

**TRUST BOARD MEETING**  
**Held on Thursday 29 January 2015 at 2.00pm**  
**Lecture Theatre, Education Centre,**  
**Princess Royal Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr H Darbhanga Dr R Hooper Mr D Jones Mr B Newman 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) 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	Workforce Director (WD) Communications Director (CD)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary
<b>Apologies:</b>	Mrs D Leeding Dr S Walford Mrs D Vogler	Non Executive Director (NED) Non Executive Director (NED) Director of Business & Enterprise (DBE)

**2015.2/001 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 relate to:

- CQC Inspection Report
- Trust Performance Report

**2015.2/002 CHAIR'S AWARD**

The Chief Executive reported that the Trust has been under an enormous amount of pressure over the last 6 weeks, especially during the Christmas and New Year period. The hard work and dedication of three staff and their teams was therefore recognised with this month's Chair's Award which the CEO presented to Ian Donnelly, Assistant Chief Operating Officer; Grainne Buggy, Head of Capacity at RSH and Fran Collins, Head of Capacity at PRH for their outstanding performance during periods of unprecedented demand on the service.

Ian Donnelly was delighted to receive the award on behalf of the many teams across the Trust which supports the delivery of the service.

**2015.2/003 PATIENT'S STORY**

The Director of Nursing & Quality introduced Eileen Anderson, a member 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 to RSH A&E during early January 2015 in severe pain. Within the first half an hour, the patient saw an A&E doctor and received superb care.

The patient was transferred to the Surgical Assessment Unit and was placed in a bay of patients with dementia. The patient underwent surgery for gallbladder removal and experienced much pain following the operation. Unfortunately the patient was told off and reprimanded on numerous occasions for the level of noise she made and for going outside to smoke. The patient was later discharged.

In the coming days, the patient continued to experience a high level of pain and therefore returned to A&E; and again received excellent care. She was transferred to the same room on the Surgical Assessment Unit, and finally transferred to the Day Surgery Unit where pain relief was administered and great care was received. A scan was carried out which identified a build up of fluid; a stent was therefore inserted.

Although the patient received a good level of care in both the A&E department and the Day Surgery Unit, she highlighted that she would like to complain about the attitude of the staff on the Surgical Assessment Unit.

The Chair thanked Mrs Anderson for relaying this month's Patient Story and asked if she had any observations that she would like to add. Mrs Anderson confirmed that she felt this was a truthful story.

The DNQ suggested that there may be a theme on the Surgical Assessment Unit in relation to Pain Management; she agreed to investigate this further. **Action: DNQ**

The Chair highlighted that Mrs Anderson's role, and that of the Patient Experience and Involvement Panel (PEIP) are the 'eyes and ears' of the organisation. They are an experienced group who are integral to all aspects of the organisation. The members were informed that the COC felt that the Trust's Patient Group are the most involved that they have seen.

#### **Update on Gemba Walks by Board Members**

The DNQ reported that at least one Gemba Walk is being undertaken each week. She and the MD have also held out-of-hours Walkabouts; other Directors were also attending Gemba Walks.

#### **Feedback re: Patient Night-time Experience (2014.1/184)**

The DNQ provided an update under the Matters Arising, as per minute 2015.2/006.

#### **2015.2/004 DECLARATIONS OF INTERESTS**

The Declaration of Interests register was presented for information.

The DCG reported that Dr Hooper (NED) has two removals (Director of Carlisle College and Director of Acton Mill Care Farm Limited) and two additions (Director of Hollyhead Estates Limited and Director of Oak Street Wimblington Limited). These will be included in the next version of the Declaration.

**Action: CS Due: Feb 2015 Trust Board**

#### **2015.2/005 MINUTES OF THE MEETING HELD IN PUBLIC on 27 November 2014.**

The Minutes were **APPROVED**.

