

## The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 24 September 2015**  
**Lecture Theatre, Education Centre, Princess Royal Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr H Darbhanga Dr R Hooper Mr D Jones Mrs D Leeding Mr B Newman Dr S Walford Mr N Nisbet Mrs S Bloomfield Dr E Borman Mrs D Kadum	Chair Non Executive Director (NED) Non Executive Director (NED) Acting Chief Executive (CEO) Director of Nursing and Quality (DNQ) Medical Director (MD) Chief Operating Officer (COO)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In attendance</b>	Miss V Maher Mr A Osborne Mrs D Vogler	Workforce Director (WD) Communications Director (CD) Director of Business & Enterprise (DBE)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary (CS)
<b>Apologies:</b>	None	

**2015.2/135**      **WELCOME:** The Chair welcomed everyone and reminded members 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.

**2015.2/136**      **CHAIR'S AWARD**

The DNQ was extremely pleased to nominate the Hyper Acute Stroke Unit Project Team from PRH to receive this month's Chair's Award. She reported that:

"One of the most significant step-changes made as a result of the "Breaking the Cycle" week was the establishment of a dedicated hyper-acute stroke bay at the Princess Royal Hospital.

"Creating a dedicated hyper-acute stroke bay was designed to reduce delays for patients on arrival for specialist stroke assessment and treatment, increase access to senior clinical decision-makers, and ensure co-ordinated and integrated care during the critical first few days following brain attack (for example, CT scan, thrombolysis if indicated, physiological stabilisation, multi-disciplinary assessment). Overall, this reduces the risk of mortality and long-term disability following stroke.

The hyper-acute stroke bay came about thanks to the "Make It Happen" and "Together We Achieve" attitude of Dr Usman Ghani, who joined the Trust last year, with support from stroke specialist nurses Carl Ryan and Lin Ijewsky and support from ward manager Kim Bromley.

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A special mention was paid to one particular member of the team, Chris McGregor, a Healthcare Assistant on the ward, who was praised by a relative of a recent patient on the ward for reassuring, encouraging and helping the patient. The relative also reported that Mr McGregor used his break time to visit the patient elsewhere in the hospital following the patient's transfer to a rehabilitation ward. They felt Mr McGregor is clearly somebody who embodies the Trust's Values; particularly "Proud To Care".

Mr McGregor's efforts have also been celebrated with an award in the Telford & Wrekin Clinical Commissioning Group (CCG) Care With Confidence Awards; and he was also nominated, through the SaTH Heroes recognition initiative which was launched earlier this year, which will see nominees recognised at events at PRH and RSH next month.

Dr Meena Srinivasan received the Chair's Award and thanked the entire team for their dedication and support, for what is now the busiest Stroke Unit within the West Midlands.

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**PATIENT STORY**

The DNO presented this month's Patient Story by way of video. It was told by the daughter of a patient and related to the outstanding level of care received whilst her mother was a patient on Ward 28.

The family wished for their mother to remain on Ward 28 for their end of life care, rather than move to the unfamiliar Severn Hospice, as the care and kindness of staff was exemplary.

Unfortunately, the patient passed away. All donations received at the funeral (£772) were donated to Ward 28 for their 'Television Appeal'; this appeal has been introduced as the Ward feels it is important for patients to keep in touch with the outside world via access to a television, which is through headphones so that other patients are not disturbed.

The Chair thanked the DNO for the provision of the Patient Story which is a method of shared learning through positive and negative situations.

2015.2/138

**BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Board received the Declarations of Interest for information only.

The DCG reported that Dr Hooper (NED) has advised that the declaration for 'Global Enterprise Solutions Limited' and 'Oak Street Wimblington Limited' could be removed.

**ACTION: Meeting Secretary to remove**

2015.2/139

**DRAFT BMINUTES OF MEETING HELD IN PUBLIC on 27 August 2015.**

Mr Newman (NED) suggested expanded the minutes to include discussion of optimum hospital footprint. This has been added to the final version of the minutes

The remainder of the Minutes of the extra-ordinary Trust Board were approved as a true record.

2015.2/140

**ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 27 AUGUST 2015**

2015.2/128 – Declarations of Interest

*To remove 'Fellow of the Royal Society for Arts & Manufacturing (RSA)' from Mr Newman's Declaration of Interest and add 'Non-Executive Director for Pressure Technologies plc'.*

**Completed. Action closed.**

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2015.2/114 – Future Fit Proposal Update

*Mrs Leeding (NED) to contact BT Healthcare, on behalf of the Trust, to look into future requirements re: new technology and ways of working.*

Mrs Leeding reported that BT Healthcare was going to directly feed back to the DCG. The DCG informed Mrs Leeding that they had not been in contact. Mrs Leeding confirmed that she would follow this up and signpost them to the relevant Director.

**Trust Board Action Completed.**

2015.2/118 – Children's National CQC Survey

*DNQ to discuss learning opportunities with Workforce Committee.*

**Outstanding. Action: DNQ Due: 29 October 2015**

2015.2/125 – Questions from the Floor

*FD to look into the repair of the flooring in the Minor Injuries Unit and the chairs in the A&E Department.*

The FD reported that the flooring in the minor injuries area and the two adjacent rooms has been fitted; and the damaged chairs have been removed and will be replaced during October.

**Completed. Action closed.**

*FD to pick up issue of Endoscopy blinds with Estates Department.*

The FD reported that an order has been placed and the blinds will be in situ during October.

**Completed. Action closed.**

2015.2/131.3 – NHS Future Fit Integrated Impact Assessment

*Chair to respond to Mr Sandbach's request to meet with the Future Fit Board and SaTH Board members*

The Chair reported that he had held a conversation with the CD, and has also been in contact with Mr Sandbach.

