

TRUST BOARD MEETING
Held on Thursday 30 July 2015
Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

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

2015.2/105 **WELCOME:** The Chair welcomed everyone and reminded member that this is a meeting in public rather than a public meeting and advised that there would be an opportunity to ask any questions at the end.

2015.2/106 **CHAIR'S AWARD**

The Board were advised that there were two Chair's Award Winners this month.

The COO introduced the first Winner – Natalie Marsh, Ward Clerk on the Day Surgery Ward at PRH – and in reading the citation stated "We often celebrate nursing staff who are providing frontline care to our patients, but it's important to also remember colleagues who support these teams and help to ensure our wards and departments run smoothly. Our Ward Clerks play a vital role in the everyday running of our wards, supporting our Ward Managers and their teams."

Natalie was praised for her efforts, particularly during Breaking the Cycle Week at the beginning of June 2015, when health and care organisations in Shropshire, and Telford & Wrekin worked together to improve access to safe and timely care, and it was noted that Natalie played a big role in one of the projects which prove successful on the Unit, taking delivery of the trial in her stride, putting in extra hours, and hard work behind the scenes to help make it a reality.

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Clare Marsh, Ward Manager for the Day Surgery Unit at PRH described Natalie as, "a loyal and hardworking team member who regularly goes above and beyond her duties on a daily basis" and added that, "the success of the Surgical Admissions Suite would not have been possible without Natalie's positive attitude and continued support." The Board agreed that Natalie was clearly someone who embodied the Trust values of Make it Happen, showing great initiative that was fundamental to the success of the Surgical Admissions Suite trial, and Together we Achieve, as such a loyal and hardworking member of the great team on the Day Surgery Unit.

The COO advised that during her experience of Breaking the Cycle Week there was one name which was mentioned time after time at PRH: Natalie Marsh.

The WD introduced the second Winner of the Chair's Award – Clare Probert, Extended Roles Speech & Language Therapist and Macmillan Therapy Team / Lead Voice Therapist.

Reading the citation, the WD advised that, "as an organisation we are constantly striving for ways to support our staff to develop their skills further to provide the best care possible for our patients. This includes extending the roles of nurses and therapists as part of training the workforce for the future" and added that Clare Probert was, "a shining example of how extending the roles of nurses and therapists can bring very real benefits for our patients."

It was noted that Clare was one of the first in the country to take on her role and has extended the service throughout the county by training colleagues in voice therapy so that patients can be assessed at RSH or PRH and have their therapy delivered closer to home. The WD advised that this clearly showed how Clare had met the Trust value to Make it Happen.

Clare also meets other Trust values including We Value Respect by providing person-centred therapy that could otherwise feel intrusive or undignified for people at an anxious time in their life; and Together We Achieve as she is part of a multi-disciplinary team that has a positive and life-changing impact for patients.

The nomination originally came from a patient and was endorsed by colleagues. Dianne Lloyd Therapy Care Group Clinical Director stated that, "she had no hesitation in supporting the nomination" and said that "Clare richly deserved the award for all her hard work and commitment to the service over many years."

The Chair's Award winners both received a lapel badge, framed certificate and a £50 award voucher.

2015.2/107

PATIENT'S STORY

The DNO presented this month's Patient Story. The patient attended a regular Consultant appointment for the condition Myasthenia Gravis, and was advised on coping with difficulties with swallowing, speaking and breathing. The patient was advised by the Consultant that he should be admitted, either via his GP or through A&E and was given a written note to take with him with advice from the Consultant regarding the condition.

The patient chose to attend A&E at RSH and described being asked the same questions over and over again and was weighed five times without being told why. The patient was then admitted to the Acute Medical Unit which he found very stressful during the night and felt the Unit was 'dark and dingy'.

After being moved to Ward 28 the patient described witnessing an assault on a member of staff by a patient with dementia, an experience he found very difficult. He also experienced an issue with regard to medication, as he had to wait for the drug round before being able to take his medication, and felt this process was very inflexible for patients who had to take their medication at specific

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times.

