

**TRUST BOARD MEETING**  
**Held on Thursday 27 August 2015**  
**Lecture Theatre, Education Centre, Princess Royal Hospital**

**PUBLIC SESSION MINUTES**

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

2015.2/127

**WELCOME:** The Chair welcomed Neil Nisbet as the Acting Chief Executive following Peter Herring's recent retirement; and thanked Sarah Bloomfield for holding the post for the first two weeks in Neil's absence.

The Chair reminded members that this is a meeting in public rather than a public meeting and advised that there would be an opportunity to ask any questions at the end.

2015.2/128

**DECLARATIONS OF INTEREST**

The Board received the Declarations of Interest for information only.

The DCG reported that Mr Newman (NED) has declared a new interest as Non Executive Director for Pressure Technologies plc; and also advised that the declaration for Fellow of the Royal Society for Arts & Manufacturing (RSA) could be removed as it was not material.

**ACTION:** Meeting Secretary to add 'Non Executive Director for Pressure Technologies plc' to Mr Newman's Declaration of Interest and remove 'Fellow of the Royal Society for Arts & Manufacturing (RSA)'.

.....Chair  
 24 September 2015

2015.2/129            **MINUTES OF MEETING HELD IN PUBLIC** on 30 July 2015.

The Minutes were approved as a true record.

2015.2/130            **ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 30 July 2015**

2015.2/108 – Declarations of Interest

*To add Fellow of the Royal Society for Arts & Manufacturing (RSA) to Mr Newman's Declaration of Interest.*

**Completed. Action closed.**

2015.2/114 – Future Fit Proposal Update

*Mrs Leeding (NED) to contact BT Healthcare, on behalf of the Trust, to look into future requirements re: new technology and ways of working. Action: D Leeding (NED) Due: 24 September 2015*

2015.2/118 – Children's National CQC Survey

*DNQ to discuss learning opportunities with Workforce Committee.*

**Action: DNQ Due: 24 September 2015**

2015.2/122 – Annual Report

*CD to make amendments to Annual Report and publish on the Trust website by 31 August 2015.*

**Completed. Action closed.**

2015.2/125 – Questions from the Floor

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

**Action: FD Due: 24 September 2015**

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

**Action: FD Due: 24 September 2015**

2015.2/131            **FUTURE FIT**

The Chair reminded the members of the importance of not losing sight of what the Future Fit Programme was set up to achieve; namely to continue to improve the services for the half million people that we serve across Shropshire and Mid-wales.

He highlighted that a key component of the clinical model relates to the recruitment and retention of workforce expertise. Furthermore the Board should not lose sight of the fact that finance was not the driver, although options needed to be considered through a financial prism.

2015.2/131.1        **Programme Board Update of meeting held 13 August 2015**

The DBE presented the Programme Board update which reported that the programme has continued working to the compressed timeline, and remains on track.

Extensive work has been completed to develop revised outline plans for each option and the results of that work will be fed into SaTH's Strategic Outline Case (SOC) for final Trust Board approval in September 2015, and into the Pre-Consultation Business Case which is due for Programme Board approval during November. Prior to then it will be used to inform the appraisal of options. Preparations are now well advanced for undertaking that appraisal which will comprise the following three elements:

- Financial Appraisal
- Non-Financial Appraisal
- Economic ('Value for Money') Appraisal

.....Chair  
24 September 2015

### Rural Urgent Care

Work relating to Rural Urgent Care is being managed by the Rural Urgent Care Steering Group which reports to the Future Fit Programme Team. Two rounds of deliberative workshops involving local patients and clinicians have been held in each of the five localities which the Programme Board has identified as potential sites for rural Urgent Care Centres (UCC).

A draft report has been received on the first round of events, and a similar report will be drafted on the second round of events. These will be combined into a summary of findings and the outputs will inform Commissioner decision making in due course.

### Integrated Impact Assessment (IIA)

The IIA workstream has recently completed an initial phase of engagement with groups representing people with protected characteristics as defined in equalities legislation. This work was conducted by the workstream, supported by local representatives of local equality groups and is the subject of a separate report. The core workstream will turn to the development of plans for the full IIA which will take place in parallel with Public Consultation.

### Workforce

- SaTH's Workforce Director is now chairing the workforce workstream
- Recent workstream activities have focused on developing the detail of the workforce case for change, and on supporting the development of proposals for UCCs.
- Support for the programme continues to be received from Health Education England – West Midlands

### Assurance

The DBE reported that the workstream regularly reviews the Programme High-Level Critical Path (Appendix 1 of the Programme Board Report Update) and the red-rated risks which form the Programme Risk Register (Appendix 2). An additional risk relating to Critical Care Standards (Risk 27) has recently been added to the Programme Risk Register with a mitigated risk score of 20.

The Chair drew attention to the Critical Path and highlighted the fragility around urgent care issues and the current workforce situation. The DBE assured the members that it is expected to meet the timeline on delivery of the Strategic Outline Case (SOC) within the next week and the Trust is currently on track to meet the timeline.