2015.2/006	<b>ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 27 November 2014</b>
	<i>2014.1/184 – DNQ to liaise with PEIP members for feedback of patient's experience at night and provide update to January 2015 Trust Board.</i> The DNQ confirmed that she and the MD undertook night-time walks to identify any particular themes in relation to noise at night, etc. The sessions took place between 11pm – 3am, both at RSH and PRH, and although they didn't identify noise themes, they did identify the issue of lights being left on later than required. <b>Completed. Action closed.</b>

	2014.1/187 – <i>Matters Arising from 29 May 2014 Meeting relating to Achieving positive staff psychology Board to discuss further during the December Board Development session.</i> <b>Completed. Action closed.</b>
	2014.1/187 – <i>Chair to provide an update to January 2015 Trust Board following letter to CCGs in relation to Trust pressures going into the Winter period.</i> The CEO provided an update in relation to winter pressures during the CEO Update, as per minute 2015.2/008. <b>Completed. Action closed.</b>
	2014.1/188 – <i>Board members to discuss Capacity &amp; Demand requirements with Commissioners / financial constraints and emphasise during Board Development session.</i> <b>Completed. Action closed.</b>
	2014.1/191 – <i>COO to forward Trust Escalation Plan to Dr Walford (NED) for Quality &amp; Safety Committee.</i> <b>Completed. Action closed.</b>
	2014.1/191 – <i>FD to produce report showing performance against plan by month and year to date for Finance section of Trust Performance Report.</i> <b>Completed. Action closed.</b>
	2014.1/191 – <i>Board Members to note requirements re: Fit &amp; Proper Person Test.</i> <b>Completed. Action closed.</b>
	2014.1/193 – <i>MD to focus upon and drive forward Shropshire as a prime destination during the recruitment process and provide a People Strategy update to January 2015 Trust Board.</i> The WD and MD provided an update during the People Strategy Update, as per minute 2015.2/012 <b>Completed. Action closed.</b>
	2014.1/194 – <i>Executive Team to look at the bottom line of i) agency staff and ii) overtrading in relation to nursing workforce challenges and provide update to January 2015 Trust Board.</i> The DNO provided an update during the Trust Performance Report, as per minute 2015.2/011 <b>Completed. Action closed.</b>
	2014.1/197 – <i>CEO to provide update to January 2015 Trust Board regarding Lean Management</i> The CEO provided an update during the Chief Executive's overview , as per minute 2015.2/008 <b>Completed. Action closed.</b>
	2014.1/200 – <i>COO to look into the documentation being provided for patients being discharged</i> <b>Completed. Action closed.</b>

2015.2/007      **3-MONTH FORWARD PLAN** for the period 29 January 2015 – 26 March 2015 was presented for information and was **RECEIVED**.

Dr Hooper (NED) reported that the Chair has previously reported that he would like SaTH's patient experience to be the best in the country and enquired if there is anything that the Trust can do to assist in this.

It was reported that the Patient Experience Strategy will be developed by the Patient Experience & Involvement Panel during the summer. The members agreed for it to be presented to the Board for approval.

**Action: DNO Due: Sept 2015 Trust Board**

2015.2/008      **CHIEF EXECUTIVE'S OVERVIEW:**

**Update following review of Women & Children's Services Move to PRH**

- The Women & Children's services continue to settle into the new Women & Children's Centre. Weekly walkabouts, led by the Care Group Director and the PRH Site Manager, are proving useful in staff raising any building and/or operational issues that can then be discussed and resolved.
- The Shrewsbury Midwifery Led Unit (MLU) is currently operating from Ward 20 whilst Ward 18 is improved. Therefore the birthing pool at RSH is not available. A new birthing pool will be installed in Ward 18.
- Works to create a Children's Assessment Unit (CAU) within Unit 31 at RSH commenced during mid-January 2015.
- The new Centre was officially opened by the Princess Royal on Tuesday 27 January 2015, which was hugely successful, and;

- The Women & Children's Care Group received an overall 'Good' rating following the CQC Inspection which took place during October 2014.

#### **Lingen Davies Linear Accelerator Appeal**

The CEO reported that the Lingen Davies Cancer Fund has pledged to raise £750k by the end of 2016 to help fund a third LINAC for the Cancer and Haematology Centre at RSH. The machine delivers radiotherapy treatment to cancer patients and is desperately needed to ensure waiting times for treatment do not increase. Documentation relating to the Appeal was circulated, for information.

#### **FutureFit Update**

The CEO reported that a formal post-project review of the Future Configuration of Hospital Services (FCHS) programme will take place in April 2015, and will be submitted to the Trust Board. The scope of the review is being developed and the proposal will be submitted and discussed at the February Finance Committee.

The December Programme Board Report was included within the Information Pack, as well as an Assurance Workstream letter to the Future Fit Senior Programme Manager which provided an update in relation to SaTH's legal duties/requirements.

The next Programme Board is due to meet in February when it is expected to receive a shortlist proposal from the Evaluation Panel. An update will be provided to the February 2015 Trust Board.

