TRUST BOARD MEETING
Held on Thursday 26 March 2015 at 2.00pm
Lecture Theatre, Education Centre
Princess Royal Hospital

PUBLIC SESSION MINUTES

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

2015.2/041 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.

2015.2/042 CHAIR'S AWARD

The Chief Operating Officer presented the Chair's Award citation for Audiologist, Mr Ben Woodall.

Audiologist Ben Woodall has worked at the Trust since 2010 and is personally aware of the issues of hearing loss as he has worn hearing aids since he was aged three.

As he was growing up his hearing loss and his need for hearing aids meant he regularly came into contact with Audiologists, who provide treatment and support for hearing, balance and associated problems. This led to him wanting to take on this role himself.

He makes a vital contribution to patient experience; particularly through the empathy he shows to all his patients. All of Ben's colleagues feel he is extremely deserving of the award, not just for his contribution to patient experience but also his contribution to wider Trust projects.

Ben has just completed his Master's Degree and his thesis explored how hearing loss can be identified and managed more effectively in care homes. It looked at ways to improve awareness of hearing loss in care homes and the community. The Audiology team are looking at ways of taking this forward, which will provide valuable support for people dealing with hearing loss.

This work is quite timely as just this week a new 'Action Plan on Hearing Loss' to support services for deaf people and those with diminishing hearing was produced by NHS England and the Department of Health.

The Board were informed that Ben is clearly someone who is Proud To Care - in the way he shows empathy to patients and who Makes It Happen - in his support for healthcare scientists and in looking at ways to support people with hearing problems in the community.

2015.2/043 PATIENT'S STORY

The DNQ reported that Patient Story's often focus on inpatient care; however this month's patient story focuses on outpatient care.

It relates to a patient (Ms B) who suffered for a number of years with fatigue and anaemia. Following investigations the patient was prescribed iron tablets and referred to PRH where a number of investigative tests were undertaken. Over time, the patient contacted her GP on numerous occasions over the lack of results and was subsequently seen privately and then eventually referred back to the NHS; and after a long wait for test results Ms B contacted the Patient Advice and Liaison Service (PALS). Over a further long period of time, the patient was diagnosed with a further condition and prescribed medication. The patient then moved to Nottingham and was diagnosed as having a thyroid condition.

Due to the significant delay in diagnosis, the patient's key messages which she wished to bring to the attention of the Board relate to:

- Communication between the hospital and GP
- The Trust's referral system
- Casenotes not being kept up to date

The MD highlighted that a number of the issues within the Patient Story relate to doctors. In this case, the relevant thyroid test did not appear to have been undertaken. He reported that the discharge process is improving, particularly with regard to the clinical portal which has been introduced. This electronic system will be shared with GPs and any results will be clearly identified.

Dr Hooper (NED) and Mr Jones (NED) informed the members that a significant amount of work in relation to this has previously been undertaken by the Audit Committee, and they suggested an update/revisit may be helpful. The DNQ agreed to provide an assurance update to the Board, however she felt that in this instance the key issues related to engagement with the Booking & Scheduling staff, which she and the CEO had already met with to provide impetus to changes being made.

The COO reported that the CCG may introduce Booking & Scheduling as a CQIUN; she suggested this could be further discussed with the Board when the Executive becomes aware of the CCGs intentions.

Following discussion, the Chair asked the DNQ to convey the Board's thanks to Ms B. Action: DNQ

2015.2/044 DECLARATIONS OF INTERESTS

The Declaration of Interests register was presented for information.

2015.2/045 MINUTES OF THE MEETING HELD IN PUBLIC on 26 February 2015.

The Minutes were APPROVED.

2015.2/046	ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 26 February 2015
	2015.2/007 – 3-Month Forward Plan DNQ to present the Patient Experience Strategy to the September 2015 Board, for approval. Added to Forward Plan. Action Completed.
	2015.2/012 – People Strategy Update – Employee Engagement WD to present Employee Engagement to June 2015 Board. Added to Forward Plan. Action Completed.
	2015.2/016 – Questions from the Floor DNQ to provide an update in relation to End of Life Care to April 2015 Trust Board. Added to Forward Plan. Action Completed.
	2015.2/021 – Patient's Story Chair to contact the Mrs Mackay and family personally. The Chair confirmed that he had contacted Mrs Mackay and spoke with her at some length. Action Completed.

