

**TRUST BOARD MEETING**  
**Held on Thursday 30 October 2014 at 9.30 am**  
**Lecture Theatre, Education Centre,**  
**Princess Royal Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr H Darbhanga Mr D Jones Mrs D Leeding Mr B Newman Dr S Walford Mr P Herring Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED) Chief Executive (CEO) Director of Nursing and Quality (DNQ) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
<b>In attendance</b>	Miss V Maher Mr A Osborne Ms P Gibb	Workforce Director (WD) Communications Director (CD) Trust Advisor (TA)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary
<b>Apologies:</b>	Mrs D Vogler Dr R Hooper	Director of Business & Enterprise (DBE) Non Executive Director (NED)

**2014.1/164**     **WELCOME:** The Chair welcomed everyone and reminded members that it is a meeting in public rather than a public meeting; questions could be asked at the end or during the meeting, at his discretion.

The main areas of focus during the Public session would be on:

- Care Quality Commission Inspection feedback
- Trust Performance Report
- Recruiting to Challenged Areas of the Workforce

**2014.1/165**     **CHAIR'S AWARD**

The Medical Director presented this month's Chair's Award to Ms Sandra Forwood who was nominated by her colleagues in the Gastroenterology Department at RSH and PRH for her part in helping the Shrewsbury and Telford Hospital NHS Trust secure Joint Advisory Group (JAG) Accreditation.

Ms Forwood worked tirelessly to prepare both departments for an inspection by the Joint Advisory Group for Gastroenterology Endoscopy. When JAG inspectors visited the endoscopy facilities at the Trust's hospitals during early October they awarded full accreditation to both sites which is valid for five years. Accreditation is also one of the prerequisites for joining the national Bowel Scope programme in 2015.

Colleagues who nominated Ms Forwood wished to recognise her efforts which entailed meeting over 200 individual standards.

The Medical Director thanked Ms Forwood and reflected on the hard work of everyone involved and highlighted that Ms Forwood is “clearly someone who embodies our Trust values of Make it Happen and Together we Achieve”.

2014.1/166

## **PATIENT’S STORY**

The Director of Nursing & Quality shared the Patient Story of Mrs May Jones; unfortunately Mrs Jones was unable to attend the meeting and asked the DNQ to share her story:

Mrs Jones needed to be admitted to the RSH Surgical Assessment Unit as an emergency; she was seen by doctors and nurses very quickly and felt that communication was excellent. She was seen by a Dr Beckett very soon after arriving who sent her for an urgent scan and, once she was back on the ward, carefully explained the diagnosis and options for treatment. Mrs Jones was very impressed at the level of information she received and felt that she was able to make an informed decision to proceed with surgery.

Following her surgery Mrs Jones was transferred to another ward where she received excellent care and felt safe and confident in the staff looking after her. Sadly this care did not continue when she was transferred to the final ward before her discharge. On arriving on the ward at approximately 3pm Mrs Jones said she was not greeted by staff and was shown to her bed by the transfer team who moved her from her previous ward who treated her as though she were family and were very kind and caring.

Mrs Jones was not greeted by ward staff until the night shift staff came on duty at 7pm that evening. She had been left with her property in bags along with her notes and medications on her bed. In addition to this, her pressure relieving mattress had deflated which was uncomfortable, and the name of the previous patient was still on the board above her bed. These issues were addressed when the night staff came on duty and apart for those four hours, Mrs Jones felt she was treated with utmost sensitivity and respect and would not be at all worried about coming back into hospital.

The Chair thanked the DNQ for presenting the Patient’s Story and asked for any learning points. The Chief Operating Officer highlighted that being greeted on the ward should be basic practice. Dr Walford (NED) reported that unfortunately this response is not uncommon and was something that would be picked up on Board Gemba rounds, where areas are visited and observed by a mixed team, including patient representatives, to look at the experience in that area

The DNQ reported that the ward in question has recently seen positive improvements in a change of staff and a new Sister in charge.

## **WALKABOUTS BY BOARD MEMBERS**

The DNQ reported that 16 mock inspections/walkabouts were undertaken prior to the Care Quality Commission (CQC) visit to the Trust during October. An overwhelming amount of positive feedback has been received from the staff stating they liked having the sessions and meeting members of the Executive team, which will be incorporated into the Gemba rounds, when the arrangements have been finalised

The meeting was informed of the challenging period throughout October which included the CQC visit to the Trust, as well as a National Strike and a high level of demand throughout the system. The Chair formally thanked the Executive team for their leadership throughout the month.

2014.1/167

## **DECLARATIONS OF INTERESTS**

The Declaration of Interests register was presented for information. There were no interests declared to any matters on the agenda.

