TRUST BOARD MEETING
Held on Thursday 31 July 2014 at 10.00 am
Shropshire Education & Conference Centre,
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present: Mr P Latchford  Chair

Mr D Jones  Non Executive Director (NED)
Mr B Newman  Non Executive Director (NED)
Dr S Walford  Non Executive Director (NED)
Mr P Herring  Chief Executive (CEO)
Mrs S Bloomfield  Director of Nursing and Quality (DNQ)
Dr E Borman  Medical Director (MD)
Mrs D Kadum  Chief Operating Officer (COO)
Mrs J Price  Representing Finance Director (FD)

Mrs J Clarke  Director of Corporate Governance/Company Secretary (DCG / CS)

In attendance Miss V Maher  Workforce Director (WD)
Mr A Osborne  Communications Director (CD)
Mrs D Vogler  Director of Business & Enterprise (DBE)
Ms P Gibb  Trust Advisor (TA)

Meeting Secretary Mrs S Mattey  Committee Secretary

Apologies: Mrs D Leeding  Non Executive Director (NED)
Mr H Darbhanga  Non Executive Director (NED)
Dr R Hooper  Non Executive Director (NED)
Mr N Nisbet  Finance Director (FD)

2014.1/115  WELCOME: The Chair welcomed everyone and reminded members that it is a meeting in public rather than a public meeting; questions could be asked by members of the public at the end of the meeting.

The main areas of focus on the agenda would relate to:

Public Session:
  • Presentation of the NHS Shropshire and NHS Telford & Wrekin draft Strategic Plan 2014/15 – 2018/19
  • Performance - Cancer standards and financial
  • Workforce Transformation

Private Session:
  • Children’s Services options
  • Workforce Risk Analysis

The Chair noted that the Board papers highlight that the Trust remains in an extremely complex situation; requiring a number of items to be pursued in parallel and the challenge was to remain focused on these issues which include:
  • “Fire-fighting”
2014.1/116  CHAIR’S AWARD

The Chief Operating Officer presented this month’s Chair’s Award to Mr Chris Turner, a Physiotherapist working within the Musculoskeletal area of the Therapies Services team at the Royal Shrewsbury Hospital. Mr Turner has worked within the Trust since 2003 and is currently supporting the A&E Department.

Former patient, Mr Brian Bennett, nominated Mr Turner to receive the Award stating “The professional care and support I have received from Chris Turner and the Therapy Team has been 100%. Throughout my post-operative therapy care I was always kept fully informed and was given time to express any concerns”.

As a retired nurse, Mr Bennett said he was especially impressed by the quality of the advice being given by Mr Turner, which he described as clear and meaningful, even to those without a medical background. This praise for his work has also been echoed by senior colleagues in the Therapy Services Team, who describe him as someone who “makes a tremendous effort to make sure patients are treated well and to ensure that he is using the latest evidence-based practice to provide therapy”. They added: “He treats patients with very high standards of respect and dignity, and we have received very positive feedback about the level of information he gives his patients, and he goes the extra mile to provide a good all-round package of care.”

The wider team was also commended for “the care and attention given to all patients, the warm welcome, reassuring manner and standards of care”.

The COO highlighted that Mr Turner is someone who Values Respect, is Proud to Care and embraces teamwork displaying a further Trust value of Together we Achieve.

2014.1/117  PATIENT’S STORY

The Director of Nursing & Quality reported that this month’s Patient Story relates to Mr Arthur Wiley who unable to attend due to personal circumstances. The DNQ therefore read his story to the meeting:

“My story first began in March with a visit to the dentist for a regular check up; he noticed some white areas on my gums and asked me if I had noticed them before. Not in the habit of looking inside my mouth much I had to confess that I had not. My dentist telephoned the Princess Royal Hospital to make a referral and they gave me an appointment very quickly. I was seen in the clinic which was followed very quickly by a series of blood tests, X Rays and scans; all of which were performed efficiently and professionally. Following this comprehensive assessment I was seen by the Consultant Mr Castling, a Maxillo facial surgeon, in his clinic where he delivered the dreadful news that I had cancer. Mr Castling explained this to me with great care and gentleness for which I was truly grateful. He also explained that without treatment my life expectancy was likely to be approximately 6 months. He then went on to explain the options available and that he could offer me a very complex and long operation but with hope of success. All of this was explained to me with the utmost care and very clearly. I understood what the risks were and the potential problems I could encounter with my speech after the operation; in summary I felt very well informed and very calm about the decision I had to make. I said to Mr Castling that we should go for it as if he had the patience I certainly had the time. As I rose to leave the clinic Mr Castling wished me the best of luck and I felt confident in our plan.

Shortly after the clinic appointment I was given a date for my admission to the Princess Royal Hospital Ward 8 which was on 6th May 2014. The staff on the ward greeted me warmly and made sure that I was ready for my operation in plenty of time. On arriving in theatre there were lots of people and everyone was dressed in the same green outfits but all of the staff made sure that they introduced themselves to me and explained who they were and exactly what was going to happen. I closed my eyes for what felt like a second at 0920 and opened them again at 2120, some 12 hours later! When I returned to the ward I was looked after in the high dependency area due to having such long and complex surgery. The nursing staff were so kind and caring and I always knew what was happening to me and what to expect as they explained everything so clearly. The Princess Royal Hospital certainly lives up to its name as I felt as though I was treated as royalty and could not have chosen better people to care for me than those already there. Even the food was excellent!
On 16th May I was discharged from hospital with advice and information on what to do and how I would feel. I have already seen Mr Castling in the clinic and will do so regularly for the next 2 years. In terms of recovery I am feeling extremely well and am back to gardening and driving, much earlier than I expected although well aware that I still have a way to go. It is going to be a slow fight, but I have had to fight situations all my life so this is not new. I will tackle each instance as it comes to me head on".

Thank you to everyone involved in my care for the way I have been treated, I am indebted to all of those wonderful staff who have given me my life back”.

The Board has received a balance of Patient Stories and whilst this story is positive, the Chair highlighted it makes it more difficult to learn lessons when the Trust ‘gets it right’. He therefore asked the DNQ what she felt could be taken from it; from a Trust perspective it appears a number of staff were engaged in the patient’s journey and the impression of getting the communication aspect right gave Mr Wiley a high level of confidence.

The DNQ confirmed that good practice is regularly discussed during ward/department meetings to ensure it is replicated elsewhere and in terms of sharing good practice; the Medical Director also covers during education sessions with medical staff.

Mr Newman (NED) suggested writing to the Consultant and other staff to celebrate their good practice. The Chair agreed to write to those involved, on behalf of the Trust Board. **Action: Chair**

**QUARTERLY REVIEW OF PATIENT STORY THEMES**

The DNQ informed the meeting of a number of stories that have been presented to the Board over the past three months which have highlighted the following themes:

**End of Life Care**
This is now one of the Trust’s strategic objectives. An End of Life Care Facilitator has been appointed and is due to commence in post during September where she will focus on the training aspect for doctors and nurses. An End of Life Care Plan will be implemented and this will be closely monitored and audited.

