

TRUST BOARD MEETING
Held on Thursday 3 December 2015
Seminar Rooms 1&2, Shropshire Education & Conference Centre, RSH

PUBLIC SESSION MINUTES

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

2015.2/177

WELCOME:

The Chair welcomed the newly appointed Designate Non-Executive Director, Mr Paul Cronin.

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

2015.2/178

CHAIR'S AWARD

The Communications Director presented this month's Chair's Award to Cleanliness Technician, Louise Jenks; a valued member of the team who is not only Proud to Care at work but outside of her role at the Trust. Louise has raised £70,000 for Cancer Research UK, Macmillan Cancer Support and Breakthrough Breast Cancer charities through various fundraising events.

Louise's fundraising journey started in 2000 when her much-loved aunt passed away from breast cancer, and gradually the magnitude of challenges increased to the point that in 2005 she walked the Great Wall of China. Since then she has scaled Mount Everest Base Camp, Machu Pichu and Mount Kilimanjaro, as well as trekking through Vietnam and the Grand Canyon... twice! Louise has planned to embark on what she claims will be her final big walk when she heads off to Cambodia in aid of Cancer Research UK.

The CD highlighted that it is not just Louise's fundraising that is recognised, but that of the fantastic commitment she, and all Cleanliness Technicians, show across the Trust.

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Cleanliness Technicians are essential members of the team and their work is fundamental to the Trust. The Chair presented Louise with the Chair's Award lapel badge, a framed Chair's Award certificate and a £50 Chair's Award voucher on behalf of the Trust Board.

The members were informed that the Head of Organisational Development & Transformation has recently undertaken shifts as a Cleanliness Technician throughout the Trust to gain an insight of the importance of their role; she will continue this into the New Year.

2015.2/179

PATIENT STORY (*copy of presentation attached to minutes*)

The DNQ introduced the Trust's Scheduled Care Group Modern Matron, Gary Caton and Karen Breese from the Community Learning Disabilities Team to present this month's Patient Story which related to an 18 year old patient with severe autism and very limited communication skills.

The patient was admitted to the Day Surgery Unit for dental surgery, however prior to admission the patient should have received some sedation whilst in the community which unfortunately did not happen. The patient was therefore very stressed and frightened whilst waiting for the oral medication to take effect. The family felt there was no compassion or understanding of the patient's situation and felt the process was very 'matter of fact'. A lot of medical terminology was used and the family felt they were talked over. A complaint was therefore received following the patient's experience as the patient's mother wished to raise awareness regarding communication and teamwork, which is essential to the patient and needs of the family. Gary Caton assured the Board that meetings have been arranged and he has personally been in contact with the family following the experience.

There was some good practice that occurred during the process, such as the patient being the first on the theatre list and being able to wear a theatre gown over her own clothes but overall there were failings in the pathway of care, within both primary and secondary care.

Key outcomes include:

- Key members include the Commissioning and Design Leads. A great deal of work has been undertaken and meetings held to keep on top of actions.
- A process has been agreed for the administration of medication prior to hospital admission. GP's were not previously prescribing; NHS England have therefore been involved regarding best practice and it has been agreed that GPs will provide sedation prior to admission.
- Communication has been enhanced
- Theatres have undertaken a lot of work to ensure patients with learning difficulties and put measures in place to ensure they are first on the theatre list, able to wear theatre gown over own clothes, etc
- Learning workbooks have been piloted in the Day Surgery Unit to understand learning needs, and practice has been shared with colleagues
- An action plan is in place with the patient's mother
- An action plan is in place in the Community
- Care Pathways are now in place

The CEO reported that the carer and parents involved in this particular patient story felt there was a lack of understanding and communication, and he highlighted that this experience should be widely shared to ensure staff embed the processes in place.

The Chair reported that the organisation can become fixed on processes and highlighted that we must ensure we have the right people with the right values, and ensure staff feel empowered to make decisions. The WD agreed that this relates to consistency in the organisation and having

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teams where every role is valued and recognised. It was highlighted that the Trust is in the early stages of embedding the Trust Values

Mr Newman (NED) reported that this patient story identified a number of lessons and enquired if similar could be undertaken for patients with dementia. The DNO informed the members that dementia has progressed, but a dementia specialist lead is required to embed the processes further.

The Chair thanked the team for providing the story. The DNO reported that Gary Caton and Karen Breese have worked together to progress the actions which clearly identifies that they carry out the Values.

2015.2/180

SUSTAINABILITY UPDATE

The DCG presented a paper and presentation relating to the Trust's successful programme of sustainable development and social value which has received national recognition during 2015. This is a direct result of the Trust's on-going commitment to the 'Good Corporate Citizen' programme which has been a feature of our aspiration to be an 'excellent' organisation by 2020.

The Trust was a finalist in the prestigious HSJ Annual Awards in the *Improving Environmental and Social Sustainability* category in November; and in April, the Trust was runner-up in five categories at the NHS Sustainable Development Awards:

- Procurement
- Energy
- Waste Management
- Catering
- Volunteering

The Trust also won Energize's *Employer of the Year Award* for its work in encouraging a healthy and active lifestyle for staff.

