

## The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held 1pm Thursday 2 February 2017**  
**Lecture Theatre, Education Centre, PRH**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr P Cronin Mr H Darbhanga Mr C Deadman Dr D Lee Mrs T Mingay Mr B Newman Dr C Weiner Mr S Wright 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) Designate Non-Executive Director (D.NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In Attendance</b>	Miss V Maher	Workforce Director (WD)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary (CS)
<b>Apologies:</b>	Mrs H Jenkinson	Acting Director of Nursing & Quality (A.DNQ)

**2017.2/01 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.

The Chair highlighted that in previous months, the Board has held discussions around contentious issues at the start of the meeting and opened the floor to questions from members of the public; however, the Board had taken a different approach this month by holding an Open Session half an hour prior to Board but unfortunately this was not communicated to the public effectively. The Chair reported that the Board will trial this again by holding an Open Session prior to the next Board meeting on 30 March and invited members of the public to attend. The Board confirmed that they were comfortable with this approach and it was less disruptive to the business of the Board.

The Chair reported that Sarah Bloomfield, Director of Nursing & Quality, has commenced Adoption Leave; he extended the Board's gratitude for her enormous contribution during her time at SaTH and wished her well in this new phase of her life.

Helen Jenkinson was due to attend the Board meeting to represent the Sarah Bloomfield, as Acting Director of Nursing & Quality; however, she was unable to attend due to unforeseen circumstances.

The Chair welcomed the new Non-Executive Directors to the Board, Dr David Lee, Dr Christopher Weiner and Designate Non-Executive Directors Mrs Terry Mingay.

..... Chair  
30 March 2017

**2017.2/02 VIP AWARDS**

The WD reported that the Values In Practice (VIP) Awards will be celebrated every month to recognise the amazing work of the Trust's staff and volunteers to support patients and their families every single day, and their behaviours to the organisation.

December 2016 Winner:

December's winner, Emily Davies of the Therapies Team, was unable to attend due to clinical commitments. Emily works as a Speech and Language Therapist at RSH; she was nominated by Amanda Taylor, Physiotherapist Manager at RSH. Amanda said: "Emily was amazing over the Christmas and New Year period. She managed a cross-site caseload due to colleagues being off due to sickness. By doing so she embodied the four Trust Values – Proud To Care, Make It Happen, We Value Respect and Together We Achieve – without quibble or complaint. She is an asset to the team, the organisation, the profession as a whole and the NHS."

Emily will be presented with the Award, Certificate and £50 vouchers by the Workforce Director within the next week.

January 2017 Winner:

January's winner, Mr Fharan Ashan, was in attendance. Mr Ashan is a Head and Neck Consultant Surgeon; he was nominated by Donna Jelf, Healthcare Assistant at PRH, and colleagues as he "always goes above and beyond". Colleagues said: "Mr Ashan is passionate, driven, extremely focussed and always goes above and beyond. He often takes on things outside of his remit to assist colleagues from other departments to help ensure we achieve the best outcome for patients." "He is seen regularly attending to patients on the wards during his days off and while on annual leave. Staff have been moved to tears by his enthusiasm and commitment".

Mr Ashan received the Award, Certificate and £50 vouchers and said that he was "surprised but very grateful to receive the Award after working within the Trust for the past five years".

The WD informed the members that 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. Each monthly winner will also be considered for the annual VIP Awards.

**2017.2/03 BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Board received the Declarations of Interest and noted the following for the new Non-Executive Directors:

Dr David Lee

- Medical Director for CSC (Computer Sciences Corporation)
- Sessional GP within Shropshire working principally at Alveley Medical Practice
- Director of Massive Heart Consulting Limited

Dr Christopher Weiner

- Clinical Director at Wiltshire Health & Care

Mrs Terry Mingay

- Trustee of Katharine House Hospice
- Board member of Walsall Housing Group

**2017.2/04 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 6 DECEMBER 2016**

The minutes were APPROVED as a true record.

**2017.2/05 ACTIONS / MATTERS ARISING FROM MEETING HELD 6 DECEMBER 2016**

..... Chair  
30 March 2017

2016.2/162 – Matters Arising  
*DNO to present full Patient Experience Strategy to future Trust Board*  
**As per minute 2017.2/15 Completed. Action closed.**

2016.2/189 – Annual Reports 2015/16 – Integrated Education  
*NEDs to visit to the improved statutory training facility in the Copthorne Building at RSH.*  
**Scheduled for 25 May 2017 Board Development Session. Completed. Action closed.**

2016.2/190 – Learning / Reflection of the Meeting  
*EDs to undertaken deeper planning of the Board items for discussion/agenda.*  
**On-going.**

**2017.206 3-MONTH FORWARD PLAN**

The members received and approved the three-month forward plan

**2017.2/07 CHIEF EXECUTIVE OVERVIEW**

The CEO provided a 'View from the Bridge':

**2017.02/07.1 CQC Visit – December 2016**

The CEO reported on the re-inspection from the CQC which took place during end-December 2016, following on from the 2014 inspection. Approximately 40+ CQC members attended for a period of 3 days. The feedback received following their visit talked of 'outstanding care' and 'a demonstrable step forward'. Their formal report is currently awaited but the comments received are an indication that the organisation is on an improvement journey and making good progress.

**2017.02/07.2 Winter Pressures**

The CEO extended his and the Board's gratitude staff for the incredible care and continued support provided over the Christmas and New Year period. He reported that the organisation is currently overwhelmed with care required for very sick medically-complex patients. These demands continue at night and over the weekend period; there is no respite which is proving to be very difficult for staff on the frontline. The organisation currently has every physical space and available bed open and occupied.

Additional packages of care have been purchased and our partners are doing everything that they can to help; there is no lack of commitment in this respect.

The COO reported that she has been out on a number of Genba visits throughout the Trust recently and confirmed that the Trust has a number of frail/elderly patients that are very sick and are therefore staying longer. Unfortunately the pressure will not decrease rapidly and, due to the volume of demand, remains a challenge.

Dr Weiner (NED) requested the Board's gratitude be further extended to all SaTH members and partner organisations; and enquired how SaTH is working with broader organisations to achieve the shift towards prevention.

The CEO reported that there are a number of innovative ways of prevention and that the work of the Sustainability & Transformation Board is also looking at these issues

Mr Cronin (NED) highlighted the importance of not re-inventing the wheel and reported that there is some modest experience that can be gained from efforts of the Severn Hospice.

It was highlighted that as the organisation moves forward, it is the Board's intention to engage with the public regarding the range of options being considered as it cannot always wait until everything is perfectly aligned to do so.

..... Chair  
 30 March 2017

## TRANSFORMATION

### 2017.2/08 SUSTAINABLE TRANSFORMATION PLAN (STP)

The CEO reported that the revision of our STP plan has taken a considerable amount of time in readiness for re-submission to NHS England and NHSI by end of January 2017. A significant amount of work is being undertaken to prepare the plan for submission, focusing on addressing the issues raised from the feedback received. The key issues to address are as follows:

- The Plan is currently focused on the Acute Hospital reconfiguration as this has been in progress a number of years, the work on developing the out of hospital programme needs significant development. The Neighbourhood's work programme has therefore been reviewed and work is underway to expand the programme of work drawing in the GP Five Year Forward View plans to ensure sustainability in primary care.
- The plan needs to fully address the financial deficit in Shropshire CCG and set out the impact of this on the two operational plans; the scale of the challenge was identified after the October 2016 submission.
- The two CCGs are in the process of agreeing a process to progress the 'Future Fit' programme to consultation and conclusion.
- The Communication and Engagement function for the STP will focus on building public engagement on the out of hospital work and also engagement with the clinician's on the same. A process to secure a business partner to support this function including public relations has commenced.
- STP programme infrastructure - the recruitment for the Programme Director team is underway and the programme office is currently being established at Telford and Wrekin CCG offices.
- To strengthen partnership working between the system leaders, an Organisational Development programme has been commissioned in collaboration with Health Education England to enable better and closer working.
- The STP partnership has bid for funds from the national Transformation Fund. Three bids have been submitted; Diabetes management, Increasing Access to Psychological Therapies (IAPT) and Transforming Care Partnerships (Learning Disabilities). We are currently awaiting the outcome.
- The STP wide Local Digital Footprint strategy has been published as part of national requirements.