**Dementia**
Mrs Wendy Booth attended a Trust Board meeting to discuss the care her mother received. Mrs Booth now attends and presents training sessions to all staff. Mrs Booth also accompanied the DNQ to a Royal College of Nurse event in London where the Trust received third prize nationally. The Butterfly Scheme has also been launched within the Trust.

**Communication**
This follows the stories of Mrs Locke (1 May 2014 Trust Board) and Mrs Kurg (27 March 2014 Trust Board). Ward 21 has since been in the Top 5 Wards for Positive Patient Experience following the work undertaken since Mrs Kurg’s Patient’s Story.

The DNQ reported that for the purpose of staff learning; ward managers hold discussions and share ideas during ward manager meetings. The Wards have also recently implemented a ‘Safety Huddle’ where the clinical and nursing staff gather around the Ward’s Patient Safety at a Glance (PSAG) screen to discuss each patient’s needs. This practice has spread across the wards and has been well received.

The Chair raised the issues around the principles of lateral connectivity and team-working which needed to be embedded in the People Strategy and a key issue for the Workforce Committee. There was also a need for the Trust to deal more assertively with some aspects of care delivered such as Did Not Attend (DNA) and lifestyle impacts.
2014.1/118  DECLARATIONS OF INTERESTS

The Interests register had been updated to reflect the Finance Director has relinquished the role of Trustee of the Citizens Advice Bureau, Wolverhampton.

There were no interests declared in relation to any matters on the agenda.

2014.1/119  MINUTES OF THE MEETING HELD IN PUBLIC on 26 June 2014.

The Chair requested an addition to 2014.1/108 relating to Self Certifications to read ‘The Governance and Monitor Licence Board Certifications were APPROVED subject to continued financial support from the TDA

Action: CS

Mr Newman (NED) highlighted that he had raised at the previous month’s meeting items such as the Travel and Transport Plan (minute 2014.109) should not be brought to Trust Board for approval as he feels such items should be delegated to the Executive Team, so as not to crowd the Trust Board agenda. Mr Newman and the Company Secretary agreed to discuss the Board agenda further.  Action: Mr Newman (NED) & CS

The remainder of the Minutes were APPROVED.

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FORWARD PLAN for the period 31 July to 25 September 2014 was RECEIVED.

The members were reminded that there will be no Trust Board meeting held during August; the next meeting will be held on Thursday 11 September (AGM) followed by the Formal Trust Board meeting on Thursday 25 September.

The Non-Executive Directors now hold a Pre-Meet to discuss any pressing issues; this is held from 9.30am – 10am, alternate months. The next Pre-Meet will be held on 25 September 2014.

CHIEF EXECUTIVE’S OVERVIEW:

FutureFit Programme Update Report
The FutureFit Programme was approved at last month’s Trust Board and is on track; the next line of work entails the long-listing process, followed by a short-listing process prior to public consultation during July 2015 onwards. The Board discussed that the Programme needed to build in flexibility as it was planning for five years ahead and things could change significantly in that period.

Relocation of Women & Children’s Service
The Trust is just weeks away from relocating its Women & Children’s Service to the new unit on the PRH site. The CEO reported that he will soon receive notification of who will officially open the new facility.

An ‘Open Weekend’ will be held on 6 & 7 September; the COO and DBE will be in attendance.

Mr Walford (NED) reminded the members of the many difficulties encountered by the W&C team, especially throughout the consultation period, in relation to the transfer of the service to the PRH site.

The MD reported that the Trust is recruiting specifically to paediatric roles and is also looking to recruit to sub-specialty roles. This will make the W&C unit the 10th or 11th largest unified purpose-built facility within the country; which should attract a high calibre of applicants.

Mr Jones (NED) highlighted, from the Finance Committee perspective that one of the recommendations from the Due Diligence work undertaken 18 months previous, relates to Board business cases which should be subject to review to provide an opportunity to lay down principles in preparation for other subsequent reviews. It was agreed that the review of the Project would be presented in early 2015.

Mr Newman (NED) reported that the Trust has successfully appointed 5 new Consultants and by having those on the payroll will save a high proportion in agency and locum costs over the coming years. This should be included in any cost benefit analysis.

NHS SHROPSHIRE AND NHS TELFORD & WREKIN DRAFT STRATEGIC PLAN 2014/15 – 2018/19

Dr Caron Morton, Chief Officer of the Shropshire Clinical Commissioning Group, and Mr David Evans, Chief Officer of the Telford & Wrekin Clinical Commissioning Group attended to provide a summary of the 5-Year Strategic Plan 2014/15 through to 2018/19. A copy of the presentation is included in the Information Pack.

The members were informed that all Clinical Commissioning Groups were required to submit a draft 5 year strategic plan to NHS England during June 2014. The plan is underpinned by operational plans and the vision for the next 5 years has been developed in consultation with providers.

The strategic plan is based on three core areas of activity which include NHS FutureFit, Better Care Fund which is a new national directive, and Mental Health Modernisation. The operational plan is the detailed document that contains the actions that will deliver the three core areas of CCG business over the first two years of the 5 year plan.
Local challenges include a high population of older people spread across a large rural area with long travelling distances to hospitals, along with patients with multiple co-morbidities (three or more long term health conditions).

Dr Morton highlighted that following the Francis Inquiry into failings at Mid-Staffordshire Hospital, the Commissioners’ focus is on the role of quality which will be incorporated into every aspect of the local healthcare system. Clinical and financial sustainability is a concern, as well as capacity within the community. Dr Morton reported that a lack financial investment in mental health services has been inherited by the CCGs so provision of mental health and psychology will be a focus.

Workforce challenges include difficulties in recruiting and retaining doctors and nurses nationally; doctors training is now more specialist and advances in technology mean that there are less people with the right skills; this is combined with an ageing workforce and the need to establish a more community centred workforce; Shropshire’s rural profile and issues of access and travel distances add to the challenge, and we have shortages of medical staff in A&E services, stroke, medicine, critical care and anaesthetics.

A review of all hospital services (acute and community-based) has been undertaken, led by clinicians with patient involvement throughout. This process is governed by a Programme Board that involves all key stakeholders.

The Vision for the Future includes whole system synergies between Acute Care, Long Term Conditions and Planned Care.

Dr Morton presented a summary of the Strategic Plan and highlighted the following system objectives:

- A service pattern that will attract the best staff and be sustainable clinically and economically
- A coherent service pattern that delivers the right care in the right place at the right time, first time, co-ordinated across all care provision
- A service which supports care closer to home and minimises the need to go to hospital
- A service that meets the distinct needs of both our rural and urban populations and which anticipates changing needs over time
- A pattern of service which ensures a positive experience of care
- A service pattern which is developed in full dialogue with patients, public and staff and which feels locally owned

Deliverance of these will be overseen by the following governance arrangements:

- FutureFit
- Health & Wellbeing Boards (Better Care Fund)
- Planned Care Working Group
- Urgent Care Working Group
- Possible development of a clinical senate (four clinical leads have signed up to this)
- System Resilience Group

The Chair thanked Dr Morton and Mr Evans for presenting the Strategic Plan and felt the scope and process of the document is powerful and impressive and should be celebrated; however areas of concern include the Trust’s legacy of its financial position. The organisation is currently maintaining a performance trajectory which is not assisted by the 5 year plan.