The patient was eventually discharged four hours after being told he could go home, and he had questioned why he could not have been seen as a day patient.

The DNO informed the Board that she was investigating this story and in the process of identifying lessons learned. The patient had also agreed to film some aspects of his experience which could be used in staff training. The CEO stated that it was important for the staff involved in this patient's journey to learn from his experience.

The Chair questioned whether patients with long-term conditions, and who were "experts" in their own treatment, could be in charge of their experience and challenge what should or should not be done.

Mr Newman (NED) queried whether the DNO had any views on the way the patient was admitted and the DNO advised that she felt that the patient should not have entered into the hospital system through A&E but should have been treated following the specific pathway for this condition.

The Board requested that their best wishes be passed on to the patient involved in this story.

2015.2/108

DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

Mr Newman (NED) advised the Board that he was a Fellow of the Royal Society for Arts & Manufacturing and queried whether this should be declared as other Board members had. It was agreed that Mr Newman (NED) would add this to his declaration.

ACTION: Meeting Secretary to add 'Fellow of the Royal Society for Arts & Manufacturing' to Mr Newman's Declaration of Interest.

2015.2/109

MINUTES OF MEETING HELD IN PUBLIC on 25 June 2015.

The Minutes were approved as a true record.

2015.2/110

ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 25 June 2015

2015.2/085 Patient's Story

To provide feedback on Patient Stories to December Trust Board.

Added to Forward Plan. Action closed.

2015.2/088 Matters Arising – 2015.2/074 Trust's Winter Plan 2014/15

To provide detail of collective report from Community.

Added to Forward Plan. Action closed.

2015.2/088 Matters Arising – 2015.2/076 – Employee Engagement Strategy

To provide an update to the July Board in relation to lack of dialogue to long shifts.

The WD advised that a review of 12 hour shifts was being carried out and would be presented to the Workforce Committee in October 2015, which would include a national review. **Action Closed.**

2015.2/091 Future Fit Programme Board Update

To hold discussion at July Trust Board regarding the level of risk and possible actions in short-term.

Agenda Item, as minute 2015.2/114. Action closed

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2015.2/098 NHS eProcurement Strategy
To present final version of adoption plan to Sept Trust Board for approval, prior to submission by end-Sept.
Added to Forward Plan. Action closed.

2015.2/103 Questions from the Floor
To investigate the amount of times the windows at the Trust are cleaned throughout the year and provide feedback to July Trust Board.
The FD advised that windows were cleaned twice per year at PRH, however the window cleaning contract at RSH had dissolved four years ago and a new window cleaning contract would be put in place. **Action closed.**

2015.2/111 MATTERS ARISING – GP ENGAGEMENT UPDATE

The DBE presented the GP Engagement Update report for information to provide an update on work carried out to date since the GP Engagement Strategy was presented to the Board in February 2015. It was noted that key areas of development were shown at Appendix 1 of the report.

The DBE advised that the new GP Engagement framework is a proactive approach seeking opportunities for development. The Corporate team is working closely with clinicians and managers within the Care Groups to improve relationships and facilitate processes and events to bring together primary and secondary care professionals.

The Board **NOTED** progress made to date.

2015.2.112 3-MONTH FORWARD PLAN

The Forward Plan for the period 30 July 2015 – 29 October 2015 was presented for information.

2015.2/113 CHIEF EXECUTIVE'S OVERVIEW

The Board were advised that the Trust had been successful in its application to the TDA, to work in partnership with the Virginia Mason Institute in Seattle. This opportunity had been offered to all NHS Trusts and the CEO advised that the Board should recognise that the Trust was only one of five selected out of 68 bids made

It was pointed out that it had been reported in some healthcare media that the Trusts selected to take part were in most need of being improved, however the CEO stressed that this was not the case. This scheme has been facilitated through £9 million Government funding for this initiative

A Lean Transformation Team has been set up within the Trust and is currently looking at ward discharge and Booking & Scheduling processes.