It was highlighted that the question of governance for the STP needs to be finalised. The Chair and Mr Cronin (NED) spoke of catalysts for change and the need to re-frame current service delivery.

The Board RECEIVED and NOTED the update.

### 2017.2/09 FUTURE FIT

The members welcomed Debbie Vogler to the meeting as Future Fit Programme Director. Mrs Vogler presented a paper which reported:

- The outcome of the Joint Committee on 12th December has resulted in delays to the original timeline for public consultation to proceed. The programme plan will need to be rebased to take account of the additional work proposed in terms of the independent review of the appraisal methodology and the supplementary work related to the Integrated Impact Assessment (IIA) on any potential move of Women and Children's Services. The revised timeline will need to be agreed by the Programme Board.
- The Programme Board is provisionally scheduled to meet on 7th February 2017 to agree the Terms of Reference and procurement of the independent review of the appraisal methodology.
- NHSE is supporting the CCGs to determine the future decision making arrangements through a reconstituted Joint Committee. The CCG Governing Bodies are considering options of a reconstituted Joint Committee with an independent voting Chair.
- The programme is continuing to ensure that action plans in response to the Senate and Gateway reviews are in place and that all preparatory work for the procurement of the independent review and the supplementary IIA work for Women and Children's is completed.

..... Chair  
30 March 2017

It is anticipated that the work will be completed by mid-April 2017 when the Shropshire election purdah will have commenced.

The Chair used an analogy stating it felt like 'SaTH is flying towards a mountain, required to turn either left or right however if there is any continued further analysis, we will crash into the mountain'. The COO also highlighted that Emergency Care is now on the edge of no longer being able to function.

The CEO reported that the history of the Future Fit process is peppered with delays; he questioned the further delays and decisions which need to be made. The WD also reported that the endless lack of decision-making affects the staff who feel there is a lack of hope and this in turn impacts on both retention and recruitment of staff.

The DCG asked if there is a plan if the independent review finds that the process to date has been flawed. Mrs Vogler reported that the appraisal process would be required to be re-run which would cause a further delay to the decision-making process.

As Programme Director, Mrs Vogler reported that she feels the processes are robust and would also like to see a conclusion. She informed the members that there is a great deal of flexibility in public engagement/consultation, and it's now about the deliverability of the clinical model.

Following discussion, the Board NOTED and RECEIVED the Future Fit Update.

2017.2/10

#### **SUSTAINABLE SERVICES CRITICAL PATH & CONSULTATION UPDATE**

The CEO reminded the Board that the Trust has been engaging in this process for a number of years. He feels that the organisation has been patient enough and suggested the Board has every right to share ideas and engage with the public, asking them to help us shape the future.

A document has been produced internally "Putting Patients First" which has been borne out of work undertaken by sustainable services. The document reports on SaTH's preferred option, following extensive engagement:

- A Planned Care site at the Princess Royal Hospital in Telford (PRH) with approximately 350 beds (240 for inpatients including frailty and elderly care, rehabilitation, planned orthopaedic surgery and a single breast service and 110 for daycase patients) together with specialist centres for cancer and bariatric surgery. There will be some maternity and paediatric services
- A new Emergency Centre at the Royal Shrewsbury Hospital (RSH) with approximately 510 inpatient beds for a variety of services including critical care, acute stroke, coronary care, women and children's, orthopaedic trauma, acute medicine and complex planned surgery.

It was reported that discussions have taken place in relation to Ophthalmology and the Midwifery-Led Units where we are looking to make improvements, and the CEO feels the process should not deter us from making those improvements any longer.

Mr Cronin (NED) stressed the importance of sharing the priorities with the public; and Dr Lee (NED) highlighted that although Shropshire is a wonderful place to live, it's clearly not appealing to A&E Consultants at present.

Following discussion, the Chair agreed that the engagement and ongoing dialogue and long-term relationships with the public is paramount. The DCG reminded the Board that under s242 of the Health Act the Trust had a statutory duty to involve and engage the public in service delivery on an ongoing basis, separate to public consultation which rests with the CCGs. It was noted this is something which SaTH has not done effectively in the past

The CEO suggested liaising with our communities to set a course to achieve a process/outcome; some of the public members have offered assistance in that process.

..... Chair  
30 March 2017

Mr Deadman (NED) highlighted that during his time at the Trust (10 months); he has seen a further reduction in A&E Consultants from 7 to 4 by June and feels the organisation owes it to the public to share the issues that the Trust is currently facing.

The Chair thanked the Board members for their thoughts and requested the EDs to provide an update to the 30 March Trust Board regarding an approach which will evolve over time.

**Action: CEO Due: 30 March 2017**

## 2017.2/11 VMI UPDATE

The CEO reported that it is a year since the Virginia Mason Institute work commenced within the organisation and funding has been agreed from NHS Improvement to expand the Kaizen Promotion Office (KPO) resource to support accelerated implementation.

During the twelve months, over 7,000 patients have experienced safer and kinder care as the time identified from each Value Stream has been incorporated into direct patient care.

To date the programme has met its objectives to:

- Establish an appropriately accredited KPO team
- Establish an effective Guiding Team
- Launch four Value Streams:
  - Value Stream #1 – Respiratory Discharge Pathway
  - Value Stream #2 – Sepsis Pathway
  - Value Stream #3 – Recruitment
  - Value Stream #4 – Outpatients (Ophthalmology)
- Improving patient pathways by removing waste and undertake four Rapid Process Improvement events
- Educate 1,000 staff members
- Engage in the use of the tools 100+ staff members
- Create a Transforming Care Institute (TCI) signifying the success and permanence of this work

Fortnightly “Report Out” sessions are held and the CEO encouraged all staff members to join the sessions held at the RSH and PRH sites. He highlighted that the work makes a profound difference and is a celebration of improved patient care.

The COO reported that this work is giving the organisation's staff hope as the teams feel that they are in control of providing care at local level.

Mr Newman (NED) also highlighted the importance of this work which will hopefully assist in the Trust's current recruitment situation.

Following discussion, the Board RECEIVED and NOTED the achievements of the VMI work undertaken to date.

## QUALITY

### 2017.2/12 QUALITY & SAFETY COMMITTEE SUMMARY

The Chair welcomed the Quality & Safety Committee Chair Dr David Lee (NED) to the meeting; although this was Dr Lee's first formal Board meeting, the members were informed that he has chaired the last two Q&S Committee meetings. Mrs Mingay (NED) also sits on the Q&S Committee. Updates to the current Terms of Reference of the Committee should assist in the current lengthy agenda.

Tribute was paid to Sarah Bloomfield, Director of Nursing & Quality, for her role in the Committee during her time at SaTH.

