

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 30 June 2016
Town Hall, Welshpool, Powys

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr H Darbhanga Dr R Hooper Mr B Newman Dr S Walford 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) 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:	Mr P Cronin Mr C Deadman	Designate Non-Executive Director (NED) Non-Executive Director (NED)

2016.2/94 WELCOME:

The Chair welcomed the Board members and members of the public who were informed that it is a meeting in public rather than a public meeting, and advised that there would be an opportunity to ask questions at the end.

2016.2/95 CHAIR'S AWARD

The DNQ introduced Julie (Jules) Lewis, SaTH's End of Life Care Facilitator, to receive this month's Chair's Award.

The DNQ reported every day our staff help our patients and their families at difficult times, and there is no time that is more difficult than when a patient approaches the end of their life. Death and dying is very difficult to deal with, even for staff who work in hospitals, but helping patients and their families at their time of greatest need is hugely important and is a privilege. We only have one chance to get it right.

"Jules Lewis has been instrumental in improving the care and support we provide to patients and their relatives. Jules joined the Trust initially on a 12 month contract in 2014 and this was later extended and she is now a substantive member of the SaTH Team.

In just a couple of years Jules has made huge strides in the care that is provided in this hugely important area which is a priority for the Trust, and last year was highlighted as needing improvement in a Care Quality Commission (CQC) report.

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Jules has overseen the implementation of the Swan Scheme to represent end of life and bereavement care. The Scheme has seen all Wards issued with Swan Boxes and useful contents, as well as a white plastic bag with the swan logo and a leaflet. It is for patients who are supported by an end of life plan and represents dignity in end of life care throughout the Trust summed by the phrase "one chance to get it right, every patient every time".

Jules also oversaw the £1.89million refurbishment of our Mortuary at RSH to improve dignity for friends and relatives and the working environment for staff.

The new Swan Bereavement Suite, officially opened in December 2015, has transformed the suite and mortuary facilities, which had remained relatively unchanged since the 1970s. Improvements include two new "Swan" rooms for families to say goodbye to loved ones, as well as a "Cygnet" room for children. Other improvements include a Bereavement Garden, where people can take time to reflect in.

Jules organised a hugely successful sold out end of life care conference last year – which was such a success that a second will take place later this year.

Jules has also set up the Swan Fund which will be used to support the end of life care provided by the Trust. More than £4,000 has now been raised.

It was recognised that Jules embodies all of our Trust Values but in particular Proud To Care – for the sensitive way she helps our patients and their relatives at such an incredibly difficult time. She also personifies the Value Make It Happen for the way, in such a short time, that she has made really meaningful improvements to our end of life care provision.

Jules is tremendously caring, incredibly personable and entirely dedicated. She has our patients and their relatives at her heart and we're proud that she is a member of the SaTH Team."

The Chair presented Jules Lewis with the Chairman's Award, gift and certificate and highlighted that the organisation is all about being safe, kind and us being the healthiest people on the planet; and one of the places that is crucial for us as a Trust is End of Life care.

Jules Lewis gratefully received the Chair's Award and reported that it is an absolute privilege. She thanked the Trust for renewing her contract to a permanent position and highlighted that she is happy to be part of the team. Although an awful lot of work has been undertaken, she highlighted that there is still a lot to do.

2016.2/96 INTERNATIONAL NURSES DAY VIDEO

The International Nurses Day video was deferred to the September 2016 Trust Board meeting.

Action: DNQ Due: September 2016

2016.2/97 PATIENT STORY

The DNQ presented this month's positive patient story which relates to an individual who, six months after the birth of her youngest child, was diagnosed with ulcerative proctitis. This was originally controlled through outpatients appointments with a very small amount of medication, however within a couple of years the patient's condition had significantly worsened and became Ulcerative Colitis for which she was admitted to hospital at both Shrewsbury and Telford on a couple of occasions.

Two years into the patient's diagnosis, she was introduced to Alison Ebanks, IBD nurse at Telford; following which the treatments, outpatient and inpatient care significantly improved. The patient started Infliximab, a medication used for reducing the signs and symptoms of inflammation, and the patient's condition was truly under control.

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A further IBD nurse, Sharon Bartlam, took over the patient's care at Telford and it became apparent that the Infliximab and a further medication, Humira, no longer worked; it was therefore decided that the patient's only option was to have surgery. Without Nurse Sharon Bartlam's support and knowledge, the patient felt she have been lost.

During consultation with the surgeon, all the risks, benefits and surgery processes were explained. The information provided and support from the Stoma Nurses was excellent and the patient felt very prepared for the positive surgery experience.

The patient reported that she has always received very good experiences when admitted to both RSH and PRH over the last two years, as the outpatient care in both IBD services in Telford and Shrewsbury is so well looked after.

The patient will require a second bout of surgery to complete her procedure and feels confident that when this happens, the care provided and her wellbeing will continue to be looked after.

The DNO reported that previous patient stories have identified a lack of co-ordination by one particular person and the learning point from this patient story is having a coordinating role; the DNO therefore suggested identifying ways to roll that type of stewardship out.

2016.2/98 **BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Board received the Declarations of Interest for information only.

The DCG reported the following addition to Mr Paul Cronin's Declarations:

- Trustee of a national charity called "Compassionate Communities UK"

Action: Committee Secretary to update

2016.2/99 **DRAFT MINUTES OF MEETING HELD IN PUBLIC on 2 June 2016**

The minutes of the meeting held on 2 June 2016 were APPROVED as a true record.

2016.2/100 **ACTIONS / MATTERS ARISING FROM PREVIOUS MEETINGS**

- 2016.2/100.1 2016.2/92.4 – Question from the Floor
MD to investigate the discrepancy relating to the apparent reduction of medical staff in the Annual Report and the lower fill rate of junior doctors, and report back to the June 2016 Trust Board.

The MD confirmed that he had responded to Mr Sandbach and the explanation did indeed relate to the deanery not providing SaTH with the correct number of junior doctor substantive staff.

Completed. Action closed.

2016.2/101 **TRUST BOARD FORWARD PLAN**

It was reported that the Annual Review of Standing Financial Instructions and Standing Orders had been deferred from June until September 2016. The Forward Plan has been updated to reflect this change.

Action: FD Due: September 2016

The remainder of the three-month forward plan was RECEIVED and APPROVED.

2016.2/102 **CHIEF EXECUTIVE'S OVERVIEW (Copy of Presentation attached to Minutes and SATH website)**

The CEO invited the members of the Board and the public to join him in a 'huddle' whilst he provided a 'View from the Bridge' presentation relating to:

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90 day Plan

- Return to normal operational performance
- Launch Leadership Academy Launch Transforming Care Institute (part of work with Virginia Mason Institute)
- Sign off Contract with both CCGs for 2016/17
- Confirm formal support for Strategic Outline Case with wider system
- Commence new sub committees
- Confirm executive portfolios

Strategic Plan

- Statement of Intent: Car parking
- Organisational vision and functional milestones
- Launch Safest / Kindest culture OD plan

System Plan

- System leadership compact (final session)
- Support for the Outline Business Case
- Sustainable Transformation Plan (STP) infrastructure and governance architecture
- STP submission (including DRP / OBC / Community models / Social Capital / Public engagement)
- Master classes with Sir David Dalton - Lecture and Visit

In summary:

- Establish One System : A shared purpose
- Launch a Leadership Academy
- Establish our Transforming Care Institute (VMI)
- Engage with our workforce to land our Trust Vision
- Create a culture that promotes learning, safety and kindness – the Trust will have markers to assess against
- Address the wicked issues that have prevented the organisation for far too long
- Engage and empower our workforce
- Deliver our new hospitals and communities

The Chair agreed to open questions to the public at this point.

Ms Gill George referred to the CEO discussion relating to commencing new sub-committees within the Trust and enquired if he was wishing to generate fewer meetings. The CEO informed Ms George that there are a high number of meetings that staff are currently required to attend which duplicate each other, and he is looking to streamline these to enable the managers to deal with real issues.

Ms Sylvia Jones enquired if there will be meetings with real input. The CEO reported that he would like neighbourhoods to be involved and a high level of engagement to make the system as resilient as it can be.

The Chair enquired if there is a way in which the organisation can help re-shape and support the GP role. The CEO highlighted that we have to listen to their requirements. He is aware that a number of newly qualified GPs want to undertake the role differently and no longer wish to be partners of a surgery; SaTH could therefore seek to employ GPs to undertake sessions inside the Trust, alongside their community contract.

The Chair reported that he agrees with the holistic view for healthcare but enquired how SaTH's Plan runs alongside others such as Future Fit.

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The CEO highlighted that if the narrative of the STP is right, for a joined up approach, then other programmes such as Future Fit will align; to create neighbourhoods, greater care and minimise the amount of time patients are required to leave our counties for care elsewhere.

The creation of the STP is a vehicle where activity will be aligned underneath it to ensure there are no blind spots between health and local authority care. All partners will be on the STP Board and will be committed.

The DCG informed the members that she has been an employee of SaTH for 31 years and she feels this is the first time, through the STP, that the services can be brought together to constructively build for the future.

The CEO highlighted that if we don't act now, some opportunities may disappear; if we want to manage these risks, some difficult decisions will have to be made.

SUSTAINABILITY

2016.2/103

SUMMARY FROM QUALITY & SAFETY COMMITTEE

Dr Walford (NED), Committee Chair of the Quality & Safety Committee, presented a summary of the meeting held on 23 June 2016. He drew particular attention to Ophthalmology and Women & Children's Services:

Ophthalmology

The Deputy Medical Director has undertaken a review of all the factors which have put such great pressure on the ophthalmology service. Gaps in the establishment of clinicians, inadequate facilities and relentlessly increasing demand, which outstrips the reasonable capacity of a very hard-working clinical team, all contribute to the delays in treatment and the concerns Q&S Committee have about the quality of patient experience.

The Q&S Committee has supported the leadership and strategic planning and due to continued concerns with the Ophthalmology Services, the Q&S Committee support the Deputy Medical Director in proposing a pause on the current service to safeguard the safety of the service.

Women & Children's Services

The clinical leaders of the Women & Children's Care Group presented a thorough review of all the data about maternal and perinatal deaths in SaTH using all the available benchmarks and external reviews undertaken, including the most recent re-examination of a maternal death by the specialist team from Southampton and the independent expert review of the neonatal care network centred on UHNM (Stoke), of which we are a part.

For maternal deaths, the Trust is at the lower end of the risk spectrum. In relation to perinatal mortality (comprising neonatal deaths and stillbirths), and despite a larger number of neonatal deaths in 2015 than would have been expected, the clinical details of those cases and the general trends over recent years also provide assurance that SaTH provides a maternity service at least as safe as any average hospital. In the context that the West Midlands has the highest perinatal mortality rates in England, there is no complacency and trend analysis shows that stillbirth and perinatal mortality is falling and remains below the peer comparison benchmarks.

It has been emphasised to the maternity team the importance of compassionate support to families who lose a baby, and the Q&S Committee feels encouraged by the extensive training and validation programmes now required of clinical staff. Staff have been asked to ensure that on-going support is provided to families and it is the Q&S Committee's view that this element of the evolving cultural transformation requires continuing, high level engagement.

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2016.2/104 QUALITY ACCOUNT 2015/16

The Trust Quality Account for 2015/16 incorporates a look back at our quality priorities and measures; whilst looking forward at quality priorities for 2016/17. The Account includes all the requirements of the quality accounts regulations and additional reporting requirements.

The Account was discussed as a draft document during the Special Board meeting held on 2 June 2016 and has received assurance from external auditors, prior to submission to the Department of Health on 30th June 2016. It is also publicly available on NHS Choices.

Following discussion, the members RECEIVED and APPROVED the Quality Account 2015/16.

2016.2/105 PROGRESS REPORT ON LEARNING AND ACTIONS FOLLOWING THE DEATH OF KATE STANTON-DAVIES

The DNQ informed the members that following the extraordinary Trust Board meeting held on 4 April 2016, the Board agreed that the case of the death of Kate Stanton-Davies would be a standing agenda item on the public session of each Board meeting to ensure the Board were kept informed and were comfortable with the progress being made against each of the nine recommendations of the independent review.

The DNQ reported that the action plan has been shared with the Quality & Safety Committee and all actions have been merged into one document for Kate Stanton-Davies' parents.

Progress against the recommendations and other actions

A number of processes have been commenced/completed in relation to this case; some of these prior to the April 2016 Board meeting. The Board were provided with the detail, along with summary outcomes and indications of external stakeholder involvement, along with mapping to the recommendations.

Outstanding recommendations not met by actions

- Recommendation 1 – Appropriate action is being taken
- Recommendation 8 – This was completed at the Board meeting on 4 April. Personal and written apologies, and acknowledgements of failings, have been given to Kate Stanton-Davies parents.
- Recommendation 9 – A Legacy for Kate; Understanding the impact when things go wrong:

The Trust Board update highlighted that one of the most significant points of learning from this case, for both the Care Group and the Trust, is one of openness, candour and transparency. Whilst there have been improvements in this area, there is more we can and must do in memory of Kate Stanton-Davies to make sure that other parents do not have the same experience as Ms Davies and Mr Stanton.