The Chair was very pleased to report that Dr Simon Walford had been reappointed for a further two years as Trust Non Executive Director until 30 September 2016.

**2014.1/168 MINUTES OF THE MEETING HELD IN PUBLIC on 25 September 2014.**

The COO referred to the Matters Arising (page 19) and requested that the action owner of item 2014.1/149 relating to the Relocation of W&C Services be amended from COO to DBE. **Action: Meeting Secretary to amend.**

The remainder of the Minutes were **APPROVED**.

2014.1/169	<b>ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 25 September 2014</b>
2014.1/101	<p><b>Matters Arising from Formal Board held 29 May 2014</b>  <b>CEO Overview – Financial Performance</b>                      Chair &amp; CEO to identify means of achieving positive staff psychology.                      The Chair confirmed that he had discussed this with the CEO and the Executive Team are discussing this further. It was agreed for an update to be provided to the November Trust Board.  <b>Action: Chair/CEO Due: 27 Nov 2014.</b></p>
2014.1/144	<p><b>Patient Story (Ward 11, PRH)</b>                      To thank staff members involved to celebrate their good practice.  <b>Action: DNQ Due: 30 Oct 2014. Item completed.</b></p>
2014.1/144	<p><b>Patient Story – Booking &amp; Scheduling</b>                      To attend Booking &amp; Scheduling Team Meeting to raise issues highlighted in Patient Story.                      The DNQ confirmed that this had been completed.  <b>Action: DNQ Due: 30 Oct 2014. Item completed.</b></p>
2014.1/149	<p><b>Relocation of W&amp;C Services</b>                      To provide an update to the Jan 2015 Trust Board following a formal review of the W&amp;C move.  <b>Action: DBE Due: 29 Jan 2015. On Forward Plan. Item completed.</b></p>
2014.1/150	<p><b>Mid-Year Review of Strategic Priorities</b>                      To provide a verbal update at the Oct Trust Board in relation to the Ophthalmology Strategy  <b>Action: COO Due: 30 Oct 2014. On agenda (within Performance Report). Item completed.</b></p>
2014.1/150	<p><b>Mid-Year Review of Strategic Priorities</b>                      To provide a verbal update at the October Trust Board in relation to 7-day model of care following discussion at Workforce Committee.  <b>Action: WD Due: 30 Oct 2014. On agenda (within Performance Report). Item completed.</b></p>
2014.1/150	<p><b>Mid-Year Review of Strategic Priorities</b>                      To identify 'Red' RAG rated issues for discussion during next review – Jan 2015.  <b>Action: DBE Due: 29 Jan 2015. On Forward Plan.</b></p>
2014.1/152	<p><b>Relocation of Shrewsbury Walk-in Centre</b>                      To liaise with FD in relation to capital costs.                      The Chair reported that he had held discussions with the Deputy Finance Director and is comfortable with the issue.  <b>Action: Chair/FD Due: 30 Oct 2014 Item completed.</b></p>
2014.1/153	<p><b>IPR – Quality &amp; Safety</b>                      To provide an update in relation to Cleanliness following discussion at Quality &amp; Safety Committee  <b>Action: DNQ Due: 30 Oct 2014 On agenda (within Performance Report). Item completed.</b></p>
2014.1/153	<p><b>IPR – Operational Performance</b>                      To provide an update in relation to Cancer performance  <b>Action: COO Due: 30 Oct 2014 On agenda (within Performance Report). Item completed.</b></p>
2014.1/153	<p><b>IPR – Workforce</b>                      To provide an update in relation to the Trust's long-term strategic approach to recruitment  <b>Action: WD Due: 30 Oct 2014 On agenda (within Performance Report). Item completed.</b></p>
2014.1/154	<p><b>Complaints &amp; PALS Q1 Report</b>                      To meet with Mr Tom Jones (PALS Liaison) to discuss PALS issues.                      The Chair confirmed that a date had been arranged to meet.  <b>Action: Chair Due: Oct 2014 Item completed</b></p>

2014.1/159	<b>Membership, Volunteers &amp; Sustainability</b> To discuss Membership engagement with DCG <b>Action: Chair/DCG Due: 30 Oct 2014 Item completed</b>
2014.1/161	<b>Questions from the Floor</b> To obtain details of patient in relation to Antenatal Classes and contact her with details of service. The DNQ confirmed that Antenatal (Parent Craft) classes are available. <b>Action: DBE Due: 30 Oct 2014 Item completed</b>
2014.1/161	<b>Questions from the Floor</b> To provide a glossary at the end of Future Fit documentation where acronyms have been used The DCG reported that the DBE has held conversations with the FutureFit Team and a glossary will be provided at the back of future documentation. <b>Action: DBE Due: Oct 2014 Item completed</b>
2014.1/161	<b>Questions from the Floor</b> To provide a Workforce update to the Public session of the October Trust Board <b>Action: WD / MD Due: 30 Oct 2014 On agenda. Item completed.</b>
2014.1/162	<b>Trust Awards 2014/15</b> To liaise with the Communications / Governance & Membership Teams to pass on thanks and forward-plan for the 2015 Trust Awards. <b>Action: CD Due: Oct 2014 Item completed.</b>

**2014.1/170** **FORWARD PLAN** for the period 30 October 2014 – 29 January 2015 was presented for information and was **RECEIVED**.