**Completed. Action closed.**

2015.2/029 – CQC Inspection Plan Update

The DNQ reported that the majority of actions have been completed in the timeframe; although work within the mortuary at RSH has been slightly delayed. Pleasing progress has been made in End of Life Care; the funding for an End of Life Care Facilitator has been extended for another year, until end September 2016, and an End of Life Care Conference is also planned, which is over-subscribed. The DNQ reported that the Gemba Walks are now embedded across the organisation.

The members were informed that the Quality & Safety Committee will receive on-going detail of the action plan, which will report, by way of Committee Summary, to future Trust Boards to ensure assurance of progress is provided to the Board.

**Completed. Action closed.**

2015.2/007 – Patient Experience Strategy Update

The DNQ reported that the Patient Experience Strategy is moving forward; workshops are planned with stakeholders, as well as listening events which will be held during the Autumn to obtain ideas/views/themes which will be presented to Trust Board by the end of the year.

**Action: DNQ Due: 3 Dec 2015 Trust Board**

2015.2/141

### 3-MONTH FORWARD PLAN

The 3-month Forward Plan was presented for information.

The DCG reminded the members that the October Trust Board will be held at the Elephant & Castle Hotel in Newtown, Powys.

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**CHIEF EXECUTIVE'S OVERVIEW**

The Acting CEO provided updates on the following four topics:

1. Winter Pressures –  
The members were informed that SaTH is stepping into a particularly difficult period and suggested the Trust will be presented with a serious position during December/January/February time. A Winter Plan is therefore required, and although discussions are on-going within the wider health system, focus is required to progress this.
2. Future Fit –  
A number of discussions have been held relating to the progression of Future Fit; the Acting CEO reported that this features as an agenda item (as per minute 2015.2/143)
3. Finance –  
The Trust continues to struggle to maintain financial balance whilst continuing to provide staffing on the Wards. This is explored in more detail in the Integrated Performance Report.
4. Death of Kate Stanton-Davies  
Following the NHS England Review into the death of Kate Stanton-Davies which occurred at Ludlow Midwifery Unit in March 2009, the Trust has commissioned an independent review which will be presented to Trust Board during December 2015.  
The members were informed that significant assurance around maternity services has been received over the last 12 months; including a very good review following the CQC visit to the Women & Children's Service, and from the continuous Friends and Family Test results of the views of patients and their families, however the independent review will identify any outstanding learning from this case.

2015.2/143

**FUTURE FIT STRATEGIC OUTLINE CASE**

The DBE reminded the members that the draft Strategic Outline Case (SOC) for Acute Hospital Services was previously received and approved in principle by the Board at the extra-ordinary Private Trust Board during August 2015, subject to suggested amendments. The SOC has since received a number of minor narrative changes and has been submitted to the TDA for consideration, and to the Shropshire and Telford & Wrekin CCGs and to Powys THB requesting letters of support to be provided for the SOC itself; responses are currently awaited.

The DBE reported that the SOC highlights the need for change, principally driven by workforce issues. It also describes the rationale relating to the assumptions in which the proposed model of care will be delivered. It describes the preferred clinical model – a single Emergency Department on one existing hospital site with an Urgent Care Centre and Diagnostic & Treatment Centre on the other site. Within the activity modelling provider efficiency assumptions, commissioner QIPP schemes and demographic growth have all been factored into future activity forecasts. It provides a summary of the formulation of the options (evaluation process, long list of options and short list of options) and details of the three affordable options (Option B, Option C1 and Option C2) which were approved during the Public session of the extra-ordinary Trust Board during August 2015. It explains these were arrived at following a series of workshops with clinicians to develop the clinical model. The Programme Board will take decisions on the next steps following recommendations from Sponsor Boards.

The members were reminded of the immediate fragility of the Trust's two Accident & Emergency Departments and the continued duplication of costs; as well as the wider urgent care system and the fact that winter is approaching.

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It was agreed that the SOC is the legitimate outcome from the Future Fit process to date. Furthermore it was recognised that Future Fit is a long-term solution but this needs to be balanced against short-term and medium-term issues recognising the real and immediate challenges facing SaTH (and indeed the wider NHS) in regard to A&E, workforce challenges and financial pressures. The Programme Board need to feed these highlighted issues into their overall discussions, and recognise the need for pace to address these issues and to acknowledge the current financial context.

The Board **RECEIVED** and **APPROVED** the Strategic Outline Case but stressed the need for pace to address the short and medium-term issues.

The Acting CEO **SUPPORTED** the above approach but highlighted that although the Trust is not in receipt of any definitive feedback from the Trust Development Authority (TDA) and NHS England (NHSE) there are indications that suggest that there is still further work to be undertaken around affordability and the availability of capital sums in the current economic climate. The MD echoed the concerns around the financial climate but felt this was the best SOC that could be prepared within the original parameters.

2015.2/144

#### **WOMEN & CHILDREN'S CENTRE (FCHS) POST PROJECT EVALUATION REVIEW**

The Chair and DBE welcomed Kate Shaw and Ben Brookes, Senior Future Team Programme Managers, to provide a post project evaluation review of the Future Configuration of Hospital Services (FCHS) programme for the Women & Children's Centre.

The members were informed that a post project evaluation was commissioned to draw out an analysis of the benefits to the Women & Children's Service from the delivery of the FCHS programme, and to identify key lessons for the organisation as a whole.

The paper reported that the FCHS programme was delivered between 2012 and March 2015 and is the largest capital scheme undertaken by the Trust to date. A number of enabling works and moves were undertaken at both sites to support the transfer of consultant inpatient Women and Children's Services from the Maternity building at the Royal Shrewsbury Hospital (RSH) to the newly constructed Shropshire Women and Children's Centre at the Princess Royal Hospital (PRH).

