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:

- Business Case for the modernisation of CT Scanners
- Finance and Winter Pressures
- People Strategy
- Nurse Recruitment

CHAIR’S AWARD

The Director of Corporate Governance presented this month’s Chair’s Award to Mavis Haywood, who has dedicated over 10 years to volunteering on the Trust’s Chemotherapy Day Unit at the Lingen Davies Centre, RSH.

Hannah Roy, Governance and Membership Manager and the Volunteers Manager, and Rachel Redgrave, Operational Manager for Oncology and Haematology, supported this nomination in recognition of the invaluable service provided to the Chemotherapy Day Unit (CDU) and its patients.

As the lead volunteer for the CDU, Mavis provides support and leadership to around 30 volunteers on the Unit, as well as showing potential volunteers around and recruiting new volunteers.

She is a great ambassador for volunteering at the Trust and demonstrates all of the Trust’s Values.
Mavis accepted the Chair’s Award and said that it is both satisfying and rewarding to have the opportunity to be involved with and provide support to the patients.

The DCG further reported that there has been a lot of progress with the Volunteer Strategy in 2014; the Trust currently has around 400 volunteers including:

- ‘Young’ Volunteers (80% plus) going on to study a health-related course at University. This month’s volunteer’s award went to Oliver Hope, a Shrewsbury School student who has volunteered every Thursday afternoon during term-time and holidays, despite living in Worcestershire. His example has led to requests for more Shrewsbury School students to join the Trust from January 2015.
- ‘Corporate’ Volunteers; these are community-specific projects which has seen staff from a local firm of Chartered Accountants help to create the dementia-friendly courtyards alongside the Stroke Unit at PRH. It is hoped that these will re-open on NHS Sustainability Day in Spring 2015.
- Staff volunteering aimed primarily at back-room staff who don’t normally have the opportunity to work directly with patients.

The Chair highlighted that Mr Tom Jones, PALS Liaison, fulfils a similar role albeit in a different setting and thanked them both for being volunteering exemplars.

The Chair reported that his personal belief, as the NHS goes forward, is that the volunteering service will be integral to the organisation’s future model.

The members were reminded of the Volunteers ‘Thank You’ parties which will be held at PRH on Thursday 4 December at 2.30pm and at RSH on Monday 8 December at 2.30pm.

2014.1/184 PATIENT’S STORY

The Director of Nursing & Quality introduced Muriel Fellows and Eileen Anderson, two members of the Patient Experience and Involvement Panel (PEIP), to deliver this month’s Patient Story.

Mrs Anderson shared the story of a patient who was admitted from A&E to the Surgical Assessment Unit during September 2014 with suspected gallstones. The patient was moved to the Colorectal Ward, but was not informed of the treatment she would receive. She was placed on a side ward and told not to use the toilet but to ring the buzzer for a nurse to help her. The patient rang the buzzer several times during the night but the staff did not attend to her so she eventually got herself out of bed to use the toilet, which was a risk in itself.

The patient was under the impression that she had gallstones but was subsequently informed that it was a urinary tract infection and it was presumed that she was already aware of this.

The members of the PEIP panel highlighted the communication from the patient first being admitted, as well as the attitude of the night staff who should have been more caring and observant to the patient’s needs. Mrs Anderson reported that it appears the day staff were caring and worked extremely hard, but the attitude of night staff appeared to be very different. The PEIP panel therefore recommended that the Trust arranges unannounced visits at night, as well as discussions at ward manager meetings.

The members were informed that the PEIP have a meeting scheduled to take place during early December when they will ask patients for their night time experience, such as the level of noise, staff talking loudly, etc. The PEIP members agreed to forward this information to the Director of Nursing & Quality (DNQ) and be involved in feedback to the Trust Board during the New Year. Action: DNQ, Update to January 2015 Trust Board

As previously discussed at the October Trust Board, the Gemba walk rounds will continue and be used to monitor patient feedback. The Chair suggested some be undertaken at night and agreed to be involved.

The Chief Operating Officer (COO) highlighted a previous patient story, reported to the Board, where a patient appeared to receive a better quality of care during the night. She enquired if staff are rotated between days...
and nights or if there are staff members that work permanent nights. The DNQ confirmed that there are some members of staff who work permanent nights, but some staff do rotate between day and night shifts.

The PEIP members highlighted that although this story is negative; a large amount of positive feedback is received overall.

2014.1/185 DECLARATIONS OF INTERESTS

The Declaration of Interests register was presented for information.

Mr Darbhanga (NED) reported that he has completed his term as the Director of the Priory Academy and has no further declarations of interest.

The members also noted that Dr Walford (NED) has accepted the role of Chairman of the Board of University of Wolverhampton with effect from 1 November.

The Chair reported that Ms Polly Gibb has stood down from her position as Trust Advisor with immediate effect due to other commitments; and thanked her for her contribution.


The Chair highlighted the following amendment to the minutes of the meeting held on 30 October 2014:

- Page 12 – 2014.1/179: Q1 – The ‘Chair’ suggested that he would look into the question raised by Mr Sandbach. Following discussion, the members agreed that the ‘CEO’ would look into this. Action: Committee Secretary to amend the minutes

The remainder of the Minutes were APPROVED.

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3  ……………………Chair  
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Options on Recruitment to Challenged areas: Workforce Committee to track progress against trajectory and consider other short-term options. Action: WD Due: 27 Nov 2014. Item completed. The Workforce Director confirmed that this will progress through the Workforce Committee meeting being held during early Dec 2014.

Values Video WD to use social media to get wider distribution. Action: WD Due: 27 Nov 2015 Item completed. The WD reported that the artist in question has been approached in relation to copyright permissions and she is currently awaiting a response.

FORWARD PLAN for the period 27 November 2014 – 26 February 2015 was presented for information and was RECEIVED.

Mr Jones (NED) highlighted that finance and budgeting does not appear to have been included on the forward plan to year end.

The FD reported that the finances will go through a series of debates prior to sign off in March 2014.

Following discussion, the members agreed to debate the capacity and demand requirement with Commissioners and make the linkage with financial constraints. The members agreed to discuss during the January Board Development session. Action: Add to January 2015 Board Development Session. Item completed

CHIEF EXECUTIVE'S OVERVIEW:

National Healthcare Quality Improvement Partnership (HQIP) Award
The DCG introduced the Clinical Audit Manager, Sally Allen and Clinical Audit team member Jane Burgess, who have recently been awarded the National Healthcare Quality Improvement Partnership (HQIP) Award for Patient Involvement.

Sally Allen informed the members that the HQIP Award was received as a result of a Patient Panel being established in the Clinical Audit Department within the last 12 months; it consists of 8 panel members who have designed and been involved in audits from a patient’s perspective. The public members have overseen all stages of their audits; from designing the audit, scanning the forms, analysing and presenting results to the Clinical Audit Committee meeting.

