

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held 1pm Thursday 27 April 2017**  
**Seminar Rooms 1&2, Shropshire Conference Centre, RSH**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr P Cronin Mr H Darbhanga Mr C Deadman Dr D Lee Mrs T Mingay Mr B Newman Dr C Weiner Mr S Wright Dr E Borman Ms S Biffen Mr N Nisbet Mr C Ovington	Chair Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Designate Non-Executive Director (D.NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Medical Director (MD) Acting Chief Operating Officer (A.COO) Finance Director (FD) Interim Director of Nursing & Quality (I.DNQ)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In Attendance</b>	Miss V Maher	Workforce Director (WD)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary (CS)
<b>Apologies:</b>	Mrs D Kadum	Chief Operating Officer (COO)

**2017.2/70 WELCOME:**

The Chair welcomed the Board members and members of the public. He reported the COO's apologies and welcomed Sara Biffen who was in attendance as Acting COO.

The Chair reminded the public that the Board meeting is a meeting held in public rather than a public meeting and there would be an opportunity for engagement at the end. He requested no cameras or recordings be made, and the importance of the Trust Values at all times.

**2017.2/71 VIP AWARDS**

The WD reported that the Values In Practice (VIP) Awards will be celebrated every month to recognise the amazing work of the Trust's staff and volunteers to support patients and their families every single day, and their behaviours to the organisation.

April 2017 Winner:

The WD welcomed April's winners, the Paediatric Ward Team, who had been nominated by Healthwatch Telford and Wrekin which is a great achievement as this is the first nomination received from outside of the organisation.

The Paediatric Team are based in the Women & Children's Unit at the Princess Royal Hospital. The Ward has been described as friendly, welcoming, approachable and having a 'can-do' attitude.

..... Chair  
29 June 2017

Following a recent visit to the Paediatric Ward on Monday 13 March 2017, the Healthwatch Telford and Wrekin Enter & View Team observed great interactions between staff and their patients. In addition to the time spent with the patients, staff ensured that parents and carers were aware of what was happening and why, and every family that they spoke to gave very positive feedback about their experiences and the care and dedication of the staff and team.

The Lead Nurse for Women & Children's Services had reported that she was "personally so very proud of the team and that they wholeheartedly deserve to win the monthly VIP Award".

The members of paediatric staff in attendance informed the Board that it is a fantastic team to work in and they felt very privileged to have been nominated to receive the Chairs Award.

The Chair informed the staff that he would visit the Paediatric Ward at PRH to present the Award, Certificate and vouchers to the staff.

## **2017.2/72 PATIENT STORY**

The IDNQ welcomed Mr Richard Burbidge to the meeting who had attended to inform the members of the care he received during his time as an inpatient at the Royal Shrewsbury Hospital from 7 – 18 December 2016. The IDNQ asked the members to pay attention to the issues raised to take learning forward into the organisation.

Mr Burbidge's highlighted the poor experience he had received at RSH when attending for a routine procedure in December 2016 and the contradictory instructions from the two different departments of the hospital about his medication. He required a second admission and felt the care in A&E and Ward 33 was of a very high standard. However, prior to his discharge, a second investigative procedure was required and a transfer to Ward 25C. This was undertaken and his discharge from hospital agreed, but this was unnecessarily delayed and he felt that the discharge process conducted by the doctor was incomplete and was potentially damaging to his health as there was no advice on his required medication and eventually a prescription was available some hours after his discharge home. Mr Burbidge felt that the business of running the hospital be best described as disorganised and chaotic and that, as such, dehumanising to patients. Decisions were changed on a frequent basis for no apparent reason. The quality of communication with the patient was inconsistent and often contradictory. The nursing staff were competent and sympathetic but clearly frustrated by the requirement to comply with a multitude of NHS rules. He felt there appeared to be minimal joined up thinking between doctors and nurses; and that the experience was completely humiliating.

The Chair thanked Mr Burbidge for attending the meeting to provide his story. Mr Burbidge reported that his formal complaint was handled in an exemplary manner and he received a full and honest response from the CEO and his team; however, he highlighted that medical cover and the discharge process is very poor over the weekend period.

The Chair reported that there are clear process errors and he asked the IDNQ to look at the themes and learning opportunities to ensure improvements are made throughout the organisation. It was reported that the Workforce Committee is currently scoping advanced experience/capacity in other staff to address and reduce the reliance on junior doctors discharge procedure over the weekend period.

The MD thanked Mr Burbidge for sharing his patient experience and picked up on the piece relating to anticoagulation as absolute clarity is required across the system to ensure both staff and patients are aware of the plan. The MD obtained Mr Burbidge's permission to share his Patient Story with medical teams across the organisation.

Mr Newman (NED) highlighted that the Red & Green initiative on the Wards focuses on weekdays, and he enquired if this is also available over the weekend period. The A.COO confirmed that this was highlighted at the Quality & Safety Committee; and the Red/Green initiative is now also completed on a Saturday and Sunday.

The FD reported that the Operating Plan, which was approved at last month's Trust Board, looks at 7-day working and discharges over the weekend period. The Board agreed that these areas will be monitored heavily.

..... Chair  
29 June 2017

**2017.2/73 BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Board RECEIVED the Declarations of Interest; the following updates were NOTED:

- Dr Lee (NED) reported that CSC (Computer Sciences Corporation) has become DXC
- Mr Deadman (NED) reported that he has retired as Director of CPD Ltd
- Mr Ovington (ED) confirmed that he has no declarations of interest

**Action: CS to update Declarations Register**

**2017.2/74 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 30 MARCH 2017**

The following slight updates to the minutes were requested:

2017.2/41.2 – CEO Overview – Fragile Services

Mr Newman (NED) requested that the sentence regarding 'fragile services being a national problem' be removed from the minutes. Minutes to be updated to reflect this change. **Action: CS**

2017.2/42 – Insight into Clinical Quality

The Chair requested the sentence be removed regarding 'being scrutinised by the CQC' and for the sentence to reflect on 'having a simple system that can be delivered rather than a complex system'. **Action: CS**

2017.2/45 – Temporary Suspension of Neurology Outpatient Service for New Referrals

Dr Lee (NED) requested that the minute be updated to reflect the *opportunity* to develop pathways in the community for GPs. **Action: CS**

2017.2/47 – Emergency Department Update

Dr Weiner (NED) highlighted a potential oversight in relation to the requirement of having Emergency Services with the accredited Trauma Unit site; and requested an addition to reflect 'To retain this status and keep trauma services in the county, the A&E Department must be on the same site as the designated Trauma Unit (RSH) and the PRH site would require significant adjustments and also need to be formally considered for accreditation by the Trauma Network'. **Action: CS**

2017.2/47 – Emergency Department Update

Mr Cronin (NED) highlighted the tense of his comment as being incorrect and requested it be updated to "what happens when a patient presents to PRH requiring emergency surgery". **Action: CS**

The remainder of the minutes were APPROVED as a true record.

