

TRUST BOARD MEETING
Held 1pm Thursday 1 December 2016
Seminar Room 5, Shropshire Conference Centre, RSH

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr P Cronin Mr H Darbhanga Mr C Deadman Mr B Newman Mr S Wright Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Director of Nursing and Quality (DNQ) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
In Attendance	Miss V Maher	Workforce Director (WD)
Meeting Secretary	Mrs S Matthey	Committee Secretary (CS)
Apologies:	None	

2016.2/159 WELCOME:

The Chair welcomed the Board members and members of the public who were reminded that the Board meeting is a meeting held in public rather than a public meeting.

Due to the nature of the current debate relating to the future provision of hospital services, the Chair proposed to hold discussions relating to the Sustainable Services Update/Proposed Outline Business Case, Future Fit and the Financial Recovery Plan as the Board's first public agenda items; he advised that he would then invite questions at the end of those items.

The Board confirmed that they were comfortable with that approach.

2016.2/160 BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest and noted there were no changes to declare.

2016.2/161 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 29 SEPTEMBER 2016

The DNQ highlighted that the lady referred to in the Patient Story was named Mary Ann 'Bruce' rather than Mary Ann 'Bryce'. **Action: Committee Secretary to amend**

The remainder of the minutes were APPROVED as a true record.

2016.2/162 ACTIONS / MATTERS ARISING FROM MEETING HELD 29 SEPTEMBER 2016

..... Chair
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2016.2/133.1 – Matters Arising 2016.2/31.3 – Patient Experience Strategy
DNQ to present full Patient Experience Strategy to future Trust Board
Deferred to February 2017 Trust Board. Action: DNQ Due: 2 February 2017 Trust Board

2016.2/133.11 – Matters Arising 2016.2/116 – Outline Business Case
FD to present Outline Business Case to future Trust Board
ACTION CLOSED As per minute 2016.2/165

2016.2/134 – Matters Arising 2016.2/126.3 – Update regarding Nursing Overtime
WD to provide update to future Trust Board in relation to nursing overtime
 The WD reported that some investigations have been undertaken which has shown that rotas are published; it has been tested out with a number of areas which has not highlighted any issues with regard to pressure being placed on nurses to fill overtime.
Completed. ACTION CLOSED.

2016.2/148 – SATH 2016/17 Winter Plan Update
CEO/EDs to hold further discussions outside of Board meeting with an intention of moving swiftly to a decision.
ACTION CLOSED As per minute 2016.2/175

2016.2/154.1 – 2015/16 Annual Report – IPC
DNQ to relay Board's comments to the IPC team regarding the high level of the IPC Annual Report.
Completed. ACTION CLOSED.

2016.2/163 CHIEF EXECUTIVE OVERVIEW

The CEO provided a 'View from the Bridge':

- 2016.2/163.1** He advised the members of the Board that he had attended a Nuffield Symposium about health care in rural settings and the special circumstances and impacts that affect rural communities.
- 2016.2/163.2** The CEO had been invited to speak at the national Patient First Conference held during November 2016; he spoke of the progress and strategic learning being undertaken within the Trust through the Virginia Mason Institute and Transforming Care Institute teams, with a special focus on the work involving improving sepsis care.
- 2016.2/163.3** Three new Consultants have been appointed to the Trust; these are in Vascular, Cardiology and Respiratory Care. The CEO informed the members that SaTH's vascular outcomes are better than the national average and he highlighted the importance of retaining these services although our population catchment area is smaller than some urban areas.
- 2016.2/163.4** The Trust has significantly improved its End of Life Service and over 250 people attended the recent End of Life Conference, which focused on the message that there is only one chance to get this right.
- 2016.2/163.5** Baroness Cumberledge, Chair of the NHS England commissioned Maternity Review which sets out wide-ranging proposals designed to make care safer and give women greater control and more choices, recently spent two days with the organisation and shared a good report, which is excellent to receive from a national figure. She also visited the Transforming Care Institute to observe at first hand the work being done by SaTH in partnership with the Virginia Mason Institute
- 2016.2/163.6** SaTH also held its fifth Leadership Conference during November 2016 which was very well received with inspirational speakers who stressed the importance of safety and kindness in leadership.

..... Chair
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- 2016.2/163.7 The CEO highlighted that the Trust was concerned at the recent Never Events that occurred but reported that it is an opportunity for the organisation to learn from its mistakes. Mr Cronin (NED) reported that he felt encouraged by those members of staff who felt empowered and safe to hold their hands up where mistakes had been made. Further detail as per minute 2016.2/176.
- 2016.2/163.8 The CEO provided an update in relation to the development of the Leadership Compact – this relates to all grades and groups of staff within the organisation and sits naturally with the Trust Values.
- 2016.2/163.9 There has also been an opportunity since the last Board meeting to soft-launch SaTH's Leadership Academy which will be used as a platform to support staff and promote the learning for a safer and kinder culture.
- 2016.2/163.10 The CEO attended the recent Ludlow Health Forum and conversed with the public with regard to the present and future services.
- 2016.2/163.11 The CEO highlighted the winter planning process in the local health economy and reported that the Trust is looking forward to working with its partners to ensure SaTH is not required to cope with the additional pressures without support from its partners.
- 2016.2/163.12 The CEO celebrated the work being undertaken throughout the Trust with the Virginia Mason Institute.

TRANSFORMATION

2016.2/164 SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

The CEO presented a paper, in his role as CEO of the Trust, one of the partner organisations, rather than in his role of STP Chair. He reported that there is widespread consensus that our health and social care services need to change if they are to be sustainable in future. Demand continues to grow and funding is not keeping pace, placing increasing pressure on all services – particularly hospitals, general practice and social care. Some of the ways in which patients are cared for needs to change to reflect changes in technology, changes in practice, and changes in the financial situation. The Sustainability and Transformation Plan (STP) sets out how the local health and care economy aims to achieve this over the next five years.

Shropshire, Telford and Wrekin is one of 44 national 'footprints' that have been requested by NHS England to draw up STPs to transform local health and care systems to create services that are clinically and financially sustainable. Proposals for the reconfiguration of hospital services (Future Fit) form one part of the STP. Our STP is unique in that Wales is represented in the STP through Powys Teaching Health Board and Council

The STP sets out plans to invest £33m over the next 4 years across a range of services. The priorities include:

- Further investment into our hospitals that will ensure they are offering state of the art facilities for every patient
- The protection of emergency services now and into the future
- The use of technology to help patients in rural communities,
- Offering support to GPs to establish place based care solutions that help our over committed teams in primary care
- Exploring options to reduce traveling for patients to access planned treatment and assessments by establishing Centres of Excellence in both hospitals
- Cutting red tape, reducing admin, simplifying access and helping navigate families through complex care options.

..... Chair
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The STP is not yet a finished product. All sensible plans need to respond to changes in circumstances and to evolve as new information becomes available. The STP Partnership Board is conscious that not all the financial challenges facing local organisations have been resolved and not all the detail for neighbourhood schemes as been worked up. However, all organisations have agreed to work through these together and not leave any organisation or community isolated and unsupported.

Our local STP is to be revisited and resubmitted by 22 December 2016.

The CEO reported that it is a live document and will continue to develop and adapt over the years. He reported that he will publish updates on the Trust website on a monthly basis.