The Clinical Audit team were praised for this achievement and it was highlighted that the involvement of the public and volunteers within the organisation is central to embedding the Trust Values.

FutureFit Update
The CEO reported that there are two new compliance processes which require the organisation to provide pre-consultation business cases. The FutureFit team are assessing whether this will cause a delay in the public consultation process. The November Programme Update was included in the Board’s Information pack and on the Trust website, with an update on the shortlisting progress and three linked pieces of work relating to scenario affordability, which the Finance Workstream is overseeing. The Programme Board will be meeting in December to consider next steps and to finalise the high-level evaluation criteria against the current longlist and the Communications & Engagement tactical plan.

Shropshire Women & Children’s Update
The new Women & Children’s Centre has experienced a number of issues with regard to leaks and blocked pipes. The Regional Director of the Building Contractors is working with the Centre to correct the defects to ensure the smooth-functioning of the building in the future.
Financial Position
Disappointingly this has deteriorated during month 7; the CEO reported that this would be discussed further in the Trust Performance Report update.

A&E Performance
This continues to be challenging for the Trust. A second regional meeting has been held to highlight the Trust’s position and plans have been discussed with the TDA and NHS England. The CEO reported that he hopes this has given more of a sense of urgency regarding Fit to Transfer (FTT) patients and highlighted the need for the whole health economy to focus on patient discharges.

Dr Hooper (NED) asked how Shropshire Council and T&W Council will be included in future discussions as they play a key role. The Chair agreed that systems leadership is crucial. He reported that he has met with the leader of the Shropshire Council and will meet with the T&W Council lead to try to strengthen this joined-up approach.

Following discussion, it was agreed that although FutureFit should deliver the ultimate solution, it will be many years before the process is concluded; in the interim there needed to be a focus on:

- Local systems strengthened decision-making and partnership-working
- Greater efforts to manage issues more effectively within our own control
- More timely escalation of issues to a higher level when local resolution can not be achieved

BUSINESS CASE FOR THE MODERNISATION OF CT SCANNERS IN ORDER TO SUPPORT SERVICE TRANSFORMATION AND INCREASED PRODUCTIVITY

As Chair of the Capital Planning Group, the FD presented a business case for the modernisation of CT scanners at the Royal Shrewsbury Hospital.

The paper highlighted that the Radiology Department at the Royal Shrewsbury Hospital has a single CT scanner which is at end of life. The technology is out of date and this has had a direct impact on patient throughput. Recent break-downs have increased patient length of stay, caused the cancellation of outpatient appointments and caused delays in the scheduling of patient treatment regimes.

Additionally the Trust could potentially lose £2.75m income if there is insufficient CT capacity to meet current demand.

The paper highlighted the following four options for consideration:

- **Do nothing** – this conclusion would have serious consequences on patient care and service provision.
- **Purchase a replacement CT scanner (64 slice which is four times faster than the existing scanner)** – this conclusion would address the need to replace the present CT scanner but does not provide additional capacity, redundancy and service expansion to cover Cardiology and Oncology Services.
- **Purchase a replacement CT scanner (64 slice) and a second scanner (128 slice) to meet the shortfall in capacity and increases in service demands** – this conclusion would provide the Trust with a future-proof CT service that will be able to respond to changes in national and local requirements. It would have a positive impact on the recruitment and retention of staff and it would allow for the running of two scanners without the need to increase staffing levels.
- **Purchase a replacement CT scanner (64 slice) this financial year and purchase a second scanner (128 slice) to meet the shortfall in capacity in the next financial year** – this conclusion would require the hire of a mobile scanner to be sited in the car park of RSH in order to maintain the continuity of the service. It would create a compromise in the functioning of the CT scanners due to the limited space available for the second control room. It would require double the number of Radiographers to be recruited. Also, there is a high potential that a delay in ordering the second CT scanner would compromise the operational package available to the Trust.
Mr Newman (NED) felt there were a number of issues with this approach and suggested it was a tactical approach rather than strategic. He felt the paper did not consider the business opportunities of increasing machine capability to expand/repatriate services and with the rapid improvements in technology we may regret not increasing the specification at this point. There was also discussion around available capacity at PRH, which was not covered in the paper, but members were informed that PRH has one scanner but has no spare capacity.

There was discussion around the availability of capital to fund the business case. The FD confirmed projects have been re-prioritised and phased to bring capital from next year's budget into this year.

The Chair recognised the issues that were raised but noted there was an immediate issue which needed addressing. Although there was consensus on the principle of the additional capacity, it was recognised that the current proposals did not address market opportunities and strategic impact, with the need to balance operational pressures against strategic direction.

The Board approved the proposal in principle but agreed to delegate the final specification to a smaller group including the Chair, Mr Newman (NED), Medical Director (clinical perspective), Finance Director (financial perspective) and Director of Business & Enterprise (business development perspective) to urgently agree the way forward. **Action: Chair, Mr Newman, FD, MD, DBE. Update at January 2015 Trust Board**

The Chair also highlighted that this illustrated a problem with the current approach to business cases presented to the board, which are too focused on the process and not enough on the strategic opportunities and clinical issues. For future presentations, the Board would require the clinical lead to attend the meeting to answer any specific technical or clinical points, including strategic market direction, otherwise the Trust could miss the opportunity to 'leapfrog the average'. The FD would address any capital aspects and how the capital budget agreed at the beginning of the year was being re-prioritised but the proposal would be shaped by clinical and business development factors.

**SUBSEQUENT TO NOVEMBER TB MEETING:** Approval was given on 9 December 2014 by the delegated group for the purchase of two CT scanners.

The Chair has asked for the Executive to review the approach to development of business cases to take account of a number of lessons learnt.

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**2014.1/191 TRUST PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES**

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

SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority’s Accountability Framework. This is classified as a ‘Material issue’ requiring interaction led by the TDA’s Director of Delivery Development. Regular meetings are held with the TDA to update on SaTH’s improvement trajectories.

The Chair suggested the main areas of focus would be:
- Financial Position
- Winter pressures

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

The Director of Nursing & Quality (DNQ) provided an overview of the activity in October 2014:
- **Infection Prevention & Control** – showed two cases of C difficile in October, one MRSA bacteraemia case (pre-48 hours) which related to a blood contaminant, one case of MSSA Bacteraemia and seven cases of

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E-coli Bacteraemia.

- **Cleanliness & Decontamination** – The Environmental Group met for the first time during mid-November, chaired by the Finance Director. The purpose of the group is to provide assurance on the standardisation of environmental improvements, ward décor across the site and building structure in relation to infection prevention and control (IPC). The group will report to the IPC Committee and provide assurances via the Quality & Safety Committee.

- **Serious Incidents** – There were seven SIs reported during October; these related to delayed diagnosis (3), RIDDOR/SI reportable falls resulting in fracture (2), mis-diagnosis (1) and radiation incident (1).