**2017.2/75 ACTIONS / MATTERS ARISING FROM MEETING HELD 2 FEBRUARY 2017**2017.2/38 – Draft Minutes of 2 February 2017 Trust Board

DCG/CS to add information to minutes 2017.2/25 regarding VTE performance.

**Completed. Action closed.**

2017.2/39 – Matters Arising - Recommendations from Trust-commissioned Independent Midwifery Review 2016 – Birthrate Plus

IDNQ to present update to June 2017 Trust Board regarding external assessment Birthrate Plus.

**Action: DNQ Due: June 2017 Trust Board**

2017.2/39 – Matters Arising – Patient Experience Strategy

IDNQ to provide update to April Trust Board regarding additional of Equality & Diversity in Patient Experience Strategy

The IDNQ informed the members that this piece of work had not been completed to his satisfaction; it will therefore be discussed through the Quality & Safety Committee and assurance reported back to a future Trust Board.

**Action: IDNQ / Chair of Quality & Safety Committee Due: July 2017 Trust Board**

..... Chair  
29 June 2017

*2017.2/39 – Matters Arising – Complaints & PALS Q3 Update*

DCG to look at section 6 of the report regarding 'Formal complaints by location' and look at measuring the metrics differently.

**Action: DCG Due: June 2017 Trust Board**

*2017.2/39 – Matters Arising – Complaints & PALS Q3 Update*

DCG to provide further assurance in the next Complaints & PALS Report

**Action: DCG Due: June 2017 Trust Board**

*2017.2/39 – Matters Arising – Interim Support Finance*

FD to liaise with Mr Clive Deadman (NED) outside of the meeting and provide with a greater level of understanding of Interim Support Finance.

**Action: FD**

*2017.2/39 – Matters Arising – People Strategy Update*

WD to present to June 2017 Trust Board

**Action: WD Due: June 2017 Trust Board**

*2017.2/38 – Matters Arising – Organisational Development Plan*

WD to present to future Trust Board

**Action: WD Due: June/July Trust Board**

*2017.2/44 – Recommendations from Trust-commissioned Midwifery Independent Review 2016*

Executive Directors to alert Chair / CEO of any issues in relation to the one-year review of the case.

**Action: Exec Directors Due: June 2017 Trust Board**

*2017.2/45 – Temporary Suspension of Neurology Outpatient Service for New Referrals*

COO / Sustainability Committee Chair to provide Board with update during September 2017

**Action: COO Due: September 2017 Trust Board**

*2017.2/46 – Fragile Services – Ophthalmology*

COO to provide update to April Trust Board

**As per minute 2017.2/81**

*2017.2/48 – Workforce Committee*

WD to prepare 'thank you' letter to team working on the new junior doctor contract.

**Completed. Action closed.**

*2017.2/54 – Annual Operating Plan – Part One*

FD to present Part Two and Part Three to future Trust Board

**Action: FD Due: July 2017 Trust Board**

*2017.2/63 – Board Assurance Framework*

CEO to discuss system-wide Assurance Framework with STP Board

Discussed with Programme Director. **Completed. Action closed**

*2017.2/68 – Questions from Floor*

Q4 – CEO to liaise with Dr Simon Freeman at Shropshire CCG re: participation of midwives in CCG Review

Discussed and agreed. **Completed. Action closed**

Q7 – COO to check if the two new locums appointed to A&E are included in the on-call rota

**Completed. Action closed**

..... Chair  
29 June 2017

Q8 – DCG to look into the provision of hard copies of papers for the public.

The DCG confirmed that she would pick this up with the member of the public, if required, following the meeting.

**Completed. Action closed**

## 2017.2/76 3-MONTH FORWARD PLAN

The members received and approved the three-month forward plan

## 2017.2/77 CHIEF EXECUTIVE OVERVIEW

The CEO reported that due to the circumstances of a snap general election, Purdah commenced on Saturday 22 April; the agenda items relating to Sustainable Services and Future Fit will therefore be unable to be discussed in the public domain until after the general election on Thursday 8 June 2017.

### 2017.2/77.1 Maternity Services

The CEO reported on the considerable media attention around Maternity Services in Shropshire following the tragic deaths of babies in which failings in care have been identified. The CEO read the following statement which has been issued on The Shrewsbury and Telford Hospital NHS Trust website:

“The death of a baby is the most tragic event imaginable and we again apologise unreservedly to the families involved.

“In recent years independent external reviews have repeatedly shown the Trust is progressing and learning lessons but we must strive to do more.

“All our staff want our care to be the safest and kindest it can be. Since I joined the Trust in late 2015 I’ve seen how our hospitals have been working hard to promote a culture of learning not blame.

“We are candid and open about any failing in order that we might spare the families further heartache, or the need for challenge to get to the truth.

“We welcome the NHS Improvement Review commissioned by the Secretary of State for Health earlier this year and are co-operating fully and transparently.

“Working with our patients, we have already taken a number of steps to make improvements. Our midwives are supported to have special training in fetal heart rate monitoring.

“That means they can use a ‘fresh eyes’ approach – which has been shown to reduce the chance of the tracing being misread by using additional reviewers without disturbing the mum in labour.

“We’ve also trained our staff to improve fetal heart rate analysis and we have purchased specific monitoring machines which use specially developed software to help doctors and midwives monitor more effectively.

“We are also following nationally recognised initiatives for improvements in fetal heart monitoring.

“The Care Quality Commission (CQC), Healthwatch and independent experts have all described our service as ‘Good’.

“We are not complacent and discuss our learning in Women and Children’s Services at every Board meeting.