**Action: CEO / DBE Due: February 2015 Trust Board**

#### **Business Planning Update**

A Strategic Planning Process and Refresh of Operating Plan for 2015/16 was included within the Information Pack which highlighted that the TDA is asking each NHS Trust to prepare it's own description of the strategic planning process that it will follow to refreshing the Operating Plan for 2015/16.

The operating plan must be signed off and approved by the Board before 31 March 2015; a Board session is planned to take place during March.

#### **Dalton Review**

The Dalton Review: Examining new options and opportunities for providers of NHS Care was included within the Information Pack. It was published during December 2014 to complement the NHS 5 year forward view, published earlier by NHS England.

The Review makes 22 recommendations to national bodies and NHS organisations. SaTH's response to this will be considered through the business planning process. It will also involve looking at developing an enterprise strategy and considering new operational and strategic leadership models to support organisations models.

The Board was asked to note the content and that implications will be included in Board Development Sessions in the next couple of months.

#### **Financial Position**

The CEO reported that the FD and his team have been extremely successful in obtaining a £19.2m liquidity loan which is a great step forward. The reports within the papers will show a £12m deficit; however this has now been accepted by the TDA.

#### **Lean Management Update**

Since the November 2014 Board meeting, the Trust's Quality Improvement Programme Manager has undertaken an exercise to scope staff skills within the organisation. He has received 56 responses and it appears SaTH has three lean qualified facilitators.

The CEO and the Quality Improvement Programme Manager will create a proposal to establish a team.

2015.2/009

#### **CARE QUALITY COMMISSION INSPECTION REPORT – OCTOBER 2014**

The DNQ reported that the CQC carried out an announced and unannounced inspection of both sites in October 2014 and a further unannounced return visit two weeks later.

The official CQC report was received during December 2014; the DNQ presented a summary of the key findings and ratings:

- Safe – Requires Improvement
- Effective – Requires Improvement
- Caring – Good
- Responsive – Requires Improvement
- Well-led – Requires Improvement

SaTH received an overall rating of 'Requires Improvement'. It was agreed that this is a fair reflection. The areas where essential standards of quality and safety were not being met and required action included:

- Inadequate estate and facilities of the Mortuary refrigeration units, storage areas and entrances
- The entrance and viewing rooms at RSH Mortuary were not appropriate or respectful for bereaved families of both adults and children
- Nurse staffing and out of hours Medical cover in the critical care units did not meet core national guidelines.

It was highlighted that the FD presented a paper to the October 2014 Trust Board meeting regarding Improvements to the RSH Mortuary. The DNQ confirmed that the Mortuary has since been refurbished and updated significantly.

The CQC identified areas that the Trust MUST take action to improve, as well as other areas that were identified as areas that the Trust SHOULD take action to improve. A number of actions have already been completed or commenced.

A Quality Summit took place on 16 January 2015 where the report and findings were discussed. It was attended by key stakeholders from the local health economy and national organisations.

The Trust is required to submit an action plan to the CQC within 28 days of the Quality Summit, outlining how it is going to address the issues and make improvements to move the Trust position from 'Requires Improvement' to 'Good'. Each Care Group will be required to develop a local action plan; and they will also be required to give further consideration to a number of areas for further development. The organisation's action plan will be presented to the Quality & Safety Committee in the first instance and will be submitted to the February Trust Board. **Action: DNQ Due: Feb 2015 Trust Board**

As a Non Executive Director, Mr Newman felt satisfied and encouraged by the findings. He enquired when the Trust will be re-inspected. The members were informed that it is unlikely that a re-inspection will take place within 6 months; the CQC will revisit the Trust after the final target date identified in the plan.

Similarly, Mr Jones (NED) reported that he also read the report positively. He highlighted that the inspections took place at a time when the Trust was under a huge amount of pressure and therefore thanked the Executive Team and all staff involved for the amount of work undertaken.

In summary, the Chair highlighted the fantastic achievement of a 'Good' rating for the Caring aspect, and although the organisation is in a better position than previous years, the rating of 'Requires Improvement' will be focused upon.

The Chair also thanked the Executive Team for being transparent and honest throughout the process.