In addition, there were a number of significant changes over the course of the project that led to additional works and moves being undertaken. These additional works were able to be undertaken through the prudent use of project contingency, charitable funding, additional funding (i.e. a separate business case for Ward 17, PRH) and supplementing the full business case budget with the Trust's internally generated capital to address historic underinvestment in equipment, backlog maintenance and infrastructure.

The large and complex project was delivered to time, to budget and to quality; enabling patients and their families to access and receive care, and supporting staff to work within purpose built, 'state of the art' facilities that they have helped create, shape and design.

The full business case set out 7 high level benefits which the FCHS project aimed to achieve; all of which were achieved. It also set out 43 planned benefits across the five individual services within Women and Children's; 25 of these were fully achieved; 16 were partly achieved and two benefits are still outstanding, these relate to:

- i "Midwifery: To maintain levels of midwifery-led births".

*The level of midwifery-led births has not been maintained as a substantial number of patients are choosing to attend the new W&C's Centre at PRH rather than their MLU, even if it means travelling further, due to the high standard of the new facilities. The Trust therefore needs to ensure that people are aware of the MLUs, and in the positive messages*

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*about the new W&C's Centre we don't forget about the existing facilities.*

- ii "Paediatrics: Robust high dependency care with good clinical outcomes"

*This has not been achieved to date as a result of the challenge of achieving both reconfiguration and service development. The high dependency service has not yet been commissioned. The facilities, staff, and equipment are all in place but the commissioners have not yet commissioned the service.*

### Lessons Learnt

The full post project evaluation report sets out a number of key lessons learnt. These are subsequently separated into main, general, management and clinical/operational lessons. The top five key lessons learnt are:

- **A major project can be successfully delivered within SaTH with the right team, appropriate planning and resource, and full support from an Executive level** – managing the project internally with a dedicated project team, supported by external advisors who knew the site worked well – this ensured complementary skills and resource were utilised whilst ownership remained with the internal team. The demands and requirements on both the Clinical and Trust support teams (HR, Finance, Estates, IT etc) was extensive and required large amounts of input in addition to the day job
- **The success of the project is totally dependent on the work being done up front** – the FCHS project had a clear brief/ vision/ drivers for change, clear and realistic capital and revenue envelope, an understanding of programme drivers which defined the desired outcomes, robust communication and engagement plans and a clear governance structure and project team
- **There is a need to 'hold the line' on previous decisions and ensure delivery of wider/parallel programmes of work wherever possible** – the scale of additional works undertaken and changes made to formally agreed plans was extensive within the project. This added a level of complexity and additional cost to the Trust
- **The level of backlog maintenance to existing facilities and the effect of underinvestment can be easily underestimated** – a large number of enabling works and moves were undertaken and delivered within the project which were at times more costly, complex and a challenge to deliver due to a need to 'put right' the existing before a change could happen
- **The use of ProCure21+ as a procurement route for the Shropshire Women and Children's Centre allowed the scheme to be delivered to the required quality within the budget** – a partnership approach was fostered between the Trust and Balfour Beatty over the lifetime of the project and once the GMP (Guaranteed Maximum Price) was agreed, discussions focussed on getting the right solution rather than price. However, the nature of the sub-contractor relationship within construction continues to mean that resolution of defects can take some time – without retention the Trust is essentially reliant on the goodwill and reputation of the contractor/s to rectify any defects

The Chair thanked the Project Management Team and paid tribute to all staff involved for delivering the programme to time and budget; however he asked the Project Management Team:

- In looking at the project in retrospect, are we able to identify that it was the correct location and did we learn anything from the project about the inter-relationship between location and future strategic direction in the longer term?
- Did it achieve the business finance objective and contribute to the bottom line as the review did not look at this issue in detail. The review should be wider than simply looking at building the Centre
- Should we have built in more flexibility from the beginning as the future is sometimes not always well contained and being able to adapt to the potential impact of technological

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changes, e.g. Tele-health.

Kate Shaw advised that in respect to the last point, it is important to understand the standards you are trying to achieve, regardless of the site. Ben Brookes cautioned that too much flexibility could lead to indecision, so some certainty was needed. The members discussed the importance of flexibility of design; and the Acting CEO reported that the level of spend for this particular project was worked up in advance. It was agreed that the Procure21+ approach was beneficial in terms of scoping.

It was highlighted that the lessons learnt from this project could have implications for the Future Fit initiative. The COO suggested there had possibly been a lack of focus around the impact on some specialities and suggested Future Fit investigate these issues more thoroughly from the outset.

The MD reflected that the only constant is change and that whilst there does need to be a degree of flexibility to recognise technological changes; there is also a need to consider pathways outside of hospital processes. The location decision was made with best information at the time.

Mr Jones (NED) said the paper did not focus on the original location decision. Dr Walford (NED) said he could remember some very unpleasant public meetings with dire predictions if the service moved, none of which has occurred, and the risk profile has improved and there are also better regulatory reports. The WD advised that the new Centre has resolved the workforce challenges in surgery and paediatrics and vacancies have been filled with a high calibre of applicants.

In terms of the financial objectives, the Acting CEO reported that the Trust Board first talked of the FCHS initiative approximately 4 – 5 years ago; at that time there were a number of operational issues and financial objectives that were set out and only partly achieved due to the speed of delivery. One operational issue which had not been fully factored in was the £400k requirement for additional domestic staff due to the additional floor space required in the new accommodation.