	2015.2/024 – Actions/Matters Arising 2015.2/012 – WD to include People Strategy Update relating to Recruitment to IPR. Included in IPR. Action Completed.
	2015.2/025 – 3-Month Forward Plan DBE to present FCHS Post Project Review to July Trust Board. Added to Forward Plan. Action Completed.
	2015.2/028 – Q3 Progress Review *DBE to include RAG rating in future iterations of the reviews (Sept 2015)* Completed. Action Closed.
	2015.2/029 – CQC Inspection Action Plan *DNQ to present to Quality & Safety Committee on a quarterly basis and to Board every six months.* Added to Forward Plan. Action Completed.
	2015.2/029 – CQC Inspection Action Plan DNQ to liaise with Chair to add Gemba Walks to diary schedule. The DNQ confirmed that a series of Gemba Walks have been added to the Chair's diary. Action Completed.
	2015.2/029 – CQC Inspection Action Plan WD to provide update to March Trust Board in relation to progress of Employee Engagement Strategy 'Well Led' domain. Included in March Workforce Committee Minutes and Update. Action Completed.
	2015.2/032 – GP Engagement Strategy MD to provide update to March Trust Board in relation to medical complaints. The MD reported that he asked the Complaints Department to provide a summary of complaints involving doctors and with the appointment of the Head of Complaints a number of necessary changes have been implemented which has seen significant improvements. There has been a reduction in the total number of complaints received, specifically for doctors. Complaints received, involving doctors, are sent to the doctor and also to their line manager; this is to allow the organisation to learn from the complaint and to ensure an appropriate response is provided. The MD is therefore able to track the number of complaints and also to identify the nature of them. Action Completed.
	2015.2/035 – Board Assurance Framework DCG to make agreed amendments to BAF (I&E risk to be amended from Red= to Red↓) Completed. Action Closed.
	2015.2/037 – Trust Committee Meetings Update CEO to present 'Risk Appetite' statements to April Trust Board Development Session Added to Board Development Programme. Action Completed.

2015.2/047 3-MONTH FORWARD PLAN for the period 26 March 2015 – 4 June 2015 was presented for information.

The COO reported that the 'Emergency Preparedness, Resilience and Response' item scheduled to be presented to Board during April will progress through the Hospital Executive Committee, and could therefore be removed from the 3-month Forward Plan. Action: CS. Completed. Action Closed.

2015.2/048 CHIEF EXECUTIVE'S OVERVIEW:

Operational Plan 2015/16

The CEO reported that the Executives are in the process of completing the Operational Plan 2015/16 for submission to the TDA following feedback on the first submission. This would be brought back to the Board for approval in April.

Contract Negotiations 2015/16 with CCG

The CEO and FD have a meeting scheduled with the CCGs to progress this. This was discussed in more detail in the Proposed Budget Finance paper presented to the Board later on the agenda.

Emergency Activity

The members were informed of surges in activity over the past month which was challenging at times. The Trust had been at Level 4 Escalation on a number of occasions but this subsided. The Executive team are in the process of preparing for activity over the Easter period and working with the Local Health Economy to assure plans were in place to deal with effective discharge.

……Chair

30 April 2015

Future Fit Update

The CEO reported that the main focus over the next few months relates to producing a Strategic Outline Business Case outlining the strategic case for moving forward. In the Information Pack was the High-level critical path for 2015/16 which timetabled the work that would need to be undertaken. This will be carried out alongside option appraisal modelling by the Future Fit team, and the approval process by Board and sponsor organisations will commence mid-July onwards. The Outline Business Case development is due to commence in December 2015 with the public consultation planned for December 2015 onwards.

The Chair enquired if there is any cause to prevent the process from progressing at pace; the CEO reported that it was important that nothing prejudiced the public consultation but that a preferred option would allow preliminary work to progress.

Dr Hooper (NED) queried the purpose of public consultation. The CEO informed the members that it is a statutory requirement and part of the consultation is an engagement process to consider all views and options and obtain public support. The overall decision will be made by the CCGs

2015.2/049 PROPOSED BUDGET 2015/16

The FD presented the proposed budget which has been set for 2015/16. The key messages include:

Overall Income and Expenditure Position:

- Trust forecasting to deliver deficit in the year amounting to £18.2m
- Trust required to deliver a Cost Improvement Programme (CIP) that generates recurrent expenditure savings amounting to £12.3m
- The total CIP incorporating Income gains amounts to £15.27m, equivalent to an efficiency rate which represents 4.7%

Income

- Total Income for the year - £314,859m
- Application of the Negative Tariff reduces the Trust Income by £4.787m in 2015/16
- Demographic growth is assumed to increase Income in 2015/16 by £3.291m
- Trust plan assumes that CCG QIPP savings of £4.5m are not achieved in the 2015/16 year

The members were informed that a level of risk around Income increase relates to emergency pressures and the failure of delivery by partners; ultimately the cancellation of elective patient activity throughout the winter period due to emergency admissions and the backlog of Fit to Transfer patients comes at a high cost. Dr Hooper (NED) felt this message should be communicated clearly to the people of Shropshire.

Following discussion, the Chair reported that he did not feel confident that capacity will be developed outside of the Trust, which was a concern shared by all, but the members agreed that the financial pressures and safety pressures facing the Trust would be required to be mitigated.

Mr Jones (NED) confirmed that the Income basis is conditional on the capacity and demand issue that the Trust experiences and therefore this caveats income assumptions.

(The contract negotiations had also been discussed extensively by the Board in their development session and it had been agreed, in view of the nature of NHS contractual obligations, that the Chair, CEO and FD should have delegated authority to conclude negotiations and update the board on progress).