The Chair highlighted that the Trust has previously been relatively isolated; however, following discussion, the Board recognised the support being provided to continue to develop a clinically sound and financially sustainable local health and care economy, which would support networks and a cohesive approach to health and social care.

2016.2/165 SUSTAINABLE SERVICES UPDATE & PROPOSED OUTLINE BUSINESS CASE & COMMENCEMENT OF CONSULTATION

Following a video presentation and accompanying papers, the FD reported that the Board were required to receive and formally accept the proposed Outline Business Case (OBC) which has been presented and discussed at the Sustainability Committee, as a sub-committee of the Board.

The OBC describes the case and the delivery of care at either location (RSH or PRH). An independent data set has been completed by external auditors Deloitte; the document fully meets the requirements of the Department of Health and the Treasury but won't proceed until full public consultation has been completed.

The Chair highlighted that the role of the Board is to ensure:

- The process was robust; and
- The process going forward is robust
- If there are other elements on which this depends
- How is a decision made regarding the geographic choice

The members were assured that the clinical model being presented is one that could be delivered; there has been vast amount of clinical engagement which has been very well received and supported by senior clinicians, following high levels of challenge which had led to changes and adaptations to the proposals. The DNQ and MD fully supported the FD in this discussion.

Mr Deadman (NED and Chair of Sustainability Committee) reported that he also supported the FD, following discussions at the recent Sustainability Committee which involved a large number of nursing and medical staff.

Mr Newman (NED) raised the Northumbria Healthcare NHS Foundation Trust which was one of only three organisations to spearhead work to develop new ways of working. It was reported that two of the Trust's senior Care Group Medical Directors were visiting the Northumbria Trust to obtain an insight to what has worked well to incorporate into clinical developments at SaTH.

Mr Cronin (NED) highlighted that the West Midlands Clinical Senate is a required part of the process and a number of external clinicians are required to independently review the model to provide additional assurance about the robustness of the clinical arguments. The CEO reported that the Future Fit Board will receive the Clinical Senate report / conclusions within the next week; the findings from this will also form part of the public consultation.

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SaTH's Sustainable Services Team will continue to work to timescales on the OBC as it moves to full Business Case stage.

The Chair enquired if the Trust is testing the hypothesis proposed by the Programme Board as their preferred recommendation; the FD assured the Board that he and the Sustainable Services team feel comfortable with the process going forward. It was confirmed that the Future Fit Programme Board had made a recommendation around the preferred sites; Shrewsbury for Emergency Care and Women & Children's services and Princess Royal for Planned Care. This proposal will be presented to the CCGs Joint Committee next week and will be recommended to be included as part of the consultation process.

The Chair raised questions around Community Fit and the progress made by the CCGs in relation to this aspect. The FD reported that work has been undertaken and further work will continue regarding the community fit / neighbourhood aspect.

Mr Cronin (NED) felt there is a lack of robustness around Community Fit and developing more sustainable services should commence now, irrespective of the OBC; the COO supported this approach and echoed that the bigger part of the story is out in the community. The MD also highlighted the management of frail and elderly patients and their lengths of stay in hospital. He highlighted that it is critical that this is well managed from a quality and safety perspective and he agreed with the need to align more closely with our community colleagues.

The Chair highlighted that the Trust is in a fragile situation and queried the 'fall-back' position if assumptions around activity were overly ambitious.

The FD reported that there is potential risk, however the whole development allows for phased building and capacity. The organisation cannot adopt a position of no change; it needs to focus on the positives of this process and moving forward; there is potentially a £300m investment in Acute Services in the county.

Overall, the Chair highlighted that if the model is capable of saving many lives and the hypothesis stands up, it would be a sin not to progress it due to geographical partisan priorities.

Following discussion, the Board RECEIVED the Sustainable Services Update and REVIEWED and APPROVED the Proposed Outline Business Case and Commencement of Consultation.

The Board APPROVED and ADOPTED the Future Fit Programme Board preferred option

2016.2/166 FUTURE FIT

The CEO presented a paper from the Future Fit programme Director, (who was unable to attend the meeting), which provided the revised key milestone timeline and next steps for the Future Fit Programme, which is very challenging.

It is proposed that the Shropshire/Telford & Wrekin CCG formal public consultation commences on 5 January 2017 – March 2017 (TBC); however should for any reason the public consultation not be able to start by 5 January, the Programme will need to take advice and consider its options; undertaking a split public consultation with a break during the purdah period or delaying the consultation until after the election process. In considering these alternative approaches, the Programme will need to take account of the risks and consequences of such a further delay. It is likely that at best this would result in a 3-4 month delay in reaching a final decision on a preferred option.

The Board discussed the public consultation and agreed that the Future Fit Communications Team would be required to provide assurance with regard to the process and liaison with the communities.

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Following discussion, the Board NOTED the revised timeline for the Future Fit Programme and agreed to receive an update at the February 2017 Trust Board.

Action: CEO Due: 2 February 2017 Trust Board

2016.2/167 FINANCIAL RECOVERY PLAN

The FD presented a paper which reported that it is forecast that the Trust will record an overspend without corrective action of £12.334m. This deficit being circa £6.0m in excess of the agreed control total with NHSI.

In order to remove the excess and deliver the agreed total, Care Groups have been asked to identify further cost savings for implementation from 1 November 2016 to the end of the 2016/17 financial year. This would include pay savings amounting to £800k per month. This level of saving being possible because the average level of pay spending per month in respect of temporary staffing amounts to £2.66m. Achieving this level of pay reduction generates £4m.

In order to achieve this target, the Trust is required to reduce the level of temporary staff from the existing 501 whole time equivalent (WTE) to a revised number of 350 WTE. This amounts to a 2.8% reduction in staffing levels as compared with the total numbers of staff employed by the Trust in the month of September 2016.

In addition to pay savings, Care Groups are also requested to identify schemes to reduce non pay spending between November 2016 – March 2017 by 4.5% and in doing so realise cost savings totalling £2m by reducing average monthly non pay spend by £400k per month.

The FD reported that good progress is being made in achieving this with regards to the nursing spend, although this has not been realised with the medical agency spend. Work is ongoing to reduce the amount of spend, in a planned way.

The FD pointed out that the Appendices contained opportunities identified by the Care Groups that have been classified into three categories;

- Tier 1 – schemes that are low risk and within the control of the care Group to implement
- Tier 2 – schemes that are medium risk and need the support/guidance of the Executive Team to implement
- Tier 3 – schemes that are higher risk and need the support of the Executive Team/Trust Board to implement

The members were also informed that the organisation has currently been unable to secure full winter funds; however conversations are ongoing with Shropshire commissioners to try to resolve this.

The MD highlighted that further detail of the schemes was available from the appendices and he, along with the DNQ and COO, continue to work through every detail in a bid to achieve the cost savings.

The members were informed that the December Sustainability Committee held discussions in relation to the initiatives/schemes. Mr Darbhanga (NED) felt there was a positive approach and the members demonstrated a great sense of ownership.

It was reported that a full Quality Impact Assessment (QIA) has been requested to be undertaken on all schemes with regard to the challenges from a quality and safety perspective; this will look at three domains which include patient safety, clinical effectiveness and patient experience.