Mr Newman (NED) enquired if significant contingencies were also included in the programme costings, which would make the claim about delivering within budget less impressive. He also highlighted his concern in the lack of retention of contractual levers in the approach taken with Procure21+ between the Trust and Balfour Beatty. The FD advised that there were contingencies included in the costings which quantified risk and the final capital costings were very close to the original. The Procure 21+ approach is decided by the Department of Health (DoH). However comments on contractors' performance are feedback into the Framework so this acts as an incentive for contractors to remedy faults and problems

Mr Newman also enquired if there was any conflict with regard to what the clinicians wanted; he was informed by Ben Brookes that the Trust had reasonably overturned guidance for example about single room ratios and this was agreed as a derogation to the Final Business Case.

Following discussion, the Board **RECEIVED** the post-project evaluation. The Chair reflected that clinical vision is important and that SaTH's biggest challenge is attracting and retaining clinical workforce. Future projects need to build in staff involvement and flexibility with the opportunity to challenge decision-making.

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## OPTIONS FOR FINANCIAL PLAN

The FD presented a paper which highlighted that in the last two months, the Trust has been provided with:

- A stretch financial target that requires plans to be constructed to improve the forecast deficit position for the year from £17.2m to a revised figure of £15.2m; and
- In parallel, limit spending in respect of qualified nursing staff employed through external nursing agencies. The limit being set at 8% for 2015/16 reducing to 3% by 2018/19 as a

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percentage of total nursing staff spend (for the purpose of this ceiling rule, nursing is defined as registered general and specialist nursing staff, midwives, health visitors, and excludes agency costs in relation to HCAs).

The FD reported that if the organisation were to continue to spend at the same rate as at Month 5, the deficit would increase to £19.2m; the Trust is therefore required to achieve a £4-5m financial improvement over the next 6 months to deliver the stretch target of £15.2m.

The two largest Care Groups, Scheduled Care and Unscheduled Care, have identified approximate savings of £3.96m collectively which could be delivered by way of reducing their level of spend on Waiting List Initiatives, Theatre stock review, Procurement savings, Reconfiguration of bed base at PRH, Removal of weekly Bank payment, Drugs review, Reduction of qualified Agency staff, etc.

There are also a number of Nurse Agency savings options; ten options have been developed, each of which introduce impacts upon:

- Quality and safety of nursing care provided
- Workforce (morale, capacity to recruit, etc)
- Achievement of operational performance
- Other risks, most notably reputation and the response from the regulators

The members were informed that SaTH's preferred option is Option 4 which is to reduce 25 RGN through a combination of template/working practice changes which could produce a monthly Agency cost saving of £160k.

The members were informed that Option 9 relating to Removal of Critical Care supernumerary Agency staffing and Option 10 relating to Abolishment of Tier 5 Nursing Agency staffing have also been supported.

The DNQ advised that solely as Nurse Director she was unable to recommend options moving away from statutory requirements, however recognising the collective responsibility of achieving financial balance, the Board could accept the level of risk contained in Option 4, although this approach would need to be monitored and mitigated. She reported that a high level of work has been undertaken and some changes to agreed staffing levels will be introduced to the nursing template; however, she assured the members that the changes will be minimal and would include asking Ward Managers to work more clinical shifts and when services have been reconfigured there could be a further opportunity to change the template. All changes would be monitored and mitigated from a quality and safety perspective. The DNQ also informed the members that she is confident these changes would be unlikely to compromise patient care on this temporary basis and would support achieving performance targets.

The COO informed the members that the Care Group Directors have given their views and support the development of two step-down wards for patients with low acuity but high dependency which would require a lower skill-mix of staff.

Dr Walford (NED) pointed out that if the Fit to Transfer patients were reduced from 100 to 20 then the two transitional wards created could be closed.

Overall, the Acting CEO reported that thoughts and ideas are being developed to address an extremely difficult period over the next 6 months, and whilst some work is being undertaken, the organisation may need to 'press the button' on some other schemes, e.g. temporary mobile wards. Both savings and capacity need to be created, as the Trust is likely to face a challenging period during January/February 2016 with patients needing admission from A&E.

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Dr Walford (NED) asked if the Trust is in discussions with partners and the wider health economy; the FD confirmed that SaTH is in discussions regarding winter monies; a Local Health Economy plan is being produced for finalisation over the next few weeks.

It was noted that in essence the Trust is attempting to create £1m contingency fund for winter plans and would need to balance the financial and clinical risks. The Chair said that notwithstanding the Local Health Economy (LHE) solution, the recommendation in front of the Board was to implement these savings to create capacity in a less reactive way to enable more robust plans for winter.

Mr Newman (NED) asked whether we should be taking up the option on the mobile Day Surgery Units (DSUs) before they are taken up. The COO advised that we were already in discussions about this.

Following discussion, the Board **APPROVED** the actions being taken in response to the financial stretch target and the nurse agency ceiling; progress will be tracked and monitored through the Finance Committee.

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#### **NHS ePROCUREMENT STRATEGY**

As reported to the Trust Board in June 2015; a paper was presented which reported that the Department of Health have placed a requirement upon Acute Trusts to improve their procurement processes through the implementation of information technology solutions. In particular a recommendation has been made that Acute Trusts construct local adoption plans in respect of two key standards GS1 and PEPPOL (Pan European Public Procurement On-line).

The FD reported that the Trust commissioned a framework supplier to assist the Trust to produce an Adoption Plan, which was submitted to the Department of Health in June 2015 and is currently under review.

Further to this, a review of the impact of the NHS eProcurement Strategy and the implementation of GS1 and PEPPOL standards at SaTH has also been undertaken; a number of findings and recommendations have been identified to be compliant with the Strategy. One of these identifies that the Trust nominates a Non-Executive Director linked to this work. This has been confirmed as Mr Brian Newman (NED). The Chair thanked Mr Newman for undertaking this position.