Mr Newman (NED) highlighted the issue of a 7½% increase in patients presenting to A&E and the need to employ expensive agency staff, and therefore enquired, on the basis of working together, what the CCG’s intentions are to stop patients presenting to the Trust’s Emergency Departments, and the possibility of the Trust receiving 100% payment rather than the current 30% for all patients above the threshold. Mr Evans replied that with regard to payment of 100%; neither CCG has the funding at present to pay 100% and agreed that a plan is required in relation to the deficit around the whole health economy.
The members were informed that both CCGs have actively worked with the Trust in the development of the Urgent Care Centre proposal which should come into effect through the installation of a portacabin at PRH from September and at RSH from 1st December 2014. Patients will be streamed appropriately and will be directed back to GPs if inappropriate; all GP practices have signed up to this agreement.

Mr Jones (NED) highlighted the insufficient capacity to discharge patients and reported that historical plans and intentions have not always materialised.

Dr Morton reported that she has liaised with other CCGs and they have also seen an increase in A&E attendances and the main reason patients present to A&E is due to capacity issues within the community.

Following discussion, the members agreed that the production of the Strategic Plan has seen a good relationship develop between clinicians and although there will be difficulties, full support will be provided from both CCGs.

Dr Morton confirmed that the Board will be kept informed on a regular basis, which the Chair and CEO welcomed.

**2014.1/124 CCG PROPOSAL FOR AN URGENT CARE CENTRE**

The COO presented a paper which stated the development of Urgent Care Centres co-located with Emergency Departments has been identified nationally as a priority as part of the National Urgent and Emergency Care Review. It has also been agreed as a strategic objective for the Trust in 2014/15.

An opportunity has arisen to co-locate the Walk-In service, currently situated in Monkmoor, Shrewsbury, to the Emergency Department at RSH. This proposal by the Shropshire CCG has received agreement in principle from Shropshire’s Health and Adult Social Care Scrutiny Committee that a formal 12 week consultation period is not required. Engagement with the public on this development has commenced, led by the CCG. Pending the outcome of this engagement exercise, the proposal may change.

Updates on the progress of this development will be brought to future Board meetings. **Action: COO, September 2014**

Dr Walford (NED) agreed that this proposal is sound in principle, and although it is a Commissioning decision, SaTH do have the ability to decline if the concept does not work for the Trust. It must also align with the objectives set out in Future Fit.

Following discussion, the Board **APPROVED** the continued work on the proposal for an Urgent Care Centre at the RSH site.

**2014.1/125 INTEGRATED PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES**

The Board **RECEIVED** the Integrated Performance Report (IPR) in respect of the month of June 2014 which was in a new format, intended to describe the underlying causes contributing to the performance position.

**QUALITY & SAFETY (Patient Safety, Effectiveness and Patient Experience)**

The Director of Nursing & Quality (DNQ) provided an overview of the activity in June 2014;

- There were 3 RIDDOR/SI reportable falls
- Infection Prevention & Control – showed 4 cases of C difficile, 0 cases of MRSA Bacteraemia infections, 1 case of MSSA Bacteraemia infections and 0 cases of E-coli Bacteraemia case
- There were 0 cases of avoidable Grade 3 pressure ulcers reported and 1 case of Grade 3 unavoidable pressure ulcers reported
• Safeguarding Children & Adults – There were 4 safeguarding alerts made against one ward within the Trust in a relatively short time. This prompted the local authority, as the lead agency for safeguarding adults, to investigate. The outcome gave the local authority and commissioner’s assurances that there was no evidence of any underlying institutional practices. No further actions are required.

• Patient Experience – The response rate to the Friends and Family Test has decreased over the last 4 months which places the Trust in the lower quarter centile nationally. The Head of PALS and Complaints is leading on this work and has implemented a number of actions to deliver improvement in this area. Steady improvement is expected from July onwards.

• Safe Staffing – Staff nurse staffing levels will be monitored and tested on a monthly basis. The overall fill rate for the Trust during June was 101.2% excluding Midwifery Led Units which were 99.6%. Medical staffing levels within Unscheduled Care continue to be an issue; these are being reviewed and assessed in relation to immediate service provision and future plans.

OPERATIONAL PERFORMANCE

The Chief Operating Officer (COO) gave the following overview of the operational performance for June 2014:

A&E 4 Hour Access Standard: In June 2014, 93.11% patients were admitted or discharged within the 4 hour quality target; and Year to Date performance is reported as 92.52%. The three main components contributing to performance being below target and lower that the equivalent period last year relate to Emergency Department attendances are 4% greater in the year to date; Emergency admissions to a hospital bed are 7.6% greater in the year to date; and the number of patients who are Fit to Transfer (FTT) i.e. no longer require acute hospital care or accommodation are on average 123% higher than the same period last year, particularly in relation to residents in Telford & Wrekin and Powys. This aspect of creating capacity was essential and the need to reduce FTTs down from 70/80 per day to under 30.

Emergency Department (ED) Attendances – In June, ED attendances were 7.8% greater than the actual for June 2013. Neither ED has the physical capacity or human resources to effectively manage the level of increase in demand. This results in breaches of the target due to delays in placing patients into treatment cubicles to enable rapid initial assessment and subsequent treatment. The focus of the health economy must be in aiming to reduce attendances. The Health and Social Care SMART action plan for recovery of the A&E 4 hour target does not currently contain any actions to reduce the number of attendances at the ED in the short term. In the medium term the development of Urgent Care Centres co-located with both EDs will enable the demand for minor injuries or illnesses to be managed differently which will reduce the number of patients needing to be seen in the main EDs. Implementation plans are currently being developed with a pilot of the new model at PRH for 2 weeks in September 2014 and the development of a UCC to be operational at RSH in December 2014.

Referral to Treatment (RTT) : Patients Admitted to Hospital – At June 82.44%. The Recovery Plan to deliver the target for the Trust as a whole from 1 September 2014 remains on track, however there is limited room for slippage and any unforeseen circumstances may put this at risk.

Referral to Treatment (RTT) : Non admitted Patients - At June 94.23%. This position was predicted due to the clearance of the backlog of patients waiting over 18 weeks in Ophthalmology. A trajectory is in place for this speciality which is being monitored weekly with the CCGs.

Cancer Performance: 7 of the 9 cancer targets were achieved during June; the two that failed relate to:

• 62 days urgent referral to treatment (target 85%) – 84.85% - target marginally failed by 15 patients, comprising 7 complex cases, 4 due to patient choice, and 4 due to gaps in capacity.
• 62 days referral to treatment from screening (target 90%) – 86.27% - target failed by 3.5 patients.

The new escalation and working procedures through cross-functional teams introduced over recent months are showing an improvement in ensuring cancer patients are treated within the target times and the trajectory is for all targets to be consistently delivered from August 2014.

