

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 28 January 2016
Lecture Theatre, Education Centre, PRH

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr P Cronin Mr H Darbhanga Dr R Hooper Mrs D Leeding Mr B Newman Dr S Walford Mr S Wright Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Designate Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) 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	Workforce Director (WD) Communications Director (CD)
Meeting Secretary	Mrs S Matthey	Committee Secretary (CS)
Apologies:	None	

2016.2/01

WELCOME:

The Chair welcomed the Board members and members of the public who were reminded that it is a meeting in public rather than a public meeting and advised that there would be an opportunity to ask questions at the end. He highlighted the importance of this distinction to enable the Board members to make decisions required.

The Chair confirmed the appointment of a new Non-Executive Director, Mr Clive Deadman, who will join the Trust on 1 February 2016. Mr Deadman's experience includes finance, utilities and capital utilisation; he will be a great asset to the Trust.

2016.2/02

CHAIR'S AWARD

The Director of Corporate Governance presented this month's Chair's Award to the Head of Capital Projects, Derek Bolton.

Mr Bolton joined the Trust in October 2014 in an interim capacity. His wide knowledge of the NHS has been invaluable and his decisive yet helpful approach, coupled with his excellent interpersonal and communication skills has led to the successful completion of a number of projects, often ahead of time and below budget.

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Mr Bolton has been recognised for his contribution to the success of recent capital projects in the Trust. His professionalism, experience and problem-solving approach have helped overcome potentially challenging issues and bring projects that benefit our patients, their relatives and staff to a successful conclusion. He has managed to complete these schemes with minimum disruption to essential hospital services and has created a very positive approach across different multi-disciplinary teams and has also achieved beyond the original spec due to his engaging and inclusive style.

His technical skills have been invaluable in finding innovative and user-friendly solutions to some quite challenging issues.

Mr Bolton has been an essential part of the success of some very significant schemes, including the £1.9m upgrade of the Trust's Mortuary facilities, with the inclusion of an area for families to quietly reflect which was provided through his efforts, and a review of the Trust Health & Safety risk profile across a number of key areas which has seen an improvement in risk management on site.

The DCG highlighted that Mr Bolton's professionalism, experience and constructive approach make him an asset for any team and he clearly embodies our Trust Values, particularly 'Make It Happen' and 'Together We Achieve'.

The Chair presented Mr Bolton 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. Mr Bolton received the Award and highlighted that it was also on behalf of a dedicated team. He reported that he has worked in many hospitals but SaTH certainly leads on motivation and passion. He feels communication is key; along with the will to succeed.

2016.2/03

PATIENT STORY

The DNO relayed a letter that had been forwarded to the CEO in relation to the care received by a patient during times of high pressure. The patient experienced a short stay at RSH during October 2015 and wished to share his experience, observations and thoughts.

Following admission to the Surgical Assessment Unit, the patient was delighted with the care received from 'an army of magnificent people' from Doctors, Nurses, Paramedics, Cooks, Cleaners, Porters, Radiographers, Volunteers and Receptionists.

Having served Queen and Country for 24 years, the patient found, in his opinion, the NHS to run in parallel with HM Forces – both National Treasures, both icons of Britishness and like the Forces, more a way of life than simply a job or career. That being said, the patient reported that he could see cracks appearing during his stay; some more serious than others; some more urgent than others; some more easy to fix than others. These include:

- The buildings, fixtures and fittings as they look tired and in dire need of much needed TLC; and
- Although the care received by the patient throughout his stay was simply beyond reproach, he could see the morale of staff was fragile with simply too much on their 'to do lists' resulting in an underlying strain on the staff

The patient wished to communicate his heartfelt thanks to one nurse in particular; Nurse Carol from Ward 32 (Short Stay) who exceeded the patient's expectations in terms of care at every turn, so much so, the patient regarded his swift recovery to her positive demeanour, her personal attention and her superb diligent nursing. However, the patient discovered that Nurse Carol was due to move away from the NHS due to the result of crushing long hours, tough working conditions and the continual shift-work.

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The patient highlighted the level of knowledge and professionalism of Nurse Carol, along with hard earned confidence which has been gained from experience, would be a great loss to the organisation. He therefore requested the CEO to utilise his power of office, its resource and influence to help improve the current situation.

The Chair reflected on the points raised and asked the DNQ what could be learned from the patient's thoughts and observations. The DNQ reported that the patient's stay was during a time of pressure within the Trust, although a level of demeanour and quality was provided to ensure a consistent positive experience.

It was suggested that the positive processes be picked up through the Virginia Mason Institute (VMI) agenda.

2016.2/04

BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

The DCG reported that Mr Newman (Non-Executive Director) has resigned his directorship of Friars 577 Ltd and Teknomek Ltd.

The MD also reported that he no longer holds the post of Secretary General of the European Union of Medical Specialists.

The Declarations of Interest have been updated to reflect these changes.

2016.2/05

DRAFT MINUTES OF MEETING HELD IN PUBLIC on 3 December 2015

The Minutes were APPROVED as a true record.

2016.2/06

ACTIONS / MATTERS ARISING FROM PREVIOUS MEETINGS

2016.2/06.1

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

MD to report back to future Trust Board on the wider provision of the R&I Service.

The MD informed the members of the success of the Research & Innovation Service which, due to the motivation of the R&I Lead Marion Adams, has brought the Trust into the top 100 within the country.

As Executive sponsor of the service, the MD reported that Marion is due to retire shortly. The Chair and MD therefore agreed to forward a formal letter of appreciation to her.

Action: Chair / MD

2016.2/06.2

2015.2/168 – Morecambe Bay Maternity Review

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

Added to Forward Plan – Due: March 2016

2016.2/06.3

2015.2/180 – Sustainability Update

DCG to provide update re: Staff Travel & Transport options to January 2016 Trust Board.

Discussion held during the Private session of the January 2016 Trust Board on draft proposals. Update to staff issued on agreed plan.

Completed. Action closed.

2016.2/06.4

2015.2/007 – Patient Experience Strategy Update

DNQ to present full Strategy to April 2016 Trust Board

Added to Forward Plan – Due: April 2016

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- 2016.2/06.5 2015.2/185 – CEO Overview
COO 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.
Completed. Action closed.
- 2016.2/06.6 2015.2/190 – 'Belong to Something'
WD to provide update to Board in three months.
Added to Forward Plan – Due: March 2016
- 2016.2/06.7 2015.2/192 – Q2 Complaints & PALS Report
DNQ to liaise with Complaints Manager re: increase in Obstetric complaints during specific times of the year.
 The DNQ reported that further detail will be presented to the March 2016 Trust Board.
Action: DNQ Due: March 2016
- 2016.2/06.8 2015.2/192 – Q2 Complaints & PALS Report
DNQ to investigate 'Brilliant basics Magic touches' slogan from Leadership Conference to check it is not a copyright issue.
 The DNQ reported that she has been unable to find any copyright issues with the above statement which had been raised during the Leadership Conference.
Completed. Action closed.
- 2016.2/06.9 2015.2/193 – Trust Performance Report – Operational Performance
COO to investigate the increase in frail elderly patients and reinforce plans to address issue.
Action: COO Due: March 2016
- 2016.2/06.10 2015.2/200 – Questions from the Floor
CEO 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.
 It was reported that the South Shropshire Parish Council meeting would like to delay the meeting being held until further information is available in relation to Future Fit discussions and will contact the CEO directly.
Action closed.
- The Chair also requested updates for the following matters that had been discussed during the December Trust Board meeting:
- 2015.2/179 – Patient Story
The Patient Story identified a number of lessons and Mr Newman (NED) enquired if similar methods could be undertaken for patients with dementia.
 The DNQ confirmed that a Dementia Specialist has recently been appointed and will embed processes further within the organisation.
Completed. Action closed.
- 2015.2/188 – Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services
'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 timeliness for implementation so that 'tipping points' can be defined sufficiently to allow lead-in time for safe implementation of contingency measures'.
 The Chair queried the current position in relation to 'tipping points'.

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It was reported that a workshop has been undertaken with a range of clinicians and representatives to focus upon tipping points / continuity and to gain a greater level of understanding. The COO informed the members that they would like to hold further workshops as the output was very helpful. The Chair felt this would ensure greater accountability and engagement.

A workshop follow-up session will take place on 22 February 2016 to look at changing pathways.

The CEO / COO will present an update to the March 2016 Trust Board.

Action: CEO / COO Due: March 2016

2016.2/07

3-MONTH FORWARD PLAN

The 3-month Forward Plan was presented for information. The DCG reported that the venues are subject to change.