Mr Newman (NED) highlighted that the paper did not identify any proposals in cost savings for administration; the FD reported that this is included in the Trust's main Cost Improvement Programme (CIP). The paper today represented the additional savings required to achieve the Trust's agreed control total.

..... Chair
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The DNO raised concerns about quality and safety when both hospitals are under pressure and the limit to what more can be done in clinical areas without compromising the quality and safety of care. Mr Cronin (NED) highlighted that quality and safety must clearly be the organisations top priorities and must not be compromised; he therefore suggested that the Board creates a framework to ensure clarity of what is being applied.

The CEO highlighted that the realignment of services in the Outline Business Case are brought into stark reality from the financial plan discussions and it is clear that the organisation is currently 'behind the curve', rather than 'ahead of the curve'. He reported that improvements will take time but include:

- The Trust's third VMI Value Stream is around Recruitment;
- The Trust is working with the CESR Programme to support training programmes of medical staff
- The Trust is working with Wolverhampton around the removal of nurse bursaries
- The Trust is also working with UHNM (Stoke), as well as the Severn Hospice

Following discussion, the Board SUPPORTED and APPROVED:

1. The schemes for implementation (with a positive amount estimated in the forecast column of Appendix 1. Those not for implementation have a negative figure in the shortfall column of appendix 1, indicating that although put forward, they will not be implemented eg renal service at Ludlow); and
2. Requested that further schemes be developed by the Care Groups to enable the full £6.0m target to be realised

The Chair invited questions from the members of the public at this point:

2016.2/168

QUESTIONS FROM THE FLOOR

- Q1 A member of the public requested confirmation that the dialysis service in Ludlow will continue to function, as well as the funding for three rural maternity units after April 2017.
- A1 *The FD confirmed that the dialysis scheme has **not** been approved in the financial plan. The CEO reported that the Trust was unable to provide an absolute answer in relation to the maternity units as a clinical process is required to be undertaken with the clinical teams; the public will then be involved in deciding the outcome.*
- Q2 A gentleman voiced his concerns that the public consultation is referred to as a 'communications exercise'
- A2 *The Chair highlighted that it is easy for it not to be right and the Board is keen that the process is a good one and will work with Future Fit to ensure the consultation is real and fit for purpose.*
- Q3 A member of the public
- wished the DNO well in her future following the recent news that she will be stepping down from April 2017
 - reported that she had attended a VMI workshop where the VMI Facilitator rolled out the safety element of it rather than the efficiency model which equates to 'time'; she highlighted that 'time' could equate to death which was her argument for retaining both A&E services at PRH and RSH; and
 - highlighted a flaw in the model which is not reflected in the STPs relating to 'evidence' which was anecdotal. She believes that this raises dangers and concerns of a fragmented case.
- A3 *The CEO reported that he would like to hold a further conversation regarding the VMI and safety matter as this is one of the benefits of the work being undertaken throughout the organisation; he also highlighted that VMI is acknowledged as one of the safest hospitals in the world. The CEO invited the public to attend one of the VMI Report Out sessions which are held each Friday to gain a clearer understanding of the work being undertaken.*

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Q4 Ms Gill George reported that she was in attendance as a retired clinician. She informed the members that she had read the STP and felt that the Trust was picking out the 'good news stories'. She highlighted that 350 job losses has not been reported; she also mentioned that previous discussions in relation to the Northumbria Trust (minute 2016.1/165) did not report that it was supported by six community hospitals and three District General Hospitals.

Ms George felt the modelling has improved since the original Strategic Outline Case (SOC) but there needs to be confidence that the Urgent Care Centre (UCC) can deliver as she feels the Emergency Centre will be too small and patients will be put at risk. She urged the Trust to look at the evidence base.

A4 *The Chair thanked Ms George and it was confirmed that the above challenges will be dealt with during the public consultation.*

In relation to Ms George's quote regarding job losses; the members were assured that this relates to agency and locum roles as the Trust currently has a very high reliance on agency staffing and pays a premium equivalent to these numbers.

In relation to the financial recovery plan; Ms George was informed that the schemes that will proceed are schemes that can be progressed quickly, at this stage of the financial year.

Q5 Ms Sylvia Jones strongly felt further evidence is required in relation to the OBC; and the community aspect is vital. Ms Jones highlighted her concerns that she was staggered to learn that it is not definite that the Trust will receive a £300m investment and enquired if the organisation has a Plan B.

A5 *The CEO assured the members that there is a further proposition to be developed in relation to community fit and neighbourhood schemes, but the Trust is currently working with the £300m capital proposal following three years of work.*

Q6 A gentleman highlighted his concerns in relation to the geographical tensions of the two A&E Departments and questioned the purpose of the Future Fit exercise. He also reported that there have been cuts in community funding for a number of years.

Following discussion, the Chair offered the public to obtain 'Questions/Comments' cards from the Trust Communications Team if they had any questions unanswered (none were taken).

2016.2/169 VIP AWARD

The WD informed the members that this was the first month for presenting the Values in Practice Award; which, going forward, will be celebrated every month, recognising the fantastic work that our staff do to support patients and their families every single day.

The WD introduced Dave Chan, Estates Site Manager at PRH, who had nominated Graham Moore who also works in the Estates Department at the Princess Royal Hospital. Dave said:

"Graham embraces the Trust Values of Make it Happen, Proud to Care and Together We Achieve. He has the most positive attitude you will ever find and the ability to influence the whole Works Department and create a positive atmosphere.

Graham has taken the organisational principles taught by the Trust's Transforming Care Institute to transform the Stores department at PRH into a highly efficient and cost effective operation.

The work Graham has done is saving the Trust money, by reducing the stock we have to just what we need.

He is just a great person to work with. He's flexible, open to change and willing to do anything that is asked of him. I have never once heard him say 'that's not in my job description'."

Mr Moore received an Award, Certificate and £50 vouchers and said "I love my job and I love coming to work'.

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Every month, each Care Group at the Trust will put forward their own monthly VIP Award winner from all those nominated, and each of these will be considered for the overall monthly award.

Care group winners this month were: Jackie Jones from Ward 32S at RSH (Unscheduled Care); Matthew Jacques from Endoscopy (Scheduled Care); Kathy Stubbs from Maternity (Women and Children's) and the Chemotherapy E-Prescribing Team from Oncology and Pharmacy, made up of Debbie Knott, Joe Caulson and Mike Arthur (Support Services).

2016.2/170

PATIENT STORY

The DNO welcomed Karen Breese, Dementia Lead, to the meeting who presented a voice recording of the family of a mother who had been cared for by the Trust. They reported that their 89-year old mother had been in a care home following a stroke which had brought on vascular dementia; however, their mother had been admitted to A&E on Easter Saturday following a serious fall which resulted in a broken hip. Their mother was given morphine and transferred to the Orthopaedic Ward.

The family received a call from the Ward following their mother's operation a week later stating that she could return to the care home; the family were surprised at this but their mother returned to the care home. They later received a call from the care home stating the patient was confused; the care home therefore rang the GP who contacted the family stating their mother needed to return to hospital.

The family rang the Orthopaedic Ward but were informed that it would not be possible for their mother to return to the ward; although the doctor promised the family that he would look at the patient's pain relief when she came in.

The patient therefore returned to A&E. The family reported that it was inhuman to have moved their mother in her condition; she was crying out in agony and this had gone on for days. Whilst in A&E, the family reported that their mother would only sleep for 2-3 minutes and wake in pain.

