

The Shrewsbury and Telford Hospital NHS Trust

ANNUAL GENERAL MEETING

Held on Thursday 13 September 2012 at 3 pm in
the Lecture Theatre, Education Centre, Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Vice-Chair (NED)
	Mr D Jones	Non Executive Director (NED)
	Dr Peter Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
	Mrs D Vogler	Director of Business & Enterprise (DBE)
	Mr S Peak	Transformation Director (TD)
	Miss V Maher	Workforce Director (WD)
Mrs S Bloomfield	Deputy Chief Nurse (DCN)	
In attendance	Mrs B Graham	Committee Secretary
Apologies:	Dr J Davies	Chairman
	Mr B Simms	Non Executive (NED)
	Mrs V Morris	Director of Quality & Safety/Chief Nurse (DQS)
	Dr A Fraser	Medical Director (MD)

2012/1.101 WELCOME AND NOTE OF APOLOGIES

The Vice-Chair welcomed everyone to the meeting and he especially welcomed the new Chief Executive, Peter Herring. He advised that this meeting would receive the Annual Report and Accounts for the period 2011/12. Apologies were noted as above.

2012/1.102 MINUTES OF THE AGM MEETING HELD ON 15 SEPTEMBER 2011 were ACCEPTED as a true record.**2012/1.103.1 CHIEF EXECUTIVE'S REPORT ON THE ANNUAL REPORT AND ANNUAL ACCOUNTS 2011/12**

Peter Herring (CEO) explained that as this was his first week in post he had asked Steve Peak, who had been Acting CEO for a number of months - and for which the organisation was very grateful - to speak to this item.

Steve Peak (TD) introduced the Annual Report and Annual Accounts 2011/12 and gave a PowerPoint presentation (*copy of slides attached to the minutes*).

It was noted that 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. In addition, this year's report supports the transition to NHS Foundation Trust status by incorporating significant elements of annual reporting guidance for NHS Foundation Trusts, including enhanced information about sustainability, and further information about the employees of the Trust including a diversity profile and staff survey results.

Steve Peak explained that he would give a review describing the main achievements and challenges during the year and the priorities for the year ahead; he would then hand over to Neil Nisbet, the Finance Director, to cover the financial elements.

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Chairman
27 September 2012

CHIEF EXECUTIVE'S REPORT ON THE ANNUAL REPORT AND ANNUAL ACCOUNTS 2011/12 (Continued)

Key facts and figures during 2011/12 included 56,000 elective and day case episodes, 42,000 non elective inpatient episodes, 110,000 A&E attendances, 6,700 maternity episodes and 347,000 consultant led outpatient appointments.

Changes in the Trust Board membership during the year included :

- Neil Nisbet, Finance Director commenced his role at the start of the year;
- Tina Cookson left as Chief Operating Officer in October 2011 and Andrew Stenton joined in an interim capacity. A permanent appointment is due to be made this month.
- Sue Assar concluded her term of office as Non Executive Director and recruitment is under way to fill that vacancy.

Achievements during the year included :

- Lingen Davies Centre opened to patients in April 2012 and will be fully operational next week – it is a magnificent looking building and with fantastic staff it will transform the patient care environment for chemotherapy and haematology patients. A huge “thanks” went out to Lingen Davies, League of Friends, Shropshire Blood Trust Fund and Shropshire Head & Neck Charities who have fund raised tirelessly to build and equip the new Centre.
- New RSH Trauma Unit – evidence has proved that if major trauma is concentrated it will save lives. RSH now has a vital role as a Trauma Unit in the new regional major trauma care network. It works closely with Major Trauma Centres in Stoke and Birmingham and plays a key role in this system to make sure we maintain vital emergency services in Shropshire. PRH continues to provide emergency services as a Local Emergency Hospital.
- Reconfiguration – there has been lots of consultation over a period of 2-3 years to try to understand and reconfigure services to make them safer. Following approval of a Full Business Case shortly after year end, we have now seen a culmination of some of these changes e.g. Head and Neck Inpatient facilities is now in place at PRH and is exceptional, and a new Surgical Assessment Unit and Surgical Short Stay ward has been launched at RSH. Building work is underway to create a new Women and Children's Unit at PRH by 2014. Again a huge “thank you” goes out to all the staff and stakeholders who have been involved and adapted to these changes.
- Focus on Quality – is crucial – and includes protected mealtimes, comfort rounds, Executive patient safety walkabouts, Ward to Board feedback, using patient feedback to drive improvements in services, strengthened corporate nursing team to provide leadership, matrons in place across our Clinical Centres and introduction of Safety Thermometer to focus improvement on the areas that are the biggest causes of harm to patients across the NHS.
- Reducing in-hospital mortality – great strides have been made since March 2011 and we are now below what is the average for organisations around the country.
- Healthcare Associated Infections – figures over the last 5 years show a significant improvement in cases of MRSA bacteraemia.
- Reduction in Waiting Times – as a result of hard work and commitment we have now met the national target levels but our task will be to maintain these
- A & E 4 hour wait performance – Our performance is patchy and we have to work much harder with our partners to ensure patients are treated in a timely fashion.