Following discussion, the Board **RECEIVED** and **NOTED** the summary of the Future Fit Programme Board reports.

2015.2/131.2

### **Shortlisted Acute Options revised by the Future Fit Programme Board**

The Acting CEO reported that the seven options for a clinical model had been originally developed by clinicians, both internal and external to the Trust, for the provision of a clinical model with an appropriately skilled workforce to deliver a service, going forward; however work to assess the affordability of the shortlisted acute options had concluded, in line with DH Capital Investment Manual guidance, to propose:

- The removal of four 'greenfield' options from the shortlist (options D, E1, E2 and F, all of which include facilities on a new site) as these have been deemed unaffordable to SaTH.
- Option A (the 'do minimum' approach) was also found to be unaffordable, but this must remain in the appraisal to meet Treasury requirements.

.....Chair  
24 September 2015

- There is no overwhelming rationale for reintroducing previously excluded options as they would not have performed any better at shortlisting

The report highlighted that SaTH has concluded that there are three options which could be considered potentially affordable on the basis of being self-funded; that is to say the marginal net impact of those three options is to contribute to a reduction in the Trust's recurring deficit. The analysis has assumed that the Trust can deliver the 4% national efficiency requirement, achieve the workforce efficiencies offered by the clinical model (indicated to range from £7.7m to £13m) and release full costs in response to activity reductions included within the Future Fit phase 2 modelling. The three options deemed affordable are:

- Option B (Emergency Centre/Obstetrics at PRH, Diagnosis & Treatment Centre - DTC at RSH)
- Option C1 (Emergency Centre/Obstetrics at RSH/DTC at PRH)
- Option C2 (Emergency Centre at RSH, DTC/Obstetrics at PRH)

The members were assured that the previously excluded options and those relating to moving all functions to an existing single site have been examined through a financial prism. Mr Newman (NED) enquired if there has been any sensitivity analysis on the figures; the Acting CEO/FD confirmed that there has not been, at present.

The members discussed the three options which assume an Emergency Centre at either site (PRH or RSH), which will also be supported by an Urban Urgent Care Centre (UCC) on each site, although the location of Rural Urgent Care Centres have not yet been determined.

Following discussion, the members **APPROVED**

1. The removal of Options D, E1, D2 and F from the shortlist on the grounds of being unaffordable to SaTH
2. Previously excluded options are not re-introduced on the grounds that:
  - a. None of the excluded options would have replaced the top 5 options identified in the original process; and
  - b. The previously excluded options would be unaffordable to SaTH

2015.2/131.3

### NHS Future Fit Integrated Impact Assessment

The CD presented the Future Fit Integrated Impact Assessment (IIA) which is a consolidation paper of reports previously presented to the Board relating to the NHS Future Fit programme. The IIA identifies likely positive and negative effects for different patient groups and communities; it considers effects in relation to issues such as health outcomes, travel and access, quality of care; it also looks at ways in which potential negative effects can be overcome, helping to identify opportunities to improve any proposals for change.

The COO enquired if the IIA has incorporated the work that has been undertaken externally. The CD confirmed that all works have been included, from Call to Action, extending through to the Clinical Model.

The Chair confirmed that the paper is a sub-set of the IIA and provides a feel for the mood/perspective; however he highlighted that the data on access/transport should be broadened and deepened. The CD confirmed that the next phase will look into those issues in further detail.

Following discussion, the Board **RECEIVED** and **NOTED** the update on the NHS Future Fit Integrated Impact Assessment.

.....Chair  
24 September 2015

The Chair opened up the meeting to debate.

Dr Walford (NED) highlighted that there has been some financial 'show stoppers' in the work that has been undertaken so far and enquired if there are any issues that could 'stop the show' on the three remaining options approved by the Board. It was highlighted that the next phase will be critically important to roll-out the detailed work.

The members were informed that Options C1 & C2 relate to where Women & Children's Services sit if the Emergency Centre is located at RSH; In C1 Women & Children's would be co-located with the Emergency Centre at RSH, and in C2 it would remain at PRH, separate to the Emergency Centre. It was noted that the clinical view would be to co-locate Women & Children's Services with the Emergency Centre. Dr Walford (NED) felt it would be perverse to move Women & Children's Services back to the RSH site. The DNQ reported that there are a number of views about this; however it would not be a 'show stopper'. If the Women & Children's Service is required to move, it would be to fulfil the clinical model to those we serve on quality, access, workforce and deliverability perspectives. This will be debated further during the next phase.

It was reported that Mr David Sandbach had previously forwarded a paper which examined Option G (EC and DTC at PRH site) and Option H (EC and DTC at RSH site); both of which have since been discounted. Mr Sandbach's paper highlighted that if all services were transferred to the PRH site it would be a good solution in terms of the model and affordability; however the Chair reported that there appeared to be a mis-match between the paper and the model itself. The DBE reported that Options G and H scored much lower on the shortlist as both Options would take longer to deliver. There was discussion around the requirement to include contingencies in all the Options to meet Treasury expectations of NHS Business Cases.

