Cancer targets** – The 62 day screening target which related to one patient who declined a repeat biopsy. There is considerable focus on achievement of all standards from 1 August 2013 and Radiology have put in place a process to ensure delivery of the standards and reduce the inconsistency in performance.
- **Choose & Book** – the Trust failed to achieve the target in June. Performance was 69.5% against a target of 95% of patients that should be able to book an appointment via the Choose & Book system. A revised Remedial Action Plan has been produced following a meeting with the CCGs. This will require additional capacity for Ophthalmology and General Medicine specialties.

FINANCE : The Finance Director (FD) introduced this section of the report and said that the Trust had previously informed NTDA of a forecast deficit of £2.4 million and it was agreed with them to work to a breakeven position at the end of the financial year. A financial recovery plan has been prepared to get to a position of breakeven, but the FD stressed that it should not be underestimated the very significant challenge to make that change. The Board **ENDORSED** the need for the plan to be implemented effectively and that this will be monitored closely in future months. The immediate milestone is the pay position and a step change is needed in August.

- **Pay spending** reduced in June to £17.193 million. In order for the Trust to successfully achieve a balanced financial position by the year end, pay spending has to reduce to an average of £16.6 million per month. Achievement of the Trust forecast outturn is dependant upon the Trust reducing pay spending to budgeted levels and delivering upon the pay elements of the Cost Improvement Programme. The FD said there were lots of actions taking place e.g. regular reviews of agency spending and working practices being introduced where staff are being moved around. The FD said that Executive Directors are satisfied that these are the right actions to take.

FINANCE (Continued)

- **Income** : The Trust had under-achieved against the income target by £258k in June. Elective, Emergency and A&E activity declined considerably within the month of June. Although not overly concerned at present there is an awareness that activity was very substantially lower than anticipated across all levels, this position will continue to be tracked.
- **Non Pay** – The Trust is spending at an average rate of £7.182 million against a target of £7.283 million after allowing for the achievement of a Non Pay CIP.

Discussion took place around contracting when the following points were **noted** :

- Activity showed there is an increase on first outpatient appointments of 18% and a number of those will potentially convert into operations and elective activity; from 26 July 2013 all specialties are reviewing demand and capacity.
- There is a threshold position agreed with Commissioners. Shropshire County threshold is based on outturn of emergency activity of 2012 whereas Telford & Wrekin threshold is based on activity in 2010/11

WORKFORCE - The Workforce Director (WD) introduced this section of the report :

- **Sickness Absence** - Absence rates for June reduced again to 3.47%. Also a significant improvement has been seen in June in long-term absence with a reduction of 0.6%. Year to date performance is 3.74%. The WD said it is vital to improve on these figures and sustain the position. The NHS Employers provided support around Health and Wellbeing illustrated in Table 8 of the report. Table 9 provided reasons for absence and improvements in absence rates. The two highest reasons for absence in the organisation continues to be stress and musculoskeletal. A review will be required to understand whether the Trust can do more to support staff.
- **Appraisals** :
 - Non Medical Appraisal coverage fell in June to 71% and the Trust has not seen any significant improvement for the last 6 months. This issue was taken to the Operational Performance Group and each Care Group will work to improve this.
 - Medical Appraisals coverage fell to 59% however this area is being closely managed with a clear expectation of improvement as highlighted in the Medical Director's report detailed at Appendix 4. The Medical Director referred to Appendix 4 which sets out a Programme Plan to provide a means by which full delivery of Job Plan Review and Appraisal will be achieved at SaTH. Over 300+ doctors have been spoken to in relation to appraisals and job plans and everyone is being assigned to an Appraisee.
- Dr Hooper (NED) said he was seriously concerned about the decline in appraisal rate which he felt should be at least 80% to 100% and he found the position wholly unacceptable. The CEO said the Workforce Committee is dealing with this issue and recommended that the Workforce Committee discuss this in August, noting that the COO is a member of that Committee and the MD will attend as well to provide assurance on how appraisal is going to be delivered over the next few months. The Acting Chair said that Dr Hooper's comments on appraisal rates were appreciated and he agreed that the Workforce Recovery Plan with assurances should be brought back to the Board in September.
Action: WD – Sep 2013.

Page 31 & 32 - Monthly Self Certifications – NTDA Mandatory Requirement

The Trust followed the formal process and was submitting the monthly self certifications templates for June:

1. **Monitor Licensing Requirements** – covering Monitor licence requirements. A summary of the submission is included at Appendix 2 of the report. All conditions were marked compliant.
2. **Trust Board Statements covering clinical quality, finance and governance** was included in the report at Appendix 3. Only one area was identified as non-compliant that is No. 5 Governance where the Trust reported the following : a financial risk rating of 2 for the month of June. Admitted RTT in June was 77.93% against a target of 90%. Trajectories have been agreed with the NTDA to deliver the relevant targets at a speciality level between July and November 2013. Cancer under-achieved against the 62 day pathway in month with 79.70% against a target of 85%. Cancer under-achieved against the 31 day subsequent treatment (surgery) pathway in month with 90.36% against a target of 94%. Unvalidated VTE compliance in June was 90.10% below the 95% target. Action plans are in place to recover all the above targets.

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 **AGREED** to the above retrospectively and **AGREED** delegated authority for the CEO and FD to sign for June.

The Board **NOTED** the Integrated Performance Report for June 2013.

