

TRUST BOARD MEETING
Held on Thursday 29 October 2015
The Elephant & Castle Hotel, Broad Street, Newtown, Powys

PUBLIC SESSION MINUTES

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

2015.2/159 **WELCOME:** The Chair welcomed Mr Simon Wright as the new Chief Executive; 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 questions at the end.

The Chair also reported that the Board meeting was Mr Dennis Jones' last as his term of office was ending after 8 years as a Non-Executive Director and Chair of various Trust Committees. The Board thanked Mr Jones and wished him well in his retirement.

2015.2/160 **CHAIR'S AWARD**

The CD informed the members that the Board usually invites a member of staff to receive the Chair's Award, however this month's Board was taking a different approach.

Earlier this month a large number of Trust staff were commended as SaTH Heroes. Colleagues took the time to write to the Trust to nominate staff members and they were presented with an Award by the Chief Executive and a representative from the Patient Experience and Involvement Panel for the time and devotion that they provide to the NHS every day.

The CD highlighted some of the individuals and departments commended at the events including the Accident & Emergency Departments at RSH and PRH as well as volunteers and fundraisers.

The CD reported that many nominations are regularly received for the Chair's Award, and they were incorporated with the nominations for the SaTH Heroes event.

..... Chair
3 December 2015

2015.2/161

PATIENT STORY

The DNQ reported that the Board is presented with either a positive, negative or mixed Patient Story at each meeting. The following story was presented on behalf of the individual which detailed:

"Following a consultation and referral from Shropdoc, I arrived at A&E in the early hours with a hernia. As the doctor was unable to manipulate the hernia back into place, an x-ray was arranged with a view to surgery. I felt that the professional manner of the anaesthetists was very reassuring, as well as the attentive and caring nature of the nurses in the Recovery ward.

A bed was found on Ward 26S. Whilst on the ward, I found the Health Care Assistant (HCA) and various other staff members to be friendly and caring; however I felt the mood on the ward changed when the shift changed to the night staff.

An Enhanced Patient Support (EPS) supernumerary nurse was stationed on the bay to ensure a poorly and restless patient was not left unattended; and two HCA colleagues were being disruptive by talking loudly, which disturbed at least three patients in the bay. One of the patients opposite, with a Butterfly symbol above her bed (symbol for patients with dementia or in need of memory support), appeared to be genuinely confused but I felt the HCA's treated her in a dismissive way. After the two HCA's went on their break, the Staff Nurse could see that I was dismayed by their attitude and assured me that she would talk to them.

The following morning (Friday) brought a new team onto the ward. There were mixed messages about medication which, following a constructive discussion with the Staff Nurse, she assured me that she would look into from a patient perspective.

Things seemed to change again as the night team arrived on duty - yet again I felt the nurse in the EPS role was prickly, abrasive and disrespectful of patients. I also felt the Nurse in Charge lacked compassion and was full of her own elevated importance.

As I was being discharged on the Sunday afternoon, I relayed my concerns to the Nurse in Charge and we discussed the dependence of SaTH on Bank and EPS nurses".

The DNQ informed the members that the patient raised her concerns to help improve other patients' experiences. Consent has been gained from the patient to use this example during HCA training sessions and the patient has agreed to work with the Trust in supporting staff training and a prototype to minimise the paper-trail within patient notes.

Mrs Leeding (NED) highlighted that the 'mood on the ward' seemed to change each time a different shift commenced. The DNQ reported that she discussed this with the patient who reported that it was specifically in relation to the level of compassion from the HCA's and EPS staff during the night shifts. Mrs Leeding enquired if the night shifts could be standardised and suggested placing critical staff on duty at night. The DNQ reported that the majority of staff rotate between day and night shifts.

The CEO relayed his concerns of the attitude of the night duty staff and suggested introducing unannounced visits from matrons. The DNQ reported that she and the MD & CD and Heads of Nursing have previously undertaken unannounced visits at night.