With regard to urgent care the Trust was still under pressure, but achieving 90% in A&E against the 95% target.

It was noted that the Board had been concerned that the Trust was still unable to achieve this target, and a workshop had been held with an action plan that would be available from 7th August 2015. The CEO advised that it was important that the Board understand that work had progressed and focus remained on avoiding unnecessary admissions, improving internal flow and unblocking departure delays.

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Mr Darbhanga (NED) queried whether the support from Virginia Mason Institute has been communicated to staff and it was confirmed that the information had gone out to all staff and that senior staff and clinicians had been very positive about the opportunity. It was confirmed that some additional capacity may be required and it was noted that some additional funding may be available to help, although this had yet to be confirmed.

The Chair suggested that it would be useful for the Board to receive some information around structure and scope in order to be able to optimise the experience. It was noted that further detailed information around timescales had not yet been received other than the process was due to start in the Autumn and would continue for five years.

2015.2.114

FUTURE FIT UPDATE

The DBE presented a paper which summarised the ongoing internal delivery of the Programme and the Senior Responsible Officers report to the programme Board on 24 June.

Work continues in partnership with the Clinical Support Unit and the central Programme Team to understand the Trust's projected income and expenditure position for each generated option. The capital costs and capital charges for each option have now been received by the Trust, and analysis to conclude the income and expenditure work will now be undertaken to assess affordability of each option. This work was expected to conclude by 31st July.

The Acute Strategic Outline Case (SOC) is being developed by Provex. The Trust submitted comments on Draft Version 2 (dated 11 May) on 5 June. An updated draft has been requested to enable further work and sharing with key leads/Executives to be undertaken, and it was noted that based on the current timeline there would be a need for an extraordinary Board meeting on 27 August (before the next scheduled Trust Board meeting on 24th September) in order to sign off the SOC prior to submission to the TDA.

Preparation for the non-financial appraisal scheduled for 11th September is now underway. The Trust's twelve representatives initially identified for the appraisal in June have been invited to the September date by the central Programme Team.

It was noted that Trust participation in other Future Fit workstreams also continued, including involvement in the Finance and Workforce Workstreams as well as involvement in the emerging work on Rural Urgent Care Centres. It was confirmed that any revision of the shortlist would need to be considered by all Stakeholder Boards.

The Chair advised that, given the fragility of local services, it is essential that decisions around Future Fit needed to remain within the agreed timelines.

Mr Newman (NED) asked the DBE how confident she was that deadlines would be met; the DBE advised that internal targets had been met and she believed that the SOC would be submitted by the end of August 2015, which would then go through a 3 month approval process. It was noted this process posed the greatest risk as it was out of the Trust's control.

Mr Newman (NED) asked would new technology play a role in the Future Fit proposal. The FD advised that funding had been set aside to ensure that new technology and ways of working were enabled, however a request to BT Healthcare to look into future requirements, had not yet received any response. It was agreed that Mrs Leeding (NED) would make further enquiries on behalf of the Trust.

ACTION: Mrs Leeding (NED) to contact BT Healthcare and provide an update at September 2015 Trust Board

The Board NOTED the report.

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SENIOR DOCTOR REVALIDATION ANNUAL REPORT

The MD presented a report to the Board and advised that he was required, by NHS England, on a yearly basis to demonstrate that SaTH had a robust process and procedure in place for a well-functioning and quality assured revalidation system for Doctors at the Trust to retain their licence to practice.

It was noted that revalidation was introduced as a statutory requirement for all doctors in December 2012, with the first doctors at SaTH being required to submit evidence for revalidation in 2013.

The Board were advised that over the past two years the structure and framework required to provide assurance and governance around the requirements for revalidation have been implemented; key requirements being annual appraisal, review of complaints and concerns, confirmation of engagement in clinical governance system and multi-source feedback.

The MD advised that there were 328 doctors at the Trust, a large number of which now recognised the importance of the revalidation process and some had been granted additional time to complete the process.