**CARE QUALITY COMMISSION INTELLIGENT MONITORING REPORT & ACTION PLAN – DECEMBER 2014**

The DCG presented the fourth publication of the CQC Intelligent Monitoring Report. The Trust is identified as having one elevated risk which relates to the National Hip Fracture Database, and the following 6 non-elevated risks:

- Composite indicator: In-hospital mortality – Nephrological conditions (01-Apr-12 to 18-Jun-14).
- Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug 13 to 13-Jul-14)
- TDA – Escalation score
- NHS Staff Survey – KF9. Support from immediate managers
- NHS Staff Survey – KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective (01-Sep-13 to 31-Dec-13)
- NHS Staff Survey – KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13)

The Central Alerting System (CAS) safety alerts indicators (01-Apr-04 to 30-Apr14) has been closed as it is no longer judged to be a risk; as well as Referral to treatment (RTT) under 18 weeks: admitted pathway.

One new indicator has been judged to be a risk; this relates to Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14). The Nursing & Quality Team are taking steps to address this.

The Intelligent Monitoring Report does not place SaTH in a band as the banding indicates the priority Trusts for inspection and the Trust has been inspected. However, the total risk score is 8; a reduction from the previous score of 9 and would have placed the Trust in Band 4 of 6 (with Band 1 being the worst, i.e. the highest risk, and Band 6 being the best i.e. the lowest risk). The risk score has reduced since the first IMR was published in October 2013.

The Chair asked for some assurance on the action plan from the MD. The MD reported that the indicator relating to the National Hip Fracture Database had been identified prior to being flagged by the CQC, and the Trust was aware that standards were not being met. It was highlighted that the 'time to theatre' seems to be the major factor; this is being investigated. The MD reported that he anticipates that the Trust will be in an improved position when it is next reviewed by the CQC. .

The risk relating to Nephrological conditions was also raised. The members were assured that a system has been introduced to improve performance and to flag up issues earlier. An improved position is anticipated in the longer term.

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

The Board **RECEIVED** the Trust Performance Report in respect of the months of November & December 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.

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

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

- Infection Prevention & Control – showed one case of C difficile in November and three cases in December; one MRSA bacteraemia case (pre-48 hours) in December; one case of MSSA Bacteraemia and seven cases of E-coli Bacteraemia.
- Serious Incidents – There were 8 SIs reported in December; these related to IPC MRSA Bacteraemia (1) and lack of decontamination (1), Grade 3 Pressure Ulcer (1), RIDDOR/SI reportable fall (1), Delayed diagnosis (1), OPD delay (1), Sub-optimal care of the deteriorating patients (1) and Neonatal death (1).
- Pressure Ulcers – There was one Grade 3 Avoidable Pressure Ulcer and one Unavoidable Pressure Ulcer during December 2014.
- Safe Staffing – The overall Trust fill rates for registered staff remain constant and comparable to previous months; however December's fill rates were marginally less than November. Whilst the information reported is accurate from a staffing 'roster' perspective; there were a number of days in December when the Trust was at Level 3 and Level 4 capacity escalation that warranted the assistance from non-substantive ward clinical and non-clinical staff. The staff provided additional assistance to ensure the maintenance of quality and patient safety. This period of extreme pressure provides significant challenges to nursing and medical staff due to the additional escalation beds opened to support increased demand.
- Enhanced Patient Support (EPS) – To capture the control of spend, a new process has been introduced where nurses are required to complete a comprehensive risk assessment when requesting EPS to ensure appropriate and relevant use. It is anticipated that by completing the risk assessment, it may identify other means of providing the right care, which may not always require the use of EPS. Dr Hooper (NED) suggested alternative methods, such as using volunteers. Unfortunately volunteers are not always readily available. The DNO reported that open visiting has recently been introduced as a trial on two wards.
- Safeguarding Adults & Children – During December there were three adult safeguarding alerts made towards the Trust which is a decrease of 6 compared to November. All three alerts remain in progress and relate to poor discharge planning and a care omission. There were two children referred directly to social services during December 2014 following suspicions of neglect and injury. Both children are now subject to child protection plans.
- Risk Adjusted Mortality Index (RAMI) Update – Benchmark data is still not available or been released from the Health and Social Care Information Centre (HSIC). Once the data becomes available it will be incorporated within the Integrated Performance Report.
- End of Life Care (EoL) – One of the issues highlighted by the CQC relates to Patient Experience – End of Life Care. The members were informed that an End of Life plan was introduced within SaTH in October 2014 and over 300 staff have attended training in the revised patient pathway. A number of improvements have already been made to the RSH Mortuary.
- Peer Review Mental Health Crisis Care in Emergency Departments – The CQC, and partner agencies, are attending the Trust on 26 & 27 January 2015 to review the pathways for children and adults in times of mental health crisis. A particular area of scrutiny within the Trust will be how patients are managed within our emergency departments both directly or via the ambulance service.
- 12-hour Trolley Breaches – Due to the unprecedented level of demand experienced within the emergency departments and the reduced capacity on inpatient wards, a number of extend Trolley Waits occurred within the A&E Departments during December 2014 and January 2015. These were reported as SIs and have had initial Root Cause Analysis completed. An in-depth review will be undertaken with Commissioners to gain assurance that harm was not caused to those patients waiting.