- **Pressure Ulcers** – Performance in relation to pressure ulcers continued to show an improvement in October with no avoidable or unavoidable Grade 3 or 4 pressure ulcers reported; and overall a 50% decrease in avoidable Grade 3 or 4 pressure ulcers compared to last year.

- **Safe Staffing** – The overall Trust fill rates for registered staff largely remain constant compared to previous months. There was a noted increase during October in the fill rates for staff, particularly at night, in part as a result of an increase usage of Enhanced Patient Support (EPS) for patients with high risks. There was also continued pressure on capacity across sites, increasing activity within emergency departments and the number of patients Fit To Transfer (FTT) waiting for support within the community, all contributing to the necessity for on-going areas of escalation and increasing staffing requirements. The Heads of Nursing and Midwifery, Matrons and Ward Managers continue to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.

- **Safeguarding Adults & Children** – During October there were five adult safeguarding alerts made towards the Trust; three alerts have been substantiated and relate to pressure ulcers, and a poorly planned discharge where the patient did not have the medication to take home. Also, there was one direct referral made to social services relating to the safeguarding of children by Trust staff during October, and there were 122 safeguarding alerts made internally across both emergency departments.

- **Patient Experience: Friends and Family Test** – During October 2014, NHS England made changes to the Friends and Family scoring process. This is considered to be due to the existing Net promoter score not accurately describing the feedback provided by patients. The score of 90.3% is calculated using the latest guidance issued by NHS England. The new score now uses the percentage of respondents who would recommend the Trust. Disappointingly, the response rate for all categories has reduced during October. The Trust is reviewing a number of options to increase data collection using a range of methods suitable to each client group and also ways of enhancing our ability to analyse and publicise the feedback we receive ensuring that these drive forward improvements in the patient’s experience.

**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 October 2014, 88.90% patients were admitted or discharged within the 4 hour quality target, representing a deterioration in performance against September of 2.03% and against trajectory for October. The new trajectory will reflect the impact of the Discharge to Assess scheme on reducing the numbers of patients on the Fit to Transfer list. The factors for underperformance continue to be due to:
  - **Demand above plan – Emergency Department attendances** – For the period to the end of October there was 3.5% (352 attendances) greater than the same period last year and 3.2% in month.
  - **Demand above plan – Non Elective activity** – Emergency admissions were 6.28% higher in October compared to September; and 4.7% higher in comparison to the month of October 2013 (year on year). During October work has continued on the Discharge to Assess (D2A) model of provision; also, the target of having only 30 patients on the Fit to Transfer (FTT) list by the end of October was missed. The numbers remained consistently above 70 in October and with a peak of 109.
  - **Referral to Treatment (RTT) : Patients Admitted to Hospital** – The Trust achieved the RTT (Admitted) target of 90% during October with 90.83%; Ophthalmology and oral surgery continue to reduce backlogs and are on trajectory to deliver in November, however increased cancellations in November due to bed pressures are both sites may impact on the continued delivery of this standard. The Trust also achieved
the RTT (Non-Admitted) target of 95% during October with 95.70%; there are five specialties that are struggling to maintain 95%. Further work needs to be undertaken in these specialties to ensure sustainable delivery going forward. Ophthalmology and Oral Surgery are on trajectory to deliver from November 2014.

- **Fit to Transfer (FTT)** – During the month of October the Trust remained in high escalation due mainly to the increase in the number of patients on the Fit to Transfer (FTT) list with delays in patients being discharged. This impacted on flow and resulted in a high number of capacity related breaches.

- **Cancer** – All of the cancer standards were achieved in September. October predicted performance indicates one failed target; 62 days referral to treatment from screening 81.08% - target failed 90% with 3.5 breaches.

The CEO highlighted the increased demand and patients Fit to Transfer (FTT) during October. Agreed Patient Pathways have been introduced with CCGs which will have Key Performance Indicators relating to transfer and discharges times. If these are achieved, the organisation should have the capacity needed which is crucial in preparation for the winter period.

The members were informed of the following improvements that have been made to services:

- Introduction of a 7-day therapy service (this has been piloted over two weekends), and meetings with integrated community service team, as well as daily conference call with site managers and off-site managers
- Additional consultants on each site, supported by junior doctors
- It is anticipated that a GP will commence in PRH A&E within the next few weeks to fully extend the service to 7 days a week
- The relocation of the Walk-in Centre is planned to open on the RSH site on 15 December; however, the CEO informed the members of a legal challenge that has been received which may delay the process and will impact on flow particularly for the Emergency Department.

The Chair suggested the need to be more strategically assertive with the Trust’s partners; and Dr Walford (NED) requested an understanding of the Trust’s contingency plan. The COO confirmed that the Trust does have a defined escalation process and confirmed that she would forward a copy of it to Dr Walford as Chair of the Quality & Safety Committee. **Action: COO**

The members were pleased to note the achievement of the RTT targets during October and suggested the teams be congratulated on this achievement given the demand on the service.

**FINANCIAL PERFORMANCE**

The Finance Director provided an overview of the financial performance:

**Income** – is below planned levels by £237,000. During the month of October, Elective income was lower than anticipated because of cancellations as a consequence of responding to increased Non Elective activity.

Non Elective activity has over performed by comparison with plan by 2.9%; however because of the application of the non-emergency threshold and the readmissions adjustment, the Trust is presently receiving only £187,000 in income to fund this increased activity. If these adjustments had not been applied, the Trust would have received £836,000.

**Pay Position** - In the month of October, Pay spending increased to £18,221 million as compared with the expected level of Pay spending of £18,013 million as contained within the Recovery Plan. The increased level of spending is principally associated with nurse staffing as a consequence of a transfer of maternity services to the Women and Children’s service at PRH and also a response to demand for Enhanced Patient Support.

**Nursing** - The Nursing overspend is attributable to the increased cost of employing Agency staff amounting to £1.269 million.

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Consultants and Medical Staff - Consultant and Medical staffing overspending equates to £1.42 million. Waiting List Initiative payments and the cost of employing Agency staff to cover vacancies and sickness amounts to £1.66 million.

Non-Pay - At the end of October, non-pay had overspent when compared with the Recovery Plan by £226,000. The Trust has now recorded significant increases in the level of non pay in each of the last two months.

Cost Improvement Programme / Rectification Plans - Savings amounting to £7.296 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 and additional financial support from CCGs is now discounted.

Forecast Outturn - The Trust is presently predicting that it will deliver a forecast outturn deficit of £12.204 million.

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 which has been utilised to support the Trust's income and expenditure deficit. A further application for Temporary Borrowing of £1.3 million will be made in December; this is in addition to a request the Trust will be making to the NTDA for permanent borrowing to cover the 2014/15 deficit and underlying working capital deficiency.

The Chair highlighted that the financial position is determined by:
- Structural deficit
- Over-demand on the system
- Agency staffing costs

This is being escalated with the CCGs and the CEO will also hold conversations with the TDA during January 2015.