In relation to HCA positions, the COO reported that a fifth of positions have recently been appointed through the Values Based Recruitment sessions. It was queried if Bank and Agency staff could also be recruited via Values Based Recruitment; the members were informed that this could prove challenging due to the number of agencies that the Trust use, however the Trust is entering into a Framework Agreement and there may be an opportunity to set standards for all Agencies.

..... Chair
3 December 2015

The members were assured that a number of measures have been taken to improve matters that have been highlighted on the wards which include patient folders, notices on patient bed sides, and patient representatives / volunteers also encourage patients to talk to them if they have any concerns.

2015.2/162 BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

2015.2/163 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 24 September 2015.

The Minutes of the Trust Board were approved as a true record.

2015.2/164 ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 24 SEPTEMBER 2015

2015.2/164.1 2015.2/072 – VTE Update
MD to provide update.

The MD assured the members that the Trust continues to achieve the VTE target; it did dip below the 95% target during the winter period, however it has returned to achieving above 95%.

Completed. Action Closed.

2015.2/164.2 2015.2/140 – Children's National CQC Survey
DNQ to discuss learning opportunities with Workforce Committee.

The DNQ reported that she had been asked to invite a member of Women & Children's to attend the October Workforce Committee to discuss the above; however they were unable to attend. The DNQ assured the Board that a W&C staff member is due to attend the November Workforce Committee.

Completed. Action Closed.

2015.2/164.3 2015.2/140 – Patient Experience Strategy Update

DNQ to obtain views via workshops and listening events during Autumn and present Patient Experience Strategy to Board by year end.

**Action: DNQ Due: 3 December 2015 Trust Board
Added to Forward Plan**

2015.2/164.4 2015.2/146 – NHS e-Procurement Strategy

FD to present IT Strategy Update to December Trust Board

**Action: FD Due: 3 December 2015 Trust Board
Added to Forward Plan**

2015.2/164.5 2015.2/154 – Research & Innovation Annual Report 2014/15

MD to report back to future Trust Board on the wider provision of the R&I service

**Action: MD Due: 28 January 2016 Trust Board
Added to Forward Plan**

2015.2/164.6 2015.2/157 – Questions from the Floor

DCG to review Mr Peter Gillard's FOI request and the Trust's response.

Response forwarded to Mr Gillard.

Action Completed.

DBE to forward NHS Future Fit information to Ms Sylvia Jones

Information forwarded to Ms Jones.

Action Completed.

..... Chair
3 December 2015

DBE to look at wider element of FCHS Programme and report back

Action: DBE Due: 3 December 2015 Trust Board

Added to Forward Plan

2015.2/165

3-MONTH FORWARD PLAN

The 3-month Forward Plan was presented for information.

2015.2/166

CHIEF EXECUTIVE'S OVERVIEW

The CEO reported that he has been in post for four weeks and feels he has been warmly received by SaTH and its partner organisations. He highlighted that he will continue to spend time to listen to concerns that the system, community and staff are facing.

One of the CEO's first duties was to attend the fourth SaTH Leadership Conference; he enjoyed the motivational presentations made by Andrew McMillan and Linda Moir regarding customer service.

He reported that the Trust has recently celebrated the first anniversary of the Women & Children's Centre at the Princess Royal Hospital; and also the news that the Government has temporarily added nursing to the Shortage Occupation List. The Trust has made offers to over 60 nurses from the Philippines and subject to successful applications for Certificates of Sponsorship they should be on the wards by the end of February, which will alleviate some of the problems going into the winter period.

The CEO provided updates on the following topics:

1. Virginia Mason Institute (VMI) – This is described as one of the safest hospitals in the world. SaTH has been selected to work closely in an exciting five-year partnership with VMI along with four other hospital Trusts.
2. Winter Period - The Trust will revisit plans to support the increase in demand during winter, looking at additional beds, management of treatment and length of stay. There has been a change in national NHS structure which sees the NHS Trust Development Authority (TDA) merge with Monitor to become NHSI (Improvement).