The COO reported that the position of the 62 day targets is currently the best it has been this year, and feels this will continue in the right direction.
From a quality & safety perspective, Dr Walford (NED) reported that it is not clear of the way in which the patient journey is managed. The COO confirmed that the improvements are due to a combination of factors; which include the management of patient journeys, gaps in workforce have been addressed and weekly meetings are being held.

**FINANCIAL PERFORMANCE**

The Finance Overview highlighted:

Within the Trust’s internal planning the budgeted deficit at month 3 is £2.825m with an actual performance of £4.260m; equating to £1.435m away from plan.

To reconcile to the original plan submitted to the NTDA, a phased spend adjustment of £1.2m has been made to both plan and actual spend, bringing a reported position to the NTDA of a £4.029m plan against a £5.464m actual.

Income – After the first quarter is £8k below planned levels. It was noted that there had been an examination of the overall casemix which revealed it was less ‘rich’ than had been budgeted for by £606k. The trust also had reduced income levels due to the financial adjustments made as a result of increased admissions and a further adjustment relating to the emergency threshold above planned. Overall it was expected that these marginal variances would result in activity levels required to deliver the annual budgeted income targets. It was noted the Trust had the same issue at the same time last year.

Pay Position – This was the area causing greatest concern. Pay in the month amounted to £17.752m, exceeding the pay budget by £1.917m. The main areas of pay overspend are within Consultant and Medical staff (£781k) and Nursing (£841k) with the balance attributable to undelivered Pay CIP. These variances comprise:

- Nursing - £743k Premium cost (50% for HCAs and 70% for registered nurses) of using agency nursing staff in excess of budgeted agency cost, and £104k for the cost of posts over the budgeted establishment, mainly in Unscheduled Care. The key factors were sickness levels in some areas, training and special leave with a significant proportion of the cover being provided by Agency and the concomitant premium, which could be as high as 70%. In Unscheduled Care the need to keep escalation areas was also a factor and the need to provide care for patients with complex needs.
- Medical Staffing – The consultant overspend relates to £310k in waiting list payments over and above those planned and £445k due to the agency premium costs compared to the budgeted levels.

**NURSE RECRUITMENT TRAJECTORY**

The DNQ provided a presentation relating to Nurse Recruitment Trajectory. A copy of the presentation is included in the Information Pack.

Mr Newman (NED) suggested an additional third line would have been helpful to highlight what level of saving should be assumed against the pay budget if the trajectory is achieved.

The DNQ reported that the Trust engaged with an Agency prior to the beginning of the financial year to provide 30 registered nurses from overseas; unfortunately the Agency failed to deliver within required timescales.

The current level of vacancies on the wards equates to 57 registered nurses. Shortlisting has taken place to interview a number of high calibre applicants over the next two weeks, and the Trust is re-tendering to a number of Agencies during August to recruit 30 registered nurses from November 2014. A number of Apprentices will also commence during September.

Additional work will take place over the next 2-3 weeks to finalise a robust structured action plan with trajectories against the financial position.
Non Pay - At the end of June non pay budgets are broadly in line with budgeted levels. Non Pay CIP savings amounting to £760k have been delivered in the period.

Cost Improvement Programme – Savings realised in the month amounting to £2.90m, as compared with a target of £3.75m, £855k away from plan - £590k relating to pay and £265k relating to non-pay. Corrective actions and additional schemes are being identified and it is expected that the CIP will be achieved in full by the year end.

Cash Flow – The cash position on the balance sheet is £1.013m at the end of June. Application has been made for £18m of long-term liquidity support based upon the £8.2m deficit and a further £10m to improve the historic liquidity deficit. Temporary borrowing of £1.9m in August is being obtained to support the cash position whilst a permanent solution is secured from the NTDA.

Overall, without corrective action the out-turn deficit could approach £15m and rectification plans to deliver the financial plan are clearly required. A number of actions have been taken.

Mr Jones (NED) reported that the Finance Committee don't feel assured of an early turnaround of the £8.2m deficit. It was suggested that the CIP programmes should be promptly quality impact assessed to avoid any delays to delivery. The Chair and CEO agreed to discuss this issue with urgency during the September Board Development Session. Action: DNQ to include in August Board Development Session

WORKFORCE

The Workforce Director (WD) introduced this section of the paper, the following points were NOTED:

- Absence - This fell to 3.98% during June, achieving the target of below 4%
- Appraisals - Fell from 84% to 83% in June; the organisation has set itself a target of 100% by April 2015. A new streamlined appraisal process has been designed to introduce values based assessment and support the achievement of meaningful appraisals and 100% appraisal coverage.
- Values – As an organisation we have been clear of our ambition to be a values driven organisation; this is the foundation of the People Strategy.
- Employment Experience – This is a key objective to improve our employment. The recent Friends and Family Test for staff showed a high improvement of staff (81%) stating they were very likely or likely to recommend the Trust as a place to receive care compared to the 48% who agreed with this in the 2013 Staff Survey, and 67% stated they were very likely or likely to recommend the Trust as a place to work against 47% in the 2013 survey.

The Chair thanked the Executive Team for the continued work being undertaken.

SELF CERTIFICATIONS

The Governance and Monitor Licence Board Certifications were APPROVED subject to the continued financial support from the TDA.

CQC INTELLIGENT MONITORING REPORT

The DCG presented the CQC Intelligent Monitoring Report which identified the Trust has having one elevated risk (previously two) and six risks (previously three) which places the Trust in Band 3 (of 6 bands where Band 1 indicates the Trusts considered highest risk and Band 6 as the low risk Trusts). The report includes an additional section, 4.2, which relates to clinical outcomes, which showed the Trust was within expected performance for clinical outcomes and the DCG also highlighted that Appendix 1 relates to actions in place to address the identified risks.

Following discussion, the Board REVIEWED the CQC IMR and APPROVED the planned actions.

In addition, the CEO reported that the official date of the Trust's CQC inspection is 13 October 2014; where a substantial team will visit for the majority of the week. This will be discussed in depth during future Board sessions. Action: DNQ to discuss at September Board Development Session
RISK MANAGEMENT STRATEGY AND ACTION PLAN

The DCG presented the Risk Management Strategy which, in line with best practice, is reviewed annually. The Trust’s risk management processes are reviewed annually by Internal Audit as part of their review of the Board Assurance Framework. The last review carried out in December 2013 gave an opinion of substantial assurance on the processes in place in the Trust.

In order to inform the development of risk management objectives, a risk management assessment has been carried out along with a Risk Management Healthcheck. These were presented for information. The Board was pleased to note the continued improvement in risk awareness across the organisation.

Mr Newman (NED) suggested that where the document refers to ‘delegated responsibility’, this should be amended to read ‘delegated authority’ and clarification regarding NED responsibilities. Action: DCG

Following discussion, the Board RECEIVED the results of the risk management assessment and Healthcheck and APPROVED the Risk Management Strategy.

ANNUAL REPORTS 2013/14

Infection Prevention Control
Performance in 2013/14 – Overall the Trust has performed well and continued to reduce avoidable HCAI. For the third year running the Trust had only one MRSA bacteraemia against a target of 0 cases. C difficile (Cdiff) numbers reduced by almost a third from 45 in 2012/13 to 31 cases against a target of 27 in 2013/14. The Trust also had below national average infection rates for every category of surgery sites; for which surveillance was undertaken throughout the year.