The DCG reported that part of the work with community partnership has seen an increase from 27 to over 400 public volunteers and a number of roles have been developed which include general ward help, dementia buddies, feeding buddies and befrienders, as well as gardening, painting and other refurbishment projects. One of the Lead Volunteers for the Chemotherapy Day Centre has devised a DVD for patients starting their chemotherapy journey. A similar video will be produced for radiotherapy and prostate patients. The videos will be added to the Trust Intranet and patients will be provided with a code to access them.

There has also been a transformation in the PRH courtyards, which were officially opened earlier this year; they have been fully funded by external companies.

The Trust has a strong working relationship with our local authorities and has jointly appointed a Travel and Transport Co-ordinator to improve performance with key agreed outcomes and measures. An update relating to Staff Travel & Transport Options will be presented to the January 2016 Trust Board.

Action: DCG Due: January 2016

The Chair thanked the DCG for the achievements and also extended thanks to Angela Turner, who was in attendance, for the service that she and her husband provide to the Chemotherapy Day Centre, and to the wider volunteers for the help that they continue to provide for the organisation.

2015.2/181

BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

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Mr Cronin (Designate NED) reported that he is CEO of the Severn Hospice.

Action: CS to add

2015.2/182 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 29 October 2015.

Draft Minutes of the October Trust Board were presented. The Chair highlighted an amendment to 2015.2/175 Answer 3 which should read 'The Chair agreed Mr Gillard should join the table-top exercise'.

Action: CS to update

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

2015.2/183 ACTIONS / MATTERS ARISING FROM PREVIOUS MEETINGS

2015.2/183.1 2015.2/007 – Patient Experience Strategy Update
DNQ to provide update to Board relating to the Patient Experience Strategy which was being developed by the Patient Experience & Involvement Panel during the summer.

The DNQ reported that a Patient Experience Strategy Workshop will be held and themes will be presented to the county listening events. A full Strategy will be presented to Board by April 2016.

Action: DNQ Due: April 2016

2015.2/183.2 2015.2/146 – IT Strategy Update
FD to present IT Strategy Update to December Trust Board

The FD reported that during August 2012 an IT Strategy was approved by the Board. Three years into the implementation of the Strategy, a lot of progress has been made including the development of a Clinical Portal which acts as a one-stop shop providing easy access to essential clinical data drawn from the various clinical systems existing across the Trust, and is presently used by 900 front-line clinical users per day.

One of the key objectives relates to connecting with primary care; this will be progressed, but there are pressures on the level of resources and funding available.

The Chair reported that the Board has a strategic responsibility to identify ways of affording developments and highlighted that this will be embedded in the business planning process for 2016.

Action closed.

2015.2/183.3 2015.2/157 – FCHS Post Project Review Scope Update
DBE to look at the wider elements of the FCHS Programme and report back to the Board.

In response to the question from the floor during the September 2015 meeting, the DBE reported that the Women & Children's post project review was commissioned six months following the completion of the works. She reported that the Finance Committee, in agreeing the scope, has looked at the wider elements of the FCHS Programme and the earlier changes to services. The transfers of Head & Neck and Acute Surgery happened in 2012 and there had been an ongoing evaluation of the surgical consolidation and its realised benefits. It was not felt appropriate to then review the process three years after the moves. The DBE assured the Board that going forward, reviews of all significant transformation programmes and capital investment schemes will be undertaken after six months and be brought to the Board.

Action closed.

2015.2/183.4 2015.1/097 – Winter Plan Update (Previously discussed at October 2015 Private Board)
COO to provide update of Trust Winter Plan

The COO reported that a number of changes have taken place to help ensure the organisation has the right capacity in the right place for our patients this winter. 44 surgical beds have been re-designated as medical beds and it is planned that half of these will be utilised until Christmas, and then fully utilised going into January / February 2016.

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The CEO reported that the Board will be presented with a piece of work that has been undertaken with partners in relation to patients presenting to the Emergency Department and advised to use the Urgent Care Centre facilities to relieve some of the pressures.

Mr Newman (NED) enquired if the Trust has received confirmation from partners regarding packages for medically fit to transfer patients; the COO reported that discussions are on-going regarding domiciliary care.

The members were informed of the Vanguard mobile theatre and mobile ward unit which has recently returned to the PRH site. The facility provides additional capacity for surgical procedures over the winter months, particularly in specialties such as Orthopaedics and Maxillo-Facial where too many patients are waiting longer than 18 weeks from referral to treatment.

A staff newsletter entitled 'Putting Patients First' has been widely circulated to stakeholders and throughout the Trust. The publication is also available from the Trust website.

2015.2/184

3-MONTH FORWARD PLAN

The 3-month Forward Plan was presented for information.

2015.2/185

CHIEF EXECUTIVE'S OVERVIEW

The CEO provided updates on the following topics:

Virginia Mason Institute (VMI)

Members of the Executive and Clinical teams visited the VMI in Seattle during early November. The members had the opportunity to meet the staff and see their processes at work. The Virginia Mason Institute teaches health care organizations how to implement and sustain a patient-centred approach that will increase quality, safety and efficiency using Virginia Mason's proven management method.