2013.1/225 **PERFORMANCE MANAGEMENT FRAMEWORK AND STRATEGY**

The COO presented the Performance Management Strategy and Framework which set out a proposed structured methodology and process for effectively managing performance throughout the Trust, driven by a robust system and processes with roles and responsibilities clearly defined at all levels of the organisation. The purpose of the strategy is to ensure delivery of the Trust's vision and strategic and corporate objectives whilst instilling a culture of continuous improvement to achieve the Trust's vision of excellent care to be compliant with FT terms of authorisation. The general principles which govern all of our performance management arrangements include :

- High quality and patient safety which is the over-riding goal;
- Transparency of performance metrics and reporting;
- Decisions will be based on high quality, timely and reliable information;
- Information will be shown in trends and include forecasts;
- Clear targets are set reflecting national and local priorities;
- Targets provide a balanced view of performance in finance, efficiency, quality, patient experience and workforce.
- Key performance indicators are established and subject to continual review;
- Board level targets are broken down to Care Group, Centre, Team and individual targets;
- Focus on delivery with clear lines of accountability;
- Teams own their targets and are empowered to deliver them and are held accountable for them;
- An open, honest and consistent approach is used for dealing with poor performance;
- An emphasis on learning from mistakes rather than a blame culture
- Earned autonomy

The COO said that the key outcome from the Strategy is that all staff have an understanding of how their role contributes to achieving good performance, this is fundamental and there is a need for cultural change. Mr Jones (NED) was very supportive of this.

2013.1/225 PERFORMANCE MANAGEMENT FRAMEWORK AND STRATEGY (Continued)

Dr Walford (NED) said he was very supportive of the paper and the newsletter showing people in post. He asked whether the Board can be assured that the COO has the structure with the right people in the right posts to work together for successful delivery. The COO said that not everyone is in post, the Trust is going out to national recruitment; and savings have been identified elsewhere to cover the cost.

Dr Hooper (NED) said it was an excellent piece of work. He raised the issue of the consequence of non delivery and non achievement and he said that the consequences need to be understood. The WD said that recognising that it is a cultural shift; it is very clear through leadership management development how to manage performance.

The Board recognised the hard work of the COO and all the Departments involved in putting the Framework and Strategy together.

The Board **APPROVED** the performance management strategy and framework and **NOTED** the specific responsibilities for the Trust Board for achievement of the framework.

2013.1/226 BOOKING & SCHEDULING UPDATE

The Chief Operating Officer (COO) introduced the paper and said that early in the year the Booking and Scheduling Service was centralised to bring in opportunities to work differently. For a couple of months the Board had expressed concern around this and therefore this paper provided an update to date on the service. There are 66 actions within a comprehensive action plan to improve the Booking and Scheduling Service, of which 33 actions have been delivered and the remainder is still in progress. A Task and Finish Group meets fortnightly to progress the actions.

The Acting Chair said that the Board was led to believe that this service was going to be in a better place than it was now.

The Board **NOTED** the significant amount of work which is being done to improve the Booking and Scheduling service. Board members noted that they could request a copy of the action plan if required. It was **AGREED** that a quarterly update will be taken to the Finance Committee. **Action: COO.**

2013.1/227 SATH SUMMARY WINTER PLAN

The Chief Operating Officer (COO) introduced the paper which provided an update on the development of a robust Winter/Surge Plan that incorporates the needs and requirements for ensuring sustainability and patient flow throughout Winter and any periods of surge demand both internally for the Trust and across the wider local health economy.

The Trust's Winter/Surge Plan has been prepared as part of the SaTH Surge Plan which is in line with recommendations made by the Area Team. The document is live and will be updated following the scheduled surge planning meetings which commenced from the week of 22 July 2013. The plan will form part of a joint health and social economy plan and aims to provide a unified approach across SaTH and the Local Health and Social Economy. Each site will hold its own individual surge plan to deliver its respective requirements and to provide site ownership and accountability. These form the basis for the SaTH Surge Plan. Each site has produced a plan on a page, building on the lessons learnt from last winter.

2013.1/227 SATH SUMMARY WINTER PLAN

Winter planning meetings will be held weekly if required throughout the winter period. These will be used to review the performance of the previous week and to plan for the coming week utilising Escalation Management System [EMS] predictions. The Plan will operate from October 2013 through to March 2014 and the principles can also be used for the planning of any expected surges, e.g. Bank Holidays. Seven day working is one of the key principles, both in the SaTH Surge Plan, and should be the aim for the Local Health and Social Care Economy Plan which is under development. An A-Z will be produced giving an in-depth plan of available resources across the Trust and Local Health and Social Care Economy. This will be supported by a Bed Management procedure book.

A Hospital Full Protocol has been agreed for this year, and SaTH's internal bed escalation triggers have been reviewed and improved. To ensure that surge capacity is available bed modelling by site has been completed. This has informed the development of the Surge Plan, e.g. how to create additional medical capacity without compromising elective work. These solutions are in the process of being agreed and costed.

The COO said that she was concerned that whilst SaTH is forging ahead with its winter plan it is still not sufficient to cope through the winter with its limited ability in available capacity and, at this point in time, she was unsure whether other partners involved have made the same progress in developing their winter plans. The CCG's have assigned a manager to the development of the Local Health and Social Care Economy Winter/Surge Plan. Planning assumptions include:

- Continued delivery of LoS reductions using Check Chase Challenge;
- No increase in Length of Stay (LoS) due to winter (included in bed model);
- Discharge and admission rates remaining static for this period.

Mr Jones (NED) referred to the COO's concerns that the work undertaken by SaTH is not being matched at the same rate by its partners and, given the problems we had last year and the holiday season, he was a little perturbed and asked if SaTH should escalate the issue. The COO said her expectation was that the Area Team will push this forward however if there is little progress within the next 2 weeks then she would escalate it. In the meantime the CEO said he would escalate it at the next CEO's meeting. **Action: CEO.**

The Board **NOTED** the SaTH Winter Plan progress update and that it is proposed that the fully costed internal Winter/Surge Plan alongside the Whole Health and Social Care Economy Plan will be brought back to the October Trust Board. **Action: COO – October 2013.**

2013.1/228 CIP QIA PROCESS UPDATE

The Director of Quality & Safety (DQS) gave a PowerPoint presentation (**copy attached to the minutes**) entitled QIA Update. It covered the QIA process, outcomes, Workforce QIA and Tracking QIA – ongoing assurance. The DQS also **tabled** a summary of QIA schemes which was presented for the Board's consideration. Minor schemes need to be monitored through the CIP Board with all other schemes. It was noted that the COO, MD and Chief Nurse are committed to attend CIP Board meetings to assured the Board.

