

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 26 February 2015 at 2.00pm
Seminar Rooms 1&2, Shropshire Education & Conference Centre
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr H Darbhanga Dr R Hooper Mr D Jones Mrs D Leeding Mr B Newman Dr S Walford Mr P Herring Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Non Executive Director (NED) Non Executive Director (NED) 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)
In attendance	Miss V Maher Mr A Osborne Mrs D Vogler	Workforce Director (WD) Communications Director (CD) Director of Business & Enterprise (DBE)
Meeting Secretary	Mrs S Matthey	Committee Secretary
Apologies:	None Received	

2015.2/019 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.

2015.2/020 CHAIR'S AWARD

The Director of Business & Enterprise presented the Chair's Award citation for Theatre Senior Operating Department Practitioner, Steve Bennett. The members were informed that Mr Bennett has played a pivotal role in shaping theatre services across the Trust, placing patient care and safety at the fore.

Mr Bennett was nominated by colleagues in RSH Theatres to reflect their genuine appreciation for the work that he has undertaken in supporting the reconfiguration of Surgical and Head and Neck Services, and his further support working with the successful Women & Children's reconfiguration project.

Mr Bennett has been responsible for the introduction of new instrumentation up to the value of £2 million over the past 18 months, ensuring smooth transition of services. This additional work was undertaken whilst maintaining his clinical commitments in theatre.

The DBE acknowledged Mr Bennett's outstanding contribution and continued commitment to achieving all of the Trust values - Proud to Care, Make it Happen, Together we Achieve and We Value Respect.

Mr Bennett said he was delighted to receive recognition for the work that goes on 'behind the scenes'.

2015.2/021 PATIENT'S STORY

The Director of Nursing & Quality introduced Felicity Thomas to deliver this month's Patient Story on behalf of Mrs Mackay and her family and friends.

The story relates to Mr Barrie Mackay and the treatment that he received at RSH. Sadly, the family felt that Mr Mackay was the recipient of routine, unconcerned care. Treating the patient as a human being was notably absent; and many examples of this hinged around issues of communication, or non-communication, at all levels.

Communication was poor and although the family understood that nurses had a job to do, they felt that generally the nurses appeared too busy to provide information and comfort to patients and their families.

The poor communication was exacerbated by the fact that Mr Mackay was discharged and re-admitted as an emergency, three times, to three different teams and wards, so there was a lack of continuity of care.

Other lapses of communication impinged on clinical issues. There seemed no evidence of any inter-disciplinary consultation with the colorectal team to inform Mr MacKay's treatment.

Unfortunately, Mr Mackay's treatment did not inspire confidence. His concern about low back and abdominal pain had been reported to his GP in November 2013. He had a scan at RSH on 23 December 2013 but despite many enquiries, the result of this scan was not made available until late in February 2014. After this delay there was no time for further investigation before Mr Mackay was admitted to hospital on 11 March 2014 and diagnosed with "probable appendicitis". Mr Mackay had a haemicolectomy on 13th April and deteriorated further. An emergency procedure was performed on the morning of 30 April 2014. After significant efforts and phone calls from Mrs MacKay she spoke to the consultant anaesthetist who had been present during the procedure. This doctor told her that Mr Mackay was very poorly. Mrs Mackay asked whether she should come to the hospital immediately and was advised to phone ITU at 8.30 am. However, Mrs Mackay attended ITU within the hour where she was informed that Mr Mackay had already passed away. Mrs Mackay had been denied the opportunity of sharing her husbands last hours of life.

The Board was told that the family felt that this account of Mr MacKay's care highlighted that this experience was completely at odds with all the Values that the hospital purports to hold, and that Mrs Mackay has embarked upon this journey as she does not want anyone else to suffer this level of lack of quality care.

However as a positive in this, Mrs Mackay was aided, especially in the early stages, by Ms Rebecca Smith of the Patient Advice and Liaison Service (PALS). The family felt this service was not sufficiently promoted nor valued around the hospital at that time. The Board were informed that details of the PALS service are now included in bedside information packs for patients and made available for visitors.

The PALS Team was also instrumental in setting up a positive meeting with the Medical Director and Head of Nursing of the Scheduled Care Group which allowed Mrs Mackay to make suggestions for improvement in some hospital systems.

The Patient Story reinforced the CQC Inspection finding that 'End Of Life' care was assessed as 'Inadequate'. The family have been advised that the End of Life service is to receive funding and development, and a Steering Committee has been commissioned to direct this improvement.

Mrs Mackay suggested the following are issues that require further attention:

- Better liaison between GP and hospital services, especially in the case of repeated re-admissions
- Use of anonymised patient stories, such as this, as part of in-house training
- A re-focusing of rigour in standards of care at all levels; inclusive of agency and temporary staff
- A clarification of lines of communication/designation and accessibility to clinical teams and consultants
- An open-book approach to what is going on in the hospital environment and in patient care so that the patient and their family feel informed and included in progress and care plans.

The Chair offered sincere apologies to Mrs Mackay and her family and friends on behalf of the organisation. Mrs Mackay reported that it is her sole aim to raise awareness of standards and the importance of quality of care and treating patient's in a holistic way and regarding them as a human being.

The family and Board members were assured by the Director of Nursing & Quality that discussions have been held with the individuals involved in Mr Mackay's care. The four Trust Values 'Proud to Care', 'Make it Happen', 'We Value Respect' and 'Together we Achieve' will reinforce standards of care in the future and staff will be held to account when they fall short of expected standards.

The DNQ asked Mrs Mackay if she would be happy for the Patient Story to be used in future nurse training sessions, and the MD asked if it could be used at future doctor's training sessions. Mrs Mackay agreed this positive way forward.

Mrs Mackay's friends, who were also present, reported that RSH is their local hospital and they were alarmed by the quality of care that their friend had received. They reported that they may need to rely on the service in the future and have concerns that it may also let them down. The Chair reported that it is also his local hospital and he would like the public to maintain the pressure to ensure high quality of care is standard

Following discussion, the Board members noted the following:

- The Trust is now a Values driven organisation which make clear the behaviours that are expected
- The introduction of Gemba Walks for Board members and senior managers, which focus on qualitative issues such as how an area feels and what staff and patients/carers think about it, rather than a checklist inspection
- The strengthening of the Patient Experience and Involvement Panel (PEIP) to review services and care at the Trust
- The introduction of the "Hello, my name is" Campaign to ensure more openness and better communication

Subsequent to the Patient Story the Chair confirmed that he would contact Mrs Mackay personally.

Action: Chair

2015.2/022 DECLARATIONS OF INTERESTS

The Declaration of Interests register was presented for information.

The DCG confirmed that Dr Hooper's (NED) following changes have been applied:

- 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).

2015.2/023 MINUTES OF THE MEETING HELD IN PUBLIC on 29 January 2015.