Some powerful lessons were learnt and following return to the Trust, a Value Stream relating to Discharge process has commenced. An update will be provided to the Board over the next three months.

Emergency Department Services

Work has commenced to create additional cubicles in the Emergency Department at PRH. The new cubicles will be located in the area previously occupied by the Cardio Respiratory Department, and it is aimed to have the new facilities opened by mid-January 2016.

The members were informed that the Trust's A&E Departments have received visits from various clinical improvement teams. A report of suggested improvements is due to be received.

A piece of work is being undertaken 'What is a normal service?' relating to how emergency services are working to ensure patients are in the correct environment. Regular updates will be provided to the Board.

Long Service Awards

The Chair and the CEO have recently celebrated the long service of staff. The event is held to thank staff for the service that they provide. This will continue to be held on an annual basis.

Proposed BMA Industrial Action for Junior Doctors

The CEO thanked the MD, WD, COO and DNQ for the work undertaken around the proposed industrial action with junior doctors. The members were informed that the operational team worked incredibly hard to work as flexibly as possible to ensure patients were seen and not cancelled. The Chair asked the COO to formally extend the Board's thanks to the teams involved.

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2015.2/186

FUTURE FIT UPDATE

The November NHS Future Fit Programme Board Report was shared which highlights that the October Programme Board agreed that the Core Group should set out a new programme timetable which reflected the implications of the decision to defer any conclusion on reaching a preferred option until there is an approvable case for investment.

Since the October Programme Board meeting, the Core Group has held a number of discussions and sought advice. The conversations held highlight the difficulty in setting a comprehensive timetable to consultation in advance of the Department of Health and HM Treasury confirming the acceptability of the deficit reduction plan. They also note the limited availability of capital funds for which a number of schemes may find themselves competing.

In light of the advice received, the proposed revised critical path sets out the key pieces of work for the next phase and notes the risks around external approvals which are not within the Programme's control. Subject to those approvals the timeline indicates:

- Public Engagement activities would continue, focusing initially on the Clinical Model and, especially Urgent Care services
- A preferred option would be identified in June 2016
- Formal Public Consultation would take place from December 2016, and;
- The two CCGs would reach a final decision in June 2017

Mr Cronin (Designate NED) enquired if SaTH is engaged with the Community Fit process. He was informed that Community Fit is a separate piece of work being led by the CCGs with the support of the CSU. It is currently at an information gathering stage to identify a baseline of community health and care provision and to consider what the impact will be should there be an expected shift of activity from acute to community services

The work to determine the rural urgent care offer was a separate project within the Future Fit Programme and SaTh colleagues were engaged. It was noted that assumptions will be required for the SOC prior to it being submitted to the TDA in March 2016.

Mr Newman (NED) highlighted that the timetable states 'Community Fit – tbc' From April 2016 onwards and highlighted that this is too vague and requires further clarification. The members were in agreement.

Dr Walford (NED) also highlighted the importance of realism of what is affordable and living within the available means.

The COO raised the Rural Urgent Care aspect and the constraints of the workforce. The WD reported that there are workforce challenges across a range of staff groups. A piece of work has commenced and a system plan is required to address that.

Following discussion, the members agreed that timely decisions are required to be made. Conversations are starting to be held with the public to help refine the models of care and understand the distinct populations that the organisation serves. Community Fit should assist in this.

The Board **RECEIVED** and **DISCUSSED** the summary report from the Future Fit Programme Board and the timeline, and the achievements to date.

2015.2/187

VIRGINIA MASON INSTITUTE (VMI) UPDATE *(copy of presentation attached to minutes)*

The members were informed that the Virginia Mason hospital in Seattle has achieved a culture of continuous improvement over a 13 year period, demonstrating impressive clinical, experimental and financial outcomes.

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SaTH is one of five Trusts in England to successfully apply to the Trust Development Authority (TDA) to work in partnership with the Virginia Mason Institute; a five year transformation programme has been devised that aims to make SaTH the safest hospital in the NHS.

SaTH has begun the implementation phase; the first two value streams have been selected, and leaders identified. These are firstly the 'discharge process for respiratory patients' and secondly 'Sepsis'. Both value streams offer significant opportunity for Trust wide learning.

A presentation has been provided to SaTH's medical staff which highlights:

- Patients are at the heart of the improvements
- New 'management method' led clinically from the top
- Consistent approach – in it for the long term, using agreed ways of working
- Increased patient-to-clinician value-added contact time
- Patients benefit from greater safety, less delay in seeing clinicians for care and more timely results and treatments
- Virginia Mason saved \$11 million in planned capital investment by using space more efficiently and freed an estimated 25,000 square feet of space using better designs
- They reduced supply costs by \$2 million through inventory reduction and the 5S process

Mr Darbhanga (NED) noted that the presentation reported an \$11 million saving by using space more efficiently; and highlighted that space has been a common theme from the Care Group Deep Dives. He therefore enquired if SaTH could start the process sooner to utilise the organisations space more efficiently. The members were informed that VMI have suggested that if the organisation rolls out the processes too quickly, the changes may not be fully embedded, but that it was recognised that effective pace was important.