..... Chair  
30 March 2017

Dr Lee reflected on the following issues discussed during the 22 December 2016 Q&S Committee:

Neonatal Retinopathy:

The Committee was really impressed with a presentation made by the neonatal team with regard to work undertaken to examine the incidence of retinopathy in premature babies. The team had noted a potential small rise in the number of cases requiring treatment and had then undertaken a detailed investigation to look at the potential causes of the increase, the risk factors for the condition and potential actions. The investigation extended along the full neonatal pathway and included neonatal intensive care units on which affected children had been nursed for periods within their neonatal period. There is now a clearer understanding of risk factors and active debate within the network. The findings have been presented at a national conference as well as within the West Midlands. This is an excellent example of how a positive approach to data can lead to a proactive process to improve care along a pathway.

Maternity Services:

The Committee met with representatives from Maternity services and, in the light of discussions, will maintain a high degree of scrutiny on this service. Action plans, dashboards and a response to the Coroner were all reviewed. The sense is that there is much activity that has the potential to address concerns about the service. The Committee did not, however, receive the assurance it required with respect to the implementation of expected practice on a day to day basis. A specific issue that the Committee require is assurance as to how the expected level of monitoring of the foetal heart rate is implemented operationally.

National Cancer Patient Experience Report:

The National Cancer Patient Experience report was presented to the Committee. This shows improvement from previous reports but still gives rise to some concerns. Of particular concern are the reported lower performance against questions about confidence in medical professionals and the availability of medical records to support consultations. It is easy to see that these two issues will have some interlinkage. Whilst there may be some questions about the methodology applied to developing the report, SaTH should be developing an action plan to address these issues.

Pre-Meet Clinical Visit:

Prior to each Q&S Committee meeting, a clinical site visit is undertaken. The December formal Q&S meeting was preceded by a visit to the operating theatres at PRH. These were found to be orderly, clean and in good condition. The Committee heard from the theatre manager about plans for further improvement and development of services, about workforce challenges and of strong collaborative working across the two SaTH sites.

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

The summary of the 26 January 2017 Q&S Committee will be presented to the 30 March 2017 Trust Board.

2017.2/13

**UPDATE ON A&E POSITION**

The COO reminded the Board that the fragility of the Emergency Department has been discussed previously. In recent years there has been deterioration from a position of 7 emergency consultants, which was considered challenging. Due to retirements and a recent notification of a consultant proposing to leave in June 2017 and due to the system's inability to make a decision around Future Fit, only 4 substantive emergency consultants will be in post to provide cover for both A&E Departments if substantive or locum appointments are unable to be made. This would require the existing Consultants to provide cover on a 1:3 consultant on-call rota which is extremely challenging and will mean PRH will continue to have remote cover from the RSH site.

The Trust does have some locum cover but locums are expensive and are able to leave employment without providing notice.

Following previous discussions, the Board approved the proposal to recruit an additional two Locum Consultants as an immediate solution to address the fragility of the service; however, this has not come to fruition as there have been no applicants for the posts. SaTH's position has therefore deteriorated and all options from within the Contingency Plan presented in December 2015 and March 2016 have been exhausted.

..... Chair  
30 March 2017

The organisation is therefore required to explore all viable options available to ensure a safe emergency care service. The members were informed that there is no simple solution as it will impact on other services; all viable options will therefore require engagement with stakeholders and public representatives. It was highlighted that this cannot be a lengthy process; an interim, temporary solution is required alongside the Future Fit process.

Dr Weiner (NED) requested assurance that we are continuing to provide a safe effective service; if this cannot be achieved, he suggested changes be made to the service sooner rather than later. Appropriate cover is required and we must ensure staff are not working in excess of their contracted hours.

Dr Weiner was informed that the organisation is currently able to maintain the service at a level of acceptability; however, this will diminish in the next five months when a further consultant leaves the organisation.

Dr Lee (NED) raised the organisation's reporting system and highlighted that incidents and patient reporting would be flagged via complaints, serious untoward incidents, etc. He suggested ongoing dialogue is required with clinicians on a daily basis as the current service is not fit for purpose as a high quality service.

Mr Deadman (NED) highlighted that the Board had been informed that changes to the service may take 6-9 months to enact, however, the service may reduce in the next five months, which was worrying. The CEO reported that some steps are already in place.

Dr Lee (NED) suggested the Trust has become accustomed to a level of service which is not acceptable. He requested assurance in relation to:

- Patients waiting on trolleys in the corridor which is not acceptable
- Papers to future Board meetings regarding management of the service
- Assurance on patient flow (which was the second highest risk on the risk register)
- Calibration of risk and us being aware of services when they become unsafe

Dr Lee was assured that further detail will be reported to future Board meetings.

Mr Newman (NED) highlighted that the service could reduce to 3 substantive consultants during June, July and August, which is the predominant holiday period. He therefore suggested highlighting this ramification, which could also include sick leave, when engaging with the public.

The CEO reported that the Board have received a number of options from a number of papers; and although the Trust could continue with locum cover, the level of risk would continue to rise; it would not be an appropriate way to manage an A&E Department. The Trust should now therefore seek to find a temporary solution until a permanent solution can be found through Future Fit.

Mr Cronin (NED) highlighted that the Board has two duties of care; these include a duty of care to the patients attending, and also to the staff working within the A&E department.

The COO reported that she commenced in the Trust four years ago and has been managing an increasingly fragile situation which continues to deteriorate.

The CEO suggested the taking forward a series of actions to avoid a crisis:

- To engage with the public to understand the level of risk
- To 'decongest' the hospitals before next winter
- To continue to try to recruit staff
- The call upon the wider family of the NHS should recognise and provide substantive support
- To continue to take steps to further support the teams this affects

Following discussion, the Board RECEIVED the update in relation to the current A&E position.

..... Chair  
30 March 2017



## 2017.2/14 RECOMMENDATIONS FROM KATE STANTON-DAVIES REPORT

Unfortunately, the Acting DNQ was not present to provide an update on the learning and actions that the Trust has taken following the death of Kate Stanton-Davies in Ludlow on 1 March 2009. It was however reported that the Chair and CEO regularly review the actions; and the action plan is also reviewed at the monthly Quality & Safety Committee.

It was queried when the Internal Audit findings of the Maternity Audit will be shared with the Board. The members were informed that the work has been completed and will be shared with the Audit Committee, the Quality & Safety Committee and subsequently reported to Trust Board.

Following discussion, the Board RECEIVED the update.

## 2017.2/15 PATIENT EXPERIENCE STRATEGY

A paper relating to the Patient Experience Strategy was presented, in the Acting DNQ absence. It reported that the Shrewsbury and Telford Hospitals Trust (SATH) provides acute health care to the urban and rural populations of Shropshire, Telford and Wrekin, and parts of Powys who aims to provide our patients with the safest and kindest care.

It is clear, at a national level, that the delivery of a good patient experience is a fundamental element of good quality health care.

The Patient Experience Strategy is informed by, and reflects, the NHS Constitution, SATH Trust Values, the NHSI Patient Experience Development Framework, and the views and experience of members of our Patient Experience and Involvement Panel (PEIP).

There is evidence that a good patient experience leads to a faster and better recovery after treatment. It is also the objective of SATH to be the safest, kindest Trust in the NHS.

In order to achieve this it is clear that we need to find out from patients, their families and carers, their experience of care. This will be done in a number of ways, as detailed in the Patient Experience Strategy. There is also evidence that health care that is co-designed with service users and patients is likely to provide better experiences and outcomes for patients.