The patient was eventually moved to Ward 8 at 01.30hrs; she was allocated a bank nurse at that time who the family felt were wonderful and understood that their mother was in desperate need of someone to care for her. The nurse was very empathetic and spoke to the family openly and humanely regarding End of Life and Palliative care.

The family spoke to a doctor regarding pain relief and they were informed that a certain doctor could make the decision as to whether the mother could have drugs to make her more comfortable, but he would not be available until the end of the week. Eventually, the family saw that particular doctor, but find it very difficult to comprehend that the medical and nursing staff could stand by and watch somebody in so much suffering. It was unacceptable.

A morphine driver was fitted and their mother became a different person; it was the first time that they had seen her peaceful. The family were looking at an End of Life pathway and the patient was eventually moved back into a side ward on Ward 10 with an allocated nurse. The atmosphere was a lot calmer, however, this was interrupted when the morphine driver ran out of drugs and unfortunately nobody was available to re-prescribe to it over the weekend period. The patient was later stabilized and transferred to the Severn Hospice.

Following the voice recording, the COO highlighted that the Trust is in its most challenging period of the year and requested assurance that this situation does not recur. Karen assured the members that the End of Life (EoL) Team works closely with the Trust Capacity Managers, and she reported that good EoL care is possible wherever the patient is located.

Karen Breese reported that a great deal of work has been undertaken by the End of Life team to greatly improve the service and Julie (Jules) Lewis was awarded the Chair's Award during June 2016, recognising this achievement.

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The members were informed that the Trust has recently introduced the Abbey Pain Scale which is used as part of an overall pain management plan in dementia patients who are unable to articulate their needs.

Also, the League of Friends have agreed to purchase Digital Reminiscence Therapy Systems (one system for PRH and two for RSH). Each package includes:

- 22" touchscreen android PC, pre-loaded with all content and reminiscence movie nights
- 10" android tablet, pre-loaded with all content
- Training, Support, Licences, Trolley

This pre-loaded system can be used by patients themselves or with nurses/therapists/carers to engage patients with a wide variety of activities, including relaxation music, BBC archive clips, photos, interactive games, famous speeches etc. It also has an easily utilised 'life collage or life story book' facility, which can be completed with relatives or staff to further personalise care. It has also been effective in calming a distressed or anxious patient as its bright and varied content has something for everyone, quickly accessible at the touch of a button. No internet is required and there is no reliance on our IT team but maintained by the company.

The Chair invited Mr George Rook as Chair of the Shropshire Dementia Action Alliance to contribute towards the discussion. Mr Rook reiterated that Karen and her team provide an amazing service.

The Chair thanked Karen Breese for providing the Board with this Patient Story and asked her to return to a future Board to talk with candour and honesty.

2016.2/171 **VMI UPDATE (*Copy of Presentation attached to Minutes*)**

Mrs Cathy Smith, Kaizen Promotion Office (KPO) Lead, attended to provide a presentation which reported that the KPO Team has trained a vast number of staff members to lead improvements.

The Team has held 7 Rapid Improvement Workshops (RPIW) which releases staff from their normal day jobs to look at ideas and test them and then embed and monitor them in their work areas. The KPO Team is now looking at suggested ideas for 2017.

National recognition has been received from:

- Adam Sewell-Jones, Executive Director of Patient Safety NHSI, who visited the Trust's Transforming Care Institute (TCI) during October 2016. He saw at first hand the improvement work on SAU at RSH and took time to speak with staff who had been involved in the RPIW process
- Baroness Cumberlege, who also visited the TCI during October 2016. Baroness Cumberlege was impressed with the transformation work taking place at the Trust and felt the work was laying 'great foundations'. She is keen to return to see what further developments have taken place over the next 12 months.

Cathy Smith presented a one-minute monologue from Sarah Sivill, Ward 9 Manager at PRH who was the process owner for Value Stream #1 (Respiratory) and RPIW #3 (Ward Round) which identified that the Respiratory Ward has reduced their discharge wait to ensure 100% of their patients receive their discharge plan within one hour.

Cathy introduced Lisa Butler, Ward 27 Manager at RSH, who was also the process owner for Value Stream #1 (Respiratory) and RPIW #3 (Ward Round). She reported that changes have been implemented on Ward 27 and notes trolleys have been standardized. She informed the Board that she felt lucky to have been involved in the first Lean for Leaders.

The presentation highlighted the story so far:

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- Over 7,000 patient journeys are safer and kinder
- Over 3,000 miles less walking for staff
- Over 1,300 staff educated in Transforming Care Production System
- Over 320 staff using the Transforming Care Production System tools
- 40 leaders learning lean philosophy and methodology
- 140 'Bright Stars' embedding every day Kaizen

The Chair thanked Cathy and Lisa for their update; and the CEO encouraged the Board members to visit both Ward 9 and Ward 27 to observe the work being carried out.

QUALITY

2016.2/172 QUALITY & SAFETY COMMITTEE SUMMARY

The following summary was presented of the meeting held on 19 October 2016:

- Concerns regarding the resignation of the A&E Consultant and the implications for the on-going fragility of the medical staffing of the service
- The Committee was worried at the lack of assurance in relation to the health system winter plan given the increased pressures being felt by the Emergency Departments
- The recent Never Events and the Scheduled Care Group leadership team were invited to the meeting to discuss the incidents and proposed actions. The Committee welcomed the actions but will require on-going assurance over the coming months of their implementation and success.
- The preparation for the forthcoming CQC inspection during December 2016 was discussed and although a pleasing number of improvements and progress has been made, it was noted that there were some issues that had not been progressed due to resource limitations.

Mr Cronin (NED) chaired the meeting and highlighted that the Quality and Safety Committee is essential in underpinning all that has been discussed at Board. The situation around the A&E Consultant and the Winter Plan was central to discussions. Mr Cronin also assured the Board members that the Scheduled Care Group were absolutely committed to making a difference in relation to the Never Events.

Mr Newman (NED) suggested the Q&S Committee reverts back to meetings being held on a monthly basis as the agendas are too lengthy and a number of items for discussion have been cancelled.

It was reported that three new appointments have been made to the vacant Non-Executive Director roles; two of whom will join the Q&S Committee.

The Board members RECEIVED and NOTED the summary of the October Q&S Committee

2016.2/173 RECOMMENDATIONS FROM KATE STANTON-DAVIES REPORT

The DNQ provided a progress report on the learning and actions that the Trust has taken following the death of Kate Stanton-Davies in Ludlow on 1 March 2009. This follows the second quarterly review of the action plan which has been shared with Kate's parents, Mr Stanton and Ms Davies. The DNQ reported that she is meeting Kate's parents within the next two weeks to go through the actions and to provide an update of the cultural developments in Women & Children's.

The action plan will be discussed during the December Quality & Safety Committee, and members of the Maternity Service will attend.

The DNQ provided assurance around the W&C Service, reporting that Jo Banks has been appointed as the Women & Children's Care Group Director, and a workshop has been developed regarding improvements in safety; as well as a communications plan for families.

..... Chair
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It was reported that the author of Birthrate Plus is working with the Trust on safe staffing levels; a briefing paper/presentation will be presented to the February 2017 Trust Board.