The members were informed that there has been an improvement in the availability of side rooms; SOPs are in place and there has been a change in cultural behaviour.

Dr Walford (NED) reported that the IPCC Annual Report was presented to the Quality & Safety Committee and felt it was the most readable seen to date.

The COO highlighted that the Trust appears to be better at screening non-elective patients than elective patients. The DNQ confirmed that the Director of Infection Control will attend the August Quality & Safety Committee and this issue will be discussed.

Quality & Safety Committee
The Committee has overseen improvements to the rates of Cdifficile infections, falls, avoidable pressure ulcers and mortality within 2013/14. In addition to this, a number of action plans are overseen by the Committee such as falls prevention, the Francis report and the CQC Inpatient Survey Report and have been pleased to note that these are on trajectory for timely completion.

A gradual reduction in Serious Incidents has also been observed, although the Committee also notes the feedback from the National Reporting and Learning Service (NRLS) that the Trust is consistently above the median centile for general reporting of incidents overall which is an indication of a positive reporting culture.

Complaints
Performance in 2013/14 – The Trust is required to acknowledge all complaints, either verbally or in writing, within 3 working days of receipt of the complaint, in accordance with Regulations. The Trust achieved 100% compliance with this standard. Since September 2013, initial telephone contact with the complainant is made following receipt of the complaint to acknowledge receipt, clarify issues outlined in the complaint, discuss expectations, explain the investigation process and agree timescale for response. For the year the Trust achieved a 75% full response time for complaints within 35 days.
Whilst significant improvements have been made during the year, additional improvement plans have been agreed for 2014/15.

**COMPLAINTS PRESENTATION**

The Head of PALS and Complaints attended to provide a presentation. *A copy of the presentation is included in the information pack.*

The complaints process has been strengthened; performance has improved dramatically and a number of issues have been resolved through the PALS Service. Throughout the year, the four following issues have been focused upon:

- Being responsive
- Being open
- Learning
- Customer Focused

Key issues relate to:

**Communication & Attitude** –
Whilst a number of complaints relate to communication, training has been undertaken with staff. Other issues include staff attitude; these generally relate to agency and bank staff which will reduce following the appointment of permanent staff.

**Co-ordination of care for patients with complex medical problems** –
The Head of Complaints and PALS and the Medical Director have held discussions relating to patients with complex medical needs and agreed the importance of appointing a lead consultant to ensure the provision of continued care.

**Duty of Candour** –
This relates to being open and honest with patients; the Head of Complaints and PALS reported that she has worked with her staff on this and hopes to improve on this in the coming year.

The Chair asked Mr Tom Jones for his opinion as a PALS volunteer. Mr Jones reported that over the many years of working with the PALS team, he has noticed a turnover of staff and is hopeful that the two currently working within the PALS team at PRH stay for a longer period of time. Mr Jones also reported that he has seen a high number of patients within the past two weeks.

The Board recognised the work undertaken and **RECEIVED and APPROVED** the Annual Reports 2013/14.

**2014.1/129 TRUST COMMITTEE MEETING UPDATES**

The Chair presented the following Trust Committee updates, for information:

- Business Development and Engagement Committee held 17 July 2014.
- Clinical Quality & Safety (Q&S) Committee meeting held 24 July 2014.
- Hospital Executive Committee (HEC) meeting held 29 July 2014.
- Finance Committee meeting held 29 July 2014.

The Board **RECEIVED** and **REVIEWED** the Committee updates.

**2014.1/130 VOLUNTEER STRATEGY**

The DCG presented the Volunteer Strategy and Five Year Action Plan which sets out the Trust’s five year vision for volunteering that supports the Trust’s wider vision and objectives, and also provides the local community the opportunity to contribute their unique skills, experiences, support and expertise to our organisation. This forms part of the five year plan to become recognised as a leader in community
engagement in the NHS and to maximise social action forces across Shropshire and mid-Wales.

The key areas for focus over the next five years, with key areas for the development of our vision to become a leader in the field of community engagement include:

- Beginning a programme of positive health engagement supported by volunteers engaged in and contributing to our vision for the future. The first step is participating in the Dementia Friends initiative being coordinated by the Alzheimer’s Society, which is a social action movement that aims to improve society’s understanding of dementia through just five key messages, and 1 million people nationwide committing to turn their new understanding into action. This will also be extended to our 10,000 Foundation Trust members and over time will be extended to other health and well-being related initiatives as a platform for social action and engagement
- Introducing a system to support the delivery of care and health given by volunteers wrapped around the patient working with other voluntary sector partners to join up the patient journey and co-operation across sectors
- Introducing a staff volunteer scheme which will also create a positive impact on staff morale and awareness of clinical areas and opportunity to experience direct patient contact
- Strengthening opportunities for young people by introducing a Volunteering in Public Services (VIPS) Academy for young people (16-18 year olds) with public services partners
- Creating opportunities for groups normally unable to commit to regular volunteering sessions by offering community engagement events at weekends or specific time-limited projects for corporate participation and support
- Continuing to expand and develop volunteering opportunities which can also link to fundraising or resource-intensive initiatives through existing and new partnerships

The full Strategy includes an action plan and the progress, outcomes and key performance indicators will be monitored by the Community Engagement Workstream of the Sustainable Development Committee.

Following discussion, the members RECEIVED and APPROVED the Volunteer Strategy and action plan. The DCG raised that she would like to formally thank George Young and Balfour Beatty for the provision of donating work to develop two courtyards at PRH; one will be utilised as a Memory Garden and the other as a Reflection Garden. The PRH Estates Team, led by David Chan, had also been very helpful.

2014.1/131 WORKFORCE TRANSFORMATION UPDATE

The Head of Organisational Development and Transformation attended to provide a presentation. A copy of the presentation is included in the Information Pack.

The members were informed that the items for discussion sit alongside the People Strategy to make the organisation a great place for people to come to work.

Preparing for the Future:

- Pre-employability – As an organisation, there is challenge as to what the organisation requires against what kind of individual is needed.
- Apprentices - The Trust has seen a large increase in the employment of Apprentices and during 2013/14 was the highest provider of Apprentices in a healthcare setting across the West Midlands. These are employed across a plethora of roles within the organisation.
- Vocational learning – Support is provided through Level 2 & Level 3 training
- Provision of progression pathways to enable access to registration
- Health Care Ambassadors – To ‘grow our own’ workforce in conjunction with local education centres

Preparing the current workforce to continue to deliver quality, safe services:

- 5 year education commission plan to support our future – advanced and extended roles
• Leadership development
• Health and wellbeing
• Supporting our staff by becoming a values driven organisation – To embed values over the next 6 months
• The new Workforce structure has assigned a HR Business Partner to each Care Group

The Head of Organisational Development and Transformation confirmed that the Workforce Directorate would like continued support to build upon the above. The CEO reported that this is a success story and should be celebrated.

2014.1/132 CONSULTANT REVALIDATION ANNUAL REPORT AND RESOURCE REQUIREMENTS AND STATEMENT OF COMPLIANCE

The MD presented a paper which reported that according to the General Medical Council, the UK-wide regulatory body for doctors...

"Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.

Licensed doctors have to revalidate usually every five years, by having annual appraisal based on our core guidance for doctors, Good medical practice."

Revalidation was introduced, as a statutory requirement of all doctors, in December 2012, with the first doctors at SaTH being required to submit evidence for revalidation in 2013. As Revalidation is directly linked to the renewal, or otherwise, of a doctor's license to practice, this is a mandatory system, for which doctors, employers and the GMC have defined responsibilities.

The MD commenced in post on 1st April 2013, also with responsibilities as Responsible Officer for all senior doctors employed by SaTH and by the Severn Hospice. At that stage, only one doctor at SaTH had been revalidated.

An initial assessment, at that time, of the systems required to support Revalidation was that they were not yet fit for purpose, with key requirements, such as annual Appraisal, a review of complaints and concerns, confirmation of engagement in clinical governance systems, and a multi-source feedback only partly having been implemented. In response, the Medical Director implemented wide-ranging changes to the systems required to support Revalidation, in order to ensure that these were more robust.

As part of a required external assessment, it has recently become apparent that, in response to the 2013 "Organisational Readiness Self-Assessment", SaTH was "red-rated" by NHS England for its ability to implement Revalidation.

Over the last year, considerable efforts have been made to ensure that all elements required to support Revalidation have been addressed.

SaTH remains behind the national average for positive recommendations, largely as a result of the inadequate initial development of systems to support Revalidation. It is anticipated that resolving this "backlog" of organisational readiness will be completed by the end of this calendar year.

Dr Walford (NED) highlighted that this is an exhaustive process, and the members agreed that due to it's importance, it may be an area where investment is required.

The MD was asked about the process if doctors move to another employer; it is the invididual doctors responsibility to redesignate and obtain a responsible officer; and for those that retire from post; the MD
confirmed that a formal letter is required to be forwarded to the GMC to ensure there are no outstanding issues.

Similarly, for locum doctors; the MD confirmed he acts as the responsible officer for those in post for a lengthy period of time; however, for those working for a shorter period of time, their Locum Agency would act as the responsible officer.

Following discussion, the Board:

• RECEIVED the report
• APPROVED the statement of compliance, and;
• NOTED the requirement for additional resources to support Revalidation at SaTH.

2014.1/133 HR POLICIES – HR72 ON-CALL POLICY

The Workforce Director presented the HR72 On-Call Policy which has incorporated the harmonisation of 32 processes into one, and the HR16 Grievance Policy which has also been streamlined. The Board were asked to note that agreement has been reached with the TNCC Staff Side in relation to HR16.

The Board RECEIVED and APPROVED the Policies and the Chair thanked the Workforce team and Cathy Briggs, in attendance on behalf of Staff Side, for the approval of HR16.

2014.1/134 QUESTIONS/COMMENTS FROM THE FLOOR

• Mr Shepherd raised the issue of the use of agency nurses and the cost and quality of service that they provide, and highlighted that with the recruitment of permanent staff it will save money and provide a higher quality of service.

• Mr Shepherd highlighted that the provision of an Urgent Care Centre on the RSH site will help the admissions to the A&E Department.

• A member of the public asked whether the Urgent Care Centre move to the RSH site is cost-neutral to SaTH? The CEO reported that there could be income deficit but at no financial detriment to the Trust, and the provision of the new Urgent Care Centre will relieve staffing pressures in the A&E Department during the day. The COO confirmed that governance arrangements are crucial. The Proposal is being engaged and as a Board, it will not be signed off if it poses any clinical risk or safety to SaTH patients.

• What are the implications to the Trust on referral to the Secretary of State due to the Trust’s finances? The CEO reported that he was surprised at this as the Trust achieved a slight surplus last year. This is not a new feature to the Trust. The CEO does not feel there will be any implications for the Trust.

• What decisions have been made in relation to Consultant cover and Paediatric cover over the weekend period at RSH? The members were informed that the provision of the Paediatric Assessment Unit is still under consideration and SaTH is in discussions with the CCG regarding the provision of a 5 or 7 day service. It was highlighted that in any model there will be a dedicated on-call Consultant available 24/7. However, A&E staffing remains a challenge. Should any further staff retire/leave, the Trust would be highly vulnerable. A long-term solution is viable through the FutureFit Programme and every opportunity is being explored, including overseas recruitment, secondment from local areas, and the provision of advanced nurse practitioners, however the Trust remains in a tough situation with regard to medical staffing within the Emergency Departments. The CEO highlighted that the Trust has been open and clear with the local area team and they are fully engaged and understand the current situation.

• Mr Sandbach highlighted a paragraph from the Quality & Safety Committee summary of the meeting held on 24 July in relation to Workforce Risks and highlighted the safety aspect of the increasing vacancy factor for senior medical staff in front line specialties. Mr Sandbach suggested the Board use their powers to put into action one Emergency Department and one Urgent Care Centre on the
The Chair thanked the members of the public for their comments and asked for feedback of the content of the meeting:

- The WD felt there is a good balance of issues to celebrate against areas where there continues to be difficulties.
- Mr Walford (NED) highlighted his frustrations at looking ahead against the public domain and suggested there is a public lack of confidence; he feels we need to move beyond this but recognised the difficulties.
- Mr Sandbach felt the meeting was the best he has attended yet.
- A few members of the public highlighted difficulties in hearing some members of the Board and suggested experimenting with sound, such as the use of a light PA system.
- It was highlighted that the Trust’s financial situation is not the making of the current Board and the audience members agreed that the Board are working towards a positive solution.

**DATE OF NEXT MEETING**

**Annual General Meeting** – Thursday 11 September 2014 at 3.00 pm in the Lecture Theatre, Education Centre at the Princess Royal

**Formal Board Meeting** – Thursday 25 September 2014 at 10.00 am in the Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital. **NED Pre-Meet to be held at 9.30am**

The meeting then closed.
<table>
<thead>
<tr>
<th>Item</th>
<th>Issue</th>
<th>ACTION OWNER</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014.1/101</td>
<td>Matters Arising from Formal Board held 29 May 2014: CEO Overview – Financial Performance Chair &amp; CEO to identify maintenance of trajectory and getting staff psychology right</td>
<td>Chair/CEO</td>
<td>17 Sept 2014 Board Development Day</td>
</tr>
<tr>
<td>2014.1/119</td>
<td>To amend 2014.1/108 re: Self Certifications to read ‘The Governance and Monitor Licence Board Certifications were APPROVED subject to continued financial support from the TDA</td>
<td>B Newman &amp; CS</td>
<td>Aug 2014</td>
</tr>
</tbody>
</table>
NHS Shropshire and NHS Telford and Wrekin Clinical Commissioning Groups

A summary of our 5 Year Strategic Plan

2014/15 through to 2018/19
An overview of our five year strategic plan

• In June 2014, all Clinical Commissioning Groups (CCGs) submitted a draft five year strategic plan to NHS England

• This is a joint strategic plan shared by both the Shropshire CCG and Telford and Wrekin CCG