For accuracy, the following amendments were agreed:

- Page 7 relating to 12-hour Trolley Breaches – amend to a number of *extended* Trolley Waits
- Page 9 relating to Industrial Action – amend to January *2015*

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

2015.2/024	ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 29 January 2015
	<p><i>2015.2/003 – Patient's Story</i> DNQ to identify if there is a theme on the Surgical Assessment Unit (SAU) in relation to Pain Management. The DNQ confirmed that she has held discussions with the senior nurse manager on the SAU and huge improvements have already been noticed. The members agreed that this is a good example of the Trust Value 'Make it Happen' following the Patient's Story discussion at last month's meeting. Action Completed.</p>

	<p>2015.2/007 – 3-Month Forward Plan DNQ to present the Patient Experience Strategy to the Board for approval. Action: DNQ Due: September 2015 Trust Board Added to Forward Plan. Action Completed.</p>
	<p>2015.2/008 – Chief Executive's Overview – FutureFit Update CEO/DBE to provide update in relation to the shortlist proposal. Agenda Item. Action Completed.</p>
	<p>2015.2/009 – CQC Inspection Report (Oct 2014) DNQ to present the organisation's action plan to the Feb 2015 Trust Board. Agenda Item. Action Completed.</p>
	<p>2015.2/011 – Trust Performance Report COO to investigate analytical data in relation to FTT/delays and include in the performance report. Agenda Item. Action Completed.</p>
	<p>2015.2/012 – People Strategy Update – Employee Engagement WD to present Employee Engagement presentation to the June 2015 Trust Board. Action: WD Due: June 2015 Trust Board Added to Forward Plan. Action Completed.</p>
	<p>2015.2/012 – People Strategy Update – Recruitment WD to record improvement in growth against a graph and include in the Performance Report The WD reported that she had unfortunately omitted this information and confirmed that she would include for future Trust Board papers. Action: WD Due: March 2015 Trust Board Included in Trust Performance Report. Action Completed.</p>
	<p>2015.2/014 – Trust Committee Meetings – Business Development & Engagement Committee (BDEC) CEO/DBE to identify if the BDEC is achieving what it set out to The DBE and CEO confirmed that they had held a conversation and do believe in the list of opportunities which will become more tangible. Action Completed.</p>
	<p>2015.2/016 – Questions from the Floor DNQ to provide an update in relation to End of Life Care to the April 2015 Trust Board Action: DNQ Due: April 2015 Trust Board Added to Forward Plan. Action Completed.</p>
	<p>2015.2/016 – Questions from the Floor COO to provide an update to the February 2015 Trust Board in relation to the Walk-in Centre Included in Trust Performance Report. Action Completed.</p>

2015.2/025 **3-MONTH FORWARD PLAN** for the period 26 February 2015 – 30 April 2015 was presented for information.

The DCG reported that the *FCUS* Post Project Review has been corrected to *FCHS* Post Project Review. The Review was discussed at the February Finance Committee meeting and will be presented to the July 2015 Trust Board.

Action: CS to update Forward Plan. Action Completed.

Action: DBE Item Due: July 2015 Trust Board. Added to Forward Plan.

The remainder of the Forward Plan was agreed.

2015.2/026 **CHIEF EXECUTIVE'S OVERVIEW:**

Emergency Pressure - emergency pressures continue to be a concern. The Fit to Transfer (FTT) figure had peaked at 113 during week commencing 23 February 2015, which has a serious impact on the Trust's ability to provide emergency beds for new admissions.

The members were informed that the CEO and Executive Directors are in liaison with Commissioners regarding operational planning and contract negotiations for 2015/16.

Finance

The CEO confirmed that SaTH is on plan for the projected out-turn (as detailed within the Trust Performance Report).

Freedom to Speak Up – Sir Robert Francis Review

The CEO informed the members of the 'Freedom to Speak Up' review in which Sir Robert Francis sets out 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works right across the NHS and get all organisations up to the standard of the best and provide redress when things go wrong in future.

The report will be taken through the Workforce Committee and Trust Health, Safety & Security Committee routes and assurance provided to Trust Board.

2015.2/027

FUTUREFIT SHORTLIST

The DBE presented a paper which highlighted that the Future Fit Programme Board received shortlisting scenarios from the Evaluation Panel during February 2015. The Programme Board had an extensive discussion of the Panel's recommendations in the light of evidence provided, and agreed the following acute services scenarios shortlist:

- Emergency Centre (EC) and Diagnostic & Treatment Centre (DTC) on a new site
- EC on a new site, DTC at Princess Royal Hospital (PRH)
- EC on a new site, DTC at Royal Shrewsbury Hospital (RSH)
- EC at PRH, DTC at RSH
- EC at RSH, DTC at PRH
- Do minimum (existing dual site acute services maintained, provider and commissioner efficiency strategies implemented but not major services change)

The Programme Board agreed that there should be further debate on the best and safest configuration of obstetric services within these scenarios. This should include reviewing the clinical evidence and workforce models to understand whether obstetrics could operate on a site alongside a DTC, alongside an EC or alongside either.

The Urgent Care Centres (UCCs) Programme Board agreed to proceed to work on prototyping two urban UCCs; one in Shrewsbury and the other in Telford; and exploring the most appropriate rural urgent care solutions in partnership with local communities.

The Chair highlighted that the Future Fit model is dependent on the feasibility of the Urgent Care models. He supported the process but highlighted that costings had been omitted, as well as the relevance of the location to other services and providers, which are also important factors.

The DBE confirmed that the next phase will analyse the modelling and financial factors; this will take place over the next few months.

The MD reported that additional work has taken place, particularly regarding the lifespan of the various options. A large amount of discussion has also taken place relating to the geography aspect. The challenge is to change current working practices and ensure they are implemented.

The DBE confirmed that Future Fit project will continue and that GPs and the Community Trust will continue to be fully included. Key steps will be taken over the next few months and assurance will be provided to the Trust Board of the processes and governance arrangements.

The Chair opened the meeting to questions from the floor at this point. Mr Rook (member of the Patient Experience and Involvement Panel) highlighted that the proposal relates to a new way of delivering healthcare, and suggested a review of the whole healthcare system beforehand. However the CEO reminded members that the Trust is not in a position to delay required changes for any longer-term analysis/evaluation. The situation for Emergency services at SaTH required that an agreed way forward in the medium term needs to be found within the scope of the current agreed terms of reference for the project

Following discussion, the members endorsed the process that has been taken to date and the recommended shortlisted scenarios but welcomed the submission of additional information to ensure the appropriateness of the proposals as further modelling by the Programme Workstreams takes place.

2015.2/028

Q3 PROGRESS REPORT ON DELIVERING OUR STRATEGIC PRIORITIES AND OPERATIONAL OBJECTIVES

The DBE presented a Q3 2014/15 progress report on delivering SaTH's 2014-16 operational objectives. The paper highlighted that a key feature of the planning process is a review of progress against the delivery of SaTH's strategic and operational plans.