## OPERATIONAL PERFORMANCE

The Chief Operating Officer (COO) informed the members that the month of December was a poor month for performance against the 4 hour target across the Trust, with both sites in heightened escalation and the position exacerbated by the high number of Fit to Transfer patients. This resulted in having to implement the hospital full capacity protocol on a daily basis.

- A&E 4 Hour Access Standard - In December 2014, 87.40% patients were admitted or discharged within the 4 hour quality target.
- Demand above plan – Emergency Department attendances – For the period to the end of December was 3.14% greater than the same period last year and 3.2% in month. The reduction in the Fit to Transfer

(FTT) list has not been delivered. The numbers on the FTT list in January averaged 85 and for nationally reported delayed transfers of care there has been a 22.6% increase in comparison to the same period last year. Actions within the SMART plan continued with the Trust delivering against its trajectories. The discharge to assess model has been implemented on two wards at RSH and PRH with plans to roll it out to further wards by end March 2015. Until the impact of this is felt it is anticipated that the Trust will continue to run at a level of high escalation and unable to meet the 4-hour target.

- Demand above plan – Non Elective activity – Non elective admissions are 3.89% higher (1,378 admissions) over the year to date April to December 2014 in comparison to the same period in 2013. All escalation areas have continued to remain open following on from the pattern of Q2. Due to the high demands, Ward 21 at RSH was opened at the end of December to utilise the 16 beds as an adult inpatient area, and to cohort patients on the FTT list.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust achieved the RTT standard of 90% for Admitted Patients during December with 91.31%; however Ophthalmology, Max Fax and Gynaecology failed to deliver the standard due to the number of routine cancellations in December due to the lack of beds as a direct result of the emergency pressures. The Trust also achieved the RTT (Non-Admitted) target of 95% during December with 97.12%; five specialties failed to deliver standard. Rectification plans have been requested from the Centres to ensure all specialties are delivering from 1 March 2015.
- Fit to Transfer (FTT) – During the month the Fit to Transfer (FTT) list consistently rose above 50-60 delayed transfers (this peaked at 125 patients). The Trust was consistently at escalation levels 3 and 4. Due to an exit block from the Emergency Department and extreme highs of demand and numbers of patients fit to transfer, there were seven 12-hour breaches; these were unavoidable as all funded and non-funded escalation capacity was in use and the hospital full capacity protocol had been enacted.
- Cancer – All of the 9 cancer standards were achieved in December. The COO informed the members that the Trust has been approached to present nationally how the Trust has managed to successfully turn-around the performance in the cancer standards.

The Chair highlighted that it is vital that the position changes over the next few weeks with regards to the 4 hour performance. The COO reported that the CCG is required to achieve a reduction in the number of discharges from 50 to 28 by February 2015. If the CCG does achieve this, it will greatly relieve pressures on the hospital. The Trust staff has managed the situation well over the last two months and the Trust has managed to maintain its 18 week waiting time performance but a backlog of patients waiting for their operations is building.

Mr Newman (NED) suggested investigating where the real blockages lie and to focus upon them in the first instance. The COO reported that a list of Fit to Transfer patients is focused upon each day. The majority are delayed due to delays within the Community, i.e. patient waiting to be assessed (by the Community), patient waiting for a package of care, etc. Following discussion the COO agreed to investigate analytical data and include within the Performance Report. **Action: COO**

## FINANCIAL PERFORMANCE

The members were informed that the FD and his team have been extremely successful in obtaining a £19.2m liquidity loan. The reports within the papers continue to show a forecast £12.2m deficit; and this position has now been accepted by the TDA.

Income & Expenditure – At the end of December the Trust was reporting an improved position as compared with the anticipated forecast position; the level of improvement amounts to £817,000. However, at the year end the Trust is projecting a position that is worse than the level assumed within the recovery plan. This is due to the Trust being unable to secure additional Income from the CCGs to underpin the Trust in year cost pressures (£2.3m assumed within the recovery plan); and being unable to reduce agency nurse spending through substantive recruitment into vacant nursing posts (£1.6m assumed within the recovery plan).