Mr Newman (NED) highlighted that the Transformation Programme (VMI) update incorrectly reports at section 3.3 relating to Infrastructure that he is a member of the Guiding Team, and at section 3.1 that all members of the guiding team have been inspired by their visit to the Virginia Mason hospital and institute in Seattle. For accuracy, Mr Newman was not involved.

The Trust Board RECEIVED and ACKNOWLEDGED the commitment and ambition of the partnership programme with VMI.

2015.2/188

MAINTAINING SAFE, EFFECTIVE AND DIGNIFIED URGENT AND EMERGENCY CARE SERVICES – DEVELOPING OUR SERVICE CONTINUITY PLAN

The COO presented the document 'Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services: Developing our service continuity plan' which provides an overview of risks and challenges, outlines the process to define 'tipping points' that would prompt emergency measures to be initiated, and sets out the work to develop and test those emergency contingency measures.

Work over the coming months will include developing clear contingency measures that would satisfactorily reduce the overall risk to the Trust and our patients, and ensure clear timelines for implementation so that 'tipping points' can be defined sufficiently to allow lead-in time for safe implementation of contingency measures. A stakeholder workshop has been arranged for mid-December to consider the most feasible contingency scenario which is scenario D (Site 1: 24-hour and Site 2: Daytime) in more detail and specifically to consider the relative pros and cons of overnight closure of (a) PRH and (b) RSH, taking account of factors such as quality, feasibility and deliverability. A further stakeholder workshop will take place during January / February 2016 to review and agree 'tipping points' and undertake a desktop exercise to test contingency measures and identify further actions to support service continuity. The work will be overseen on behalf of the Trust Board by the Hospital Executive Committee, with quality review and assurance through the Quality and Safety Committee.

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The members were informed that SaTH is engaging with a wide range of staff, including the ambulance service.

It was reported that a Freedom of Information (FOI) request has been received in relation to the ED position; the members agreed that an open, honest and transparent response should be provided, however SaTH is not currently in a position to define the 'tipping point'.

The CEO reported that there is a great deal of press relating to the Emergency Care Service and highlighted the importance of the public being aware that SaTH is striving to maintain its services, however the Trust has a moral and professional responsibility of ensuring the service is safe. Appointments have been made to provide a further A&E Consultant in the ED team and two Intensivists for Intensive Care to provide additional resilience to the organisation. It is felt that there is currently a robust and safe plan in place.

Following discussion, the members RECEIVED and NOTED the update on the development of the service continuity plan for the Trust's urgent and emergency care services.

2015.2/189

NATIONAL TALENT FOR CARE STRATEGY AND THE PARTNERSHIP PLEDGE

The WD presented a paper which reported that Talent for Care is a nationally agreed framework led by Health Education England (HEE). The Board was asked to commit to signing the Partnership pledge to demonstrate the Trust's continued commitment to support the development of our support workforce and acknowledge the contribution of our entire workforce across a diverse number of support roles. The key actions align with the commitments made within the Trust People Strategy.

Mr Cronin (Designate NED) suggested there is a lot of scope and enquired how it will be taken forward. The WD confirmed that it will progress through the Workforce Committee, and agreed to discuss with Mr Cronin in further detail.

Action: WD

Following discussion, the Board APPROVED the signing of the Talent for Care Partnership Pledge, which would be undertaken by the Chair of the Board and the Staff Side Chair.

2015.2/190

'BELONG TO SOMETHING' PRESENTATION *(copy of presentation attached to minutes)*

The WD reported that the Board has previously discussed recruitment and retention of staff, but highlighted that a level of assurance is required. This has been discussed by the Workforce Committee where it was agreed to engage with an external organisation to brand this.

A '#belongtosomething' campaign has therefore been brought together over the last three months, using SaTH's own staff for images for marketing purposes; a three minute video has also been created, and case studies have been developed recording why staff like to work within the organisation. The campaign has been promoted via social media, as well as at Royal College of Nursing (RCN) events and via a British Medical Journal advert. So far, the recruitment hub has received over 18,000 views.

The Board RECEIVED and NOTED the update and the WD agreed to provide a further recruitment update to the Board in three months.

Action: WD Due: March 2016

2015.2/188

PROPOSED BMA INDUSTRIAL ACTION FOR JUNIOR DOCTORS

The WD reported that the first of the three proposed BMA Industrial Actions, which was scheduled to take place on Tuesday 1 December 2015, did not take place following referral to ACAS. Talks will resume on 13 January 2016.

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Team SaTH had a plan in place to ensure there was little impact for patients, which has shown the commitment and dedication of Trust staff.

The Board RECEIVED the update and ACKNOWLEDGED that the organisation is prepared for the future proposed Industrial Actions.

2015.2/189

Q2 COMPLAINTS & PALS REPORT (July – September 2015)

The DNO presented an overview of the Q2 Complaints and PALS report which provided assurance that the Trust is handling complaints in accordance with the regulations.

