

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 31 March 2016
Seminar Rooms 1&2, Shropshire Education & Conference Centre, RSH

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr P Cronin Mr H Darbhanga Mrs D Leeding Mr B Newman Dr S Walford Mr S Wright Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Designate 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	Workforce Director (WD)
Meeting Secretary	Mrs S Matthey	Committee Secretary (CS)
Apologies:	Dr R Hooper	Non-Executive Director (NED)

2016.2/25

WELCOME:

The Chair welcomed the Board members and members of the public who were reminded that it is a meeting in public rather than a public meeting; however, given the high volume of public attendance, the Chair suggested adjourning the formal Board meeting to hold an open discussion around the Sustainable Services Strategic Outline Case and then re-convening the Meeting. The Board members agreed this approach.

2016.2/26

CHAIR'S AWARD

The Chair's Award was postponed; the recipients will be contacted to arrange their presentation.

2016.2/27

PATIENT STORY

The Director of Nursing & Quality welcomed and introduced Brigadier Mantell to the meeting to convey his Patient Story.

Brigadier Mantell informed the members that whilst on holiday in Australia and New Zealand during February and March 2015, he suffered intense lower abdominal pain. He was taken to a local cottage hospital and transferred 180 miles by Air Ambulance to Christchurch.

A burst large intestine/tumour and stoma was identified and immediate major surgery was performed to remove 15" of large intestine. Brigadier Mantell spent eight days in Intensive Care and a further six weeks in hospital.

..... Chair
28 April 2016

During early May he was flown back to the UK and following a GP appointment, he attended the Surgical Outpatients clinic which resulted in a Colonoscopy and was referred to Consultant Oncologist, Dr Awwad.

Following the first scan and consultation, Brigadier Mantell was diagnosed with incurable Stage 4 Bowel Cancer. He is currently receiving Chemotherapy every three weeks, CT scans are performed every three months and consultations every six weeks. He is under the care of Dr Nasim and has just received cycle 30 of chemotherapy without a break. He highlighted that he is a frequent visitor to the hospital and regards himself as a good judge of character, having served in the British Army for a number of years.

Brigadier Mantell wished to highlight the quality of care that he continues to receive from the Consultants to the sisters, staff nurses, health care assistants and administrative staff, particularly those in the Lingen Davies Unit. He reported that he cannot praise them enough and his two daughters have run marathons to raise over £5k for the Lingen Davies Appeal.

He did however wish to bring the following issues to the Board's attention;

- The first being an issue relating to the delay of at least two weeks between having the CT scan and it being reported by a radiologist. The MD reported that unfortunately the Trust does not have enough radiologists to undertake the work required. The Trust currently outsources reporting and continues to work hard to ensure time delays are minimised. The COO agreed to investigate this issue further and report back to the Board. **Action: COO**
- The second issue relates to the funding for the Avastin drug. If the drug is not taken for six weeks, funding ceases. The MD reported that NICE (National Institute for Clinical Excellence) has reviewed the drug and did not support it as they deemed it unaffordable for the NHS, however the National Cancer Drugs Fund did support it. Following discussion, the CEO asked the MD to formally contact NICE and to also encourage colleagues in other organisations to support this. **Action: MD**

Brigadier Mantell was assured that the Trust will continue to do what they can to ensure the Avastin drug remains available to him.

In summary, Brigadier Mantell reported that the chemotherapy is working superbly, although the side effects are significant; he also highlighted that the staff have been excellent, particularly those working in the Lingen Davies Centre who have been nothing short of outstanding and felt they deserve the Trust Board's congratulations.

The Chair thanked Brigadier Mantell for attending to share his story and agreed to liaise with the staff involved in his care.

2016.2/28

DISCUSSION IN RELATION TO SUSTAINABLE SERVICES STRATEGIC OUTLINE CASE (SOC)

Under Section 3.2 of the Trust's Standing Orders, the Chair resolved to adjourn the meeting to allow a general discussion relating to the Sustainable Services Strategic Outline Case.

Contingencies discussed during the open session prior to the decision approving the SoC:

- Design of community and rural element of Future Fit and the modelling behind Future Fit as a whole being undertaken separately, but aligned to SaTH's plans
- Quality Impact Assessment of proposals – to include travel times, ambulance times, access and alternatives available
- SaTH's financial position and impact on Local Health Economy, plus consideration of social service funding cuts
- National guidance on best practice- including advice from the Clinical Senate and consideration of realistic alternatives

..... Chair
28 April 2016

Following discussion, the Chair reported that the NHS is the greatest gift given to this generation. He provided his personal reason for becoming Chair of the organisation and highlighted that the members of the Trust Board undertake their best to serve the public and the local communities of Shrewsbury, Telford and Powys.

Overall, the Board agreed that a decision will be made based on evidence and expertise.