2015.2/167

MID YEAR REVIEW OF OPERATING PLAN 2015/16

The DBE presented an update on progress against the ten strategic priorities that had been agreed by the Board for 2015/16. These have been RAG (Red, Amber, Green) rated and assessed in terms of progress, along with a narrative of each:

1. Reduce harm, deliver best outcomes and improve patient experience throughout Quality Improvement Strategy. Currently AMBER
2. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. Currently AMBER
3. Develop a clinical strategy that ensures the safety and short-term sustainability of our challenged clinical services pending the outcome of the Future Fit Programme. Currently AMBER
4. Undertake a review of all current services at specialty level to inform future service and business decisions.
5. Develop a sustainable long-term clinical services strategy for the trust to deliver our vision of future healthcare services through our Future Fit Programme. Currently AMBER
6. Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work. Currently GREEN
7. Support service transformation and increased productivity through technology and

..... Chair
3 December 2015

continuous improvement strategies. Currently AMBER

8. Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and wellbeing of our population. Currently GREEN
9. Embed a customer focused approach and improve relationships with our GPs through our Stakeholder Engagement Strategy. Currently AMBER
10. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme. Currently RED.

The members discussed Strategic Priority 2 relating to '*Addressing the existing capacity shortfall and process issues to consistently deliver national healthcare standards*'. It was highlighted that whilst internal winter plans are progressing, system-wide winter plans remain under discussion.

It was reported that SaTH continues to be unable to address its shortfall in capacity and it was suggested that the Trust's partners assist in releasing capacity back to the Trust, and to assist in the utilisation of minor injuries units.

The Trust currently has 65 beds with patients who are Delayed Transfers of Care and the number of patients who are medically fit for transfer is consistently above 100; 16% inpatient capacity has been lost from patients not being transferred out when they should have been.

Mrs Leeding (NED) enquired where the Trust would be by the end of the year. The COO reported that the Trust will likely be at a RAG rating of Amber at the end of the year; although two medical wards will be released, one on each site, to protect operations throughout the winter.

The CEO reported that the capacity issue is common throughout the England and Wales Health Service; he feels the solution would be to invest in partnership working, keeping the patient clearly in focus.

A member of the public from South Shropshire raised the change in beds at the Ludlow Community Hospital and enquired if the Trust had been made aware of it. The COO reported that the Trust had been made aware of the change in inpatient beds and reported that most significant challenges in Shropshire related to discharge to home rather than to community hospital.

The members also discussed Strategic Priority 3 relating to '*Develop a clinical strategy that ensures the safety and short-term sustainability of our challenged clinical services pending the outcome of the Future Fit Programme*'. The members were informed that the two main actions relate to the delivery of a winter plan and also to the provision of elective work in the Day Surgery Unit.

It was reported that the Trust continues to struggle to recruit permanent consultant staff to the emergency department with permanent staffing levels significantly below College standards. The members were informed that the TDA has been approached.

The WD assured the members that a high number of temporary / locum staff have been employed to ensure the provision of a safe service, and the Trust has a dedicated workforce who have provided cover when required.

Strategic Priority 10 '*Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme*' was also discussed.

The Trust continues to remain in a very difficult financial position. The Trust's original Financial Plan delivered a deficit of £17.2m; however the Trust has received correspondence from the NHS Trust

..... Chair
3 December 2015

Development Authority (TDA) which requires all Trust's to work to a stretch target in 2015/16. The target set for SaTH is a revised financial position of £15.2m. The FD reported that the Trust is currently at a deficit of £9.3m at Month 6, and is therefore forecasting an end of year deficit of £17.8m. The RAG rating is currently RED due to difficulties in being able to deliver the stretch target. The Trust is therefore preparing a revised Financial Plan focusing on actions, for which the Trust has the operational influence to deliver, to reduce the current deficit and offer financial support to cover winter pressures.