The Trust is currently revising the Serious Incident Policy and making changes to the Root Cause Analysis template following feedback from the external case review of a maternal death case. Once this is complete, a training programme built around Kate's case will be developed and implemented for all Care Groups, aimed at staff that are responsible for reporting, investigating and managing incidents. This will focus on the technical aspects of ensuring a robust and rigorous process of investigation is adopted but also on the human aspect of the process.

How we communicate with patients and relatives when things go wrong is critically important, and we must work hard to make sure that we do this well every time. The support that we provide for families during such difficult times can have a significant impact on the grieving process and is often remembered for many years after the incident. We see and hear the positive impact of this when we do it well and sadly we also see through Kate, what happens when we do it badly. Supporting and coaching staff to be both skilled and motivated to have those often difficult but important conversations through this training, is one step towards creating the culture of safety and kindness that we aspire to have.

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In addition to the above programme, there will be specific training for staff within the Maternity Service in relation to Kate's case and its impact on her parents, the staff and the Trust as a whole. Also within the Care Group, a suite of safety training developed from 2012 onwards in response to Kate's death will be further developed this year and shared nationally to promote the highest standard of safety training, particularly aimed at staff working in low risk Midwifery Led Units. This training includes neonatal resuscitation, neonatal stabilisation (in partnership with the ambulance service), skills drills and recognising deviation from the norm. Compliance with this programme will be reported within the aforementioned detailed action plan reported to the Quality and Safety Committee.

The DNO reported that as well as Kate's parents, an additional couple have agreed to work with the Trust to test the Trust's processes, including the SIs, RCAs and post mortems, etc.

The DNO also reported that the Trust has a second external midwife joining the Women & Children's Care Group during early July; she will provide challenge relating to every aspect of service delivery.

Reflections

Whilst good progress has been made in relation to many of the actions required, it should be acknowledged that there remains further improvement work to do. Process changes and system improvements can often be straightforward to implement, however creating a culture of kindness and safety is a much longer but very positive journey.

The Chair thanked the DNO for the update on progress and the legacy for Kate and asked her to ensure the compliance issues and safety and kindness issues continue to be scrutinised.

The NEDs agreed that they would like to see a clear timetable to enable the Board to challenge it. The DNO agreed to produce a report of actions by recommendation and timescales.

Action: DNO

The COO highlighted that the Women & Children's Care Group has been under scrutiny for many years; she therefore enquired how they are being supported. The DNO agreed to obtain that information and include in an update to the September 2016 Board.

Action: DNO

The members RECEIVED the progress report and NOTED the position. It was agreed that SaTH is a changed organisation and although the Women & Children's service is very different to how it was in 2009, it was recognised that work will continue to be undertaken to improve the service.

2016.2/106

STROKE SERVICES SITUATION REPORT

The COO presented a report relating to the temporary transition of the Trust's Stroke Services. The report was being presented for the Board to RECEIVE and APPROVE retrospectively as the temporary change to the Stroke Service model has already occurred.

The members were informed that the Stroke Service requires four Stroke Consultants to support the Acute Stroke Unit based at PRH (Ward 15) and the two Stroke Rehabilitation Wards (Ward 16 at PRH and Ward 22S at RSH), however during June 2016 Dr Usman Ghani resigned due to personal circumstances. This was made known during mid-March. Recruitment attempts were immediately actioned to obtain an agency locum or an internal locum and a job description was approved by the Royal College for substantive recruitment. The post was advertised in the British Medical Journal (BMJ) and on NHS Jobs and closed on 16th June with 2 late applications. One applicant has been shortlisted and will be interviewed on 15th July 2016; however x3 adverts for external and internal Locum Consultants resulted with no applicants.

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Additionally during June, one of the three remaining Stroke Consultants also took emergency leave due to a family member's critical illness in India. This meant that the Consultant workforce was reduced by half and therefore unable to maintain a service across two sites. An immediate decision with regards to service delivery was needed to be taken in the interest of clinical safety and the following Option was approved for implementation on 20 June 2016:

- **Option 2:** Temporarily relocate the x2 RSH Consultant to the PRH site and make them full time stroke consultants thereby ensuring the continuation of the HASU and Acute Stroke Service. Risk to Care of the Elderly Service due to loss of consultant sessions to the Acute Stroke Service.

The Board was informed that Ward 22 at RSH continues to receive consultant cover, provided by Dr Kevin Eardley, and alternative arrangements are in place to ensure that the Care of the Elderly Service is not affected. It was queried why these arrangements have not previously been in place; the CEO reported that it is in part due to the fragility within Medicine.

The CEO reported that at the point of the immediacy of a decision being made, he spoke to Commissioners, both Health Oversight and Scrutiny Committees (HOSC), Healthwatch, the Community Health Council, and liaised with and wrote to local MPs.

Member of the public, Ms Gill George, highlighted that this was inaccurate; the sequence of events publicised the closure of the Stroke Unit on 16 June 2016; however on the same day, one of the Communications/Engagement Officer from SaTH reported that this was absolutely not the case.

Ms Sylvia Jones reported that she was aware that senior staff were briefed of the closure during week commencing 6 June and that it would be closed by 20 June 2016, the suggestion that a decision was taken at short notice on 15 June is incorrect information.

Ms George informed the members that although the Board reports the decision as being a 'temporary' measure, members of staff believe that it is 'permanent'.

Dr Walford (NED) raised concerns in relation to allegations being made by members of the public in relation to the staff and general public receiving misleading information. The CEO agreed to look into the allegations that had been made by members of the public.

Action: CEO Due: September 2016 Trust Board

Overall, the paper highlighted that this event serves to underline the fragility of clinical services at SaTH and the urgent need for reconfiguration as part of the sustainable services programme.

It is regrettable that the public were made aware of the temporary change in service provision before the Chair of the HOSC's and our other stakeholders including commissioners and HealthWatch. The Trust deeply regrets that it was unable to work with all stakeholders and discharge its responsibilities under s242 Health Act 2006, to arrive at a more timely decision with proper engagement due to the unexpected events which precipitated the need for change. A review of the process to highlight risks to service delivery has been undertaken and will be embedded into the standard working of the Care Groups.

In summary:

- In order to maintain service delivery a decision was taken to temporarily change the service model for stroke care with all of the service being based at PRH;
- During July it is hoped that a substantive Stroke Consultant will be appointed;
- The successful candidate could be in post at the beginning of November 2016 at which point the Stroke service will return to its former delivery model;
- If this is not the case and a locum is still unavailable the temporary model will need to continue until a final solution is identified in the Sustainable Services Outline Business Case being produced in Autumn this year;

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- The Trust Board, both HOSC's and other stakeholders will be updated on the position of this in July 2016.

Mr Darbhanga (NED) queried how confident the Executive Team felt that the service will return to its former delivery model following the appointment of a successful candidate. He was informed that if the shortlisted candidate is not suitable, the position will go out to advert again. The current position is temporary and all efforts will be placed on returning the service to its former delivery model.

Following discussion, the Chair enquired if the Board were comfortable that the clinicians and management teams had made the correct decision in temporarily changing the service model for stroke care with all of the service being based at PRH.

The Board RECEIVED the update and APPROVED the decision.

2016.2/107

SUSTAINABILITY COMMITTEE – 24 MAY 2016 & 28 JUNE 2016

The FD presented the Sustainability Committee update; he informed the members that the Committee focused on the following issues:

CIP Deep Dive: Nursing and Medical Agency Cap

A deep dive into the CIP scheme relating to nursing and medical agency cap took place, led by the WD as the Executive Sponsor and the MD. The level of savings expected to be achieved in 2016/17 amounts to £3.25 million. If the connected issue of 'unavailability' was included, total CIP savings of £4.5m are anticipated. Although some progress has been made in certain areas, the planned savings were not being delivered and a serious situation was developing. An early prediction was developed that only £1.5m of the £4.5m of planned CIP savings may be realised, leading to a £3m shortfall.

Furthermore we should be aware if key stakeholders took a view that we had lacked resolve in seeking to manage these issues, and in particular the Agency Cap objective, receipt of a proportion of our Sustainability and Transformation funding in 2016/7 could be withdrawn.

It was noted there were some issues under our control (Sickness/Unconnected Rota's, poor leave/sickness reporting/approval) but other issues (Welsh and West Midland seamless support for agency Cap) may need a strategic high level solution.

The Sustainability Committee acknowledged that further urgent and imaginative action is required if we are to ensure all steps possible are taken to best address these issues. The WD agreed to very urgently bring together a multifunctional group of Care Group/Nursing/Business Leaders to develop an agreed action plan ahead of its presentation to the next meeting of the Sustainability Committee on 26th July 2016.

Financial Performance of Unscheduled Care Group

The COO reported that the Unscheduled Care Group does not currently have a substantive Care Group Director in place; she assured the members that they are being supported as much as they can be.

Sustainable Transformation Plan

Conversations have been held regarding the £10.5m funding which the Trust is due to receive as part of the Transformation Fund to underwrite SaTH's position for 2017/18; however, there is a series of performance targets and financial targets to be met.

Mr Newman (NED) enquired why the Trust is in the position it currently faces; is it due to over-optimistic targets; a lack of control of expenses, or both.

The FD reported that the Trust had presumed it could work to the Agency Cap and whilst it is right to be committed to the Cap, it is proving difficult to deliver. The FD assured the members that this is a problem nationally, although not all Trusts are rigorously applying the Nursing and Medical Agency Cap.

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The MD reported that due to the lack of staff, the organisation is reliant on agency staff and the Nursing and Medical Agency Cap is proving considerably more difficult than anticipated. The WD enquired if the workforce is being utilised to the best of its ability and suggested a multidisciplinary team be identified to ensure staff are working effectively, i.e. at the most appropriate times.

The FD informed the members that when the 2016/17 budget was set and approved during March 2016, the organisation was given a difficult role to take. This being so because a "Cap" had been calculated nationally. The control total for the Trust had been calculated based upon the delivery of the Agency Cap. It was acknowledged that the control total, by comparison with other Trusts in the UK, appeared to be a fair expectation. He enquired if it is the case that we didn't have the plans then or is it because we would never have been able to achieve the targets – the FD felt it is due to both aspects.

Dr Walford (NED) highlighted that there appears to be no strategic advice of how the organisation is supposed to manage; staff are therefore put under huge pressure to cope which he feels is totally unacceptable.

The Board RECEIVED the Sustainability Committee updates and, following discussion agreed that they would like the Sustainability Committee to:

- Look again at the numbers in the knowledge of the Trusts current position
- Put pressure on the system (i.e. those not applying the Agency Cap)
- To identify further options and plans, taking the above into account, and present to the Board for further discussion

Action: FD / WD Due: September 2016 Trust Board

2016.2/108

PATHOLOGY SERVICES TENDER

The FD presented a paper which reported that the process of replacing the Blood Sciences equipment base was delayed in 2013 pending the outcome of the proposed joint venture between SaTH, Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust and uncertainty over the continuation of SaTH as the provider of the local community pathology workload, since 60% of the annual workload is direct access.

As a significant factor in the selection and scaling of the equipment required in the future, the existing managed service contract (MSC) was therefore extended as permitted within the contract.

The existing MSC expires on 31st March 2017 and in accordance with OJEU tender rules, the Trust has undertaken a full procurement exercise.

The required investment of £11,168,510 over the proposed 7 year term of the contract provides "state of the art" analytic instrumentation, which can be scaled up or down to support decisions yet to be made in developing sustainable services. No additional funding is required above that already committed within the current Pathology budget and the recommended offer provides a modest saving of £52,290 compared with current expenditure

Following discussion, the Board members APPROVED the following recommendation:

- The MSC contract be awarded to Contractor 3 for the sum of £11,168,510 exc VAT, for a 7-year initial term with the option to extend for a further 7 years
- The Pathology management team then develops the appropriate implementation plan with the successful bidder with support and resource provided as appropriate by other Trust stakeholders, such as Estates and IT.

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2016.2/109 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 May 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 May 2016:

- Infection Prevention & Control – The outturn position for the Trust C.diff performance for 2015/16 was 30 cases reported compared to 29 during 2014/15. The Trust has received a further challenging C.diff target from NHS England of 25 for 2016/17; the same as 2015/16. Next year's targets for all NHS organisations have been brought forward and not calculated based on outturn performance.
- Serious Incidents – There were 4 SI's reported in May – x2 Diagnostic Delays, x1 Fall #patella and x1 Unexpected admission NNU (delayed reporting upgraded from HRCR)
- Pressure Ulcers – The Trust reported 0 avoidable and 0 unavoidable Grade 4 pressure ulcers; 0 avoidable and 1 unavoidable Grade 3 pressure ulcers; 1 avoidable and 3 unavoidable Grade 2 pressure ulcers and 22 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. The April Trust wide staff fill rates were 93.1% registered nurses/midwives and 102.7% care staff during the day, and 97.8% registered nurses/midwives and 107.5% care staff during the night. The May Trust wide staff fill rates were 93.9% registered nurses/midwives and 106.1% care staff during the day, and 98.4% registered nurses/midwives and 108.2% care staff during the night. From 1 May 2016 all Trusts are required to report back monthly Care Hours per Patient Day (CHPPD) data to NHS Improvement so they can start to build a national picture on how nursing staff are deployed (as identified in Lord Carter's final report: Operational productivity and performance in English acute hospitals).