**2014.1/171** **CHIEF EXECUTIVE’S OVERVIEW:**

#### **Apprenticeship Employer of the Year Award**

The CEO reported that the Trust has recently received an award for the Apprenticeship Large Employer of the Year for the West Midlands. Apprenticeships at the Trust have risen to over 100; congratulations were therefore extended to the Workforce Team and it was noted that the Trust will be entered into the National Awards.

#### **FutureFit Update**

Since the last Trust Board meeting, a large Clinical Reference Group meeting has taken place; this was attended by a significant number of GPs and secondary care clinicians. They received a progress update on the clinical model and some high level outputs from activity modelling and asked to focus on possible areas for “prototyping” service changes that would allow early introduction and testing of elements of the new clinical model.

Further work continues on working up the long list of options in order to develop the short list to take to public consultation, however, this work was considerable and programme timescales may have to change which could result in a public consultation later than currently planned.

#### **Shropshire Women & Children’s Update**

The transfer of inpatient and consultant led Women and Children’s Services was successfully completed as planned at the end of September; a number of capital works schemes continue to take place to complete the project.

Again, the CEO wished to thank everyone for making this happen

#### **Annual Leadership Conference**

Over 200 people attended the recent 3<sup>rd</sup> Annual Leadership Conference; very positive feedback has been received from those who attended and the CEO highlighted the importance of recognising that these events are well received and do motivate the organisation’s staff leaders.

Mr Newman (NED) enquired if attendance is by open invitation or restricted; the WD confirmed that the event is open to all staff members in a leadership role.

### **Financial Position**

The CEO highlighted that staff were placed under significant operational pressure during the Trust's recent CQC visit; the Trust's Fit to Transfer levels were even higher than normal. This, coupled with the funding position relating to emergency admissions, continues to exacerbate an already challenging financial position for the Trust.

The CEO reported that these issues would be discussed further in the Trust Performance Report.

### **2014.1/172 CARE QUALITY COMMISSION FEEDBACK FOLLOWING OCTOBER 2014 VISIT**

The Care Quality Commission (CQC) inspection took place week commencing 13 October 2014. The DNQ confirmed that she and the CEO met a small number of the CQC Team on day zero (14 October) and gave a presentation of the organisation's position.

There were over 30 CQC inspectors and they undertook visits to wards and departments at RSH on 15 October and PRH on 16 October, between the hours of 8.30am – 6.00pm; they also visited Midwifery Led Units throughout the week. The inspection team provided feedback to the DNQ and CEO and highlighted that the organisation has very committed staff; they reported that the Focus Groups held were the best attended of any organisation they had visited. The DNQ informed the members that Trust staff were encouraged to attend the Focus Groups and be open and honest; which was recognised by the CQC.

A further unannounced inspection took place on Monday 28 October; the DNQ met the inspectors at 5pm following the inspection and said that they found all issues of concern that they raised on their first visits had been resolved.

A draft report of the inspection will be received by the Trust during December 2014 and a final report will be received during mid-January 2015. This will then be available in the public domain and will be presented to the January 2015 Trust Board.

The Chair suggested that the presentation, provided by the DNQ and CEO on the first day of the inspection, be shared wider. He agreed to liaise with the CD to suggest a way forward. **Action: Chair / CD**

### **Patient Panel**

The DNQ reported that the CQC asked to meet the Patient Panel at short notice and she wished to thank them for their cooperation.

### **2014.1/173 UPDATE ON TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND AND APPROVAL OF DIRECTION OF TRAVEL TOWARDS DESIGNATION OF SATH AS SPECIALIST EMERGENCY CENTRE STATUS**

The Medical Director presented a paper which summarised an NHS England update report on the review of urgent and emergency care in England describing how the future urgent and emergency care system will be streamlined to better meet the needs of patients and communities.

The system envisages local care in or as close to people's homes as possible for urgent but non-life threatening needs; it also envisages centres with the very best expertise and facilities for the more serious or life threatening emergency needs. This potentially means that hospitals currently providing urgent and emergency care services could consider future service delivery models based on:

- Urgent Care Centre (urgent but non-life threatening needs)  
SaTH already provides a range of services for people with more serious or life threatening emergency needs and therefore should discount options in which the Trust does not seek designation as an Emergency Centre or Specialist Emergency Centre.