The WD asked what actions were in place to address the doctors that hadn't revalidated. The MD replied that the GMC were looking into this and confirmed the doctors no longer suitable for the organisation.

The Board were asked to give approval to the signing of the Statement of Compliance by the CEO to be forwarded to NHS England.

The MD advised that 94.3% of all senior doctors had completed annual appraisals, although three doctors were not engaged in revalidation and had been referred to the GMC for action. It was noted that potential sanctions could be taken for not completing appraisals.

Mr Jones (NED) questioned what the process was for locums in the system and the MD advised that for those working for four months or more, the Trust would become the agency Responsible Officer and Medical Staffing would check for previous appraisals and revalidation history along with other employment checks. They must also sign up to SaTH processes whilst working at the Trust.

The MD confirmed that all decisions made regarding revalidation were auditable and that he had been written to by the GMC around his decision not to accept the reasons for three SaTH doctors who had not completing the appraisal process.

The Board **APPROVED** signing the Statement of Compliance.

LEAVE POLICY

The WD advised the Board that the Workforce Team is working with Managers and Staff Side colleagues to review and streamline employment policies to ensure they were more customer-focused and fit for purpose.

It was noted that positive changes had been made to the Leave Policy which had been discussed at the Workforce Committee, and to ensure successful implementation, the Workforce Directorate would develop a launch package to include Trust-wide communications, Managers Briefing sessions and Policy updates on the intranet.

The WD thanked Staff Side colleagues for their support in developing this policy.

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Mr Jones (NED) questioned whether leave and unavailability was being managed effectively across the Trust and it was confirmed that it was not being managed effectively at present. The WD advised that tolerance levels had been requested within departments across the Trust and it had been confirmed again with Managers, that leave may not be taken without prior management approval.

The Chair asked Mrs Cathy Briggs (Staff Side Chair), who was present in the audience if the development of this policy had been a positive experience. Mrs Briggs confirmed that it had.

The Board **APPROVED** the updated Leave Policy.

2015.2/117

ASBESTOS MANGEMENT POLICY

The Board received the Asbestos Management Policy and it was noted that the Policy had been extensively re-written and updated following a consultation with staff, led by the Health & Safety Team.

There was previously a Policy document which included duties and responsibilities but these have been made more explicit. The Board were advised that the Trust seeks to ensure that no Trust staff or volunteers, contractors, patients or members of the public are exposed to risks to their health due to exposure to any asbestos containing materials that may be present in any of the properties owned and occupied by the Trust. The Trust's policy is that its own staff will not undertake deliberate work with asbestos.

It was noted that the Policy was closely linked to the Control of Contractors Policy and would be reviewed in one year, or sooner.

The Board **APPROVED** the updated Management of Asbestos Policy.

2015.2/118

CHILDRENS NATIONAL CQC SURVEY

The DNQ advised the Board that the NHS National and Young People's Survey is conducted as part of the CQC National Patient Survey Programme. Information drawn from the core questions in the Inpatient Surveys is used by the Care Quality Commission (CQC) as part of its new Hospital Intelligent Monitoring Reports. NHS England will use the results to check progress and improvement against the objectives set out in the NHS Mandate, and the Department of Health will hold Trusts to account for the outcomes achieved. The Trust Development Authority will also use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The DNQ advised that the Trust had received a 39% response rate, compared to 29% nationally. The Trust had also received the highest score nationally for a question relating to feedback to the patient following an operation. The Board were also pleased to note that the Trust did not have any responses in the worst category.

The Board's attention was drawn to the fact that the survey had been sent out to children and their parents two months prior to the move of services to PRH, and the DNQ advised that she was very proud to present the paper as it reinforced the positive report received from the CQC.

It was agreed that it would be useful to consider any opportunities to share the Women and Children's Care Group good practice across the Trust. The Chair asked that the Workforce Committee consider how learning is shared across the organisation.