OPERATIONAL PERFORMANCE

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

- A&E 4 Hour Access Standard - In May 2016, 84.81% of patients were admitted or discharged within the 4 hour quality target. Non admitted performance at the PRH site was the main contributor to this underperformance. There was an increase of 138 breaches between April and May. There is now an internal improvement plan in place to address some of the key issues and the plan is being monitored on a weekly basis by the Deputy COO and corrective actions taken. Mr Newman (NED) enquired how the 4-hour target is measured; the COO reported that it commences when a patient arrives and is registered.
- RTT performance – The Trust delivered the RTT performance target in May. The Trust has consistently failed to achieve RTT performance targets in Orthopaedics and Oral Surgery. In setting the RTT performance trajectory it had been assumed that progress would have been made in each of these specialties in the month of May, however this has not been the case. This is as a result of increased Trauma cases resulting in elective sessions being converted to accommodate the activity; TEMS backlog over 18 weeks being added to waiting list; and within Oral Surgery Consultant sickness and an increased demand in Cancer activity. The RTT trajectory for Orthopaedics and Oral

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Surgery are being reviewed and additional capacity is being put in place to reduce the 18 week backlog in these specialties. Further work is being undertaken in Oral Surgery to source additional capacity with other providers. A daily predictor tool is in place to assist the Care Groups with the 92% incomplete standard. Also further information on booking profiles and backlog trajectories is available to support the delivery of the RTT standard. Weekly meetings are being held, chaired by the Deputy COO, until the new management structure within the Care Groups is fully operational.

- Cancer – The Trust continues to deliver the 62 day Cancer standard. Further work is required within the tumour sites to improve to ensure this performance is sustainable going forward.
- Diagnostic Performance: The Trust has delivered against the 6-week diagnostic standard in May 2016; however the Endoscopy target was not achieved. This is as a result of an increased demand within the service. Additional capacity is being sourced from independent providers who will work within the hospital at weekends to improve the waiting times for routine endoscopy which is currently at 10 weeks.

The COO reported that although 33% of discharges are being achieved before 1pm on the four wards where SAFER has been introduced and an enormous amount of work is being undertaken internally, unfortunately demand is currently outstripping this. The Trust is much busier than expected for this time of the year. Actions that have been taken include strengthening management within the Emergency Department; additional support has been provided; and 90 second breach analysis is being undertaken.

The demand from the winter to summer is having an impact and unfortunately this is taking its toll on the staff and their morale; it was however highlighted that it is testament to the staff's commitment to their roles which was agreed should be recognised.

FINANCIAL PERFORMANCE

The paper reported the following key messages in relation to the financial position:

- Income - Is underperforming by £0.210m. Activity is over performing by 1.8%
- Pay – The Trust has overspent in respect of Pay by £1.235m in the opening two months of the year. The Pay overspend is attributed to the inability to achieve savings as contained within the Cost Improvement Programme (CIP). Specifically these relate to savings assumed through improving staffing unavailability, implementation of the clinical and non-clinical Agency Caps and the requirement for the Scheduled and Unscheduled Care Groups to identify schemes to reduce workforce costs. Monthly pay spending is potentially distorted because in April and May the Trust has obtained cost savings by reducing the number of employed agency medical staff. Clinical groups indicate that this practice is not sustainable.
- Agency – Total Pay spending has increased by £600,000. Agency spending has reduced by an average £269,000 per month as a consequence of reduced numbers of agency staff. The change being predominantly amongst nursing staff. Bank staffing numbers are consistent with levels seen in the previous financial year; however costs are greater and reflects the decision to introduce new premium rates. The recruitment of substantive nurses and reduction in high cost agency (and to a lesser extent bank staff) is a key part of the Trust's overall financial strategy.
- Non Pay – In the opening two months of the year, the Trust has underspent by £640,000 as compared with the budget.
- CIP – An assumed plan of £13.031m equivalent to 3.925% of operational spending was identified. CIP savings realised at the end of month 2 amounted to £.0909m as compared with a target of £2.172m. The CIP programme is forecast to generated savings in the year amounting to £6.882m.
- Cash - The Trust is required to hold a minimum daily cash balance of £1.7m. The Trust held a cash balance on the Balance Sheet of £1.460m at May. The actual balance in the Trust's bank account was £1.402m; the difference being reconciling items, e.g. cash in transit; petty cash, patient's cash, un-presented cheques, etc. The 2016/17 cash plan is constructed based on an Income and Expenditure deficit of £5.9m and will receive £5.9m cash support in 2016/17. The Trust will receive £10.5m from the Sustainability and Transformation Fund; guidance is awaited. The Trust is drawing

..... Chair
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£3.633m in June from its Revolving Working Capital Facility in lieu of 3 months STF of £2.625m and £1.008m to support I&E deficit.

The members were informed of concerns relating to Pay; and the challenges around CQUINS and winter funding. One of the CCGs (Telford & Wrekin) has committed, however Shropshire CCG will struggle to make a sum of money available to the Trust, which will result in a shortfall of approximately £1.2m in income

The COO flagged the risk relating to engagement as the whole system plan is required to be signed off by 13 July. It was reported that the System Resilience Group will hold discussions in relation to this; and the COO agreed to keep the Chair abreast of the situation.

Action: COO

WORKFORCE

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

- **Sickness** – In May a further reduction in absence to 3.45% from 3.86% in April compared to 3.96% the previous year. Current performance is encouraging, an improved performance meaning attendance for the month was 96.55%
- **Appraisals** – Appraisal coverage within the organisation remains static at 87% for the last four months; both Scheduled and Unscheduled Care have the highest appraisal rates in the Trust which is a significant achievement. The Workforce Committee will continue to monitor performance over the next 12 months.
- **Statutory & Mandatory Training** – This has remained consistent at just below the 80% target. An area of development is increasing capacity for training; this will be achieved through utilising unused ward space in the Copthorne Building at RSH. It is anticipated that improvements in training coverage will be seen by early next year. Following discussion the Trust Board members agreed to endorse the proposal to increase the statutory and mandatory training target to 100% compliance.

Following discussion, the Board **RECEIVED** the Trust Performance Report. The FD reported the new style overarching performance report / Board view will be presented at each of the Committee meetings, going forward.

2016.2/109

SYSTEM SUSTAINABILITY & TRANSFORMATION PLAN (June 2016)

The CEO presented the Sustainability and Transformation Plan for Shropshire and Telford & Wrekin which seeks to describe the wider health and social care system; it provides narrative around the data set of the population over the next 20 years, makes reference to health and wellbeing, 7-day access to services and details relating to acute, community, maternity and mental health services.

It is intended to draw together the work of the community who often work in isolation of each other to create a thread for a single narrative for our system, bringing together community, mental health and acute which has not been done before.

The timeline highlights an implementation plan by October; this will be completed in conjunction to ensure a true partnership approach.

Dr Walford (NED) highlighted page 38 relating to governance and reported that he cannot see a systematic process to ensure experience is counted. He was assured that patients are involved in 'Acute Services', 'Neighbourhoods Shropshire', 'Neighbourhoods Telford & Wrekin' and 'Neighbourhoods Powys'.

The CEO reported that the STP is not a finished model and it may incorporate further changes; these will be discussed with the operational groups.

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Following discussion the Board ADOPTED the proposed System Sustainability & Transformation Plan.

2016.2/110 PROCESS FOR PROPOSAL FOR REPLACEMENT MANAGED PRINT CONTRACT AWARD REPORT AUTHORISATION

The FD presented a paper which reported that the current managed print service provided to the Trust by Danwood expires on the 31 August 2016 and the replacement contract is currently out to competitive tender, closing on the 24 June 2016.

The existing contract value is circa £570,000 per annum and the term of contract is five years with the option to extend for a further 12 months. There are five potential providers. Tenders will be evaluated in July 2016 and an award recommendation report will be issued to the Trust Board for approval to start the award process in order for a new contract to be put into place.

However, as there are no scheduled Board meetings during July or August, the FD requested the Board to delegate authority to award this replacement contract to the Sustainability Committee meeting being held on the 26 July 2016. This will ensure that any savings achieved from the tender are realised earlier and that a new more efficient/ reliable fleet is delivered to the Trust in a timely manner.

Following discussion, the Trust Board AGREED delegated authority to the Sustainability Committee meeting on 26 July 2016.

WORKFORCE

2016.2/111 WORKFORCE COMMITTEE – 13 MAY 2016 & 24 JUNE 2016

The WD reported that the Workforce Committee had received and approved a paper during June 2016 in relation to 'Raising Concerns (Freedom to speak up)'. This relates to the organisation which already has a number of systems and processes in place, however new developments will see:

- Appointments of Values Guardians – this a new role (previously Speak Out Guardians) to support staff to raise concerns
- Speak in confidence dialogue system – supports staff to discuss ideas/concerns with their identities being protected
- Communications regarding raising concerns
- Publishing to the organisation concerns raised and outcomes, whilst maintaining confidentiality

The Workforce Committee also discussed the following during the June 2016 Committee meeting:

- Values in Practice (VIP) Awards – This is a new approach to staff recognition which will now be values based. An annual awards ceremony 'VIP Awards' will be held on 27 September 2016; there is a wide range of categories. Moving forward, the monthly Trust Chair's Award will be replaced by a VIP Award Winner.

The Board members RECEIVED and NOTED the items that have been presented to and discussed by the Workforce Committee during May and June 2016.

2016.2/112 SENIOR DOCTORS REVALIDATION STATEMENT

The MD provided the annual statement of compliance relating to Revalidation which is a requirement to enable a doctor to continue to retain their licence to practice.

The MD confirmed that the necessary components are covered and over the last year considerable efforts have been made to ensure that all elements required to support Revalidation have been addressed in more detail.

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There has been a high number of doctors requiring Revalidation in this financial year, an increase of 8% on last year. There has also been an increase in doctors who are not in Senior Doctor posts and also not in training, i.e. not in Deanery posts, who now sit within the Trust's appraisal system. There has been an increase in international doctors in the past year who have not previously undergone appraisals. There does not appear to be a standardised approach, recommended by NHS England, for managing these doctors and the Trust has therefore developed a process, in-house, for standardised preparation for appraisal.

Severn Hospice doctors are employed through a Service Level Agreement with their contract being held at SaTH. The Board was informed that Mr Cronin (SaTH NED) and CEO at Severn Hospice has agreed to sign off their appraisals.

The MD reported that the organisation has achieved 97% of medical appraisals; for those where an appraisal has not been completed, up to three months preceding the agreed appraisal date, or no more than one month after, an exception report would be required.

Following discussion, the Board RECEIVED the report, recognising the improvements that have been made, and APPROVED the Statement of Compliance.

2016.2/113 'BELONG TO SOMETHING' UPDATE & WORKFORCE CHALLENGES

The WD presented a paper which focussed on the progress of the 'Belong to Something' campaign which continues to have a high impact in terms of raising the brand of the organisation.

Further developments include webpages for apprentice, temporary staffing and volunteers, as well as the production of an induction brochure, publicising the campaign to existing staff via internal email and a specific project on medical staff, including actively targeting doctors via social media.

The campaign continues to see a rise in activity levels month on month, with over 4 million digital impressions, including followers on Facebook and email subscribers.

The organisation continues to place significant focus on staff nurse and medical staffing recruitment and this will be further supported through the improvement work with Virginia Mason, as recruitment is the third value stream due to start in the autumn.

The Board NOTED the workforce challenges update.

2016.2/114 SECONDMENT POLICY – W15

The Policy for Secondments and Procedure was presented; this provides information for employees and managers on internal secondments, external secondments and the terms of secondment. The Procedure also includes supporting documentation consisting of template letters, external secondment agreement and flow charts.

Following discussion, the Board APPROVED the Secondment Policy and Procedure.

TRANSFORMATION

2016.2/115 FUTURE FIT UPDATE

The Future Fit Programme Director attended the Board meeting to provide a brief update on recent Programme progress and to summarise some key outputs in the next month.

A Programme Director's Update report was provided for information which was RECEIVED and ACCEPTED; however Mr Newman (NED) highlighted that the Option Appraisal process in the Programme Timeline has been deferred from end July to end September 2016.

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The Programme Director confirmed that the Future Fit Programme is continuing to work towards the following three critical milestones and remains on track:

- Summer 2016 – Appraisal of options
- Winter 2016/17 – Public consultation
- Summer 2017 – Final commissioner decision

The Chair requested assurance that the Trust Board would be informed of the community models supporting neighbourhoods, etc., prior to circulation. The Future Fit Programme Director highlighted that the Strategic Outline Case (SOC) will not be successful without clarifying the community provision.

The Programme Director reported that in terms of the preferred options at the end of September, they will be presented to the CCG Boards and the SaTH Board prior to public consultation during December 2016. The formal pre-consultation business case will also be presented to NHS England.

The COO reported that she had attended a Community Fit workshop the previous week and there appeared to be no clarity relating to leadership. The Future Fit Programme Director provided detail of the lead people involved and reported that Community Fit currently sits under the Sustainability and Transformation Plan.