Following discussion of the financial position, the Executive Team agreed that actions relating to nursing must be refreshed and a Strategy be produced to eradicate premium agency nursing costs in the new financial year. It was also agreed that the governance of internal control issues must improve and it was suggested this be project managed to ensure rigid principles are in place. This should include looking at issues such as high levels of special leave and sickness rates.

Mr Newman (NED) reported that he has previously requested to receive the report showing the performance against plan by month and year to date. The FD noted this request for future reports. **Action: FD**

Mr Newman also highlighted the increase in non-pay items and queried the reason for this. The FD reported that this relates to the dramatic increase in high-cost drugs (specifically for cancer care); unfortunately these are not absorbed in the normal tariff.

Mr Darbhanga (NED) reported that there are a number of Trusts not signing up to the national template for agency staffing. The FD said he would be looking into this when setting the budget for 2015/16.

**WORKFORCE**

The Workforce Director (WD) introduced this section of the paper:

Sickness - During October this fell from 4.54% to 4.49%, wholly due to a reduction in short term sickness. There have been increases in Additional Clinical Services, which includes Healthcare Assistants, Medical and Dental (0.8%), Allied Health and Health Care Scientists. Reductions have been seen in Estates and Facilities staff and Nursing and Midwifery staff. Absence continues to be a high reason for temporary staffing and for some areas this is presenting real challenges. During October, the Trust held Health and Wellbeing days at both sites to provide advice and support to staff to support a healthy lifestyle.
Appraisals – The Appraisal completion rate remains at 82% against a target of 100% completion by all relevant staff for 2014-15. Medical Staff appraisal completion fell by 10% to 75% in October.

Statutory Training – In October 2014, rates for Statutory Safety Updates fell to 58% against a target of 80% and Information Governance rose 5% to 75% against a target of 95%. A number of actions are in place to support greater compliance, and statutory training remains a key focus for the Workforce Committee and is monitored on a monthly basis.

Workforce Transformation – Progress continues with this agenda. Performance for apprenticeships continues to be against plan; an additional 16 Wellbeing Apprentices have recently joined the organisation to provide enhanced support for patients.

Fit & Proper Person Test – The Workforce Director highlighted this section of the paper and asked the Board members to specifically note that the Care Quality Commission has published guidance on the fit and proper person requirements and the duty of candour which will come into force from 27 November. The test follows a recommendation from the Francis Inquiry. The new regulations present an opportunity for providers to evidence to the CQC that they have robust recruitment and employment processes in place when making Board level appointments. The fit and proper person requirements will focus on assessing the applicant’s honesty, integrity, suitability and fitness.

In addition to the recruitment process, the new requirement will also require providers to confirm that Directors in their employment remain fit and have access to ongoing development to make sure they continue to be fit.

A process is already in place for new members to the Board. An annual declaration will be signed by all Board members with appropriate checks. **Action: Board members to note requirements**

SELF CERTIFICATIONS

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

2014.1/192 COMPLAINTS REPORT (Q2, July – September 2014)

The DNQ presented an overview of the formal complaints and PALS concerns received by the Trust during Quarter 2 (July – September 2014); and thanked the Complaints & PALS Liaison Manager for her continued support.

During Q2 the Trust received a total of 101 formal complaints compared to 90 in the previous quarter. The total year to date is 191 compared with 242 formal complaints received between April – September 2013. Of the 101 complaints received, 14 (16%) were upheld, 46 (51%) were partly upheld and 30 (33%) not upheld by the Trust.

The top 6 specialties receiving complaints during the quarter were:
- Emergency medicine – 16
- Acute medicine – 11
- Surgery – 11
- Obstetrics – 10
- Gynaecology – 9
- Orthopaedics – 9

Key themes

As in previous quarters, the main issues highlighted in complaints relate to clinical care particularly medical and nursing care. Other issues raised include noise at night, call bell left out of reach, hygiene, care in labour, failure to correctly ID patient, record keeping and IV care.

Themes relating to privacy and dignity include failure of staff to introduce themselves (one relating to medical staff), lack of appropriate clothing for patients on discharge, and several ward moves (one case).
Staff attitude continues to feature in the top five issues that patients and families raise in complaints although there has been a slight decrease this quarter. Of the 21 complaints relating to staff attitude, nine involved medical staff and 11 involved nursing staff. The majority of the complaints about the attitude of nursing staff relate to Agency staff.

Parliamentary & Health Service Ombudsman (PHSO)
Where a patient or relative remains dissatisfied following the Trust’s response to their complaint, they may forward their complaint to the PHSO for review. On receipt, the Ombudsman will undertake an assessment. During the quarter, the Trust was notified of two cases referred to the Ombudsman; these are currently being investigated. Also, the Ombudsman concluded three investigations during quarter 2; all three were complaints raised in the financial years 2011/12 and 2012/13. One was upheld, one was partly upheld and the third was not upheld.

Patient Advice Liaison Service (PALS)
During Q2 the PALS team handled 465 concerns compared to 523 concerns in the previous quarter.

Main themes arising from the concerns raised via PALS:
- Appointments – calls relating to delays in receiving appointments and capacity issues in some specialties, errors with appointment times/arrangements, and wait for appointments or admission. These calls, however, reduced this quarter as a result of changes put in place in the Booking office.
- Communication about the patient’s treatment and pathways
- General attitude of staff
- Car parking

Patient Feedback
In addition to feedback received via PALS; patients and relatives may publish and share their views of the hospital and their care on the NHS Choices website. Once a patient or carer publishes their comments, these are all acknowledged by the PALS team and forwarded to the relevant department.

During July - September, 95 comments were published on the NHS Choices website compared with 26 in the previous quarter. Of the 95 comments received, 68% were positive, 13% had both positive and negative feedback and 19% expressed negative feedback about the service and care provided. The positive comments were largely complimenting the Trust on the compassionate care, the excellent staff and the prompt care they received.

In addition to the feedback given via NHS Choices and the Trust’s website, 41 letters of thanks and appreciation were received by the Chief Executive during the quarter compared to 24 in quarter 1. This is in addition to the cards and letters sent to wards and individual members of staff. Each letter received by the Chief Executive is acknowledged and a copy of the letter sent to the ward, department or individual involved.

Friends and Family Test
The Friends and Family test is a feedback tool that was introduced in 2012 that supports the fundamental principle that patients should have the opportunity to provide feedback on their experience and that this should be used to improve service delivery.

In October 2014, NHS England made changes to the way in which the Friends and Family score as the existing Net promoter score did not accurately describe feedback given and was not easily understood. The new score now uses the percentage of respondents who would recommend the Trust.

The DNQ reported that she will meet with the A&E Managers during December to discuss the way forward in the completion of the Friends & Family Test as the staff currently find it difficult to approach patients to complete the test due to time constraints.

