

The Shrewsbury and Telford Hospital NHS Trust

ANNUAL GENERAL MEETING

Held on Thursday 12 September 2013 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.

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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.
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The meeting closed at 4.10 pm