Expenditure budgets

- Pay budgets are set at £224.344m, before the achievement of CIP savings
- Non Pay is set at £98.604m before achievement of CIP
- The Trust is required to increase contributions in respect of the Clinical Negligence Scheme for Trusts (CNST) by £3.6m (55% increase) due to a change to the funding arrangements at national level, whereby earned safety-related discounts have been removed

- Pay assumed to increase in the 2015/16 year by 1.5%, Non pay by 2.8%

Mr Darbhanga (NED) highlighted that the Agency nurse premium and Enhanced Patient Support (EPS) usage has substantially increased costs in the 2014/15 financial year. The COO reported that a number of patients on the Fit to Transfer (FTT) list require 1:1 EPS care; and the DNQ reported that the high level of nurse vacancies within the Trust has driven the increased agency usage; however, the recent appointments to vacancies and the utilisation of Well-being Apprentices should fill the substantive vacancies and reduce the reliance on EPS.

Cost Improvement Programme

- CIP identified to deliver savings in year of £15.3m
- Presently 37% of this sum carries a red risk rating.

The members were informed that when our submission is made to the NTDA, the red risk will be referenced, along with additional risks such as agency nurse premium costs. The members were assured that Quality Impact Assessments have been undertaken in red risk areas, where appropriate.

Risks and Contingencies

- The Trust has historically failed to deliver against national performance targets. Failure in the 2015/16 year will attract significant penalties. No contingency funds exist to cover financial penalties
- No contingency reserves exist to cover the failure to deliver the CIP programme

Medium Term Financial Plan

- The Trust is expecting to record deficits in each of the years 2015/16 – 2018/19
- In order to become financially sustainable it is necessary for reconfiguration to take place so as to release substantial levels of duplicate costs, which have been calculated to be of the order of £13m

Capital Programme

The Trust's Capital Resource Limit (CRL) is set at the historic level of £8.450m. The Programme assumes support from the League of Friends of £0.420m which they have indicated they would be willing to consider. Assuming this level of support, the Programme is £0.263m over the CRL; at this stage this is considered reasonable based on the experiences of previous years' delivery of the Capital Programme.

An allocation of £5.0m must remain within the Trust's Capital Programme to delivery a Maternity Led Unit and Paediatric Assessment Unit at RSH, as agreed within the Future Configuration of Hospital Services (FCHS) business case. The delivery of this is dependent upon the outcome of the Future Fit Project. A nominal figure of £100k is included within 2015/16 and may need revising when the preferred option from the Future Fit exercise is known.

The FD reported that new rules have been introduced which will allow the Trust to bid for additional Capital funding; this would involve a case being made to the TDA and Treasury. Following discussion, the Board agreed that they would like to receive further information regarding this opportunity and further discuss the approach to capital funding in order to address the historic under-investment in the Trust's Estate and equipment. Action: FD Due: April 2015 Trust Board

Overall, the Chair highlighted that the Board were again being asked to agree a budget when key factors are beyond their control. The CEO reported that the current position is not dissimilar to previous years, but judgment and awareness of risks at this point in time was required.

The FD reported that the 2014/15 agreement recognised a deficit for future years. The members were informed that there will be an additional cash consequence in the first half of this financial year due to income flows but a temporary borrowing arrangement is available to offset this.

……Chair
30 April 2015

2015.2/050 TRUST PLEDGE TO NATIONAL SIGN UP TO SAFETY CAMPAIGN

The DNQ presented a report relating to the national initiative to reduce avoidable harm, Sign up to Safety. The initiative follows the Berwick review during 2013 of patient safety in the NHS and is part of a number of national programmes of work aimed at making the NHS safer. The three year objective for the campaign is to reduce avoidable harm by 50% and save 6,000 lives across England.

Trust's who sign up to the campaign commit to setting out priorities that they will undertake in response to the following five core pledges:

Put safety first – Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally

Continually learn – Make their organisations more resilient to risk by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are

Honesty – Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

Collaborate – Take a leading role in supporting local collaborative learning so that improvements are made across all of the local services that patients use

Support – Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and progress

The following improvements to patient safety have been included in the SaTH Safety Plan and will be incorporated into SaTH's objectives:

- Pressure ulcer prevention
- Reducing falls / severe harm from falls
- Reducing medication errors
- Improving early recognition and survival of Sepsis
- Improving early recognition and survival of Acute Kidney Injury (AKI)
- Improve the interpretation of Cardiotocography (CTG) monitoring in labour
- Reducing harm from Venous Thromboembolism (VTE)
- Improving the management of acute abdomen pathway
- Standardising care
- Improving our safety culture through openness

The members were informed that this initiative was introduced during the second half of last year but a decision was made not to sign up to it prior to the CQC inspection so that any additional intelligence could be incorporated if required.

The DNQ confirmed that there is some funding behind the campaign and although it is a new initiative, it is not new work. The Trust has already made considerable progress on improving the safety of our patients and improving the openness culture across the organisation.

The MD highlighted that topics such as AKI and VTE do need to be focused upon and from a clinical perspective he feels this initiative is very important.