2016.2/08

CHIEF EXECUTIVE'S OVERVIEW (*Presentation attached to minutes*)

The CEO provided updates on the following topics:

1. WiFi: Funding has been secured to roll-out WiFi to patients at both RSH and PRH hospitals
2. Winter Planning: The COO and wider teams were thanked for the preparation in the run up to the Christmas period; the Trust was required to create 20% acute bed availability which was achieved.
3. Junior Doctors Industrial Action: The WD, MD and COO and wider teams were thanked for the organisation around the junior doctors' industrial action. The clinical teams provided cover to ensure minimal disruption to patient safety during this period.
4. Sustainability & Transformation Board: This is a new group that has been formed with wider organisations to provide a single plan for the next five years (2016/17 to 2020/21) throughout Shropshire, Telford & Wrekin. It was reported that talks have taken place with Powys but they will be part of NHS Wales.

The Chair asked the CEO to provide an overview of his first four months in post. The CEO highlighted the following achievements:

- The Trust now has a unified A&E Plan and a very complex model of improvements across the health community regarding the deliverability of the 4-hour target
- Twelve new cubicles have been installed in the A&E Department at PRH which is a fantastic achievement and ensures patients are managed with dignity.
- Winter 2015/16 – The Trust has been able to manage patients without 12-hour trolley breaches

Financial Control

The CEO reported that the deficit position has stabilised and controls have been put into place to ensure it doesn't worsen. The Trust's estate has been reviewed as well as contracts with commissioners in relation to penalties, which has concluded that the Trust position is looking favourable to achieve the £15.2m deficit.

The Executive portfolio has changed and the Director of Business & Enterprise has gained a lead role for the Future Fit process, with her previous portfolio being incorporated into the Finance Director's team.

Transformation

The Trust has invested in embedding its Values which will run alongside the work being undertaken with the Virginia Mason Institute (VMI). This relates to empowering staff and ensuring minimum waste in the organisation.

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Future Fit

This process stalled throughout the summer; however work continues to ensure core services are retained and improved (i.e. Stroke) and also to bring services back into the organisation from outside the county.

The Strategic Outline Case (SOC) is on course to be achieved by end February 2016 and the Outline Business Case (OBC) later in the summer in preparation for conclusion by the end of 2016.

Workforce

The CEO informed the members of developing roles to build on the Trust's existing strength; to also work closely with paramedics and further develop medical assistants which will allow clinical teams to have the freedom to undertake tasks, if they have the skills.

The Trust has a network of five organisations working with VMI, currently looking to produce an agenda for the summer.

A proposal is required to ensure patients aren't lost when transferred from one organisation to another. This is being discussed within the System Transformational Plan (STP).

System Leadership

In order for the Trust to be successful, it needs to behave as a single entity; trust with partners is therefore required to be generated and invested in. An overarching joint strategy for health and social care is required, along with funding, to create ambition and make this a reality.

National Reputation

- The Trust has become part of the new Cavendish Group which brings together NHS hospital Trust's to work on new solutions to major challenges such as growing demand for health services and the continued funding squeeze. Also, Jim Mackey has taken up post as Chief Executive of NHS Improvement; the Trust is therefore able to explore with senior members and talk about the challenges that the Trust faces.
- The Trust was successful in being selected to work alongside the Virginia Mason Institute (VMI); A number of senior Trust staff have visited Seattle and appointments of existing Trust staff have been made into senior Kaizen Promotion Office (KPO) roles which will lead our partnership work.
- A Masterclass will take place during the spring with David Dalton attending to present to senior managers.

Overall, the CEO reported that the Trust does face challenges with finance and ED pressures, however these are challenges common throughout England and Wales; and the Trust is making some progress. He highlighted that the organisation needs to invest in dialogue with the public and talk to local authorities to identify how their experiences can be better shared with the Trust.

The CEO reported that the Trust is a great organisation with wonderful staff and although there are a number of issues to improve upon; there are also significant matters to celebrate.

PERFORMANCE

2016.2/09

WINTER PLAN PROGRESS REPORT

The COO reported that the winter plan is due to run to mid-March. However, compared to the Christmas and New Year periods last year (2014/15), performance was better during 2015/16, this is in the context of the lost bed days to medically fit for discharge patients being at their highest for two years during December 2015 in the lead up to the Christmas period. The internal Winter Plan was implemented in full at the end of November 2015, with the biggest impact change being the re-designation of 44 surgical beds to medicine across both sites (16 at RSH and 28 at PRH).

The COO informed the members that she had received an email from the Day Surgery Unit Manager on the PRH site stating that she felt it had been the best winter for years; which shows there was an improvement in both performance and perception. The DNQ agreed that clinical staff have reported a better level of control.

Overall ED attendances remained broadly the same but RSH saw a rise in attendance of 6% but breaches decreased by 17.7%, there has also been a 20% increase in the number of zero length of stay admissions, reflecting enhanced ambulatory care on both sites. Cancellations reduced from 31 in the first week of January 2015 to only 13 for the same period in 2016.

The CEO reported that it is key for all partners to continue building on the work currently being undertaken. However there has been an increase in pressures in January with Internal level 4 and Hospital Full policy being invoked.

Easter is at the end of March during 2016; the COO reported that staff will use the learning from the winter plan in preparation for the Easter plan.

The Chair requested the Executive Team to reflect on the learning from the winter plan as he is keen, as a Board, not to be passive.

The Board **RECEIVED** and **NOTED** the findings of the analysis of the Christmas and New Year period 2015/16.

2016.2/10

MEDICALLY FIT FOR DISCHARGE POSITION

The COO presented a paper which reported that the local health and social care economy has for over 18 months agreed that the number of patients fit to leave SaTH and the bed days lost as a result of this not happening is too high.

At the end of December 2015 the lost bed days as a comparison to the previous year had risen to 18,400 lost bed days against 14,200; an increase of over 29%

An internal report into this by the Trust's auditors was received by the Audit Committee during December 2015. The scope of this work was to evaluate the processes in place for the identification of patients who are delayed in their transfer of care and the strategies for managing key risks.

Current Position:

- The audit report action plan is being progressed internally; outstanding recommendations will be reviewed at the February Audit Committee.
- A review by the Emergency Care Improvement Programme (ECIP) undertaken during November 2015 has identified discharge and interface management as a priority for the health and social care system to focus on. The Local Health Economy (LHE) will receive expert support from the ECIP team to progress this workstream, with the expected outcome of reducing the number of patients who are medically fit for discharge and to meet the national stretch target

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of not more than 2.5% of patients being classified as delayed transfers of care.

- There has been a noticeable change in the level of support and engagement from our partners:
 - The local authorities expect to have sufficient numbers of domiciliary care hours in place from 18 January 2016 to meet current demand
 - Should there be insufficient hours of domiciliary care available to meet demand then the council has agreed that a bed in an appropriate alternative care setting can be agreed. This agreement is in place until 31 January 2016.
 - Commissioners and providers are working more collaboratively along the complex discharge pathway

The main reasons for discharge delays is due to i) domiciliary care provision, ii) nursing/residential home placements, and iii) further non-acute care including rehabilitation.

As domiciliary care provision continued to be a problem at the end of December, the Shropshire local authority and Shropshire CCG agreed to spot-purchase beds for patients delayed and increased their efforts to increase the number of domiciliary care hours available.

Next Steps:

- Ensure work is ongoing and further enhanced to meet the complex discharge demand
- SaTH has shared with its partners the capacity required to clear the backlog of patients on the medically fit for discharge (MFFD) list. The COO's across the local health and social care system are meeting to agree a plan to deliver this.
- A workshop will be held on 25 February to discuss the ECIP and workstream further, also the discharge-to-assess model.

It was highlighted that the Telford & Wrekin definition of a patient medically fit for discharge is not only to be medically fit but also to have care packages in place. The COO reported that the period of waiting 48 hours is not acceptable once a patient is medically fit for discharge.

Mr Cronin (NED) queried the funded packages of care across the health economy. The COO reported that domiciliary care packages remains an issue and additional hours per week are required to get the lists down. As a solution, SaTH offered the provision of the healthcare assistant bank to the Community Trust.

Following discussion, the Board thanked the COO and her respective teams and congratulated them for the work undertaken.

The Board **RECEIVED** and **NOTED** the update on Medically Fit For Discharge and the work underway to recover and improve patient flow and performance in this area.

2016.2/11

EMERGENCY CARE IMPROVEMENT PROGRAMME

The COO presented a paper which reported that the Emergency Care Improvement Programme (ECIP) team undertook a whole system diagnostic review during November 2015 and produced a report.

The report identified many opportunities for improvement across the whole system. A number of these had already been included in the whole system recovery plan which has been signed off by NHS England and the Trust Development Authority (TDA). ECIP's involvement therefore provides an opportunity of support in the delivery of the plan.