- Emergency Centre (people with serious or life threatening emergency needs)  
SaTH already provides a range of specialist emergency services and therefore designation as an Emergency Centre is not preferred.

- Specialist Emergency Centre  
Whilst the service specification has not yet been published for Specialist Emergency Centres, it is anticipated that hospitals can be designated as Specialist Emergency Centres for a *subset* of services (neurosurgery, cardiothoracic surgery, etc).

Whilst SaTH already provides a considerable range of specialist services (acute and vascular surgery, hyper-acute stroke services etc), it is believed that the strategic aspiration should be to maintain these services within the county, however maintaining these services will be contingent on sustainable hospital services which are being developed through the Future Fit programme.

The MD reported that the current preferred option is to seek designation as a Specialist Emergency Centre which would focus initially on the specialist emergency services provided within the Trust, although longer term development plans should continue to pursue opportunities to bring further services into the county. There was some discussion about the range of specialist services that SaTH could realistically provide.

The MD felt the organisation should see itself as a University Teaching Hospital and draw patients into the county from Birmingham, Wolverhampton and the Black Country. There are currently three Specialist Emergency Centres and he believed SaTH should aspire to become the fourth.

Mr Darbhanga (NED) enquired about the recruitment issues/opportunities if the Trust were to proceed with the Specialist Emergency Centre option. The MD felt many consultants would see it as an attractive opportunity to create their own preferred form of service delivery and to retain some of the specialist services we already provide to Shropshire and Mid-Wales.

In summary, the Chair agreed that the Trust needed to be able to retain key specialties and thus enable recruitment and retention; be able to secure capital for future developments and should have aspirations and be seen to be ambitious if it wanted to leapfrog the average; the journey of travel was therefore APPROVED.

## 2014.1/174 IMPROVEMENTS TO RSH MORTUARY

The Finance Director presented a paper which highlighted that the facilities at the RSH site are largely unchanged since the hospital was built in the 1970s and current issues include:

- The need to accommodate an increasing number of deceased persons who are obese
- The age and condition of the mortuary facilities at RSH
- Opportunities to improve dignity within the mortuary environment

The issue is well recognised within the Trust and currently scores as a high risk with a risk score of 20 (Consequence - Major 4, Likelihood – Critical 5).

An upgrade of the existing mortuary facilities at RSH would cost an estimated £1.4m; this was identified during the Capital Planning Review Group held in September, pending formal approval by the Trust Board.

The members were informed that the Capital Plan is approved by the Trust Board at the beginning of the year, but in the event of movements in the plan, different schemes are then presented to the Capital Planning Review Group.

The upgrade of the mortuary facilities was not included in the original Capital Plan and the risk rating was lower, but recent events and pressures increased the risk rating. Capital monies have become available due to phasing of other approved projects which will be utilised for the upgrade. The Chair noted that the Capital Plan for 2015/16 will be presented to the Board for approval in March 2015.

Mr Newman (NED) enquired how much of the £1.4m is capital and if the items such as tables, fridges, etc are removable in the event of moving the service to a new hospital. The FD explained that some of the larger items such as fridges would be removable but that the cost also included monies for the specialist removal of asbestos.

Following discussion, the members APPROVED Option 2; to upgrade the Mortuary facilities at the RSH site.

2014.1/175

## **TRUST PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES**

The Board **RECEIVED** the Trust Performance Report in respect of the month of September 2014.

The Chair suggested the main areas of focus would be:

- Fit to Transfer (FTT)
- Cancer Performance
- Financial Position
- Staffing Position