The Chair thanked the DBE for providing the update. The DBE reported that a review will be undertaken again in the New Year.

The Board **RECEIVED** and **APPROVED** the Mid-Year Review of the Operating Plan 2015/16

2015.2/168

MORECAMBE BAY MATERNITY REVIEW

The DNQ reported that the Morecambe Bay Maternity Review was received by all Trusts earlier this year. A self-assessment of the Trust against the recommendations for provider organisations was completed by the Women and Children's Care Group and presented to the Quality & Safety Committee during June 2015.

The Q&S Committee has requested that the Women & Children's Care Group attend the Q&S Committee during quarter four of the financial year to provide assurance of the actions; following which the Board will receive an update.

Action: DNQ / Q&S Committee Due: March 2016

2015.2/169

NHS FUTURE FIT UPDATE

The DBE reported that the NHS Future Fit Programme Board met on 1 October 2015 and the Programme Board agreed the following recommendations:

- To note the outcomes of the process for appraising shortlisted options;
- To defer reaching any conclusion about recommending a 'preferred option' to Sponsor Boards until the Board is assured that there is an approvable case for investment;
- To ask for an update at its November meeting on how commissioners and providers plan to take forward parallel discussions on dealing with the remaining financial deficit;
- To ask SaTH to bring forward proposals for an interim solution to its workforce challenges that will ensure the on-going safety of clinical services, and;
- To ask its Core Group of Sponsor Chief Officers to urgently agree and communicate to Board members the implications of the current position for each of the Programme's workstreams and the overall Programme timetable.

The above means that the Programme's previous 'compressed' timetable cannot now be delivered and the Public Consultation on Programme proposals will not commence in late December.

To progress, SaTH and its hospital clinicians are required to work with patients and wider stakeholders to develop solutions to the immediate challenges their services face. This includes immediate business continuity as well as developing Outline Business Cases (OBC) for an Emergency Centre in Telford or an Emergency Centre in Shrewsbury which will take approximately 6-9 months to complete. Following this, public consultation will take place to shape the final decisions for NHS Future Fit.

The DBE reported that the Trust will progress with the Urban Urgent Care model and include within its SOC; whilst the Programme Board and Shropshire Community will progress the Rural Urgent

..... Chair
3 December 2015

Care model work. The WD is now the Chair on the Workforce workstream and should develop system-wide workforce plans to develop the NHS Future Fit model.

Mr Newman (NED) questioned the Programme Board's processes during the last two years and the options that can be progressed within the organisation to achieve an improved position.

The MD reported that the positives that have come from the NHS Future Fit exercise over the last two years included the development of a clinical model based on a network of urgent care centres supporting a single Emergency Centre.

Mr Newman also queried the requirements for the Urgent Care Centre and the pace of defining and concluding on the model within the timeline. It was reported that the detail will be incorporated within the SOC/OBC and that there will be a comprehensive engagement and consultation strategy with the public and other stakeholders focusing on the case for change and improving outcomes. This process will begin in the new year and continue up to the formal consultation process in late 2016. It was also reported that both the engagement plans and the decisions around the SOC need to take account of the Welsh elections next spring and that any options approval process cannot progress in purdah of next year's elections.

Following discussion of the concerns expressed, the Board proposed:

- To progress the Urban Urgent Care Centre solution as part of the SOC
- To produce a SOC and Outline Business Case for both site solutions
- To progress a public engagement and consultation process

The Board RECEIVED and NOTED the NHS Future Fit Programme Board report and CONSIDERED the Programmes next steps
RECEIVED and NOTED the Future Fit Appraisal of Options Report
RECEIVED and NOTED THE Rural Urgent Care Centre Sub-Group Report and CONSIDERED the CCGs proposed next steps

2015.2/170

TRUST POLICIES:

Additional Clinical Activity

The WD presented the Additional Clinical Activity Policy which relates to the payment for additional clinical activity (Waiting List Initiatives) performed by the Trust's senior medical staff.