ACTION: DNQ to discuss sharing this learning with teams across the Trust and Workforce Committee to discuss how learning is shared October 2015

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The Board NOTED the report.

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TRUST PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES

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

The Trust is currently at Escalation level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the TDA's Director of Delivery Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. The key areas of focus are highlighted below.

QUALITY & SAFETY

The DNO provided an overview of the activity in June 2015:

- Infection Prevention & Control – reported three cases of C.difficile during June 2015; a slight decrease compared to last month.
- Serious Incidents – overall there was a 9% increase in the reporting of falls throughout the Trust when compared against the same reporting period last year; a decrease in the reporting of acquired avoidable grades 2, 3 and 4 pressure ulcers through the Trust in 2014/15 when compared against the same reporting period last year.
- Nursing Staffing Levels (Monthly) – The Board received and noted the nurse staffing levels monthly report for June 2015.
- Learning Beyond Registration Funding (LBR) 2015/16 – Each year the Trust receives Learning Beyond Registration Funding from Health Education West Midlands in order to support the on-going development of staff with professional registration. The level of funding allocated to Trusts is determined by the number of clinically qualified non-medical staff for the academic year September 2015 to August 2016. This year the Trust has been allocated £215,714.

The WD advised the Board that 68 offers of employment had been made to and accepted by nurses from the Philippines. However applications submitted to the Home Office had been rejected and it was noted that the Trust was working very closely with the Home Office to ensure future applications are successful. This issue was also being discussed with NHS Employers and the TDA.

It was noted that the Trust is developing a contingency plan to mitigate a delay.

It was confirmed that the Philippino nurses were completing tests for the application certificates and the Trust was sending regular podcasts in order to keep in touch, and an extensive programme was ready to integrate them into the Trust and local community, accommodation had been set up and that there was already a Philippino community in place at both RSH and PRH.

The CEO advised that this issue had been raised as a significant risk with the TDA. The DNO added that the TDA had been very supportive at a national level and t would be speaking at the National Advisory Committee on behalf of SaTH and other Trusts in the same situation.

OPERATIONAL PERFORMANCE

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

- A&E 4 Hour Access Standard – In June 2015 88.25% of patients were admitted or discharged within the 4 hour quality target. This was below the current trajectory for June and continues to show under performance against the 95% target.

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- Fit to Transfer List – The Fit to Transfer (FFT) list is a list of patients who are deemed medically fit enough to leave the hospital but require on-going care in another setting, or an assessment to determine what on-going care may be required. Whilst actions are being taken by the Clinical Commissioning Groups (CCGs), Shropshire Community Trust and the Local Authorities, this is not impacting on the total number of patients who remain on the FFT list on a daily basis. The target agreed by the Local Health Economy to have no more than 45 patients on the FFT list by 26th June 2015 was not met and the average weekly figure for June was 97.
- Internal Recovery and Improvement Plan – The internal recovery and improvement plan has been refreshed as part of a whole system review of the 4 hour recovery and improvement plan at a workshop held on 22nd June 2015. It was noted that there were three main areas for internal improvement: the Emergency Department and work was on-going with Estates to increase cubicle capacity; Assessment – it was noted that the Trust was looking into an early warning system to flag up Departments under pressure; and Inpatient wards – the Transformation Team was supporting work to improve patient flow. There was also concern around the lack of centralisation around discharge arrangements.
- Frail Elderly Patients – there had been a 7.8% increase in emergency admissions in the 70+ age group during Quarter 1. It was expected that plans would be brought in to improve the process for this age group. It was noted that Standard operating procedures were in place but not consistently applied and it was recognised that this issue needed resolving.
- Referral to Treatment (RTT): Patients Admitted to hospital – The Trust failed the overall 90% RTT standard in June with 73.7%. Work continues to clear backlogs in challenged specialties. Recovery trajectories are being monitored against plan at the weekly PTL meeting and expected delivery was 1st October 2015.
- Referral to Treatment (RTT): Non-Admitted to Hospital – The Trust delivered the overall RTT standard of 95% for Non-Admitted Patients during June with 96.58%.
- Referral to Treatment (RTT): Incompletes – The Trust marginally failed the overall 92% RTT standard in June with 91.96%.
- Changes to Operational Standards for 18 Week Referral to Treatment - The Board were advised that with immediate effect the admitted and non-admitted operational standards are being abolished, and the incomplete standard will become the sole measure of patients' constitutional right to start treatment within 18 weeks. The TDA will continue to monitor the admitted and non-admitted backlog to ensure the 92% standard is achieved.
- Cancer Performance – Seven of the nine Cancer targets were achieved within the month of May 2015, resulting in a failure in the delivery of 31 day second or subsequent treatment for surgery, and a failure in delivery of 62 days urgent referral to treatment. June predicted performance indicators eight of nine targets will be achieved with a failure to deliver 62 days urgent referral to treatment anticipated. A number of actions are on-going.