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

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

- Infection Prevention & Control – showed improved performance in relation to C difficile in September with only one case reported, 0 cases of MRSA Bacteraemia infections, four cases of MSSA Bacteraemia and five cases of E-coli Bacteraemia.
- Cleanliness & Decontamination – The DNQ reported that the CQC inspectors had been complimentary, with no negative comments in relation to cleanliness within the organisation. Also, following the announced visit by the Trust Development Authority during September to review cleanliness and infection prevention and control at RSH, an action plan has been developed and will be overseen by the Quality & Safety Committee; good progress has already been made. The Infection Prevention and Control Committee has been strengthened to include the chairing of the committee by the DNQ and attendance of the Medical Director and Care Group Medical Directors.
- Serious Incidents – A significant increase of SIs have been reported during September with 21 reported in month against an average of 10 per month. The main areas of increase have related to falls, pressure ulcers and ophthalmology outpatient appointments; all incidents will be investigated through root cause analyses and findings will be reported to the Quality & Safety Committee.
- Safe Staffing – During September, the overall fill rate against ward templates of nursing staff was 102.2% Due to the significant pressure on capacity over recent weeks and an increase in the number of patients who are fit to transfer, additional escalation beds have been opened on both sites on a number of occasions. This has presented challenges to nurse staffing as additional staff have had to be sought from agencies in addition to those from our own temporary staffing department to meet this increased demand for inpatient services. This has resulted in a higher level of temporary staff usage than usual. A high number of patients have been on the Fit to Transfer list (equating to approximately 4 wards worth of beds). If this number continues into the winter months, along with the current increase in emergency activity, the DNQ was concerned about the Trust's ability to safely staff all areas.
- Safeguarding Adults & Children – During September there were two adult safeguarding alerts made towards the Trust and there were two direct referrals to social services relating to safeguarding children. The Trust is currently involved in three serious case reviews led by the local authorities.
- Patient Experience: Friends and Family Test – Although improvements have been seen in inpatient response rates, the Emergency Department and Maternity areas remain a concern. Mr Jones (NED) enquired if there were any underlying causes; the DNQ suggested that the Maternity area may be due to the preparation of the move to the PRH site. She agreed to provide an update to the November Trust Board. **Action: DNQ November 2014 Trust Board**

## OPERATIONAL PERFORMANCE

The Chief Operating Officer (COO) informed the members that the month of October has been the most difficult period experienced within the last 18 months, in terms of increased demand. The following overview of operational performance was provided:

- A&E 4 Hour Access Standard - In September 2014, 90.93% patients were admitted or discharged within the 4 hour quality target, representing a deterioration in performance against August of 2.71% and against a backdrop on previous improvement. This was 5% below the recovery trajectory of 95.73% in September. The factors for underperformance continue to be due to:
- Demand above plan – Emergency Department attendances – For the period to the end of September there was 2.8% (1,545 attendances) greater than the same period last year and 3.2% in month. During the month of September the Trust remained in high escalation. This was due mainly to the increase in the number of patients on the Fit to Transfer (FTT) list with delays in patients being discharged to community services. This impacted on flow from the Emergency Department and resulted in a high number of capacity related breaches. The development of the Urgent Care Centre for RSH is on track for delivery in December.
- Demand above plan – Non Elective activity – Emergency admissions were 6.97% higher in September compared to August; and 4.5% higher in comparison to the month of September in 2013 (year on year). Year to date April to September 2014 in comparison to the same period in 2013 shows that non elective admissions are 5.49% higher (1,215 patients). All escalation areas have continued to remain open; this additional burden on the nursing staff groups is being met by high usage of agency staffing.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the RTT (Admitted) target of 90% during September with 89.15%; however the recovery plan is on trajectory to deliver overall from 1 October 2014. Orthopaedics delivered the admitted standard for the first time since the inception of 18 weeks RTT target in January 2009. The Trust failed the RTT (Non-Admitted) target of 95% during September with 92.52%; this was predicted due to the clearance of the backlog of patients waiting over 18 weeks in Ophthalmology and Oral Surgery. There are trajectories in place for both specialities which are being monitored weekly with the CCGs and NHS England.
- Fit to Transfer (FTT) – The list remained between 50 to 70 in September and worsened significantly in October (109 patients)

The members discussed the high increase in the number of patients Fit to Transfer and concerns that the figures are not reducing rapidly enough. It was noted that this is a national problem but the position at SaTH is worsening.

The Trust has now been at Escalation Level 3 for 3 weeks; there are therefore increasing concerns in relation to planning for the winter months. The COO confirmed that the focus should continue to be on reducing the number of patients coming into hospital and increasing the number leaving. This will be progressed through the System Resilience Group and Urgent Care Working Group.

Mr Jones (NED) enquired how this ongoing issue could be escalated and, Dr Walford (NED) enquired who should be held to account as currently all the risk, both financial and safety, remains with SaTH. The meeting was advised that in terms of accountability, a regional meeting had been held 3 months ago and the two Clinical Commissioning Groups were identified by both the Trust Development Authority and NHS England as needing to take the lead in this area. The COO reported that the organisation is reliant on its partners fulfilling their obligations and endeavours to hold them to account, but this has not seen an improved position in relation to FTTs.

The CEO reported that the Trust must maintain patient safety, however if the situation continues to rise, measures will have to be taken to stop elective surgery to create capacity. He highlighted the importance of keeping the balance whilst not endangering patient safety.

The Chair allowed comments from the floor at this point. Mr Shepherd enquired how many of the 109 FTT patients were Shrewsbury & Atcham patients and how many were Welsh. The COO reported that of the 109 patients, 12 were from Powys; and the number of Shropshire patients has been disproportionately higher than

Telford & Wrekin. The members agreed that improved system planning is urgently required.