Following discussion it was agreed that:

- The process for next year should start much earlier in the year.
 - Discussion was required at the next Board Development Day in terms of what is presented to the Board.
 - Regular assessment of this will be part of annual CIP and Operational delivery.
 - Future progress of CIPs will be reported within the Finance Director's update in the IPR.
- ACTION: FD to include summary CIP & QIA progress update in IPR.**

The Director of Business & Enterprise (DBE) introduced the paper which is a new approach and had been produced following a detailed review by the Executive Team of progress against the Trust's five Strategic Priorities : Quality & Safety, Healthcare Standards, People and Innovation, Community & Partnership and Financial Strength.

The outcome of this review was a very detailed narrative and RAG rating against each Operational Objective which informed this Quarter 1 summary report. Progress made against each of our Strategic Priorities was described in Section 4. There were two Operational Objectives that were currently rated as RED :

- Focus on improving clinical outcomes for fractured neck of femur (the Trust is an outlier on national comparator data for the surgical versus conservative management for patients) – the Medical Director will take urgent action to review the current practice of the Orthopaedic Surgeons.
- Deliver a financial plan that achieves a breakeven position.

The following points were highlighted :

- The target for improving nutritional status of patients was rated Amber – audits have commenced this month.
- Clinical Service Strategy – work is progressing well with our system partners and an event is planned on 6 August to discuss the scope of the programme and the programme objectives.
- Health Care Standards are discussed on a monthly basis.
- People and Innovation – a 5 year workforce plan has been submitted to Health Education West Midlands and is on track following negotiations with Staff-side. There have been a number of successes around Research and Trials.
- Community and Partnership – Dementia screening is rated Amber. Progress is being made in the delivery of dementia screening rates, and June was expected to be close to 90% screening rates, but more work is required.
- Financial Strengths – Two projects were highlighted. There has been an enormous amount of work involved in the Reconfiguration of Womens & Children's services in 2014 and keeping this programme on track. Enabling moves are progressing well : GU accommodation has vacated; Ophthalmology Outpatients relocated from Ward 14. Refurbishment of Ward 14 has been completed for a temporary Children's Ward. Also numerous office moves have taken place on RSH and PRH sites involving many staff all of which has allowed building to continue on track. The Reconfigurations of Pathology Services involve a complex set of proposals by specialty. The project remains on track and consultation with staff closed last week.

Section 5 of the report assessed the risks to delivering the strategic priorities identified at Quarter 1 against the Board Assurance Framework.

This paper will be presented quarterly 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 need to be taken to get the organisation back on track. Further refinement of the supporting milestones against each Strategic Priority will be made. Individual meetings with Executive Leads and the Chief Executive are planned to take place in advance of the Quarter 2 report.

The Acting Chair said that he found Section 5 particularly helpful and informs the Board on how much work is going on in the Trust. The CEO said that the main purpose of the paper is for the Board to see what degree of progress and actions are being taken against key objectives.

The Board found this first Quarter report very informative. The Board **NOTED** the progress against the strategic priorities in Quarter 1 and the risks highlighted to delivery of our strategy. The Board thanked staff in the organisation in undertaking enormous change and their willingness to co-operate.

2013.1/230 TO RECEIVE AND REVIEW GOVERNANCE AND COMPLIANCE UPDATES :

230.1 UPDATE ON STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The Finance Director (FD) said that proposed changes to the Standing Orders, Standing Financial Instructions and Scheme of Delegation have been circulated and comments received. These comments will now be taken to the next Executive Directors meeting for consideration.

The Board **RECEIVED** the verbal report and **NOTED** that this item will be brought back to the Board in September 2013. **Action: FD.**

2013.1/231 TO RECEIVE THE FOLLOWING ANNUAL REPORTS :

231.1 QUALITY & SAFETY ANNUAL REPORT 2012/13

In the absence of Dr Vernon (NED), the Director of Quality & Safety (DQS) introduced the Annual Report which provided a self assessment of the Committee. Its main role is to provide the Board with assurance on the Trust's Quality Improvement Programme as well as meeting core standards and registration compliance. The Committee, having learned some of the lessons from the first Francis Report (2010), have been visiting Wards and Departments an hour before the Quality & Safety Committee meeting starts. Committee Members use this time as an opportunity to talk to staff, patients and review samples of notes to check the standard of documentation and compliance with key safety issues.

During 2012/13 the Committee:

- continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of Board assurance on all the areas defined in its objectives.
- is satisfied with the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement.
- has been concerned with some areas of clinical outcomes (eg increase in pressure ulcers and serious outcomes from a small number of falls) and have noted the remedial action plans presented to the Committee to improve these outcomes. They have reviewed and approved the annual Quality account which provides an open and transparent account of the clinical indicators.
- have noted the need to develop an improved process for gaining assurance and agree that the revised Committee structure should provide the ability for the Committee to work at the required level.

The DQS explained that the Committee receives a patient story at the beginning of each Committee meeting for consideration. The Board will review this practice and in fact the Board will receive a patient story later today.

Dr Walford (NED) said he felt the Quality & Safety Committee works well and focuses on what it needs to and he recommended that it continues for a further 12 months. Dr Hooper (NED) also said that he was really impressed with the members of the Committee of the feedback on the work they have carried out to date.

The Board **NOTED** the Annual Report through which the Committee outlined an evaluation of its performance for 2012/13 in its role as the Committee with responsibility for ensuring and assuring the Board.

SUSTAINABLE DEVELOPMENT - CORPORATE CITIZEN AND CARBON MANAGEMENT ANNUAL REPORT 2012/13

The Director of Corporate Governance (DCG) introduced this Annual Report which outlined the Trust's approach to its organisational footprint – across economic, social and employment criteria as well as specifically its carbon footprint. The report identified changes at national level and includes elements of the revised Good Corporate Citizen assessment which now encompasses sustainability in relation to adaptation and clinical models of care. It was noted that the Medical Director has agreed to be the Clinical Lead for clinical models of care.