“We have also invited the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives in to review our learning and to revisit us to provide further independent assurance of our progress and to help us continue to improve.”

The CEO reported that the Board had been advised that they were not in a position to be able to discuss any items in relation to Maternity and Women & Children’s Services so as to not prejudice the Terms of Reference of the Independent Review, which were being finalised.

Ms George (from the public) interrupted the meeting to state that she had a number of questions from the families of patients who had asked her to act on their behalf.

***Following a period of intense disruption, the Chair adjourned the meeting at 2.00pm in line with Standing Orders 3.2 to ensure that the Trust’s business shall be conducted without interruption and disruption. The meeting re-convened at 2.35pm.***

..... Chair  
29 June 2017

The Chair thanked the public for their patience. He repeated the issues that had been raised:

1. The accountability of the Non-Executive Directors
2. The requests which Ms George had received from parents

The public members were assured that the Non-Executive Directors continually hold the Board to account; part of that process is to conduct business in the public domain, however, although held in public, it is not a public meeting.

The second request related to discussing patient cases during a public meeting. As this had the potential to breach patient confidentiality, the Board requested that Ms George provide details of the individuals to ensure consent is obtained. [The IDNQ subsequently contacted Ms George asking for the individual's names; Ms George put it in the hands of the parents to contact the IDNQ - subsequently one letter has been received from a family].

The IDNQ also reported that this would also enable cross-matching of work which has already been undertaken.

The Board recognised the public's anxieties but had been advised that it would risk prejudicing the Independent Review that NHS Improvement is leading if they were to comment; and the Board is committed to using it as a chance to make further improvements.

### **2017.2/77.2 Fragile Services Update**

The CEO reported on the following fragile services which have encountered difficulties over a number of years:

1. Dermatology – This service has a significant lack of consultant base; however, a locum has been secured to relieve pressures
2. Spinal Services – The Trust has been in constant communication with The Robert Jones & Agnes Hunt Orthopaedic NHS Foundation Trust and patients have been moved across to ensure they do not encounter delays to their treatment.
3. Neurology – Significant progress is being made. A number of options are being considered, including Headache Clinics; also looking to develop a Hub & Spoke model, and to further develop the skill set of GPs.
4. Ophthalmology – As per discussions at minute 2017.2/81

### **2017.2/77.3 General Update**

1. The CEO extended his thanks to staff throughout the organisation for the Easter provision and extended Bank Holiday period
2. The CEO of NHS Providers, Chris Hopson, recently visited the Trust's Transforming Care Institute (TCI) where now over 1800 staff are active in the Virginia Mason Institute (VMI) process, putting patients first.
3. The Trust has received clarification of £1m capital funding which has been awarded to enhance and develop frontline streaming in A&E at PRH. Work will commence once plans are in place. SaTH is currently working with T&W Commissioners and ShropDoc with regard to how the clinical decision will look; it is hoped this will be in place by late September 2017.

## **WORKFORCE**

### **2017.2/78 SUMMARY TO WORKFORCE COMMITTEE MEETING HELD 24 APRIL 2017**

Mr Cronin (NED), Chair of the Workforce Committee, presented the following key summary points from the Workforce Committee meeting held on 24 April 2017:

#### **1. Staff Survey – Improving employment experience**

The Committee received a presentation from the Workforce Director on improving the employment experience following a discussion at the last Committee meeting. The Head of Organisational Development and Care Group Directors shared the initial feedback from staff engagement sessions. A number of strong themes are coming through and are based on respect. It was agreed that this would be further explored with staff and feedback given at the next Committee.

..... Chair  
29 June 2017

## 2. Leadership Academy

The Committee received a presentation from the Workforce Director describing the Leadership Academy. The Academy has developed a framework of leadership and development programs to support this. The Leadership Compact was developed with support from associates of Virginia Mason however feedback from staff means that this will be called a Values in Practice Agreement. The Committee received a brief update on the core components of the academy programme which aims to provide 1100 leadership development opportunities in the first year. The Board will receive an update and the Academy will be launched in May.

## 3. Workforce Transformation

The Workforce Committee received the workforce profile with information regarding transformation to date; this included Advance Clinical Practice, Apprenticeships, Nurse Associates and Advanced practice. The Committee discussed the opportunity for the future in terms of new roles and ways of working; a timeline for a full Organisational Plan was discussed. The Organisation will need to be brave as to truly achieve transformation scale and investment will be required.

## 4. Apprenticeship

The Head of Organisational Development and Transformation presented a paper on the Apprenticeship Levy which provides the Trust with ring-fenced funds of £900,000 to support apprenticeships. The Trust has a number of workforce risks which could be supported through the apprenticeship levy. The Committee asked that this work was progressed, especially given the workforce challenges of the Trust. This will be progressed at Care Group level and reported through Workforce Committee.

Following discussion, the Board RECEIVED and APPROVED the Workforce Committee summary and were pleased to note that both training and quality and safety aspects are becoming more apparent.

### **Leadership Development**

#### **2017.2/79 LEADERSHIP ACADEMY PROPOSALS (*Presentation attached to Minutes*)**

The WD provided a presentation relating to Leadership Academy proposals, which is a core component of the Organisational Strategy. It was highlighted that all 5,500 members of staff within the Trust will be issued with it; and it will be checked through a continuous improvement lens to ensure it is being improved upon.

Mr Deadman (NED) was delighted to see the progress being made and highlighted that this is a step-up from work over previous years. This work will provide benefits in patient experience, sickness, etc, although it will take 2 – 3 years to see a tangible impact on metrics.

Dr Lee (NED) suggested this would need to be tracked; and Mr Deadman (NED) enquired if there is anything that could be undertaken, such as the Pulse survey. The WD reported that the Trust currently undertakes the Friends and Family Test and she suggested an additional two questions could be added to that.

Dr Weiner (NED) suggested focus be placed on the evaluation / outcome and how it impacts on the citizens we serve.

Mr Newman (NED) felt that this is excellent work and enquired if it is 'one size fits all'. The WD reported that it is for all leaders and there are a lot of development programmes for career progression, etc. There is also a range of training and development available for those members of staff who are not leaders.

The Chair reported that when he commenced in the Trust over three years ago, the 'People' item was not at the forefront of the agenda, however a great deal of investment has been placed on this for multiple effects.