FINANCIAL PERFORMANCE

The overall Income and Expenditure budget position has remained unchanged for the position presented at Month 2, however during the month two key budget changes have been made:

Reduced Winter Monies - It had been assumed that the Trust would receive monies to support winter pressures amounting to £1.165 million. The Trust has recently been notified that the amount that will be made available for 2015/16 will be £295,000 equivalent to the level of monies spent in maintaining winter capacity during the opening two months of the year. No funds are to be released by the CCGs to support costs incurred in maintaining and increasing capacity throughout the remaining nine months. It was noted that the Trust was contesting this decision.

RTT Recovery and planned contractual over performance – In the first quarter the Trust has spent £82,000 to recover the RTT backlog. This is covered by increased income. It was noted that the Colorectal and Gastroenterology specialities have increased costs by £72,000 to underpin planned increases in contract activity.

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Income – After the first quarter in the new financial year, the Trust had planned to receive income amounting to £77.869 million and had generated income amounting to £78.430 million; an over performance of £561,000.

Pay Position – In the opening three months of the financial year, pay budgets overspent as compared with Plan by £921,000. Pay overspend could be traced to two key factors; costs associated with maintaining winter capacity - £135,000; and inability to deliver CIP savings targeted for the opening three months of the year - £783,000.

Agency Spending – In the month of June remained high, amounting to £1.195 million (172.32 WTE).

Bank Usage – The numbers of staff employed as Bank staff has reduced by comparison with the January – March 2015 winter period but is substantially higher than the level recorded in the comparable period in 2014.

Non-Pay – In the opening three months of the financial year, non-pay budgets overspent as compared with Plan by £38,000.

Cost Improvement Programme – The Trust has identified cash releasing Efficiency CIP schemes equating £14.9 million. At the end of June it had been assumed that savings amounting to £3,334k would have been delivered. The actual level of savings amounts to £2,337k.

Cash Flow – The Trust held a cash balance of £1.704 million on the Balance Sheet at the end of June 2015.

The FD advised that 90% of providers were being paid within the 90 day period and it was noted that the Trust was in the middle of discussions with Telford & Wrekin CCG around income received.

WORKFORCE

The WD introduced this section of the paper.

Sickness – Sickness absence rose by 0.37% in June to 4.33%, which was the first increase since December 2014. Work is being undertaken to understand the underlying causes of absence, particularly in areas where levels are persistently high. A review of absence across a number of West Midlands Trusts shows an average absence of 4.3% from June 2014 – May 2015; SaTH is one of the best performing Trusts, having the third lowest absence rate out of the 15 trusts reporting for the month of May.

Appraisals – Appraisal completion rates remain at 84%, which is an underperformance against the Trust target of 100%; discussions with Care Groups are continuing to ensure forecasts of achieving 100% by September are to be achieved.

Statutory & Mandatory Training – Completion rates for Statutory Safety Updates rose to 74% in June from 71% in the previous month. A high update in e-learning has been the main contributor to this increase.