Pay Position - In the month of December, Pay spending was £18,063m as compared with the expected level of Pay spending of £18,137m as contained within the Recovery Plan.

Agency Spending – This remained high in the month of December, amounting to £1.883m (164.26 WTE), but this is a reduction from levels seen in the month of November.

Bank Usage – The level of Bank usage in the month of December has increased from November; this can be attributed to achieving the new nursing templates, covering nurse absence, and responding to the requirement for one to one nursing care (EPS).

Non-Pay - Non Pay spending in the month of December further reduced when compared with the levels recorded in the month of November, and is now consistent with the levels recorded in previous months of the 2014/15 financial year.

Cost Improvement Programme / Rectification Plans - Savings realised in the month amounted to £9.954m as compared with a target of £12.678m. It is anticipated that the Trust will deliver savings in year of £11.7m as compared with the original CIP. The shortfall has occurred because the trust has been unable to secure savings from nursing, medical staffing and has also been required to retain escalations beds. The Trust is also now forecasting that 90% of COUIN funds will be achieved in the year.

As Chair of the Finance Committee, Mr Jones (NED) confirmed that the Committee were relieved that the spike that occurred during October now appears to have stabilised.

## **WORKFORCE**

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

Sickness - During December sickness absence rose to 4.80%, through a significant increase in long term sickness. Absence continues to be a high reason for temporary staffing usage. Each Care Group has been asked to produce a trajectory for absence to ensure sustainable performance. This will be monitored through monthly Confirm & Challenge meetings.

Appraisals – The Appraisal completion rate is at 83% against a target of 100% completion by all relevant staff for 2014-15. Dr Hooper (NED) highlighted that the Trust target is 100% and requested assurance that this will be met. The members were informed that this issue had been discussed during the Executive Director's meeting and agreed that every department must achieve 100%.

The WD reported that a review of the appraisal process has been undertaken and revised to capture a Trust Values based approach. Also, the Care Group managers have been asked to ensure staff appraisals are undertaken throughout the year.

Statutory Training – In December 2014, rates for Statutory Safety Updates remained steady at 60% against a target of 80%. Information Governance rose to 79% against a target of 95%. A number of actions continue to be implemented to support greater compliance and statutory training remains a key focus for the Workforce Committee and is monitored on a monthly basis.

Workforce Transformation – Health Education England have published a Talent for Care Strategy focusing on support for Band 1-4. The Strategy contains 10 strategic intentions. To support this work the Trust are completing an assessment of its position in relation to the Strategy which will be shared with the Workforce Committee.

Industrial Action – The Government and Health Trade Unions suspended the planned Strike Action for 29 January 2014. The Unions will consult with their members on the Government's new pay offer.

## **SELF CERTIFICATIONS**

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

The WD reported that the People Strategy was presented to and approved at the January 2014 Trust Board. In November 2014 the Board received an overview of progress in year one and approved the year two focus relating to:

#### Employee Engagement

A model for engagement has been developed to ensure staff feel engaged and involved in terms of what is happening within the organisation. A presentation will be provided to the June 2015 Trust Board.

**Action: WD Due: June 2015 Trust Board**

#### Recruitment

The Workforce Committee have met and discussed the development of a Recruitment Strategy. Since the beginning of November 2014, 31 whole time equivalent adult nurses have been recruited or have been offered posts and are due to join the Trust within the next two months which delivers a 2.2% growth in nursing numbers. With the current weekly recruitment campaign and plan to visit the Philippines in early March 2015, this puts the Trust on trajectory to reduce the number of vacancies to 50 by March 2016.

Mr Newman (NED) requested that the 2.2% improvement in growth be recorded against a graph and suggested recording such information in the Performance Report for the future. **Action: WD**

#### Medical Workforce Recruitment

The MD reported that there have been some appointments made for Consultants and Specialty Doctors. He thanked the involvement of the NEDs and EDs during the interview process.

The report highlighted that despite increased pressure over winter, over the last four months the pay bill for agency locum doctors has been held at approximately the same level as for 2013/14. This has been the result of the implementation and monitoring of a robust "check and challenge" system for all short-term locum posts, and as a result of these appointments, a reduction in the number of long-term locum posts.

It is expected that when the winter pressures abate, a reduction in the run rate for medical staffing expenditure will be delivered.