A number of other recommendations relate to the current IT systems within the Trust and solutions required. Mr Newman (NED) reported that although the document states a one-year IT plan, he enquired if there is a five or ten year plan for IT within the Trust. The FD confirmed that an IT Strategy is in the process of being produced through a commercial partner who will produce options, although currently this is not at the pace required.

**Action: FD to present IT Strategy Update to Dec Trust Board Due: December 2015**

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#### **COMPLAINTS & PALS Q1 REPORT**

The DNQ presented a report of the formal complaints and PALS concerns received by the Trust during Quarter 1 (April – June 2015); this has shown an overall improvement in the last 18 months.

During Quarter 1, the Trust received a total of 73 formal complaints compared with 100 in the corresponding period last year.

The Trust continues to maintain a high performance in responding to complaints, with 92% of complaints being closed within the agreed timescales during this quarter.

The areas to receive the most number of complaints are Acute Medicine and Emergency Medicine; the DNQ assured the Board that she meets with the areas on a regular basis to address issues. She reported that a theme relating to Pain Management has recently been identified; again, the DNQ

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assured the Board that she is monitoring this and will work with the teams involved.

The report referred to the Parliamentary & Health Service Ombudsman (PHSO) who a patient or relative can contact if they remain dissatisfied following the Trusts' response to their complaint. The members were informed that during the quarter, the Trust was notified of four cases referred to the Ombudsman; the Ombudsman concluded two investigations; both were not upheld. All other cases remain under investigation.

The paper also reports that in addition to the feedback received from the PALS service; patients and relatives may publish and share their views of the hospital and their care on the NHS Choices website. The DNQ reported that an increasing number of positive comments are being received via NHS Choices and highlighted that if the Trust continues to make progress, we should be an exemplary site for management of complaints and patient experience.

Following discussion, the members **RECEIVED** and **REVIEWED** the Q1 Complaints & PALS report.

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### **ACTING UP POLICY**

The WD presented a paper relating to the Acting Up Policy. The arrangements in this revised policy are taken from the national Agenda for Change agreement and will be automatically updated by any change to that agreement. The policy forms part of the policy cluster for Performance and Development.

In line with the Agenda for Change Terms and Conditions Handbook, acting up refers to a situation when an individual may be moved into a higher pay band where it is necessary to fill a post on a temporary basis. This may occur when a position is vacant for a period of over one month and not more than six months and where they are carrying out the full duties of the higher banded post.

Following discussion, the members **APPROVED** the updated Acting Up Policy.

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### **TRUST PERFORMANCE REPORT**

The Board **RECEIVED** the Trust Performance Report in respect of the month of August 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. The key areas of focus are highlighted below:

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

The DNQ provided an overview of the activity in August 2015:

- Infection Prevention & Control – showed two cases of C difficile in July and four cases in August, therefore the year to date incidence of C difficile is 16. Based on part year performance it is extremely unlikely that the Trust will comply with the target set by NHS England of no more than 25 cases in 2015/16. Compliance continues to be monitored.
- Serious Incidents – There were 4 SIs reported in August; two delayed diagnosis and two delayed treatment (both Ophthalmology). Year to date (2015/16) equates to 29. The number and types of SIs reported within the Trust are monitored on a month by month basis.
- Pressure Ulcers – The Trust reported 0 avoidable and 0 unavoidable Grade 4 pressure ulcers; 0 avoidable Grade 3 pressure ulcers; one unavoidable Grade 3 pressure ulcer; two avoidable and two unavoidable Grade 2 pressure ulcers and 21 Grade 2 unknown.

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- Wards Subject to a Quality Improvement Framework (QIF) – A ward at PRH remains subject to support with an improvement framework by the corporate and operational senior nursing team. The ward quality metrics continue to show a sustained improving position. Discussions are being held by the operational and corporate nursing teams regarding assurance that the quality and safety of care is maintained and planning is underway to remove the QIF using a ward accreditation framework.
- Safeguarding Adults – During August there were a total of nine adult safeguarding alerts made; of which four were made towards the Trust relating to omissions of care. The remaining five alerts were raised by Trust staff towards other care providers and individual carers or relatives.
- Safeguarding Children – During August there were 16 children’s safeguarding concerns raised by the Trust; an increase of five compared to last month. Nine of the 16 related to children in Shropshire.
- Friends and Family Test (FFT) – During August 2015, 95% of patients responded positively that they would recommend the Trust to families and friends.
- Nursing & Midwifery Staffing Levels (Monthly) - The Board continues to receive assurance in relation to staffing levels on a monthly basis and narrative explanation provided where staffing hours are > 110% or < 85% than planned. During August the overall Trust wide staff fill rates were 93.4% registered nurses/midwives and 100.8% care staff during the day, and 95% registered nurses/midwives and 107.7% care staff during the night.
- Quality Update –
  - Pathology – All pathology laboratories must achieve Clinical Pathology Accreditation by the United Kingdom Accreditation Service (UKAS) by January 2016 as part of a national drive to modernise and develop pathology services. The Trust received its first transition inspection in Biochemistry during August 2015 over a 4 day period. The recommendation by UKAS inspectors is that Biochemistry retains its accreditation and the department also achieved the first part of UKAS accreditation. This is a significant achievement and the UKAS team were very positive in their feedback in relation to the professionalism and helpfulness of staff and the technical competence on the procedures observed.
  - Radiology – Both CT scanners have been successfully installed and operational at RSH leading to improved patient experience. Likewise, electronic requesting for radiology by GPs has been implemented with all GPs now using a non-paper process for requests. This has led to a more timely and thorough communication between GPs and the department as well as an improvement on the quality of referrals.