The policy had an original implementation date of 1 November 2015 however this has been revised to 1 February 2016 taking into account notice periods.

Mrs Leeding (NED) highlighted the level of salary that this staff group earns and suggested that the additional activity should be undertaken within their normal working hours.

The MD reported that there is a national time-sensitive contract and terms and conditions to which the Trust is bound. He also informed the members that the vast majority of Trust Consultants already undertake more than their contracted sessions/hours.

The FD highlighted that this is one of the hidden costs that comes from the winter fragility due to cancelled operations and backlog of work; if the winter can be managed efficiently, the problem could be reduced.

Following discussion, the Board **APPROVED** the Additional Clinical Activity Policy with an implementation date of 1 February 2016

..... Chair
3 December 2015

Trust Health & Safety Policy

The DCG presented the Trust Health and Safety Policy which has been updated to reflect legislative changes, and to recognise organisation changes within the Trust, specifically to enhance the Estates Department.

The Board **APPROVED** the Trust Health & Safety Policy, and Statement of Intent.

2015.2/171

TRUST PERFORMANCE REPORT

The Board **RECEIVED** the Trust Performance Report in respect of the month of September 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 September 2015:

- Infection Prevention & Control – reported a further four cases of C difficile in September, therefore the year to date incidence of C difficile is 20. 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 and awareness raised of the need for rapid isolation of patients with symptoms, although there is a shortage of side rooms across the RSH and PRH sites. Most cases are caused by antibiotic usage and this is predominantly in line with the antibiotic policy. A recovery meeting will be held with senior doctors, nurses and stakeholders. The DNQ reported that every case of C.diff has a root cause analysis which is reported to the CCG and TDA, and the detail is discussed at the monthly Trust Quality & Safety Committee which reports directly to the Trust Board.
- Serious Incidents / Never Events – There were 4 SIs reported in September; two delayed treatment (both Ophthalmology); one delayed diagnosis (#NOF) and one wrong site surgery (Never Event). SIs year to date (2015/16) equates to 33.
- Pressure Ulcers – The Trust reported 0 avoidable and 0 unavoidable Grade 4 pressure ulcers; 0 avoidable and 0 unavoidable Grade 3 pressure ulcers; two avoidable and one unavoidable Grade 2 pressure ulcers and 15 Grade 2 unknown.
- 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. A plan is currently being implemented to review and assess the quality of care and leadership on the Ward. A final decision to remove the QIF will be made at the end of November 2015 involving the operational and corporate nursing teams.
- Safeguarding Adults – During September there were a total of ten adult safeguarding alerts made; five were made towards the Trust relating to omissions of care. None of the alerts met the criteria for Section 42 of the Health and Care Act; therefore not investigated by the local authorities. The remaining five alerts were raised by the trust staff towards other care providers and individual carers or relatives. All of the alerts were found to relate to Shropshire CCG population.
- Friends and Family Test (FFT) – From the August 2015 data, the Trust FFT overall response rate improved to 32.5% and a score of 95%. This put the Trust as one of the highest performing NHS Trusts in England for the month. Likewise, the inpatient response rate in the month increased to 47% which was a 15% increase compared to the previous month.

..... Chair
3 December 2015

- Patient Experience – During September the final version of the West Midlands Quality Review Service (WMQRS) review of Transfer from Acute Hospital and Intermediate Care (TACIC) was circulated within the Trust. Key themes for improvement emerged from the review and actions will be shared and monitored for assurance to the Quality & Safety Committee, which reports to the Trust Board.
- 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 September the overall Trust wide staff fill rates were 91.7% registered nurses/midwives and 105.5% care staff during the day, and 96.1% registered nurses/midwives and 111.8% care staff during the night.
- NHS England – Hard Truths 6 monthly nurse staffing review – This will be presented to the Trust Board during December 2015. **Action: DNQ Due: December 2015 Trust Board**