The report contained eight high impact recommendations which have since been refined down to the following which have individual action plans:

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1. Leadership and the development of a system-wide vision
2. Ward processes and the SAFER patient flow bundle (SaTH and Community Trust)
3. Ambulatory Emergency Care, specifically in ED at PRH
4. Interface and discharge (SaTH and Community Trust)
5. Emergency Department
6. An additional priority area has also been agreed which is the frailty pathway (whole system including primary care). This is the most important to take forward this year, although the COO highlighted that the programme only runs until the end of March and a frailty programme would take longer than that to produce.

The phrase 'culture of blame' was raised and the COO assured that Board that she feels this no longer exists. She reported that conference calls are undertaken on a daily basis.

The 'Integrated care service' was also raised and it was highlighted that this relies on domiciliary care packages being effective; they have a target of avoiding 41 admissions per week which is not being achieved.

Dr Walford (NED) was under the impression that two jobs were identified approximately two years ago for the frailty service, and enquired if the positions were filled. The COO agreed to investigate this and provide an update to the March Trust Board in relation to the Frailty Service.

Action: COO Due: March 2016

Following discussion, the members **RECEIVED** and **NOTED** the update on the Emergency Care and Improvement Programme report and the findings and recommendations contained within it.

2016.2/12

TRUST PERFORMANCE REPORT

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

SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the TDA's Director of Delivery & Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. The key areas of focus are highlighted below:

QUALITY & SAFETY (Patient Safety, Effectiveness and Patient Experience)

The DNQ provided an overview of the activity in December 2015:

- **Infection Prevention & Control** – reported a further two cases of C difficile in December which followed none reported during November. The year to date incidence of C difficile is now at the expected national target set by NHS England of no more than 25 cases for the year. Monitoring compliance is ongoing.
- **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 – patient undergoing teeth extraction) during November which is the second event in recent months. The root cause analysis is still in progress; however initial findings have shown some deviation from expected safety processes and human factors influencing the event. Importantly the patient has not been harmed and the never event reported promptly and openly by the Trust. An apology has been provided to the patient and family; and the Quality & Safety Committee has reviewed the progress of the investigation and will critique the final outcome and learning.

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- 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 November the overall Trust wide staff fill rates were 96.2% registered nurses/midwives and 100% care staff during the day, and 97.7% registered nurses/midwives and 104.4% care staff during the night; and during December the overall Trust wide staff fill rates were 93.7% registered nurses/midwives and 100.3% care staff during the day, and 96.4% registered nurses/midwives and 105.5% care staff during the night. There were a number of changes to the Trust's adult inpatient wards during November as part of the Trust's Winter Plan; these include an increase in cubicle capacity in the Emergency Department at PRH, and a Supported Discharge Ward was opened on both PRH and RSH sites.
- Exemplar Wards Programme – The Trust is planning to establish a ward accreditation approach for all wards across SaTH. The 'exemplar' philosophy is to deliver excellence in the quality of care all day, every day, for every patient, every time. This initiative will be in collaboration with the VMI programme initiatives.

OPERATIONAL PERFORMANCE

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

- A&E 4 Hour Access Standard - In December 2015, 85.94% 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 (3.17% higher compared to the same period in 2014. which is an increase of 6,645 attendances between April – December which represents an increase of 6.77% year to date.
 - A 1.64% increase in emergency admissions for December compared to the same period last year; this is an increase of 1,205 admissions between April – December which represents an increase of 3.20% year to date.
- 18 week Referral to Treatment (RTT) – The Trust is now only mandated to deliver the incomplete standard; however the admitted and non-admitted standards continue to be monitored internally.
- 18 week Referral to Treatment (RTT) : Incompletes – The Trust achieved the overall RTT incomplete standard in December with 92%
- 18 week Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in December with 78.02%. Work continues to clear backlogs in oral surgery and orthopaedics. Performance against trajectories continues to be monitored on a weekly basis. The mobile theatre/ward unit remains operational on the PRH site, supporting maintenance of elective operating capacity. Cancellation rates are lower, to date during Winter 2015/16 than in previous years.
- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust did not achieve the overall 95% RTT standard for Non-Admitted Patients during December with 93.71%. Nine specialties failed to deliver the standard; these include Trauma & Orthopaedics, Ophthalmology, Oral Surgery, Gastroenterology, Cardiology, Respiratory, Neurology, Geriatric Medicine and Other. Recovery trajectories will be monitored on a weekly basis.
- 52-Week Breaches – There were no 52-week breaches reported in December 2015
- Cancer – Five out of the nine cancer waiting time standards were achieved in November 2015. The standards that were not achieved were the GP referral to first appointment breast symptoms, GP referral to first appointment, 62 days urgent referral to treatment, and 62 days referral to treatment from screening. December predicted performance indicates all nine standards will be achieved. A number of ongoing activities continue to support sustained

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compliance.

- Cancer Patients waiting 100+ days for Definitive Diagnosis: There are currently 11 Cancer patients who have waited over 100 days for a definitive diagnosis. Each patient is discussed in detail on a weekly basis and corrective action is put in place to facilitate treatment.

With regard to the non-achievement of Cancer targets; the DCG highlighted that there have been issues in the past whereby patients do not fully understand the importance of attending their appointment; this may be due to the GP not holding the conversation with the patient which, in turn, could lead to a failure in the two week wait target.

It was reported that a Clinical Nurse Specialist is in contact with patients regarding the importance of attending appointments within the required targets.

Dr Hooper (NED) highlighted that the Trust was informed by the CCG at the beginning of the year of the activity it was commissioning, however additional patients have presented themselves. He reflected that it would be interesting to see what impact this additional activity has had on contract performance.

FINANCIAL PERFORMANCE

The paper reported that the Trust's budgets assume the delivery of a deficit at Month 9 amounting to £13,412 million; the actual deficit recording amounted to £13,862 million. A forecast outturn has been constructed which suggests that with corrective action the Trust will overspend by £15,094 million.

- Income – At the end of Month 9 the Trust had planned to receive income amounting to £242,256 million and had generated income amounting to £241,720 million, an under performance of £537,000. Income levels for the remaining months of the year are expected on average to be £443,000 higher than the average income for months 1-9. The level of risk associated with the average monthly income growth is relatively small, amounting to £57,000. Presently Shropshire CCG are seeking to make a payment in the 2015/16 financial year that is £4.3 million lower than the forecast position presented to the CCG by the Trust. Cash payments presently reflect the view presented by Shropshire CCG.
- Pay Position – Pay in the month amounted to £19,012 million. Agency spending, particularly in respect of nursing staff has declined over the last two months, however the level of cost savings have been suppressed because of increased costs associated with Bank staff as a consequence of the Trust decision to increase Bank pay rates by 30%. This being particularly so amongst qualified nursing staff.
- Agency Spending – Trust plans to reduce Agency nurse spending by reducing the unavailability percentage and staffing in accordance with the budgeted fill rate of 93% does not show signs of achievement. In setting budgets it had been agreed to work to a fill rate of 93% so as to be able to afford an unavailability rate of 25%. The effect of instead staffing to a fill rate of 95% and an unavailability rate of 25% has meant that the Trust has grown its paid nurse staffing workforce by circa 60 – 70 WTE staff resulting in a cost pressure of £225,000 per month or £2.7 million in a full year.
- Cost Improvement Programme (CIP) – To achieve the stretch financial target, the Trust has needed to deliver in year £18.3 million as cost savings or Income growth. The Trust plan was to achieve from its original CIP on-going (recurrent) benefit of £15.7 million. The actual level of recurrent benefit generated amounted to £10.9 million as such the Trust will take forward into the 2016/17 a recurrent shortfall of £4.8 million.

Overall, the FD informed the members that expectations are broadly in-line with the first nine months of the year; Month 10 data is currently awaited. Potentially there may be an increase in Pay, although a figure of £150k per month has been allocated.

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The CEO highlighted the large amount of work that the Executive Team has undertaken to reduce the deficit from £18.3 million to £15.2 million. The FD reported that there has been a genuine collective of activity undertaken by the workforce, operational and quality and safety teams to achieve that position.