Mrs Leeding (NED) enquired if the Trust would be required to report to an external body; the DNQ reported that the organisation would be held to account through the Quality & Safety Committee and a report on progress presented to the Board on a quarterly basis.

Mr Jones (NED) highlighted that the national patient safety priorities include topics such as handover and discharge; and enquired if this campaign also applies to CCGs.

Dr Hooper (NED) suggested not signing up to the initiative until collaborative partners sign up to it.

The DNQ confirmed that this level of work is already required to be completed.

Overall, the Board APPROVED the pledge to sign up to the national safety campaign, with the additional observation that it should be an economy-wide initiative rather than just focusing Trust-wide.

2015.2/051 TRUST PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES

The Board RECEIVED the Trust Performance Report in respect of the month of February 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 DNQ provided an overview of the activity in February 2015:

- Infection Prevention & Control – showed one case of C difficile in February; 0 MRSA bacteraemia cases (pre-48 hours); two cases of MSSA Bacteraemia and one case of E-coli Bacteraemia.
- Vancomycin Resistant Enterococci (VRE) – Following a cluster of VRE cases reported within the last month; those wards previously affected have been 'deep cleaned' as a precautionary measure and staff are receiving on-going support from the Infection Prevention Control (IPC) team.
- Serious Incidents – There were 23 SIs reported in February; these related to 12-hour trolley breaches (6), Grade 3 Pressure Ulcers (5), RIDDOR/SI Falls (4), VRE (2), C difficile (1), Outpatient Dept Delay (3), Infection issue - decontamination (1) and Unexpected death (1).
- Pressure Ulcers – There were five Grade 3 Avoidable Pressure Ulcers reported in February 2015. Following root cause analysis (RCA) investigation and specialist review by the Tissue Viability Nurse it has been identified that the condition of the pressure ulcer and skin showed that the damage was likely to have been present on admission to the hospital.
- Wards Subject to a Quality Improvement Framework (QIF) – Ward 4 continues to be subject to support with an improvement framework by the corporate and operational senior nursing team. Discussions are in progress within the operational and corporate teams and options being considered to maintain the quality and safety of care.
- Safeguarding Adults & Children – During February there were a total of 15 adult safeguarding alerts made towards the Trust; of which five were towards the Trust. This is an increase of 2 compared to January 2015. Four alerts remain in progress and one has been found to be unsubstantiated relating to poor discharge planning. The remaining ten alerts were raised by the Trust staff towards other care providers and carers.
  There were 13 children's safeguarding concerns raised by the Trust during February; 8 of which related to Looked after Children (LAC). Key themes raised relation to parenting, self-harming and domestic abuse with one alert concerning a young person accommodated under Section 136 of the Mental Health Act.
- Risk Adjusted Mortality Index (RAMI) Update – The RAMI has been updated for October, November and December with the update showing a slight reduction in all three months compared to previously submitted figures; however, there is an upward trend in the index from October 2014.
- 12-hour Trolley Breaches – During February there were six SIs reported relating to 12 hour trolley breaches; these have a draft RCA completed and are pending a collaborative review using an adapted Global Trigger Tool (GTT) to accurately identify whether harm or sub-optimal care has occurred to the patient whilst waiting.

Following a GTT review of the first trolley breaches declared in January 2015; none of the patients were found to have received sub-optimal care or were harmed as a result of waiting. These will be removed from the Strategic Executive Information System (STEIS) and downgraded due to not meeting the SI criteria. The Trust has been commended by the TDA for the approach to openly sharing and learning from the GTT review of trolley breaches.

- Venous Thromboembolism Assessment (VTE) – Both the Chair and the CEO noted that it is a matter of concern that the Trust has not achieved the national target for assessment of patients for their risk of developing VTE for the past four months. This is particularly frustrating as this had been an area of sustained improvement in performance. Actions are in place and a longer term solution will be enhanced by the introduction of e-Prescribing; a funded improvement that will be implemented later in the year. In the meantime the MD will be reminding clinical colleagues of the importance of this matter both in terms of clinical safety and the financial penalties incurred for non-achievement
- Nursing & Midwifery Staffing Levels (Monthly) - The Board received and noted the nurse staffing levels monthly report for February 2015.
- Nursing & Midwifery Establishment Review (Six-Monthly) – During March, the CQC and NHS England issued guidance to support the implementation of the requirements set out in the National Quality Board (NQB) report which sets out the expectations of NHS providers in providing safe staffing levels. From July 2014 the National Institute for Health and Care Excellence (NICE) published its first clinical guidelines in 'Safe Staffing for nursing in adult inpatient wards in acute hospitals'. Establishing appropriate staffing levels is complex and depends upon a range of factors including patient dependency, acuity, patient flow, nurse's capacity and capability and the environment of the care provision. In order to comply with the statutory requirements, the Trust is required to undertake a six monthly nursing staffing capacity and capability review. As a result of this, some changes to the nursing establishment in adult inpatient wards and midwifery staffing are recommended at this time.