Following discussion, the WD recommended to the Board that she felt the Strategy itself needs more in it from an Equality & Diversity perspective. She confirmed that she would feed this information back to the Corporate Nursing Team. Update to be provided to 30 March Trust Board.

**Action: WD Due: 30 March 2017 Trust Board**

## 2017.2/16 COMPLAINTS & PALS Q3 UPDATE

The DCG presented a paper which provided an overview of the formal complaints and PALS concerns received by the Trust during quarter 3, and assurance that the Trust is handling complaints in accordance with the regulations.

In quarter three, the Trust received a total of 107 formal complaints. This represents an 18% increase in the number of formal complaints received compared to the same period in 2015/16. The increase is due to a shift in the reporting of PALS incidents to a formal complaint which has become more rigorous. The DCG reported that there has been no notable increase in complaints received regarding A&E.

There were 160 Freedom of Information (FOI) requests in quarter three. A number of actions have been taken to improve response times from departments to requests; and the DCG envisages a decrease in the number of FOI requests received.

..... Chair  
30 March 2017

The DCG informed the members that the Complaints & PALS Department was without a manager for a time; however Julia Palmer has been appointed as the new Head of Complaints & PALS.

The Chair highlighted section 6 of the paper regarding 'Formal complaints by location' and following discussion, the DCG agreed to look at measuring the metrics differently.

**Action: DCG Due: April 2017**

Section 7 of the paper regarding 'Actions and learning from complaints' was also raised and it was queried if there are any systems in place to check the actions and learning. The DCG reported that she has recently introduced the same way of tracking as the Audit Committee actions.

The DCG agreed to provide further assurance in the next Complaints & PALS Report.

**Action: DCG Due: April 2017**

Following discussion, the Board REVIEWED the report and NOTED how feedback is being used to improve services and encourage shared learning to provide a better patient experience.

## SUSTAINABILITY

2017.2/17

### SUSTAINABILITY COMMITTEE SUMMARY

The Committee Chair (Mr Deadman, NED) presented the Sustainability Committee update from 31 January 2017 which summarised the following concerns:

#### Finance Position Quarter 3

The Committee discussed how the Trust would aim to achieve its forecasted outturn position of £5.9 million as required by NHSI, from a position of £12.1 million deficit as projected at month 8. At the end of month 9 the performance to date had improved due to an in month surplus of £77k, which was £1.3 million better than expected. This had been achieved principally because non pay spending was lower than anticipated, capitalisation of some revenue costs and nursing costs remaining relatively unchanged and not increasing as expected. Although the situation remained severe, the Committee was encouraged by this position and wished to congratulate staff, particularly nurses, for their extra efforts during a difficult period. Before account is taken of a £1.5 million contingent liability (required to cover the provision of risk associated with CQUIN penalties and contract challenges), the forecast outturn position would be £7.4 million. This should allow the Trust to receive Q3 STF funding (£2.6m) but may mean the Trust would not receive Quarter 4 STF funds (also £2.6m). This would further compound the existing cash shortfall.

A discussion took place about the current cash position and the Committee was advised of the cash restrictions put in place to aid the Trust's cash shortfall, including extending suppliers' payment terms. It was noted that capital accruals can be used to temporarily ease the situation, however, it was acknowledged that unless there is a serious reduction in spend, there will be a very significant cash problem in the spring / summer. The FD reported that an update will be presented to a future Board.

Action: FD

Mr Deadman highlighted the outstanding efforts of the Finance Director and his team in achieving the above

#### Business Case and Contract Award

The Committee received and discussed the following Business Case and Contract Awards ahead of discussion at Trust Board meeting on 2nd February 2017:

- Business Case: Fertility Services Accommodation and Service Development – Recommended approval of Option 6, the transfer of the service off site.
- Contract Award: Recommendation of the Supply of Renal Dialysis Consumables – Recommended approval to award two year contract valued at £454k per annum, delivering non pay savings of £77k per annum.

..... Chair  
30 March 2017

Clinical Waste Contract

Recommended approval of 3 year contract extension valued at £253k, delivering savings of £51k

Board Assurance Framework

The Committee reviewed the BAF risks and agreed that the RAG ratings were accurate.

Other issues discussed

- Operational Plan 2017/18 and 2018/19 – these ‘top down’ plans had been submitted to NHSI as required in December 2016. While there was recognition that significant progress made in business planning, it was noted detailed ‘bottom up’ initiatives had not been developed and agreed and ‘owned’ with the care groups to allow delivery of the 2017/19 Operational Plan.
- It was also noted that there were several major uncertainties, such as a solution for Unscheduled Care. It was therefore important we list the small number of strategic dependencies and assumptions which underpin our ‘bottom up’ plans. It may be that if some of these dependencies do not happen the Board may have to consider alternative options and strategies. The committee asked to receive progress on the “bottom up” options and a short list of the strategic assumptions and dependencies at the next meeting in February 2017.
- Capital Planning Group Committee Summary – recognising that the Trust’s CRL of £8.9 million was insufficient to address the £150 million backlog problem, and there had been several infrastructure failure incidents the Committee sought an understanding of the level of risk associated with not progressing the numerous schemes. To be presented at the next meeting.

The Board RECEIVED and APPROVED the Sustainability Committee summary.

2017.2/18

**NEW PLANNING GUIDANCE**

The FD presented a paper which reported that the NHS provider sector is now being governed through the use of a new operating framework “the Single Oversight Framework”.

Assessment of the Trust is being determined based upon a review of performance across the following five themes of activity:

- Quality of care – using CQC assessments to determine whether a provider is safe, effective, caring and responsive
- Finance and use of resources
- Operational performance – by reference to NHS Constitution standards
- Strategic change – particular focus being based upon providers contribution to sustainability and Transformation plans
- Leaderships and improvement capability – assessment of a provider’s ability to learn and improve. This is being developed with the CQC.

Based upon the assessment of the five themes, Provider organisations are then segmented into one of four categories:

- 4 = Special measures
- 3 = Providers receiving mandated support
- 2 = Providers offered targeted support
- 1 = Providers with maximum autonomy

The members were informed that the Trust is classified as a Segment 3 organisation which would be expected for a Trust in our current position.

Mr Darbhanga (NED) queried the intervention of NHSI. The FD reported that the Trust is in regular dialogue with them regarding its I&E and cash positions.

Following discussion, the Board RECEIVED and NOTED the requirements of the Single Oversight Framework and the classification of the Trust within this.

..... Chair  
30 March 2017

**2017.2/19 INTERIM SUPPORT FINANCE**

The FD reported that the Trust is required to draw down a level of cash to support the organisation's cash position. He presented a paper which reported:

- The Trust has an Interim Revolving Working Capital Support Facility (RWC) which has been varied to £16.800 million, representing 20 days equivalent operating expenditure. This facility provides flexibility to cover the Trust's short term, fluctuating cash requirements.
- In 2015/16, the agreed stretch Control Total of £15.200 million was converted to Revenue Support Loan. £12.700 million of this was drawn in 2015/16 with the remaining £2.500 million being drawn during 2016/17.
- As at January 2017 (Month 10), the Trust has drawn £1.814 million of the available Revolving Working Capital Facility.
- The Trust has the opportunity to convert this £1.814 million to Revenue Support Loan.
- Interest Rate on Revenue Working Capital is 3.5% and on Revenue Support Loan it is 1.5%, based on daily outstanding balances.
- To enable this conversion, the Finance Director, as Authorised Officer, is required to complete Loan Agreement and Facility Variation Letter and to provide a Trust Board Minute supporting this conversion.
- The Trust can apply for a Variation to a maximum of 30 days equivalent operating expenditure on its Revolving Working Capital Support Facility (RWC). The Finance Director, as the Authorised Officer, can apply for this.