Recruitment – In June the Trust launched the recruitment campaign “Belong to Something” to support recruitment activity for all staff groups and are now actively promoting the Trust on social media. Nurse recruitment campaigns continue locally and in Europe, although they do not deliver the growth needed to reach safer staffing levels. An increase in turnover in Registered Nursing can be seen rising from 6% in January to 7.25% last month.

SELF CERTIFICATIONS

The Board **APPROVED** the Monitor Licence Conditions and Board Statements self-certifications.

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MONTHLY NURSE STAFFING DATA

The DNQ updated the Board on the monthly Nurse Staffing Data.

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ESTATES STATUTORY UPDATE

Following concerns that emerged at the June Trust Board meeting with regard to the management of asbestos, Board members requested assurance regarding core health & safety requirements.

The FD presented a paper briefly describing the position and progress being made with regard to health & safety requirements within the Estates Department as at the end of June. It was noted that a programme of work was being carried out and considerable progress had been made and key issues had been identified by an Estates expert, and the Board were informed that it was anticipated that compliance would not be achieved until December 2015.

The FD drew the Board's attention to the final sentence in the report, and advised that the Estates expert had suggested that the wording should be changed from "full compliance" to read, "compliance" as it was not possible to ensure full compliance against absolutely everything.

The Chair stated that this update was very helpful and demonstrated the improvement in this area.

The Board **NOTED** the report and the progress being made.

2015.2/122

ANNUAL REPORTS 2014/15

Trust Annual Report

The CD presented the Trust Annual Report and advised that purpose was for the Board to approve the Annual Report so that it could be formally received at the AGM. It was noted that the Annual Report was a key feature of the Trust's governance and accountability structures, reporting on progress and challenges of the Trust during the year and setting out the priorities for the year ahead and providing key mandatory information in support of governance, compliance and accountability. NHS organisations were required to produce an Annual Report in accordance with guidance set out in the NHS Finance Manual: Manual for Accounts.

The CD advised that subject to approval the Annual Report would be published on the Trust website by 31 August 2015.

Mr Newman (NED) pointed out that figures shown on page 20 of the report were slightly different to the graph shown on page 21 and queried whether they should be the same. Mr Newman (NED) felt that, whilst the trend remained the same, this error should have been picked up.

The Communications Director advised the changes would be made.

The Board **APPROVED** the Annual Report subject to the agreed amendments.

Safeguarding Adults and Children Report

The DNQ presented the Safeguarding Adults and Children Annual Report which described the work and developments in the last year provided by the Trust's Safeguarding Team, highlighting outcomes over the last 12 months and providing assurance on how the Trust is honouring statutory duties in relation to safeguarding children according to Section 11 of the Children Act (2004) and working within the guidance for Adult Safeguarding.

The DNQ pointed out the trend of an overall improved picture.

The Board were advised that with regard to Deprivation of Liberty Safeguards, the Supreme Court made a judgement clarifying that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances: "The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements". This ruling by the court has led to a significant increase in the amount of referrals and in the Trust this has increased particularly where a patient requires one to

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one supervision.

Mr Jones (NED) queried whether the Trust was in a better position with support from the Mental Health Trust. The DNO advised that support was variable, however Jo Banks, Associate Director of Patient Safety, was working hard with external teams and looking into the internal team and the support provided.

The Board recognised the hard work being carried out by Jo Banks and **NOTED** the report.

2015.2.123 TRUST COMMITTEE MEETINGS UPDATE

The Chair presented updates from the Workforce Committee, held 10 July 2015, and the Hospital Executive Committee and Finance Committee, held 28 July 2015, for information. It was noted that the Quality & Safety Committee did not meet as the meeting was not quorate.

2015.2/124 ANY OTHER BUSINESS

No further business was raised.

2015.2/125 QUESTIONS FROM THE FLOOR

Q1 A member of the public reminded the Board that in April 2015, the Board approved for the flooring in Minor Injuries to be repaired and also advised that the chairs in A&E were losing the rubber on the underside. It was queried why these issues have not yet been rectified.