WORKFORCE

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

- Sickness – The sickness absence rate for December is 4.45%, a slight increase from October (4.23%) and November (4.34%); however the rate for December 2014/15 was 4.69%. Mental Health and MSK related illness continues to be the main reason for sickness absence. In partnership with the Occupational Health Service, the Trust has introduced early intervention consultation access to Occupational Health for Stress and MSK problems. Fast-track physiotherapy has also been set up. The Occupational Health and Counselling contract is currently out to tender; anticipated to be completed by June 2015.
- Appraisals – Appraisal completion rate remains below the Trust target of 100% at 88%. Many of the Centres are over 90% and three Centres are at 95% or above. However, underperformance is reported and considered at the Confirm & Challenge meetings.
- Statutory & Mandatory Training – Following a rise to 78% in November, compliance fell to 75% in December which remains an under performance against the Trust target of 80%. A slight drop was anticipated during December due to winter pressures and less training due to holidays and annual leave, however the drop was exacerbated as training was cancelled due to the Junior Doctors' strike days and staff being pulled out of training when needed on the wards due to winter pressures.
- Recruitment – Twelve Filipino nurses have arrived in the Trust; they are being supported to complete their Objective Structured Clinical Examination (OSCE) tests and obtain Nursing & Midwifery Council (NMC) registration. It is anticipated that this cohort will be fully registered by February/March. Further Filipino nurses are expected to arrive between now and the spring. A return visit to the Philippines is planned during February and it is expected that nurses will arrive within the Trust during late 2016 / early 2017.
- National Agency Cap – The Trust is experiencing some challenges to fill rates as the new rates fully embed. A further cap will be introduced during February 2016. The aim of the cap is to reduce the gap in pay between agency workers and NHS employees, which the Trust fully supports.
- 'Belong to Something' Campaign – This new campaign continues to have an impact; to date there has been over 7,000 likes on the 'Belong to Something' Facebook pages.
- Health Education West Midlands Apprenticeship Awards – The Trust has been successful in reaching the regional finals for the Health Education West Midlands Awards in the Large Employer of the Year category. The finals will take place in Birmingham on 5 February 2016.
- Annual Staff Survey – Results are currently being collated nationally. The national response rate for acute providers was 42%. The Trust continues to attain a higher response rate at 44%. The results will be published nationally on 23 February 2016 and will be shared with the Board during March 2016. **Action: WD Due: March 2016**

Following discussion, the Board **RECEIVED** the Trust Performance Report in respect of the months of November / December 2015.

..... Chair
31 March 2016

SELF CERTIFICATIONS

The members discussed the Governance and Monitor Licence Board Certifications. The DCG reported an update to Appendix 2 item 5 relating to Governance. The original report stated the 95% target for VTE assessments was *not* achieved in December; however the DCG had received confirmation that the target **was achieved at 95.04%**.

Following discussion, the Board **APPROVED** the Governance and Monitor Licence Board Certifications subject to the above amendment and continued financial support from the TDA.

PURPOSE

2016.2/13

QUARTER 3 BUSINESS PLAN REVIEW

The FD introduced Tricia Finch, Head of Planning & Deputy Director of Business and Enterprise, to present the 2015/16 Quarter 3 Business Plan Review and Summary of 2016/17 Planning Guidance.

The paper reported that the key feature of the organisation's annual planning process is a review of progress against the key milestones that were identified for the year. The review identifies areas of concern that require further consideration within the development of the 2016/17 plan.

The current status against the delivery of the Key Milestones for each of the 10 Strategic Priorities:

1. Reduce harm, deliver best outcomes and improve patient experience through our Quality Improvement Strategy – Currently RAG rated Amber
2. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards – Currently RAG rated Amber/Green
3. Develop a clinical strategy that ensures the safety and short-term sustainability of our challenged clinical services pending the outcome of the Future Fit Programme – Currently RAG rated Amber/Green
4. Undertake a review of all current services at specialty level to inform future service and business decisions – Currently RAG rated Green
5. Develop a sustainable long-term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme – Currently RAG rated Amber
6. Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work – Currently RAG rated Amber
7. Support service transformation and increased productivity through technology and continuous improvement strategies – Currently RAG rated Amber/Green
8. Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and wellbeing of our population – Currently RAG rated Green
9. Embed a customer focused approach and improve relationships with our GPs through our stakeholder Engagement Strategy – Currently RAG rated Amber/Green
10. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme – Currently RAG rated Amber.

The Q3 review has identified that the Trust has made significant progress against achieving most of the key milestones identified this year. The areas that the Trust has identified as a concern are:

- Developing robust recruitment plans to recruit to establishment to ensure safe staffing levels; and
- Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and Quality Innovation Productivity & Prevention [QIPP] programme)

..... Chair
31 March 2016

Tricia Finch assured the members of the following:

- Market Intelligence – this has increased and may be integrated in the business planning process
- Horizon planning – this has also increased
- The long-term strategy – the Strategic Outline Case (SOC) will be completed by the end of February 2016
- 'Belong to Something' campaign – this is progressing
- Transformation - a great deal of work has been undertaken and this is progressing well
- Staff Volunteer Scheme – this has been re-introduced and relieves staff pressures
- Communications Focus – the Communications Director is working on this
- Finances – risks relating to equipment progress through the Capital Planning Programme and the League of Friends are also approached

Following discussion, the Board **RECEIVED** the Q3 Review of Operating Plan 2015/16 and **NOTED** the progress to date against the key milestones.

2016.2/14

UPDATE ON NEW PLANNING GUIDANCE 2016/17

The recent guidance sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. NHS organisations are required to produce two separate but connected plans:

- A five year Sustainability and Transformation Plan (STP), system-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

Local health systems are expected to develop a STP. The first critical task is to consider the geographic scope of STP. These details must be submitted by Friday 29 January 2016, for national agreement.

The 2016/17 Operational Plan should be regarded as year one of the five year STP, and is expected to deliver significant progress on transformation. Building credible plans for 2016/17 will rely on a clear understanding of demand and capacity, alignment between commissioners and providers, and the skills to plan effectively.

The nine 'must dos' for 2016/17 for every local system are:

1. Develop a high quality and agreed STP
2. Return the system to aggregate financial balance.
3. Plan to address the sustainability and quality of general practice, including workforce and workload issues.
4. Get back on track with access standards for A&E and ambulance waits
5. Improvement against and maintenance of referral to treatment standards,
6. Deliver the 62 day cancer waiting standard,
7. Achieve and maintain the two new mental health access standards
8. Transform care for people with learning disabilities
9. Develop and implement an affordable plan to make improvements in quality

The planning process will have significant central money attached. Credible STPs will secure the earliest additional funding from April 2017 onwards.

During 2016/17 the NHS trust and foundation trust sector will, in aggregate, be required to return to financial balance. £1.8 billion of income from the Sustainability and Transformation Fund will be distributed.

..... Chair
31 March 2016

Quarterly release of these funds will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation. Where Trusts default on the conditions, access to the fund will be denied and sanctions will be applied.

Trusts need to focus on cost reduction: there needs to be far greater consistency between trusts' financial plans and their workforce plans in 2016/17. Workforce productivity a particular priority.

Very limited levels of capital financing available and Trusts will need to procure capital assets more efficiently, consider alternative methods of securing assets.

Key Milestones include:

- 8th February: First submission of full draft 16/17 Operational Plans
- 31st March: Boards of providers and commissioners approve budgets and final plans
- 11th April: Submission of final 16/17 Operational Plans, aligned with contracts
- End of June: Submission of full STPs

Following discussion, the Board **RECEIVED** the details of the new Planning Guidance and **NOTED** the 2016/17 priorities and Key Milestones.

2016.2/15

INTERIM SUPPORT FINANCE

Following discussion at the January 2016 Finance Committee, the FD presented a paper which requested the Board to agree the replacement of the existing Interim Revolving Working Capital Support Facility with Interim Revenue Support Loan and agree the Trust Board Resolution:

- The Trust has an agreed Interim Revolving Working Capital Support Facility (RWC) for £16.8m from the Department of Health (DH), representing 20 days equivalent operating expenditure, with the option to increase this to 30 days equivalent operating expenditure by way of a Variation. However, the Trust can only drawdown to a maximum of £15.2m in line with the Trust's stretch target.
- To January 2016 the Trust has drawdown £14.311m of RWC, with the intention of drawing the remaining £889k before year end.
- The Trust has received confirmation that DH has approved an Interim Revenue Support Loan for £15.2m over three years, which will replace the Trust's existing Interim RWC. In principle the Trust is required to repay the sum in year three unless approval is obtained from NHS Improvement to underwrite the loan through either PDC or a new loan.
- The loan awarded is a maturity loan facility to support interim working capital requirements in advance of the development and delivery of a recovery plan.
- Interest will be payable to DH every six months based on amounts which are confirmed by the DH. Interest will be charged at a rate of 1.50% based on daily outstanding balances.
- Principal will be due for repayment on maturity and repayment will be reviewed by the DH in advance of the loan maturing.

Following discussion, the Board **NOTED** the requirement to replace the existing Interim Revolving Working Capital Support Facility with Interim Revenue Support Loan, and **APPROVED** the Board Resolution to facilitate access to this.

2016.2/16

FUTURE FIT UPDATE

The CEO informed the members that:

- The Future Fit Programme is currently following the timeline; the Strategic Outline Case will be submitted at the end of February 2016, followed by the Outline Business Case (OBC) in the summer.