The CEO reported that the structure is required to be signed off by the Sustainable Development Plan (SDP) and as Chair, he has made it clear that he would like to see the plan and will work with patients and the communities as there is a lot of public anxiety; the realignment of that work will happen during July 2016.

Following discussion, the Board NOTED the NHS Future Fit Programme Directors June Report.

2016.2/116

SATH SUSTAINABLE SERVICES PROGRAMME UPDATE

The FD reported that the whilst the Strategic Outline Case (SOC) for the Sustainable Services Programme (SSP) was approved by the Trust Board in March 2016 and supported by the Telford and Wrekin CCG in May 2016 and the Shropshire CCG during June 2016; work is progressing to develop an Outline Business Case (OBC). This is expected to be completed by September 2016 and subject to the approval of the SOC, the OBC will be available for submission to the Trust Board in September/October 2016.

Action: FD Due: September/October 2016 Trust Board

The Board was assured that the Trust's clinical and managerial leads and members of the Trust's Transformation Team are actively involved and engaged in the process.

The paper informed the members that the Trust's clinical model within the SOC is consistent with the acute components of the agreed Future Fit model of care:

- One Emergency Centre (including one Emergency Department and one Critical Care Unit)
- One Diagnostic and Treatment Centre
- Two Urban Urgent Care Centres
- Local Planned Care (outpatients, diagnostics) on both hospital sites

The potential solution in the SOC described a model where the inpatient bed base of the Trusts was fairly evenly split (60/40) and where unplanned medical patients would be admitted to both hospital sites. This was identified as being achievable through the development of integrated care pathways and the appropriate triaging of patients based on their clinical need.

Further discussions within the clinical body have identified challenges in the sustainable delivery of a split 'medical take'. Further work is therefore underway to refine the balanced site model to enable all medical unplanned admissions to initially be assessed (and admitted if appropriate) to the Emergency

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Site. Current thinking from the Trust's Consultant body suggests that for patients still requiring acute hospital treatment, a proportion of patients could be transferred to non-emergency care at either the Emergency Site or at the Planned Care Site. For some patients this will also enable their on-going care closer to home. This thinking will be tested in the coming weeks by an audit, led by the consultant physicians.

The implementation of the Trust's Communication Plan and monthly meetings with the programmes patient critical friends continues. GPs and representatives from the Community Trust have been invited to attend Clinical Working Group meetings and contribute to pathway and workforce discussions.

A robust and varied plan for communication is in place and is being implemented. This has included radio interviews and a 'hot-seat' session; press releases; and four-page newsletter.

Planning of the assurance process (led by the CCGs) is underway. This will include submission to the Clinical Senate, a financial and non-financial appraisal, an external review of Option C2 (including review by the Royal Colleges) and an Integrated Impact Assessment. This will all be undertaken ahead of Public Consultation in December 2016.

The FD reported that a meeting was held during May 2016 which was well attended by both medical and nursing staff. The proposed model was discussed and concerns were raised. It has therefore been refined and the organisation is now supportive of the revised model and are keen for it to progress.

The Board NOTED the progress of the Sustainable Services Programme

2016.2/117

VIRGINIA MASON INSTITUTE UPDATE (*Report Out: June 2016 attached*)

The CEO presented the Transforming Care Production System: Report Out (June 2016) which detailed the Organisational Strategy on a Page; this is planned to be launched on 20 July 2016.

It also detailed the benefits that have been gained from the two Value Streams that have been undertaken to date which include:

- Value Stream #1 – Discharge process for Respiratory Patients; the first RPIW was held during March 2016
- Value Stream #2 – Pathway for patients with signs of Sepsis; the first RPIW was held during April 2016

Value Stream #3 relates to Recruitment which is anticipated to commence during September 2016; and as an addendum, a process in relation to Innovation will also commence during July 2016.

The CEO reported that the Board are becoming more familiar with the VMI phrasing and processes that the staff are involved in, and almost 200 staff members have received training; 40 of which will be involved in 'Lean for Leaders' - a process which takes clinical staff away from their role for two weeks, to provide them with an opportunity to identify problems and find solutions.

The members recognised the work that the CEO and Non-Executive Director, Mr Newman, have undertaken so far and also acknowledged the volumes of staff (775 educated to awareness level or above) that have become engaged in this work.

It was highlighted that the improvements already identified will underpin the organisation in the next 5-10 years; however, it was agreed that the organisation should be careful not to run too quickly.

The Chair thanked the CEO for the update and the NED's reported that they were excited to become included in the Genba Walks and await the schedule.

..... Chair
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ASSURANCE

2016.2/118 SUMMARY OF AUDIT COMMITTEE – 2 JUNE 2016

Dr Hooper (NED) reported that the Board had received information of the latest Audit Committee during the Special Board meeting held on 2 June 2016, as detailed below:

Annual Accounts:

There was extensive discussion around the difference in opinion between the Trust and the External Auditors on the treatment of depreciation. External audit explained that they considered that as depreciation was an estimation it should be applied in line with IAS08, i.e. prospectively. They therefore classified this as an uncorrected error and wished to bring it to the attention of Audit Committee. They confirmed it was not a material difference and would not affect the unqualified opinion on the accounts if it was not corrected. The Finance Director explained that, whilst accepting depreciation was an estimation, the Trust has treated depreciation in accordance with IAS 16 – Property, Plant and Equipment whereby equipment is depreciated by adopting a “straight line basis” and using predetermined asset lives as established by the NHSE. Given the findings of the review it was decided to change the asset lives to one based upon actual usage. This ensures that the carrying amount on the books is correctly stated. This approach was notified to the external auditors, and the methodology was audited in January as part of the pre – end of year review.

It was noted that the positions could not be reconciled and was an argument over the technical treatment of a change. It was further noted that previous differences in treatments had occurred between the Trust and previous External Auditors (KPMG) so this was not a novel situation. It was further noted that the TDA had been contacted and they confirmed over recent years a number of Trusts have found themselves in this position. Their Financial team have (as ours have) declared the one off benefit in year, as we have, and had a similar debate with their auditors which also saw them submit their annual accounts statement based upon their interpretation of the position and not correcting the position as suggested by External Audit.

In light of this the Committee agreed that it would reflect the difference in the management representation Letter and recommend that the Board adopt the accounts as stated

Value for Money :

The Committee considered the qualified ‘except for’ opinion on Value for Money (VFM) to be a substantive issue. It was noted that against other external metrics the Trust is performing in the upper quartile and the Opinion seemed perverse and unfair in this context. The Committee recognised the framework that External Audit had to operate within but felt this was a framework constructed at a time when the NHS was in surplus and did not make sense in a national position where 80% of Trusts were in deficit and therefore breaking their statutory duty, which was a key, albeit unfair, condition applied to arriving at the VFM opinion, which did not reflect the efforts and hard work of NHS workforce both nationally and locally

The Committee discussed the many contributory factors to the Trust’s financial position included a gap between contracted and actual activity levels, with associated impact on staffing levels and costs, along with an equally serious impact on achieving targets and pursuing clinical excellence and expressed its disappointment that External Audit had been unable to reflect this in their findings.

It was noted that the independent evidence for the Trust’s very good VFM position included the Award for the 4th year from CHKS as being in the top 40 of the most efficient and effective hospital. Furthermore the Trust’s Reference costs were low (95 compared to an NHS average of 100) and that the Trust delivered and exceeded all the targets and measures that it committed to at the beginning of the year. So the technical evaluation by External Audit based on rigid criteria was a gross misinterpretation and reflected an inappropriate and unjust framework.

..... Chair
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The Audit Committee asked for this view to be submitted nationally by the External Auditors and resolved to have their position recorded in the strongest terms in both the minutes of the Audit Committee and the Board meeting that followed to receive and adopt the Financial statements.

Dr Hooper reported that he had no further issues to bring to the attention of the Board.

The Board NOTED the content of the June 2016 Audit Committee update.

2016.2/119 ANNUAL REPORTS

2016.2/119.1 Annual Report – Health, Safety, Fire & Security 2015/16

The DCG presented the Health, Safety, Fire & Security 2015/16 Annual Report, for information. She paid tribute to the work undertaken by the Health & Safety Team in relation to FFP3 Mask Fit Testing. During the year the Committee received reports on progress with ensuring relevant Trust staff had been fit-tested for FFP3 masks (many used for Infection Prevention and Control reasons). By the end of the year over 500 Trust staff had been fit tested, and had approximately 50 trained fit-testers across the hospitals. The Care Group reports following meetings included information on active and non-active fit-testers, and notice that non-active fit-testers would be contacted by Health & Safety with a view to completing their first fit-tests.

2016.2/119.2 Annual Report – Security 2015/16

The DCG presented the Security 2015/16 Annual Report was presented for information. The Board were pleased to note the developments over the past year and the benefit of improved training in reducing 'clinical aggression'.

2016.2/119.3 Annual Report – Complaints & PALS 2015/16

The Board were informed that the Complaints & PALS Manager, Jackie Harrison, is due to retire from the Trust; the Board therefore wished to extend their gratitude to her for the vast improvements made to the Complaints Service over the last three years, which includes a 50% reduction in complaints, and has also brought the Trust up to the third most improved in the country.

Following discussion, the Board RECEIVED and NOTED the above mentioned 2015/16 Annual Reports.

2016.2/120 LEARNING / REFLECTION OF THE MEETING

2016.2/120.1 The COO highlighted that the NHS has a culture which manages by exception, but felt that the discussions held during the meeting highlighted the positive work that has been undertaken throughout the organisation, which she suggested should be celebrated.

2016.2/120.2 The FD queried the role of the sub-Committees in relation to what the Board wish to receive; the Chair highlighted that the Board is heavily presented with items to be 'received'; he therefore requested conclusions be brought to the attention of the Board following discussion at the sub-Committee meetings.

It was suggested that the Board is presented with cases requiring Capital expenditure. The FD reported that items requiring Capital have been presented to the Sustainability Committee, and Mr Deadman (NED) has been appointed as Chair of the Sustainability Committee for such issues.

The FD confirmed that he would discuss this further at the Sustainability Committee.

Action: FD

2016.2/120.3 Dr Walford (NED) raised the Disability Discrimination Act and highlighted that he had experienced difficulties in hearing throughout the meeting, as had a number of the members of the Board and public.

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Following discussion, it was agreed that the ability to hold a sensible meeting with all relevant facilities outweighs holding meetings in venues throughout the county.

2016.2/121 ANY OTHER BUSINESS

No further business was raised.

2016.2/122 QUESTIONS FROM THE FLOOR

The Chair reminded the members of the public that it is a meeting in public rather than a public meeting, and also highlighted the element of the Trust Values relating to 'Respect', requesting the public to play to those values in a bid to behave well to each other.

Q1 i) Mr David Sandbach reported that he had received an example of kindness when he recently attended the Trust for an X-ray appointment.

ii) Mr Sandbach also highlighted to the Board that there is a huge difference between Future Fit and the Sustainable Transformation Plan (STP). He suggested one area that requires improvement is the Ambulance Service.

iii) He also reported that he would like SaTH to shut down one of its A&E Departments, as per recent action taken by Chorley and South Ribble District General Hospital due to being unable to recruit enough staff to provide a safe service.

Q2i i) Ms Sylvia Jones reported that she entirely supports the request of civility and politeness; however she requested Dr Walford's comments to be formally minuted as she confirmed that she had heard of the transfer of SaTH's Stroke Services one week prior to it occurring. Ms Jones confirmed that she rung the CEO office to discuss this but had not received a response.

A2i) The CEO apologised for the lack of communication.

Q2ii) ii) Ms Jones also reported that the information that the FD provided at last month's meeting relating to rural maternity services was misleading – that the midwife led units (MLU) had become too expensive and funding is required from the CCG. She therefore requested the truth and to be informed of what is happening with rural maternity services.

A2ii) The CEO confirmed that he has spoken to Mr David Evans, Chief Officer of T&W CCG. The current operating cost of the MLUs is making a loss. Further discussions are therefore required to be held relating to the services that sit across the community, including MLUs.

Q3 A member of the public highlighted that the Operating Plan for 2016/17 refers to making a saving of £9m in duplication costs; she enquired which services the savings relate to.

A3 The FD reported that the savings relate to the cost of duplication in delivering services across two hospital sites, such as paying for double rotas, high agency costs, etc. In order to be able to deliver a solution, the duplication costs would disappear as part of the Trust reconfiguration. It was highlighted that the Outline Business Case will make it very clear of where those services will be located.

The FD and CEO confirmed that the Commissioners undertake a quality assessment which has equated to approx. £9m. The CEO confirmed that further detail would be obtained and forwarded to the member of the public. **Action: FD**

Q4 Ms Gill George reported that page 28 of the Sustainable Transformation Plan includes a financial statement of £10.5m funding for SaTH, but highlighted that it is not covered in the system plan on page 32; it is not clear in the plans where the investment in community services comes from. Ms George therefore requested the Board to explain their confidence in the recurring £10.5m.

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- A4 The FD reported that the Transformation Fund has a series of objectives to support financial viability. In this financial year it equates to £10.5m and SaTH would expect this to go forward. In totality there are further savings. The money for community and primary care – it sits as part and parcel of the £16.5m.
- Q5 A member of the public enquired how much money has been spent on marketing and advertising for Future Fit over the last few weeks.
- A5 The CEO reported that it is entirely appropriate to keep the public informed and that the amount of money that is spent on advertising by the Trust is minimal in comparison to that spent on patient care.