Action: DNO Due: 2 February 2017 Trust Board

The Chair felt this was a positive approach around what has been undertaken and thanked the DNO and her team for working with Mr Stanton and Ms Davies in their grief.

Following discussion, the Board NOTED the update.

2016.2/174 NEONATAL TERM ADMISSIONS – CQUIN ACTION PLAN Q2

The DNO presented an update of the achievement of the CQUIN at Q2 for neonatal care; reducing avoidable admissions of babies born at term gestations.

The achievement of the CQUIN delivers improvement in the quality of care by avoiding unnecessary separation of mothers from their babies. The CQUIN, proposed by the Specialised Commissioning Group, requires that admissions of term newborn babies to the Neonatal Unit be reviewed jointly by the neonatal, obstetric and midwifery staff and an action plan be developed to avoid such admissions.

Following weekly joint reviews of all term neonatal admissions at the Trust; neonatal and obstetric teams have identified some areas for further action/development which may help to avoid such admissions.

A copy of the action plan was included in the paper; and following discussion, the Board members were assured that the Amber RAG rating refers to the action being in progress. Out of the 7 actions, one was Green and six were Amber. The Board were also assured that this has been discussed by the Trust Quality & Safety Committee.

Following discussion, the Board RECEIVED and APPROVED the Neonatal Term Admissions CQUIN Action Plan Q2.

2016.2/175 WINTER RESILIENCE PLAN

The COO presented an update following the Winter Resilience discussion during the September 2016 Trust Board (2016.2/148).

The paper reported that it is essential the Trust has enough bed capacity on both hospital sites for the winter period, to deliver the anticipated level of emergency activity and to keep our patients and staff safe.

The paper provided detail of a long list of options which have been considered by the Winter Planning Group:

- A drop-in ward on both sites – however the Trust would be unable to staff this
- Fully implemented discharge to assess model – proceeding as part of the National A&E Improvement Plan led by Shropshire CCG
- Obtaining a Vanguard Unit for elective activity – however there are no units available
- Use of Cophorne building for support discharge/step-down beds – however the Trust would be unable to staff this
- Purchase 92 step-down beds in the county – this does not support the flexibility required to manage in-day pressures nor are the volume of beds available to enable the most effective use of resources

In support of the Trust's Organisational Strategy, SaTH's internal plan as a minimum must mitigate the following risks:

- On the day surge of emergency patients
- Boarding (this refers to placing a patient in an extra space by the nurses station rather than in a

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bedded area) on Wards and bedding patients down in the Emergency Department and an associated deterioration in 4-hour performance

- Cancellation of elective surgery and deterioration in RTT performance
- Increase in handover delays
- Financially affordability
- Increased level of staff unavailability because of sickness

Five options were shortlisted and following discussion, the COO reported that Option 4, as follows, was being recommended as it supports all of the Winter Resilience Plan:

Option 4	Cost £000	Beds	Bed gap	Consequences & Risks
Bed Gap			-92	
Supported discharge wards, SAU and weekend discharge team	1,015	44	-48	<ul style="list-style-type: none"> • Boarding on wards/bedding in ED, but less of a risk • Maintains current RTT performance • Mitigates risk of loss of contribution • Less of a risk of ambulance handover delays exceeding 1 hour (standard is 15 minutes).
Improve frailty model	0	6	-42	
Discharge lounge on RSH site	96	5	-37	
AEC extended hours both sites	100	8	-29	
Outsource elective activity (35 per week)	500			
Total	1,711	63	-29	

The members agreed that whilst SaTH has a plan, it is imperative that the remainder of the system have similar robust plans in place for winter. Stakeholders and Chief Executives have been invited to visit the Trust to review the Trust's plan.

It was reported that whilst Option 4 would provide an additional 63 beds, the organisation requires 92 to manage the winter pressures. SaTH therefore requires its partners to offer schemes to bridge the bed gap of 29 beds for the winter period. It was reported that Telford CCG has provided additional funding, to support winter pressures but Shropshire CCG has not released the full amount of funding.

The paper highlighted that whilst Option 5 mitigates all of the risks, it is unaffordable. Therefore, Option 4 was recommended which enables SaTH to create flexible capacity to deal with on the day pressures, reduce the risk of boarding and bedding in the Emergency Department; over 1-hour handover delays and reduce the risk of elective operations being cancelled.

Following discussion, the Board APPROVED Option 4 of the Winter Resilience Plan

2016.2/176

NEVER EVENTS

The MD presented a paper relating to six Never Events that have occurred at SaTH since September 2015. It was reported that two occurred towards the end of 2015 and a further four within a relatively short space of time:

1. Wrong site surgery, Head & Neck at PRH (Reported September 2015)
2. Retained throat pack, Head & Neck at RSH (Reported November 015)
3. Wrong tooth extraction, Head & Neck at PRH (Reported August 2016)
4. Retained nasal pack, Head & Neck at RSH (Reported October 2016)

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5. Retained central line guidewire, Medicine at RSH (Reported October 2016)
6. Retained piece of urology guidewire, Urology at RSH (Reported October 2016)

The members were informed that these occurred following a long period in which the Trust has had a very good record for the quality and safety of care for patients, that has included falling mortality, a consistent reduction in patient harm, a reduction in patient complaints and consistent delivery of expected patient safety performance. Prior to September 2015 the last Never Event in SaTH was reported in April 2012 (wrong lens implanted in Ophthalmology). It has therefore been of concern that these incidents have occurred and that certain patterns can be identified.

It was highlighted that investigations and Root Cause Analysis (RCA) has been undertaken for each and a number of actions have been taken to date, with additional actions planned to prevent further incidents. The DNQ highlighted that this links to the Organisational Strategy to be the Safest and Kindest.

Mr Deadman (NED) highlighted the positive aspect that staff are reporting incidents more often which is beneficial from a learning perspective.

Following discussion, the Board NOTED the report which will be monitored and progressed through the Trust Quality & Safety Committee.

SUSTAINABILITY

2016.2/177 SUSTAINABILITY COMMITTEE SUMMARY

The Committee Chair (Mr Deadman, NED) presented the Sustainability Committee update from 29 November 2016 which summarised the following particular concerns:

Charitable Funds

The Committee received the draft Charitable Funds Annual Report and Accounts 2015/16 and Management Representation letter noting that Ernst Young had given a clean audit report with no issues. The committee approved these ahead of the Trust Board meeting on 1st December 2016.

Finance Report: Month 7

Based on performance at the end of month 7 and assuming the delivery of CIP over the remaining months of the year, the Trust is forecasting a deficit of £10.7 million at year end,; £4.8 million in excess of the agreed control total with the NHSI. This has arisen largely because we have not been able to deliver planned savings, and partly because the winter plan is not funded in 2016/17.

CIP Deep Dive – Procurement Efficiencies

The Procurement Department was forecasting an in-year project saving of £1.7 million against a target of £2.0 million. The Committee noted the benchmarking work and the work being undertaken with the West Midlands Clinical Consortium. The Procurement Department was congratulated on its continued successes in achieving best value for money and delivering its CIP year on year

Draft Outline Business Case

The Committee received and discussed the draft Outline Business Case ahead of discussion at Trust Board meeting on 1st December 2016.

An independent review by Deloitte on the Sustainable Services Programme Business Case had been undertaken and the draft report was received.