Following discussion, the Public Trust Board meeting reconvened at 4.20pm.

2016.2/29

BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

The DCG reported that Dr Walford (Non-Executive Director) is no longer Chair of the Governors of the South Wolverhampton and Bilston Academy.

The Chair welcomed the recently appointed Non-Executive Director, Mr Clive Deadman who will also serve as Chair of the Finance Committee.

Mr Deadman's Declarations were reported which are as follows:

- Director of the Consumer Ombudsman Services
- Director of Metropolitan Housing Partnership
- Chairman of Energy Innovation Centre
- Council Member of Institute of Asset Management
- Director of 1905 Investments
- Lecturer at Cranfield University

The Declarations of Interest has been updated to reflect this change.

2016.2/30

DRAFT MINUTES OF MEETING HELD IN PUBLIC on 28 January 2016

The Minutes were APPROVED as a true record.

2016.2/31

ACTIONS / MATTERS ARISING FROM PREVIOUS MEETINGS

2016.2/31.1

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

Chair and MD to forward a formal letter of appreciation to Marion Adams.

The MD confirmed that a letter of appreciation was forwarded to Marion Adams.

Completed. Action closed.

2016.2/31.2

2015.2/168 – Morecambe Bay Maternity Review

DNQ to provide an update to March 2016 Board following discussion at Q4 Quality & Safety Committee.

The DNQ confirmed that a detailed update was provided to the Quality & Safety Committee. This will be discussed further during the April Q&S Committee and fed back to the Board in the Q&S Summary at next month's Board meeting.

Action: DNQ Due: April 2016 Trust Board

2016.2/31.3

2015.2/007 – Patient Experience Strategy Update

DNQ to present full Strategy to April 2016 Trust Board

Added to Forward Plan – Due: April 2016

2016.2/31.4

2015.2/190 – 'Belong to Something'

WD to provide update to Board in three months (March 2016)

..... Chair
28 April 2016

The WD reported that 'Belong to Something' is the Trust's recruitment branding campaign. The brand has been live for six months and key highlights include a high increase in digital impressions (over 4 million digital impressions on Facebook, etc) which is very positive. The Trust is now also using LinkedIn.

The next development is to be able to track points of interest through to the act of individuals applying for a role within the organisation.

The WD reported that the reason for introducing this is to ensure the Trust is doing everything in its gift to attract new staff. This campaign has been very successful and has definitely had an impact.

This work will be taken forward further via the Workforce Committee, with Non-Executive Director Donna Leeding as Chair, and will be evidence based during the next quarter.

Action: WD Due: June 2016 Trust Board

- 2016.2/31.5** 2015.2/192 – Q2 Complaints & PALS Report
DNQ to present detail to March 2016 Trust Board re: increase in Obstetric complaints during specific times of the year.
The DNQ reported that the previous quarterly Complaints & PALS report showed a spike in Obstetric complaints during specific times of the year. The Complaints Manager has investigated this and found no consistency in themes or types of complaints. An issue has however been identified in the Neurology service. This will be looked into further and reported to the Quality & Safety Committee for further interrogation. **Action closed.**
- 2016.2/31.6** 2015.2/193 – Trust Performance Report – Operational Performance
COO to investigate the increase in frail elderly patients and reinforce plans to address issue.
The COO reported that an update is recorded within the Operational Performance section of the Trust Performance Report. **Action closed.**
See Minute 2016.2/34
- 2016.2/31.7** 2015.2/188 – Questions from the Floor - Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services
CEO / COO to present an update to the March 2016 Trust Board following the Workshop follow-up session taking place on 22 February 2016.
Included in Emergency Department Continuity Plan. **Action closed.**
See Minute 2016.2/42
- 2016.2/31.8** 2016.2/11 – Emergency Care Improvement Programme (ECIP)
COO to provide update to March Trust Board in relation to the Frailty Service
The COO reported that two posts for the Community Care of the Elderly were available however at that time the positions were unable to be recruited into; and unfortunately funding is now no longer available.
Completed. Action closed.
- 2016.2/31.9** 2016.2/12 – Trust Performance Report – Workforce
WD to present the Annual Staff Survey results to March Trust Board
See Minute 2016.2/34 Completed. Action Closed.
- 2016.2/31.11** 2016.2/18 – Junior Doctors Industrial Action
WD to forward a formal letter of appreciation to the junior doctors for their support
The WD reported that the junior doctors were formally thanked for the support they provided during the previous episodes of Industrial Action. She agreed to forward a formal letter following the Industrial Actions scheduled to take place during April 2016.
Completed. Action closed.