The Chair thanked Mr Tom Jones, PALS Liaison volunteer, for recently introducing him to the relatively new PALS team at PRH.

Chair
29 January 2015
PEOPLE STRATEGY (Presentation attached to Public Session minutes of meeting held 27 November 2014)

The Workforce Director introduced this item and provided an update following the approval of the People Strategy at the January 2014 Trust Board.

The presentation reiterated the organisation’s Vision and Strategic Aims:
- An engaged, enabled and empowered workforce who are well led and supported to realise their potential, ensuring an excellent experience of our patients.
- To develop great leaders who put patients first and drive our organisation to achieve.
- To plan and develop a flexible workforce to meet the changing needs of our communities and the services we offer.
- To attract, recruit and retain people who believe and live our values to ensure our patients receive the best care.

Since January 2014, the organisation has:
- Shared our Peoples Strategy across our organisation.
- Responded to Staff Survey 2013/14.
- 48 leaders who have completed the SaTH Leadership Development Programme.
- Embedded Value Based Recruitment (VBR).
- Had 166 Apprentices.
- Run 3 Prince’s Trust Programmes.
- Had 1300 staff accessing training.
- Delivered management training sessions to over 200 managers.
- Centralised recruitment.
- Improved Knowledge management.
- Begun to raise our profile as an employer, via British Medical Journal, etc.
- Introduced a HRBP model to support Care Groups.
- Introduced 7-day services in Radiology.
- Developed Advanced and Assistant Practice.
- Embedded Values; almost 500 staff members have pledged their support.
- Increased attendance at Leadership Conference.

Over the next 12 months, focus will be placed upon:
- Employee Engagement.
- Recruitment.
- Leadership.

The Chair highlighted concerns relating to recruitment which he has discussed with the Medical Director. The members were informed that focus is being placed upon different roles and how they can be developed, such as the introduction of practitioner roles.

It was highlighted that Shropshire is a prime destination to raise a family and the members agreed that this should be focused upon and driven throughout the recruitment process. The Medical Director agreed to take this forward and provide an update to the January 2015 Trust Board. **Action: Medical Director, Update to January 2015 Trust Board.**

NURSING WORKFORCE CHALLENGES (Presentation attached to Public Session minutes of meeting held 27 November 2014)

The Director of Nursing & Quality provided an update in relation to the nursing workforce position.

There is currently a national shortage of adult registered nurses which reflects upon the usage and premium cost of registered Agency staff.
The registered nurse recruitment trajectory highlighted that student nurses are generally recruited following the March and September cohorts, and whilst the quality of the nurses from the Philippines is good, the recruitment process is long and impacts on the financial position.

The financial impact of trajectory relates to:
- The premium cost of agency is forecasted to be £3.2m for this year which covers vacancy and cover
- The monthly cost in October was £773k for all nursing
- Agency costs vary due to different agencies and tiers – average additional cost is nearly double the cost of substantive staff
- In March 2015 is forecasted to grow nursing numbers by 12 whole time equivalents, reducing spend by £40k per month
- In June 2015 is forecasted to grow nursing numbers by 30 whole time equivalents, reducing spend by £100k.

Actions taken:
- Safer Nursing Care Tool completed quarterly; the figures show that the template in place is correct
- Revised authorisation process for nurse staffing shortfall
- Values based recruitment for nursing staff, recruitment film, centralised recruitment team and weekly interviews
- Audit of nursing pay process controls
- Overseas recruitment (EU); 45 nurses were shortlisted for the second round, however only 7 were appointed as another organisation travelled to Spain before SaTH and appointed to the majority of posts
- Glasgow recruitment event
- Return to practice – Event held in Staffordshire only. Further plans in progress to push for funding to run a Shropshire event
- Mastor Vendor – implemented to improve cost to Trust of agency staff and governance processes

The members were informed that a small cohort of Trust staff will travel to the Philippines to recruit approximately 60 registered nurses as it would be a relatively small cost for the return on investment.

Following recent ward visits, Mr Newman (NED) suggested that ward managers appeared to be happy having agency nurses on their wards and enquired how motivated the managers are to recruiting permanent staff. The DNQ confirmed that although some managers have quality agency nurses on their wards, they would prefer to appoint permanent staff.

The Chair was concerned that there is not enough urgency or pace to this extremely expensive situation and that ‘more of the same’ was not an option. Simply relying on an overseas solution that could take 7 months and may not deliver was not viable. It was agreed that an effective recovery process is required, along with a robust system to eradicate/mitigate costs. This would include looking at closing areas that cannot be safely staffed.

The members agreed that an extra level of pace is required. Mr Newman suggested this is where the organisation would benefit from lean practitioners/techniques; to deliver safe care with fewer staff as evidenced by the work with Toyota and Washington State Hospital in the US.

The COO reported that the Trust has a number of registered staff who are no longer working in a clinical capacity and suggested utilising a level of that workforce. The members were informed that a meeting has been arranged to discuss this particular cohort of staff and explore what they may be able to offer.

The DNQ informed the members that guidance has been released regarding the ‘Productive Ward’ which she anticipates will support staff. It provides guidance on shift handover as a key process in any productive ward. It also covers exploring the whole approach to handovers; making the process more patient focussed; building on patients’ values and cultural beliefs and using handover to drive safety and quality for patients and staff.
Overall the Board did not feel assured by the current position and as there is not a Trust Board meeting being held during December, the Chair tasked the Executive team to urgently look at the bottom line of i) agency staffing (without jeopardising the quality and safety) and ii) overtrading, looking at bottom line performance; and asked for an update to be provided to the January Trust Board. **Action: CEO to Update Jan 2015 Board**

**2014.1/195 HR POLICIES**

The WD presented the following HR Policies which were **APPROVED**:
- HR28 – Flexible Working Policy
- HR66 – Staff Counselling Service Policy

**2014.1/196 BOARD ASSURANCE FRAMEWORK**

The Board Assurance Framework was presented by the CEO to assure the Board that the risks to the strategic objectives are being properly managed.

The Board were advised that the Risk Committee had met during November 2014 and suggested an additional risk be added to the Board Assurance Framework; this risk is described “If CCGs do not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm”. This is due to the number of patients on the FTT list which is negatively impacting on patient safety and experience, as well as on performance and financial targets.

Following discussion, the members **RECEIVED** the Board Assurance Framework and **AGREED** to the additional risk being added.

**2014.1/197 LEAN MANAGEMENT UPDATE**

The CEO informed the members of the intention to commence lean transformation programmes. The Trust does have lean practitioners in various posts, and there is a plan to scope whether the practitioners require further development.

The first programme was provisionally to look at Booking & Scheduling however it was recognised Agency spends needs be investigated as a matter of urgency.