From the floor, Mr Sandbach suggested that the Shropshire Community Trust are currently holding two wards worth of empty space within the Community Hospitals and enquired if they are able to give greater assistance. The COO reported that the Shropshire Community Trust has been extremely responsive in opening additional beds; however there is no community provision in Shrewsbury, which causes problems in relation to geographical placement. Additional funding has also been provided to purchase 30 additional beds external to the Trust as part of the Discharge to Assess model.

Mr Shepherd reported that he is a member of the Task & Finish Group and he informed the members of his frustration as the objective was to have a system in place by mid-November. He expressed concern about rushing into solutions, but the Board agreed that urgent action was needed now to reduce the risks being created.

Following discussion, the Chair agreed to draft a letter to the Chairs of the Shropshire CCG and Telford & Wrekin CCG to highlight the clinical and financial risks that the organisation is facing, and include that if the situation continues at this level throughout the winter, the organisation would be unable to consistently staff and care for patients placed in 'escalation areas'. **Action: Chair**

- Cancer – September predicted performance – The Trust achieved all but one of the nine cancer standards. The Trust failed the 31 day second or subsequent treatment in chemotherapy target of 98% with 96.43% which equates to 2 patients. Whilst performance against the 9 cancer targets is showing improvement, it is too early to be confident that the new processes are embedded sufficiently to give assurance that all of the cancer targets will be met every month. A number of activities are on-going and a new Cancer Lead (Dr Terry Jones) has taken up his post and his first priority will be to develop a Trust-wide Cancer Strategy.

### **Ophthalmology**

The COO reported that the Ophthalmology service is currently provided across three sites and between 50,000-60,000 patients are seen per year. It is a specialty on a journey which, over the last 12-18 months, is beginning to stabilise. The CCG has just tendered for the primary care element of the Ophthalmology service.

### **FINANCIAL PERFORMANCE**

The Finance Director reported that the Trust will not achieve it's planned performance or financial position due to over-demand on the system and the increasing spend on agency staff

An overview of the financial performance highlighted:

Income – After six months income is below planned levels by £125,000. The level of Day Cases is lower than anticipated across MSK, Oral Surgery, Cardiology and Ophthalmology. This is however being compensated in part by over performance within Clinical Haematology and Oncology, Urology and Gastroenterology. Elective inpatient activity reduced in the months of August and September. Non Elective activity has over performed by comparison with plan by 3.2%. However, because of the application of non-emergency threshold and readmissions adjustment, the Trust is presently receiving £56,000 to fund this increased activity. If these adjustments had not been applied, the Trust would have received £634,000.

The impact of the reduced length of stay has meant that the Trust income has reduced by £455,000.

Pay Position - In the month of September Pay spending increased to £17.887 million as compared with the expected level of Pay spending of £17.851 million as contained within the Recovery Plan. The increase is principally associated with spending in respect of Nursing staff (although Nursing staffing levels remained essentially unchanged). The increased cost is attributable to increased levels of Agency spend.

Nursing - The Nursing overspend is attributable to the increased cost of employing Agency staff amounting to £1.555 million. The Unscheduled Care Group has operated in the period April – September with an average of

39 posts in excess of budget. The excess posts have occurred because of persistently high sickness levels (7%) and the need to respond to increased levels of activity.

Consultants and Medical Staff - Consultant and Medical staffing overspending equates to £1.39 million. Waiting List Initiative payments and the cost of employing Agency staff to cover vacancies and sickness amounts to £1.327 million.

Non-Pay - At the end of September, non-pay had underspent when compared with the base budget by £48,000. In the month of September the level of non-pay spending increased significantly to £8.3 million, potentially as a result of preparatory and stocking of the new Women & Children's Unit.

Cost Improvement Programme / Rectification Plans - Savings amounted to £6.410 million have been achieved. This sum is lower than the levels required to achieve the rectification plan because savings associated with nurse agency have not been achieved.

Forecast Outturn - Potential additional financial support from CCGs in relation to emergency admissions will be considered at a joint meeting with the TDA, NHSE and commissioners, although the ability of the CCGs to provide this seems limited. The forecast outturn figure therefore excludes this at this time. Without such funding, the Trust is presently predicting that it will deliver a forecast outturn deficit of £12.453 million compared to the original forecast of £8.2m deficit.

Cash Flow - The cash position of the Trust continues to be problematic. At the end of August the Trust received Temporary Borrowing of £3.2 million and a further £3.7 million in September. The cash has been utilised to support the Trust's income and expenditure deficit. Discussions with the NTDA, in respect of permanent borrowing, are presently stalled because of a requirement to agree upon the forecast outturn of the Trust.

The FD reported that he has written to the CCGs to continue discussions.

The DNQ highlighted her concerns in relation to the number of wards with a higher vacancy factor; she confirmed she would continue to update the Board on a monthly basis.