..... Chair
31 March 2016

- Future Fit will manoeuvre itself to become part of the Sustainability & Transformation Board

Mr Newman (NED) enquired if any additional information had been received in relation to the 'to be confirmed' date of the Workstream on Community Fit. The CEO reported that no further information had been received; however the work would need to recognise and include the vibrant use of the Trust's facilities and address secondary care.

It was also queried what the extended emergency care model will look like. The members were informed that that was never part of the Community Fit debate, although it is now being applied. This will be taken into the community from February 2016.

Mr Newman (NED) enquired if the work being undertaken in Liverpool, as per Mr David Sandbach's previous suggestion, is being undertaken. The CEO reported that he is aware of the work and confirmed that he would like to address it.

Action: CEO

The Board **RECEIVED** the Future Fit update and **NOTED** the actions being taken.

PEOPLE

2016.2/17

RAISING CONCERNS

The WD informed the members that the Trust's systems and processes have been reviewed in relation to staff being able to 'speak out safely', alongside the Trust Value 'We Value Respect'.

Feedback is obtained from the annual staff survey; it appears that the organisation needs to improve on responding to staff when concerns are raised.

The DCG enquired if exit surveys are undertaken when staff leave the Trust; the WD confirmed that they are offered, and with alternative team leaders if the staff member does not wish to complete with their line manager.

The Board was assured that the Audit Committee and Workforce Committee have received detailed updates in relation to the 'Raising Concerns' subject.

The WD also assured the Board that the Trust will appoint a 'Speak up Guardian' team, both clinical and non-clinical, across both sites to be the 'eyes and ears' of the organisation.

The members **RECEIVED** the Raising Concerns update.

2016.2/18

JUNIOR DOCTORS INDUSTRIAL ACTION

The WD informed the members of the national dispute which is being led by the British Medical Association (BMA)

The background of the dispute has been ongoing since June 2011 and 93% of junior doctors agreed to ballot.

The strike action planned for December 2015 was suspended; however industrial action did take place on 12 January 2016 with very minimal impact:

- 40% junior doctors took action
- 4 procedures were postponed

..... Chair
31 March 2016

- 126 outpatient clinics were postponed (4%) and all were re-booked
- All emergency activity was supported
- Excellent support for patients across the team including consultants, senior nurses and managers
- There was one picket line at PRH and they engaged very well
- Good employee relations and engagement from junior doctors, BMA and the Local Negotiating Committee Chair.

The CEO thanked the teams involved; and the WD wished to thank the junior doctors for their assistance on the day which fully protected the integrity of the patients.

Talks are ongoing and there is potential for further industrial action to take place on 10 February 2016; this is a full walk-out and will therefore have greater impact, although processes are in place to support, if needed.

The members **NOTED** the Junior Doctors Industrial Action update and the Chair asked the WD to forward a formal letter of appreciation to the junior doctors for their support.

Action: WD

PROCESS

2016.2/19

VIRGINIA MASON INSTITUTE (VMI) UPDATE (*Presentation attached to Minutes*)

The members were informed that the Kaizen Promotion Office (KPO) will lead the Trust's partnership work with the Virginia Mason Institute. 'Kaizen' refers to activities that continuously improve all functions and involve all employees.

Cathy Smith introduced herself as the recently appointed KPO Lead, along with Nick Holding as Senior KPO Specialist. Both Cathy and Nick have attended Seattle to receive training from Virginia Mason Institute. Additional members of staff have also been appointed to the KPO team.

During last summer the Trust undertook a 'Break the Cycle' week which identified 'To Take Out' (TTO) Medications and Discharge Summary as the first priority, in an effort to reduce the turnaround time by half.

Improvement methodology includes using 'Plan, Do, Study, Act (PDSA) cycles and the team is in place to encourage and support continuous improvement through many small local changes.

Nick Holding presented the Value Stream Map for the TTO Turnaround which highlighted the opportunities for improvement. The pre-Kaizen mean turnaround time from the point the patient is informed they can go home until they received their medication equated to 4 hours 40 minutes; however, this reduced by two hours in October 2015 following the first Kaizen event. Utilising PDSA for the 2nd Kaizen event, some changes were introduced to further reduce the TTO turnaround to 1 hour and 33 minutes; an overall reduction of 3 hours (67%) for patients waiting for medication which could potentially release approximately 300 hours per day of bed usage time across inpatient areas (Unscheduled Care and Scheduled Care).

It was reported that the operational teams involved were very much engaged, and although it was piloted on one ward (Respiratory) in the first instance, it has been handed over to the clinical teams to push ahead with the process.

Work has now begun of the second Value Stream which will focus on the Pathway for the Septic Patient. Future Value Streams will be organised via nominated staff suggestions.

..... Chair
31 March 2016

The Virginia Mason Institute will support the Trust for five years and forms part of the wider transformation.

The Chair thanked Cathy Smith and Nick Holding for presenting the VMI Update which was **RECEIVED**. The Board raised no concerns.

2016.2/20 CHARITABLE FUNDS COMMITTEE ANNUAL REPORT & ACCOUNTS

The FD informed the members that the January 2016 Finance Committee received the final version of the Charitable Funds Annual Report and Accounts 2014/15, and the external auditors had completed their audit work.

It was reported that the total analysis of voluntary income equates to £683,000 throughout the year, for which the Trust is very grateful.

Following discussion, the Corporate Trustee **RECEIVED** and **APPROVED** the Charitable Funds Annual Report and Accounts for 2014/15 and signed off the trustees' responsibilities in respect of the trustees' report and the financial statements, the balance sheet and the Management Representation Letter as they were required to be submitted to the Charities Commission together with the audit opinion before the deadline of 31 January 2016.

2016.2/21 COMMITTEE UPDATES

The following Committee Updates were presented:

- Audit Committee – 10 December 2015. It was highlighted that following the abolition of the Audit Commission, responsibility for appointing External Auditors has been delegated to Health Bodies from 2017/18 through an 'auditor panel.' The appointment was required to be made so the panel is in place during early 2016. Following discussion, the Board **APPROVED** that the Audit Committee acts as the Panel.
- Quality & Safety Committee – 19 January 2016. It was reported that the Q&S Committee received the Draft Cancer Strategy which will be presented to the March 2016 Trust Board.
Action: DNQ Due: March 2016

The following Committee summaries were received, for information:

- Workforce Committee – 11 December 2015
- Hospital Executive Committee – 26 January 2016
- Finance Committee – 26 January 2016

2016.2/22 ANY OTHER BUSINESS

No further business was raised.

2016.2/23 QUESTIONS FROM THE FLOOR

Q1 Mr Tom Jones thanked the Board for their continuing efforts and reported that he visited the Princess Royal Hospital on Christmas morning to pass on thanks to the staff. Mr Jones reported that he was aware that the Chief Executive was also visiting the Hospital on Christmas morning.

A1 In return, the Chair thanked Mr Jones for his continued support.

..... Chair
31 March 2016

- Q2** A member of the public reported that she was aware that the Sustainability & Transformation Board had met for the first time. She enquired if arrangements are in place for public transparency, i.e. copies of minutes.
- A2** The CEO confirmed that he had attended a Sustainability & Transformation Board meeting. It was agreed that a bid for Shropshire be produced and submitted. This will be a five year plan from 2016/17 to 2020/21 to address financial challenges and governance structures; it will also fit with the Future Fit process.
- The CEO agreed the importance of transparency and supported that direction of travel; he agreed to feed this back to the Sustainability & Transformation Board.
- Action: CEO**
- Q3** The member of the public informed the Board that she has become aware, via the media, that local MP's have been briefed that the Urgent Care Centres will see 75% of patients; she enquired if:
- SaTH agrees with that estimate?
 - Where is the clinical evidence?
- A3** The CEO confirmed that this relates to the Urgent Care Centres based at RSH and PRH and the figure is between 70% - 80% although this is dependent on the skills of the staff available to undertake certain procedures.
- With regard to clinical evidence; the CEO reported that this minor illness practice is already happening in Warrington (45,000 patients) and Holton (25,000 patients) for a population of 320,000, which is smaller than the population of Shropshire.
- The CEO agreed to provide the member of the public with further detail.
- Action: CEO**
- Q4** A member of the public requested a copy of a risk assessment which she presumed had been completed for the closure of an A&E Department, and also requested an informed debate during the CEO's attendance at the South Shropshire Parish Council meeting.
- She also relayed her concerns that ShropDoc is now under threat in South Shropshire, and the Community Hospitals could also be put out to tender; the community is therefore extremely anxious
- A4** The CEO reported that the Trust has not set out with a purpose to close an ED Department and apologised if the public have been given that impression.
- The CEO reported that if the Trust has one Emergency Centre, it could recruit and retain the required number of clinical / nursing staff; however he does not believe that the Trust could recruit the required workforce if Emergency services continue to be provided on both sites.
- The MD highlighted that there are links to national and local evidence where outcomes have improved where services have been combined on one site, i.e. Stroke, Surgery, Women & Children's.
- It was agreed that the future of the Emergency Service is fundamental to the county; a full public consultation will therefore be held. It was agreed that a conversation is required in conjunction with the Future Fit team.
- Q5** Cathy Briggs highlighted that Nurse Carol from Ward 32 (Short Stay) was mentioned in a positive manner during the Patient Story and enquired how the Trust plan to celebrate this.
- A5** The Chair and DNQ agreed to formally thank the nurse involved; the CEO also agreed to personally visit her on the Ward.
- Action: Chair & CEO**