Mr Sandbach highlighted that he wished to address the Board not only as a former employee but as an individual who has expertise in health service management and as a Shropshire constituent for a number of years. He highlighted that he has contributed a great deal to the debate as he is passionate about healthcare in Shropshire; but he urged the Board not to approve the recommendations as he feels it will lead to further financial difficulties. Mr Sandbach informed the Board that he felt it would be wise, in terms of Due Diligence, to hold a meeting between himself and the Future Fit Programme Board Team and SaTH Board members. The Chair agreed to reflect on how best to respond to this and to contact Mr Sandbach outside the meeting

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

The members were informed that the costings for the co-location of the services have been produced by independent expert cost advisors which have been scrutinised and will be included in the final Strategic Outline Case which will be presented to the September Trust Board for approval.

Dr Walford (NED) reported that he is aware of Mr Sandbach's background and well intentions but did not agree with his opinion.

Mr Newman (NED) asked the Executive Directors to consider their optimum hospital footprint in order best to serve, in the most cost effective manner, the projected future acute and community needs of the half million population of the counties of Shropshire and Powys. The hypothetical starting point was to be a complete green field with no existing hospitals (in SaTH or any in other Trust) and no limitation on funds. The Future Fit model should then be the one that best approximates to this theoretical optimum within the real financial constraints and given that we're starting from where we are.

Dr Walford (NED) highlighted that the current physical congestion results in the failure of the 4-hour waiting time's target.

.....Chair  
24 September 2015

The COO enquired if the shortlist is the correct shortlist. The Acting CEO/FD reported that in order to be able to progress, the options must be deemed to be affordable.

Following discussion, the members confirmed that the earlier decisions made in relation to shortlisting were the correct ones.

The Chair reported that it had been an uncomfortable discussion but necessary and thanked Mr Sandbach for presenting the challenge.

**2015.2/132 ANY OTHER BUSINESS**

No further business was raised.

**2015.2/133 QUESTIONS FROM THE FLOOR**

**Q1 Mr George Rook questioned how the Board could approve the decision around the Future Fit Options without knowing what the Rural Care Options would be.**

**A1** The Chair agreed that it was unfortunate that this aspect had been delayed but reported that the Board was required to approve the decision on the basis of affordability, and due to the current fragility of the service, pace is important.

**Q2 On behalf of Healthwatch, Mr Rook enquired if the Trauma Unit status (currently at RSH) would be retained or enhanced under all the options.**

**A2** The DNQ advised that the MD had agreed to contact the Chair of the Trauma Network in order to obtain an indication of any changes to the location of EC on Trauma Unit status.

**Q3 Mr Rook enquired, given the structural deficit, where SaTH would go from here?**

**A3** The Acting CEO/FD reported that cost savings are deliverable on the basis of making these changes, and work is also in progress to look at other efficiencies.

**Q4 For clarity, Mr Sandbach enquired if the Board would ultimately prefer a single site.**

**A4** Mr Sandbach was informed that the Board has never resolved a collective preference.

**Q5 A member of the audience, who worked in Accident & Emergency Department asked how the Trust plans to address recruiting and retaining staff.**

**A5** The WD reported that the Trust is currently investigating why staff members have terminated their employment within specific areas. She reported that there are some hotspots on turnover, although this is below the 8% national average.

The members were informed that there have been improvements in the Staff Satisfaction Survey during the last couple of years; and the Chair highlighted that although staffing continues to be an issue, it is moving in the right direction.

No further questions / comments were received

**2015.2/134 DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 24 September 2015 at 2 pm in the Lecture Theatre, Education Centre, PRH.

.....Chair  
24 September 2015

**MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 27 AUGUST 2015**

<b>Item</b>	<b>Issue</b>	<b>ACTION OWNER</b>	<b>DUE DATE</b>
2015.2/128	<i>Declarations of Interest</i> To remove 'Fellow of the Royal Society for Arts & Manufacturing' and add 'Non-Executive Director for Pressure Technologies plc' to Mr Newman's Declaration of Interest.	Committee Secretary	24 September 2015 <b>ACTION COMPLETED</b>
2015.2/114	<i>Future Fit Proposal Update</i> To contact BT Healthcare to look into future requirements re: new technology and ways of working	Mrs Leeding (NED)	24 September 2015
2015.2/118	<i>Childrens National CQC Survey</i> To discuss learning opportunities with Workforce Committee.	DNO	24 September 2015
2015.2/125	<i>Questions from the Floor</i> To look into the repair to the flooring in the Minor Injuries Unit and the chairs in the A&E Department To pick up issue of Endoscopy blinds with Estates Department.	FD FD	24 September 2015 24 September 2015
2015.2/131.3	<i>NHS Future Fit Integrated Impact Assessment</i> To respond to Mr Sandbach's request to meet with the Future Fit Board and SaTH Board members	Chair	24 September 2015

.....Chair  
24 September 2015