There was considerable discussion about our success to date in 'convincing the person in the street' our outline proposals made sense. There was broad agreement that:

- The OBC document was a great document and all who had prepared it were congratulated and

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thanked.

- The sense of clinical leadership was very valuable and effective.
- The political/community passions shown meant some clinicians were concerned they were at risk of them being seen to favour one site or the other.

The Board RECEIVED and APPROVED the Sustainability Committee summaries.

2016.2/178 CHARITABLE FUNDS ANNUAL REPORT & ACCOUNTS 2015/16 and MANAGEMENT REPRESENTATION LETTER

The FD presented a paper which reported that the SaTH Trust Board is the Corporate Trustee of SaTH's Charitable Funds.

As reported above, the Sustainability Committee reviewed the Draft Charitable Funds Annual Report and Accounts 2015/16 and Management Representation letter noting that external auditors Ernst Young have completed their audit work and have given a clean audit report with no issues. The Sustainability Committee approved these ahead of the Trust Board meeting.

As the charitable fund income was below the £1 million threshold, the auditors supported the decision agreed in the Sustainability Committee to move to an independent review of charitable funds from next year rather than a full audit.

Following discussion, the Corporate Trustee AGREED to sign off the trustees responsibilities in respect of the trustees report and the financial statements, the balance sheet and the management representation letter as the Charitable Funds Annual Report and Accounts for 2015/16.

2016.2/179 MRI BUSINESS CASE

The Board members were presented with a paper which reported that the Business Case, recommending the replacement of the two MRI scanners in SaTH and the purchase of an additional MRI by Royal Shrewsbury League of Friends, had been approved by the Sustainable Committee; Capital Planning Group; Support Service Board and Radiology Board.

The outcome of the Business Case will support the repatriation of patients from outside the county back into SaTH and further expansion of the MRI service. It also has the support of several SaTH Consultant clinicians across multiple specialties, as the new MRI service will improve the management of their patients and potentially the clinical outcomes.

With the present MRI scanners the Radiology department is not able to provide a reliable service to the people of Shropshire and surrounding areas, due to the multiple breakdowns of the two scanners. The cancelling and rearranging of appointments has had a detrimental impact on patient services for in-patient, outpatients, A&E and GP referrals. In 2015/16 the existing MRI scanners brought an income of around £1.7m into the Trust.

To maintain the current state, the two 11-year-old scanners, which are the oldest scanners used in an acute hospital, need to be replaced. The maintenance providers have issued the Trust with 'best intent' maintenance contracts for both scanners, which means that they cannot guarantee to repair the systems, to achieve the 98% uptime or guarantee supply of spare parts.

There is a 5-6 month lead-time for the commissioning of the new MRI scanners. Radiology would prefer to proactively plan for the replacement of these scanners rather than start the replacement project once the equipment is beyond repair.

Even though the MRI department have implemented multiple efficiency changes, the demand exceeds the maximum available capacity. The additional capacity is required to meet the increasing demand of

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over 20% on the service over a 12-month period. This increase in activity is expected to continue. To achieve future state there is a need to purchase a third scanner in addition to the two replacement scanners.

All the new MRI scanners will have specifications that will provide the capability of repatriating patients that at present have to be scanned out of county. The new scanners will also provide additional capacity to meet the new NICE cancer requirements of 'direct to test' for GPs.

The Royal Shrewsbury League of Friends has generously chosen to raise £1million pounds for the purchase of the additional scanner as part of their 50th Anniversary celebrations.

Following discussion of the detail from within the paper, the Board members were in agreement that they would have welcomed a paper which was simpler and streamlined. Mr Deadman (NED) reported that the format for a more streamlined Business Case is currently being trialled.

The Chair enquired if the Board were content to approve the Business Case on the basis of it being recommended by the Sustainability Committee, and on the basis that the Trust is in the process of streamlining the Business Case process.

The Board members agreed that the service cannot perform without an MRI scanner and it would be a huge loss to patients. The DCG reported that it was currently the Trust's second highest risk on the corporate risk register with a risk score of 20.

Following discussion, the Board members APPROVED the Business Case: Option 3c with Option 4 – the replacement of the current two MRI scanners and a purchase of an additional MRI scanner which will be funded by the League of Friends.

2016.2/180

TRUST PERFORMANCE REPORT

The CEO presented the new format Trust performance against all key quality, finance, compliance and workforce targets to the end of October/November 2016.

Challenges in the delivery of the financial and workforce elements of the Operational Plan continued in October and remain into November; especially in the Scheduled and Unscheduled Care Groups. It is envisaged this pressure will continue throughout the winter months with increased demand being placed upon the care and services delivered by the Trust.

OPERATIONAL PERFORMANCE

Performance against the monthly trajectories agreed with NHSI:

- RTT access target – performance of 89.20% against a required trajectory of 92%;
- 4 hour Accident and Emergency waiting time access targets 78.24% against a required trajectory of 95%

The Trust again met its performance targets against cancer waiting times for September, although concerns about the sustainability of this level of performance remain.

The COO highlighted the deteriorating picture in A&E where patients have been required to wait longer than last year. It was envisaged that additional cubicles at PRH would have relieved the pressures, but unfortunately this has not been the case. A large amount of work is being undertaken with regard to A&E; the recruitment process will support that.

The members were informed of the 'Red & Green' process which is soon to commence; this is a single focus for every ward to discharge one patient before 10am and one patient before 12noon to release up

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to 24 beds. This is an important piece of work as it will improve flow whilst also improving patient experience and supporting the workforce.

FINANCE

As previously discussed, the Trust has recorded a deficit of £5.656m at the end of October 2016. The deficit does not assume penalties for non-delivery of RTT and A&E performance trajectories – application would increase the deficit by a further £787,500. The October position, when compared with a re-phased budget, is showing an adverse variance of £4.284m.

The Trust had originally set a plan with NHSI with a Month 7 deficit of £5.633m. The Trust has committed to taking actions to address the adverse variance and in doing so retain the STF funds.

The Cost Improvement Programme (CIP) has been adjusted to reflect the Recovery Plan; savings as presented to the October Board Development Session are short of the required level by £2.833m. Also, lack of winter funding, combined with the October deficit, have increased the scale of shortfall to £4.836m.

The total forecast savings amount to £1.244m pay and £436k non-pay over the period November 2016 – March 2017. The required level of savings is £4m pay and £2m non-pay. The forecast level of monthly pay savings is £249k per month, equivalent to 65 WTE. This is 85 WTE below the required level. The under-achievement relates to medical staff and nursing staff. The forecast level of non-pay savings is £87k per month as compared with a required £400k per month. Care Groups are presently working to identify further opportunities to reduce the gap.

WORKFORCE

The WD reported an increase in sickness absence to 4.35% for October 2016; a deep dive is being conducted as the trend in the Corporate Service function was unusual.

Appraisal rates have decreased; a deep dive will be undertaken of appraisals and statutory training and will be reported back to the Workforce Committee. The members were assured that new Care Group Directors are now in post and this would improve.

It was reported that a fantastic 2,551 of all front line staff have had their Flu Jab. The 'Flu-Busters' aim to vaccinate at least 3,466 of all front line staff before the end of the year; the jabs are available from Team Prevent drop-in clinics/events at both RSH and PRH.