The Board RECEIVED and APPROVED the Leadership Academy proposals and the WD and Chair of the Workforce Committee agreed to keep the Board abreast of developments.

..... Chair  
29 June 2017

## QUALITY

### 2017.2/80 SUMMARY OF QUALITY & SAFETY COMMITTEE MEETING HELD 19 APRIL 2017

Dr Lee (NED), Chair of the Quality and Safety Committee, presented the following key summary points from the Q&S Committee meeting held on 19 April 2017:

1. Prior to each Q&S Committee meeting, the members visit a Ward. This month, the Committee visited Wards 15 and 16 at PRH (Acute Stroke and Rehabilitation Wards). It met Specialist Nurses, one of the Consultants and patients. There was evidence of highly engaged, expert staff with good 'in Hospital' Pathways. There is, however, a surprising lack of a truly integrated, multi-agency Stroke Pathway that starts and ends in the Community. Mr Newman (NED) enquired if any of the Trust's clinicians have ideas in relation to the education process. The MD reported that there is a forum of clinicians with an interest in Stroke; this can follow in on specialities such as Chronic Kidney disease, Frailty, etc. The MD agreed to put some thought into the longer-legged transformation issue. **Action: MD**
2. The Committee members are concerned that issues raised by the Patient Experience Information Panel (PEIP) with respect to the care environment and the logistics of care (for example discharge arrangements) are not being resolved as it would expect. There are no apparent monitoring mechanisms that allow issues to be tracked to resolution. It was suggested that this work be connected to the work of Transforming Care. **Action: CEO**  
Dr Lee also paid tribute to Muriel Fellows who has recently stepped down as Chair of PEIP; the Board conveyed their appreciation of her involvement in the PEIP over the years.
3. The Committee received a report detailing the success of the Aortic Aneurysm Screening Programme. This is provided as an Outreach Programme in GP surgeries. The uptake is very encouraging and the programme has been effectively delivered and monitored.
4. In-keeping with the Workforce Committee, the Quality and Safety Committee expressed concern about plans to take 12 months to achieve full compliance with DBS requirements. This needs to be achieved more rapidly.

Following discussion, the Board RECEIVED and APPROVED the Committee summary.

### Challenged Services

#### 2017.2/81 OPHTHALMOLOGY SERVICE DEVELOPMENT

The Chair welcomed Mr Tony Fox, Deputy Medical Director, and Mr Andrew Evans, Ophthalmology Operations Manager, to the meeting.

Mr Fox presented a paper which reported that the Ophthalmology service at SaTH has been under considerable pressure for a number of years. The service has been extremely challenged in a number of areas, namely workforce, accommodation, service delivery and waiting times including increasing past maximum waits, which impacts upon the Trust's operational objectives.

This challenged position has led to the recent temporary suspension of new referrals in glaucoma, general and adult squint referrals, in order to address backlog issues and ensure that patients waiting for follow-up are seen in a timely way so as not to cause harm; particularly for patients with glaucoma and macular degeneration.

Due to concerns with regards to the Ophthalmology service over a number of years, a risk review meeting took place in October 2016. At this meeting, the Trust presented its review of the service and the areas which needed addressing to ensure the provision of a safe and sustainable service for the long term in the county and mid-Wales. The areas outlined were as follows:

- The inability to see patients within the past maximum wait standard;
- Demand exceeding capacity (over the last 3 years, activity has increased by 10% per annum);

..... Chair  
29 June 2017



- Workforce gaps;
- Ongoing serious untoward incidents (SUI);
- Substandard and fragmented accommodation;
- Team dynamics

Progress towards reducing the concerns listed above is ongoing.

Mr Fox presented the following options to enable reconfiguration of the Ophthalmology service to address its substandard and fragmented accommodation; these opportunities would also support a reduction in workforce gaps and an improvement in team dynamics which are fundamental to the delivery of a sustainable service for the population of Shropshire, Telford and Wrekin and mid-Wales.

- Option 1 – Relocation of Clinic 10 into the Copthorne Building at RSH – this option has already been approved
- Option 2 – Reduce to two sites by closing Euston House with cataract surgery reprovided in Theatres 10 & 11 at RSH and all paediatrics relocated to MTX (portacabin) Building at PRH
- Option 3 – Reduce to two sites by closing Euston House with cataract surgery reprovided in Theatres within the Copthorne Building and all paediatrics relocated to the MTX (portacabin) Building at PRH
- Option 4 – Reduce to one site working at RSH with all adult services provided in the Copthorne Building and Paediatric Outpatient department within Copthorne and all paediatric surgery continuing at PRH
- Option 5 – Reduce to one site working at RSH with all adult services provided in the Copthorne Building and paediatric outpatient department with all paediatric surgery continuing at PRH
- Option 6 – Reduce to one site working at PRH

A Stakeholder Event was held on 21st March 2017 which involved all Stakeholders who were asked to consider the Options to reconfigure Ophthalmology services provided at SaTH. The outcome of the meeting was that a consensus agreement preferred the option of a single County Ophthalmology Unit with centralisation of services. Representatives from Telford and Wrekin and Shropshire CCGs, Healthwatch, RNIB, Macular Society, patients, SaTH (Welsh Health Board not present) were in attendance. The audience were asked to complete a SWOT (Strength, Weakness, Opportunities and Threats) analysis for each of the options.

The Service Users identified that one site was crucial for service users because of the following:

- Familiarity and confidence in the surroundings and floor plan is essential;
- Very strong preference for one site where all tests and treatment could be offered in one appointment;
- Having all services at one site was more important to patients than travel issues that may arise as a result.

It was reported that the current facilities at Euston House do not facilitate cataract training; the suggested proposal would mean that cataracts would all be provided in the Copthorne Building in a purpose built daycase facility which would allow greater throughput and much improved and safer one-stop services. It would mean that around 22 patients per week from Telford ICAT (half of whom are Telford residents) would receive their cataract treatment at Copthorne and all children from Shropshire would continue to receive their surgery at PRH, as at present. There is also a real opportunity to recruit and retain a high calibre workforce.

Mr Cronin (NED) suggested this is an opportunity for building on co-design; whilst Mr Newman (NED) queried the vision of the structure of the workforce as historically there has been resistance for developing nurse practitioners, etc. Mr Newman also enquired about the money required to purchase new equipment. It was reported that some budget will be utilised, alongside additional capital expenditure.