## **WORKFORCE**

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

Sickness Absence – During September this increased to 4.54% with an increase of 0.35% in short term sickness absence. There have been increases in most staff groups, the most significant being in Additional Clinical Services, which includes Healthcare Assistants (1.1%), Medical and Dental (0.8%), Allied Health Professionals (0.4%) and Estates and Facilities (0.4%). Nursing and Midwifery staff saw a reduction of 0.1%.

Absence – This continues to be a high reason for temporary staffing usage. For some areas this is presenting real challenges. The Workforce team continue to support managers and teams through the Health and Wellbeing Plan.

Appraisals – The Appraisal completion rate has risen slightly to 82% against a target of 100% completion by all relevant staff for 2014-15. Medical Staff appraisal completion remains at 85%.

Statutory Training – In September 2014, rates for Statutory Safety Updates rose again by 3% to 62% against a target of 80% and Information Governance rose 5% to 70% against a target of 95%. High risk non-compliant staff have been written to and a rise in bookings has been seen since.

Leadership Development – The Trust's third annual Leadership Conference was during early October with over 200 people attending, including partners from across the health and social care economy. The theme of the conference was Transformation with the main focus of the day being on Keynote Speakers and Master Classes in Leadership.

Employment Experience – The annual staff survey has been sent out to all staff, results will be published in March 2015. Within the Care Groups and Corporate teams a significant amount of work has taken place to

improve the employment of our staff. It is hoped that this will be seen through an improvement in staff survey results.

The Chair thanked the Executive Team for the extraordinarily amount of hard work being undertaken.

## **SELF CERTIFICATIONS**

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

### **2014.1/176 TRUST COMMITTEE MEETINGS UPDATE**

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

- Clinical Quality & Safety (Q&S) Committee meeting 23 October 2014; Dr Walford (NED) highlighted issues relating to Aortic Aneurysm Screening in the County; the Ebola virus infection and the quality dashboard within the Emergency Department. The fragility of the ED services was noted.
- Hospital Executive Committee meeting 28 October 2014
- Finance Committee meeting 28 October 2014
- Workforce Committee meeting 23 October 2014; the WD highlighted the focus of this year to move from 5 day working to 7 day services; the Radiology department have already commenced this.

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

### **2014.1/177 OPTIONS ON RECRUITMENT TO CHALLENGED AREAS**

The Workforce Director provided the Board members with an update on controls and assurance in relation to the Board Assurance Framework risk 859 "risk to sustainability of clinical services due to potential shortages of key clinical staff".

The paper highlighted that there challenges across the organisation in recruiting permanent staff; there is therefore a heavy reliance on temporary staffing which impacts on staff morale, continuity and quality of care, pay and operational performance.

The greatest workforce challenges in the Trust relate to:

- Adult inpatient nursing
- Domestic services, particularly at RSH
- Medical staff in Emergency Medicine, Acute Medicine and Critical Care

Time has been spent with each staff group to fully understand the challenges and agree a range of actions to address them; these include attendance at Glasgow and Staffordshire Careers events, overseas recruitment with visits to Portugal and Spain, return to practice, engagement of student nurses, research into why nurses leave, recruitment of Wellbeing Apprentices (16 will commence during November to support staff on the ward) and also looking at recruitment packages as some Trusts are offering very generous welcome packages.

The Workforce Director reported that the organisation's People Strategy has a clear strategic aim to 'attract, recruit and retain people who believe and live the Trust values to ensure our patients receive the best care'. Options for taking recruitment forward will be presented to the Workforce Committee and include:

- Defining our offer; as an employer
- Being recognised as an employer of choice
- Developing our future workforce, i.e. supporting young people into NHS roles and careers through work experience and pre-employability courses, and developing apprentices further

The paper concluded that there is a clear drive and commitment from teams to address the workforce challenges. These will be reported at Quality and Safety Committee and Workforce Committee with regular updates being presented to the Board.

Mr Jones (NED) enquired if fast-track courses for nurse training are available. The members were informed that this is not available via the Nursing & Midwifery Council; however the organisation has been approached by a university to develop a fast-track two year foundation degree curricula for assistant practitioners who would have similar responsibilities to the State Enrolled Nurse role.

In the longer term there needs to be focus on medical recruitment and the Board needs to put the workforce agenda centre stage and improve our offering to potential candidates.

Mr Newman (NED) felt the paper was very qualitative and would have liked to have numerical analysis and comparison against trajectory. The Chair suggested the Workforce Committee tracks progress against trajectory and considers other short-term options. **Action: WD**

#### **2014.1/178 VALUES VIDEO**

The Workforce Director presented the Trust's Values Video which was made by Trust staff and was launched at the recent Leadership Conference.