Mr Newman (NED) enquired of progress on the appointments of the Filipino nurses; the WD reported that the Trust currently has 28 in post; unfortunately some of the candidates appointed have returned to the Philippines as they have been unable to secure their NMC registration. An update will be provided to the next Workforce Committee which will be summarised to the February 2017 Trust Board.

QUALITY & SAFETY

The DNO reminded the members of the upcoming CQC inspection from w/c 12 December 2016; the CQC will focus on A&E and Urgent Care, Medicine, Surgery, Maternity and End of Life.

A great deal of work is ongoing in preparation for their visit; and focus groups have been arranged and staff encouraged to attend. The message being reiterated to staff is to be open and honest.

A draft CQC report will be received by the Trust in two months.

The Chair praised the teams for the work that's been undertaken for this visit.

Other Areas to Highlight

The SAFER programme is due to be re-launched w/c 5 December 2016 with the support of ECIP. The

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roll-out of SAFER is heavily reliant on the medical workforce in Unscheduled Care with engagement being sought in some areas.

The Transforming Care Institute and all KPO work streams are currently on plan as is the Sustainable Services Programme. All three reported capital programmes are on track as are all IT service development projects.

Conclusion of Trust Performance

Overall, the Trust has not achieved/delivered key elements of the Operational Plan for October.

The projected outturn for the key performance targets/standards and the Care Group's financial position is detailed below. Without immediate mitigation and actions, the Trust will be unable to recover this position and deliver the agreed Operational Plan for 2016/17.

Projected outturn at M6	Scheduled Care	Unscheduled Care	W&C	Support Services		Overall	
RTT Incomplete						89.20%	
4 Hr A&E target (Admitted)						38.61%	78.21%
4 Hr A&E target (Non-Admitted)						84.81%	
Diagnostic Waiting Time Target						97.51%	
Cancer Waiting Time Target						88.5%	
Finance Plan	(£4,135k)	(£5,545k)	(£53k)	(£1,736k)	(3,008k)	(£14,477k)	

Plan for 2017/18 and 2018/19

Within the context of a submitted Sustainability and Transformation Plan (submitted on 21 October 2016), the Trust is required to deliver a two year Operational Plan for 2017-2019. The draft Operational Plan was submitted on 24 November with a final submission required on 23 December 2016.

Work on the development of the Operational Plan for 2017/19 and the detailed plans for Care Groups have commenced. Sustainability Committee will be updated on progress within this report each month.

WORKFORCE

2016.2/181

WORKFORCE COMMITTEE SUMMARIES held 19 November 2016

In summary, the WD reported that:

Workforce Assurance Report

The Committee received the Workforce Assurance Report and agreed to request a summary on updates from the Confirm and Challenge group around delivering improved appraisal performance and statutory training compliance. It was also suggested that target dates were included to maintain the focus.

Board Assurance Framework

The COO, WD and Non-Executive Director all agreed that the risk assessments remain unchanged but emphasized the importance of recording new or increased risks.

The Carter Report

The Committee received an update on the Carter Report and requested more detail around the current position in order to fully understand the scale of the challenge for the target date of April 2018.

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Draft People Strategy

The Committee received the draft People Strategy and agreed that this was an excellent strategy and included the correct elements for an ambitious plan. The strategy is on trajectory to be approved by Board in February 2017.

Draft Organisational Development Plan

The Committee received the draft Organisation Development Plan and this received positive feedback.

Equality and Diversity Update

The Committee received an Equality and Diversity Update and the feedback was positive on this update, recognizing the need for improvement.

Leadership Conference

The Committee received a brief update following the recent leadership conference and congratulations were expressed to the WD and her team for an excellent event.

Following discussion, the Board members RECEIVED the Workforce Committee summary.

2016.2/182 EQUALITY & DIVERSITY UPDATE, INCLUDING WORKFORCE RACE EQUALITY SCORECARD

The WD informed the members that Equality and Diversity are fundamental to the Trust's Organisational Strategy, operations and performance and the Trust Values.

The Status Report which was presented highlighted that an assessment of the Equality and Diversity agenda within the organisation has concluded that the Trust is not in the position it should be.

The Head of Education will therefore now lead the agenda, with the support of the Associate Director for Patient Experience with regard to patients and their care, as it is critical that the Trust's Equality Objectives are developed to be aligned with, and integrated in the Trust's day to day practice and service delivery. This will progress through the Quality & Safety Committee.

The Board RECEIVED and NOTED the current position and APPROVED the required actions.

2016.2/183 AGENCY SELF CERTIFICATION CHECKLIST

The WD presented a paper which reported that the Trust has been asked to complete a Self-Certification with regard to agency usage, which will then be submitted to NHSI. This has been considered by the Agency Task and Finish Group, which is a multi-disciplinary team.

Following discussion, the members APPROVED and SUPPORTED the Self-Certification.

ASSURANCE**2016.2/184 EXTERNAL AUDITOR APPOINTMENT**

The DCG informed the members that under the Local Audit and Accountability Act 2014, NHS Trusts are required to have an Auditor Panel to advise on the appointment of their external auditors for the financial year beginning 1st April 2017, with the legislation requiring that the auditors are appointed by 31 December 2016.

The direct appointment and management of External Auditors is intended to increase local accountability and move the Trust sector into line with the arrangements already in place for Foundation Trusts.

In January 2016 the Board approved that, in line with requirements, the Trust's Audit Committee should act on behalf of the Board as the Audit Panel.

Accordingly a panel consisting of the current Audit Committee members - Mr Harmesh Darbhanga (NED

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& Chair) and Mr Clive Deadman (NED), supported by the FD and the DCG, was arranged by Procurement to evaluate the tenders received from Ernst & Young LLP and KPMG LLP.

The outcome of the evaluation process held on 25 November was that the Panel recommends to the Board that the contract be awarded to KPMG. The period of the contract is for three years to 2019/20

The value of the contract (excluding VAT) is £78,420 per annum to cover: Statutory Audit, Quality Accounts and Charitable Funds.

The Procurement department have contacted the two companies to advise them of the outcome of the evaluation.

Following discussion, the Board members APPROVED the recommendation from the Audit Panel to appoint KPMG as the Trust's external auditors for three years from April 2017.

2016.2/185 COMPLAINTS & PALS QUARTERLY UPDATE

The DCG provided an overview of the formal complaints and PALS concerns received by the Trust during Q1 and Q2 and to provide assurance that the Trust is handling complaints in accordance with the regulations.

In Q1 and Q2 the Trust received a total of 173 formal complaints (77 in Q1 and 96 in Q2). During the first nine months of the year there has been a 7.5% increase in the number of formal complaints received compared to the same period 2015/16. A new Head of Complaints will commence in the Trust during January 2017; the DCG reported that she was very impressed with the appointment as the candidate seems very proactive.

The DCG informed the members that she is the Director responsible for Freedom of Information (FOI); there were 299 FOI requests in the six months from April – September 2016. The DCG reported that some shortfalls have been identified in the Trust's current processes; a number of actions have been taken to improve these, including response times from Departments to requests.

Following discussion, the Board RECEIVED and NOTED the Q1 and Q2 report.