The CEO also reported that he and the FD have held early discussions with BT Healthcare regarding the modernisation of the organisation’s equipment. **Action: CEO to update Jan 2015 Trust Board.**

**2014.1/198 COMMITTEE TERMS OF REFERENCE & DATES OF TRUST BOARD MEETINGS 2015**

The DCG provided a Committee Review update which comprised:
- SaTH Committee structure
- Membership of Trust Board (Tier 1) and Committees (Tier 2) Membership & Terms of Reference
- Trust Board Business Cycle for 2015/16
- Dates of Formal Trust Board Meetings during 2015/16

The DCG highlighted that the May meeting will be incorporated into the June Special Trust Board meeting which will commence at the earlier time of 1.00pm, and the Annual General Meeting will be incorporated into the September Trust Board meeting. Meetings will not be held during May, August and December.

The members **RECEIVED** and **APPROVED** the documents.

**2014.1/199 TRUST COMMITTEE MEETINGS UPDATE**

The Chair presented the following Trust Committee updates, for information:
- Board Development & Engagement Committee – 19 September 2014
• Clinical Quality & Safety (Q&S) Committee meeting – 12 November 2014: The CQC Intelligent Monitoring Report relating to Nephrology Mortality Data highlighted that analysis has identified renal causes of death as an area of concern in the Trust. Detailed examination, led by the Medical Director, was discussed with the Q&S Committee. Whilst there was some clustering of deaths in two particular months in 2013, the patients had multiple illnesses and after clinical review, none of the deaths were considered avoidable. Since the CQC warning systems are set up to be sensitive to case clusters, whilst recognising the validity of the alert, the detailed case reviews have not revealed any systematic clinical issues.

• Risk Committee – 20 November 2014
• Hospital Executive Committee - 25 November 2014
• Finance Committee - 25 November 2014

The Board RECEIVED and REVIEWED the Committee updates.

2014.1/200 QUESTIONS/COMMENTS FROM THE FLOOR

Q1 A member of the public requested that both presentations provided at the Trust Board (People Strategy and Nurse Recruitment Strategy) be uploaded to the Trust website.

A1 The DCG reported that presentations are uploaded to the website along with the minutes of the Trust Board meeting but that presentations would also be uploaded to the relevant agenda item for easy reference. 
Action: Committee Secretary

Q2 The member of the public raised discharge processes and some pilot documentation he had received. He was concerned it may not satisfy the medico-legal duties of the Trust and suggested it be revised to ensure it is clear and patients are not left in doubt in relation to discharge / duty of care.

A2 The CEO reported that the medical team makes the decision of patients being fit for discharge. Discharge is widely covered and is dependent on where the patient is being discharged to, although it was agreed that perception could be misunderstood. Subsequent discussion identified it was not the Trust, but a working group, who had produced the draft documentation, so the concerns will be raised with the issuing group.

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

2014.1/201 REFLECTION OF MEETING

The Chair asked for the members and public for their perception of the meeting and for any learning points.

It was generally felt that the meeting had been productive, despite some difficult issues and that the Board was becoming more strategic in its approach, with an emphasis on learning opportunities rather than blame.

2014.1/202 DATE OF NEXT MEETING

Formal Board Meeting – Thursday 29 January 2015 at 9.30 am in the Lecture Theatre, Education Centre at the Princess Royal Hospital

The meeting closed.

.................................Chair
29 January 2015
<table>
<thead>
<tr>
<th>Item</th>
<th>Issue</th>
<th>ACTION OWNER</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014.1/184</td>
<td>Patient’s Story</td>
<td>DNQ</td>
<td>29 Jan 2015</td>
</tr>
<tr>
<td></td>
<td>To liaise with PEIP members for feedback of patient’s experience at night and provide update to Jan 2015 Board</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td>2014.1/187</td>
<td>Matters Arising from the Formal Board held on 29 May 2014: Achieving positive staff psychology</td>
<td>Chair / CEO / EDs</td>
<td>9 Dec 2014</td>
</tr>
<tr>
<td></td>
<td>To be discussed further during the Board Development Session on 9 Dec 2014</td>
<td></td>
<td>Board Development Session</td>
</tr>
<tr>
<td></td>
<td>To provide an update following Letter to CCGs in relation to Trust pressures going into the Winter period</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td>2014.1/188</td>
<td>Trust Board 3-month Forward Plan</td>
<td>Board Members</td>
<td>29 Jan 2015</td>
</tr>
<tr>
<td></td>
<td>To discuss capacity and demand requirements with Commissioners / financial constraints and emphasise during Jan 2015 Board Development session</td>
<td></td>
<td>Board Development Session</td>
</tr>
<tr>
<td>2014.1/190</td>
<td>Business Case for Modernisation of CT Scanners at RSH</td>
<td>Chair/ B Newman/ FD/MD/BDE</td>
<td>29 Jan 2015</td>
</tr>
<tr>
<td></td>
<td>To hold an urgent meeting during early Dec 2014 to discuss the way forward</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td></td>
<td><strong>SUBSEQUENT TO NOV TB MEETING</strong> Approval was given on 9 Dec 2014 by the delegated group for the purchase of 2 CT scanners. The Chair has asked for the Executive to review the approach to development of business cases to take account of a number of lessons learnt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To forward Trust Escalation Plan to Dr Walford (NED) for Q&amp;S Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To produce report showing performance against plan by month and year to date</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td></td>
<td>To note requirements re: Fit &amp; Proper Person Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014.1/193</td>
<td>People Strategy</td>
<td>MD</td>
<td>29 Jan 2015</td>
</tr>
<tr>
<td></td>
<td>To focus upon and drive forward Shropshire as a prime destination during the recruitment process and provide update to Jan 2015 Board</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td>2014.1/194</td>
<td>Nursing Workforce Challenges</td>
<td>Exec Team</td>
<td>29 Jan 2015</td>
</tr>
<tr>
<td></td>
<td>To urgently look at the bottom line of i) agency staffing and ii) overtrading and provide update to Jan 2015 Board</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td>2014.1/197</td>
<td>Lean Management</td>
<td>CEO</td>
<td>29 Jan 2015</td>
</tr>
<tr>
<td></td>
<td>To provide update to Jan 2015 Board</td>
<td></td>
<td>Public Trust Board Session</td>
</tr>
<tr>
<td>2014.1/200</td>
<td>Questions from the Floor</td>
<td>COO</td>
<td>Dec 2014</td>
</tr>
<tr>
<td></td>
<td>To look into the documentation being provided for patients being discharged</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our People Strategy Update & Next Steps
Trust Board 27 November 2014
Vision & Strategic Aims

**OUR PEOPLE STRATEGY:** Making our organisation a great place to work

- An engaged, enabled and empowered workforce who are well led and supported to realise their potential ensuring an excellent experience of our patients.
- Develop great leaders who put patients first and drive our organisation to achieve.
- Plan and develop a flexible workforce to meet the changing needs of our communities and the services we deliver.
- Attract, recruit and retain people who believe and live our values to ensure our patients receive the best care.
Peoples Strategy
- Why we need one

• To ensure our employment experience is great – recognising the close relationship with patient experience.