Section 2 and Section 3 looked at the current overall position at SaTH and last year's progress. It was pointed out that a contract with Harper Adams Agricultural College entails 2 tons of waste being sent to them for recycling rather than being disposed on site. The priorities for 2013/14 included :

- Estates & Transport - developing the travel and transport plan, reducing water usage and exploring new energy schemes
- Procurement – including energy consumption and labour standards in bid assessments, meeting key suppliers to discuss sustainability improvements and sourcing more ethical, efficient alternatives
- Workforce and Engagement – pursuing the Health and Wellbeing Agenda, supporting local employment, improving appraisal process, increasing number of young volunteers and electronic FT membership
- Adaptation – linking sustainability into business continuity plans and holding workshops
- Clinical models of care – promoting e-learning for all staff and admission avoidance with LHE

It was also intended to embed sustainability into normal operational management structure. The Hospital Executive Committee supported the principle of investment to save schemes. There was also a section on carbon management and the Board was pleased to note the reduction in energy usage and CO₂ emissions overall and when compared to per unit floor area of estate and per WTE.

The DCG took the opportunity to thank John Ellis-Tipton – Environment & Risk for his contribution to this.

Dr Hooper (NED) said he believed there are still good tariffs for commercial business which apply and heat source pumps that are quite effective and he felt it may be worth while looking into this. He said there is potential to take our carbon allowances below the threshold if sufficient measures are put in place.

Action: DCG to take the suggestion to John Ellis-Tipton.

The Board **APPROVED** identified priority areas for each element during 2013/14 and **NOTED** the continued progress made by SaTH.

2013.1/232 HR POLICY UPDATE

The Workforce Director (WD) introduced the paper and advised that HR12 Lease Car Scheme Policy has been reviewed and approved to be presented to Trust Board, and TNCC in June. The policy has been updated to comply with revised legislation, changes to the Agenda for Change Terms and Conditions of Employment Section 17: Reimbursement of Travel Costs with updates to the Ready Reckoner of Car Benefit Charges and updates to procedure.

On a question from Dr Hooper (NED) regarding the cost consequences of this policy, the WD said the Trust adheres to nationally set conditions.

The Board **APPROVED** the policy for dissemination through the organisation.

2013.1/233 QUESTIONS FROM THE FLOOR RELATING TO ITEMS ON THE AGENDA

Comments Mr T Jones, PALS Volunteer, said he found the meeting very interesting. He wished to bring to the Board's attention that patients in Wards at PRH had raised issues about the level of nurses on wards. Staff sometimes appear to be so busy that patients needs are not fulfilled.

2013.1/232 DATE OF NEXT MEETINGS :

- **Annual General Meeting – 12 September 2013 at 3.30 pm in the Dinwoodie Theatre, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.**
- **Formal Board Meeting – Thursday 26 September 2013 at 9.30 am Lecture Theatre, 1st Floor, Education Centre, Princess Royal Hospital.**

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 25 JULY 2013

Item	Issue	ACTION LIST	PRIORITY
221	CEO's Report Pathology Update - The CEO has asked the Commissioners for confirmation relating to the region-wide tender and he expected to be able to report the decision at the next Board meeting.	CEO	Sep 2013
224	Integrated Performance Report A&E 4 hour target was achieved for the second consecutive month but because of the very poor performance in April, Quarter 1 performance target was not achieved. The Trust achieved 96.6% in June and last week's performance was 98.15% - the COO praised all staff involved in this good progress. The CEO pointed out that this figure does not include Walk-in Centres and this should be included. Ambulance Handover figures were provided for information. Discussions are ongoing as the Trust can be penalised for failure to meet turnaround times. The current Ambulance Service system means that the clock can start ticking before an Ambulance is parked outside A&E. The COO agreed to check the definitions of the national standards.	COO COO	ASAP ASAP
226	Booking & Scheduling Quarterly update will be taken to the Finance Committee.	COO	ASAP
227	Winter Plan The COO said her expectation was that the Area Team will push progress of partners forward however if there is little progress within the next 2 weeks then she would escalate it. In the meantime the CEO said he would escalate it at the next CEO's meeting.	CEO	ASAP
231.2	Sustainable Dev. Annual Report Dr Hooper (NED) said he believed there are still good tariffs for commercial business which apply and heat source pumps that are quite effective and he felt it may be worth while looking into this. He said there is potential to take our carbon allowances below the threshold if sufficient measures are put in place. DCG to take the suggestion forward to John Ellis-Tipton.	DCG	ASAP

QIA- Update

Vicky Morris
Chief Nurse/ Director of Quality and
Safety

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First

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And
Integrity

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Together

Encouraging
Individual
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Creativity

Taking Pride
in our Work
and our
Organisation

QIA process

- Plan to have prospective process along CIP programme.
- Delay in having clear operational CIP plans has led to delays in QIA's being submitted.
- Consideration for 14/15 will need to start in Sept/Oct to avoid such delays in future.
- Workforce QIA – challenging to consider along side Financial balance.

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QIA- Outcomes

- 11 QIA's signed off.
- Some smaller projects originally included en mass
 - Some of these schemes need individual QIA's to outline consideration on Q&S, these will be tracked through CIP Board
- Executive consideration of the 3 main workforce QIA's after last Board update.
- Rejected 20% on costs QIA

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Workforce QIA's

- Challenge of Financial balance- circa 600k pressure
- Consideration of statutory and mandatory training needs for clinical staff
- By rejecting QIA at 20% on costs and moving to 20.7%
 - Enables teams to have a budget which enables them to meet stat & **core** mandatory training
 - Staffing templates which will not be compromised
 - Urgent review of training
 - Twice yearly AUKUH (Dep & Acuity tool)

Risks - CQUIN's & Trust priorities

Falls Safe training & Fundamentals of care

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Tracking QIA's – ongoing assurance

- Summary of QIA schemes for your consideration
- Minor schemes need to be monitored through CIP Board as with all other schemes
- COO, MD & Chief Nurse commitment to attend CIP Board to assure ourselves and the Board
- Revised process for 14/15

- Any Questions for Exec team !