The Trust has made good progress in improving clinical outcomes and patient experience and future plans will continue to build on this. Improving outcomes for patients and reducing harm remains a priority in the 2015-16 plan.

Developing plans to ensure the sustainability of our services is an immediate requirement for the Trust. Significant work has taken place to mitigate risks within challenged specialties; this includes revised models of care, capacity reviews and service reconfiguration. Embedding revised pathways and developing robust short to medium term strategies for our clinical services is a priority for next year. Alongside this the Trust will continue to work with the wider health economy in developing a long term strategy for services in Shropshire.

The planned developments in the Trust's People Strategy are progressing well. The Trust will continue to build upon this success and to increase and enhance staff engagement to support this. Developing transformational plans to support challenged specialties and progress 7 day working remains a priority for next year.

Much work has taken place with regard to customer relationships including engagement with patients, local health partners and our GPs. The Trust will continue to strengthen these relationships and to build business plans that reflect the environment in which we operate and the impact that we have on our key stakeholders. Understanding our business through detailed service line reviews will inform future operational and business decisions.

Delivering a sustainable financial plan remains a challenge. The Trust has worked extremely hard to secure support for 2014-15 and has made progress in the delivery of recurring cost improvement programmes. Proposed reductions in income and the need to invest in equipment and infrastructure will further increase the financial challenge for the Trust. Priorities for the Trust in 2015-16 will include delivering transformational change, identifying technological solutions and securing ongoing short term financial support.

Mr Jones (NED) highlighted the Strategic Priorities RAG rating status and enquired if it's a little too positive. The CEO reported that it is an accurate reflection based on assessment of the achievement of agreed milestones against trajectory in the 14/15 Business Plan.

The Chair highlighted that Strategic Priority 7 'Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy' is RAG rated Green; however he stressed the Board's determination to convey an assertive message regarding the achievement of 100% for Staff Appraisals, which was a fundamental requirement to ensure the alignment of individual and organisational objectives.

Mrs Leeding (NED) commented that the document relates more to delivery rather than outcomes. The DBE confirmed that the priorities have been reviewed and evaluated several times before the Plan was agreed by the Board in March 2014. For future iterations of the reviews it was suggested that it might be sensible to have a RAG rating for what was required by way of milestones, plus a RAG rating to determine to what extent these actually achieved the objective. **Action: DBE**

The Chair asked the members if they were content with the level of progress achieved. The members agreed that a good level of progress has been achieved against the ten objectives, particularly given the high levels of operational pressures the Trust had faced.

2015.2/029

CARE QUALITY COMMISSION INSPECTION ACTION PLAN

The DNQ presented an action plan which has been produced to address areas of improvement and compliance in response to the CQC Inspection during October 2014 and subsequent publication of the CQC report on 20 January 2015.

Each of the Care Groups have produced detailed action plans to respond to the recommendations.

The DNQ confirmed that she met with the CQC to discuss the action plan against the five domains (safety, effective, caring, responsive and well led). A number of actions have already been completed and the target is to complete the majority of work within this calendar year. The CQC and Trust will agree a date of re-inspection towards the end of the calendar year.

Quarterly meetings have also been scheduled with the CQC and the action plan will be presented to the Patient Experience and Involvement Panel during March 2015. The DNQ also reported that she would share the action plan with Commissioners, TDA, stakeholders, etc.

Dr Walford (NED) confirmed that the action plan had been presented at the Quality & Safety Committee and he enquired if Q&S are primarily responsible for receiving an update or whether the Trust Board would receive an update on a regular basis. The Chair suggested the Q&S Committee receive the detail on a quarterly basis and the Board receive detail at high level every six months. **Action: DNQ Due: September 2015 Trust Board. Added to Forward Plan.**

The members discussed the Gemba Walks process and the DNQ agreed that additional work is required to assist in closing the loop on issues raised. The Chair highlighted that Gemba Walks have not yet been inserted into his diary schedule; the Chair and DNQ agreed to discuss further. **Action: DNQ / Chair**

The Chair also highlighted that he would like an update in relation to the progress of the Employee Engagement Strategy. The WD agreed to provide an update in relation to the 'Well Led' domain at the March 2015 Trust Board. **Action: WD Due: March 2015 Trust Board Update included in Workforce Committee Update. Action Completed.**

2015.2/030

TRUST PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES

The Board **RECEIVED** the Trust Performance Report in respect of the month of January 2015.

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 January 2015:

- Infection Prevention & Control – showed six cases of C difficile in January; 0 MRSA bacteraemia cases (pre-48 hours); two cases of MSSA Bacteraemia and three cases of E-coli Bacteraemia.
- Vancomycin Resistant Enterococci (VRE) – There has been a cluster of cases reported of VRE within the Trust which is an infrequent occurrence. VRE are a type of bacteria called enterococci that have developed resistance to many antibiotics. The IPC Team has targeted the wards where VRE has occurred and provided further training, support in cleanliness and prevention, assessed practice as well as viewing decontamination processes. Each case will be reviewed through the RCA process.
- Serious Incidents – There were 23 SIs reported in January; these related to 12-hour trolley breaches (12; 5 which occurred in December but were reported in January), RIDDOR/SI reportable falls (5), Grade 3

- Pressure Ulcer (2), IPC issues (2), Surgical error (1) and Delayed diagnosis (1).
- Pressure Ulcers – There were two Grade 3 Pressure Ulcers reported in January 2015. Root cause analysis of each is in progress and as yet the avoidability criteria remains undetermined.
 - Safe Staffing – January saw a sustained heightened level of patient activity. Both sites (RSH and PRH) were at level 3 or 4 escalation status for most of the month; requiring the opening of additional beds across both main sites as part of the Trust's escalation procedure. This warranted, on occasion, support from non-substantive ward and non-clinical staff, along with shared staffing resources between wards to mitigate risk and ensure the maintenance of quality and patient safety; however, the amount of time provided and resources shared is difficult to quantify due to the short notice and immediacy of requests however the priority is to provide support and this time and resource is therefore not reflected in the staffing data reported. The Heads of Nursing and Midwifery, Matrons and Ward Managers continue to monitor the actual versus planned staffing levels across the Trust on a daily basis.
 - Safeguarding Adults & Children – During January there were three adult safeguarding alerts made towards the Trust; this is the same number as December 2014. Two alerts remain in progress and one has been found to be substantiated relating to poor discharge information provided about the patient. The Trust raised 13 safeguarding alerts against other care providers and carers during January 2015; and there was one child safeguarding referral made to social services by the Trust during January 2015. Following investigation into this referral, no action was instigated.
 - Risk Adjusted Mortality Index (RAMI) Update – The RAMI has been updated with the latest available national data and shows that the Trust is performing well against national peers up to November 2014. December's figure increased to 94, however the year to date figure remains below the national position.
 - 12-hour Trolley Breaches – The number of patients kept waiting for more than 12 hours on a trolley within the Trust's Emergency Department have been reviewed and have had completed RCAs. Findings show that none of the patients received sub-optimal care or were harmed as a result of waiting. A comprehensive report from the review will be completed and considered by the Quality & Safety Committee going forward.
 - The Board received and noted the nurse staffing levels monthly report