OPERATIONAL PERFORMANCE

The COO presented the following update in relation to Operational Performance during the month of September 2015 and reported that the increase in pressure is being encountered nationally

- A&E 4 Hour Access Standard - In September 2015, 87.53% 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 September 2014/15. Under-performance is due to:
 - An increase in Trust emergency attendances (8.21% higher compared to the same period in 2014/15 which is an increase of 4,675 attendances between April - September)
 - Variation in presentation of attendances still being a primary cause for breaches on the PRH site, and workforce staffing issues. The main period of breaches has not changed and remains in the event and the early part of the morning.
 - A plan to increase the cubicle capacity at PRH has been agreed and is likely to take place by end-November 2015.
 - 1.90% increase in emergency admissions for September compared to the same period last year; this is an increase of 445 admissions between April – September
- Medically Fit for Transfer (MFFT) List – This 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 positively 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. During September 2015, 360 patients and 1,787 bed days were lost.
- 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. DTOC continues to remain a problem across The Board agreed that this target is as important as the A&E 4-hour access target. The COO reported that 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 September with 74.96%. Work continues to clear backlogs in challenged specialties to get ahead of trajectory before winter to try and sustain the 92% performance over this period. Performance against trajectories is being monitored on a weekly basis and remedial action taken to address any further concerns.

..... Chair
3 December 2015

- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust achieved the overall RTT standard of 95% for Non-Admitted Patients during September with 95.16%
- Referral to Treatment (RTT) : Incompletes – The Trust achieved the overall 92% RTT standard in September with 92.43%
- 52-Week Breaches – There were no 52-week breaches reported in September 2015
- Changes to Operational Standards for 18 week Referral to Treatment – The Trust is now only mandated to deliver the incomplete standard; although the admitted and non-admitted standards will continue to be monitored.
- Cancer – Seven of the nine cancer standards were achieved in September 2015 resulting in two failures.

The Board paid tribute to staff for maintaining services under such pressures.

The COO reported a number of activities are on-going to assist in providing additional stability to the Trust level of compliance, which include:

- Use of internal escalation process to the Assistant Chief Operating Officer for Scheduled Care when there is no capacity to treat a patient within the waiting time target
- Constant review of systems and services to ensure exceptions to performance standards are investigated and action plans for improvements/changes to practice are implemented
- Continued focus on the Trust's own internal recovery plan. Areas of focus include non-admitted breach reduction, speciality breaches, creation of protected ambulatory care areas, processes within the Emergency Department, delivery of bay safe and a safer care bundle.
- Focus should be placed on discharge summaries and take home drugs to ensure patients are discharged before 1pm. Process mapping has been undertaken and work continues.

The COO reported that she is in contact with CCGs on at least a weekly basis, and often daily, with the Trust's capacity figures.

The CEO acknowledged that the Trust is experiencing a number of practical difficulties and suggested solutions to improve the Trust's current performance be incorporated into the planning cycle for next year. He requested that this be presented during early 2016.

Action: COO Due: January 2016 Trust Board

FINANCIAL PERFORMANCE

The report highlighted the Trust's budgets assume the delivery of a deficit at Month 6 amounting to £10,966m however the actual deficit recorded amounted to £11,611m; the forecast deficit at end of year is £17.8m.

- Income – At the end of Month 6 the Trust had planned to receive income amounting to £158,651 million and had generated income amounting to £159,185 million, an over performance of £534,000.
- Pay Position – In the opening six months of the financial year, pay budgets overspent as compared with Plan by £2,709,000; this is traced to two key factors which include costs associated with maintaining winter capacity amounting to £545,000, and the inability to deliver pay CIP savings targeted for the opening four months of the year amounting to £1,719,000.
- Agency Spending - In the month of September remained high, amounting to £1.372m (187.18 WTE).