A1 The FD advised that he would look into both of these issues and would provide an update to the Board at the next meeting.
ACTION: FD Due: September 2015 Trust Board.

Q2 The Board were advised that the blinds in the Endoscopy Unit still do not close despite the issue being reported to the Estates Department.

A2 The FD advised that he would pick this issue up with Estates.
ACTION: FD Due: September 2015 Trust Board.

Q3 A member of the public advised the Board that he had been impressed with the time the Trust was spending on patient issues and commended the work being done for patients with dementia and urged the Trust to introduce ways of working which would reduce length of stay for patients.

A3 The DNO confirmed that work would continue.

Q4 Mr David Sandbach questioned whether the closure of two wards at Ludlow Hospital would have an effect on Fit for Transfer.

A4 The COO advised Mr Sandbach that discussions with partners had been held and SaTH had been given assurance that access to beds would not be lost and it was expected that efficiencies would be in place.

Q5 Mr Sandbach advised that the Community Trust was investing in a new computing system and raised his concern that the new system would not be compatible with systems at SaTH.

A5 The Board confirmed that they were not aware of any potential problems.

Q6 Mr Sandbach raised his concern around Future Fit and questioned whether the option to combine beds onto one site had been considered.

.....Chair
27 August 2015

A6 The CEO confirmed that this option had been considered and still remained in the options list.

Q7 Mr Sandbach queried how many junior doctor posts were unfilled.

A7 The MD advised that all posts were filled at RSH; however the full complement would not be in place at PRH. He was actively working on this issue and mechanisms to cover for trainees were being put in place and he was confident that they would be effective.

No further questions / comments were received.

2015.2/126 **DATE OF NEXT MEETING**

Extraordinary Trust Board Meeting – Thursday 27th August 2015 at 2 pm in the Lecture Theatre, Education Centre, PRH.

.....Chair
27 August 2015

MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 30 JULY 2015

Item	Issue	ACTION OWNER	DUE DATE
2015.2/108	<i>Declarations of Interest</i> To add Fellow of the Royal Society for Arts & Manufacturing to Mr Newman's Declaration of Interest.	Committee Secretary	24 September 2015
2015.2/114	<i>Future Fit Update</i> To contact BT Healthcare for requirements.	Mrs Leeding (NED)	24 September 2015
2015.2/118	<i>Childrens National CQC Survey</i> To discuss learning opportunities with Workforce Committee.	DNQ	24 September 2015
2015.2/122	<i>Annual Report</i> To make amendments to Annual Report and publish on the Trust website by 31 August 2015.	CD	31 August 2015
2015.2/125	<i>Questions from the Floor</i> To look into the repair to the flooring in the Minor Injuries Unit and the chairs in the A&E Department To pick up issue of Endoscopy blinds with Estates Department.	FD FD	24 September 2015 24 September 2015

.....Chair
27 August 2015

The Shrewsbury and Telford Hospital NHS Trust

ANNUAL GENERAL MEETING

Held on Thursday 30 July 2015 at 4pm in
Seminar Rooms 1&2, Shropshire Education & Conference Centre, RSH

PUBLIC SESSION MINUTES

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

2015.2/127	ANNUAL REPORT 2014/15 The Chair advised that the Annual Report for 2014/15 had been approved during the Public Trust Board Meeting prior to the AGM; the report was presented for information only. The Board RECEIVED and APPROVED the Annual Report 2014/15.
2015.2/128	ANY OTHER BUSINESS The Chair advised the Board and members of the public that this was the CEO's last Trust Board meeting prior to his retirement on 31 st July 2015. The Board thanked the CEO for his contribution to the Trust over the past three years. The CEO advised that he felt the current Board had a far more professional feel than when he first started at the Trust. He felt that the Board consisted of a strong leadership team with fantastic insight into key issues and had a real commitment to deliver. The CEO also commended the incredibly healthy public engagement which he had not experienced at previous Trusts. The Board wished the CEO well in his retirement.