2016.2/186 SUSTAINABLE DEVELOPMENT MANAGEMENT PLAN (SDMP) ANNUAL ACTION PLAN UPDATE

The DCG provided a presentation which highlighted the following sustainable achievements that have occurred over the past 12 months:

- October 2015 – The Trust won the Energise 'Employer of the Year' Award
- November 2015 – The Trust were finalists in the HSJ Awards
- December 2015 – Introduction of discounted staff travel on Arriva buses
- January 2016 – Over 500 staff and volunteers trained as Dementia Friends
- February 2016 – Warpit was launched throughout the organisation
- March 2016 – NHS Sustainability Day held and the Boningale Garden also opened at PRH
- April 2016 – The RVS transferred as Trust Volunteers
- May 2016 – The Trust were Finalists in the Water category of the NHS Sustainability Awards
- June 2016 – National Volunteer Week was held
- July 2016 – Liftshare is launched throughout the organisation
- August 2016 – Alstroemeria Garden is opened at PRH
- September 2016 – Family Fun Day is held and the Trust celebrated it's volunteers at its first Trust VIP Awards
- October 2016 – New bike shelters are installed at PRH
- November 2016 – The Trust reaches 10,000 public members for FT status
- December 2016 – The Trust is awarded £10k for an outdoor gym at RSH

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The members NOTED the work that has been undertaken by the various teams and services involved.

2016.2/187 BOARD ASSURANCE FRAMEWORK – NEW RISK, WINTER PLANNING

The Board were informed that an additional risk has been added to the Board Assurance Framework since the last presentation to Trust Board; this relates to Winter Planning. It has been described as ‘If there is a lack of system support for winter planning then this would have major impacts on the Trust’s ability to deliver safe, effective and efficient care to patients’.

Following review, the Board RECEIVED and APPROVED the addition to the BAF.

2016.2/188 2017 & 2018 TRUST BOARD MEETING DATES

The DCG presented the proposed dates of the 2017 and 2018 Trust Board meetings which were RECEIVED and APPROVED.

2016.2/189 ANNUAL REPORTS

Annual Report – Integrated Education 2015/16

The MD presented a paper which reported that during 2015/16 the Trust has continued to focus on the learning and development of all its staff to deliver Trust objectives and provide caring and effective services to our patients and service users.

Key elements include improvements in statutory training offered to staff as this has moved into the Copthorne building; the NEDs were encouraged to visit the improved training facility.

Action: NEDs

The Board were also informed that Medical Education now report to the Workforce Director.

Following discussion, the Board RECEIVED and APPROVED the Integrated Education Annual Report

2016.2/190 LEARNING / REFLECTION OF THE MEETING

It was highlighted that there were a lot of items on the agenda; deeper planning was therefore required, ahead of the meeting.

Action: Executive Team

2016.2/191 ANY OTHER BUSINESS

No further business was raised.

2016.2/192 QUESTIONS FROM THE FLOOR

Q1 Mr George Rook, in his capacity as Chair of the Shropshire Dementia Action Alliance, had forwarded a question to the Chair prior to the meeting regarding the Dementia Service. It highlighted:

“The dementia cognitive assessment for all emergency admissions aged 75+ started off as a CQUIN, and represented one element in a drive nationally to improve the diagnosis rates for people living with dementia. The rate in Shropshire is now at 70%, and while there is still significant work to do, not least in supporting those people with and without a diagnosis, the cognitive assessment is no longer a CQUIN.

Carrying out a cognitive assessment with a patient who has been admitted as an emergency, within 72

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hours of admission, necessarily means that the person is likely to be disorientated, in pain or significant discomfort, confused, and not in their usual daily state of mind. This means that the assessment is unlikely to be reliable.

An additional factor is that to be of any use a positive assessment needs to be acted upon when the person returns home. This has been made impossible because the assessment has not been reported on the discharge letter to GPs. And this makes the whole exercise a waste of time.

I am told that the excellent dementia care workers spend around fifty hours a week carrying out these assessments; they are paper heavy for what is a very basic assessment. There is no contractual requirement for these assessments to be carried out.

I urge the Board to stop these assessments so that the dementia care workers team can do what they need and want to do, namely to work with staff and patients to support patients living with dementia or cognitive impairment so that they are less confused and anxious, and so that their stays in hospital are reduced.

You will not need me to remind you that patients who live with dementia stay in hospital up to three times as long as others, due to the fast deterioration in their emotional state, and the decompensation that occurs when a person is in a hospital bed and environment for more than a couple of days. This deterioration results in discharge staff taking the view that they cannot return to their home without special arrangements. Patients living with dementia have a far higher rate of admission to care homes following discharge precisely because their long stays in hospital have a huge negative effect on their ability to return to their former living arrangements and homes.

Shortening their stay in hospital and reducing their emotional deterioration would therefore be a win for the patient, the hospital and for social care teams.

Please have the courage to say no to the continued assessments and use your wonderful dementia staff resources where they best help patients”.

- A1** It was reported that this is being considered and work is in progress. The DNQ agreed to forward a full response to Mr Rook.
Action: DNQ
- Q2** Mr Rook also highlighted the high level of complaints in relation to Orthopaedics and that the fact this was a national issue was not acceptable.
- Q3** Ms Gill George highlighted that Shropshire CCG has been awarded £1.9m winter monies funding but queried whether only £500k was being passed to SaTH, therefore £1.4m is lost. Is that correct?
- A3** The CEO reported that the expected expenditure for the Trust is £3m; £1m has been received from Telford & Wrekin CCG; confirmed Ms George’s understanding regarding Shropshire CCG
- Q4** Mr David Sandbach reported that he is providing a talk around ‘Digital Health’ and encouraged the Board to attend
- Q5** Mr Sandbach suggested that the Outline Business Case is not radical enough
- Q6** A gentleman highlighted that previous meetings have discussed benefits and savings of time, however it appears the organisation is not acquiring any additional funding from this, i.e. from VMI etc
- A6** The CEO felt this was an interesting point. He reported that he had met with four other CEOs and Jim MacKey, Chief Executive of NHS Improvement, and the schemes such as VMI have been introduced to

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make a difference; it is also good for staff to have vested ownership in such programmes

2016.2/158 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 2 February 2017, Lecture Theatre, Education Centre, Princess Royal Hospital

The meeting closed at 6.10pm

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ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 1 DECEMBER 2016

Item	Issue	Action Owner	Due Date
2016.2/161	<u><i>Draft Minutes of 29 September Trust Board</i></u> To amend Minutes to reflect correct spelling of name as Mary-Ann Bruce	Cttee Secretary	Dec 2016 COMPLETED
2016.2/162	<i>Matters Arising – 2016.2/65.4</i> To present Patient Experience Strategy to future Trust Board	DNO	2 Feb 2017 ON AGENDA
2016.2/166	<i>Future Fit</i> To provide an update to the February 2017 Trust Board	CEO	2 Feb 2017 ON AGENDA
2016.2/173	<i>Recommendations from Kate Stanton-Davies Report</i> To provide an update to the February 2017 Trust Board regarding safe staffing levels following work with author of Birthrate Plus	DNO	2 Feb 2017 ON AGENDA
2016.2/189	<i>Annual Reports 2015/16 – Integrated Education</i> The NEDS were encouraged to visit the improved statutory training facility in the Copthorne Building at RSH	NEDs	25 May 2017
2016.2/190	<i>Learning / Reflection of the Meeting</i> To undertake deeper planning of the Board items for discussion / agenda	EDs	Ongoing

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