Looking Forward

- We will continue to deliver our commitments on hospital configuration,
- We will work more closely with Shropshire Community Health NHS Trust and other partners to provide joined up care for our patients.
- We will continue to drive down waiting times and make sure it is sustained
- We will work hard to reduce pressure ulcers and patient falls.
- In terms of financial challenges – we have to work harder to deliver greater quality whilst living within our means.
- Leadership will be crucial in developing relationships between new GP Commissioners and our Clinical Centre Chiefs to create the best possible care for patients and communities within the resources available.
- We will continue our journey to be a safe and sustainable NHS Foundation Trust that Puts Patients First.

On behalf of the Board, Steve Peak thanked all those individuals and teams for their hard work in providing the services we have and also all the supporters of SaTH.

2012/1.103.2 ANNUAL ACCOUNTS 2011/12

The Finance Director (FD) introduced the Annual Accounts 2011/12 and advised that it had been a very difficult year financially. As described in the AGM minutes from September 2011, the organisation faced at the start of the year a validated underlying recurring deficit in 2011/12 of £14.4 million. Although significant cost savings plans were identified and delivered, the Trust received £6.5 million financial support during the year. Through this programme of support and delivery, the Trust ended the year in a recurrent financial balance (a small financial surplus of £59,000).

Whilst managing the underlying deficit in 2011/12 of £14.4 million the Trust was also required to take significant actions to address a major waiting list problem and address issues around safety where a significant piece of work was undertaken to look at staffing numbers in terms of nurses, consultants and doctors. Since that time the number of patients on the waiting list has fallen dramatically and that was made possible by the fantastic work of people in the Trust.

For 2012/13, the FD said the position will be similar with really tight and difficult challenges and like other Trusts we will be required to fund our own inflationary pressures, live within our own means and look to the Cost Improvement Programme to enable us to deliver financial balance and create sustainability for the years ahead.

The Trust now included the League of Friends from both sites into the Capital Planning Group to help to address the serious challenges, and we are very grateful to them for their ongoing support and in the role they are now playing. The Trust had also achieved a planned underspend of £31 million against its £10.2 million capital budget.

In 2011/12 the Trust managed to secure £35 million to underpin major capital development at PRH in respect of the Maternity Services. The building work has started and when completed will be a major improvement on existing facilities.

ANNUAL ACCOUNTS 2011/12 (Continued)

The Trust **ACHIEVED** the following statutory financial duties :

- A break even position on the Statement of Comprehensive income. A surplus (before asset impairments and impact of donated assets) of £59k was recorded.
- A capital cost absorption rate of 3.5%;
- The actual External Financing Limit placed on net borrowing of £1,027K. There are plans in place for 2012/13 to improve our cash position which will be vital in supporting our FT application.
- 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 £10,200k with an actual charge against the capital resource limit of £9,200k.

The FD said that although 2011/12 was a challenging year, the Trust did tremendously well but 2012/13 will be as challenging as 2011/12.

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

2012/1.105 QUESTIONS AND ANSWERS

Q1 Car Parking – have you made a decision on increasing charges?

(Question from a lady representing 106 members of the British Lung Association in Telford.)

A1 The Board has not yet made a formal decision. We are going through consultation and we have received lots of wide ranging feedback. It is recognised that the experience of parking is stressful for patients. The Trust is also consulting with staff in terms of charges for staff car parking.

Q2 Is the funding of the Maternity Unit a PFI?

A2 The FD said that SaTH will receive a sum of money from the Department of Health to be used in the building structure, it is not a PFI.

Q3 Access to Car Parking in the hospital grounds

A gentleman said he has been involved in patient surveys for a number of years and every time the subject of car parking is raised and the fact that patients get very harassed before they even get into the hospital having to continually drive around to find somewhere to park.

A3 The Vice-Chair said it is very difficult to find a solution. We hope the new system will be better but a final decision has not yet been made.

Q4 Is Foundation Trust status a major objective of the Board and if so what is your timescale?

A4 The CEO said that FT status is a major objective and it is an absolute requirement of the government's policy. The government's intention is that all providers of healthcare will become an FT by April 2014. The alternative is to merge with another organisation and no one wants this to happen.

Q5 Quality of Care and Mortality

Miss Wright referred to the report and raised the issue concerning her mother's care and ultimate death some years ago. She briefed the Board again on her grievances. The case eventually went to the Ombudsman.

A5 Steve Peak said that we have to recognise where we were not delivering best possible care and the indicators within the slide presentation showed our commitment to make it better. He assured her that SaTH is absolutely committed to become a better Trust and her comments will be used constructively. If there had been mistakes in the past we will try to do better. The Vice-Chair said that the Board was very grateful for her comments and aid that there is a lot of work going on to try to improve patient pathway for those coming in to hospital and being discharged as we must do better. The Vice-Chair added that the Board was grateful for her attendance and her points were noted.

The meeting closed