Mr Deadman (NED) queried if the organisation is 'slow to change or does it only change when a crisis is upon us'. He was informed that this is not specific to Ophthalmology; a change to a service takes time due to involving and engaging with the public. The FD reported that from his experience of working within the Trust over the past six years, he has found that there is an element of crisis management, however the Trust is moving to an improved vision.

..... Chair  
29 June 2017

The CEO commended the report stating it meets all safeguarding requirements, etc, and agreed that the organisation will go forward with the joint HoSC (Health Overview Scrutiny Committee).

Following discussion, the Trust Board APPROVED the following recommendations:

**Phase 1:**

- The relocation of Paediatric Ophthalmology Outpatients from Clinic 10 RSH to the Copthorne building (Ward 16) **and** as interim measure to move all paediatrics to MTX, PRH from 26th May 2017 for an interim period of 12 weeks;
- To relocate adult outpatient services from ICAT back to the respective main hospital sites
- To relocate cataract surgery from ICAT to Copthorne building

**Phase 2:**

- Following Purdah, to consider engaging with the public and relevant stakeholders to fully consult on the single site options identified, fully exploring cost and geographical location to implement a decision on these services but this would not preclude any decision arising from the Future Fit process.

**2017.2/82 EMERGENCY DEPARTMENT UPDATE**

The Chair requested that as Emergency Services is one of the Trust's fragile services, an update will be provided to the Board on a monthly basis.

The COO reported that four middle grade locums have been secured into the vacant substantive positions; the Trust is also working with four GP trainees. Fortunately, the Trust has been able to continue to provide the overnight emergency service at the PRH site.

Mr Darbhanga (NED) enquired if there were any further updates regarding the consultant who is planning to resign from their position during June 2017; the Board were informed that there have been no further developments.

The Board RECEIVED the ED update and agreed that although the service continues to be fragile, it is slightly less so and contingency plans are being worked up.

**TRANSFORMATION**

**2017.2/83 SUSTAINABLE TRANSFORMATION PLAN (STP) UPDATE**

The Chair welcomed the Sustainable Transformation Plan Programme Director, Mr Phil Evans, to the meeting who presented the following brief update, recognising the limitations of discussion due to Purdah:

Actions planned for next reporting period:

- To understand the detailed neighbourhood plans, including the 'community offer' and agree activity required
- STP finance meeting (review all STP financial savings)
- Confirm that the STP PMO and all organisations are granted access to all files and folders, to ensure documents are shared on one system
- Agree system metrics with key stakeholders
- Agree component parts and activities for agreed organisational financial targets
- Agree communications and engagement timelines

The Board RECEIVED and NOTED the update.

**2017.2/84 FUTURE FIT UPDATE**

The members were reminded that this item could not be discussed due to Purdah.

..... Chair  
29 June 2017

**2017.2/85 SUSTAINABLE SERVICES PROGRAMME UPDATE**

The members were reminded that this item could not be discussed due to Purdah.

**2017.2/86 TRANSFORMING CARE INSTITUTE (TCI) UPDATE**

The members were informed that the Trust is approaching the 18-month point since commencing the partnership with the Virginia Mason Institute.

The Board were informed of the following successful Value Streams that have been undertaken:

- Value Stream #1 Respiratory Discharge Pathway – this was chosen as at least 40% of emergency admissions to the Trust are patients who have respiratory disease. The Value Stream has resulted 13 different quality improvements made and sustained to the respiratory discharge process; 32 non value adding hours removed from the respiratory discharge process (per patient) and 1,357 clinical steps removed from the process (per patient)
- Value Stream #2 Sepsis – this was chosen as at least 4 patients will die each month from Sepsis and within the UK 44,000 people die each year. The Value Stream has resulted in 8 quality improvements made within the Sepsis pathway; 11½ hours of non-value adding time removed from screening for sepsis, diagnosis of sepsis, and delivery of sepsis bundle pathway (single patient pathways), and 488 steps non longer required to collect equipment (single patient episodes).
- Value Stream #3 Recruitment – this was chosen due to the lengthy recruitment process from when a vacancy arises to when the successful candidate commences in post.
- Value Stream #4 Outpatient Clinics (Ophthalmology) – this was chosen because there is currently a variance between patients referred via e-referrals and those referred directly into SaTH; and some patients arrive at the wrong clinic or at the wrong time, etc, as a result of the quality of letters being sent out. Improvements include a 52 day reduction in the time from receipt of referral until first contact is made with the patient; a 47% reduction in the number of times letters are delayed due to requesting a letter after the deadline for electronic transfer to next process, and 100% reduction in the number of Booking staff unaware of overall process for sending patient letters.

Overall the Transforming Care programme of work is demonstrating tangible improvements in our test genbas.

- Over 57,000 patient experiences (per annum) are safer and kinder.
- Non value adding time is released from poor processes back to direct care
- Recruitment time is reduced
- Set up time for rehabilitation is reduced and patients are better prepared
- Board rounds are focus on the patients priorities of 'help me get better & help me get home'
- Staff are training in eye clinics to guide visually impaired patients

Quality improvements are demonstrating an associated financial benefit in the following areas:

- Reduction in temporary staffing usage
- Absorption of additional work
- Redistribution of excess stock
- Reduction in stock par levels
- Reduction in cost per case for patients being treated for sepsis
- Reduction in unnecessary hospital transport journeys

Mr Newman (NED) reported that SaTH is underway with this solution; and the members were informed that the whole organisation will be touched by Lean methodology this year. The Board agreed continued emphasis on the training element and the continuing need for investment.

The Chair highlighted that 'handover' was an area that has been brought to his attention during the Genba walks. Mrs Mingay (D.NED) enquired if the medics are equally engaged in this work; she was assured that doctors, at all levels, are involved on an equal basis which is a powerful message to all staff.

..... Chair  
29 June 2017

Mr Darbhanga (NED) reported the reduction in sickness levels on Ward 9 from 11% to 4% and enquired if this could be rolled out to other areas in a bid to reduce Agency staffing, etc. The members were informed that the Virginia Mason Institute have advised that it is a slow process and takes approximately a year to roll-out improvements, but they have longevity.