Mr Deadman (NED) wished to discuss this further with the FD for a greater level of understanding. **Action: FD / C Deadman outside meeting**

Following discussion, the Board APPROVED the conversion of £1.814 million Interim Revolving Working Capital Support Facility (RWC) to Revenue Support Loan (RSL).

**2017.2/20 OPERATIONAL PLAN 2017/18**

The members were informed that the Trust was required to submit an Operational Plan for 2017/18 and 2018/19 to NHSI by end December 2016. The plan was constructed on defined expectations and although the FD was placed in a difficult position in relation to committing to signing up to control totals for 2017/18, the plan was submitted on 28 December 2016.

Work is underway with clinicians, managers and relevant corporate leads to develop the Care Group operational/business plans for 2017/18 which is due to conclude by end of March 2017.

It was reported that a number of discussions will be held regarding this over the next few months; the Board agreed to support the Executive in this.

Mr Newman (NED) enquired how A&E performance could be predicted to March 2019; the FD reported that performance is based on trend analysis.

Following discussion, the Board RECEIVED and NOTED the Operational Plan for 2017/18 and 2018/19.

**2017.2/21 FERTILITY BUSINESS CASE**

The FD presented a paper and Business Plan following a presentation and Deep Dive of the Fertility Service at the October 2015 Trust Board meeting.

The paper reported that the current Fertility department accommodation is not fit for purpose and poses significant risk with regard to:

- Clinical risks arising from restrictions in accommodation
- Quality and outcomes
- Health and safety of staff and patients

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- Loss of business and reputation

Identifying an accommodation solution would enable the control of all of the major clinical risks and privacy and dignity issues in the department whilst also allowing growth and service development which will, in turn, provide significant benefits for patients, staff employed within the Centre and the Trust as a whole. Increasing market share and improving patient access would generate significant contributions to enable the Trust to invest in quality, delivery and sustainability in the future.

An options appraisal and case for change has been developed by a multi-disciplinary team representing the department; and, based on consideration of outcomes required and value for money the Fertility team recommend the option (6) to transfer the service off-site to the Sundorne Severn Fields Health Village which would allow the following which are areas of concern on the Care Group risk register:

- Adequate patient recovery
- Increased patient clinical space
- Increased storage including cryogenic store in a ventilated area
- Improved nursing and clinical office space
- Improved embryology laboratory space
- Movement of the current diagnostic Andrology laboratory, addressing requirements for future mandatory CPA accreditation

The proposal is a rental option costing £181,440 per annum over 10 years for the building and 40 car parking spaces. This includes a 12% contingency, annual service charges, utilities and VAT; no capital investment is required (if lease option pursued).

The fertility department has shown its ability to generate additional income year on year. Whilst additional income for future years is not yet guaranteed, additional income in 2017/18 is highly likely to be secured to fund rental costs of £134,750, with further possible available income to cover rental costs of £97,000.

This case received the support of the December 2016 Capital Planning Group and the January 2017 Sustainability Committee.

The Chair praised the Fertility team for their persistence in improving this Service since their initial attendance at the October 2015 Trust Board; and, following discussion, the Trust Board **APPROVED Option 6** to move the Fertility service into new premises in the Sundorne Severn Fields Health Village.

## 2017.2/22 CLINICAL WASTE CONTRACT

The FD presented a paper which reported that the Trust's present clinical waste contract is fulfilled by SRCL and has been extended until 31/3/17 when it will expire.

A mini-competition for the service was undertaken in October 2016 by HTE (via SHPS), for provision of clinical waste services to SaTH, RJAH and SSSFT. This mini-competition was held under HTE's Total Waste Management Framework Agreement which was publicly advertised in the Official Journal of the European Union on 19th November 2013 (ref 2013/S 150-261071) and valid for 4 years.

Five potential suppliers expressed an interest and the tenders received were evaluated on the basis of most economically advantageous tender, taking account of price and quality. The HTE Recommendation Report recommends that the contract is awarded to Healthcare Environmental Group.

The duration of the new call-off contract is three years with extension option of 12 months. The estimated annual value of the contract for the service at SaTH sites is £253k, representing an annual saving circa £51k over the present contract.

This case received the support of the January 2017 Sustainability Committee.

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Following discussion, the Board APPROVED the award of a three year (plus one year optional extension) contract for the provision of clinical waste services to the Trust to Healthcare Environmental Group.

#### 2017.2/23 **CONTRACT AWARD RECOMMENDATION REPORT FOR THE GPO RENAL CONSUMABLES PROJECT**

The FD presented a paper which reported that the Trust is a member of the collaborative procurement organisation HealthTrust Europe, and therefore access various framework contracts to enable purchase of various goods and services. Within these framework contracts, there is the ability for multiple purchasing authorities to further improve contract pricing by aggregating volumes to improve price.

With the support of the Trusts Devices & Product Committee, chaired by the Medical Director and Deputy Director of Nursing & Quality, it was agreed to commit to participating in a range of these 'Group Purchase' procurement exercises.

For renal consumables, SaTH has joined with three other Trusts to aggregate volume commitment, and the result has shown a saving of £77k per annum across four product 'lots'.

It was recommended to award a two year contract to a range of existing suppliers who provide renal consumables to the Trust.

Following discussion, the Board APPROVED the recommended to award the two year contract, valued at £454k per annum based on current baseline volumes to the suppliers, as detailed in the Procurement Award Report. This delivers Unscheduled Care Group £77.7k per annum non-pay savings.

#### 2017.2/24 **CT SCANNERS RSH BENEFITS REVIEW AND POST PROJECT REVIEW**

The Trust Board approved the Business Case for a replacement CT scanner and an additional CT scanner at RSH during the December 2015 Board meeting. Although the additional scanner was a cost pressure to the Trust at the time, the members were informed that it would be used to improve patient flow, allow for the repatriation of patients who had to go out of county for their CT scans, and provide additional capacity for the increasing demand for CT scans, especially for cancer patients. Mr Newman (NED) particularly asked for this commitment to be delivered.

The FD presented a paper to the Board which reported that the project was completed on time and within the costs specified. Some savings made under the multi-purchase scheme from the NHS supply chain was invested to provide a waiting area for the CT patients allowing for the segregation of in- patients and outpatients. A Radiologist's reporting room was provided to allow the CT scanner to have Radiologist cover during core hours and a designated area for clinicians to discuss the outcome of the CT scans without interruption.

Since the commissioning of the two scanners there are no remaining risks or issues. The FD reported that the additional CT scanner has increased capacity and is bringing additional income into the Trust which is expected to offset the cost pressure to the Trust within the life expectancy of the equipment.

The Board members reflected on the post project review and agreed for all Business Cases to be revisited 12-18 months on. Mr Newman (NED) requested the clinical team be congratulated on the investment of capital.

The CEO highlighted the importance of having modern equipment, for the safety of the patients and the workforce component.

The Board members RECEIVED the update and thanked the FD and Mr Deadman (NED), and also thanked Mr Newman for his persistence in flagging such issues for progress to be made.