..... Chair
28 April 2016

- 2016.2/31.12 2016.2/21 – Committee Updates
DNQ to present the Cancer Strategy to the March 2016 Trust Board
See Minute 2016.2/37 Completed. Action closed.
- 2016.2/31.13 2016.2/23 – Questions from the Floor
Chair/DNQ to forward a formal letter of appreciation to Nurse Carol from Ward 32 (Short Stay) following January 2016 Patient Story.
Completed. Action closed.
- 2016.2/32 **3-MONTH FORWARD PLAN**
- The 3-month Forward Plan was presented for information.
- 2016.2/33 **CHIEF EXECUTIVE'S OVERVIEW**
- The CEO provided updates on the following topics:
1. The Chair and CEO attended NHSI in London; this is the coming together of Monitor and TDA Focus was placed on Accident & Emergency and the Trust's financial challenge. They found the visit very helpful.
 2. The CEO and WD have recently worked through a Strategy for an Away Day session for the LETC (Education Committee) to ensure a target role for training for the future as previously the training numbers have been very low.
 3. A Cavendish Group meeting has recently taken place; this is a group of 22 medium sized hospitals which meet on a three-monthly basis.
 4. A Masterclass has recently taken place, chaired by Sir Neil MacKay; the CEO reported that the Trust is aware of the challenges raised, which were also highlighted by the public earlier in the session.
 5. Further Junior Doctor Industrial Action is scheduled for 6th and 7th April. Great work has been undertaken to support the junior doctors during previous Industrial Action, however it is anticipated that the April dates will prove a greater challenge due to a full walk-out which is also scheduled for 26th and 27th April.
 6. Sustainable Transformation Programmes (STP) – The Trust will have an STP for Shrewsbury, Telford & Wrekin and Powys. It is a vehicle of collaboration of how to address challenges; and will emphasise some of the concerns that have been raised by the public for a long-term STP.
 7. Keele University visited the Trust on 16 March and will work in collaboration with the Trust for junior doctors training programmes.
 8. A number of new investments have been made, these include:
 - a. New machines for the Renal Unit courtesy of the League of Friends
 - b. A state-of-the-art procedure room to also support the Trust's Renal patients
 - c. The appointment of Karen Breese as Clinical Dementia Nurse Specialist
 - d. Opening of the new Skills Lab in Telford to train young professionals
 9. A Confirm and Challenge meeting has recently been held with the Trust Development Authority (TDA) to highlight to the Board the quality of outcomes and to see a range of very high performing improvements. The CEO reported that the winter period has been better this year, and highlighted that the 5,000 staff currently working within the Trust work incredibly hard in

..... Chair
 28 April 2016

delivering great care to those we serve and the Trust should be very proud of them. This was emphasised to the TDA as well as the Trust's financial position (although it has improved), and the A&E performance.

The COO informed the members of the pressures over the Easter period, both nationally and generally. All organisations have seen an increase in A&E and ambulance attendance and flu is also at a 5-year high.

Dr Walford (NED) enquired if the Trust is seeing an improved performance, despite its financial difficulties. The COO reported that the Trust is beginning to perform better than average, and has leap-frogged the average on Cancer targets which is due to the commitment of the staff.

PERFORMANCE

2016.2/34

TRUST PERFORMANCE REPORT

The CEO presented the Trust performance against all key quality, finance, compliance and workforce targets and indicators for 2015-16 to the end of February 2016.

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 February 2016:

- Infection Prevention & Control – The Trust reported three cases of C difficile in January and two cases during February 2016. The Trust has now exceeded the national target set by NHS England of no more than 25 cases by 5 cases. Work is ongoing across the health economy to continue to attempt reductions in the incidence of C difficile.
- Serious Incidents – There was one SI reported in January and four SIs reported in February - one delayed diagnosis; one delayed treatment; one sub-optimal care of the deteriorating patient and one grade 3 pressure ulcer (avoidability determined).
- Pressure Ulcers – The Trust reported 0 avoidable and 0 unavoidable Grade 4 pressure ulcers; one avoidable and three unavoidable Grade 3 pressure ulcers; one avoidable and three unavoidable Grade 2 pressure ulcers and 23 Grade 2 pressure ulcers unknown.
- 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 January the overall Trust wide staff fill rates were 94.1% registered nurses/midwives and 103.1% care staff during the day, and 97.5% registered nurses/midwives and 103.2% care staff during the night; and during February the overall Trust wide staff fill rates were 93.5% registered nurses/midwives and 102.3% care staff during the day, and 96.7% registered nurses/midwives and 106.8% care staff during the night.
- High Demand Risks – The Trust continues to be experiencing exceptional levels of demand and concerns of capacity both in our inpatient and emergency areas. This has led to patients being escalated and occupying spaces that are sub-optimal in terms of our ability to care for them safely or with dignity and respect. In order to assess the current risks; the Trust is undertaking risk assessments of patients requiring boarding or escalating in non-ward areas prior to them being moved. All incidents, complaints or patient feedback regarding those patients is currently being collected via the Datix system, ward managers and matrons. The risks assessed and incidents are being triangulated by the corporate nursing team to gain assurance that risks are lessened, where possible. The DNQ and Dr Walford (NED) reported that the sense of

..... Chair
28 April 2016

escalation has not been recognised and has seen a shift in the Trust's ability to respond promptly. The COO reported that there is growing evidence; the last two weeks has seen a greater level of activity and although plans are in place, unfortunately there is no quick-fix. She further reported that a clinic-wide group has been established and they will look at assumptions and wrestle with the changes that are required.