The Trust received a total of 87 formal complaints during July – September 2015; a rise of 19% (14). The Trust continues to maintain a high performance in responding to complaints with 93% of complaints being closed within the agreed timescales during the quarter; 32% of the complaints closed during the quarter were upheld, 37% were partly upheld and the remaining 31% not upheld by the Trust.

Of the 87 formal complaints received, 49 relate to clinical care (36 relate to medical treatment, 7 to nursing, 5 to midwifery care and 1 to Allied Health Professionals). Pain management continues to feature as a theme arising in complaints. The DNO assured the Board that she has met with the Pain Service and agreed a number of actions to reduce this.

The CEO highlighted the significant increase in complaints received in Obstetrics and enquired if it relates to a specific time of the year. The DNO confirmed that she would discuss with the Complaints Manager.

Action: DNO

PALS

Main themes arising from the concerns raised via PALS relate to appointments, concerns about the patient's medical treatment and pathways, and general attitude of staff. The PALS Manager will provide Centre Managers with more in-depth analysis of the concerns received in these areas.

In addition to feedback received via PALS, patients and relative may publish and share their views of the hospital and their care on the NHS Choices website. Once comments are published, they are acknowledged by the PALS team and forwarded to the relevant department. During July – September 2015, 38 comments were published on the NHS Choices website; 71% of these were positive, 18% were negative and 11% had a mixture of positive and negative feedback. Areas that received several positive comments were the Emergency Department, Therapies, Surgery and Acute Medicine. The negative comments focused mainly on the waiting time for appointments and treatment.

The Board discussed the phrasing 'Brilliant basics Magic touches' and was informed that this came from the Leadership Conference. Following discussion, the DNO confirmed that she would check that this is not a copyright issue.

Action: DNO

The Board RECEIVED and NOTED the Q2 Complaints & PALS Report.

2015.2/190

TRUST PERFORMANCE REPORT

The CEO shared with the Board the extremely positive feedback that has been received from the Trust Development Authority (TDA) in relation to the A&E and Emergency Departments, which is not insignificant with the organisation's current workforce situation. He extended thanks to the teams involved.

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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 DNO provided an overview of the activity in October 2015:

- Infection Prevention & Control – reported a further three cases of C difficile in October, therefore the year to date incidence of C difficile is 23. Based on part year performance it is extremely unlikely that the Trust will comply with the target set by NHS England of no more than 25 cases in 2015/16. A recovery meeting was held in November involving stakeholders from care groups and departments which focused on key actions to prevent infections. Action will be taken to improve compliance with guidelines in antibiotic prescribing, raise awareness in statutory training of the need for rapid isolation of patients with symptoms, and maintain high levels of compliance with hand hygiene and environmental cleanliness.
- Serious Incidents – There were four SIs reported in October; two delayed treatment (one Fractured Neck of Femur and one Myocardial Infarction); one Fractured Neck of Femur and one Grade 3 pressure ulcer
- Never Events – The Trust reported a Never Event (wrong site surgery) during September which is the first event in over three years. A full root cause analysis has been undertaken by the Trust and an apology provided to the patient and family. Actions have been implemented to reduce this risk going forward. The clinical outcome for the patient was unaffected.
- Pressure Ulcers – The Trust reported 0 avoidable and 0 unavoidable Grade 4 pressure ulcers; one avoidable and one unavoidable Grade 3 pressure ulcers; one avoidable and 9 unavoidable Grade 2 pressure ulcers and 12 Grade 2 unknown.
- Nursing & Midwifery Staffing Levels (Monthly) - The Board continues to receive assurance in relation to staffing levels on a monthly basis and narrative explanation provided where staffing hours are > 110% or < 85% than planned. During October the overall Trust wide staff fill rates were 95.5% registered nurses/midwives and 103.7% care staff during the day, and 97.3% registered nurses/midwives and 111.3% care staff during the night.

Nursing & Midwifery Establishment Review (6-monthly)

The DNO reported that the Trust continues to use the nationally recognised tool to monitor the nursing and midwifery templates. Since the initial inception in June 2014, the monthly Registered Staff fill rate for Day is averaged at 95.8% and Night 97.6%, and Unregistered Staff Day being 102.6% and Night 112.2%. The larger variance in the Unregistered Staff is due to the levels of staffing required to open the Trust's escalation beds and for Enhanced Patients Support (EPS).

The DNO informed the members that she discussed staffing ratios during her recent visit to the Virginia Mason Institute (VMI) which she found helpful.

Overall, the report summarised that the Trust continues to meet its obligations under the National Quality Board's Ten Expectations. A great deal of work is undertaken on a daily basis to ensure that staffing risks are balanced and managed as effectively as possible across the organisation. Nursing and Midwifery staffing establishments are set and financed at appropriate levels in the Trust, however challenges remain around recruitment. The Chair asked the DNO to continue to monitor the establishments/recruitment challenges.

Action: DNO

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Mrs Leeding (NED) suggested the structure of the agenda be rotated on a regular basis to ensure sufficient time is given to such items for discussion. It was noted that arrangement for the Board meetings will be changing in 2016 to allow more time for discussion at formal meetings.