The Chair queried the reason for being unable to achieve the C difficile target this year. The DNO reported that there has been a target reduction of 13 this year, and the Trust did meet last year’s target comfortably. An increased number in C difficile cases are being seen linked to antibiotic use, however a report is received on a regular basis from Pharmacy which provides a good level of assurance. A root cause analysis (RCA) and DNA test is now undertaken for each case, and a meeting is also undertaken with the CCG on a monthly basis. Dr Walford (NED) also reported that this is monitored through the Quality & Safety Committee.

## OPERATIONAL PERFORMANCE

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

- A&E 4 Hour Access Standard - In August 2015, 90.70% of patients were admitted or discharged within the 4 hour quality target. The Trust continues to show under-performance against the 95% target; in addition it is 3% below performance against August 2014/15. Under-performance is due to an increase in Trust emergency attendances (8.63% higher compared to the same period in 2014/15).

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Medically Fit for Transfer (MFFT) List – The Fit to Transfer (FTT) 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 FTT list on a daily basis and consumes between 10-12% of the adult general and acute bed base.

- Delayed Transfers of Care (DTOC) – A sub-section of the patients on the medical fit to transfer list are those who are formally reported as delayed transfers of care (DTOC). This occurs when a patient is ready to depart from acute or non-acute care and is still occupying a bed. The national target for DTOC is 3.5% with a stretch target this year of 2.5%. DTOC's within SaTH are well above the national target and represent around 8% of the total bed base being unavailable due to delays outside of the Trust. Work continues with partners in an effort to reduce these numbers.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in August with 74.89%. Work continues to clear backlogs in challenged specialties. Performance against trajectories is being monitored on a weekly basis. Expected delivery is 1 October 2015 with the exception of Trauma & Orthopaedics and Oral Surgery. Recovery plans are being finalised with both requiring commissioner and NHS England support.
- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust achieved the overall RTT standard of 95% for Non-Admitted Patients during August with 95.33%
- Referral to Treatment (RTT) : Incompletes – The Trust delivered the overall 92% RTT standard in August with 92.11%
- 52-Week Breaches – There were no 52-week breaches reported in August 2015
- Cancer – Seven of the nine cancer standards were achieved in August 2015; non-compliance relates to 2-week wait breast symptomatic and 62-day urgent referral to treatment. A number of actions are on-going to assist in providing additional stability to the Trust's level of compliance.

Dr Hooper (NED) reported that the September Audit Committee noted that the 'Fit to Transfer' audit is 95% complete. Dr Hooper confirmed that the final report will be circulated to the Audit Committee members as soon as it completed and Quality and Safety Committee will be asked to provide assurance on the implementation of the recommendations, and will consider sharing the findings with partner organisations.

## FINANCIAL PERFORMANCE

The FD reported that the Trust's financial plan has not changed from the position reported in Month 4:

- Income – At the end of Month 5 the Trust had planned to receive income amounting to £130,937 million and had generated income amounting to £131,278 million, an over performance of £341,000
- Pay Position – In the opening five months of the financial year, pay budgets overspent as compared with Plan by £2,062,000. Consistently, pay spending across the Trust is heavily influenced by the level of temporary staff
- Agency Spending - In the month of August remained high, amounting to £1.349m (166.29 WTE).
- Bank Usage – As with Agency staffing, 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 five months of the financial year, non pay budgets overspent as compared with Plan by £362,000.
- Cost Improvement Programme – The Trust has assumed a requirement to deliver internal efficiencies at a rate equivalent to 4.6% As part of the overall Cost Improvement Plan (CIP), the Trust has identified cash releasing efficiency CIP schemes equating to £14.9m. At the end of

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August it had been assumed that savings amounting to £5,720k would have been delivered, however, the actual level of savings amounted to £3,972k.

- Cash Flow – The Trust held a cash balance of £4.865m on the balance sheet at the end of August 2015.

The members were informed that the Trust was £675k away from planned position at end August 2015. The FD mentioned that high-cost drugs are not being reimbursed at 100%; which at the end of August cost the Trust £350k. It is expected that performance will be worse than £5m deficit; it was therefore suggested that the reserves that sit in the budget should be spread across all lines.

## WORKFORCE

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

- Sickness - During August sickness absence for the Trust fell to 4.04%, compared to 4.32% in the same month last year. Whilst improvements in performance can be seen, year to date performance remains above 4%. To support performance, immediate actions have been implemented and further options are being reviewed to assess long term sustainability.
- Appraisals – Appraisal completion rate remains at 84% which is an under performance against the Trust target of 100%. Discussions have been held with Care Groups and a number of actions are being implemented to ensure improvement.
- Statutory & Mandatory Training – Overall compliance fell by 1% to 73% which remains an under performance. Actions are being taken to deliver bespoke training sessions within departments to support attendance, and HCA inductions are being delivered at weekends to protect training capacity. Further options are also being reviewed.
- Recruitment – The Trust's "*Belong to Something*" campaign continues to create interest, and a corporate video has now been launched on the Trusts recruitment web page and through social media. Interaction is on-going with medical staff to develop the campaign further to support doctor recruitment. During August, the Trust was awarded 21 Certificates of Sponsorship for Filipino nurses and it is expected that they will commence during October/November. Work continues with a number of external agencies to secure a further 46 certificates and to see nursing added to the shortage occupation list. New rules regarding the management and control of nurse agency spend have been published by Monitor and the TDA which puts in place a spending cap of 8% for the remainder of this financial year (spending in the first four months of the year was 10.9%). In addition we are instructed to use off-Framework agencies (Tier 5) only in exceptional circumstances which are expected to be rare. The Trust will be required to report monthly to the TDA performance against these rules and targets. Work is underway with operational management teams to enhance a number of internal control measures. A concern to meeting this cap is the recruitment challenges that the Trust is facing, in particular securing overseas nurses which is a critical element of the recruitment plan. This is being reviewed by the Executive team.