OPERATIONAL PERFORMANCE

The COO presented the following update in relation to Operational Performance:

- A&E 4 Hour Access Standard - In February 2016, 80.01% of patients were admitted or discharged within the 4 hour quality target. The Trust continues to show under-performance against the 95% target which is due to:
 - February 2016 A&E attendances up 11.27% compared with February 2015. This is an increase of 9032 attendances between April 2015 and February 2016 which represents an increase of 8.10% year to date
 - February 2016 emergency admissions up 12.25% compared with February 2015. This is an increase of 2192 admissions between April 2015 and February 2016 which represents an increase of 4.94% year to date.
- 18 week Referral to Treatment (RTT) – The Trust is now only mandated to deliver the incomplete standard; however the admitted and non-admitted standards continue to be monitored internally.
- 18 week Referral to Treatment (RTT) : Incompletes – The Trust achieved the overall RTT incomplete standard in February with 92.01%
- 18 week Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in February with 73.74%. Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust did not achieve the overall 95% RTT standard for Non-Admitted Patients during February with 93.59%. Eight specialties failed to deliver the standard; these include Trauma & Orthopaedics, Oral Surgery, General Medicine, Gastroenterology, Respiratory, Neurology, Geriatric Medicine and Other. Recovery trajectories will be monitored on a weekly basis.
- 52-Week Breaches – There were no 52-week breaches reported in February 2016.
- Cancer – Nine out of the nine cancer waiting time standards were achieved in January 2016 with SaTH performing above the national average for all standards. February 2016 predicted performance indicates all nine standards will be achieved.
- Cancer Patients waiting 100+ days for Definitive Diagnosis: There are currently 6 Cancer patients who have waited over 100 days for a definitive diagnosis. Each patient is discussed in detail on a weekly basis and corrective action is put in place to facilitate treatment.
- Frailty Elderly Patients - A workshop was held in February for stakeholders from across the health economy. A number of key aims were identified. Task and Finish Groups will be established and will report in to the Urgent Care Working Group on progress against the key performance indicators – these will be agreed at the next meeting at the end of March. The COO reported that the Board will receive updates on progress throughout the year.

FINANCIAL PERFORMANCE

The paper reported that previously a trajectory was produced indicating that the Trust would record an end of year deficit of £18.19 million. Given this situation, immediate controls were put in place aimed at securing Agency cost savings over the remaining months of the year amounting to £625,000 and general cost savings distributed across the Trust targeted to reduce "run rate" by £800,000. These two options supported by a Capital to Revenue Transfer of £2.0 million then reduce the end of year deficit to £14.6 million.

..... Chair
28 April 2016

Subsequent discussions with Shropshire CCG however have highlighted their intention to increase the level of penalties applied against the Trust for failing to achieve RTT and Accident and Emergency access targets. The effect of the increased penalties increases the end of year deficit by a further £500,000. The more recent additional Capital to Revenue Transfer then resets the Stretch Target to being a deficit of £14.7 million.

The members were informed that a small surplus has been achieved. It was also reported that due to a deal that has been achieved with Shropshire, cash is being received and the 30-day delays to suppliers has ceased.

The Chair reported that all involved should be congratulated on this achievement.

WORKFORCE

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

- Sickness – The sickness absence rate has remained high over the winter months and stood at 4.63% in February, compared with 4.55% in the same month last year.
- Appraisals – Appraisal completion rate remains below the Trust target of 100% at 86%; however both Scheduled and Unscheduled Care Groups are above the Trust average with 92% and 89% respectively. Underperformance continues to be reported and considered at the Confirm & Challenge meetings.
- Statutory & Mandatory Training – Following a rise to 78%, compliance remains an underperformance against the Trust target of 80%. The drop was exacerbated as training continues to be cancelled due to the Junior Doctors' strike days. The WD informed the members that Statutory & Mandatory training will be monitored by the Workforce Committee to increase compliance to 100%.
- Recruitment – 23 Filipino nurses have arrived in the Trust and the Trust is now supporting them to complete their Objective Structured Clinical Examination (OSCE) tests and obtain Nursing Midwifery Council (NMC) registration. There are a further 22 nurses still in the process in the Philippines; it is anticipated that they will arrive during April and May. A second visit took place recently resulting in 73 conditional offers being made; the first of whom will begin to arrive towards the end of the year.
- Junior Doctors Strike Action - Two further dates of planned action will take place during April; the first from 8am on Wednesday 6 to 8am on Friday 8 April; it is anticipated that this will have minimal impact. The second spell of planned action is planned to take place on 26 & 27 April; it is anticipated that the impact will be far greater operationally, however steps will be taken to ensure it doesn't impact on urgent or cancer patients.