OPERATIONAL PERFORMANCE

The COO presented the following update in relation to Operational Performance during the month of February 2015:

- A&E 4 Hour Access Standard - In February 2015, 86.81% of patients were admitted or discharged within the 4 hour quality target. Although this is below the current trajectory for February, and continues to show under performance against the 95% target, it is a 4% improvement on performance in January 2015 (82.71%) and previous months.
- Demand above plan – Emergency Department attendances – During the month of February the Trust remained in high escalation with patients bedded down in the Emergency Department waiting for beds. This resulted in six 12-hour breaches; giving a year to date total of 19. Deep Dives, as part of the Root Cause Analysis (RCA), have been carried out on 13 of these and it indicates that no harm came to patients. A comment by the reviewing team from the CCGs complimented the excellent care staff gave and the methodical medical management plans for each patient.
  Extreme pressure experienced during February has continued into March. The focus continues to remain on reducing the Fit to Transfer (FTT) numbers and ensuring that at times of extreme pressure that the workforce is maximised to support the patients arriving into the assessment areas.
- Demand above plan – Non Elective activity – Emergency admissions were 4.9% lower than plan in February compared to 5.1% lower than plan in January. Year to date April 2014 to February 2015 in comparison to the same period in 2013 non-elective admissions are 1,091 spells higher (2.6%). All escalation areas have continued to remain open following on from the pattern of Q3. This additional burden on the nursing staff groups is being felt by high usage of agency staffing and increased sickness and the additional strain of staffing Ward 21 through February 2015. This ward closed on 13 March 2015.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in February with 81.69%. The admitted backlog has increased from 163 (Oct 2014) to 563 (Feb 2015). Concerted efforts have commenced to clear the backlog of patients that has developed as a consequence of recent cancellations. Waiting lists have been re-profiled to ensure all routine elective patients are seen and treated in chronological order. Sub-specialty trajectories have been developed to forecast the recovery of performance using core capacity only; together with trajectories for recovery by July or September 2015 through utilisation of additional programmed capacity. The Scheduled Care Group

is undertaking a review of patient flow to ensure all systems and processes are in place and that all capacity is maximised.

- 52-Week Breaches – There was one 52-week breach reported in February 2015 (Medical retina service). The patient was seen during February 2015 and discharged and deemed to have suffered no harm as a consequence of the delay. This event has prompted validation of the Appointments for Booking (AFB) lists back to January 2013 and a further six 52-week breaches have been identified. Of these six patients, three have been seen and discharged and the remaining three are due to be seen before end March 2015.
- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust delivered the overall RTT standard of 95% for Non-Admitted Patients during February with 96.68% however Musculoskeletal (MSK) failed to deliver the standard. Rectification plans have been implemented and the Centre expects performance to be back on track the standard to be delivered during March.
- Referral to Treatment (RTT) : Incompletes – The Trust delivered the overall 92% RTT standard in February with 92.92% however, five specialties failed to deliver the target. Further analysis has been undertaken to establish the reasons for the failure and will form part of the Centre's rectification plans.
- Cancelled Operations – In recent weeks the volume of cancelled operations due to capacity constraints has reduced significantly and will support the delivery of planned activity in March and associated income. Approximately £1.5m has been lost due to cancellations (due to no beds) in recent months.
- Fit to Transfer (FTT) – During February, the Fit to Transfer (FTT) list at RSH was consistently in the region of 50; with an average of 30-40 per day at PRH. It spiked on occasions at over 100 on both sites. The external plans for the delivery of the Urgent Care system are co-ordinated by the Programme Management Office and include a number of actions. Several schemes are also being managed by the Urgent Care Working Group.
- Cancer – All of the 9 cancer standards were achieved in January 2015. The February predicted performance indicates 8 of 9 targets have been achieved; the 62 day urgent referral to treatment target is currently the only one predicted to be non-compliant in February. It is predicted that all cancer targets will be achieved by year end. The COO highlighted that she would like this achievement to be celebrated externally.

The COO reported that additional staff have been identified to work over the Easter period; however there are concerns with regard to social care cover over the four day period. The members highlighted the importance of routine discharges over the next week to ensure a maximised bed capacity.

The COO informed the members that she had recently met with the Shropshire Health and Wellbeing Board and their involvement in system leadership; SaTH has now been invited to provide input into their work.

The COO also reported that the Trust has agreed to become part of the National Initiative 'Break the Cycle', as part of the wider health and social care economy, for one week during May 2015.

FINANCIAL PERFORMANCE

The Trust's budget forecast assumed the delivery of a deficit at month 11 amounting to £8,002m; the actual deficit recorded amounted to £10,989m.

To reconcile to the original plan submitted to the NTDA, a phased spend adjustment of £114,000 has been made to both plan and actual spend, bringing a reported position to the NTDA of a deficit at month 11 of £11,103m.

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

At the Extraordinary Board Workshop held on 14 August 2014, a programme of rectification was agreed. Delivering the rectification enables the Trust to end the financial year with a deficit of £8,883m.