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The Shrewsbury and Telford Hospital NHS Trust

ANNUAL GENERAL MEETING

Held on Thursday 12 September 2012 at 3 pm in
Dinwoodie Theatre, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Dr E Borman	Medical Director (MD)
	Mrs S Bloomfield	Acting Chief Nurse (ACN)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
In attendance	Miss V Maher	Workforce Director (WD)
	Mr A Osborne	Communications Director (CD)
Meeting Secretary	Mrs B Graham	Committee Secretary
Apologies:	Mr D Jones	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Dr R Hooper	Non Executive Director (NED)

2013/1.233 WELCOME AND NOTE OF APOLOGIES : The Acting Chair thanked everyone for attending the meeting which would receive the Annual Report and Accounts for the period 2012/13. Apologies were noted above.

2013/1.234 CHAIR'S REPORT

The Acting Chair thanked his colleagues on the Board for their challenge, stewardship and support during his time as Acting Chair. Referring to a year of change he paid tribute to the late Dr John Davies who he said was a good and just man, fair in all his dealings and showed great commitment to our hospitals and the wider community by giving unstintingly of his time, wisdom and knowledge. John stepped down as Chair in September 2012 due to ill health and sadly died in January 2013. The Board's deepest sympathies go out to his wife Carolyn and their family.

Executive Changes included :

- Welcoming Peter Herring as Chief Executive who has just completed a full year in his role. Peter had worked for a number of years as Chief Executive of Countess of Chester Hospital and steered them to become one of the first Foundation Trusts in the country.
- Saying farewell to Dr Ashley Fraser and welcoming Dr Edwin Borman as the new Medical Director;
- Welcoming Mrs Debbie Kadum as the new Chief Operating Officer;
- Last week Mrs Vicky Morris, Chief Nurse/Director of Quality & Safety, took up an executive secondment opportunity at Betsi Cadwaladr University Health Board in Wales. The Acting Chair took the opportunity to thank her for her hard work during her time with SaTH. In her absence, Mrs Sarah Bloomfield will take on the role of Acting Chief Nurse.

.....
Chairman
26 September 2013

Non Executive Changes included :

- Saying farewell to Mrs Sue Assar and Mr Barry Simms as Non Executive Directors;
- Welcoming Dr Robin Hooper as a Non Executive Director;
- Also today bidding farewell to Dr Peter Vernon, Non Executive Director;
- On 16 September 2013 we will welcome Mrs Donna Leeding and Mr Harmesh Darbhanga as new Non Executive Directors.

The Chair's Appointment is being progressed by the NHS Trust Development Authority (NTDA) and SaTH has been informed that interviews will take place on 3rd October 2013

2012/1.235 MINUTES OF THE AGM MEETING HELD ON 13 SEPTEMBER 2012 were **ACCEPTED** as a true record.

2012/1.236 CHIEF EXECUTIVE'S REPORT ON THE ANNUAL REPORT AND ANNUAL ACCOUNTS 2012/13

It is a requirement for all NHS Trusts to produce an Annual Report and Annual Accounts in accordance with the guidance set out in the NHS Finance Manual: Manual for Accounts. Peter Herring (CEO) introduced the Annual Report and Annual Accounts 2012/13 and gave a PowerPoint presentation (**copy of slides attached to the minutes**). The presentation covered the following key facts :

- The Trust employs over 5,000 staff and has a budget of £309 million.
- During 2012/13 the Trust carried out 53,000 elective and day case episodes, 44,000 non elective inpatient episodes, 110,000 A&E attendances, 6,800 maternity episodes and in excess of one third of a million consultant-led outpatient appointments.

Achievements and developments included :

- Lingen Davies Centre at RSH – a state of the art facility has transformed the patient care environment for chemotherapy and haematology patients. This achievement would not have been possible but for the generous support from Lingen Davies Cancer Relief Fund Charity, League of Friends of RSH, Shropshire Blood Trust Fund and Shropshire Head & Neck Charity.
- Building the Future – New Women and Children's facilities at PRH and at RSH. The PRH project is a huge project and it is going to be a fantastic facility for women and children. It will be the tenth biggest unit in the country and is due to open next year. There is a busy 12 months ahead. It was noted that the Telford & Wrekin Mayor has raised £45k for education and play facilities at PRH.

The challenges faced during the year included the following :

- The greatest challenge across the health and care sector was coping with one of the worst winters on record. High levels of demand for Urgent and Emergency Care across the NHS led to unacceptable delays for patients, inadequate bed capacity and significant number of patients waiting for discharge and extended waiting times for planning operations. The whole system is now working together on plans for Winter 2013.
- Quality & Safety targets
 - MRSA bacteraemia – The Trust went 500 days without a reported case. C difficile – The Trust achieved the national target (i.e. not to have more than 45 cases). The Government has halved the target for 2013/14 i.e. not to have more than 27 cases and it is recognised that this target will prove challenging to meet
 - Pressure Ulcers – The Trust fell below the national average but there is a plan to eradicate this. A lot of improvements have been made and as a result reductions have recently been seen.
 - Reducing Falls – The Trust had a small number of serious incidents and the CEO said this is an absolute key area to focus on.