Mr Newman (NED) highlighted the issue of medical staff not being assigned a SaTH email address which could prove to be an issue if they are not receiving relevant information; he was informed that the Medical Staffing Department go through a number of checks upon commencement of employment and the medical staff are urged to set up an NHS.Net email account. This is in the process of being addressed.

#### Leadership

Over the next 12 months the following has been identified for Leadership Development within the organisation:

- A further 74 leaders will complete the SaTH Leadership Programme, bringing the total to over 100
- Coaching certificate for a further 15 employees, raising the trained number of coaches to 64
- Support for Postgraduate and Master degree programmes
- Master classes to ensure continued learning
- Access to Shropshire and Staffordshire Local Education and Training Council Compassionate Leadership Programme
- A fourth Leadership Conference
- Development of Strength Deployment Inventory (SDI) profiles to support personal development

Delivery of the People Strategy is monitored by the Workforce Committee on a quarterly basis and the Board will continue to receive updates on a regular basis.

Overall, the Chair suggested implementing the following to move forward during 2015:

1. Continue to move on a journey of empowerment in the Care Groups
2. Capacity based plan
3. Recapture the balance
4. Achieve complex adaptive health system
5. Embedded engagement within the community
6. Be an extraordinary stand-out employer

## 2015.2/013 COMMON SEALINGS

The DCG provided an update on the use of the Trust's Common Seal since the last update to the Board in April 2014, for the period 31 March 2014 to 22 January 2015:

- Seal No. 71 – Agreement executed as a Deed between SaTH (Employer) and W Moors & Son Ltd. (Contractor) for refurbishment to Specimen Laboratory, Pathology at RSH.
- Seal No. 72 – Lease of additional property by reference to an existing lease between SaTH and Shropshire Education & Conference Centre
- Seal No. 73 – Grant Agreement between Lingen Davies Cancer Fund and SaTH NHS Trust in respect of funding towards the acquisition of a Varian Truebeam Linear Accelerator at RSH
- Seal No. 74 – Deed variation relating to Lease of RSH North site between SaTH and Rooftop Homes Ltd
- Seal No. 75 – Deed variation of contract relating to RSH North site between SaTH and Rooftop Homes Ltd
- Seal No. 76 – Deed of surrender relating to Block E RSH Estate between Rooftop Homes Ltd and SaTH

## 2015.2/014 TRUST COMMITTEE MEETINGS UPDATE

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

- Business Development & Engagement Committee – 5 December 2014; The CEO agreed to identify if the Committee is achieving what it set out to. **Action: CEO**
- Audit Committee – 11 December 2014; The members were informed that the External Auditors have changed from KPMG to Ernst & Young.
- Clinical Quality & Safety (Q&S) Committee meeting – 19 December 2014 and 22 January 2015
- Finance Committee - 27 January 2014

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

## 2015.2/015 ANY OTHER BUSINESS

The MD reported that the Trust has signed up to the "Hello, my name is ...." Campaign. This was launched by Dr Kate Granger who is an NHS doctor but also a terminally ill cancer patient. During a hospital stay in summer 2013 she made a stark observation that many staff looking after her did not introduce themselves before delivering care. She has therefore started a campaign to encourage and remind healthcare staff about the importance of introductions in the delivery of care.

Trust staff have been encouraged to be involved in this, and the members were asked to say who they are and what they are doing when carrying out their Walkabouts.

## 2015.2/016 QUESTIONS/COMMENTS FROM THE FLOOR

- Q1** Mr Rook of the Patient Experience and Involvement Panel (PEIP) highlighted that the Integrated Performance Report shows there are 14 action plans outstanding from 2013/14 and 19 overdue action plans from 2014/15 and queried the delay in the completion of these.
- A1** The DNO confirmed that a close eye is kept on these and now that the Confirm & Challenge meetings have been arranged, the outstanding actions can be raised with the Care Groups. Some may also be outstanding due to the overall estate, and due to general administrative housekeeping.
- Q2** Mr Rook raised the Dementia Butterfly Scheme. He reported that Helen Coleman's post as Dementia Lead has come to an end and highlighted that if the Trust wishes to be involved in such a scheme, he feels it should have a dedicated lead.

Mr Rook informed the members that during recent walkabouts he has noticed that Butterflies are not being displayed for patients due to a shortage of stock; staff are therefore required to draw Butterflies for those concerned.

**A2** The DNO confirmed that a bid for funding for a Dementia Lead was submitted and unfortunately the funding has come to an end. It is recognised that a nurse specialist is required. As it is a service for patients across Shropshire, a plan has been formulated which has been well received with the Commissioning Groups. It is hoped to have provision of this service within the new financial year.