……Chair
30 April 2015

Income – After 11 months is £741k above the original plan. To achieve the forecast outturn, month 12 income is required to increase by £874k. The increase in monthly income is largely described by income flows linked to patient activity however; due to the existence of a deal with Telford & Wrekin CCG the level of income from seasonality is reduced. Expected activity volumes over the period of March assume lower day case and elective inpatient spells compared to last financial year, and non elective spells are expected to be in line with the previous two financial years.
Pay Position – Pay in the month of February amounted to £18,343m.
Agency Spending - In the month of February remained high, amounting to £1,271m (198.23 WTE).
Bank Usage - In the month of February is broadly in line with the January 2015 levels. In order to achieve the Achievement of Forecast Outturn Position - Pay spending needs to be contained within a monthly Pay figure of £18,487m.
Non-Pay - Non Pay spending has returned to expenditure levels seen earlier in the financial year
Achievement of Forecast Outturn Position – Non pay spending needs to be contained within a monthly sum of £8.4m
Cost Improvement Programme - Savings realised in the month amounted to £12,356m as compared with a target of £16,898m. 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 not be achieved in the year, which reduces 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.
Service Line Reporting – All three Care Groups recorded a loss in January 2015. Collectively the Care Groups generated a contribution percentage of 17% of Income. In order to achieve a break-even position (without support) requires this percentage to increase to 23%. Benchmarked data recommends a percentage achievement of 25%. All three Care Groups achieved a positive contribution.
Cash Flow – At the end of February, the Trust held a cash balance of £1,097m on the balance sheet, of which £226k was cash in transit, giving a bank balance of £871k at month end. The cash flow statement for 2014/15 is based on a £12.2m deficit. As previously reported, the Trust has been successful in its application for permanent PDC of £12.2m. The Trust has also been successful in its application for permanent PDC to improve its working balances. The Trust received £7m PDC and will also utilise £1.2m released from an agreed cash balance reduction from £2.2m to £1m. The Trust's external finance limit has been changed to reflect this.

WORKFORCE

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

Sickness - During February sickness absence for the Trust is 4.55%, a decrease from January of 0.14%. The top reason for absence remains as Musculoskeletal (MSK) which saw an increase to 16.71% in February. Mental Health is the second highest cause for absence which also saw an increase in February to 15.08%

The analysis of staff groups shows Estates and Additional Clinical Services (including HCAs) as the areas with the highest sickness levels, however, both of which have seen a reduction during February.

Appraisals – During February 2015, the Appraisal completion rate remains at 84% against a target of 100%. Some areas have been significantly compromised in delivering the target due to winter pressures however considerable efforts are being made to meet the Trust target by end March 2015.

Statutory & Mandatory Training – Performance remains has dropped from 63% to 61%, due in part by the need to prioritise operational delivery over attendance on statutory training.

Responding to the Staff Survey - Results from last year's survey have been shared across the organisation. Trust Commitments have been launched with conversations happening with staff across the Trust about what is important to them; outcomes from this will be received by 30 April 2015.

Recruitment – This remains a priority with strong focus on the nursing team. Recent outcomes include 72 conditional offers from the Philippine recruitment trip; conditional offers to Danish nurses; 51 HCA conditional offers and 20 Bank HCA post conditional offers. Values based interview training continues to date; 82

individuals have been trained. A further 120 will undertake this training over the forthcoming year. This will support the organisation to interview all staff against values and behaviours by the end of this year.

Mr Jones (NED) drew attention, at the end of the IPR review that in his view the extended Fit-to-Transfer list had an adverse effect on many of the challenges facing the Trust. He drew attention to these effects including quality and safety issues, performance issues and consequential financial implications. In highlighting the aggregate effect of these consequences, he concluded that this required an urgent Health Economy wide solution to reduce the Fit-to-Transfer numbers if the Trust's position is not to be further, and continually, undermined. The Board concurred with this view and how this needs to be a high priority issue for early resolution in the 2015/16 Operating Plan.

SELF CERTIFICATIONS

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

2015.2/052 SUSTAINABLE DEVELOPMENT AND VOLUNTEERING UPDATE

The DCG presented a paper which highlighted that the Trust is committed to developing a sustainable health and care system that works within the available environmental and social resources, protecting and improving health now and for future generations, and adopts a positive approach to improving physical and social sustainability. A key element of this is positive community engagement and involvement.

The Trust has a large and engaged volunteer community who provide support to a number of different services within the Trust. The Trust now has over 80 Staff Sustainability champions and 400 volunteers across many different areas and interests. This is complemented by around 450 volunteers with a range of charitable organisations within the hospital, such as The League of Friends, Royal Voluntary Services, Red Cross).

Over the past six months there have been a variety of developments for volunteering within the Trust and overarching these changes is our Volunteer Strategy and Action Plan for 2014-2019, which was approved by the Board in July 2014.