CHIEF EXECUTIVE'S REPORT ON THE ANNUAL REPORT AND ANNUAL ACCOUNTS 2012/13 (Continued)

- Putting Patients First : One of the main issues in the media was the 2nd Francis Report which was published in February 2013 and it described appalling suffering of many patients within a culture of secrecy and defensiveness. The Board studied that report in great detail and it has identified where the Trust can make improvements. The CEO gave assurances that the Board was giving this very serious attention.
- The Trust recognises the importance of celebrating the achievements of its staff. In addition to the annual Trust Awards there are monthly Chair's Award, participation in the national NHS Heroes and Chocolate Box Moments to recognise the achievements of our staff.
- The CEO said the Trust could not progress without the support of its Charitable Partners who provide wonderful contributions and benefit each year. The main contributors are League of Friends of the Royal Shrewsbury Hospital, Friends of the Princess Royal Hospital and Lingen Davies Cancer Fund. There are also many more of which the Trust is extremely grateful. Donations during the year included £5 million to the Lingen Davies Centre development and £0.5 million for hi-tech patient monitoring equipment and for a fully-digital breast screening service.
- Through 2012/13 there was major restructure of the commissioning arrangements in England and on 31 March 2012 the "old" SHA disappeared together with the PCTs and we now have new commissioning bodies. SaTH now works in partnership with Shropshire Clinical Commissioning Group (CCG) and Telford & Wrekin CCG working with them to tackle the challenges and problems we face as a whole health economy. Many of the challenges are a product of the whole health and social care system we operate. On the "provider" side we are now accountable to the NHS Trust Development Authority (NTDA) and they are responsible for Trusts that are not yet Foundations Trusts (FTs).

ANNUAL ACCOUNTS 2012/13

The Finance Director (FD) advised that the organisation had a turnover in 2012/13 of £309.4 million and made a small surplus of £81k. Within the NHS the challenge was to deliver £20 billion savings and SaTH's contribution to this was to deliver 4-4.5% (£13.4 million) efficiency savings. Through 2012/13 there was sterling work and commitment from many teams to secure that level of savings which was the first time this scale of savings was delivered. It was however necessary to have support and assistance from our local Commissioners of £5 million transitional support with a carrying position at year end of £3 million recurrent deficit. In terms of expenditure the Trust spent 67% on staff, 17% on drugs and dressings, 10% essential supplies and 6% on other costs.

The Finance Director (FD) said that it was a successful year financially albeit very challenging. He confirmed that the Trust **ACHIEVED** the following statutory financial duties :

- A break even position on the Statement of Comprehensive income. An adjusted retained surplus of £0.081 million was recorded.
- A capital cost absorption rate of 3.5%;
- The Trust's target of £15.299 million was achieved with an actual External Financing Limit £6.951 million.
- In terms of our Better Practice Payment Code – compared to the previous year of 36% – the Trust paid 84% of its suppliers within 30 days
- The Trust's target of £24.749 million was achieved with an actual charge against the capital resource limit of £16.399 million.

The Board **RECEIVED** and **NOTED** the Annual Report and Accounts for 2011/12.

LOOKING AHEAD TO 2013/14

The CEO said that looking ahead the Trust's strategy is "Putting Patients First" i.e. to ensure that the interests of our patients, and providing the best possible care to them, are at the heart of everything we do. In practice this means that the Trust will focus on the following :

Quality & Safety

- Make sure we have the right configuration of safe services for the future;
- Use this as the foundation for excellent outcomes and patient experience;
- Relentless focus on patient safety e.g. reduce serious falls, improve infection rates and eradicate pressure ulcers.

Healthcare Standards

- Improvements in the urgent and emergency care system across health and care, including improved A&E 4 hour performance. In May, June and July 2013 the A&E target of 95% of patients treated within 4 hours was achieved. There was a dip in August but the CEO was hopeful that the Trust can get back on track and it looked promising with 95.1% being achieved last week. The Secretary of State for Health announced a release of money to support A&E in 53 most challenged health economies including SaTH. This has resulted in a greater amount of money than last year and they have released it to plan. A Winter Plan has been signed for with our Commissioning Group colleagues and the CEO felt that this will put SaTH in a much safer position during the course of the winter. If we implement our plan effectively he believes that SaTH will deliver on its targets and also improve the experience for our patients. Internal changes have been made but there is still reliance on the wider health economy to support the Urgent Care system.
- Making the booking and appointment process work better for patients. We have made significant progress but we need to do more to improve our processes and provide better and more customer focused services.

People and Innovation

- Strengthening the values at the heart of the Trust - through recruitment, appraisal, reward and recognition. 120 staff have been engaged in creating a new set of organisational values and these will be launched at the Leadership Conference on 4 October 2013;
- As one of the biggest employers in Shropshire, we aim to improve the health and wellbeing of our staff.

Financial Strength

- Delivering our financial goals to enable us to invest in the future. The CEO said that the Trust has a substantial challenge ahead and it will be tougher than last year. We will try over the next year to get to a position to deliver sustainable surplus to invest in future services and the infrastructure.
- Completing our major capital programme to deliver a state-of-the-art Women and Children's Unit at PRH and also replacement facilities at RSH.

Community and Partnership

- Contributing to wider goals for improving health and wellbeing in our communities;
- Placing our values at the heart of improved customer services and community engagement.

The CEO said that working in partnership with Health and Social Care partnerships and trying to build a sustainable future, one of the key actions is to launch a debate in the next few months, in conjunction with Clinical Commissioning Groups (CCGs) and the Community Trust, to seek the right configuration for the long-term future of our population. There are numerous challenges such as an ageing population, growth in long-term conditions, and also financial and workforce challenges. The aim is to hold a debate to configure our services to provide the best possible outcomes for the long-term.

Our potential to become a Foundation Trust (FT)

There is a national policy for all Providers, including SaTH, to become independent FTs. The Board is committed to becoming an FT but we must first get our basics right i.e. to achieve sustainable delivery on performance targets, achieve financial strength and have no significant quality issues.

2012/1.237 **QUESTIONS AND ANSWERS**

Q1 Roy Norman, Montgomery CHC, asked if the Trust could provide figures to show the average day shift registered nurse to patient ratio. He said there is significant evidence that there is an issue e.g. where there are pressure ulcers due to inadequate staff numbers.

A1 Acting Chief Nurse (ACN) said she should be able to provide this information by ward as individual Wards will vary depending on patient acuity.

Q2 Mr James Moraghue said the Minutes of previous AGM stated that it was the government's intention that all Providers of healthcare would become FTs by April 2014. Has the deadline shifted?

A2 The CEO said there has been a national shift in the deadline due in part to the Francis Report to satisfy quality requirements. It is still very important to us but we have to get the basics right first.