The Chair thanked Mr Rook for raising the issue of the Frail & Elderly and End of Life Care and requested that an update be provided to the April 2015 Trust Board. **Action: DNO Due: April 2015 Trust Board**

**Q3** Mr Rook reported that he recently undertook one of the Gemba Walks which was poorly attended; he therefore urged the Executives and Senior Managers to attend.

**Q4** Mr Sandbach enquired if the organisation is prepared to commit to borrowing £198m to deliver FutureFit.

**A4** The CEO confirmed that the Board are aware of all requirements but highlighted that this will be delivered over a number of years.

The FD reported that the process requires a strategic outline case; there would be huge cost implications to not go ahead with the FutureFit model.

**Q5** Mr Sandbach highlighted that Fractured Neck of Femur (#NOF) was first raised as an issue during May 2012 and has been raised again with the CQC during their October visit. He suggested a number of service changes could be made without consultation, as with the Stroke Service, and has mentioned these with senior clinicians who agreed that they would be willing to undertake a trial.

**Q6** Mr Sandbach asked if he could forward additional questions to the Chair. The Chair agreed.

**Q7** Mr Rook highlighted the lack in the number of reductions of A&E attendances following the relocation of the Shrewsbury Walk-in Centre to the RSH site during mid-December 2014.

**A7** The COO reported that the Walk-in Centre is a service that deals with minor illness rather than minor injuries. She also reported that the practitioners have not yet received full training. She agreed to provide an update at the February Trust Board. **Action: COO Due: Feb 2015 Trust Board**

**Q8** Mr Jones reported that he visited the Wards in the Trust on Christmas morning. He highlighted an increase in patient numbers during December 2014 – January 2015, and reported that the Trust has an excellent workforce.

Once again, the Chair highlighted that the Board are very appreciative of the work that Mr Jones undertakes.

**Q9** A Healthcare Watch representative reported that she had listened to the comments in relation to cancelled operations and trolley waits. The feedback received from patients is that if they have been waiting, they have been well looked after.

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

## **2015.2/017 REFLECTION OF MEETING**

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

It was generally felt that the meeting had worked well and it was agreed to continue with holding the meeting in the new format of the Private session being held during the morning and the Public session during the afternoon.

2015.2/018

**DATE OF NEXT MEETING**

**Formal Board Meeting – Thursday 26 February 2015 at 2.00pm** in Seminar Rooms 1&2, Shropshire Education and Conference Centre, Royal Shrewsbury Hospital

**The meeting closed at 4.40pm**

MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 29 JANUARY 2015

Item	Issue	ACTION OWNER	DUE DATE
2015.2/003	<i>Patient's Story</i> To identify if there is a theme on the Surgical Assessment Unit in relation to Pain Management	DNQ	February 2015 <a href="#">Agenda – Matters Arising</a>
2015.2/007	<i>3-Month Forward Plan</i> To present the Patient Experience Strategy to the Board for approval	DNQ	September 2015
2015.2/008	<i>Chief Executive's Overview – FutureFit Update</i> Update in relation to the shortlist proposal to be provided to the Feb 2015 Trust Board.	CEO / DBE	February 2015 <a href="#">Agenda item</a>
2015.2/009	<i>CQC Inspection Report (Oct 2014)</i> To present the organisation's action plan to the Feb 2015 Trust Board	DNQ	February 2015 <a href="#">Agenda item</a>
2015.2/011	<i>Trust Performance Report</i> To investigate analytical data in relation to FTT / delays and include within the Performance Report	COO	February 2015 <a href="#">Included in IPR</a>
2015.2/012	<i>People Strategy Update – Employee Engagement</i> Employee engagement presentation to be provided to the June 2015 Trust Board	WD	June 2015
2015.2/012	<i>People Strategy Update – Recruitment</i> To record improvement in growth against a graph and include in the Performance Report	WD	February 2015 <a href="#">Included in IPR</a>
2015.2/014	<i>Trust Committee Meetings – BDEC</i> To identify if the Board Development & Engagement Committee is achieving what it set out to	CEO	March 2015
2015.2/016	<i>Questions from the Floor</i> To provide an update in relation to End of Life Care to the April 2015 Trust Board	DNQ	April 2015
2015.2/016	<i>Questions from the Floor</i> To provide an update in relation to the Walk-in Centre at the February 2015 Trust Board	COO	February 2015 <a href="#">Included in IPR</a>