The WD reported that the video will be shown at every staff induction session and, in time, will be uploaded to the Trust website.

There were suggestions about using social media to get wider distribution which the WD is investigating.  
**Action: WD**

#### **2014.1/179 QUESTIONS/COMMENTS FROM THE FLOOR**

**Q1** Mr Sandbach advised that during the October 2008 Trust Board meeting the Board were advised of a deficit of £9.9m and he felt it is a sad reflection that the Trust is faced with the same position today. Mr Sandbach reported that the then Chief Executive took on a lot of borrowing, but delivered a surplus of £4.1m. He enquired if anything can be learnt of the techniques that were used.

**A1** The Chair suggested that he would look into this; however the past surplus may have been due to the amount of money received into the organisation.  
The Finance Director reported that today's climate is very different. Strategically a piece of work has been commissioned which the Trust will take forward.

**Q2** Mr Sandbach suggested if FutureFit goes ahead the catchment area could increase to approximately 3 million and whilst the FutureFit team have been ambitious, he feels they could have been more so. Mr Sandbach therefore encouraged the Board to be ambitious, rather than cautious, offering services 7 days per week for planned surgery.

**A2** The Medical Director reported that if the organisation was not constrained by the workload, he feels it would be in a good position to attract work from Birmingham, Wolverhampton and the Black Country. The Trust now offers 7 day-working in the Diagnostics Centre (Radiology). Mr Sandbach suggested this is a huge opportunity to attract people out of county; it should therefore be celebrated and promoted via communications and the press.

**Q3** Mr Sandbach raised the workforce issue and enquired how it scores on the risk register.

**A3** It was reported that the workforce risk is a strategic risk as it is one of the highest risks which threatens the Trust's strategic objectives and it appears on the Board Assurance Framework (Corporate Risk Reference 423) which is discussed at the quarterly Risk Committee and reported to the Trust Board on a quarterly basis. It is also the highest risk on the Trust Risk Register

**Q4** Mr Shepherd reported that he was pleased that the Trust Board had supported the Medical Director in the

direction of travel towards the designation of SaTH as Specialist Emergency Centre status as he feels if the organisation does not pursue this opportunity, another Trust may do so.

**Q5** Mr Shepherd highlighted the Trust Performance Report and his concerns of the ability to deliver safe care to patients in need during the winter months.

**A5** The Board shared this concern but reported that difficult decisions may have to be made, such as cancelling elective surgery due to the inability of staffing wards effectively.

Dr Walford (NED) highlighted that the performance report has improved substantially over the last 12 months and feels more optimistic of the Trust being able to cope during the winter months. The COO reported that although patient safety is being maintained, it is not sustainable to continue at the current level over the whole of the winter.

The Chair reported that he has been a member of the Trust Board for approximately 12 months and during this time he has witnessed the level of progress that has been made. He thanked the members of the Executive Team.

The Chair also thanked the members of the public for their comments during the Public session.

**2014.1/1181 DATE OF NEXT MEETING**

**Formal Board Meeting – Thursday 27 November 2014 at 10.00 am** in the Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

**The meeting closed at 1.00p.m.**

**MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 30 OCTOBER 2014**

<b>Item</b>	<b>Issue</b>	<b>ACTION OWNER</b>	<b>DUE DATE</b>
2014.1/168	<b>Minutes of the Meeting held in Public on 25 Sept 2014:</b> To amend the action owner of item 2014.1/149 from COO to DBE	Meeting Secretary	27 Nov 2014
2014.1/169	<b>Matters Arising from the Formal Board held on 25 Sept 2014:</b> CEO Overview – Financial Performance Update to be provided to November Trust Board in relation to achieving positive staff psychology	Chair / CEO / EDs	27 Nov 2014
2014.1/172	<b>CQC Feedback following October 2014 Visit to the Trust:</b> To liaise with Communications Director to suggest a way forward in sharing the presentation provided by the DNQ and CEO on the first day of the CQC inspection	Chair / CD	27 Nov 2014
2014.1/175	<b>Trust Performance Report: Q&amp;S – Friends &amp; Family Test:</b> To provide update to Board in relation to the underlying causes of ED and Maternity Areas	DNQ	27 Nov 2014
2014.1/175	<b>Trust Performance Report - Operational Performance:</b> To forward letter to Chairs of the Shropshire CCG & T&W CCG to highlight the pressures that the Trust is currently facing going into the Winter period	Chair	27 Nov 2014
2014.1/177	<b>Options on Recruitment to Challenged Areas:</b> Workforce Committee to track progress against trajectory and consider other short-term options	WD	27 Nov 2014
2014.1/178	<b>Values Video</b> To use social media to get wider distribution	WD	27 Nov 2014