OPERATIONAL PERFORMANCE

The Chief Operating Officer (COO) presented the following update in relation to Operational Performance during the month of January 2015:

- A&E 4 Hour Access Standard - In January 2015, 82.71% of patients were admitted or discharged within the 4 hour quality target. This was below the trajectory for January and shows a continued deterioration of performance across the Trust.
- Demand versus 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. During the month of January 2015 the Trust remained in high levels of escalation with patients bedded down in the Emergency Department (ED) waiting for beds. This resulted in a further six 12-hour breaches. RCAs were completed for this group of patients and as part of the RCA process, a full deep dive was carried out with colleagues from both CCGs and the Shropshire Community Trust. No harm was found to have occurred for any of these as a result of the wait.
- Demand versus plan – Non Elective activity – Emergency admissions were 7% lower in January compared to the 3.89% increase in December. The acuity of patients increased with the main reason for admission being respiratory infections, cardiac conditions and falls; specifically within the elderly and frail population. Year to date April 2014 to January 2015 in comparison to the same period in 2013 non-elective admissions are 2.99% higher (1,777 admissions).
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust achieved the RTT standard of 90% for Admitted Patients during January with 90.23%; however Trauma & Orthopaedics, Max Fax and Gynaecology failed to deliver the standard due to the number of elective cancellations. The standard is becoming difficult to achieve as the over 18 week waits are re-dated and treated. The admitted backlog has increased from 163 (October 2014) to 495 (January 2015). A recovery plan is currently being produced. The Scheduled Care Group is also undertaking a review of patient flow to ensure all systems and processes are in place and that all capacity is maximised. Dr Walford (NED) suggested ring-fencing elective activity. It was felt that currently this would be unrealistic due to emergency pressures.

- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust delivered the RTT standard of 95% for Non-Admitted Patients during January with 96.58% however four specialties failed to deliver the target. Further analysis is being undertaken to establish the reasons for the failure; this will form part of the Centre’s rectification plan.
- Fit to Transfer (FTT) – During January, the Fit to Transfer (FTT) list consistently rose above 50. In January the Secretary of State requested that the Clinical Commissioning Groups (CCGs) reduce the number of patients on the FTT list by 50% in two weeks, with a further 50% reduction in the following two weeks. This meant that there should be no more than 38 patients on the FTT list over two days by 15 February 2015. Whilst on occasion this target has been met, it has not been sustained. Due to the slow progress in the reduction in the numbers of patients on the FTT list, alternative solutions are being explored with the independent sector to increase care home capacity in the Shrewsbury area and intermediate care capacity, working with the Shropshire Community Trust. A number of meetings are held on a weekly basis with Commissioners and a series of actions are in place.
- Urgent Care Centre (UCC) – The Prototype UCC opened at RSH on 15 December 2015. It is open 8am – 8pm, 7 days per week, and provides a Primary Care walk-in service adjacent to the RSH Emergency Department (ED). The UCC has recently seen an increase in patients; the greatest increase during weekends, specifically on a Saturday. Competencies and skills need to be built within the workforce in the UCC to enable them to take more minor injury patients in the future. The model of care will continue to develop in line with the development of Ambulatory Emergency Care (AEC). A project management group has been established and meets monthly to progress these developments.
- Cancer – All of the 9 cancer standards were achieved in December. The January predicted figures do not indicate any exceptions; however “31 day second or subsequent treatment surgery” is not stable. A single further breach could see the Trust’s position change to a state of non-compliance. The Cancer Services will monitor this position closely. In order to stabilise the complaint level of the Cancer Waiting Time targets, there is currently a review of the escalation process, a multi-disciplinary team review and a referral form review (Breast, Gynaecology and Colorectal).

Dr Hooper (NED) suggested highlighting in the Operational Performance the Health Economy’s responsibilities for 12 hour breaches, ED, FTT and Non-Elective activity.

The COO reported that a number of care packages, domiciliary packages, care home placements etc are required from Commissioners every week and that there was daily focus on these operational issues.

The Chair opened the meeting to questions from the floor. Mr Shepherd informed the members the he is a member of a Patient Group which was established in November 2014. He reported that he felt the cooperation of all healthcare providers is 100% and therefore does not feel the process can be undertaken in a more timely fashion.

Mr Jones (NED) highlighted that the Executive team should be fully supported by the NEDs in next year’s contract negotiations.

FINANCIAL PERFORMANCE

The Trust’s budget forecast assumed the delivery of a deficit at month 10 amounting to £6.276m; the actual deficit recorded amounted to £9,507m.

To reconcile to the original plan submitted to the NTDA, a phased spend adjustment of £393,000 has been made to both plan and actual spend, bringing a reported position to the NTDA of a deficit at month 10 of £9.9m.

The Trust is continuing to forecast an end of year deficit amounting to £12.205m.

Income – At this stage in the financial year focus shifts to the outturn position and in particular the assumptions being made in respect of activity levels that need to be delivered in the remaining months of the financial year to achieve the targeted level of income, and the level of risk associated with the income levels assumed within the forecast outturn. In the remaining two months of the year, activity levels are assumed to be marginally

lower than the levels delivered on average per month in the year to date

Pay Position - In the month of January, Pay spending was £18,389m as compared with the expected level of Pay spending of £18,137m as contained within the Recovery Plan. During the month, the number of WTE employed within the Trust increased to 5,213.33 WTE. This level of staffing is substantially greater than staffing levels recorded during the 2014/15 year. The increase is principally associated with spending in respect of nursing staff.

Agency Spending – This remained high in the month of January, amounting to £1.274m (211.72 WTE). This is an increase in the levels seen in the month of December.

Bank Usage – The level of Bank usage in the month of January (290.08 WTE) has increased from December (281.67 WTE).

Non-Pay - Non Pay spending in the month of January further reduced when compared with the levels recorded in the month December, and has returned to expenditure levels seen earlier in the financial year.

Cost Improvement Programme - Savings realised in the month amounted to £11,168m as compared with a target of £14,497m. It is anticipated that the Trust will deliver savings in year of £13.5m as compared with the original CIP (£15.2m). 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 CQUIN funds will be achieved in the year, which includes the savings forecasted.

Rectification savings have been identified amounting to £6.338m. The Trust has discounted Income from CCGs amounting to £1.5m and reduced the level of Agency nurse savings in the remaining months of the year.