#### 2017.2/25 **TRUST PERFORMANCE REPORT**

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

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## OPERATIONAL PERFORMANCE

Performance against the monthly trajectories agreed with NHSI:

- VTE performance – 95.6% against a target of 95%. Performance has been achieved for a calendar year which is a fantastic achievement, due to the efforts of the Trust Clinical Audit staff. Mr Weiner (NED) highlighted concerns around variation of coverage between teams.
- Cancer target – this will be achieved to year-end:
  - 2 week wait – 93.4%
  - 62 day – 81.7%
- RTT access target – this will not be achieved to year end. Performance of 87.48% against a required trajectory of 92%; Neurology, Oral Surgery, Trauma and Orthopaedics are the main specialties with significant RTT issues. There is also concern around Thoracic Medicine and Ophthalmology. Other areas are however set to achieve their non-admitted targets.
- 4 hour Accident and Emergency waiting time access targets 78.0% against a required trajectory of 95%. This will not be achieved despite any efforts (as per discussions at minute 2016.2/13).

The deteriorating picture in A&E was further discussed. The Trust is in receipt of a formal letter which raises serious concerns in relation to the Telford and Wrekin Interface Services (TEMS). This has been forwarded to the Telford & Wrekin CCG and Shropshire CCG and also to the Trust Quality & Safety Committee. The Board agreed that the Trust should be more decisive and on the front-foot. SaTH wrote to NHSI during the autumn confirming what the organisation would and would not tolerate in relation to this interface service.

Overall, the COO reported that the majority of performance will not be achieved due to the issues described throughout the meeting.

## FINANCE

At the end of December (Month 9) the Trust had planned to deliver an in-year deficit of £4.965 million and actually recorded a deficit of £6.09 million. The actual deficit includes a provision relating to potential lost Income in respect of CQUIN and contractual challenges. Whilst this approach is prudent, given that the dispute is under review, it is arguably more appropriate to regard the value of the disagreement as a "contingent liability". Adopting this approach then allows the Trust to withdraw the provision from the Month 9 position and as a result the Trust is then able to record a year to date deficit of £4.965 million. The revised deficit is consistent with the planned financial position.

The Trust is required to update NHS Improvement of its financial position at the end of Month 9. In making this submission, the Trust has presented a deficit of £4.965 million and an end of year deficit of £5.9 million. A conversation has been held with the regional operational Finance Director, confirming that achieving these values is dependent upon the Trust successfully defending commissioner challenges in respect of CQUIN and the contract.

### The Trust's Capital Programme for 2016/17

Following revision in Month 09, the Capital Resource Limit (CRL) for 2016/17 remains at:

Y £9.768m million Internally Generated CRL

Y £2.500 million Capital to Revenue Transfer from 2015/16

Y £12.268 million CRL

At Month 09 £5.265 million has been expensed, with £0.744 million committed. The remaining £6.254 million is yet to be expensed. Following a review of the Capital Programme, project managers have confirmed delivery of the Capital Programme by the end of the financial year.

Significantly, the Trust received on the 23rd January 2017 a letter from NHSI explaining that nationally the Capital Programme for the NHS provider sector is presently over committed by £1 billion. Specifically the Trust was required to review its capital spending over the remaining months of the year to determine whether opportunity existed to

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restrict spending over the remaining months of the year. The Trust has responded stating that it is expected that by the year end the Capital Programme will be fully committed.

In making this representation, a potential issue exists in respect of donated assets. In particular, the Trust believes that the CRL for the Trust incorrectly assumes a level of spending relating to donated assets. However, the Trust is aware that if this is corrected (and the CRL is adjusted downwards), then in parallel the Trust cash resources will also be adjusted downwards (in other words cash will be removed from the Trust). The Trust believes that this is incorrect. This issue is to be discussed further with NHSI.

## WORKFORCE

The WD reported an increase in sickness absence to 4.46% for December 2016; this reflects coughs and colds, and is therefore a seasonal variation.

Appraisal rates and training rates were discussed at the recent Workforce Committee as the rates appear to be very static. These will be investigated further.

Nursing unavailability for 2016/17 was reported as below:

- Scheduled Care – 27.22%
- Unscheduled Care – 27.61%

Mr Newman (NED) queried the Trust Annual Leave Policy and enquired if Trust substantive staff did not wish to take annual leave; the WD informed him that the organisation's Leave Policy provides staff with the opportunity to buy additional leave or sell it back to the Trust if they do not wish to take it. Conversations will be held with staff during April to provide them with a further understanding of the options.

## QUALITY & SAFETY

Unfortunately, the Asst. DNQ was unable to attend the meeting. The Board therefore took the report as read, as per graphics below:

Measure	% Annual Target 15/16	Monthly Target 15/16	YTD 2015/16	August	September	October	November	December	Year end 14/15
Risk Adjusted Mortality Index (RAMI)	NP	NP	88/90	79	89	85	86	TBC	82/88
RIDDOR/SI Reportable Falls	29	2	12	0	1	2	1	1	35
Grade 4 Avoidable Pressure Ulcers	0	0	0	0	0	0	0	0	0
Grade 4 Unavoidable Pressure Ulcers	N/A	N/A	2	0	0	0	0	0	1
Grade 3 Avoidable Pressure Ulcers	6	0	4	0	0	1	0	1	7
Grade 3 Unavoidable Pressure Ulcers	N/A	N/A	8	1	0	1	0	1	21
Grade 2 Avoidable Pressure Ulcers	22	1	23	4	2	1	1	0	25
Grade 2 Unavoidable Pressure Ulcers	N/A	N/A	82	10	7	14	8	7	67
Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	32	0	1	4	10	16	0
C. difficile Infections	25	2	25	4	4	3	0	2	29
MRSA Bacteraemia Infections	0	0	1	0	0	0	0	0	2
MSSA Bacteraemia Infections (HCAI only)	N/A	N/A	15	0	2	3	0	1	23
E. coli Bacteraemia Infections (HCAI only)	N/A	N/A	18	2	3	4	3	TBC	42
MRSA Screening – Elective	95%	95%	97%	96.7%	97.3%	98.5%	96.3%	95.0%	95.2%
MRSA Screening – Non-Elective	95%	95%	96.6%	96.9%	97.3%	96.8%	96.2%	96.1%	95.6%
Number of Serious Incidents	N/A	N/A	47	4	4	4	6	4	98
Never Events	0	0	2	0	1	0	1	0	0
Safety Thermometer – Harm Free %	N/A	N/A	92.9%	90.3%	91.8%	92.3%	96.0%	92.8%	N/A
Safety Thermometer – New Harms%	N/A	N/A	96.4%	94.3%	95.6%	96.2%	98.7%	98.1%	N/A
WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
VTE Assessment	95%	95%	95.2%	95.2%	95.2%	94.6%	94.3%	TBC	95.1%
Maternity Dashboard	Green	Green							N/A
Ward to Board – Nursing Performance Score	95%	95%	95%	96%	96%	95%	96%	96%	93%
Number of Complaints	N/A	N/A	237	26	29	24	28	25	377
Same Sex Accommodation	0	0	0	0	0	0	0	0	0
ITU Patient Discharge delays > 12hrs	N/A	N/A	138*	13	10	19	23	12	N/A
Friends and Family Response Rate	NA	NA	23.9%	32.5%	18.4%	31.2%	15%	26%	9.9%
Friends and Family Test Score	75%	75%	95.2%	95%	94.7%	94.1%	96.2%	94.7%	75.8%
Ward to Board – Patient Experience Score	95%	95%	87%	89%	85%	88%	87%	83%	87%

### Nursing, Midwifery and Care Staff data

The monthly Nursing, Midwifery and Care Staff data was RECEIVED for information.