..... Chair
31 March 2016

- Q6 A member of the public informed the Board that her son has joined nurse training as a mature student and could not have embarked on this without a bursary; however, the Government plan to axe student nurse bursaries; and she asked for the Board's view on this matter.
- A6 The Board was unable to express a political view on this.
- Q7 Mr Sandbach requested reassurance if the Strategic Outline Case (SOC) will be in the same format as before.
- A7 He was informed that the SOC is currently progressing through the appropriate body and will be available during March 2016.
- 2016.2/24 **DATE OF NEXT PUBLIC TRUST BOARD MEETING**
Thursday 31 March 2016 at 2 pm in Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 28 JANUARY 2016

Item	Issue	Action Owner	Due Date
2016.2/06.1	<i>Matters Arising</i> 2015.2/154 – Research & Innovation To forward a formal letter of appreciation to Marion Adams	Chair / MD	31 Jan 2016
2016.2/06.2	2015.2/168 - Morecambe Bay Maternity Review To provide an update to Board following discussion at Q4 Quality & Safety Committee	DNQ	31 Mar 2016
2016.2/06.4	2015.2/007 – Patient Experience Strategy Update To present full Strategy to April 2016 Trust Board	DNQ	28 Apr 2016 Forward Plan
2016.2/06.6	2015.2/190 - Belong to Something To provide update to Board in three month's	WD	31 Mar 2016
2016.2/06.7	2015.2/192 – Q2 Complaints & PALS Report To present detail to March 2016 Trust Board re: increase in Obstetric complaints during specific times of the year	DNQ	31 Mar 2016
2016.2/06.9	2015.2/193 – Trust Performance Report – Operational Performance COO to investigate the increase in frail elderly patients and reinforce plans to address issue.	COO	31 Mar 2016
2016.2/06.10	<i>Questions from the Floor</i> 2015.2/188 – Maintaining Safe, Effective & Dignified Urgent and Emergency Care Services To present update to March Trust Board following the Workshop follow-up session taking place on 22 Feb 2016	CEO / COO	31 Mar 2016
2016.2/11	<i>Emergency Care Improvement Programme (ECIP)</i> To provide update to March Trust Board in relation to the Frailty Service	COO	31 Mar 2016
2016.2/12	<i>Trust Performance Report – Workforce</i> To present the Annual Staff Survey results to March Trust Board	WD	31 Mar 2016
2016.2/16	<i>Future Fit Update</i> To address the work being undertaken in Liverpool, as per Mr Sandbach's suggestion	CEO	31 Mar 2016
2016.2/18	<i>Junior Doctors Industrial Action</i> To forward a formal letter of appreciation to the junior doctors for their support	WD	February 2016

..... Chair
31 March 2016

2016.2/21	<i>Committee Updates</i> To present the Cancer Strategy to the March Trust Board	DNQ	31 Mar 2016
2016.2/23	<i>Questions from the Floor</i> To forward a formal letter of appreciation to Nurse Carol, Ward 32 (Short Stay)	Chair / DNQ	February 2016

DRAFT

..... Chair
31 March 2016

‘The View from the Bridge’



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



‘The View from the Bridge’

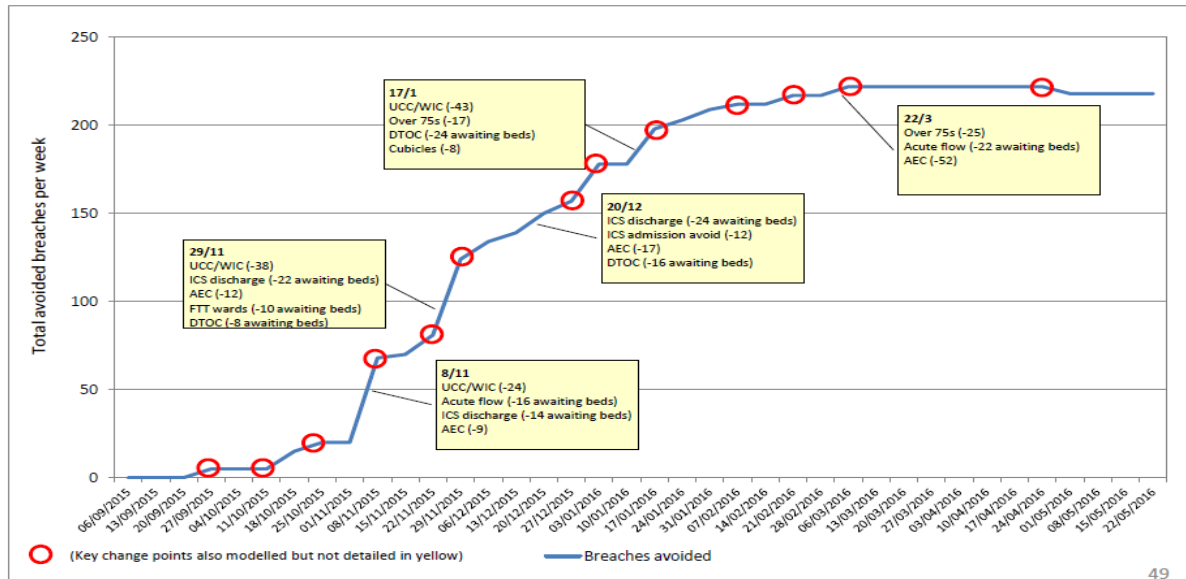
- **Tactical: Short Term**
 - AED Performance
 - Winter
 - Financial Control
 - Leadership, Accountability & Decision Making
- **Transformational: Medium Term**
 - The Way We Work
 - Future Fit
 - Workforce Change
- **Strategic: Medium/Long Term**
 - System Leadership
 - National Influence
 - Generational Change



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Make It **Happen**
We Value **Respect**
Together We **Achieve**



Tactical: AED



AED delivery :

- Trajectory for improvement
- Normalisation
- System recovery plan

23 Packages of care a week
4 equipment
29 further non acute NHS care
11 nursing home beds and
4 residential home beds

Simon Wright

Simon Wright
Chief Executive
Shrewsbury & Telford
Hospitals Trust

Jan Ditheridge

Jan Ditheridge
Chief Executive
Shropshire Community
Hospitals Trust

Stephen Chandler

Stephen Chandler
Director of Adult Social
Services
Shropshire Council

Brigid Stacey

Brigid Stacey
Accountable Officer
Shropshire CCG

David Evans

David Evans
Accountable Officer
Telford & Wrekin CCG

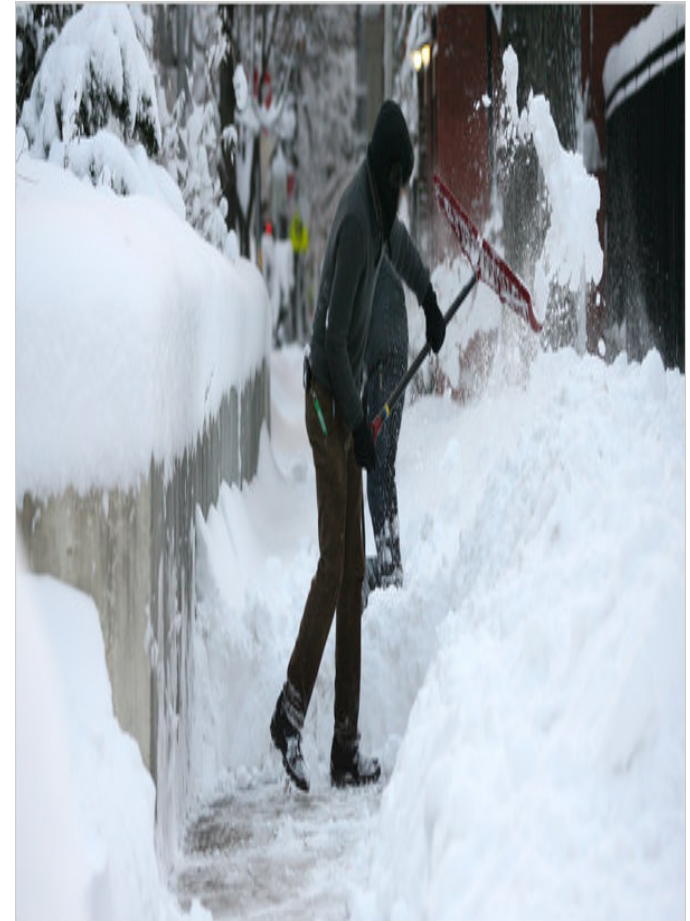
P. Taylor

Paul Taylor
Director of Adult Social
Services
Telford & Wrekin Council



Tactical: Winter 2015/16

- Case note review
- Senior consultant in AED's Jan/Feb
- Switch surgical wards to medical
- Vanguard unit
- ICS extended access till 8pm 7 days
- 'Normalization' piece
- 'Breaking the cycle'
- UCC access increased both sites
- Additional nurses (overseas)