Cash Flow – At the end of January, the cash position on the balance sheet amounted to £2.124m.

The FD circulated a copy of a letter (**copy attached to the Minutes**) that has been received from the Department of Health relating to formal confirmation that the financing application for revenue support PDC of £19,200,000 relating to financial year 2014/15 has been approved. The members formally **RECEIVED** the letter of approval and **ACCEPTED** the terms and conditions specified.

WORKFORCE

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

Sickness - During January sickness absence for the Trust is 4.66%, a decrease from December 2014, which the highest level seen in Estates at 6.8%.

Appraisals – The Appraisal completion rate is at 84% against a target of 100% completion by all relevant staff for 2014-15. This is an increase of 1% but a significant step change will need to take place to secure coverage at 100%. Discussions are being held with Care Groups about how to achieve this through Confirm and Challenge meetings, and through management meetings.

Statutory & Mandatory Training – A review of training capacity is underway to support increased demand; this includes working with teams and departments to bring training to them. Performance remains static at 63%. The WD reported that when the Trust has been at Escalation Level 4, some members of frontline staff have been required to cancel training to remain as staffing on the wards.

Temporary Staffing – Demand remains high, particularly in nursing. Demands for agency nurses is high across the country, therefore fill rates are spread across a number of tiers, leading to a higher cost. This is a similar picture from neighbouring Trusts. Work is underway to address this, including working with other NHS organisations.

Recruitment – A review of staff recruitment has been completed to ensure effectiveness; a number of changes have been implemented, such as testing and being able to re-sit on the day, offers being made on the day and the interview process.

SaTH is holding two information days to recruit 70 Health Care Assistants (HCAs) to a range of roles across wards, outpatient areas and temporary staffing. Interest in the days has been pleasing with both days fully booked.

SELF CERTIFICATIONS

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

2015.2/031

Q3 COMPLAINTS & PALS REPORT (OCT – DEC 2014)

The DNQ reported that during Quarter 3, the Trust received a total of 97 formal complaints compared with 90 in the previous quarter. The total year to date is 288 compared with 332 formal complaints received between April – December 2013.

The Trust continues to maintain a high performance in response rates against the target with 93% of complaints being closed within the agreed timescales during this quarter. Where the Trust is unable to respond within the response time initially agreed with the complainant, the complainant is kept fully informed of any delays and a new response date agreed.

The number of formal complaints received during the quarter equated to 1.5% per 1,000 bed days compared with 1.6% in the previous quarter.

Until end February 2015, three complaints continue to be under investigation. Of the remaining complaints completed, 19% were upheld, 42% were partly upheld and the remaining 39% not upheld by the Trust.

The top specialties receiving complaints during the quarter were:

Acute Medicine	24
Emergency Medicine	11
Surgery	10
Orthopaedics	7
Obstetrics	4
Urology	4

As in previous quarters, the main issues relate to clinical care. Complaints specifically about communication and nursing care are continuing to see a downward trend.

Nursing issues have shown a steady fall over the last few quarters. Issues that continue to be highlighted in complaints are pain relief, hygiene, record keeping, failure to act on abnormal results, failure to record fluid balance, falls, noise at night and discharge planning.

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 Parliamentary & Health Service Ombudsman for review. On receipt the Ombudsman will undertake an assessment and may ask the Trust to take further steps to resolve the complaint, close the case without investigation or decide to investigate the case further.

During the quarter, the Trust was notified of four cases referred to the Ombudsman; one of these relates to a complaint received in 2014. The other 3 complaints, initially received in previous financial years, are currently being investigated.

During Quarter 3, the Ombudsman concluded 2 investigations; one cases was upheld and the other not upheld.

PALS

During Quarter 3 the PALS team handled 491 compared with 465 concerns in the previous quarter. Main themes relate to appointments, concerns about the patient's medical treatment and pathways, and general attitude of staff. The DNQ reported that the issue of staff attitude will continue to be addressed.

The DNQ confirmed that the Annual Complaints Report will be presented to the Trust Board early next year.

The members were informed that the Clinical Governance Executive are focusing on medical complaints. The Chair requested an update be presented to the March 2015 Trust Board.

Action: MD Due: March 2015 Trust Board [Agenda Item](#). [Action Completed](#).

2015.2/032

GP ENGAGEMENT STRATEGY

The DBE presented the paper which highlighted that the NHS Five Year Forward view stresses that healthcare services need to be delivered in a different way in the future and describes the need to break down the barriers between primary and secondary care.

Maintaining good relationships with GPs is critical to the successful delivery of the proposed new ways of working and will provide a strong foundation upon which to drive and deliver transformation.

GP satisfaction and perception of our organisation can impact on referral patterns and market share. Going forward, this means SaTH needs to adopt a more focused account management style approach to GP engagement and a focus on embedding the use of market intelligence information to inform decision making is required.

The GP Engagement Strategy has been developed to provide a structured framework and process to support the Trust in delivering its strategy and to develop and embed robust engagement principles and activities across the organisation.

The GP Engagement Strategy identifies 5 key priorities that will provide a focus for our engagement programme which will enable us to build relationships and develop services that provide the best care for our patients with a detailed Work Plan underpinning the Strategy.

Mr Newman (NED) noted that the Strategy and Work Plan does not contain delivery dates and suggested these be added. There was discussion about the most appropriate form of engagement and the FD advised that in his previous organisation clinical engagement was the key to improved relations with GPs. The COO confirmed that many providers use a clinical senate approach to improve engagement between primary and secondary care by focusing on specific pathways.

Following discussion, the Chair agreed that additional work is required on the Strategy before it could be approved by the Board. The DBE confirmed that multiple level engagement is required to quantify the strategic, business and operational aspects of GP engagement which would be worked up through Executive Directors and re-presented to the Board in due course.

2015.2/033

2014 NATIONAL NHS STAFF SURVEY – SaTH RESULTS

The WD informed the members that the NHS National Staff Survey took place between September – December 2014. She reminded the Board that during this period, Unions were in dispute with the Government over pay.

The survey consists of 120 questions and is based on the following four pledges:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

The WD presented the results which had been released by CQC (**Presentation in Information Pack**). The full report is available at www.cqc.org.uk/content/surveys. The Trust has seen a 9% decrease in terms of response rate since the 2013 survey; with a total of just over 2,364 responses received. This is a response rate of 46% which is above average for Acute Trust's in England.

An additional three themes were introduced this year; these relate to:

- Staff satisfaction
- Equality and diversity
- Patient experience measures

The Trust's score for the overall indicator of staff engagement for SaTH equated to 3.62 (1 indicating that staff are poorly engaged [with their work, their team and their Trust], and 5 indicating that staff are highly engaged). The Trust's score was in the lowest (worst) 20% when compared with Trust's of a similar type. The Trust asked two additional questions – one related to Workforce indicators and the other to Sustainability.