• The plan describes in some detail the system vision for the next 5 years and has been developed in consultation with our main provider organisations
An overview of our five year strategic plan

• The strategic plan is based on three core areas of activity
  – NHS Future Fit
    • A review of hospital services
  – Better Care Fund
    • Joint service development and planning across health & social care
  – Mental Health Modernisation

• The operational plan is the detailed document that contains the actions that will deliver the three core areas of CCG business over the first 2 years of the 5 year plan.
National challenges

• Our population is getting older
• People with long term health problems, such as diabetes and cancer, are living longer
• Quite rightly, our population wants the highest quality healthcare
Our local challenges

• We celebrate the fact that the life expectancy of older people has improved markedly
• In Shropshire, Telford and Wrekin the population of over 65’s has increased by 25% in just 10 years!
• We have one of the largest and most rural inland counties of England
• And a high population of older people spread across a large rural area with long travelling distances to hospitals
• So we need to develop a comprehensive range and increased scale of community based health services
Specific healthcare challenges

• After the Francis Inquiry into failings at Mid Staffordshire Hospital we have placed **quality** firmly at the top of our agenda
  — This means we will ensure quality is built into every aspect of the local healthcare system
• The clinical and financial sustainability of our local acute hospital services is a concern
• The capacity of our community based services needs to be developed
• ‘Parity of Esteem’ – mental health needs to be a focus in everything we do
Workforce challenges

• There is a national recruitment challenge for the NHS in recruiting and retaining doctors and nurses
• Doctors’ training is now more specialist and advances in medical technology mean that there are less people with the right skills for every specialism
• This is combined with an ageing workforce and the need to establish a more community centred workforce
• Our rural profile and issues of access and travel distances also adds to the challenge
• We have shortages of medical staff in A&E services, stroke, medicine, critical care and anaesthetics
NHS England resource vs demand

The funding gap is projected to be around £30bn by 2020/21.

Figure 44 - Graph showing projected resource versus projected spending requirements to 2020/21
Financial challenges

- The need for investment in the latest equipment, medicine and staff with the right skills and experience
- Rising inflation – so services cost more
- Diminishing availability of specialists
- Question over viability of sub specialisms
- Greater demands on services from ageing population, health problems and lifestyle
Our system vision

‘We envisage a system where, through working together, we have created a pattern of services that offer excellence in meeting the distinctive and particular needs of the rural and urban populations of Shropshire and Telford & Wrekin’
Delivering the vision
Change is needed to improve health outcomes, experience and safety for patients. Any changes should be led by clinicians with full involvement of patients and communities.

Hospitals can and should be used differently.

Opportunities for more people to manage their own health or receive care closer to home.

It is possible to redesign and enhance services that can offer excellence in meeting the different needs of the rural and urban populations of this area.

Call to Action Conference Nov 2013
Patients, doctors, nurses and NHS staff agreed
• A review of all hospital services – acute and community-based
• Led by clinicians with patient involvement throughout
• Final clinical model developed by more than 300 clinicians and patients – approved in June 2014
• Governed by a programme board that involves all key stakeholders
<table>
<thead>
<tr>
<th></th>
<th>Acute Care</th>
<th>LTC / Frailty</th>
<th>Planned Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>Make every contact count</td>
<td>Targeted prevention</td>
<td>Information / Self care</td>
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<td></td>
<td>Whole economy long term strategic prevention programme</td>
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<tr>
<td><strong>Patient Empowerment</strong></td>
<td>Access to reliable info about signposting and self care.</td>
<td>Self management. Care and EOL plans with shared decisions.</td>
<td>Access to reliable info re self care, local services and direct access</td>
</tr>
<tr>
<td><strong>Advocacy and Continuity</strong></td>
<td>Integrated care record</td>
<td>Key worker</td>
<td>Pathway navigation</td>
</tr>
<tr>
<td><strong>Partnership Care</strong></td>
<td>Timely specialist support to generalist in Urgent Care Centre</td>
<td>GP led care with specialist support and education</td>
<td>Tiered pathway driven care with GP and specialist at defined points. Feedback and education as the norm</td>
</tr>
<tr>
<td><strong>Levels of Care</strong></td>
<td>One Emergency Centre ‘Some’ Urgent Care Centres</td>
<td>Low, medium and high medical input care settings</td>
<td>Single Diagnostics and Centre for medium and high level procedures</td>
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<td></td>
<td>(see diagram)</td>
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<tr>
<td><strong>Integrated Teams</strong></td>
<td>SPA to access integrated community services</td>
<td>Integrated multi-disciplinary teams</td>
<td>Teams integrated around service</td>
</tr>
</tbody>
</table>

**Whole system synergies**
Better Care Fund

• The Better Care Fund is an opportunity to transform the local health and social care landscape.

• Committed to focus on four overarching principles:
  – Prevention
  – Early intervention
  – Building community resilience
  – Independent living

• An opportunity to develop the capacity of services in the community
Mental Health Modernisation

• “No health without mental health”
  – delivering high quality services with a focus on recovery
  – establishing clear waiting time limits
  – tackling inequalities in access.

• We are committed to developing parity of esteem to “put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole” (Department of Health, November 2013)
  – to ensure that mental health services are given the same focus as physical health services
  – The aim of which is to ensure that local agencies work together to improve care provision for those experiencing a mental health crisis.
Improving quality and outcomes

• Quality
  – We have effective systems in place to monitor the quality of health services across Shropshire, Telford and Wrekin but there is still much to do and we need to work in partnership to deliver positive patient experiences

• Health Inequalities
  – Tackling health inequalities is a priority for both CCGs each has it’s own challenges whether that is urban deprivation or rural isolation we need to work together to challenge these inequalities and improve patient care

• Working in partnership
  – Both CCGs have a robust and resilient approach to partnership working with the local councils and voluntary sector organisations and they are committed to continuing these positive relationships to enhance the necessary work to continuously improve patient care

• Engagement
  – Both CCGs have mechanisms for engaging with their member GP practices and ensuring clinical expertise is at the heart of decision making this is combined with a dedicated approach to bringing patients and public into the shaping of healthcare for the whole of Shropshire, Telford and Wrekin.
### System Objective
A coherent service pattern that delivers the right care in the right place at the right time, first time, co-ordinated across all care provision

**Delivered through**: Clinical models

- Whole system models of care describing whole patient journeys. Clinically led design with strong patient engagement.

**Delivered through**: Workforce

- Workforce engagement, support and development central to our change programmes. Redesigning roles to meet the needs of new patterns of service delivery with staff working across different care settings.

**Delivered through**: Change Management

- Using change management methodology for system and process improvement, which support continuous learning and development.

**Delivered through**: Shifting finance, shifting focus

- Commissioning and contracting models which support the delivery of new clinical models and patterns of service delivery and which reflect the whole patient journey and support a re-focus of care away from a hospital based model.