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Following discussion, the members RECEIVED and APPROVED the Trust Performance Report.

## WORKFORCE

### 2017.2/26 WORKFORCE COMMITTEE SUMMARIES held 9 DECEMBER 2016 & 16 JANUARY 2017

The Committee Chair (Mr Cronin, NED) presented the Workforce Committee updates which summarised the following particular concerns:

Key summary points from the Workforce Committee held on Friday 9th December 2016:

#### 1. Workforce Assurance Report

The Committee received the Workforce Assurance Report which continues to highlight the workforce challenges facing the organisation with a particular focus on recruitment. The Committee were assured that the Agency Task and Finish Group, who meet fortnightly, are discussing the use of agency and locums in detail. The Committee asked that a summary is provided in future.

The Committee discussed how to ensure managers prioritise appraisals and were notified that from April 2017 all managers will be required to have all their staff appraised in order to receive a satisfactory appraisal themselves. The Committee were concerned with the compliance rates amongst medics. The Committee asked the Medical Education Committee to work up a plan to improve compliance.

The Committee received a presentation on the Workforce profile and risk which highlighted a number of areas in the Trust with high vacancies and also high numbers of staff close to retirement age. It was agreed that the specific risk relating to the demography of the nursing workforce would be added to the Risk Register and an update would be circulated to the Committee monthly.

The Committee were advised that a large amount of work was being focused on improving the medical recruitment package and that collectively we need to work with other organisations like the Council, schools and the University of Shrewsbury to make the area more attractive as a place to live and work.

#### 2. Organisation Development Plan

The Committee received the draft Organisation Development Plan and agreed the importance of linking this in with the People Strategy and approved the continual development of the finalised plan to be brought back to the Committee.

#### 3. Junior Doctors

The Committee received an update on the implementation of the Junior Doctor contract and the exception reporting process and implication. The Committee thanked the team for their work in this area and the successful progression of the agenda. The Committee requested that Junior Doctors remain a standing agenda item.

#### 4. Apprenticeship Levy

The Committee received an update on the apprenticeship levy and its implications for the Trust. The Committee asked that further work was undertaken to fully explore the opportunities of the levy which included the production of a business case. The Committee were advised that a number of roles including Nurse Associates could be delivered through an Apprenticeship route offering a further opportunity to the Trust.

Key summary points from the Workforce Committee held on Monday 16th January 2017:

#### 1. Board Assurance Framework

The Committee reviewed the BAF risks and agreed that the RAG ratings

#### 2. Workforce Budgets

The Committee reviewed this report and asked for further information. The Committee felt that the feedback from the Confirm and Challenge meeting was helpful; however, the Committee has requested a summary to provide further assurance that the people agenda is being discussed and managed through Confirm and Challenge.

The Workforce Committee formally noted the communication from the CEO in December highlighting the issues

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around sustainable finances. Difficult decisions have been made including extending payment periods for invoices resulting in the withdrawal of some supplies.

### 3. Training

The Committee received a paper that highlighted the importance of ensuring that as many clinical staff as possible should be supported to deliver care to our patients during this difficult winter period. This includes a risk-based assessment regarding training. This will mean for most staff, their training will be paused until April 2017. The Committee were advised of the impact of this and the mitigation that is in place to support it. The Committee discussed this matter in great detail and concluded that they requested that the recovery plan be reviewed to see if training compliance could be accelerated. It was noted that this was a difficult decision and the Committee requested to be fully sighted on the progress of this matter.

### 4. Staff Survey

The Committee received an update on the staff survey results which are under embargo. The Committee discussed the importance of responding to the staff survey and asked for monthly progression against the plan.

### 5. Rapid Process Improvement Week (RPIW)

The Committee received an update on the RPIW Recruitment Value Stream 3 which has reduced the average process time of when the recruitment team receive the post information form to the candidates getting their confirmation letter with the start date from 42 days and 90 minutes to 12 days which is a fantastic achievement. The improvements are monitored at 60 and 90 days to ensure consistency and further improvements will continue.

### 6. Junior Doctors

The Committee received an update on the junior doctor's transition to the new contract which started in December 2016. To date no exception reports have been received and a monthly update will be presented to the Committee. The importance of doctors in training having a positive experience at SaTH was emphasized and they are more likely to consider a substantive post if their experience is positive. This was highlighted as critical for future rotations.

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

The CEO enquired of the final result for the flu vaccine jabs for staff. The WD reported that 70% of frontline staff received the flu vaccine which was just below the national target of 75%, although this was a 27% improvement on the previous year.

2017.2/27

## ORGANISATIONAL DEVELOPMENT PLAN & PEOPLE STRATEGY UPDATES

### People Strategy

The WD reported that this was originally planned to be presented to the February Board for approval, however this has been deferred to the April Board following the review of the business planning process to ensure clear alignment. The People Strategy will be presented to 27 April 2017 Trust Board.

**Action: WD Due: 27 April 2017**

### Organisational Development Plan

The WD informed the members that the workforce will be engaged in the development of the Organisational Development Plan, taking into account Values in Practice (consistent behaviours), vision into practice, raising concerns, Leadership Academy, Transforming Care Institute (understanding the philosophy).

Mr Cronin (NED) highlighted the importance of driving staff engagement as it is in the top three metrics that the CQC may look at.

It was suggested and agreed to use the phrase "system" rather than "organisation"; the Chair suggested a more covenant based relationship which the Board also agreed.

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The Plan will be presented to 27 April 2017 Trust Board.

**Action: WD Due: 27 April 2017**

## 2017.2/28 HR POLICY – W19 LEAVE POLICY

The WD presented a paper which reported that the Leave Policy was first agreed in 2015 and was the first cluster of policies to be reviewed with staff side colleagues with the view to merge and simplify the Trust's employment policies to ensure they are customer-focused and fit for purpose.

The required changes to two chapters within the Leave Policy have been identified through:-

- feedback from staff on the clarification provided by the policies,
- standardisation to support recording of absences, and
- to demonstrate our commitment and support to Reserve Forces

### Chapter 2 – Annual Leave Procedure

Clarification on the management of annual leave during periods of sickness absence. Changes made to questions 30 and 31 only.

### Chapter 8: Special Leave Procedure – Standardisation of Headings and Reservist Update

To support the recording of Special Leave in E-Rostering and ESR in the future the headings of the leave granted under this procedure have been standardised to reflect headings in these recording systems.

As an employer of reservists, the Trust has a legal obligation to ensure that our reservist employees are supported throughout their military career as set out in the Reserve Forces (Safeguarding of Employment) Act 1985.

To demonstrate our commitment, the Special Leave Policy now includes two weeks' additional PAID leave that will be granted to reservists to attend annual training camp. The policy also specifies the processes surrounding mobilisation in the event that a reservist is 'called up' on active service.

Changes made to Key Headings and particularly questions 41 to 53 in relation to reservists.

Cathy Briggs, Staff Side Chair, highlighted that the above was not the wording that was agreed at the TNCC meeting.

Following discussion, the Board APPROVED the Leave Policy in principle, and agreed to delegate the changes to the Workforce Committee to conclude.

**Action: WD / P Cronin**

## ASSURANCE

## 2017.2/29 AUDIT COMMITTEE SUMMARY held 16 DECEMBER 2016

The DCG presented the following key summary points from the Audit Committee meeting held on Friday 16 December 2016:

### 1. Extension of Scope to Budgetary Control Audit

Preliminary work has been carried out on the Budgetary Control audit; however, the audit report was postponed to the New Year on the basis of an extension to scope - the revised Terms of Reference for this extended review were being considered.