2016.2/123 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 29 September 2016 at 2pm in Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 5.30pm

..... Chair
29 September 2016

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 30 JUNE 2016

Item	Issue	Action Owner	Due Date
2016.2/65.4	<i>Matters Arising – 2016.2/31.3 – Patient Experience Strategy Update</i> To present full Strategy to September 2016 Trust Board Deferred to December 2016 Trust Board	DNQ	1 DEC 2016
2016.2/65.8	<i>Matters Arising – 2016.2/44 – Annual Review of Standing Orders, SFIs and Scheme of Delegation</i> To be presented to September 2016 Trust Board	FD	29 Sept 2016 ON AGENDA
2016.2/96	<i>International Nurses Day Video</i> To be presented to September 2016 Trust Board Deferred to December 2016 Trust Board	DNQ	1 DEC 2016
2016.2/98	<i>Board Members Declarations</i> To include addition to P Cronin's Declarations of Interest	Cttee Secretary	29 Sept 2016 COMPLETED
2016.2/105	<i>Progress Report on Learning and Actions from Report of Kate Stanton-Davies</i> <ul style="list-style-type: none"> To produce a report of actions by recommendations and timescales To identify how the W&C Care Group are being supported (following being under scrutiny for many years) and include in September Board Update 	DNQ DNQ	29 Sept 2016 ON AGENDA 29 Sept 2016 ON AGENDA
2016.2/106	<i>Stroke Services Situation Report</i> To look into the allegations that had been made by members of the public	CEO	July 2016
2016.2/107	<i>Sustainability Committee Update</i> <ul style="list-style-type: none"> To put pressure on the system in relation to those not applying the Agency Cap To identify further options and plans and present to the Board for further discussion 	FD / WD	29 Sept 2016 ON AGENDA
2016.2/109	<i>Trust Performance Report – Financial Performance</i> To keep the Chair abreast of the situation in relation to engagement of the whole system plan - System Resilience Group to hold discussions	COO	29 Sept 2016
2016.2/116	<i>SaTH Sustainable Services Programme Update</i> To present Outline Business Case to September/October 2016 Trust Board	FD	29 Sept / 27 Oct 2016
2016.2/120.2	<i>Learning/Reflection of the Meeting</i> To discuss at Sustainability Committee the issue of the Board being presented with items requiring Capital expenditure	FD	July 2016
2016.2/122 A3	<i>Questions from the Floor</i> To obtain further detail in relation to the saving of £9m duplication costs, as reported in the Operating Plan 2016/17, and forward the detail to the member of the public	FD	July 2016

..... Chair
29 September 2016

'The View from the Bridge'

June 2016



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**



'The View from the Bridge'

Summary:

1. 90 day plan
2. Trust Strategy
3. System Plan (STP)



‘The View from the Bridge’

- **90 day plan**
 - Return to normal operational performance
 - Launch Leadership Academy
 - Launch Transforming Care Institute
 - Sign off Contract with both CCGs for 2016/17
 - Confirm formal support for SOC with wider system
 - Commence new sub committees
 - Confirm executive portfolios
- **Strategic Plan**
 - Statements of Intent: Car Parking
 - Organisational vision and functional milestones
 - Launch Safest/Kindest Culture OD plan
- **System Plan**
 - System leadership compact (final session)
 - Support for the OBC
 - STP infrastructure and governance architecture
 - STP submission (including DRP/OBC/Community Models/social Capital/Public engagement)
 - Sir David Dalton Lecture and Visit



90 Day Plans

Transforming Care: VMI



Workforce

- Core work
- Flexible provision
- Refocused recruitment and retention

System full plan
Winter 2017 plan
System escalation
plan
Frailty pathway
Pilot neighbourhood
model

‘The Way We Work’



Statements of intent:

- Car parking
- Policy review
- Rules amnesty
- 50% less meetings

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Make It Happen
We Value Respect
Together We Achieve



90 Day Plans (cont)

Leadership Academy

- Establish 40 strong Senior Leadership Team
- Targeted Leadership Training Programme
- Lean for Leaders (first 40)
- Transforming Care Institute (VMI)
- Report Out fortnightly
- Leadership Conference plans on Kindness
- Master classes (David Dalton)



Strategic Plan

Organisational Strategy



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**



Strategic Plan (cont.)

FUNCTIONAL OUTCOMES:

- What we will deliver
- How we will deliver
- Why we will deliver

WHY ARE WE
DOING THIS?

SYSTEM MISSION:
'HEALTHIEST POPULATION ON
THE PLANET'

Patients and Family focused

- Shared purpose
- Establish healthy communities
- Partnering for better outcomes
- Assuring our performance
- **Cement Our Future**



Strategic Plan (cont.)

FUNCTIONAL OUTCOMES:

- What we will deliver
- How we will deliver
- Why we will deliver

HOW ARE WE
GOING ABOUT
MAKING THIS
CHANGE
HAPPEN?

SYSTEM MISSION:

'HEALTHIEST POPULATION ON
THE PLANET'

Safest:

1. Best in NHS in the staff and patient surveys
2. Create a learning organisation (university status)
3. Top 5 clinical markers (Hospital never cancels planned procedures, Senior review every pat every day, Lowest mortality in NHS, elderly patients are discharged to home, no delayed discharges)
4. Realignment of our services (FBC, Integrated Care)
5. Consistent application of policy (100%)



Strategic Plan (cont.)

FUNCTIONAL OUTCOMES:

- What we will deliver
- How we will deliver
- Why we will deliver

HOW ARE WE
GOING ABOUT
MAKING THIS
CHANGE
HAPPEN?

SYSTEM MISSION:

‘HEALTHIEST POPULATION ON
THE PLANET’

Kindest:

1. Proud to work here.....
2. Act to prevent harm; ‘Stop the line’
3. Modern facilities to maximise treatment outcomes (SOC)
4. Listening and encouraging our public to act as a quality assurance process for us
5. Integrity and Dignity in all we do



Strategic Plan (cont.)

FUNCTIONAL OUTCOMES:

- What we will deliver
- How we will deliver
- Why we will deliver

SYSTEM MISSION:
**'HEALTHIEST POPULATION ON
THE PLANET'**

**HOW ARE WE
GOING ABOUT
MAKING THIS
CHANGE
HAPPEN?**

Leadership that can Innovate and Inspire

1. One organisation wide production system (VMI)
2. Establish the triumvirate
3. Social action
4. Leadership academy
5. Listen, Hear and Integrate feedback into action.



Strategic Plan (cont.)

FUNCTIONAL OUTCOMES:

- What we will deliver
- How we will deliver
- Why we will deliver

SYSTEM MISSION:

'HEALTHIEST POPULATION ON THE PLANET'

**WHAT ARE WE
LOOKING TO DO**

Healthiest Population on the Planet

1. Integrated services across our system, One vision, One aim, One NHS and Care service (partnerships)
2. Educate and support wellbeing in everything we do
3. Action orientation; stop waiting to be invited
4. Improve the health & wellbeing of our staff
5. Integrated health and care record



Transformational: The Way we Work

Culture Change:

- Guidrails
- Compliance
- Engagement
- Communication



Management Method:

- Standardize approach
- Mandate training
- Senior Leader Team
- Listening
- Genba
- VMI
- Training and education

Board Standard:

- Set standard
- Visibility
- Assurance
- Staff recognition



System Plan

Sustainability and Transformation Programme (STP): Strategic Vision for Our Population

We have a unified vision for our population to be the healthiest on the planet. Set against this we identified that to achieve this goal we need to have the safest and kindest provision, zero suicides in mental health, independence into older age for the majority of our population and integrated delivery models with shared learning and enviable reputations alongside employers of choice with a singular purpose being seen and acted out across our health, care and public sectors.

All providers, commissioners and public authorities are acting as one to achieve our strategic goal of sustainability through collective surplus by 2021. This will be achieved by introducing transformation of the way all of our organisations deliver their care, including integrated pathways of care, neighbourhoods developed to ensure personal health, care, and wellbeing are centred around 5 local rural locations and 5 that relate to our two large urban centres of Shrewsbury and Telford.

We will develop two hospitals that offer bespoke solutions to the needs of the different populations that feature in our communities through the delivery of a OBC for the regeneration of both sites, a single emergency centre, two urban UCCs, centres of excellence and an elective and diagnostic unit ensuring both of our hospitals are fit for purpose for the next 20 years.

We will embed social care and wellbeing into all health delivery and work with our population to establish social capital to improve the public engagement and accountability in creating a healthier population with wellness replacing a sickness paradigm.

Dispersed leadership and urgent care models will support people closer to home with integrated technology and data moving freely across our system and one public estate and philosophy towards providing solutions to these challenges will characterise our working ethos.

Our deficit reduction plan will track the transformational process and the changes necessary to support investment shift into prevention, maintenance and early detection and treatment, shrinking the secondary care provision to that it is shaped to meet our new population's profile. The evidence and governance model will draw down on public health data for the next 20 years to tackle the immediate risks whilst ensuring all transitions are future proofed.

The STP board will have established architecture to support real system change and generate new relationships strong enough to survive and indeed flourish in this new environment.