The Young Volunteer Scheme (which offers a 6 month placement to individuals aged 16 and 17 years old, with an interest in a career within health) continues to be popular and successful. This past year has seen an increase of young people entering the scheme (an increase from 66 to 92). It was noted that 91% of participants from last year's scheme have confirmed that they will be starting a health related university degree.

Interest has been expressed in applying for a Department of Health grant of £35k to further develop the young volunteer scheme.

The DCG reported that following recognition at the 2014 national NHS Sustainability Awards where the Trust was awarded Highly Commended runner up in the Community Engagement category, notification has been received that the Trust has been shortlisted for the national NHS Sustainability Awards 2015 for the following five categories, which is higher than any other Trust in the country, including flagship Foundation Trusts:

- Food – reducing food miles and the usage of local suppliers whilst also tackling food waste
- Water – Eradicating water leakage through online monitoring
- Energy – Low energy action plans including passive cooling
- Procurement – Utilising feedback to understand how to implement sustainability within procurement
- Public Health – Community gardening project supported by local business, charities and volunteers

The Chair thanked the DCG for the large amount of work undertaken by her and her team.

The Chair also asked the Board to identify one or two awards to reflect the continued journey of improvement and to feed these back to the CD to ensure maximum positive coverage of these achievements.

2015.2/053 NURSING REVALIDATION

The DNQ reported that nursing revalidation has previously been discussed at Board, and it will be re-introduced from 31 December 2015.

The Nursing and Midwifery Council (NMC) are changing the requirements that nurses and midwives must meet when they renew their registration every three years. This will replace the current Post-registration Education and Practice (PREP) standards.

All registrants are required to meet a number of minimum standards the three years preceding the date of their application for renewal. Individuals who fail to meet revalidation standards are not legally able work in the United Kingdom within the profession.

Revalidation is already common practice for medical staff so is not a new concept for the Trust, however the number of nurses and midwives in the Trust is 1,689 compared to 341 career grade substantive medical/dental staff, therefore the scale of the exercise is considerably more extensive.

The Trust is required to submit an organisational readiness self assessment to NHS England in May to identify any risks and challenges to the process and develop an implementation plan to address any gaps and mitigate risk that may impact on implementation of revalidation and service delivery.

The DNQ confirmed that she is in the process of writing to every registered nurse and midwife to inform them of the requirements and will provide a revalidation template for the Trust.

The Board queried those members of staff that may be nearing the end of their career. The DNQ reported that the Trust does have a number of members of staff nearing retirement; however it is not an onerous task for them to revalidate.

Staff Side Representative, Cathy Briggs, reported from the floor that there is a large amount of information available to staff on the Royal College of Nursing (RCN) website.

Following discussion, the Board NOTED the nursing and midwifery council revalidation requirements.

2015.2/054 HR POLICY - HR21 – Injury Allowance Policy Trust Policy

The WD presented the above and, following discussion, the members APPROVED the Policy.

2015.2/055 ARRANGEMENTS AT BOARD MEETINGS FOR MEMBERS OF THE PUBLIC

The DCG presented a paper which highlighted that SaTH is an organisation committed to integrity and transparency. With this in mind, members of the public and representatives of the press are welcome to attend and observe meetings of the Trust Board that are held in public.

The paper outlined clear arrangements and terms and conditions that members of the public and representatives of the press attending any meeting are required to observe to ensure effective Board discussions and decision making and orderly meetings, which are in line with the Trust Standing Orders

Following discussion, the members agreed that the proposal would ensure good practice and therefore APPROVED the arrangements and terms and conditions.

2015.2/056 DRAFT BOARD CYCLE OF BUSINESS 2015/16

The DCG presented the Draft Board Cycle of Business for 2015/16.

The members were informed that the FCHS Post Project Review was originally planned to be presented to the May Finance Committee and the June Trust Board, however this is now expected to be available one month later and will therefore be presented to the June Finance Committee and July Trust Board. This is reflected in

the revised version of the 2015/16 Board Cycle of Business.

The members APPROVED the content.

2015.2/057 TRUST COMMITTEE MEETINGS UPDATE

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

Business Development & Engagement Committee – 17 February 2015;

- Membership was discussed and it was confirmed that there is now a balance from Care Groups, clinical champions and corporate representatives in order to fulfil its function and agreed Terms of Reference. The Non Executive role was addressed, in the short term, through agreement of the attendance of the Trust Chairman.
- The proposed new approach to GP engagement and particularly around identifying business opportunities was acknowledged. A GP/Consultant Reference Group has been recently established with the GP Federation with a specific focus on clinical pathway development.
- GP Engagement Clinical Leads for each Care Group was suggested as a way forward and requires some consideration by the operational team.

Workforce Committee – 13 March 2015;

- The Committee received an update on the 2014Staff Survey
- Presentations relating to Recruitment and Employee Engagement 'Our Commitments' were also received.