## SELF CERTIFICATIONS

The members discussed the Governance and Monitor Licence Board Certifications. The COO enquired if the detail should relate to the previous month (July) rather than August. The DCG confirmed that she had sought assurance from the Trust's Performance Team and it is the current month's activity that the TDA require. The Contracts Team report the validated figure, when available.

It was noted that the RTT target should now refer to the 92% Incomplete standard, which the Trust had achieved.

Following discussion, the members **APPROVED** the Certifications, subject to the continued financial support from the TDA.

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2015.2/150

**KPMG EXTERNAL AUDIT ANNUAL LETTER 2014/15**

The FD presented a letter, dated 21 July 2015, from the External Auditors KPMG relating to key issues arising from the 2014/15 audit of the Trust.

The letter highlighted the scope of the audit undertaken; draft findings of mandated work in regard to the Trust's Quality Accounts, public interest reporting and key findings.

The Board **NOTED** the content of the letter.

2015.2/151

**BOARD ASSURANCE FRAMEWORK**

The DCG presented the Board Assurance Framework (BAF) which had previously been considered by the August Risk Committee and September Audit Committee.

The DCG reported that the risks which feed into the BAF are updated on a regular basis on a web-based system; and confirmed that the Executive members had updated their overarching corporate risks.

The Chair confirmed that he feels reassured of the process and that it is under control.

Following discussion, the Board **RECEIVED** and **APPROVED** the Board Assurance Framework.

2015.2/152

**RISK MANAGEMENT STRATEGY**

The DCG presented a paper which highlighted that in line with best practice, the Risk Management Strategy is reviewed annually. The Trust's risk management processes are reviewed annually by Internal Audit as part of their review of the Board Assurance Framework. The last review, carried out in July 2015, gave an opinion of substantial assurance on the processes in place in the Trust.

The Risk Management Strategy has previously been considered by the Risk Committee and Audit Committee and it has been consulted upon throughout the organisation.

The Chair was pleased to note that there is a high level of sophistication around the development of 'risk appetite' which the DCG confirmed was discussed, at length, during the August Risk Committee.

Following discussion, the Board **RECEIVED** and **APPROVED** the Risk Management Strategy.

2015.2/153

**TRUST COMMITTEE REVIEW**

The DCG presented a paper regarding the recommended annual review of the Trust Board Committee structure.

Performance of the formal sub-committees of the Board should be appraised to ensure the structure is fit-for-purpose; with clear focus on key strategic imperatives, assurance of systems, the reduction of duplication and delivery against robust plans.

The Trust Board continues to receive a short written summary of key issues arising from each Committee, and draft minutes from each Committee are included in the Board members' information pack, which has been identified as best practice by external audit.

It was agreed at the Trust Board meeting in November 2013 that the committee structure is to be reviewed annually; *and* the Terms of Reference (ToR) of all Tier 2 Committees are to be reviewed by the relevant Committee and ratified annually by the Trust Board.

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The COO informed the members that she will discuss the Confirm and Challenge meeting reporting to the Hospital Executive Committee (HEC) with the new Chief Executive following his commencement; and Mr Newman (NED) highlighted that he had been omitted from the Corporate Trustee membership.

Taking the above slight amendments into consideration, the Board **REVIEWED** and **APPROVED** the Committee structure and **NOTED** the membership of each Committee.

2015.2/154

## ANNUAL REPORTS 2014/15

### Research & Innovation

The MD presented the Research and Innovation (R&I) Annual Report 2014/15.

The paper highlighted that Research activity continues to flourish across the Trust with 1,555 patients entered into National Research Ethics approved studies. Additionally R&I provided practical support, advice and training to staff for 18 own account or further education research projects.

National High Level Objectives (HLOs) were met for recruitment, time to approve new studies and increasing commercially funded research. The Trust continues to work towards HLOs related to time to recruit first patient and overall time and recruitment target achieved. The Trust were the leading Trust in the West Midlands Clinical Research Network for increasing participation in industry funded research and the conversion rate for expressions of interest to lead to being accepted as a site, in competition with the rest of the UK, has reached 50%. Involvement in such research has given patients the opportunity to access new treatments, otherwise unavailable through the NHS whilst saving on drug costs and reducing in-patient events.

The Trust profile continues to be raised in the research world. It remains, for the second year, in the national top 100 recruiters on the National Institution for Health Research/Guardian website; and achieved top recruitment in the UK for four global studies and entered the first patient in the UK for one other.

Research & Innovation continues to maintain good financial governance and is funded from external source; it is therefore a net contributor to the Trust. The ability to continue to develop and grow both research and innovation is hampered by severely inadequate accommodation both at RSH & PRH.

The COO enquired if the income covers the costs and if the service is being used actively for PhD students; the MD confirmed that the income does cover the costs and the service is overseen by academic supervisors.

It was also queried if there is an overlap in service between Research & Innovation and Clinical Audit; it was confirmed that there are areas of co-operation between the two services.

The Chair asked the WD if this service could be an opportunity to attract people into the Trust; the WD confirmed that this is in her thoughts as an area for development.

Following discussion, the members **RECEIVED** and **APPROVED** the 2014/15 R&I Annual Report. The Chair asked the MD to report back to a future Trust Board on progress to secure suitable accommodation at RSH and PRH for the R&I Department so they can increase the provision of the service.