Creating our future by 2021



System Plan



1. Shared vision



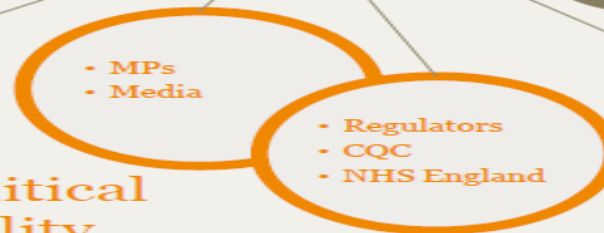
2. Staff engagement



3. Uncertainty



4. Political volatility

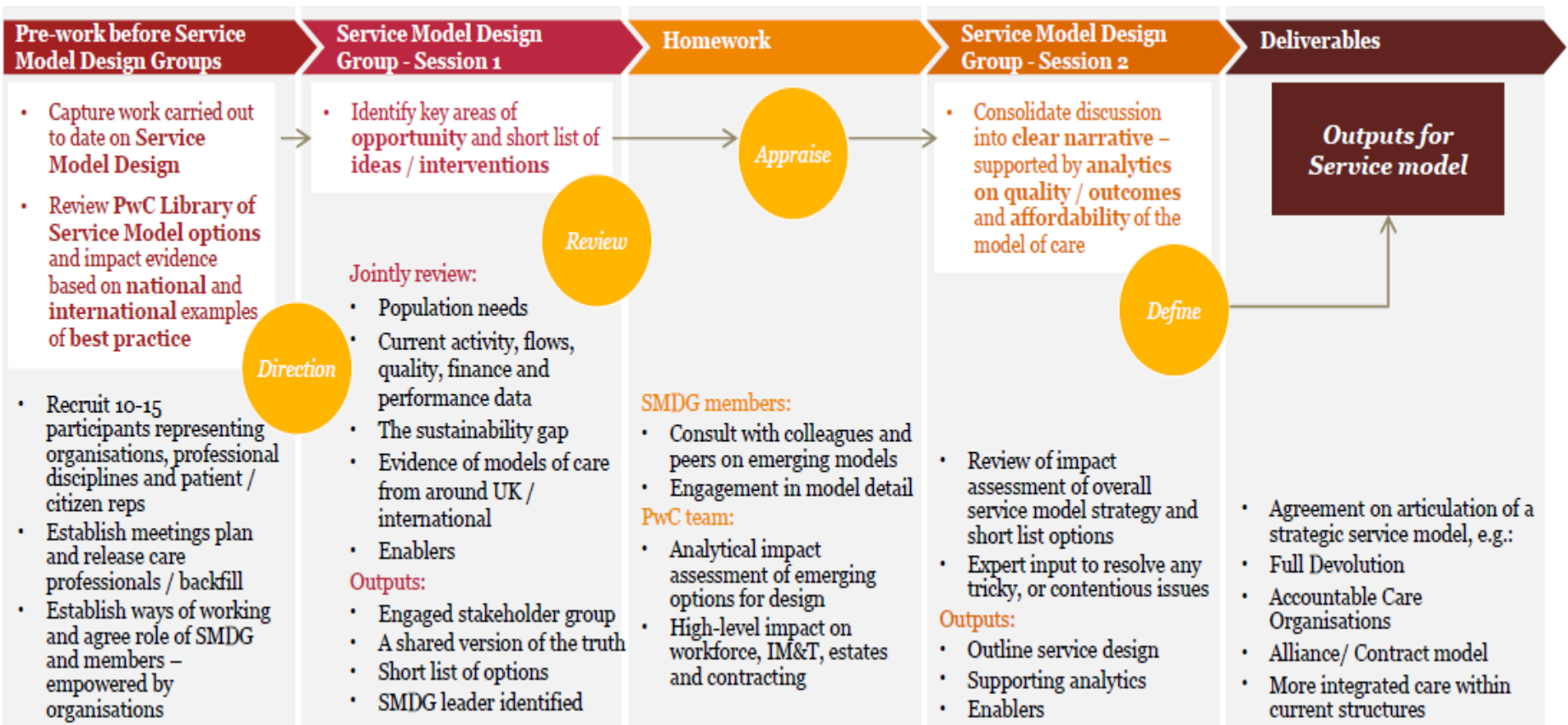


Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**



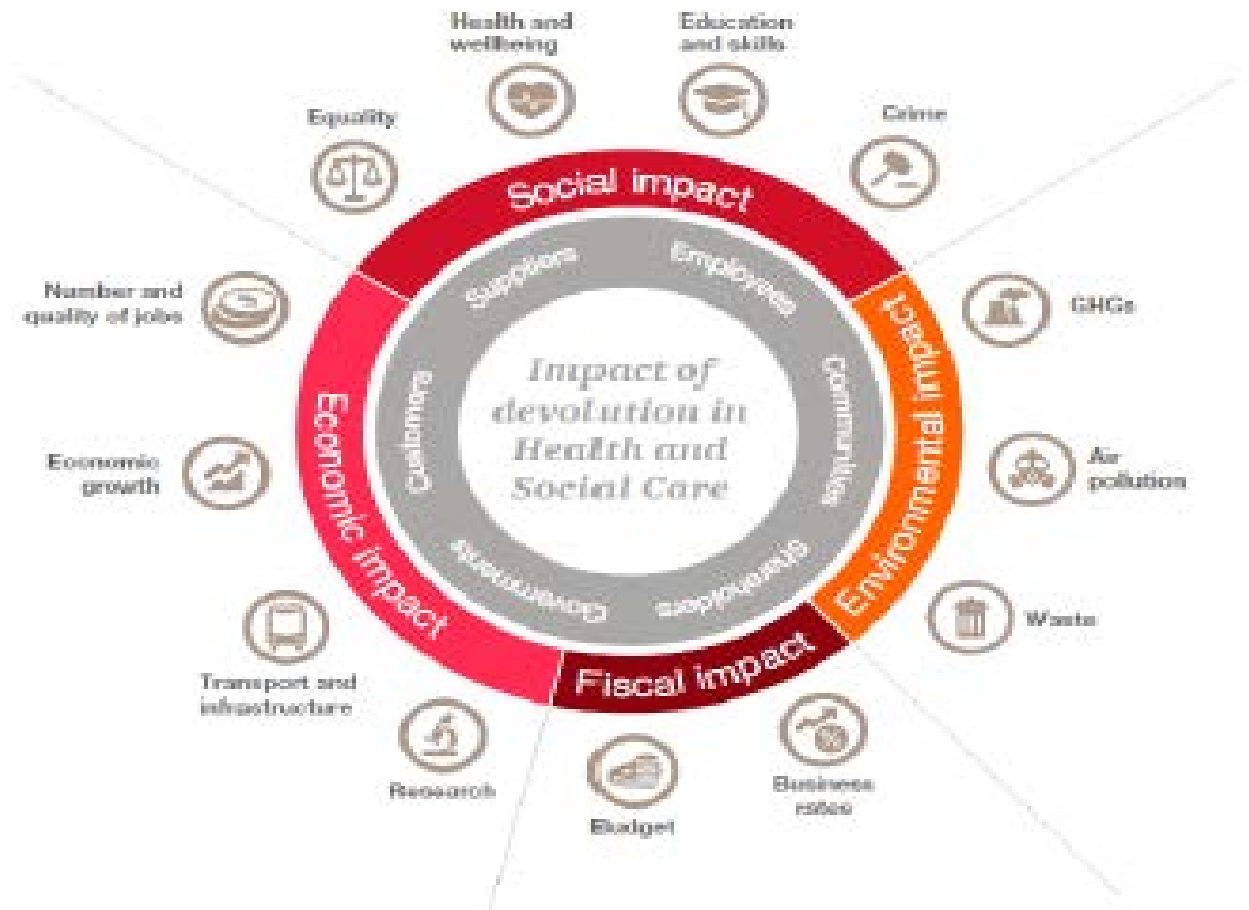
System Plan

Developing the STP



System Plan

Applying for
the
Transitional
fund



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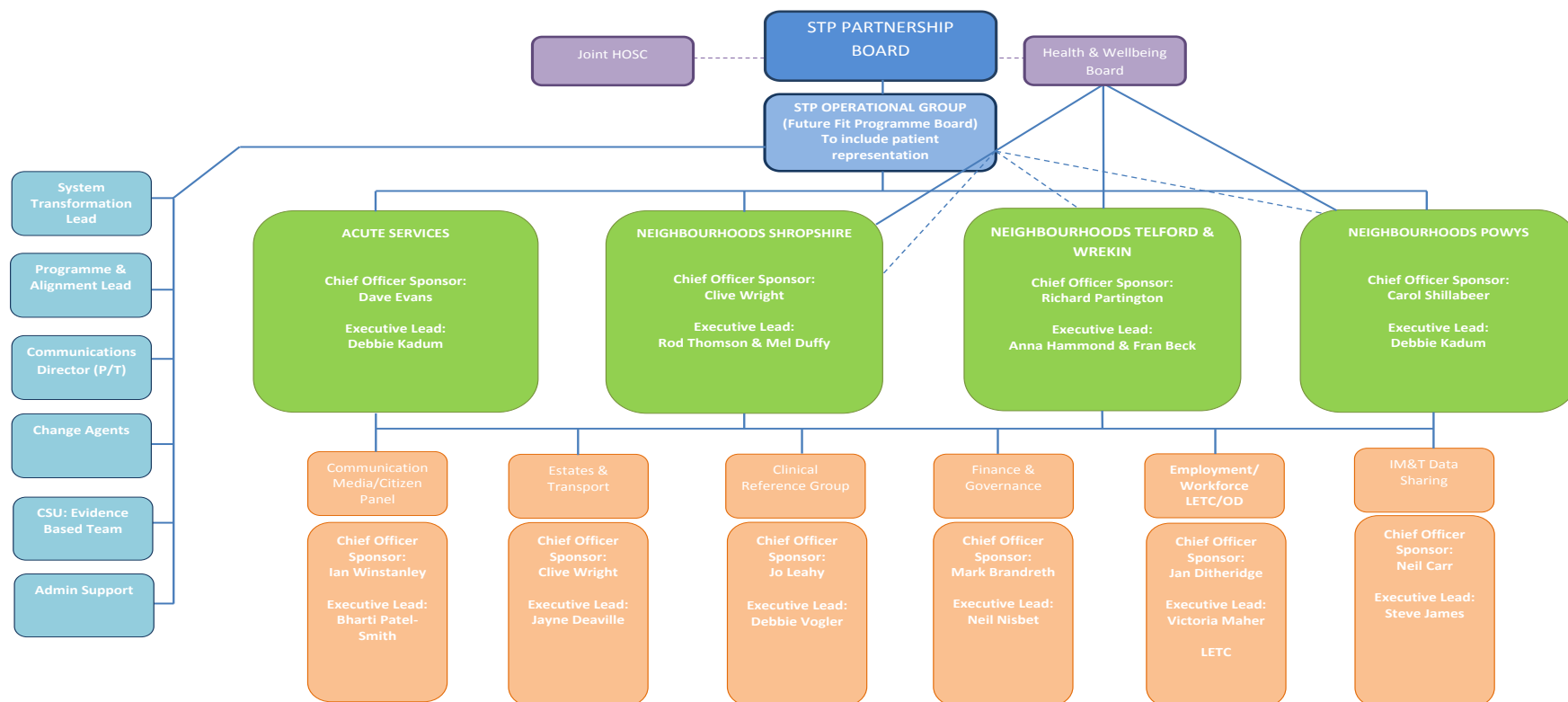


System Plan

STP

Shropshire and Telford & Wrekin
Sustainability and Transformation Plan

DRAFT - STP Governance Structure



System Transformation



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Together We **Achieve**



Summary

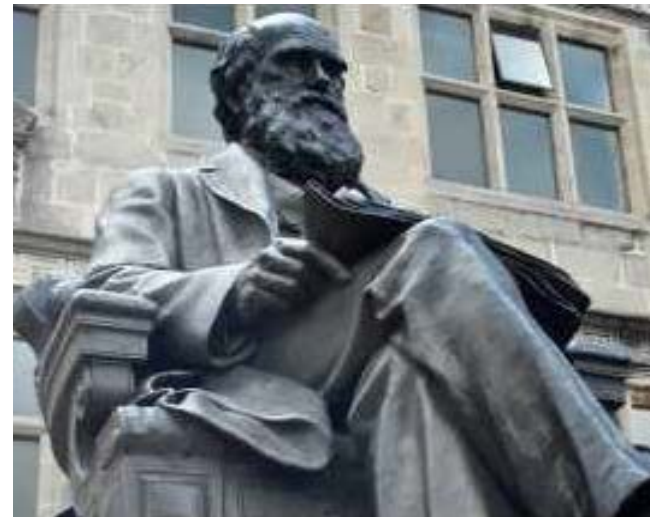
- Establish One system: A shared purpose
- Launch a Leadership Academy
- Establish our Transforming Care Institute (VMI)
- Engage with our workforce to land our Trust Vision
- Create a culture that promotes learning, safety and kindness.
- Address the wicked issues
- Engage and empower our workforce
- Deliver our new hospitals and communities



Transforming Care Production System

Report Out June 2016

❖ **Simon Wright**
Chief Executive Officer



Belong to something .. transforming

❖ **Cathy Smith**
KPO Lead

Organisational Strategy on a Page



Transforming Care Production System REPORT OUT

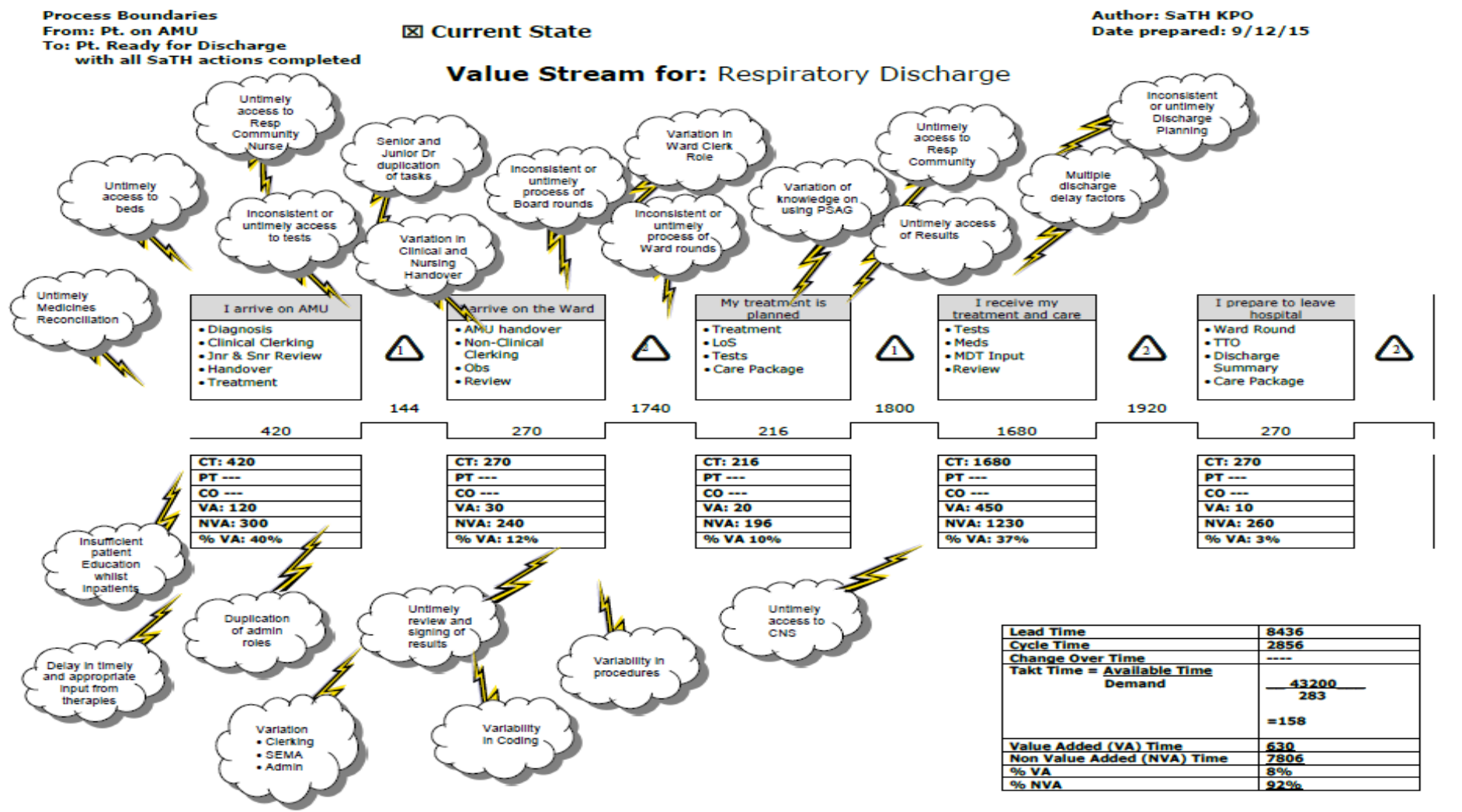
Value Stream #1 – Respiratory Discharge - Metric