• To ensure our staff feel valued & recognised

• To deliver cultural change

• To achieve Employee Engagement

• Attract and retain talented people

• Make our values real

• Ensure delivery of our strategy – great people and leadership.
## Our People Strategy – What have we done 2014

<table>
<thead>
<tr>
<th>Number</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shared our Peoples Strategy</td>
<td>across our organisation.</td>
</tr>
<tr>
<td>2</td>
<td>Responded to Staff Survey</td>
<td>2013/2014</td>
</tr>
<tr>
<td>3</td>
<td>48 Leaders</td>
<td>have completed the SaTH Leadership Development Programme</td>
</tr>
<tr>
<td>4</td>
<td>Embedded Values based Recruitment (VBR)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>166 Apprentices</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>3 Princes Trust Programmes</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1300 staff</td>
<td>accessed training</td>
</tr>
<tr>
<td>8</td>
<td>Delivered Management Training Sessions</td>
<td>to over 200 managers</td>
</tr>
<tr>
<td>9</td>
<td>Centralised recruitment</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Knowledge Management</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Began to raise our profile as an employer</td>
<td>e.g. BMJ</td>
</tr>
<tr>
<td>12</td>
<td>Introduced a HRBP model</td>
<td>to support Care Groups.</td>
</tr>
<tr>
<td>13</td>
<td>7 day services</td>
<td>e.g. Radiology</td>
</tr>
<tr>
<td>14</td>
<td>Advanced &amp; Assistant Practice</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Embed values – almost 500 of our staff</td>
<td>have pledged their support</td>
</tr>
<tr>
<td>16</td>
<td>Leadership Conference</td>
<td></td>
</tr>
</tbody>
</table>
The next 12 months: Making Our People Strategy Real

Employee Engagement

Our focus

Recruitment

Leadership
What we are committed to doing...Leadership

1. Cascade of SaTH Leadership Programme – Leaders at every level

2. Developing with first programme next steps – a programme for our organisation

3. Developing management capability

4. Coaching – a culture of coaching, open to all employees

5. A Talent Management plan
What we are committed to doing...Employee Engagement

- Compelling Strategic Narrative
- Engaging Managers
- Engagement
- Values + Behaviours
- Our Voice
What we are committed to doing...Recruitment

1. Develop our brand as an employer

2. Ensure flexible employment packages to attract a diverse workforce

3. A good candidate experience

4. Lean process to ensure prompt time to recruit

5. Effective utilisation of social media
Leadership

Why is it important?
We said…

We would develop great leaders who put patients first and drive our organisation to achieve.

In the next 12 months
We’re doing…

1. 7 Cohorts of SaTH Leadership Programme

2. ILM Level 5 Coaching Certificate for 20 - meaning 60 qualified coaches - supporting a coaching culture.

3. Annual Leadership Conference

4. SaTH Management Development Programme
   - Toolkit & qualities (engaging managers)

5. Introducing Talent Management and developing our plan – who and where are our shining stars.
Engagement

Why is it important?
We said…

We would develop an engaged, enabled and empowered workforce who are well led and supported to realise their potential ensuring an excellent experience of our patients.

In the next 12 months
We’re doing…
1. Developing ‘Our Voice’
2. Completing the feedback loop with the feedback bookmark
3. Developing “Bright Ideas” – avenue for us to shape our organisation
4. Our Commitments – providing quarterly updates on developments i.e. Staff Survey “we said, we did”
5. Management Development Programme
6. Develop the strategic narrative
7. Values
   a) Recruitment
   b) Recognition
   c) Behaviours – SaTH Z-Cards
8. Gemba Walk About
9. Development of internal communication

Combining Core Brief actions to Care Group activity
Recruitment

Why is it important?
We said...

We would attract, recruit and retain people who believe and live our values to ensure our patients receive the best care.

In the next 12 months
We’re doing...

1. Working with Branding Co to develop our employer brand
2. Working with lean practitioners to reduce time to recruit
3. Developing KPI’s and service level agreements with Care Groups and Corporate Teams.
4. Effective utilisation of Social Media
5. Developing our new starter experience
We will..

1. Continue to engage with Care Groups/Corporate teams to ensure our People Strategy delivers what is needed

2. Support Business Planning process and produce a Workforce business plan.

3. Take forward Employee Engagement.

4. Complete a culture assessment to measure our culture.

5. Develop further KPI’s to measure continuous improvement in employee Engagement and time to recruit
Proud To Care
Make It Happen
We Value Respect
Together We Achieve
Nursing Workforce Challenges