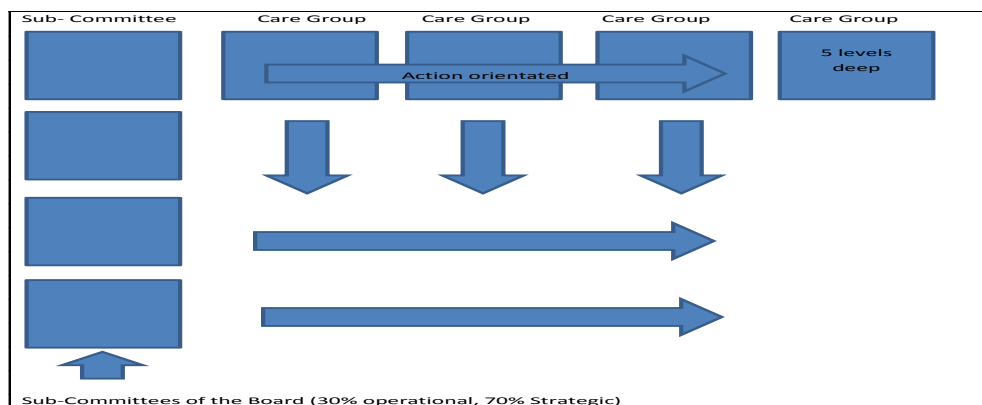
Tactical: Financial Control

Financial Control

- Re-evaluation of the estate £500k
- Capital to revenue £1m
- Winter monies £1m
- Penalties/CQUIN £800k
- CIP Additional schemes £940k
- Exec away day/New CIP process/ Care Group approach

Leadership, Accountability & Control

- Executive portfolio change
- Guiderails and targets
- Sub-committees
- Action orientation v information sharing



Transformational: The way we work

Three levels of organisation: Culture Change

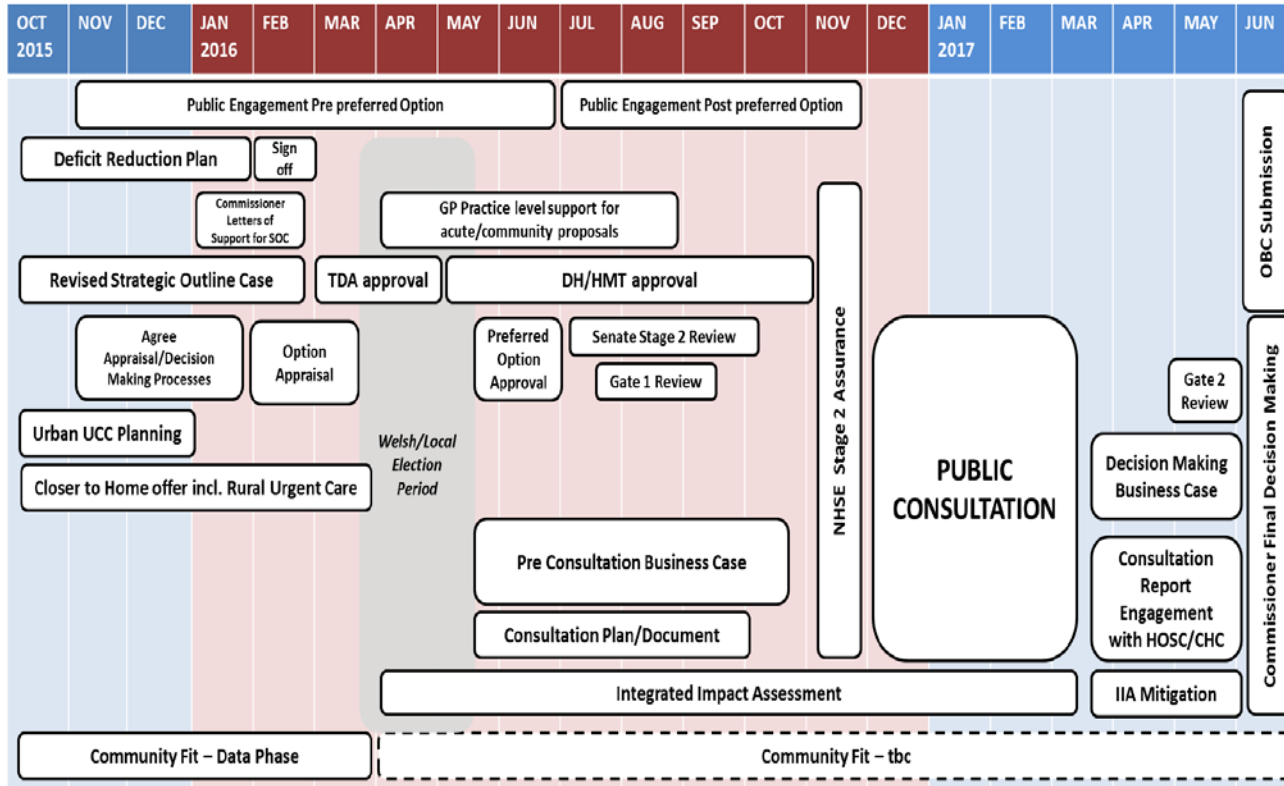
- Values (what)
- **Management method (how)**
- Vision (why)

Management Method: The Way We Work

- VMI/Leadership
- Transformational Leadership



Transformational: Future Fit



futurefit
Shaping healthcare together

- Outline Business Case
- Public Engagement
- Wrestling Control Back



Transformational: Workforce Change



Developing Roles

Paramedics

Medical Assistants

Crossing boundaries

Networks/Chains

Vertical Integration



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We Value **Respect**
Together We **Achieve**



Strategic: System Leadership

- **Repair relationships**
- **Invest in Trust & Partnerships**
- **Overarching joint strategy**
- **Create ambition**
- **Clear unified messaging**

Seattle Visit

LETC chair

University of Shropshire

System sustainability challenge



Strategic: National Reputation

- **Cavendish Group**
- **Virginia Mason Selection**
- **Top Leaders Cohort Group**
- **Masterclass with David Dalton**
- Host Kings Fund Rural/Urban symposium
- Establish a Health & Social Care Community Model
- Become the 'Safest Hospital in the NHS'
- Acquire 'University Teaching Status'



Process Improvement

using Virginia Mason learnt methodologies

To Take Out Medication (TTO) and Discharge Summary Process Review

15th January 2016

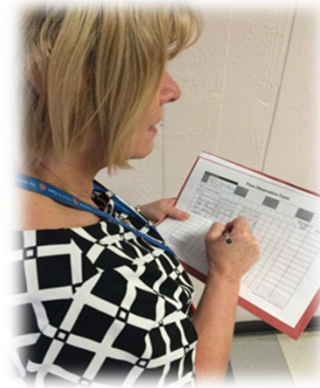
What is the problem we are trying to solve?