Q3 Mr Sandbach asked who is in charge of the consultation planning process and when will the public have an opportunity to make a contribution? There is a lot of angst in the community and a lot of people do not understand the implications of ITU within the A&E debate.

A3 The CEO said the statutory responsibility lies with the Clinical Commissioning Groups (CCGs) to go to consultation but SaTH needs to work with them to jointly arrive at the right strategy.

Q4 Mr Sandbach asked who is responsible in relation to the 'listening' process?

A4 The CEO said we are close to a timetable for engagement. It is about sharing with the population the challenges we face, to understand and obtain their views with input from professional expertise. The debate will be launched over the next few months to manifest itself into firm proposals which could go out to public consultation during early 2014. The Communications Director further clarified that the GP Commissioners will take part in a "Call for Action" a process required by NHS England to set out what challenges are facing services. The Telford & Wrekin Clinical Commissioning Board and Shropshire Clinical Commissioning Board will receive the "Call for Action" presentation this week at their Board meetings.

Q5 (i) Following a lot of speculation in the Press – when will Stroke Services move back to Shrewsbury? It was moved to PRH on a temporary basis and without any public consultation. If Stroke Services remain at PRH will this mean A&E services must move there as well?

A: The CEO confirmed that the Stroke Services moved temporarily to Telford because of temporary Consultant vacancies and annual leave. The services were centralised in August on to one site and as a result our patients are receiving a speedier stroke service. However, it still remains a "temporary" move. It is a nationally agreed approach that Stroke Services are more efficient when centralised but that decision has not been made in Shropshire yet and it will form part of the debate over the next few months. In the interim we have agreed with the CCGs to continue to run the service on one site whilst a review is undertaken of potential changes. The Medical Director explained that there are different models for acute and hyper-acute stroke provision however no decisions have been made.

(ii) The Press Release on 12 August stated that the Trust is responsible for the people of Shropshire, Telford & Wrekin and did not mention Powys and mid Wales patients who should be considered.

A: The Press Release included a quote from Dr C Moreton who is the Accountable Officer for Shropshire so she would not have included Mid-Wales as this is outside her remit. The CEO gave assurances that the population of mid Wales is absolutely important.

Q6 On issues relating finances, the following points were noted :

- A6**
- The £8 million savings have been internally generated;
 - The money for the Maternity Unit has been earmarked for the development of that unit;
 - £3 million recurrent deficit has been carried forward. This will be addressed in the financial plan for 2013/14. The achievement of 4% efficiency savings in the 2013/14 year will be challenging

- Q7** The cross-border Agreement with Powys made by the former CEO of SaTH around ambulance response times was raised and it was noted that the promised improvements had not been delivered. The question was asked as to how this will be considered in the future reconfiguration plans as if a patient arrives at hospital in a worse clinical condition this impacts not only on the patient but also the Trust in terms of extended length of stay.
- A7** The CEO said that SaTH had not observed any direct consequences/deterioration in Ambulance Services. The COO added that Ambulance turnaround times are reported to the Board but delays in transfer to hospital would not be monitored by the Trust, however the CCGs regularly monitor Ambulance times.
-

The meeting closed at 4.10 pm

Annual General Meeting

12 September 2013

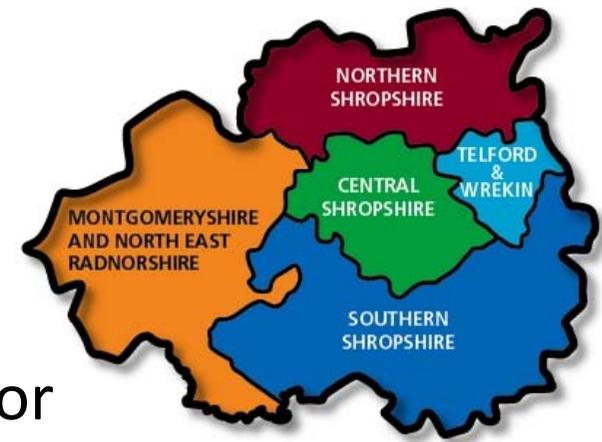


Overview

- Who we are
- Our main achievements and challenges during the year
- Our priorities for the year ahead

About The Trust

- We are the main provider of acute hospital services for half a million people in Shropshire, Telford & Wrekin and mid Wales
- We have two main hospital sites: Princess Royal Hospital and Royal Shrewsbury Hospital
- We have four other registered locations for maternity services and outreach clinics: Wrekin Community Clinic, Bridgnorth Hospital, Ludlow Hospital, Robert Jones and Agnes Hunt
- We employ over 5000 staff and have a turnover of just over £300m



Key facts and figures for 2012/13

- 53,000 elective and daycase episodes
- 44,000 non-elective inpatient episodes
- 111,000 A&E attendances



- 6,800 maternity episodes
- 343,000 consultant-led outpatient appointments

Achievement, developments and challenges during the year



Lingen Davies Centre

State of the art facilities for adults with cancer

- Our new Lingen Davies Cancer Centre development is transforming the patient care environment for chemotherapy and haematology patients.
- The Chemotherapy Day Centre opened to patients in April 2012 with the Centre fully opening in September 2012
- Generous support from Lingen Davies, League of Friends of the Royal Shrewsbury Hospital, Shropshire Blood Trust Fund and Shropshire Head & Neck Charity



Putting Patients First

Building the Future

New Women and Children's Facilities at PRH & RSH



- Full Business Case approved in May 2012
- Building work under way, with a Topping Out ceremony later this month
- New facilities set to open next year
- Preparatory work has begun at RSH
- Telford & Wrekin Mayoral appeal raised £45,000 for education and play facilities



Putting Patients First

Providing Timely Care

A challenge across the health and care sector

- High levels of demand for urgent and emergency care across the NHS
- Unacceptable delays for patients
- Inadequate bed capacity and significant number of patients waiting for discharge
- Extended waiting times for planned operations
- Other areas of performance – cancer, access, waiting times for outpatients appointments
- Whole system working together on plans for winter 2013



Putting Patients First

Focusing on Quality and Safety

Safety, Outcomes and Experience for Patients



- Infections:
 - MRSA
 - C.diff
- Pressure Ulcers
- Reducing Falls



Putting Patients First

Putting Patients First

A relentless focus on the interests of our patients

The Francis Report was published in February and describes appalling suffering of many patients within a culture of secrecy and defensiveness.