Value Stream Metrics	Source	Baseline (Q3 2015)	Target	1 st Quarter 2016/17 (Jun 16)	% Change
Service Metric 1: A. Ward to Board Audit (nursing care element of discharge)	Quality Improvement Dashboard	Wd 9: 86% Wd 27: 100%	100%		
Service Metric 2: A. Ward to Board Audit (patient experience)	Quality Improvement Dashboard	Wd 9: 82% Wd 27: 74%	100%		
Quality Metric 1: A. Target % of discharges per week per day	Unscheduled Care Group	Wd 9: 78.6% Wd 2: 87.1%	100%		
Quality Metric 2: A. Performance against number discharges prior to 1pm	Information Team	Wd 9: 53.6% Wd 27: 21.4%	35%		
Delivery Metric 1: A. Actual against next day discharge list	PSAG	Wd 9: 67% Wd 27: 88%	90% 95%		
Delivery Metric 2: A. Readmissions within 72 hours	Info department	Wd 9: 1 Wd 27: 1	≤1 0		
Delivery Metric 3: A. Lead time	KPO	Wd 9: 140.6 Wd 27: 140.6	7-5 days 4.5 days		
Morale Metric 1: A. Staff engagement score	Workforce	Wd 9: 3.36 Wd 27: 3.51	5		
Morale Metric 2: A. Sickness rates	Workforce	Wd 9: 13.08% Wd 27: 7.06%	3.5%		
Cost Metric 1: A. Days beyond Trim Point	Information Team	Wd 9: 28 Wd 27: 58	30%		
Cost Metric 2: A. Temporary staffing usage (#shifts covered agency/bank)	Workforce	Wd 9: 101/47 Wd 27: 146/113	50%		

Key Dates

- Sponsor Team Monthly Meeting 14.06.16
- VS#1 RPIW #1 90-day remeasure due 10.06.16
- VS#1 RPIW #1 120-day remeasure due 10.07.16
- VS#1 RPIW #2 (Internal discharge planning) 20.06.16 – 24.06.16
- VS#1 RPIW #3 (Handover to Inpatient Ward) 10.10.16 – 14.10.16

Value Stream #1 – Respiratory Discharge – Macro VSM



Value Stream #1 – Respiratory Discharge – Future VSM

Process Boundaries
From: Patient on AMU

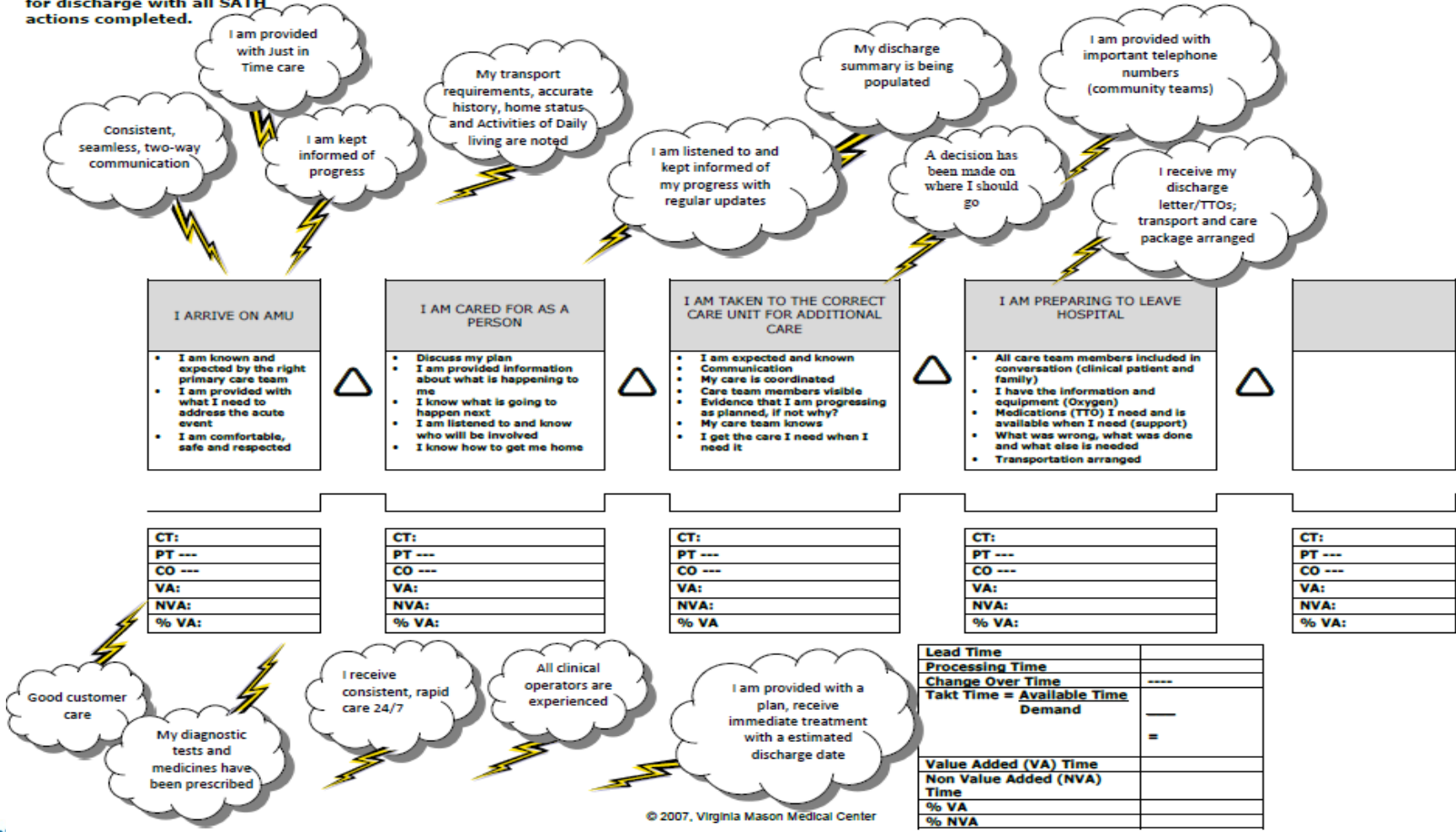
☒ Future State

Author:

Date prepared:

To: Patient ready for discharge with all SATH actions completed.

Value Stream for: Respiratory Discharge



© 2007, Virginia Mason Medical Center

Next Steps 120 days

Value Stream #1 (Respiratory) – RPIW #1 (Front Door) - Target Progress Report (TPR)

Metric (units of measurement)	Baseline	Target	Day 2	Day 3	Day 4	Final	30 days 11/4/16	60 days 11/5/16	90 days 13/6/16	% Change
Space Square footage utilized in the process		Refer to VSM								
Inventory Dollar value of supplies on the shelf waiting to be used		Refer to VSM								
Walking Distance Distance measured in steps traveled by the staff in the process.		50% reduction								
ACP/Jnr DR	462	231	N/A	N/A	10	10	4	9	10	98%
RN	420	210			161	161	76	30	80	81%
HCA	246	123			38	38	60	10	76	69%
Patient	92	46			20	20	30	31	28	70%
Parts Travel Distance Distance measured in feet traveled by the parts in the process		50% reduction								
ECG machine	102	51	N/A	N/A	14	14	0	0	0	100%
Observation machine	32	16			0	0	0	0	0	100%
Lead Time Time measured in minutes or seconds as appropriate to the process being studied Lead time (minutes)		65 % reduction			(SIM)	(SIM)				
	3hs 24 min	1hr 12min	N/A	N/A	2hr 3min	2hr3min	1hr 30min	3hr 13min	4hr 46 min	-29%
Sum of Cycle Times (minutes)	2hr 27min	51 min			1hr6min	1hr6min	52min	60min	51min	68%
Work in Process (WIP) Counted number of work within the process at a specific point in time (document time)	2		N/A	N/A	2	2	2	2	2	0%
Standard Work In Process (SWIP) Lead time divided by takt time. Percent target should be the same as lead time target. Must be a WHOLE number.	1		N/A	N/A	1	1	1	1	1	0%
Quality (defects)(%) Defects measured as a percent of total products/services produced. You must include specific data (e.g., "3 defects of 12 products) in this box.										
% of X-ray request forms with missing MD initials/GMC No/illegible	75%	0%			6.6%	6.6%	50%	3%	9%	88%
Missing stock items	80%	0%	N/A	N/A	17%	17%	3.3%	0%	0%	100%
Privacy and dignity (swab/blood/history taken in public area)***	80 %	0%			0%	0%	0%	0%	0%	100%
Productivity Gain		Refer to VSM								
Environmental, Health & Safety (5S) Measured as a Level from 1 to 5 (there is no level 0), as described in the 5S Audit Tool. (Consultant room 1)	Level 1	Level 4	N/A	N/A	Level 2	Level 2	Level 3	Level 3	Level 4	75%



Kaizen Promotion Office in partnership with Virginia Mason Institute

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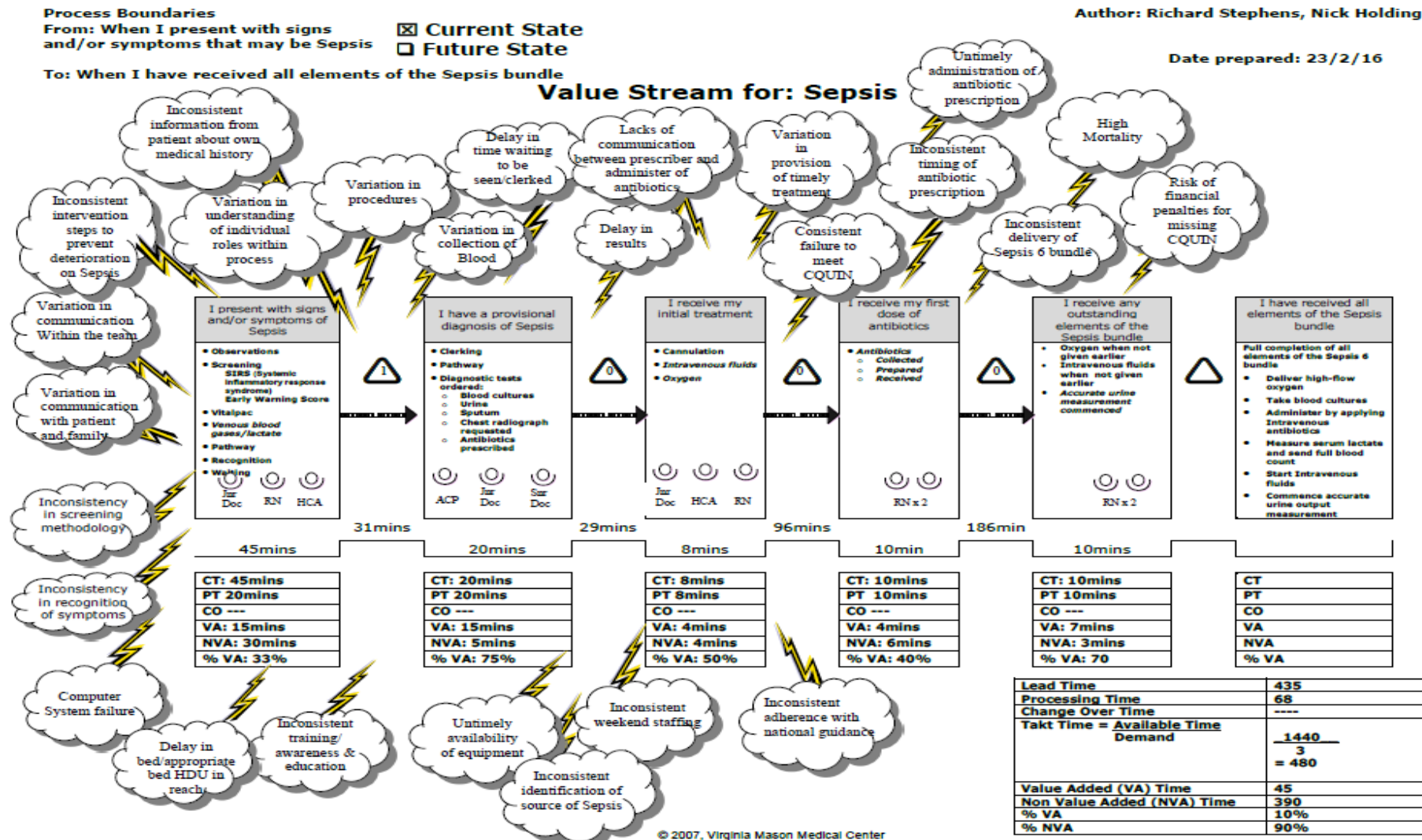
Value Stream #2 – Sepsis - Metric