The key areas that have seen the most improvement relate to:

- KF28. Percentage of staff experiencing discrimination at work in the last 12 months (Trust score 10%)
- KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (22%)
- KF17. Percentage of staff experiencing physical violence from staff in the last 12 months (2%)
- KR27. Percentage of staff believing the Trust provides equal opportunities for career progression or promotion (88%)
- KR20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell (26%)

The bottom five ranking scores relate to:

- KF29. Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department (44%)
- KF14. Fairness and effectiveness of incident reporting procedures (3.43)
- KF3. Work pressure felt by staff (3.20)
- KF15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice (62%)
- KF21. Percentage of staff reporting good communication between senior management and staff (24%)

The CEO reported that he felt assured of the Trust's improved direction of travel; however it was suggested that further analysis be undertaken as there are wide variations in certain areas/groups. Mr Newman enquired if there is correlation of those departments against the CQC's outcomes. The WD confirmed that she would undertake this analysis before releasing results to Centres.

2015.2/034

HR POLICY PAPERS

The WD presented the following Trust Policies for approval:

- HR11 – Pay Protection
 - This policy has been updated to reflect changes to the length of pay protection and the section on excess travel entitlements has also be changed
- HR64 – Sponsorship of Secondment of Healthcare Workers for Professional Registration Training
 - This policy has been updated to clarify the application and selection process, the eligibility criteria, the requirements for maintaining contact during training and the conditions for withdrawal, should this be required. The policy had been consulted with the Local Counter Fraud Team and comments received had been incorporated into the policy relating to restrictions around temporary employment during study periods, following acceptance of the point by Staff Side Representatives.

Following discussion, the members **APPROVED** the two HR policies.

2015.2/035 BOARD ASSURANCE FRAMEWORK (BAF)

The CEO introduced this item. He reminded the Board that the BAF enables the Board to provide evidence that it has systematically identified the Trust's objectives and managed the principal risks to achieving them. The proposed Board Assurance Framework had been discussed and outcomes agreed at the February 2015 Risk Committee meeting and is supported by the Trust's risk management processes. Changes since the previous presentation are highlighted and include additional assurance received. The BAF also includes the controls in place and sources of assurance, with the lead Director for each risk. It was confirmed that the arrows shown on the BAF relate to ↑ improvement and ↓ deterioration

The CEO advised that after discussion the Risk Committee had agreed that CRR561 relating to Performance Standards should continue to be split into three categories given the improved position in relation to two of the areas; giving A&E targets (currently rated Red=); Cancer waiting times (currently Green↑); and RTT targets (currently Green↑), and that the residual risk ratings of each should be Amber/Green as the delivery remained fragile given the emergency operational pressures the trust was facing.

The Risk Committee also discussed the strategic financial risk and agreed with the recommendation from Operational Risk Group that the Liquidity and Income & Expenditure categories of risk CRR670 relating to Financial and Investment Strategy should also be separated, given the non-repayable support PDC of £19.2m received from the Department of Health. Following discussion, the Board members agreed that the Liquidity risk rating should remain at Amber/Green↑ but the I&E risk rating should be amended from Red= to Red↓. **Action: DCG Amendment made to Board Assurance Framework. Action Completed.**

2015.2/036 STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND RESERVATION OF POWERS TO THE BOARD

The FD presented the Standing Orders, Standing Financial Instructions and Reservation of Powers and Delegation of Powers to the Board documents which have been reviewed and key changes outlined within the documents.

Following discussion, the members **APPROVED** the documents.

2015.2/037 TRUST COMMITTEE MEETINGS UPDATE

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

- Audit Committee – 12 February 2015; The members were informed that Internal Audit have made recommendation that Non-Executive Directors (NED) should confirm they were content with their oversight of discussions about the Trust's long term funding options. Following discussion, the Board members agreed that this is generally discussed during Board Development sessions and at Finance Committee rather than during formal Board meetings. The members confirmed that there is a high level of engagement and did not believe this needed further strengthening
- It was also noted that the WD had an outstanding action on the Board Governance Assurance Framework in relation to succession planning, which would be addressed through the Workforce Committee
- Workforce Committee – 13 February 2015; The Committee had discussed their Terms of Reference and agreed the importance to ensure a strong focus on the organisations people agenda, focusing on strategy, current challenges and opportunities and performance.
- Risk Committee – 19 February 2015; The Committee agreed proposed risk appetite statements which will be discussed at the April 2015 Trust Board. **Action: CEO Due: April 2015 Trust Board Development session. Added to Board Development Programme. Action Completed.**
- Quality & Safety Committee – 18 February 2015. The members were informed that performance against the Ophthalmology 18-week standards is now being met and the processes that required improvement to reduce safety concerns have been substantially resolved.
- Finance Committee – 24 February 2015. In relation to the Financial Strategy 2015/16; the report summarised that contract discussions are ongoing however the capacity effects of additional emergency demand remain across the cost base and income levels. The Committee remain

concerned that the key risks, especially those relating to the impact of excess demand, delayed transfer and structural inefficiencies continue to lie with the Trust than more evenly shared. Prospects of effective reduction of these demand levels are seen as limited. Emphasis was placed on these risks to be appropriately addressed across the health economy as the contract negotiations develop.

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

2015.2/038 ANY OTHER BUSINESS

No further business raised

2015.2/039 QUESTIONS/COMMENTS FROM THE FLOOR

The Chair asked for questions from the floor.

Mr Sandbach reported that he had 8 questions and asked he if could forward 6 of these to the Chair separately. The Chair agreed this approach. Subsequent to the meeting the Trust sent Mr Sandbach a written response to all 8 Questions.

Mr Sandbach asked the following two questions

Relating to Agenda Item 17 - Annual Review of Standing Orders, Standing Financial Instructions (SFIs) and Scheme of Delegation:

Q1 - Can “wherever possible” be inserted to 11.1.1 (c) of the Standing Financial Instructions, i.e:

11.1.1 (c) shall ensure that (where ever possible) the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

A1 - The written response confirmed that this would be considered the next time the SFIs were reviewed

Q2 - Would the Board be willing to change the workflow systems and service locations? If by doing so risk, both clinical and financial, is significantly reduced and / or eliminated.

A2 - The written response confirmed that the Trust uses the assessment of risk to review and revise our strategic and operational priorities on an ongoing basis. This is undertaken in a variety of ways, for example:

- Our plans and priorities for the coming year will be set out in the Operating Plan which we expect to present to the Trust Board for final approval later this year in the context of discussions with commissioners on the contract arrangements for 2015/16.
- Progress against our Operating Plan is reviewed through our Integrated Performance Report as well as through period updates on our operational objectives, including the Q3 report to the Trust Board. These reviews inform our assessment or risk and any in-year changes to our plans and priorities.
- The Trust’s assessment of the principal risks is set out in the Board Assurance Framework, which was approved at the meeting of the Trust Board on 26 February 2015. The Trust’s approach to risk management is set out in our risk management strategy, which was reviewed and approved by the Trust Board on 31 July 2014.
- A narrative summary of our approach to governance and risk management and how this has guided our decisions during the year is set out in the Annual Governance Framework which is published within the Annual Report.