Mr Deadman (NED) reflected on lost opportunities, such as Ophthalmology, and enquired if enough support is provided to staff. The Chair agreed that the organisation must bring issues of transparency and support into change; and Dr Lee (NED) suggested wider system involvement.

Following discussion, the Board NOTED the overall improvements being made.

## **SUSTAINABILITY**

### **2017.2/87 SUMMARY OF SUSTAINABILITY COMMITTEE MEETING HELD 25 APRIL 2017**

The Chair thanked Mr Darbhanga (NED) for deputising for Mr Deadman as Chair during his period of illness.

Mr Deadman (NED), Chair of the Sustainability Committee, presented the following key summary points from the meeting held on 25 April 2017:

#### **2016/17 Year end position**

The Trust ended the 2016/17 financial year with a deficit of £16.298 million, thus delivering a slightly improved position against the control total of £16.400 million set by NHSI. Expenditure against the Trust's Capital Resource Limit gathered pace as the year progressed with expenditure of £12.266 million, which represents an underspend of £0.002 million. The Committee formally acknowledged the significant efforts across the organisation to deliver this outcome.

#### **Operational Plan 2016/17 – Progress Report Month 12**

Following approval at the Trust Board last month, the Committee turned their attention to the Operational Plan 2017/18 with the Care Groups confirming there was:

- Better linkages between the activities identified, some of which cross multiple care groups.
- Greater ownership
- A balanced focus on safety, kindness, people and finance.

However it was recognised that some of the activities were more robust/less risky than others, and last year only half of aspirational savings/improvements had been delivered. Accordingly the committee decided that a significant part of their meetings on 2017/18 should be devoted to this and agreed a rolling programme of **assurance** focused on the 36 activities (the Committee will not double-up on the scrutiny of other groups/committees), with the aim of two activities a month being presented at future meetings.

It was agreed that while 'CIP' programs and 'cost saving initiatives' will have to be managed, labeled and reported as such to our stakeholders but all felt these terms were unhelpful: these initiatives rarely save money without having some impact on safety, kindness and effectiveness. All agreed the Committee will continue to review, behave and approve business change and improvement products with due regard to all impacts on safety, care and finance.

#### **Sustainable Services Programme Briefing**

An update on the programme was received noting that while the overall project status is Green/Amber there were two new areas recently rated Red (Workforce & Business change and IT). These related to the further work required in terms of working through the practicalities of what the Care Groups will require in terms of workforce, e.g. double-running, backfill and creation of posts and the significant impact on the clinical model and progress of IT solutions. It was noted these are issues for which the organisation is fully accountable.

..... Chair  
29 June 2017

### **Management of SaTH Estates/Medical Equipment Backlog**

The Committee received a briefing from the Director of Estates in response to its request to understand the level of risk the Trust was carrying as a result of limited capital resources and therefore not being able to address its current backlog problem. The Committee was advised of an improving position through capital investment in recent years and the prioritised schemes in the 2017/18 capital programme, but acknowledged that there was still a considerable way to go. The Committee recognised the efforts being made by the Estates Department in managing a difficult situation with very limited resources. Steps are being taken by the Committee Chair to understand the level of risk SaTH is taking by being budget limited.

### **IT System Solution**

The Head of IT gave an overview of the issues facing the IT Department and impact of limited resources in how it is able to respond. There was a desire for its IT programme to be more innovative and exciting and to undertake more development work. There was recognition of significant investment needed and a business case is to be developed to identify this. Despite the limited resources, the IT Department was commended in how it responds to the needs of the service and how it continues to achieve successes, for example, the Clinical Portal which is used by over 1,200 clinicians across the Trust. It was noted an IT Strategy is being developed and will be presented to the Committee.

### **Other issues discussed**

- The Board Assurance Framework (BAF) risks were reviewed and RAG rating status re-confirmed.
- Approval received from NHSI to commence the Productivity improvement project across outpatients, theatres and radiology.

The Board RECEIVED and APPROVED the Committee summary and thanked the FD for the financial achievements.

2017.2/88

## **TRUST PERFORMANCE REPORT**

The CEO presented the Trust performance against all key quality, finance, compliance and workforce targets at Month 12.

### **OPERATIONAL PERFORMANCE**

Performance against the monthly trajectories agreed with NHSI:

- VTE performance – 95.3% against a target of 95%. It was agreed there is room for improvement
  - Cancer targets: 2 week wait – 95.1%
  - 62 day – 87.7%
  - Both performance targets (62 day and 2 week wait) are projected to achieve at year end; although there are some challenges. The A.COO reported that she will work with the Lead Specialist (Dr Sheena Khanduri) and her team regarding improvements.
  - Cancer 104+ days – 6 patients received their first definitive treatment for cancer after 104 days during February 2017 (the target for referral to treatment being 62 days). All pathways will be reviewed and a Root Cause Analysis (RCA) will be completed for each. All findings and learning opportunities will be presented to the Quality & Safety Committee. Mr Darbhanga (NED) picked up on the 205 day delay (lung cancer due to medical delay/capacity). The A.COO reported that this could be due to the patient's tertiary centre; this will be picked up through the RCA. Dr Weiner (NED) also raised the lung cancer delays and asked how the position could be improved. The A.COO reported that the Pathway is currently with the University Hospitals of North Midlands NHS Trust and improvement work continues with MDT Leads.
- RTT access target year end prediction – Performance of 85.82% against a required trajectory of 92%. The expected level of performance for over-performing specialties is 95% and 78% in the challenged specialties; the Trust would therefore be able to achieve a blended rate of 92%
- 4 hour Accident and Emergency waiting time access target – this will not be achieved. Performance of 81.6% against a required trajectory of 95%.

..... Chair  
29 June 2017

The Chair highlighted that the Trust should be striving to be exemplary and not to base itself against the average. The A.COO agreed and suggested investigating if the under-achievement is due to internal mechanisms or if it is external issues.

The CEO agreed with the suggestion of 'raising the bar', however he also highlighted the continued work of the teams which should be celebrated.

The members agreed the clear need to improve the A&E experience; however, it is reliant on how the system operates as a community and not just as a single organisation.