Following discussion, the Board **RECEIVED** the Trust Performance Report. It will be re-designed into a new format, underpinned with new metrics, and will be presented to the Trust Board in April 2016 for consideration and approval.

PURPOSE

2016.2/35

SUSTAINABLE SERVICES STRATEGIC OUTLINE CASE

The FD reported that a Strategic Outline Case (SOC) was constructed last year but this was unable to be taken forward; the Trust was therefore required to develop a SOC that stayed true to the Future Fit model (to identify a workforce solution for A&E, Critical Care and Acute Medicine); a revised SOC has therefore been completed over the last six months.

..... Chair
28 April 2016

The previous SOC suggested a distribution of beds across the two sites of 90% and 10%; however the revised SOC is now more balanced, with 60% beds on one site and 40% on the other, resulting in two essentially balanced sites. It also makes more use of the existing estate, resulting in a reduction of capital costs.

The draft SOC builds on the work within the health economy's Future Fit Programme. It describes the case for change and a way in which a new clinical model for emergency and urgent care in the county could be implemented. The SOC includes the capital and revenue impact of changes to the Trust's workforce and estate in delivering this model of care within three potential configurations. The estimated timescales for implementation and the ongoing and new work required are also identified.

The SOC was presented for approval; the document will then be submitted to NHSI to go forward with the Outline Business Case in October 2016.

The members discussed contingencies/dependencies and it was highlighted that if the SOC was approved by the Trust Board, it would be dependent on all other issues being undertaken within the system. This has been flagged and the Trust must be able to 'push the button' if it is not proceeding as wished.

Mr Darbhanga (NED) enquired what would happen to the £10.5m sustainability fund if the Trust was to 'push the button'. The FD reported that the £10.5m transformation fund is being made available to the Trust in the 2016/17 year; it is non-recurring funding, however if local health systems can demonstrate they can achieve a balanced budget, it will become recurrent. There is a level of risk but it will not be a problem for 2016/17.

Mr Newman (NED) enquired if the facilities of organisations such as the Robert Jones & Agnes Hunt (RJAH) Orthopaedic Hospital NHS Foundation Trust have been incorporated into the model. It was reported that the RJAH is incorporated in the overall health system recovery plan; and in terms of new facilities, they would be incorporated in the community fit and rural care solutions.

Mr Deadman (NED) highlighted the 'do nothing' non-financial option. It was agreed that this should be fully built into the case to ensure that is made absolutely clear that 'doing nothing' is not an option.

Mrs Leeding (NED) highlighted the communication and engagement process. The CEO reported that this will be overseen by the Trust and both sets of commissioners; formal consultation will take place later in the year.

The CEO reported that the proposal will sit in the five-year submission of the Sustainable Transformation Plan; and confirmed that there is a deficit reduction plan. The document binds all parties to the commitments within it. In the event that some are disingenuous, the model would no longer be workable and the Trust would have the right to 'press the button' independently of others.

Following discussion, the Chair highlighted that the Board were being asked to approve the SOC. It was agreed that the Board would like a qualifier – to be able to 'push the stop button'; and also agreed that they would like to see a plan. **Action: FD**

Public member Gill George requested a recorded vote to ensure transparency.

The vote was unanimous; proposed by the Chair and seconded by the CEO; the three non-voting members also confirmed that they **APPROVED** the resolution.

The Future Fit Programme Director attended the Board meeting to:

1. Provide an update on recent Programme progress and to summarise the activities in the next phase, and;
2. To summarise how the work undertaken by SaTH in its revised Strategic Outline Case (SOC) will be taken forward within the Future Fit Programme; it is hoped this will be presented at the Future Fit Programme Board during May 2016.

Discussions were held with the public earlier in the meeting in relation to the Strategic Outline Case, as per minute 2016.2/28; and it was highlighted that some of the issues raised may be impacting on Future Fit.

Mr Deadman (NED) suggested that the communities have not fully appreciated the need for change.

The CEO reported that a level of immaturity is apparent within the system; part of the Sustainable Transformation Plan (STP) requirement is to be mature; and the STP will formalise a single communication plan for the whole community

Mr Newman (NED) referred to the high level critical path deadline perspective and highlighted that a preferred option is required in four months.

The Future Fit Programme Director informed the members of the requirement of a single alignment in the delivery of the critical path.

Following discussion, the Board **NOTED** the Future Fit Post Board Update and the next steps to be taken in order to meet the key programme milestones.