The Committee discussed the above approach and agreed with the auditors that although the controls in finance are good, the operational practice in the Care Groups and wider Trust result in a failure of the controls. The auditors have proposed reviewing practice outside of finance to better understand the position. The Audit Committee supported the extension of scope to this audit.

The Committee discussed in some detail the contract negotiations, the work of the Sustainability Committee and the importance of the Trust delivering its control total in order to be seen as a credible organisation, to be able to access

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Sustainability & Transformation Funding and potentially loan facilities as well as being able to progress to greater autonomy when the Single Operating Framework is introduced in 2017

## 2. External Audit Briefing

### 2.1 Gender Pay Gap

The briefing advised that subject to approval by Parliament the regulations for mandatory reporting on the gender pay gap will come into force during October 2016. However, employers have around 18 months from commencement to publish the required information for the first time. Employers with 250 or more employees will fall within the scope of the regulations which will require employers to publish their overall mean and median gender pay gaps as they are complementary indicators. The Workforce Committee have been asked to provide assurance that there are systems in place to be able to calculate the gender pay gap in the Trust.

### 2.2 Exit Packages Cap

The Treasury has confirmed Public Sector pay-offs are to be capped at £95k. The changes will apply to the majority of the 5m public sector workers. The Treasury noted that the reduction in exit packages across the public sector would result in significant savings but would still offer a comparable and competitive settlement process, similar to that in the public sector.

The Workforce Committee have been asked to provide assurance that the Trust is ready for the changes to exit package calculations.

## 3 Board Assurance Framework

The Committee discussed the Board Assurance Framework and reviewed the RAG ratings for the strategic risks. The Committee recommended the Board accept the following changes to the BAF summary

Risk 561 – Safe and efficient patient flow - the position is improving and so a RAG of amber/red rather than red is recommended

Risk 670 –Income & Expenditure position - the risk is red and deteriorating

Risk 668 – Clinical service vision - the risk is red and deteriorating

Risk 1134 – Winter planning – this new risk and the Amber rating was noted.

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

## 2017.2/30 **ANY OTHER BUSINESS**

No further business raised.

## 2017.2/31 **LEARNING / REFLECTION OF THE MEETING**

- The microphone system was welcomed by the Board and members of the public
- Mr Newman (NED) feels the Board is grasping its own destiny; the Chair agreed and felt a thoroughness, assisted by the good appointments and challenges from the new NEDs
- Mr Cronin (NED) suggested a real feeling that the organisation is 'up against it' and it is now decision time as the Trust is being confronted with real safety issues.
- The CEO reported that a number of issues were discussed to serve our population well in the future; he felt the Board were focused on the right issues and there is a sense of forward motion.

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## 2017.2/32 QUESTIONS FROM THE FLOOR

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

- Q1** Graham Shepherd reported that the Trust had 120 more beds five years ago; these were closed by Adam Cairns when he was in post as CEO. Graham therefore highlighted the current lack of beds within the Trust and enquired what processes are in place to rectify this.
- A1** The CEO spoke of the importance of getting patients home, rather than discharging them to other institutions. Although the Trust has the facilities, unfortunately they are not being used to the best of their ability.
- Q2** Following on from discussions held around CT scanners, a member of the public reported that she had heard that the Trust is looking to purchase an additional 3 scanners; if this is the case, she suggested the purchase of an open scanner.
- A2** The CEO confirmed that the Trust would look to purchase a larger, open scanner.
- Q3** Ms Gill George raised the Sustainable Services Outline Business Case and the reduction of whole time equivalent (WTE) posts. Gill reported that information has been leaked from NHS England, proposing a reduction of 2,000 WTE which has been confirmed to her by partner organisations; she enquired how many of the 2,000 are expected to be from SaTH.
- A3** The CEO reported that the Trust will look at remodelling to remove locum and agency staffing; not 2,000 posts. He confirmed that he would formally respond to Gill George in his capacity of Chair of the STP.  
**Action: CEO**
- Q4** Linda Senior raised maternity services and rural midwifery led units. She reported that she had attended a Ludlow Town Council meeting earlier in the week where Jo Banks, Women & Children's' Care Group Director, explained that Ludlow will be in synergy of the STPs.
- A4** Jo Banks was in attendance and confirmed that she had attended the Ludlow Town Council meeting to talk of the development of local maternity systems.
- The CEO confirmed that patients will continue to be able to use their local service and the public's choice factor will not be affected by the future developments.
- Q5** A member of the public highlighted that the day's positive discussions had given her some pleasure to hear and she reported that she felt excited for the future. She felt the developments should have happened many years ago and encouraged the organisation to keep grasp of the situation for the rural communities.
- Q6** Gill George felt there are some risks and highlighted it is clear that not all partners are on board with the Sustainable Services Programme.
- Gill felt it was clear from a joint CCG Committee meeting that an overwhelming majority were delighted that the Programme was stalled.
- With regard to the interim A&E issues; Gill felt Dr Lee (NED) had made a wise point regarding looking at patient flow around bed capacity, and if focusing purely on closing, she felt could make it worse.
- A6** The CEO informed Gill that the Board will look at all opportunities, however, the discussions held during the Board meeting related to the next 9-10 months, rather than the next 5 years.

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Q7 David Sandbach welcomed the new Non-Executive Directors.

He also highlighted that during the September 2016 Trust Board meeting, he urged the Board to shut down one of the Trust's A&E Departments in line with recent action taken by Chorley and South Ribble District General Hospital. He suggested that if the Board had taken this action, they would not be in the current situation.

2017.2/33 **DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 30 March 2017, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 5.45pm

## ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 2 FEBRUARY 2017

Item	Issue	Action Owner	Due Date
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	DNQ	30 Mar 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 BDS
2017.2/10	<i>Sustainable Services Critical Path &amp; Consultation Update</i> To provide update to 30 March 2017 Trust Board regarding the approach that will evolve over time	CEO	30 Mar 2017 ON AGENDA
2017.2/15	<i>Patient Experience Strategy</i> To liaise with Corporate Nursing Team to feedback that the Strategy requires further detail regarding Equality & Diversity; and provide update to March 2017 Trust Board	WD	30 Mar 2017 ON AGENDA
2017.2/16	<i>Complaints &amp; PALS Q3 Update</i> <ul style="list-style-type: none"> <li>• To look at section 6 of the report regarding 'Formal complaints by location' and look at measuring the metrics differently</li> <li>• To provide further assurance in the next Complaints &amp; PALS Report</li> </ul>	DCG  DCG	27 Apr 2017  27 Apr 2017
2017.2/19	<i>Interim Support Finance</i> To provide C Deadman (NED) with a greater level of understanding	FD	End Feb 2017
2017.2/27	<i>People Strategy Update</i> To present to the April 2017 Trust Board  <i>Organisational Development Plan</i> To present to the April 2017 Trust Board	WD  WD	27 Apr 2017  27 Apr 2017
2017.2/28	HR Policy – W19 Leave Policy Workforce Committee to conclude the changes raised by Staff Side Chair, Cathy Briggs	WD	End Feb 2017
2017.2/32	Questions from the Floor A3 – CEO to formally respond to Gill George in his capacity of Chair of the STP	CEO	End Feb 2017

..... Chair  
30 March 2017