Following discussion, the Board RECEIVED and NOTED the Nursing & Midwifery Establishment Review (6-monthly) report.

OPERATIONAL PERFORMANCE

The COO presented the following update in relation to Operational Performance during the month of October 2015.

- A&E 4 Hour Access Standard - In October 2015, 85.12% of patients were admitted or discharged within the 4 hour quality target. The Trust continues to show under-performance against the 95% target which is due to:
 - An increase in Trust emergency attendances (6.84% higher compared to the same period in 2014/15 which is an increase of 5,347 attendances between April – October with insufficient cubicle capacity to manage an increase in attendances at PRH)
 - A 1.27% increase in emergency admissions for October compared to the same period last year; this is an increase of 747 admissions between April – October
- Medically Fit for Transfer (MFFT) List – This is a list of patients who are deemed medically fit enough to leave the hospital but require on-going care in another setting; or an assessment to determine what on-going care may be required. Whilst actions are being taken by the Clinical Commissioning Groups (CCGs), Shropshire Community Trust and the Local Authorities this is not impacting on the total number of patients who remain on the MFFD list on a daily basis and consumes between 10-12% of the adult general and acute bed base. Over the past couple of weeks this has risen to 15%; the three main reasons for discharge delays relates to domiciliary care provision; nursing/residential home placements and further non-acute care, including rehabilitation. During October 2015, 380 patients and 1,857 bed days were lost.
- Delayed Transfers of Care (DTC) – A sub-section of the patients on the medical fit to transfer list are those who are formally reported as delayed transfers of care (DTC). This occurs when a patient is ready to depart from acute or non-acute care and is still occupying a bed. This remains a problem across SaTH.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in October with 73.95%. Work continues to clear backlogs in challenged specialties to get ahead of trajectory before winter to try and sustain the 92% performance over this period. Work continues to clear backlogs in oral surgery and orthopaedics which accounts for 57% of the backlog. Performance against trajectories continues to be monitored on a weekly basis and remedial action taken to address any further concerns.
- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust achieved the overall RTT standard of 95% for Non-Admitted Patients during October
- Referral to Treatment (RTT) : Incompletes – The Trust achieved the overall 92% RTT standard in October
- 52-Week Breaches – There were no 52-week breaches reported in October 2015
- Cancer – All of the nine cancer standards were achieved in October 2015.
- Winter Resilience Planning – Planning for whole system winter resilience have been on-going for the past couple of months with external plans in development. Internal flex / escalation capacity has been agreed and the escalations areas will be managed flexibly to ensure that costs do not exceed the sum of money identified. Therapy services 7-day working across the frail and complex pathways has been agreed; additional ED staffing to support the minor stream has been agreed; and discharge management 7 days a week has also been agreed. The members were informed that although a number of internal efficiencies have been agreed, it requires partner support to run over 7 days a week. Telford & Wrekin currently runs 5 days per week and Shropshire County is running at 7 days per week.

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Whole System Urgent Care Plan and Recovery Trajectory

A draft Whole System Urgent Care Plan and Recovery Trajectory has been submitted to NHS England and the Trust Development Authority (TDA) and will be shared with the Board once it has been approved. It includes schemes identified to deliver 90% 4-hour performance from December 2015 – February 2016 and from March 2016 to deliver 95%.

The COO reported that SaTH has received a number of visits. During December the Trust will host a visit from a Consultant Geriatrician to review patient stays; and later in the month discussions will be held with the ED Consultants regarding increasing support in their area.

The Chair highlighted the increase in the frail elderly patients and requested plans be re-inforced to address this issue.

Action: COO to review

FINANCIAL PERFORMANCE

The report highlighted the Trust's budgets assume the delivery of a deficit at Month 7 amounting to £10,551 million, however the actual deficit recorded amounted to £11,118 million; the forecast outturn has been constructed which suggests that without corrective action, the Trust will overspend by £18.19 million. A stepped increase in Pay and Non Pay spending has occurred from September. In delivering the forecast outturn deficit of £18.19 million, expenditure is assumed to increase by £774,000 per month over the remaining five months of the year. The planned deficit for the year of £17.2 million becomes possible if expenditure growth can be restricted to £576,000 per month. To achieve the Stretch Target expenditure growth over the remaining five months of the year needs to be restricted to £176,000 per month.