2016.2/37

CANCER STRATEGY 2016-2020

The MD reported that cancer cases have increased on the whole and will increase further due to the elderly population of Shropshire.

He presented the Trust's Cancer Services Strategy / Vision for 2016-2020 which has been designed to meet the needs of our local population. The Trust will work with commissioners to achieve the following priorities:

- Patient experience and living beyond cancer
- Commissioning, accountability and provision/early diagnosis
- Modernising cancer services
- Prevention

The MD and Dr Walford (NED) praised the Cancer Services Clinical Lead, Dr Sheena Khanduri, and the Oncology Centre Manager, Rachel Redgrave, who have been instrumental in producing the Cancer Strategy. The Lingen Davies team were also praised for their commitment to work alongside the Strategy over the next five years

The Chair highlighted that the Strategy is a great improvement but suggested there may be room to refine the business planning processes.

The MD informed the members that although it is a five year Strategy, the Oncology team are thinking beyond that. The Strategy moves the Trust one step closer towards becoming a true Centre of Excellence.

Following discussion, the members **APPROVED** the Cancer Strategy 2016-20.

..... Chair
28 April 2016

2016.2/38 FINANCIAL STRATEGY 2016/17

The FD presented this paper which reported that the 2016/17 financial year will be challenging for the Trust. New cost pressures will add substantially to the Trust cost base, and the financial difficulties across the wider health economy will also increase financial pressures on the Trust.

The FD informed the members that the baseline budget for Pay spending has been set for 2016/17 with an increase of 5% for Pay; it has also been set for Non-Pay with an increase of 10% for Non-Pay.

Following discussion, the Board **APPROVED** the 2016/17 budget, and the Chair thanked the finance team for achieving the reduced deficit at 2015/16 year-end.

PEOPLE

2016.2/39 ANNUAL STAFF SURVEY 2015 RESULTS

The WD presented a paper which reported that the national NHS staff survey was undertaken between September and December 2015, inviting staff to share their experiences of working in the Trust. In total, 5,445 surveys were circulated with 2,309 completed; a response rate of 44% (this is above National and Acute sector response rates).

This year's survey results suggest that the many targeted work streams being undertaken throughout the Trust are leading to improvements. There is however work to be done in maintaining and accelerating progress; this will require sustained energy and commitment over the next few years.

The next steps include:

1. Launch Year 2 'Our Commitments' which is designed to engage staff in what they believe will make a difference to their employment experience and driven at team, department, centre and directorate level
2. The June Trust Board will receive a summary on the aggregated commitments made by the Care Groups and launch the Trust 3 key areas of focus in response.
3. The engagement scores will be the primary indicator in agreeing focussed interventions across the Trust, developed in partnership at service level and managed through Workforce Committee.
4. Implement open sessions for staff to explore some of the responses seen, particularly in relation to incident reporting
5. Triangulate the feedback from CEO-led 'the way we work' sessions to develop what involvement looks like within the Trust
6. Disseminate information through the HR Business Partners where triangulation with other workforce metrics will be made to inform local actions.

The WD was pleased to report that 97% of the Trust's staff are aware of the Trust Values.

The Chair thanked the WD and the wider workforce team for the fantastic progress that has been made.

The members **RECEIVED** and **NOTED** the report and **SUPPORTED** the recommended approach

2016.2/40 Q3 COMPLAINTS REPORT

..... Chair
28 April 2016

The DNO presented the Quarter 3 Complaints & PALS Report and informed the members that the Trust continues to maintain a high performance in responding to complaints with 91% of complaints being closed within the agreed timescales during the quarter.

Complaints

During Q3, the Trust received a total of 77 formal complaints; a reduction of 11% from the previous quarter. During the first nine months of the year, the Trust has seen a 17% reduction in the number of formal complaints received compared to the same period in 2014/15.

The DNO highlighted that Neurology has emerged as a theme; this will be investigated and reported to the Quality & Safety Committee.

Patient Advice & Liaison Service (PALS)

The PALS department is the first point of contact for patients and relatives wishing to raise concerns about their care and, with prompt help these can often be resolved quickly.

During Q3, the PALS team handled 448 concerns. Whilst this is less than the previous two quarters, the number received is very similar to previous years.

The CEO thanked the DNO for the positive report and informed the members that the quality of the response to complaints has improved significantly and appears very open and transparent against other organisations.

The members **RECEIVED** the Q3 Complaints and PALS Report and **NOTED** the findings.

2016.2/41

WORKFORCE POLICIES

The WD presented the following policies:

- Employee Performance and Management Policy (W10) Cluster B
- Annual Appraisal and Pay Progression Policy

Following discussion, the members **RECEIVED** and **APPROVED** the policies.