Mr Rook of the Patient Experience and Involvement Panel (PEIP) raised the following issues:

Q3 - CQC Inspection Action Plan

The colours that feature within the Trust CQC Inspection Action Plan (blue and green) which appear to be misleading as the majority of Trust documentation is Red Amber Green (RAG) rated.

A3 – The CQC were content with the Trust’s colour coding. This will be further discussed at the Patient Experience and Involvement Panel (PEIP).

Q4 - Lack of physiotherapy support on Ward 17 (Endocrinology and Care of the Older Person) at PRH -

Identified following a recent Gemba Walk. It appears the Ward has one physiotherapist, and Mr Rook reported that the Physio had 22 patients to see and mobilise in one day. He therefore urged the Board to consider increasing the number of therapy support staff as this may have a bearing on the level of discharges.

A4 - The issue of responding to Gemba Walk feedback is being addressed by the DNQ; and the COO is reviewing the level of therapy support staff.

Q5 - Paediatric nurse staffing levels

Mr Rook highlighted the 66% average fill rate of nursing and midwifery staffing levels on Ward 19 (Childrens Ward) at PRH and queried the safety of this level.

A5 - The DNQ reported that this fill-rate level is due to the Childrens Ward and Childrens Assessment Unit being co-located. The staffing levels are risk assessed and the workload is managed appropriately. The DNQ confirmed that care is provided at the correct standard. Also, staff recruitment is currently taking place.

Mr G Shepherd, Shropshire Patient Group Representative, raised the following questions:

Q6 - Urgent Care Centre

Mr Shepherd reported that the Walk-in Centre relocation to an Urgent Care Centre service at RSH received some negative publicity following the last Board meeting, which he does not feel is justified as the Centre has purely relocated from Monkmoor to the Urgent Care Centre at the RSH site.

The members were informed that the processes at the front-door of the Urgent Care Centre are completely different; however we have noted that on average 27% of patients are utilising the Urgent Care Centre which is an improvement for the A&E Department.

A6 - The CEO and COO supported Mr Shepherd’s concerns and confirmed that the press article was not reflective of the service available. Following discussion, the COO agreed to hold a conversation with Mr Shepherd regarding the patient activity.

Q7 - CQC Inspection Plan

It was queried why some of the actions had only been implemented following the CQC Inspection and asked that there was a robust review to ensure all actions had been fully embedded.

A7 - There is a quarterly review of progress with the CQC; the CQC will also re-inspect to ensure all actions are implemented. The action plan will also be monitored through the PEIP.

The Chair thanked the members of the public for their comments during the Public session and highlighted that the Board are very appreciative of their time and work undertaken.

2015.2/040

DATE OF NEXT MEETING

Formal Board Meeting – Thursday 26 March 2015 at 2.00pm in the Lecture Theatre, Education Centre, Princess Royal Hospital

The meeting closed at 5.20pm

MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 26 FEBRUARY 2015

Item	Issue	ACTION OWNER	DUE DATE
2015.2/007	<i>3-Month Forward Plan</i> To present the Patient Experience Strategy to the Board for approval	DNQ	September 2015 Added to Forward Plan Action Completed
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 Added to Forward Plan Action Completed
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 Added to Forward Plan Action Completed
2015.2/021	<i>Patient's Story</i> To contact family personally	Chair	March 2015
2015.2/024	<i>Actions/Matters Arising</i> 2015.2/012 – People Strategy Update – Recruitment To include information in IPR	WD	March 2015 In IPR. Action Completed.
2015.2/025	<i>3-Month Forward Plan</i> To present FCHS Post Project Review to July Trust Board	DBE	July 2015 Added to Forward Plan Action Completed
2015.2/028	<i>Q3 Progress Review</i> To include RAG rating in future iterations of the reviews	DBE	September 2015
2015.2/029	<i>CQC Inspection Action Plan</i> To present to Quality & Safety Committee on a quarterly basis and to Board every six months To liaise with Chair to add Gemba Walks to his diary schedule To provide update to March Trust Board in relation to progress of Employee Engagement Strategy – ‘Well Led’ domain	DNQ DNQ/Chair WD	September 2015 Added to Forward Plan March 2015 March 2015 In Workforce Cttee Update Action Completed
2015.2/032	<i>GP Engagement Strategy</i> To provide update to March Trust Board in relation to medical complaints	MD	March 2015 Agenda Item. Action Completed
2015.2/035	<i>Board Assurance Framework</i> To make the agreed amendments to the Board Assurance Framework (I&E risk should be amended from Red= to Red↓)	DCG	March 2015 BAF Updated. Action Completed.
2015.2/037	<i>Trust Committee Meetings Update</i> To present ‘Risk Appetite’ statements to April Trust Board Development Session	CEO	April 2015 Added to Board Development Programme. Completed.



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Neil Nisbet
Shrewsbury & Telford Hospitals NHS
Trust
Royal Shrewsbury Hospital
Mytton Oak Road
Shrewsbury
Shropshire
SY3 8XQ

19 February 2015

Dear Neil,

**Independent Trust Financing Facility – Interim Revenue Support PDC Application
£19,200,000 (Ref: ITFF/ISREV/RXW/2015-01-20/A)**

Further to your application to the Independent Trust Financing Facility please accept this letter as formal confirmation that the financing application for revenue support PDC of £19,200,000 relating to financial year 2014/15 has been approved.

Receipt of this funding is however dependent on the Trust Board accepting the following terms and conditions:

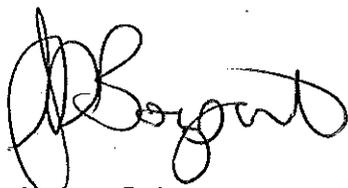
- a recovery / sustainability plan is prepared and progress against the plan is demonstrated by the delivery of key milestones that the NHS TDA will agree with the Trust;
- Interim Revenue Support PDC will be reviewed at the point a recovery plan is produced and could be repayable or reissued as Planned Term revenue PDC or debt at the point a plan is accepted. The details of this condition will be considered further at the point any recovery plan is accepted by the TDA and the Department of Health or on every second anniversary of the first draw-down against the PDC.
- the recovery plan will be monitored routinely as part of the IDM process in line with the NHS TDA Accountability Framework where the Trust deviates from the accepted plan there may be remedial action;

In addition to the conditions outlined above, receiving NHS Trusts must fully comply with the conditions set out in the recent Secretary of State's Guidance under section 42A of the National Health Service Act 2006 covering the operational management of the NHS Trust.