..... Chair
3 December 2015

- 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.
- Waiting List Initiatives – A further factor impacting significantly upon pay spending relates to Waiting List Initiative payments. Over the past two years budgets have been realigned to reflect revised demand and capacity model. This has had the effect of increasing substantive pay budgets. Despite these budget increases, payments in respect of Waiting List Initiatives have continued at an average rate of circa £150,000 - £175,000 per month.
- 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.
- Maintaining Winter Capacity – During the period April – September 2015 the levels of spending committed by the Trust to maintain capacity, as established over the winter period, amounted to £840,000. The local CCGs have agreed to provide funding to cover spending committed in the opening two months of the year as per NHS England instructions.

The members were informed that the DNO met with the Scheduled and Unscheduled Care Group's Heads of Nursing and agreed a reduction of 25 whole time equivalent (WTE) staff which will come into effect from 8 November 2015. The Heads of Nursing responded well to this and the DNO and FD will monitor the effect. The FD reported that he has discounted the staffing saving from the £17.8m deficit and if delivered, it would reduce the deficit to approximately £17m.

It was reported that the NTDA would release the cash that underwrites the deficit to the amount of £15.2m; the Trust will therefore be faced with a shortfall of approximately £2m.

Following discussion, the CEO reported that he feels a figure of approximately £16m could be achieved; although robust plans are required for the winter period.

WORKFORCE

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

- Sickness - During September sickness absence for the Trust fell to 3.88% compared to 4.04% the previous month. A small number of areas within the Trust have absence rates above 4%, however a number of short and long term actions are in place to support performance, and further options are being reviewed to assess long-term sustainability.
- Appraisals – Appraisal completion rate improved with an increase of 2% to 87%. This remains an under performance against the Trust target of 100%. A number of actions are being implemented and further options are being reviewed.
- Statutory & Mandatory Training – Overall compliance rose to 75% but this remains an under performance against the Trust target of 80%. Options are being reviewed in relation to training as staff will be unable to be released from the wards for training during the winter period.
- Recruitment – The Trust welcomed three Filipino nurses during October and further cohorts will join the Trust in November, December and January. Nurse agency usage remains at a high level and work is on-going with operational management teams to control the use of high cost and off-Framework agencies in order to comply with Monitor/TDA new rules.

SELF CERTIFICATIONS

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

..... Chair
3 December 2015

2015.2/172

ANNUAL REPORTS 2014/15**Infection Prevention & Control (IPC) Annual Report**

The DNQ presented the Infection Prevention & Control Annual Report 2014/15.

During the year the Director of Infection Prevention & Control (DIPC) and the IPC Team consolidated their previous work in reducing avoidable health care associated infections (HCAI) at SaTH. There were two cases of MRSA bacteraemia apportioned to the Trust against a nationally agreed target of zero avoidable cases; however this was a vast improvement since 2003/04 when there was a peak of 58.

Clostridium difficile (C diff) numbers dropped slightly from 31 in 2013/14 to 29 cases in 2014/15. Therefore the Trust met the national target of not more than 38 cases which, again, showed an improvement in performance from 208 cases in 2007/08.

New challenges in prevention of HCAI include an international rise in other resistant organisms such as Carbapenemase Producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE).

All HCAI are monitored and reviewed by the Trust IPC Committee which reports to the Quality & Safety Committee on a monthly basis.

Following discussion, the members **RECEIVED** and **APPROVED** the Annual Report.

2015.2/173

COMMITTEE UPDATES

The following Committee updates were provided, for information only:

- Workforce Committee – 16 October 2015
- Finance Committee – 23 October 2015
- Hospital Executive Committee – 27 October 2015

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

2015.2/174

ANY OTHER BUSINESS

No further business was raised.

2015.2/175

QUESTIONS FROM THE FLOOR

Q1

Dr William Edmondson of the Shropshire People's Assembly Against Austerity acknowledged that the Trust is under great pressure.