Sarah Bloomfield
Director of Nursing & Quality
National and local context

• National shortage of adult Registered Nurses – compounded by the publication of national staffing expectations.
• Whilst commissions into undergraduate nurse training have been increased this will not come into effect until 2017.
• The relative geographical isolation and rurality of Shropshire increases recruitment challenges
<table>
<thead>
<tr>
<th>Current position</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Care</th>
<th>RGN Vacancy WTE</th>
<th>HCA Vacancy WTE</th>
<th>RGN Agency %</th>
<th>HCA Agency %</th>
<th>Sickness Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 23 - Oncology &amp; Haematology</td>
<td>2.4</td>
<td>1.79</td>
<td>3.66%</td>
<td>4.91%</td>
<td>5.85%</td>
</tr>
<tr>
<td>Apley Ward / Clinic</td>
<td>0</td>
<td>0.42</td>
<td>2.09%</td>
<td>27.99%</td>
<td>2.76%</td>
</tr>
<tr>
<td>Ward 25 - Colorectal and Gastroenterology</td>
<td>3.52</td>
<td>1.46</td>
<td>12.45%</td>
<td>26.14%</td>
<td>4.58%</td>
</tr>
<tr>
<td>Ward 26</td>
<td>3.47</td>
<td>1.17</td>
<td>18.47%</td>
<td>18.72%</td>
<td>6.90%</td>
</tr>
<tr>
<td>Ward 22 - Orthopaedics</td>
<td>3.01</td>
<td>1.34</td>
<td>15.73%</td>
<td>20.79%</td>
<td>16.93%</td>
</tr>
<tr>
<td>Ward 10 - Trauma &amp; Orthopaedics</td>
<td>0.72</td>
<td>0.41</td>
<td>6.38%</td>
<td>4.39%</td>
<td>10.50%</td>
</tr>
<tr>
<td>DSU Shortstay Ward (RSH)</td>
<td>0</td>
<td>1.33</td>
<td>20.84%</td>
<td>10.93%</td>
<td>9.88%</td>
</tr>
<tr>
<td>ITU/HDU (RSH)</td>
<td>0</td>
<td>5.96%</td>
<td>0.00%</td>
<td>1.82%</td>
<td></td>
</tr>
<tr>
<td>ITU/HDU (PRH)</td>
<td>3.17</td>
<td>1.03</td>
<td>5.56%</td>
<td>0.00%</td>
<td>6.57%</td>
</tr>
<tr>
<td>Ward 8 - Head &amp; Neck Adult Ward</td>
<td>0.6</td>
<td>0.92</td>
<td>2.38%</td>
<td>6.15%</td>
<td>3.32%</td>
</tr>
<tr>
<td>Ward 11 - Trauma &amp; Orthopaedics</td>
<td>1.17</td>
<td>1.2</td>
<td>4.45%</td>
<td>4.16%</td>
<td>5.65%</td>
</tr>
<tr>
<td>Surgical Assessment Unit (SAU) &amp; Short Stay Surgical</td>
<td>0</td>
<td>3.05</td>
<td>11.00%</td>
<td>13.94%</td>
<td>4.71%</td>
</tr>
<tr>
<td>Scheduled Care Total</td>
<td><strong>18.06</strong></td>
<td><strong>14.12</strong></td>
<td><strong>9.08%</strong></td>
<td><strong>11.51%</strong></td>
<td><strong>6.62%</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Unscheduled Care</th>
<th>RGN Vacancy WTE</th>
<th>HCA Vacancy WTE</th>
<th>RGN Agency %</th>
<th>HCA Agency %</th>
<th>Sickness Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 22 - Stroke &amp; Rehabilitation Unit</td>
<td>2.33</td>
<td>2.4</td>
<td>6.04%</td>
<td>14.05%</td>
<td>8.50%</td>
</tr>
<tr>
<td>Ward 16 - Stroke Rehab</td>
<td>0.93</td>
<td>0</td>
<td>15.87%</td>
<td>13.46%</td>
<td>2.82%</td>
</tr>
<tr>
<td>Ward 15 - Acute Stroke Unit</td>
<td>4.61</td>
<td>1.2</td>
<td>28.91%</td>
<td>5.27%</td>
<td>6.38%</td>
</tr>
<tr>
<td>Ward 17 - Endocrinology &amp; Care of the Older Person</td>
<td>4.6</td>
<td>1.7</td>
<td>9.73%</td>
<td>8.29%</td>
<td>6.39%</td>
</tr>
<tr>
<td>Ward 27 - Respiratory</td>
<td>5.17</td>
<td>0</td>
<td>18.29%</td>
<td>12.83%</td>
<td>1.06%</td>
</tr>
<tr>
<td>Ward 24</td>
<td>3.5</td>
<td>0</td>
<td>8.69%</td>
<td>18.42%</td>
<td>3.30%</td>
</tr>
<tr>
<td>Ward 6 - Coronary Care Unit (PRH)</td>
<td>6.7</td>
<td>1</td>
<td>11.05%</td>
<td>2.83%</td>
<td>8.90%</td>
</tr>
<tr>
<td>Ward 32 - Short Stay</td>
<td>2.46</td>
<td>2.5</td>
<td>11.25%</td>
<td>5.44%</td>
<td>3.82%</td>
</tr>
<tr>
<td>Acute Medical Unit (AMU) (RSH)</td>
<td>3</td>
<td>1.7</td>
<td>9.03%</td>
<td>4.86%</td>
<td>6.36%</td>
</tr>
<tr>
<td>Acute Medical Unit (AMU) (PRH)</td>
<td>4</td>
<td>1.4</td>
<td>8.10%</td>
<td>0.79%</td>
<td>2.45%</td>
</tr>
<tr>
<td>Accident &amp; Emergency Department (RSH)</td>
<td>2</td>
<td>0.3</td>
<td>9.32%</td>
<td>1.20%</td>
<td>3.78%</td>
</tr>
<tr>
<td>Accident &amp; Emergency Department (PRH)</td>
<td>4.8</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5.27%</td>
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<tr>
<td>Ward 9 - Respiratory</td>
<td>0.5</td>
<td>3.61</td>
<td>8.35%</td>
<td>9.75%</td>
<td>2.99%</td>
</tr>
<tr>
<td>Ward 7 - Acute Medical Short Stay</td>
<td>0</td>
<td>0</td>
<td>18.87%</td>
<td>5.36%</td>
<td>5.16%</td>
</tr>
<tr>
<td>Ward 28 Nephrology / Medicine</td>
<td>3.1</td>
<td>0</td>
<td>22.29%</td>
<td>13.45%</td>
<td>7.00%</td>
</tr>
<tr>
<td>Ward 4 - Gastroenterology</td>
<td>6</td>
<td>0</td>
<td>22.74%</td>
<td>6.95%</td>
<td>2.21%</td>
</tr>
<tr>
<td>Unscheduled Care Total</td>
<td><strong>53.7</strong></td>
<td><strong>15.81</strong></td>
<td><strong>13.03%</strong></td>
<td><strong>7.68%</strong></td>
<td><strong>4.77%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women and Children’s</th>
<th>RGN Vacancy WTE</th>
<th>HCA Vacancy WTE</th>
<th>RGN Agency %</th>
<th>HCA Agency %</th>
<th>Sickness Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 14 - Gynaecology</td>
<td>0.67</td>
<td>0</td>
<td></td>
<td></td>
<td>0.85%</td>
</tr>
</tbody>
</table>

| Grand Total                                         | **72.43**       | **29.93**       | **11.06%**   | **9.60%**    | **4.08%**     |
Recruitment trajectory

Registered Nurse Trajectory

Student nurse recruitment

Philippine recruitment

Student recruitment

RN
Best, worst and most likely
Financial impact of trajectory

• The premium cost of agency is forecasted to be £3.2m for this year which covers vacancy and cover.

• The monthly cost in October was £773k for all nursing.

• Agency costs vary due to different agencies and tiers – average additional cost is nearly double the cost of substantive staff.

• In March 2015 is forecasted to grow nursing numbers by 12WTE - reducing spend by £40k a month

• In June 2015 is forecasted to grow nursing numbers by 30 WTE - reducing spend by £100K
Actions taken

• Safer Nursing Care Tool completed quarterly
• Revised authorisation process for nurse staffing shortfall
• VBR for nursing staff, recruitment film, centralised recruitment team, weekly interviews
• Audit of nursing pay process controls
• Overseas recruitment (EU)
• Glasgow recruitment event
• Return to practice – further plans in progress
• Weekly pay for Bank Nurses
• Master Vendor – implemented to improve cost to Trust of agency staff and governance processes
Current challenges

- Agency delivery
- Overseas recruitment – small numbers delivered
- Capacity pressures including increased emergency activity and Fit To Transfer list
- Significant increase in Enhanced Patient Support
- 30 wte nurses on maternity leave
Current and planned actions

- Recruitment in the Philippines
- Overseas recruitment in EU continues
- Assistant Practitioner role
- Well Being Apprentices
- Recruitment Strategy – Workforce Committee
- Return to practice
- Undergraduate Nursing
- Confirm & challenge for nursing pay spend
- EPS review