My team will separately contact your Finance Director to provide the necessary cash draw down arrangements.

I will assume that the Trust Board formally accepts the conditions in this letter at the point the PDC is drawn down into the Trusts bank account.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Baigent', written in a cursive style.

Andrew Baigent

Director, Group Financial Management, Department of Health
207, Richmond House, 79, Whitehall. SW1A 2NS

Copies:

Bob Alexander

Elizabeth O'Mahony

HAVE YOUR SAY!

NHS Staff Survey 2014



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**



Our Staff Survey Results 2014

Trust Board 26 February 2015

Staff Survey

The NHS National Staff Survey took place between October and December 2014. The survey reports 29 key findings.

The survey asks questions based on the four pledges to staff from the NHS constitution.

Pledge 1 To provide staff with clear roles, responsibilities and rewarding jobs
For teams and individuals that make a difference

Pledge 2 To provide all staff with personal development, access to appropriate training and line manager support

Pledge 3 To provide support and opportunities for staff to maintain their health, wellbeing and safety

Pledge 4 To engage staff in decisions that affect them and the services that they provide

There were also 3 additional themes: Staff satisfaction, Patient experience and Equality & Diversity

There are 2 types of key finding % score or scale summary score which is calculated by converting staff responses to particular questions into particular score therefore the minimum is 1 and the maximum 5.



Staff Survey Response Rate 2014

- Trust Response 46% (down 9%)
- Average Acute Response 43% (down 7%)
- National Average Response 41% (down 8%)

Benchmarked results

- Above average - 2
- Average - 6
- Below average -10
- Lowest -11

Distribution has changed

The Organisation

Top 5 Scores

Improved				Declined					
	2013	2014	+ ↑		2013	2014	- ↓		
1	Staff have had an appraisal / review in the last 12 months	77%	84%	7%	1	Staff saying that in an average week they have not worked additional UNPAID hours over and above the hours for which they are contracted	46%	42%	-3%
2	Received equality and diversity training in the last 12 months	43%	49%	6%	2	Agreed that they have adequate materials, supplies and equipment to do their work	50%	47%	-3%
3	Agreed that they would be happy with standard of care for friend / relative	48%	54%	6%	3	Staff have never personally experienced HBA from public in last 12 months	73%	70%	-3%
4	Agreed that they know who the senior managers are where they work	71%	76%	5%	4	Agreed that there are enough staff at their organisation for them to do their job properly	26%	24%	-1%
5	Agreed that patient / service user care is the organisation's top priority	55%	60%	5%	5	Organisation is fair with regards to career progression / promotion	89%	88%	-1%

Recommend the trust as place to work and receive care

		Your Trust in 2014	Average (median) for acute trusts	Your Trust in 2013
Q12a	"Care of patients / service users is my organisation's top priority"	60	70	55
Q12b	"My organisation acts on concerns raised by patients / service users"	61	71	57
Q12c	"I would recommend my organisation as a place to work"	50	58	48
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	54	65	48
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.45	3.67	3.36

Friends and Family Test –Q2 2014

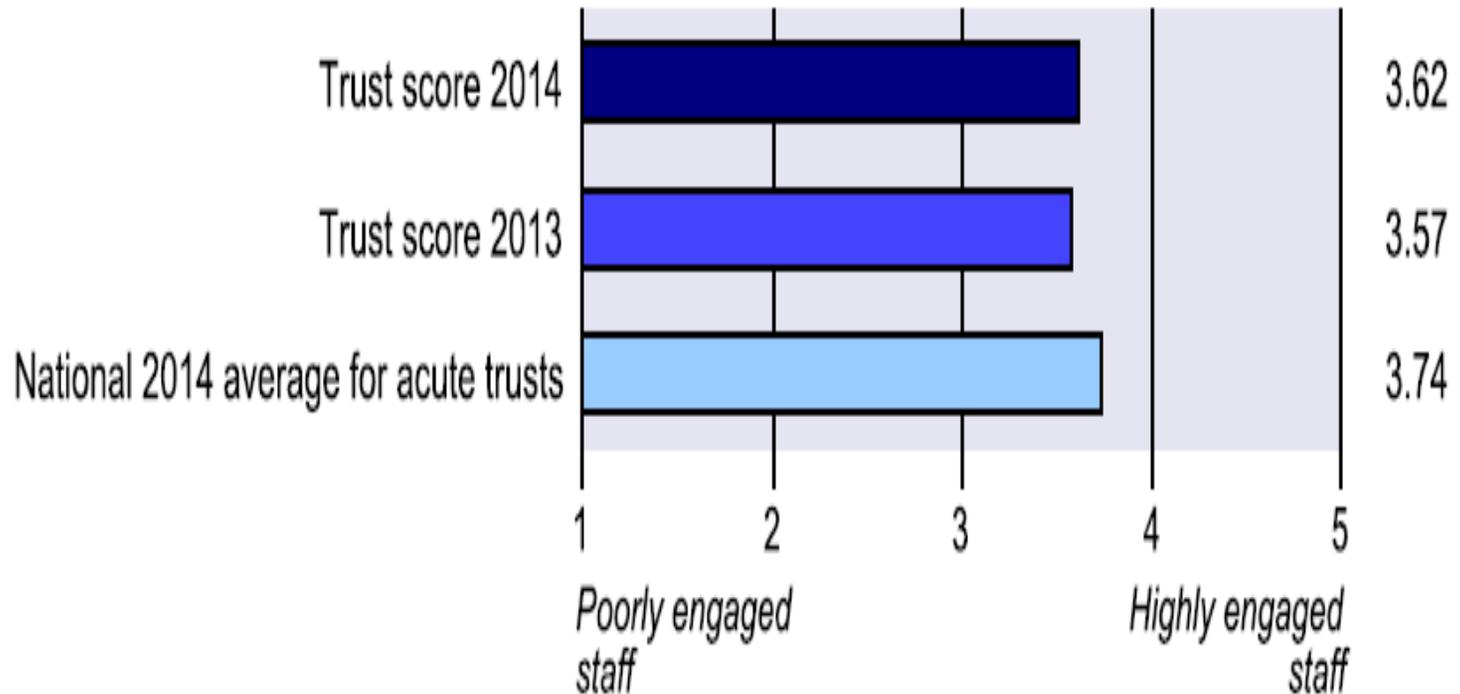
Question	Friends and Family Test	Staff Survey
I would recommend this organisation as a place to work	57%	50%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	67%	54%

Staff Engagement

OVERALL STAFF ENGAGEMENT

(the higher the score the better)

Scale summary score



Our Values

- 79% of staff knew our Values
- 52% agreed the values were lived by staff

Our response

- Our commitments
- Focus on improvement
- Driven by staff