Value Stream Metrics	Source	Baseline (Q3 2015)	Target	1 st Quarter 2016/17 (Jun 16)	% Change
Service Metric 1: A. Patient/carer aware of their plan of care	Ward to Board – Patient Experience Question	Q3 2015 84.8%	100%		
Service Metric 2: A. Patient Experience Score – Overall score	Ward to Board – Patient Experience	Q3 2015 84.0%	90%		
Quality Metric 1: A. Sepsis 6 delivered in 1hr	CQUIN	Q2 2015 21.9%	100%		
Quality Metric 2: A. Sepsis related deaths (Trust-wide)	Mortality trending data	Q3 2015 4 per month	0		
Delivery Metric 1: A. Lead time	KPO Team observations	Initial observations 427 mins	60 mins		
Delivery Metric 2: A. Length of Stay	Info department	Q3 2015 8.6 days	5 days		
Morale Metric 1: A. Staff Engagement Score	Annual Staff survey	2015/16 3.7 (out of 5)	5 out of 5		
Morale Metric 2: A. Staff Satisfaction ("I am satisfied with care I give" – those who agree)	Annual Staff survey	2015/16 51%	100%		
Cost Metric 1: A. Delivery of Care (Trust-wide)	Finance	Q3 2015 £278,733.00	TBC		
Cost Metric 2: A. Average Cost per Case (Trust-wide)	Finance	Q3 2015 £1,336.00	TBC		

Key Dates

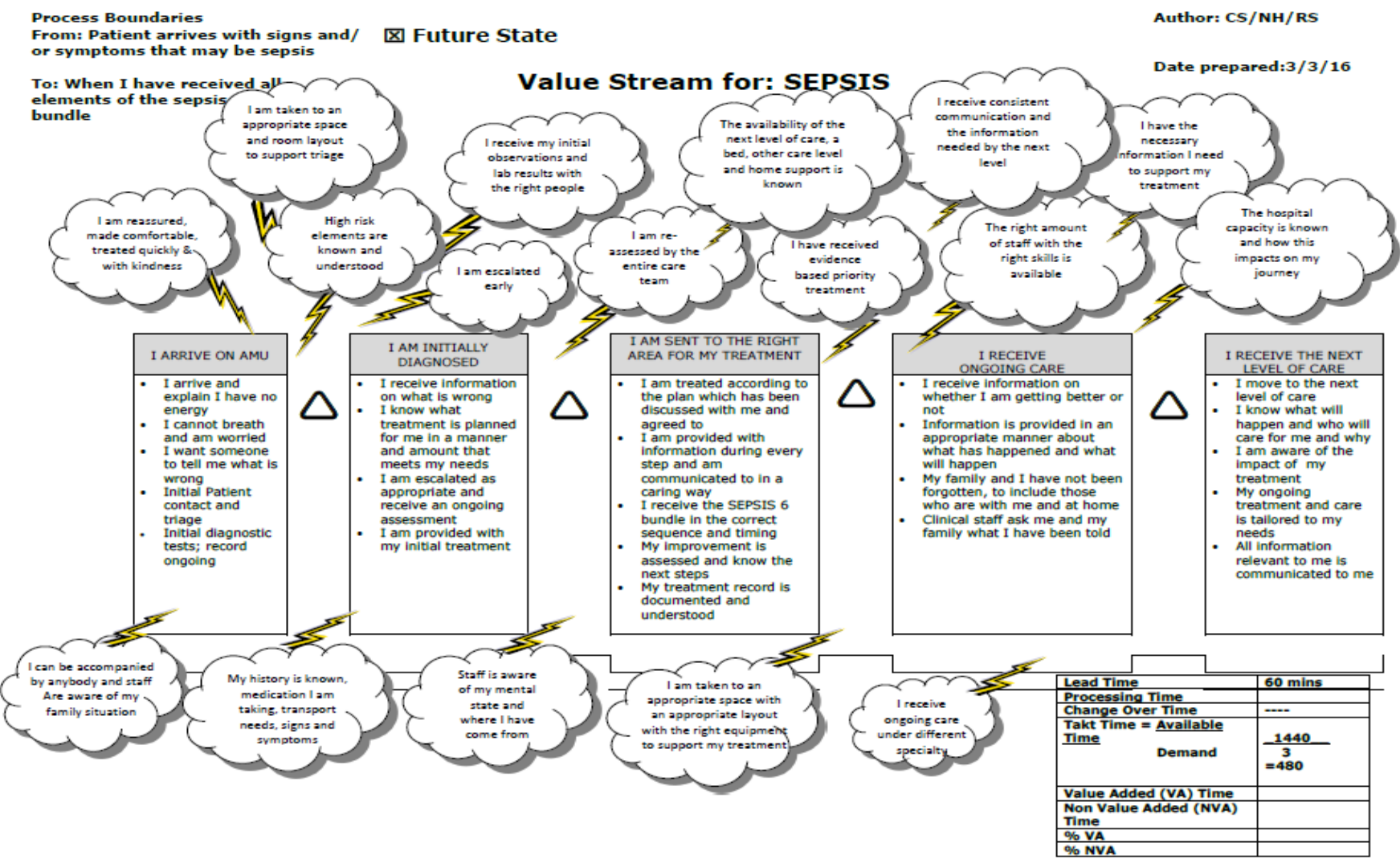
- Sponsor Team Monthly Meeting 13.06.16
- VS#2 RPIW #2 60-day remeasure due 24.06.16
- VS#2 RPIW #2 90-day remeasure due 22.07.16
- VS#2 RPIW #2 (Commencement of Sepsis 6) 08.08.16 – 12.08.16

Value Stream #2 – Sepsis – Macro VSM



Lead Time	435
Processing Time	68
Change Over Time	---
Takt Time = Available Time Demand	1440 / 3 = 480
Value Added (VA) Time	45
Non Value Added (NVA) Time	390
% VA	10%
% NVA	90%



Value Stream #2 – Sepsis– Future VSM



Transforming Care Production System REPORT OUT

Value Stream #2 Sepsis – RPIW #1 (Screening and Recognition) Target Progress Report (TPR)

Metric (units of measurement)	Baseline	Target	Day 2	Day 3	Day 4	Final	30 days 27/05/16	60 days 24/06/16	90 days 22/07/16	% Change
Walking/Travel Distance Distance measured in feet traveled by patient in the process. • Number of steps taken by patient before they are reviewed for signs and/or symptoms of Sepsis	84	50% reduction 42	N/A	22	22	22	22	Next step		74%
Parts Travel Distance Distance measured in steps traveled by the parts in the process. • Observation machine • Wheelchair	62 409	50% reduction 31 204	N/A	2 29	2 29	2 29	2 29			97% 93%
Lead Time Time measured in minutes or seconds as appropriate to the process being studied • Lead time (minutes) • Cycle Time for completion of Nursing Documentation. (which may include unnecessary elements leading to delay in continuing patient care) (minutes)	76mins 45mins	50% reduction 38mins 22mins	N/A N/A	N/A N/A	31mins 11mins	31mins 11mins	36mins 10mins			53% 78%
Work in Process (WIP) Counted number of work within the process at a specific point in time	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Standard Work In Process (SWIP) Lead time divided by takt time. Percent target should be the same as lead time target. Must be a WHOLE number.	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Quality (defects)(%) Defects measured as a percent of total products/services produced. You must include specific data (e.g., "3 defects of 12 products) in this box. • % of patients who did not have a screening tool used during their observations and assessment • % of patients who did not have a standardised basic review (sepsis) on arrival • % of patients who had intervention* undertaken in public area (privacy and dignity) *observations/swab/history	100% 100% 80%	0% 0% 0%	N/A N/A N/A	N/A 0% N/A	0% 0% 0%	0% 0% 0%	30% 0% 0%			70% 100% 100%
Environmental, Health & Safety (5S) Measured as a Level from 1 to 5 (there is no level 0), as described in the Consultation Room	Level 1	Level 4	Level 2	Level 3	Level 3	Level 3	Level 3			50%
Remarks: (Team Leader to complete):										

Organisational Objectives	Value Stream	Report Out Updates	KPO Overview	Improvement Stream
<p>Trust Strategy launch planned for 20.07.16</p>  <p>Transforming Care Institute September 2016</p> <p>Leadership Academy October 2016</p> <p>Integration System</p> <p>Sustainability Plan</p> <p>Transforming Care Production System</p> <p>Leadership Academy</p> 	<div>Value Stream #1 Discharge process for respiratory patients. From the patient arrives to ready for discharge</div> <ul style="list-style-type: none"> 5 topics for RPIW's identified Executive sponsor: Debbie Kadum (COO). First RPIW held March 2016 120-day re-measure due 10.07.16 Second RPIW [Early Discharge Plan] planned for 20.06.16 – 24.06.16 Third RPIW [Handover to inpatient Ward] planned for 10.10.16 – 14.10.16 <div>Value Stream #2 Pathway for Patients with signs of Sepsis</div> <ul style="list-style-type: none"> 4 topics for RPIW's identified Executive Sponsor: Edwin Borman (Medical Director) RPIW held April 2016 60-day re-measure due 24.06.16 Second RPIW [Commencement of Sepsis 6] planned for 08.08.16 – 12.08.16 <div>Value Stream #3 Recruitment</div> <ul style="list-style-type: none"> Executive Sponsor: Victoria Maher Value Stream boundaries created SDS anticipated September 2016 	<div>Communication and Media</div> <ul style="list-style-type: none"> CEO accountability board functional National Communication Plan developed Implementation of Local Communication Plan commenced Transforming Care Weekly Newsletter produced by KPO Story Board created for local video <div>National Sharing & Learning Event in Coventry 29.06.16</div> <div>Engagement and Pace</div> <div>Compact Development</div> <ul style="list-style-type: none"> Jack and Mary– Jane supporting medical and leadership Compact development Leadership Compact Day on 21.06.16 Over 195 members of staff engaged with VMPS Over 775 members of staff educated from awareness level with VMPS <div>Policy</div> <ul style="list-style-type: none"> Genba Walk Policy complete Genba Walks commenced <div>Learning</div> <ul style="list-style-type: none"> KPO Leads developing learning log to escalate, adopt and spread processes Lean for Leaders launched and participants invited 	<div>Infrastructure / Resources</div> <ul style="list-style-type: none"> KPO Training Plan remains on target Review of organisational meeting structure in progress Standard work for leaders developing <div>Education and Training</div> <ul style="list-style-type: none"> Education and Training Plan on target Transforming Care Methodology Orientation delivered to 64 staff VMPS included in all staff induction Consideration being given for ALT training for Executives and Senior Leaders <div>Lean for Leaders July 2016</div> <div>Future Dates</div> <p>RPIW Weeks:</p> <ul style="list-style-type: none"> RPIW #3 w/c 20.06.16 RPIW #4 w/c 08.08.16 RPIW #5 w/c 10.10.16 RPIW #6 w/c 21.11.16 	<div>Innovation</div> <div>Transforming Care Methodology training in action</div> <ul style="list-style-type: none"> Cohort #4 08.07.16 Cohort #5 16.09.16 Cohort #6 06.12.16 SAFER Exemplar Ward <div>TCPS Elements</div> <p>Improvement work within the postal/portering system utilising 5S, Waste Wheel, Standard work sheet, Genba</p> <p>Process improvement work for patient meal service including waste utilising Waste Wheel, Takt Time, Value Stream Mapping, Genba</p> <p>Mapping of HR procedures to identify delay and variability in process utilising Current and Future State Value Stream Mapping</p> <p>Improvement of ward store rooms utilising 5S, Genba</p> <p>Review of IT processes to ensure customer is at the forefront of design and implementation utilising 5 Whys</p>

Engage 100

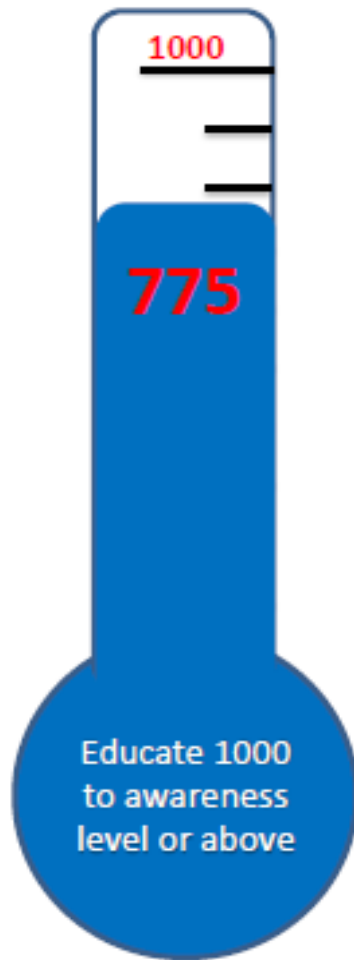


- Almost 200 staff members have now received training and will use the tools/methodology to improve process

Work being undertaken includes:

- Areas of improvement identified within the postal/portering system
- Process improvement for the meal service including waste in the process and over production
- Mapping HR procedures to highlight areas of delay and variability in the process
- Improvement of ward store rooms using 5S tools
- Review of IT processes to ensure the customer is at the forefront when new IT systems are being designed and implemented

Educating 1000



- Induction continues
- Continued Patient Experience & Involvement Panel (PEIP) engagement
 - Genba Walks
 - Feeding into RPIWs
 - Receiving Weekly TC Newsletter
- Non-Executive presentation undertaken at Trust Board Development
- Genba walks used to support embedding of RPIW improvements
- Presentation to Therapy Services