**Delivered through**: Managing risks/working together

- Taking collective responsibility for making progress towards our shared strategic vision

---

#### Measured using the following success criteria

- **3.2% improvement in PYLL**
- Improving the health related quality of life for those with LTC
- **15% improvement in unplanned hospital admissions**
- Increase the number of people entering IAPT services by 15% by March 15
- Increase the level of recovery for those accessing IAPT services to 50% by March 15
- **10-15% improvement in patient experience of Hospital care**
- Increase by 20% people with COPD referred into a rehabilitation programme
- Increase the dementia diagnosis rate to 67% by March 15
- Reduce permanent admissions of older people to residential and nursing care
- Increase the proportion of older people who are still at home 91 days after discharge
- Most effective use of resources
- Equitable access to the full range of services
- Improved staff recruitment, retention and satisfaction

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#### System values and principles

We value above all else the extent to which our collective efforts will achieve real improvements in services for the people we serve. We recognise that everything we do will be achieved through our staff, stakeholder partners, with the help and support of patients, their carers and the general public and volunteers. We will demonstrate the high esteem in which we hold people, and the respect we have for them, by leading in accordance with the principles set out in the Concordat we have collectively signed up to. In particular, we will make sure that there is a clear clinical vision for change that inspires those involved in delivering it.

**Principles**: Home is normal. The level of care should match the level of need and unnecessary escalation of care should be avoided. A commitment to 7 day working as part of an integrated local health economy approach. Recognition that a commitment to quality and safety is paramount for clinicians. The need to get the system right for the next 10-20 years.

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#### Overseen through the following governance arrangements

- FutureFit
- Health & Wellbeing Boards (Better Care Fund)
- Planned Care Working group
- Urgent Care Working Group
- Possible development of a clinical senate
- System Resilience Group

---

#### System Objective
A service that meets the distinct needs of both our rural and urban populations and which anticipates changing needs over time.

#### System Objective
A pattern of service which ensures a positive experience of care

#### System Objective
A service pattern which is developed in full dialogue with patients, public and staff and which feels locally owned

#### System Objective
A service which supports care closer to home and minimises the need to go to hospital

---

#### Delivered through: Clinical models

- Whole system models of care describing whole patient journeys. Clinically led design with strong patient engagement.

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#### Delivered through: Workforce

- Workforce engagement, support and development central to our change programmes. Redesigning roles to meet the needs of new patterns of service delivery with staff working across different care settings.

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#### Delivered through: Change Management

- Using change management methodology for system and process improvement, which support continuous learning and development.

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#### Delivered through: Shifting finance, shifting focus

- Commissioning and contracting models which support the delivery of new clinical models and patterns of service delivery and which reflect the whole patient journey and support a re-focus of care away from a hospital based model.

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#### System Objective
A service which supports care closer to home and minimises the need to go to hospital

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#### Delivered through: Managing risks/working together

- Taking collective responsibility for making progress towards our shared strategic vision

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#### System Objective
A coherent service pattern that delivers the right care in the right place at the right time, first time, co-ordinated across all care provision

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#### Delivered through: Shifting finance, shifting focus

- Commissioning and contracting models which support the delivery of new clinical models and patterns of service delivery and which reflect the whole patient journey and support a re-focus of care away from a hospital based model.
System Objectives

**System Objective**
A service pattern that will attract the best staff and be sustainable clinically and economically

**System Objective**
A coherent service pattern that delivers the right care in the right place at the right time, first time, co-ordinated across all care provision

**System Objective**
A service which supports care closer to home and minimises the need to go to hospital

**System Objective**
A service that meets the distinct needs of both our rural and urban populations and which anticipates changing needs over time.

**System Objective**
A pattern of service which ensures a positive experience of care

**System Objective**
A service pattern which is developed in full dialogue with patients, public and staff and which feels locally owned
Delivering the system objectives

Delivered through: Clinical models
Whole system models of care describing whole patient journeys. Clinically led design with strong patient engagement.

Delivered through: Workforce
Workforce engagement, support and development central to our change programmes. Redesigning roles to meet the needs of new patterns of service delivery with staff working across different care settings.

Delivered through: Change Management
Using change management methodology for system and process improvement, which support continuous learning and development.

Delivered through: Shifting finance, shifting focus
Commissioning and contracting models which support the delivery of new clinical models and patterns of service delivery and which reflect the whole patient journey and support a re-focus of care away from a hospital based model.

Delivered through: Managing risks/working together
Taking collective responsibility for making progress towards our shared strategic vision.
Delivery governed by...

Overseen through the following governance arrangements

- FutureFit
- Health & Wellbeing Boards (Better Care Fund)
- Planned Care Working group
- Urgent Care Working Group
- Possible development of a clinical senate
- System Resilience Group
### Success Criteria

**Measured using the following success criteria**

- 3.2% improvement in PYLL
- Improving the health related quality of life for those with LTC
- 15% improvement in unplanned hospital admissions
- Increase the number of people entering IAPT services by 15% by March 15
- Increase the level of recovery for those accessing IAPT services to 50% by March 15
- 10-15% improvement in patient experience of Hospital care
- Increase by 20% people with COPD referred into a rehabilitation programme
- Increase the dementia diagnosis rate to 67% by March 15
- Reduce permanent admissions of older people to residential and nursing care
- Increase the proportion of older people who are still at home 91 days after discharge
- Most effective use of resources
- Equitable access to the full range of services
- Improved staff recruitment, retention and satisfaction
System values and principles

We value above all else the extent to which our collective efforts will achieve real improvements in services for the people we serve. We recognise that everything we do will be achieved through our staff, stakeholder partners, with the help and support of patients, their carers and the general public and volunteers. We will demonstrate the high esteem in which we hold people, and the respect we have for them, by leading in accordance with the principles set out in the Concordat we have collectively signed up to. In particular, we will make sure that there is a clear clinical vision for change that inspires those involved in delivering it.

Principles: Home is normal. The level of care should match the level of need and unnecessary escalation of care should be avoided. A commitment to 7 day working as part of an integrated local health economy approach. Recognition that a commitment to quality and safety is paramount for clinicians. The need to get the system right for the next 10-20 years.
To find out more....

• [http://www.shropshireccg.nhs.uk/resources](http://www.shropshireccg.nhs.uk/resources)
• [http://www.telfordccg.nhs.uk/publications](http://www.telfordccg.nhs.uk/publications)
Current ward vacancy level

Results of re-tender for overseas nursing

Net gain trajectory without overseas

30 overseas nurses expected by this point – undelivered

Nurse Recruitment Trajectory (cumulative)
Complaints

Jackie Harrison
Head of PALS & Complaints
Key changes

- Being responsive
- Customer Focussed
- Learning
- Being open
Responsiveness

Number of formal complaints

% closed within agreed deadline
Key issues

Communication & Attitude

Co-ordination of care for patients with complex medical problems

Duty of Candour
People Strategy: Workforce Transformation

July 2014
Preparing for the future – sustainable, quality local workforce.

- Pre – employability
- Apprentices
- Vocational learning
- Provision of progression pathways to enable access to registration
- Health Care Ambassadors
Preparing our current workforce to continue to deliver quality, safe services.

- 5 year education commission plan to support our future – advanced and extended roles
- Leadership Development
- Health and Wellbeing
- Supporting our staff by becoming a values driven organisation
- HR Business Partner to each Care Group