He queried SaTH's data gathering procedure of ambulance outcomes and suggested there seems to be a lack of joined-up thinking. Dr Edmondson reported that the Ambulance Service was fined £500k last year. He enquired what can be undertaken to gather the correct data to better understand the outcomes for ambulance-conveyed patients; and also suggested approaching Shropshire Council regarding funding.

A1

The COO reported that the Trust is supported by the Emergency Care Implementation Programme; and the CEO informed the members that the approach is different, from Shrewsbury to Telford to Powys; he suggested a need of engaging with the public.

Q2

Dr Edmondson also raised that the Shropshire CCG is reviewing thresholds for hip and knee surgery and asked whether the Trust would be responding to the consultation.

..... Chair
3 December 2015

- A2** The MD asked that Dr Edmondson share more details with him
- Q3** A member of the public put forward a question on behalf of Mr Peter Gillard regarding the Freedom of Information (FOI) request that he submitted to the Trust on 27 August 2015 in relation to an interim A&E Plan.
- Mr Gillard has received a response from the Trust; however the request for further information has been refused again. Mr Gillard has been informed that the information will be made available to him when the plans are published at the end of November. It was highlighted that this is over the 28 day working period for an FOI request.
- A3** The CD reported that he undertook the review of the FOI request. The Trust's plan is to sustain the A&E Services whilst the Outline Business Case (OBC) is being completed.
- The members were informed that there is a requirement to have business continuity plans, and the Trust has those. The process will be completed by the end of November and the CEO reported that he feels the document can then be shared. The Chair agreed to join the 'table-top' exercise.
- The CEO agreed to share the current plan but suggested it may look very different in three to four weeks' time.
- Q4** A member of the public raised the 65 beds that are blocked within SaTH due to being unable to dispatch patients into the community for 'wrap-around' care. She highlighted that she would utilise her local Urgent Care Centre (Bishops Castle) but unfortunately the service is not available.
- She also raised the issue of closing an A&E Department due to the lack of Consultants and she enquired why this has not been foreseen/predicted.
- The member of the public suggested preventative measures that could be taken and enquired at what point would the Board push back to the CCG.
- A4** It was reported that not all patients need community beds / wrap-around service / social service solutions.
- The Trust has been very open and honest about staffing shortages within the A&E Departments. The Trust has undertaken a number of measures to ensure the provision of a safe service, such as overseas recruitment and the utilisation of locum doctors and although the Trust has expressed concerns regarding its fragility for a length of time, it continues to rely on the goodwill of its physicians.
- Due to time constraints, the members of the public were informed that Questions/Comments Cards were available to complete and return.
- 2015.2/176** **DATE OF NEXT PUBLIC TRUST BOARD MEETING**
Thursday 3 December 2015 at 2 pm in Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

..... Chair
3 December 2015

MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 29 OCTOBER 2015

Item	Issue	Action Owner	Due Date
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
2015.2/146	<i>NHS e-Procurement Strategy</i> To present IT Strategy Update to December Trust Board	FD	3 December 2015
2015.2/154	<i>Research & 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 Added to Forward Plan
2015.2/157	<i>Questions from the Floor</i> <ul style="list-style-type: none"> To look at wider element of FCHS Programme and report back to Board 	DBE	3 December 2015
2015.2/168	<i>Morecambe Bay Maternity Review</i> To provide an update to Board following discussion at Q4 Quality & Safety Committee	DNQ	31 March 2015 Added to Forward Plan
2015.2/171	<i>Trust Performance Report – Quality & Safety</i> To present NHS England Hard Truths 6-monthly nurse staffing review to Dec 2015 Board	DNQ	3 December 2015
2015.2/171	<i>Trust Performance Report – Operational Performance</i> To incorporate solutions to improve the Trust's current performance in the planning cycle for next year, and present to Trust Board during early 2016	COO	28 January 2016 Added to Forward Plan

..... Chair
3 December 2015