PROCESS

2016.2/42

EMERGENCY DEPARTMENT CONTINUITY PLAN

The COO presented the paper 'Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services update' which follows on from the paper previously considered by the Trust Board on 3 December 2015.

Background Summary

The work to develop the medium and long term vision for health services in the county continues through the NHS Future Fit programme, with public consultation due later in 2016/17, ahead of a decision on the future shape of the county's hospital services in Spring 2017.

In the meantime, the challenges that prompted the initiation of this work remain, particularly in the Trust's emergency departments. A stakeholder workshop took place on 15 December 2015; and further stakeholder workshop took place on 22 February 2016.

..... Chair
28 April 2016

Following the December workshop, the comments, suggestions, ideas and issues raised were collated, with the specialties who would be most impacted on by the closure of PRH ED overnight asked to scope the impact on service delivery and to construct mitigation plans.

The latter was the focus of the second workshop with an agreement at the end of this that there was not a service continuity plan which could be implemented within 3 months and therefore mutual aid was the only option and needed to be explored at speed.

We are therefore proposing the following scenarios:

- Plan A: Seek mutual aid with Trusts across the region to maintain adequate staffing levels to sustain two 24-hour A&E services.
 - o Our delivery confidence is high that we could put in place mutual aid to sustain services for a further three to six months which would enable further business continuity plans to be agreed and implemented (Plan C, below).
- Plan B: Sustain services until agreement is reached on the NHS Future Fit and agree accelerated implementation of the agreed vision.
 - o Our delivery confidence is medium, and this is contingent on achieving or exceeding the current NHS Future Fit review timetable (with a decision in Spring 2017 following public consultation).
 - o Following implementation of Plan A we would review our confidence in sustaining services until the NHS Future Fit decision.
- Plan C: Maintain focus on recruitment whilst developing a detailed plan to implement overnight closure of PRH Emergency Department within 3 to 6 months.
 - o Our delivery confidence is low.
 - o Overnight closure of RSH has been ruled out as a short term business continuity plan due to the vital clinical interdependencies with acute & emergency surgery and trauma unit status.
 - o A framework plan is in place, and the detailed business continuity plan would be developed at the time of implementation of mutual aid, and would be based on the context and conditions at the time.
 - o The main Business Continuity Pathway [BCP] work focuses on the need to redesign (a) ENT (b) Stroke (c) Paediatrics and (d) Obstetrics & Gynaecology pathways, which would be impacted upon by the closure of PRH ED overnight.
 - o All of the pathways would require a considerable amount of development to ensure they could be implemented safely and this would potentially result in significant investment, both financial and workforce.

It has become apparent during these in-depth discussions and consideration of the revised pathway, the only real viable scenario is Plan A - to seek Mutual Aid from a neighbouring organisation to maintain adequate staffing levels to sustain two 24-hour A&E services. This would require minimal investment and cause the least disruption to both patients and the service delivery of a number of specialties, whilst ensuring we continue to provide a safe, effective and dignified urgent and emergency care service for Shropshire & Telford residents.

Following discussion, the Board **RECEIVED** and **REVIEWED** the three considered potential plans for service continuity and **APPROVED** Plan A (Mutual Aid) as the only viable plan at this stage.

2016.2/43

VIRGINIA MASON INSTITUTE (VMI) UPDATE

The CEO presented an update of the VMI Transformation Programme which focused on Rapid Improvement Week (RPIW) for Value Stream #1: Diagnosis of Respiratory Condition.

This was a very empowering and effective five-day workshop, enabling a team to be lifted out of their environment to investigate particular processes to eliminate waste, reduce the burden of work and improve the patient experience for those admitted with respiratory disease (40% of the Trust's emergency admissions have a respiratory disease and are admitted via AMU).

..... Chair
28 April 2016

Work has now begun on the second Value Stream: the pathway for the septic patient; an update will be provided to the April Trust Board.

Due: April 2016 Trust Board

Recruitment is underway for a fourth ALT trainer; following appointment, a third Value Stream will commence in September.

The CEO informed the members that 'Lean for Leaders' process will commence in the summer and every part of the hospital will be touched by this work.

Progress will be circulated via the Trust's Communications Team and a review of the work undertaken by the Kaizen Promotion Office (KPO) will be presented to the Trust Board within the next 12 months.

Action: CEO Due: March 2017 Trust Board

2016.2/44

ANNUAL REVIEW OF STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

It was reported that the Standing Financial Instructions, Standing Orders and Reservation of Powers to the Board are due for an annual update. An overall review has been undertaken and generally there is expected to be a minimal change in the majority of areas. However, the Trust is currently reviewing the Committee structure for the organisation which will have a significant impact predominately on the Reservation of Powers to the Board and the Standing Orders.

As a result, the update to the Standing Orders, Standing Financial Instructions and Scheme of Delegation will be completed once the Committee Structure has been finalised in April and approved.