## **WORKFORCE**

### Sickness / Absence

The WD reported a slight decrease in sickness absence to 4.40%, predominantly in long-term sickness; this follows a seasonal variation. The members were informed that discussions have been held around Mental Health; a Deep Dive has been undertaken and additional work can be undertaken to improve upon this.

### Appraisal / Training

The WD reported that she expects to see a decline in appraisal rates over the next few months due to winter pressures. The MD was pleased to report that the appraisal rate for medical staff has increased to 97%; the appraisal process is a key component to doctor's validation. Dr Lee (NED) highlighted that if doctors fail to engage in the process, they should be dismissed. The MD reported that individuals have been referred to the GMC in the past but this has not been necessary this year.

Nursing unavailability for 2016/17 was reported as below:

- Scheduled Care – 27.01%
- Unscheduled Care – 27.37%
- Staff turnover (exc. Junior doctors) – Recruitment rate – 10.28%, Retention rate – 92.23%

## **QUALITY & SAFETY**

This section of the report provides assurance in relation to quality measures that have not achieved compliance in Month 12 or for the year or where a negative trend is identified.

### Clostridium Difficile Incidence

The year-end position (21 cases) is lower than both the target of no more than 25 reported incidents in the year and the year-end position for 2015-2016. However, in March three cases were reported which were above the target of no more than two per month. Investigations are being carried out on all cases but the key trends appear to be delay in isolating patients due to the lack of side rooms and the use of antibiotics.

### MRSA Screening (non-elective)

Whilst the March 2017 performance for this indicator was over 95%, the overall figure for the year for non-elective areas was just below the target at 94.4%. Ward areas where screening is not being carried out consistently are identified and ward managers are being required to ensure that this screening takes place.

### In Service Pressure Ulcers (all grades)

The Trust did not meet the internally set targets for any grade of pressure ulcer during 2016-2017. The targets were based on a percentage reduction from the 2015-2016 figures. Avoidable grade two pressure ulcers did reduce from the previous year but not to the level of the target, avoidable grade three pressure ulcers remained the same and there was one avoidable grade four compared to none in 2015-2016.

The Trust has a full strength Tissue Viability team to support clinical staff and new bedside chairs have been delivered that have in-built pressure relieving cushions that will also help with pressure ulcer incidence reduction.

..... Chair  
29 June 2017

Mrs Mingay (D.NED) reported that a number of the pressure ulcers are reported as 'Avoidable'; she suggested raising the bar to ensure they are avoided. The Board agreed this approach.

#### Patient Falls

The CEO highlighted the year-end total of patient falls reported as serious incidents at 6 against a trajectory of 29; which is due to continued organisational learning and due diligence.

Mr Cronin (NED) enquired if the Trust is applying criteria of assessing a fall in a fair and consistent way. He was assured that the national criteria can change but as it hasn't, the Trust is fully compliant.

#### Never Events

The total of Never Events for 2016-2017 remains at five; none have been reported since November 2016. Regular reports will continue to be provided to the Quality & Safety Committee to provide assurance in relation to actions being taken to prevent such incidents happening again.

#### Mixed Sex Accommodation Breaches

The number of mixed sex accommodation breaches for the year remains at eight – all reported in one incident in July 2016.

#### Harm Free Care – NHS Safety Thermometer

The Trust saw an improvement in the overall harm free care rate in March bringing our average rate for the year to just under the national target of 95% at 94.17%. In a cohort of 774 patients included in the point prevalence audit in April there were 34 pressure ulcers reported (11 that had developed in our care), one fall within the previous 72 hours resulting in moderate harm, eight patients with a catheter who also had a urinary tract infection (CAUTI), five of which were considered to be "new" and five patients with a newly diagnosed venous thromboembolism.

SaTH will continue to use the data from the NHS Safety Thermometer to measure the safety of the care provided in relation to the four most prevalent harms reported in the NHS. The Infection Prevention and Control team will carry out some validation around the CAUTI data and identify actions that are required. This will be monitored through the Infection Prevention and Control Committee.

#### Patient, Family and Carer Experience (Complaints)

Dr Weiner (NED) highlighted the increase in the number of complaints (317 at year-end 2015/16 compared to 424 at year-end 2016/17) and enquired how the Trust is interpreting them. The DCG reported that the increase is due to transparency, where previously concerns may have been raised via the Patient Advice Liaison Service (PALS) rather than through the official complaints process. The I.DNQ reported that the Corporate Nursing Team has worked with the Complaints and PALS teams and every complaint is signed off by the CEO.

#### Nursing, Midwifery and Care Staff data

The monthly Nursing, Midwifery and Care Staff data was RECEIVED for information.

### **FINANCE**

At the end of the 2016/17 financial year the Trust delivered its control total as set by NHSI to deliver a deficit of £16.4 million and actually recorded a deficit of £16.398 million, an underspend of £0.002 million.

#### Capital Programme

The Capital Resource Limit (CRL) for 2016/17 was set at £12.268 million (£9.768 million Internally Generated CRL and £2.500 million Capital to Revenue Transfer from 2015/16). The capital expenditure against the Trust's CRL for 2016/17 was £12.266 million, an underspend of £0.002 million.

#### Cash Position

The Trust cash balance at the end of 2016/17 was higher than expected at £5.625 million due to receipt of STF income relating to finance element for Quarter 3 being received in addition to loan already received 'in lieu' of this income. Repayment of the loan relating to this will be made in April 2017.

..... Chair  
29 June 2017

The Trust capital creditors have grown by nearly £5.500 million during 2016/17 and these creditors will become due in the early months of 2017/18. This has been factored into the Trust's cash modelling. It is therefore necessary that expenditure is controlled to ensure that cash is available to pay our creditors.

Once again, the Board congratulated the FD for the hard work he and his team have taken to achieve the end of year financial balance.

Following discussion, the members RECEIVED and APPROVED the Trust Performance Report.