- Income – At the end of Month 7 the Trust had planned to receive income amounting to £187,871 million and had generated income amounting to £188,268 million, an over performance of £397,000. Income levels for the remaining months of the year are expected to be £324,000 higher than the average income for months 1-7. The average monthly income growth is relatively small, amounting to £49,000.
- Pay Position – When compared with the January to March winter period, pay costs have increased by £818,000 of which £564,000 is attributable to consultant/medical and nursing staff. To achieve the planned forecast deficit of £17.2 million, average Pay spending over the remaining five months of the year needs to amount to £19,043 million. To achieve a Stretch Target of £15.2 million, Pay spending needs to amount to £18,767 million.
- Agency Spending - In the month of October spending remained high, amounting to £1.620 million (200.37 WTE) which is the highest level recorded by the Trust. As compared with the opening five months of the year, Agency spending in the month of October increased by £360,000 and reflects a shift in the mix of medical staff from substantive to Agency staff. Agency spending in respect of Medical staff accounts for £250,000 of the monthly increase. Monitor and the NHS Trust Development Authority (NTDA) have issued the Trust with an agency spending ceiling.
- Bank Usage – Spending in respect of Bank usage reduced in the month of October; Nurse Bank usage is higher than the previous financial year and consistently averages circa £520,000 per month. Trust plans assumed a growth in Nurse Bank usage and a reduction in Nurse Agency.
- Waiting List Initiatives – A further factor impacting significantly upon pay spending relates to Waiting List Initiative payments. Over the past two years budgets have been realigned to reflect revised demand and capacity model. This has had the effect of increasing substantive pay budgets. Despite these budget increases, payments in respect of Waiting List Initiatives have continued at an average rate of circa £200,000 per month.
- Cost Improvement Programme – The Trust has assumed a requirement to deliver internal efficiencies at a rate equivalent to 4.6%. As part of the overall Cost Improvement Plan (CIP), the Trust has identified cash releasing efficiency CIP schemes equating to £14.9m. At the end

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of October it had been assumed that savings amounting to £8,216 million would have been delivered. The actual level of savings amounts to £5,564 million. The shortfall against the original CIP has occurred because the Trust has been unable to secure savings in Month 7

The members were informed that the failure to deliver the A&E target penalties have not been included in the above figures; which amounts to an additional £600,000 to the deficit.

The level of savings from nurse agency costs would deliver a reduction of £600,000 by year end; however there would still be a shortfall of £800,000. It was therefore suggested that this deficit be distributed to Care Groups which would require the Care Groups to achieve a 0.5% saving. The FD reported that the Care Groups would need to define where they felt this could be achieved.

Mr Darbhanga (NED) requested reassurance of actions that have been put into place around Agency costs. The members were informed that tight control must be maintained over the rostering process, and additional Filipino nurses have recently been appointed to support the delivery of care. It was however highlighted that some wards are more demanding than others, whilst other wards are less demanding, where patients are awaiting discharge; it was therefore suggested that support staff would be rostered to the less demanding wards, therefore not requiring such a high skill set of staff.

The DNQ reported that the Deputy Director of Nursing has introduced a monthly Situation Report (SitRep) to ensure the Heads of Nursing are being held to account. The SitRep has identified a reduction in Agency staffing and the fill rate and a reduction in expenditure. The DNQ assured the members that sickness will also continue to be monitored.

The FD informed the members that he was in receipt of a letter from the TDA following Lord Carter's Review of productivity which has not highlighted any surprises. In comparative terms, overall the Trust performs better than its peers delivering 95% in efficiency terms compared to the national average of 100%. The FD has reviewed the detailed figures which has identified that if the Trust continued to perform as well in the areas below average costs but improved in areas where costs were higher than average then an £18 million improvement could be achieved. However, much of this was attributable to the recognised costs of duplication of services across sites; the Finance Team were looking for any lessons that could be implemented. The CEO highlighted that the organisation is working well, given the current situation.

WORKFORCE

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

- Sickness - During October sickness absence for the Trust rose to 4.24% compared to 3.88% the previous month. This is almost identical to the 4.23% recorded in October 2014. A number of areas within the Trust have absence rates above 4%, and a small number remains above 10% leading to a cost pressure within budgets. Immediate actions have been implemented to support performance, and further options are being reviewed to assess long-term sustainability.
- Appraisals – Appraisal completion rate has remained at 87%. This remains an under performance against the Trust target of 100%. A Deep Dive of appraisals will be undertaken. The members agreed that the Workforce Committee must apply pressure to ensure the abnormal doesn't become the normal.
- Statutory & Mandatory Training – Overall compliance was 74% but this remains an under performance against the Trust target of 80%. Leadership discussions regarding the way forward have begun.
- Recruitment – A further 30 Certificates of Sponsorship have been awarded for Filipino nurses, together with the 21 previously issued. This will cover the majority of the nurses recruited during the Trust's visit to the Philippines during March 2015. Applications for the outstanding 17 posts will be undertaken during January 2016. Eight Filipino nurses are in post and a further five

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expected during December and the remainder between January and April 2016. A further visit to the Philippines is planned in January, with an expectation of a further 40 offers being made.

- The Trust has been awarded a Defence Employer Recognition Scheme – Bronze Award 2015 for support and commitment to Defence personnel, in terms of reservist recruitment.

The Board RECEIVED the Trust Performance Report in respect of the month of October 2015.

SELF CERTIFICATIONS

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

2015.2/191 BOARD ASSURANCE FRAMEWORK

The CEO presented the Board Assurance Framework (BAF) which had previously been considered in great detail by the November Risk Committee, with Executive Directors being held to account on the risks which they led for management action.

The CEO reported that the risks which feed into the BAF are updated on a regular basis on a web-based system; and confirmed that the Executive members update their overarching corporate risks.

Following discussion, the Board RECEIVED and APPROVED the Board Assurance Framework.