- ❑ Improvement & Transformation Team formed to focus on a key improvement for the Trust
- ❑ **Breaking the Cycle week** identified To Take Out Medications (TTOs) and Discharge Summary as priority
- ❑ Ward and Pharmacy teams fully engaged as key stakeholders
- ❑ Aim to reduce **turnaround time** of TTO **by half**

“We believe that a high number of discharges are delayed due to the process of producing TTOs and discharge summaries”



Improvement Methodology



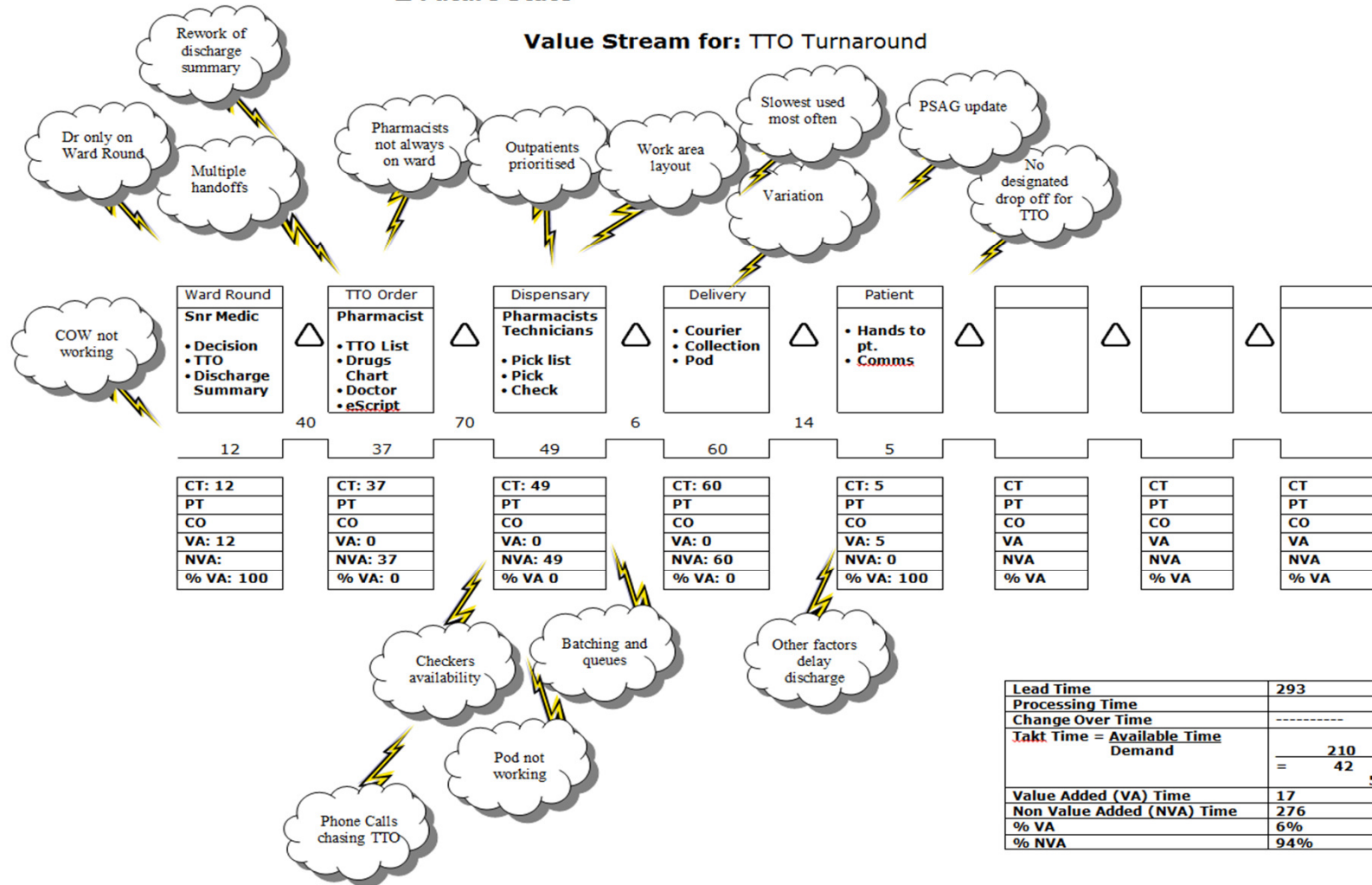
- ☐ Provide current state information to stakeholders
- ☐ Ideas for improvement generated by teams
- ☐ Scientific method used to prove or disprove hypothesis
- ☐ Using Plan, Do, Study, Act (PDSA) cycles, experiment and measure improvement activity
- ☐ Review, adapt and retest ideas
- ☐ Encourage continuous improvement through many small local changes
- ☐ Support teams to make improvement by providing advice, guidance and facilitative resource
- ☐ Start small, think big

Current State Value Stream Map

Process Boundaries
From: Patient declared fit to leave
To: Patient receives TTO

☒ **Current State**
☐ **Future State**

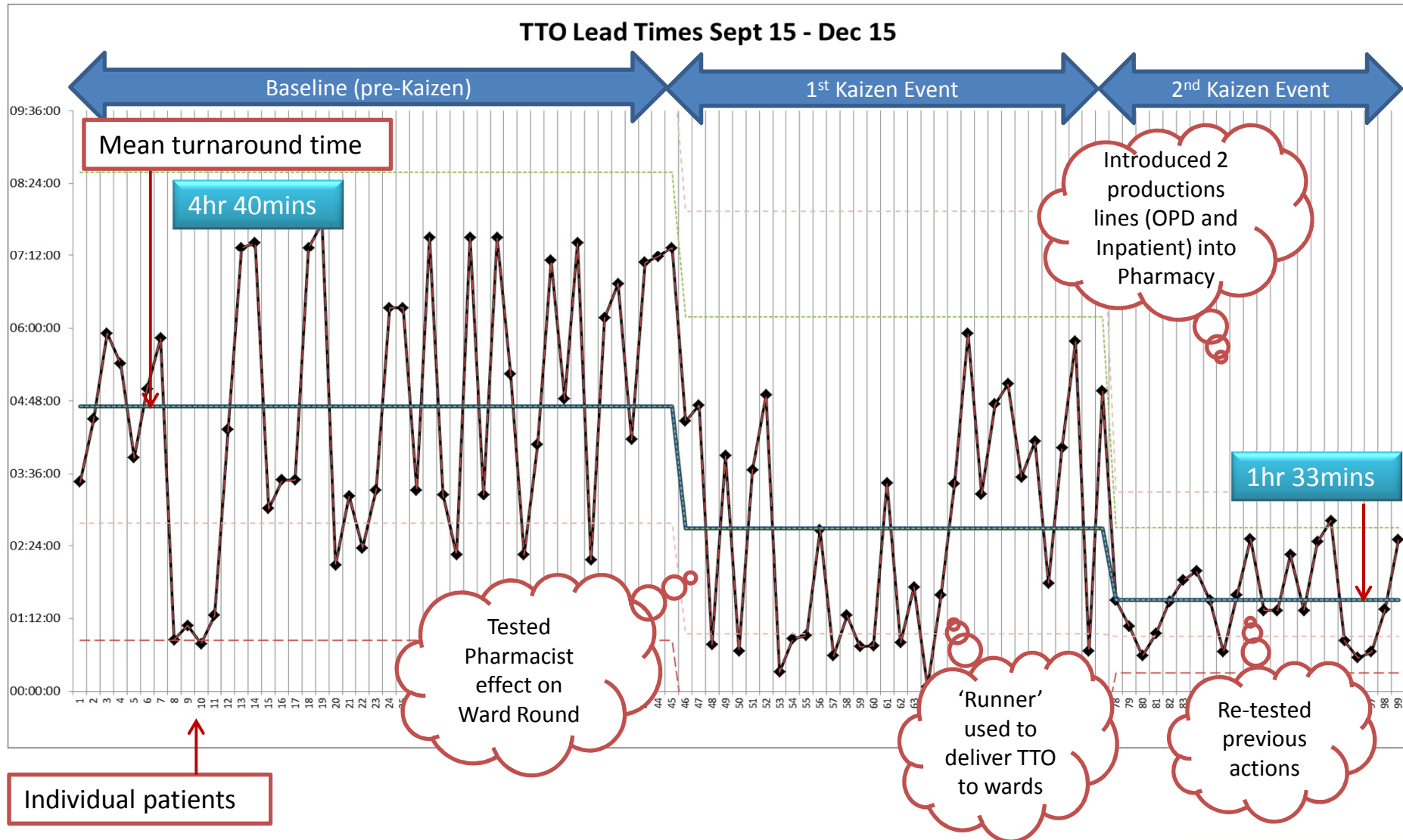
Author: Nick Holding
Date prepared: 14/10/15



Lead Time	293
Processing Time	
Change Over Time	-----
Takt Time = Available Time / Demand	
	210 / 42 = 5 mins
Value Added (VA) Time	17
Non Value Added (NVA) Time	276
% VA	6%
% NVA	94%

Improvement and Transformation

TTO Turnaround Times



Source. Sema, eScript, Pharmacy dept
docs & direct observation

Improvement and Transformation

Summary

- **Overall TTO lead time reduced by 67% (3hours)**
- **Patient TTO delays reduced by on average 10 hours per day (1 ward)**
- **Potential release of approx. 300 hours per day of bed usage time, across inpatient areas (USC & SC)**
- **Earlier discharge time**
- Used Virginia Mason methodologies
- Care Groups identified TTO and Discharge Summary process as area of focus, following Breaking the Cycle week
- Collected real time current state data
- Working with operational teams, ran a number of improvement events to test ideas using PDSA cycles over 3 months