Throughout the NHS we must ensure that the principles set out within the Francis Report guide the future of health and care:

- Emphasis on and commitment to common values throughout the system by all within it
- Readily accessible fundamental standards and means of compliance
- No tolerance of non compliance and the rigorous policing of fundamental standards
- Openness, transparency and candour in all the system's business
- Strong leadership in nursing and other professional values
- Strong support for leadership roles
- A level playing field for accountability
- Information accessible and useable by all allowing effective comparison of performance by individuals, services and organisation.



Celebrating our Staff

Recognising passion and commitment



Our annual Trust Awards celebrate achievement throughout the year to meet our goals on behalf of our patients and communities



Our monthly Chair's Award celebrates people who truly represent the values at the heart of the NHS and care



Our regular NHS Heroes and Chocolate Box Moments provide an opportunity to celebrate people who make a positive difference throughout the year

Putting Patients First

Our Charitable Partners

A wonderful contribution to local health services

- Our patients and staff benefit from hundreds of thousands of pounds each year through fundraising and donations to the Trust charity and to our partner charities, including the
 - League of Friends of the Royal Shrewsbury Hospital
 - Friends of the Princess Royal Hospital
 - Lingen Davies Cancer Fund
- Donations during the year included completing the £5m Lingen Davies Centre development and £0.5m for hi-tech patient monitoring equipment and for a fully-digital breast screening service



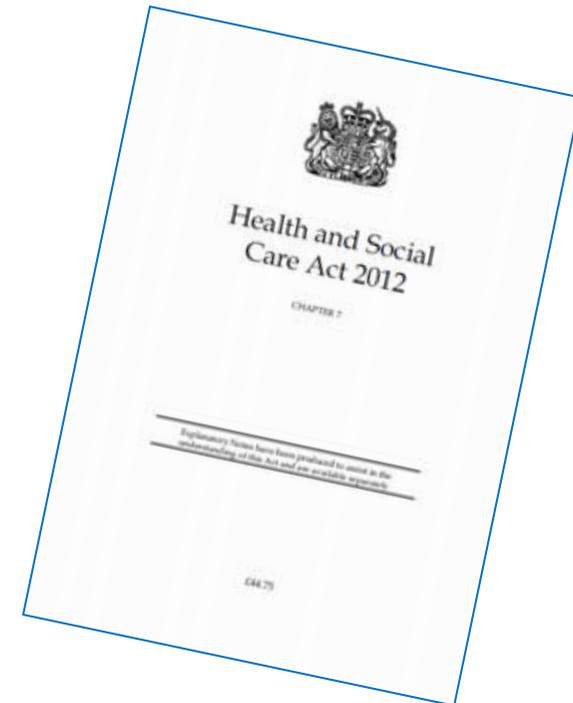
Changing Context

Health and Social Care Act 2012

This year saw one of the biggest changes in the structure of the NHS since it was established 65 years ago.

As a provider of health services, this means:

- Establishing our relationships with the new Clinical Commissioning Groups responsible for commissioning hospital services
- New accountability arrangements via the NHS Trust Development Authority to the Secretary of State for Health, which is responsible for supporting us on our pathway to NHS Foundation Trust status
- Working as part of a new framework of local and public accountability with Local Healthwatch and Health and Wellbeing Boards
- Recognising the changing roles of the Care Quality Commission and Monitor, and the responsibilities of NHS England to set the priorities for commissioners across England
- Continuing to work with Local Health Boards, Community Health Councils and other partners in Wales



Putting Patients First

Finance: 2012/13 Headlines

Turnover	£309.4m
Surplus	£81k
Efficiency Savings	£13.4m
Transitional Support	£4.96m
Carrying Position at year end	£3m recurrent deficit
Capital Programme	£16.4m
Expenditure	67% Staff
	17% drugs, dressings etc.
	10% essential supplies
	6% other costs (e.g. PDC, CNST)

Finance: Statutory Duties

Achieve break-even	✓
Achieve capital cost absorption rate of 3.5%	✓
Operate within external financing limit	✓
Operate within capital resource limit	✓

Looking Ahead



Our Strategy: Putting Patients First

To ensure that the interests of our patients, and providing the best possible care to them, are at the heart of everything we do

Quality and Safety

Providing the best clinical outcomes, patient safety and patient experience

Healthcare Standards

Delivering consistently high performance healthcare standards

People and Innovation

Striving for excellence through people and innovation

Community and Partnership

Improving the health and wellbeing of our community through partnership

Financial Strength

Building a sustainable future

Putting Patients First

What does this mean in practice?

Quality and Safety

Providing the best clinical outcomes, patient safety and patient experience

Making sure we have the right configuration of safe services for the future

Using this as the foundation for excellent outcomes and patient experience

Relentless focus on patient safety – e.g. falls, infections and pressure ulcers

Healthcare Standards

Delivering consistently high performance healthcare standards

Improvements in the urgent and emergency care system across health and care, including improved A&E performance

Making the booking and appointment process work better for patients

People and Innovation

Striving for excellence through people and innovation

Strengthening the values at the heart of the Trust, including through recruitment, appraisal, reward and recognition

Improving staff health and well-being

Community and Partnership

Improving the health and wellbeing of our community through partnership

Contributing to wider goals for improving health and wellbeing in our communities

Placing our values at the heart of improved customer service and community engagement

Financial Strength

Building a sustainable future

Completing our major capital programme to deliver a state-of-the-art women and children's unit at PRH and replacement facilities at RSH

Delivering our financial goals to enable us to invest in the future

Putting Patients First

Thank You