Quality & Safety Committee – 19 March 2015;

- The Committee reviewed the arrangements in place to ensure that the Trust complies with the statutory requirements of the Duty of Candour. The draft Being Open & Duty of Candour Policy was considered to be robust and detailed, and will be presented to the April internal Trust Policy Approval Group and Hospital Executive Committee for ratification.
- Following a number of cases of Vancomycin Resistant Enterococci (VRE) occurring on Wards 25 and 26, a number of actions have been taken including a deep clean of both wards and further long term options are being explored. National advice has also been sought regarding VRE prevalence across all provider organisations as it is known to occur widely in health settings.
- Provisional improvement priorities for inclusion within the Quality Account were presented to the Q&S Committee following stakeholder discussions held across the health economy. These are in line with the national Sign up to Safety campaign and the organisation's strategic objectives, and were therefore supported by the Committee. A draft Quality Account will be reviewed by the Q&S Committee during April 2015.

Finance Committee – 24 March 2015;

- The Committee reviewed the finance report; the outturn forecast of a deficit of £12.2m is maintained; this forecast is seen as sound and expected to be achieved.
- Equipment related capital provision is on course to be completed by the year end
- Cash awaits the full payment of the recent settlement drawn down in early March
- The Committee reviewed the Financial Strategy 2015/16; the basis for the projected deficit of £18.2m is grounded in the trends and experience of the 2014/15 financial year, adjusted by the effects in 2015/16 of known decisions. The forecast deficit is after taking into account a CIP reduction of £15.2m in the year. Key risks remain; these include the effects of assumed QIPP schemes, capacity issues, emergency demand levels and premium nursing costs. It is essential that these issues are progressed or resolved in the coming year.

Hospital Executive Committee – 24 March 2015. This meeting was again cancelled due to operational constraints.

The Board RECEIVED and REVIEWED the Committee updates.

2015.2/058 ANY OTHER BUSINESS

No further business raised

2015.2/059 REFLECTION OF THE MEETING

The members agreed that Board discussions had kept well to time, and also to Trust values.

2015.2/060 QUESTIONS/COMMENTS FROM THE FLOOR

The Chair asked for questions from the floor.

Mr Sandbach had sent in a question relating to a report issued by the King's Fund around the A&E crisis and asked:

Q1 – What is behind the figures for the A&E crisis at SaTH?
A1 – The COO reported that the Kings Fund reported a 22% increase; whilst SaTH's amounts to approximately 23% increase (14.8% at PRH and 7.9% at RSH). The reason for this is that RSH is a Trauma Unit and would therefore see less attendances and PRH receives a higher number of Minor attendances. The COO agreed to discuss the detail with Mr Sandbach outside of the meeting.

Q2 – With regard to the Future Fit Health Gateway Review, Mr Sandbach advised that he had read the Report as a critique of the Future Fit Programme and he highlighted that 'affordability' is the most common word within the document.
A2 – The CEO and MD confirmed that they had given evidence to the Gateway Review and this will be progressed through the Future Fit Programme Board. Commissioners will also submit their base plans. This work is scheduled to be completed by end June 2015.

Q3 – Is there any truth in the RSH Maternity Unit being utilised to open additional beds for the coming Winter?
A3 – This is being looked into as a temporary intermediate measure

Mr Graham Shepherd, Shropshire Patient Group Representative and also sits on a number of Patient Support Groups:

Q4 - It is apparent that the biggest issue that the Trust faces relates to staffing outside of SaTH. He suggested utilising independent private providers to take patients who can be supported at home.
A4 – The Trust has approached the integrated community service and is looking at joint therapy working and social worker capacity.

Mr Mike Sommers, Non-Executive Director and Vice Chair the Community Trust:

Q5 - Recruitment is starting to be shared with the Community team, although there is some disagreement between the Integrated Care Service (ICS) and the CCGs relating to funding. He therefore proposed a joint working case be developed.
A5 - The Chair suggested investigating the opportunity to be in open partnership. The COO confirmed that costs have been shared with commissioners. The COO also reported that South Warwickshire has led this work and an overall saving has been identified. The ICS will be fully recruited to in June, but the CCG would be required to invest in this in the longer term.

Ms Jill Stewart from Healthwatch:

Q6 – What measures are put in place for nursing staff to return to work following sick leave due to stress
A6 – The WD confirmed that stress is an area of concern. She reported that an assessment tool is used to identify if staff are fit to return to work. This is an important item on the Workforce Committee agenda and is being looked into in detail. A range of health and wellbeing initiatives have been introduced, i.e. Staff

members have trained to become Coaches to talk to individuals, as well as a range of Health and Wellbeing Events.

2015.2/061 DATE OF NEXT MEETING

Formal Board Meeting – Thursday 30 April 2015 at 2.00pm in Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

……Chair
30 April 2015

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

Item	Issue	ACTION OWNER	DUE DATE
2015.2/043	*Patient's Story* To convey the Board's thanks to the patient (Ms B)	DNQ	30 Apr 2015
2015.2/049	*Proposed Budget 2015/16 - Capital Programme* To provide further information regarding the opportunity to bid (to TDA and Treasury) for additional Capital funding in order to address the under-investment in the Trust's Estate and equipment Included in IPR Update	FD	30 Apr 2015 Action Completed

……Chair
30 April 2015