Action: FD Due: April 2016 Trust Board

2016.2/45

INFORMATION GOVERNANCE TOOLKIT ANNUAL ASSESSMENT

The MD presented a report which had been prepared by the Information Governance Manager which requested the Board to consider a number of questions to enable the Information Governance Toolkit annual submission to be signed off (due date 31st of March 2016).

Following perusal, the Chair highlighted the weakness in the quality of the report and the number of actions required. He also suggested that a level of support and assurance is required from the Information Governance Manager to the Information Asset Owners.

The MD agreed with the Chair's comment and also reported his concerns in relation to the required actions, however due to timescales, the IG Toolkit had already been submitted.

The Board agreed that the report was inadequate. Mr Deadman (NED) confirmed that it will be managed by the relevant sub-Committee and assurance provided to a future Trust Board.

2016.2/46

COMMITTEE UPDATES

The following Committee Updates were RECEIVED, for information:

- Workforce Committee – 18 March 2016
- Finance Committee – 23 February 2016 & 29 March 2016
- Audit Committee – 4 February 2016

The DCG reported that the IT Disaster Recovery and Business Planning would be removed from the Audit Committee Summary as the Auditors (Deloitte) have not fully completed the work. The Audit Committee asked for an update at the April Audit Committee meeting.

..... Chair
28 April 2016

It was reported that the review of the sub-committees and terms of reference will be presented to the April 2016 Trust Board for consideration/approval.

Action: DCG Due: April 2016 Trust Board

2016.2/47

REFLECTION OF THE MEETING

The Board members reported that they felt holding the general discussion in relation to the Sustainable Services Strategic Outline Case was necessary; however it was suggested that it may have been too extensive.

The CEO highlighted a weakness in the communication and engagement piece. He reported that there are genuine concerns, however other members of the public had a political agenda and this should be recognised as a risk in the future.

2016.2/48

ANY OTHER BUSINESS

No further business was raised.

2016.2/49

QUESTIONS FROM THE FLOOR

Q1

Ms Sylvia Jones highlighted that the Board should not underestimate the fear and anxiety of the community in relation to the Strategic Outline Case; she did however report that she felt the Chair handled the discussions very well.

Q2

Ms Jones also reported that she has received information from a GP of what would appear to be double counting as the GP is in receipt of discharge letters from A&E and also from the Ward.

A2

The COO reported that she has investigated this information; however she has been unable to identify anything. It was also reported that the Trust has not received any queries in relation to the contract from Commissioners.

If there is an issue of double-counting, it is an issue that the Trust would take very seriously as it would be fraudulent activity.

Q3

Ms Jones enquired how long the Trust has had a 'Corridor nurse' and 'HALOs (Hospital/Ambulance Liaison Officers)' to look after patients.

A3

The COO reported that a 'Corridor nurse' is a nurse who looks after patients waiting on the corridor for assessment in ED, and a HALO will look after small number of patients brought in by ambulance awaiting ED assessment to enable ambulance crews to leave, as part of the Winter Plan Scheme.

2016.2/50

DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 28 April 2016 at 2pm at the Severn Centre, Bridgnorth Road, Highley, Nr. Bridgnorth, Shropshire, WV16 6JG

..... Chair
28 April 2016

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 31 MARCH 2016

Item	Issue	Action Owner	Due Date
2016.2/27	<i>Patient Story</i> – To investigate time delays of radiological scans/reporting and report back to the Trust Board	COO	28 Apr 2016
	To contact NICE regarding funding/support of Avastin drug	MD	28 Apr 2016
2016.2/31.2	<i>Matters Arising from previous meetings</i> – <i>2015.2/168 - Morecambe Bay Maternity Review</i> To provide feedback in Q&S Summary at April Board	DNQ	28 Apr 2016 Agenda Item
2016.2/31.3	<i>2015.2/007 – Patient Experience Strategy Update</i> To present full Strategy to April 2016 Trust Board	DNQ	28 Apr 2016 Agenda Item
2016.2/31.4	<i>2015.2/190 – ‘Belong to Something’</i> To provide update to June 2016 Trust Board	WD	30 Jun 2016 Forward Plan
2016.2/43	<i>Virginia Mason Institute (VMI) Update</i> To provide update to April Trust Board in relation to the second Value Stream: The Septic Patient	CEO	28 Apr 2016
	Review of Kaizen Promotion Office (KPO) work to be presented to the Board in next 12 months	CEO	March 2017 Forward Plan
2016.2/44	<i>Annual Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation</i> Updated copies to be presented to the April 2016 Trust Board	FD	28 Apr 2016 Agenda Item
2016.2/46	<i>Committee Updates</i> To present review of Trust sub-committees and terms of reference to April 2016 Trust Board	DCG	28 Apr 2016