2015.2/192 SCHEDULE OF BOARD MEETINGS AND COMMITTEE MEETINGS – 2016/17

The Board RECEIVED and NOTED the Schedule of Board meetings and Committee meetings for 2016/17.

2015.2/193 REPORT ON USE OF COMMON SEALING OF DOCUMENTS

The DCG presented an update on the use of the Trust's Common Seal for the period 22 January 2015 to 5 November 2015:

Seal Number 77 – Grant Agreement between Lingen Davies Cancer Relief Fund and SATH in respect of funding for provision of ceiling mounted light in Minor Operations Room in Clinic 3 at RSH

Seal Number 78 – Lease for Staffordshire University – licence for alterations in respect of major works being carried out by Staffordshire University Higher Education Corporation at their premises in the Education Centre at RSH

The Board RECEIVED and NOTED the Common Sealing of Documents, as listed.

2015.2/194 ANNUAL REPORTS 2014/15

2015.2/194.1 Quality & Safety Annual Report

The members RECEIVED and APPROVED the Infection Quality & Safety Annual Report 2014/15.

2015.2/194.2 Integrated Education Annual Report

The members RECEIVED and APPROVED the Integrated Education Annual Report 2014/15.

2015.2/195 COMMITTEE UPDATES

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The following Committee updates were provided, for information only:

- Workforce Committee – 13 November 2015
- Business Development & Engagement Committee – 18 November 2015
- Quality & Safety Committee – 18 November 2015
- Risk Committee – 19 November 2015
- Finance Committee – 24 November 2015
- Hospital Executive Committee – 24 November 2015

Dr Walford (NED) highlighted the Patient Led Assessments of the Care Environment (PLACE) that were carried out between March and June 2015 which included volunteers from Healthwatch and the Trust's PEIP group. Standards for cleanliness and food were good and on par with national norms, however issues were raised with regard to overcrowding, lack of personal wifi and television facilities, shortages in overnight accommodation, and the condition and appearance of wards/departments, highlighting the need for refurbishment.

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

2015.2/196 ANY OTHER BUSINESS

No further business was raised.

2015.2/197 QUESTIONS FROM THE FLOOR

A member of the public reported that she was in attendance on behalf of her Parish Council (South Shropshire). She highlighted their concerns relating to :

- Q1 - The assumptions of the closure of one of the A&E Departments and the consequences for patients
- Q2 - The safe staffing of Urgent Care Centres

A1 The CEO confirmed that he absolutely understands the public's nervousness around Emergency Services and up to now, the Future Fit process has prevented the Board from holding conversations with the public. He confirmed that it is incumbent that the Board is open and honest with the public, and reported that the Board is working hard not to take the action of closing an A&E Department.

He agreed that the public should be engaged and information shared of where risks currently sit following issues that have been highlighted in the press such as patients dying in ambulances; he confirmed that there is absolutely no truth in that.

A2 The public was informed that the numbers of Consultants and GPs that are retiring is huge; and although the Trust is only able to appoint medical/clinical staff available to us, it was agreed that the Trust must ensure delivery of safe care.

Following discussion, Dr Walford (NED) suggested a member of the Board attends a Parish Council meeting to talk through the issues. The CEO agreed that he would be happy to attend and asked for details of the meeting to be provided.

Action: CEO

2015.2/198 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 28 January 2016 at 2 pm in Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

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MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 3 DECEMBER 2015

Item	Issue	Action Owner	Due Date
2015.2/154	<i>Research & Innovation Annual Report 2014/15</i> To report back to future Trust Board on the wider provision of the R&I service	MD	28 January 2016 AGENDA
2015.2/168	<i>Morecambe Bay Maternity Review</i> To provide an update to Board following discussion at Q4 Quality & Safety Committee	DNQ	31 March 2015 Forward Plan
2015.2/180	<i>Sustainability Update</i> To provide update re: Staff Travel & Transport Options to January 2016 Trust Board	DCG	28 January 2016 AGENDA
2015.2/183.1	<i>Matters Arising</i> <i>2015.2/007 – Patient Experience Strategy Update</i> To present full Strategy to April 2016 Trust Board	DNQ	28 April 2016 Forward Plan
2015.2/185	<i>CEO Overview</i> To liaise with Operational Team / Departments involved in BMA Industrial Action for Junior Doctors to relay the Trust Board's gratitude for their support during the process	COO	January 2016
2015.2/190	<i>'Belong to Something'</i> To provide update to Board in three month's	WD	31 March 2016 Forward Plan
2015.2/192	<i>Q2 Complaints & PALS Report</i> To liaise with Complaints Manager re: increase in Obstetric complaints during specific times of year To investigate 'Brilliant Basics Magic touches' slogan from Leadership Conference, to check it is not a copyright issue	DNQ DNQ	January 2016 January 2016
2015.2/193	<i>Trust Performance Report – Operational Performance</i> To investigate the increase in frail elderly patients and re-inforce plans to address issue	COO	January 2016
2015.2/200	<i>Questions from the Floor</i> To liaise with member of the public to obtain details to attend future South Shropshire Parish Council meeting to talk through issues relating to A&E Departments and Urgent Care Centres	CEO	January 2016

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