**Action: MD Due: January 2016 Trust Board**

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## 2015.2/155 COMMITTEE UPDATES

The following Committee updates were provided, for information only:

- Business Development & Engagement Committee – 16 September 2015
- Workforce Committee – 14 August 2015
- Risk Committee – 20 August 2015
- Audit Committee – 17 September 2015
- Finance Committee – 22 September 2015
- Hospital Executive Committee – 22 September 2015
- Quality & Safety Committee – 19 August & 17 September 2015

The members **NOTED** the content of discussions held at the Committee meetings during the past month.

## 2015.2/156 ANY OTHER BUSINESS

No further business was raised.

## 2015.2/157 QUESTIONS FROM THE FLOOR

**Q1** Mr Peter Gillard highlighted that the Board had talked of the Trust's current fragility and reported that details of an interim A&E Plan don't appear to be in the public domain. He reported that he submitted a Freedom of Information (FOI) request but unfortunately the information has not been made available to him. In the interests of the public, he suggested for the documentation to be released, and also asked the Board to ask the FOI Officer to reconsider their response.

**A1** The Chair confirmed that there is an immediate, short term and long term element of Future Fit.

The 'immediate' element relates to the Business Continuity Plan that is being developed in the event that the Trust reaches 'tipping point'.

The 'short to medium' solution relates to the tentative scoping work around options rather than waiting 7 – 8 years. A level of work needs to be undertaken to create a plan.

The 'long term' plan relates to the clinical model, supported by clinicians. This does speak of having a single Emergency Centre with a supporting network of Urgent Care Centres.

It was reported that moving the A&E Department is part of a jigsaw, and a number of wider issues would need to be addressed. This has been discussed in the public domain on numerous occasions.

Following discussion, the Chair asked the DCG to review the request and the Trust response.

**Action: DCG**

**Q2** Ms Sylvia Jones highlighted that two thirds of the population in South Shropshire are aged 60+ and she enquired if the organisation has investigated the wider consequences if Future Fit is implemented, and if so, could she have sight of documentation.

**A2** The Board recognised the public's concerns but confirmed that these are being planned for as much as is possible, including discussions relating to Rural and Urban Urgent Care Centres.

The MD reported that innovative steps are being taken to address issues, involving Ambulance Services. He also confirmed that all information is available via the NHS Future Fit website (<http://nhsfuturefit.org>).

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Additionally, the DBE confirmed that she would ensure Ms Jones has the information made available to her. **Action: DBE**

**Q3** Mr Sandbach believes the Strategic Outline Case (SOC) to be in breach of Trust Standing Orders and in breach of Treasury guidance on public spending as he believes the SOC is a plan for a deficit.

**A3** Mr Sandbach was informed that the statutory responsibility is to deliver the SOC requirements and the Trust would await feedback from the TDA on the financial consequences.

**Q4** Mr Sandbach enquired if the Trust has had any formal or informal intimations on the Strategic Outline Case from the Trust Development Authority (TDA), Department of Health (DoH) or Treasury that it will 'fly' from their point of view.

**A4** Mr Sandbach was informed that information received suggests the Trust should re-examine the affordability of the Strategic Outline Case.

**Q5** Mr Sandbach reported that the Future Configuration of Hospital Services Programme (FCHS) was more than just the Women & Children's Service and, following the meeting's FCHS discussion, he did not feel the additional services had been covered.

**A5** The DBE confirmed that the scope of the review commissioned was limited to Women and Childrens services. She would look at the wider elements of the FCHS Programme and report back. **Action: DBE**

**Q6** Mr Sandbach enquired if the historic deficit equates to over £34m.

**A6** The FD confirmed that it does equate to £34m and the Auditors have again brought this to the attention of the Secretary of State as outlined in their Annual Letter.

**Q7** A member of the public raised the authorised leave of Caron Morton and Dr Bill Gowan.

**A7** The Acting CEO advised that he had met with Bridget Stacy, Interim CEO of Shropshire Clinical Commissioning Group (CCG).

No further questions / comments were received

**2015.2/158 DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 29 October 2015 at 2 pm in the Elephant & Castle Hotel, Broad Street, Newtown, Powys, SY16 2BQ

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## MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 24 SEPTEMBER 2015

Item	Issue	ACTION OWNER	DUE DATE
2015.2/138	<i>Declarations of Interest</i> To remove 'Global Enterprise Solutions Limited' and 'Oak Street Wimblington Limited' from Dr Hooper's Declaration of Interest.	Committee Secretary	29 October 2015 ACTION COMPLETED
2015.2/139	<i>Minutes of Meeting held 27 August 2015</i> Additional discussion added to August Minutes, as highlighted by Mr Newman	Committee Secretary	29 October 2015 ACTION COMPLETED
2015.2/140	<i>Childrens National CQC Survey</i> To discuss learning opportunities with Workforce Committee.	DNQ	29 October 2015 AGENDA ITEM
2015.2/140	<i>Patient Experience Strategy Update</i> To obtain views via workshops & listening events during Autumn and present Patient Experience Strategy to Board by year end	DNQ	3 December 2015 FORWARD PLAN
2015.2/146	<i>NHS e-Procurement Strategy</i> To present IT Strategy Update to December Trust Board	FD	3 December 2015 FORWARD PLAN
2015.2/154	<i>Research &amp; Innovation Annual Report 2014/15</i> To report back to future Trust Board on the wider provision of the R&I service	MD	28 January 2016 FORWARD PLAN
2015.2/157	<i>Questions from the Floor</i> <ul style="list-style-type: none"> <li>• To review Mr Peter Gill's FOI request and the Trust's response</li> <li>• To forward FutureFit information to Ms Sylvia Jones</li> <li>• To look at wider element of FCHS Programme and report back</li> </ul>	DCG  DBE DBE	29 October 2015  29 October 2016  3 December 2015 FORWARD PLAN

..... Chair  
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