## ASSURANCE

### 2017.2/89 SUMMARY OF AUDIT COMMITTEE HELD 21 APRIL 2017

Mr Darbhanga (NED) presented the following key summary points from the Audit Committee meeting held on 21 April 2017:

#### 1. Internal Audit

Five completed audits were presented – all have been agreed by management and action plans are in place:

- Board Assurance Framework – it was noted that for the fifth year the Trust's processes were awarded 'Substantial' Assurance and the Committee were reminded of the need to see the BAF at least quarterly
- Procedure and Procedure Compliance in Maternity services – it was noted that the initial assurance was 'Moderate' although Quality Committee will be reviewing this.
- Counter Fraud Annual Report – the Committee was pleased to note that SaTH was the only Trust to be rated green by the Auditor due to their exemplary work in relation to the Code of Business Conduct and that referrals were higher than average and not done anonymously which indicated a positive reporting culture
- Job Planning Review – There was some discussion around the need to transfer the current paper/spreadsheet system to an automated software approach to enable greater interrogation and access
- Estates – there were some concerns around a lack of documentation and controls in place, which will be monitored by the Workforce Committee.

Mr Deadman (NED) raised his concerns that recommendations had been split into various Tier 2 Committees and suggested actions could go astray. The DCG assured him that the Audit Committee will continue to keep an overview.

#### 2. Board Assurance Framework (BAF)

The Committee received the BAF for 2017/18 with the new strategic objectives aligned to the Trust's strategy and the new strategic risks identified. There was some discussion and the Committee approved the new Framework. The updated BAF will be presented to the June Trust Board. **Action: DCG Due: 29 June 2017 Trust Board**

#### 3. Draft Annual Report and Annual Governance Statement

The Committee received both documents and noted these were required as part of the Annual Accounts. Some points were made which will be incorporated into final versions

#### 4. Security Annual Report

The Committee received the 2016/17 and commended the Local Security management Specialist, Jon Simpson for his diligence and the Security Teams on both sites. It was noted that Mr Darbhanga was also the Lead Non-Executive Director for Security

#### 5. Annual Self-assessment

The Committee completed the annual self-assessment and will discuss results with Auditors at the next meeting

Following discussion, the Board members RECEIVED and APPROVED the Audit Committee summary.

..... Chair  
29 June 2017



**2017.2/90 ANNUAL LOSSES & COMPENSATIONS WRITE-OFFS**

The FD presented the following table which summarises the losses and special payments during 2016/17:

NHSLA Employer Liability Settlements (£10K maximum per case)	£52,475
NHSLA Public Liability Settlements (£3K maximum per case)	£6,000
Health & Safety Executive report fees	£1,870
Contribution for patients loss of items	£5,199
Cash discrepancy from change machines/petty cash delivery	£104
Bad debts - Overseas patients (overseas patients are always set up as potential bad debts)	£22,413
Bad debts – Other including prescriptions	£4,932
Increase in general bad debt provision	£8,143
Claims withdrawn from the Compensation Recovery Unit	£385,769
Increase in CRU bad debt provision (CRU bad debt provision at 22.94% previously 21.99% to October 2016)	£41,606
Pharmacy expired stock	£270,623
Write-off of disused stock in Stores	£8,834
Total	£807,968

Dr Weiner (NED) queried the acceptability of the 'Pharmacy expired stock' loss of £270,623; the FD reported that although this is a hefty sum, it is acceptable. The Chair suggested benchmarking against the Carter Review.

**Action: FD**

Following discussion the Board RECEIVED and APPROVED the annual losses, compensations and write-off of bad debts during 2016/17.

**2017.2/91 ANY OTHER BUSINESS**

No further business raised.

**2017.2/92 LEARNING / REFLECTION OF THE MEETING**

- The Chair felt the Board placed more focus on the Performance Report than in previous months
- The DCG was pleased to see that a resolution has been agreed around the Ophthalmology Service
- Mr Cronin (NED) enquired how 'co-design' can be championed around the organisation; the Executive Directors agreed to put some thought into that suggestion
- Mr Deadman (NED) complimented the Executive Directors on the production of less papers this month which achieved a more focused discussion
- The A.DNQ highlighted that the discussions held throughout the day kept reverting back to the Patient Story that the meeting started off with; he suggested that the Board should continue with that approach

**2017.2/93 THE MEETING THEN CLOSED AND THE BOARD TOOK QUESTIONS FROM THE FLOOR****2017.2/94 DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 29 June 2017, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 5.35pm

..... Chair  
29 June 2017

## ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 27 APRIL 2017

Item	Issue	Action Owner	Due Date
2017.2/73	<i>Declarations of Interest</i> To update the Register of Interests following changes from Dr Lee & Mr Deadman	CS	May 2017 COMPLETED
2017.2/74	<i>Draft Minutes of Meeting held 30 March 2017</i> To make agreed amendments to minutes	CS	May 2017 COMPLETED
2017.2/75	2016.2/173 – <i>Recommendations from Trust-commissioned Independent Midwifery Review 2016 – Birthrate Plus</i> To present update to the June Trust Board regarding external assessment Birthrate Plus	DNQ	29 June 2017 AGENDA ITEM
2017.2/75	2017.2/39 – <i>Patient Experience Strategy (addition of Equality &amp; Diversity)</i> To discuss through the Q&S Committee and provide assurance to a future Trust Board	DNQ	29 June 2017 AGENDA ITEM – MATTERS ARISING
2017.2/75	2017.2/16 - <i>Complaints &amp; PALS Q3 Update</i> <ul style="list-style-type: none"> <li>• To look at section 6 of the report regarding 'Formal complaints by location' and look at measuring the metrics differently</li> <li>• To provide further assurance in the next Complaints &amp; PALS Report</li> </ul>	DCG  DCG	29 June 2017  29 June 2017 AGENDA ITEM
2017.2/75	2017.2/27 - <i>People Strategy Update</i> To present to the June 2017 Trust Board  2017.2/27 - <i>Organisational Development Plan</i> To present to future Trust Board	WD  WD	29 June 2017 AGENDA ITEM  June/July 2017
2017.2/75	2017.2/45 - <i>Temporary Suspension of Neurology Outpatient Service for New Referrals</i> To provide update to September Trust Board	COO / Sustainability Cttee Chair	28 Sept 2017 ADDED TO FORWARD PLAN
2017.2/75	2017.2/54 - <i>Annual Operating Plan – Part One</i> To present Part Two and Part Three to future Trust Board	FD	27 July 2017
2017.2/89	<i>Summary of Audit Committee held 21 April 2017</i> To present updated Board Assurance Framework to June 2017 Trust Board	DCG	29 June 2017 AGENDA ITEM

..... Chair  
29 June 2017