

## The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 27 February 2014 at 9.30 am**  
**Seminar Rooms 1 & 2, Shropshire Education & Conference Centre,**  
**Royal Shrewsbury Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford	Chair
	Mr H Darbhanga	Non Executive Director (NED)
	Dr R Hooper	Non Executive Director (NED)
	Mrs D Leeding	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Mrs S Bloomfield	Acting Director of Nursing and Quality (ADNQ)
	Dr E Borman	Medical Director (MD)
	Mrs D Kadum	Chief Operating Officer (COO)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
<b>In attendance</b>	Miss V Maher	Workforce Director (WD)
	Mrs D Vogler	Director of Business & Enterprise (DBE) <i>(part meeting)</i>
<b>Meeting Secretary</b>	Mrs B Graham	Committee Secretary
<b>Apologies:</b>	Mr D Jones	Non Executive Director (NED)

2014.1/018 **WELCOME** : The Chair welcomed everyone to the meeting and apologies noted as above.

2014.1/019 **PATIENT STORY**

The Acting Director of Nursing & Quality (ADNQ) introduced Nonny Stockdale who provided a patient story in respect of her great friend Mick Dorricott who was admitted to hospital on 8 November 2013. Nonny was accompanied by Mick's wife Karen Dorricott. Mick was 63 years old, a man who enjoyed life, and a father of three. He was diagnosed with emphysema which was related to the fact that he had smoked all his life. He lived in a warden controlled home and had been resuscitated before being brought in to hospital but doctors explained that he would not survive. Nonny described the events of the day. She paid tribute to all the staff who had involved the family in everything that was going on and made them as comfortable as they could during such a difficult time. The experience had helped family and friends to cope with the grieving process, in particular Mick's daughter. Nonny, speaking as Matron in the hospital, said she sometimes saw instances that made her uncomfortable but on this particular day she had never felt so proud to be a nurse. Mike's wife added that staff were wonderful which made it so much easier to cope with.

On a question from the Chair relating to what other Wards could learn from this experience, Nonny said that staff can be extremely busy but they need to take a step back to put the patient first. Sometimes staff forget to care but that day everybody cared for the patient and relatives. During this time staff had complete empathy, put themselves out and were even willing to shorten their breaks to ensure Mike and the family were cared for. They brought sandwiches and drinks and gave the family privacy.

The Chair recognised how difficult it was for Nonny and Karen but was grateful to hear the story as it embodied the values of the Trust.

2014.1/020 CHAIR'S AWARD

This month's Chair's Award went to Sandra Umataliev, Infant Feeding Co-ordinator. A midwife for 10 years, Sandra's efforts had been highlighted by a number of recommendations from her colleagues in the Trust as well as external partners in recognition of her passion and energy for the highest standards of infant health through the promotion of baby friendly infant feeding methods. SaTH had secured Stage 2 accreditation of the UNICEF Baby Friendly Initiative ahead of schedule achieving over 90% in areas required and Sandra's efforts had also brought in £750k additional income for the Trust thanks to Sandra's work over the last year.

Sandra paid tribute to her Team of colleagues and said that it was a very rewarding job to empower mothers to breast feed. Breast feeding in Shropshire is now at 74% which is at the high end of the national average.

The Chair congratulated Sandra and said that this reflected good quality care, team respect and financial performance.

2014.1/021 **DECLARATION OF INTEREST** – an up-to-date list of interests was presented of members declarations. It was noted that Mr Darbhanga's had removed his interest in Shropshire Community Council. There were no interests declared in relation to any matters on the agenda.

2014.1/022 **MINUTES OF THE MEETING HELD IN PUBLIC** on 30 January 2014 were **APPROVED** subject to the following amendments :

- 2014.1/010, Page 7 : last line should be added to read "**Action: COO to update Board on Cancer Performance**".
- 2014.1/012, Page 10, People Strategy, last line should read "The Board **APPROVED** the People Strategy, subject to the proposed amendments and monitoring through the Workforce Committee.
- 2014.1/014.2, Page 11, Maternity Services Review & Action Plan, 3<sup>rd</sup> paragraph should have read "Cathy Smith, Care Group Director".

Minutes will be changed accordingly on the SaTH website.

MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 30 JANUARY 2014	
2013.1/266	Stroke Services Programme – Item is on the agenda. Item complete.
2014/008.2	2-year and 5-year Business Planning – Item to be discussed in private session.
2014/010	IPR – Financial Performance – Development of Board reporting to remain on matters arising. Further action to be discussed under IPR section.
2014/013	HR Policies - HR31 Managing Attendance & Employee Wellbeing – The Chair met with Staff Side Chairperson. Item complete.

2014.1/023 **FORWARD PLAN** for the period February to 29 May 2014 was **NOTED**.

2014.1/024 **CHIEF EXECUTIVE'S OVERVIEW** included the following issues :

- i. **Operational Performance** – January was a very busy month and it was encouraging to see further improvement in A&E Departments.
- ii. **Financial Performance** – In 2013/14 financial support had been secured. Month 10 shows we are on track and January and February have delivered what was required.
- iii. **Draft Operating Plan** – the CEO had met with the Trust Development Authority (TDA). It was a very positive and constructive discussion, the outcome will be discussed in further detail later on in the meeting. The TDA was however disappointed with the time scales for consultation and delivery (i.e. financial sustainability was geared to the outcome of the Clinical Services Review), which was estimated as 5-6 years and they have asked SaTH to consider how to bring that timescale forward. The CEO said this is clearly one of the critical areas to resolve.

- iv. **Winter Planning for Emergency Services** : The CEO advised that there is evidence that fit to transfer patients are being discharged a little more effectively, however, it is not clear how many beds have been made available in the community. The CEO said it will be very important that a debrief is undertaken at the end of winter which will be carried out by the health economy. In response to a query from Dr Hooper (NED), the COO advised there will be a formal session with the Area Team to discuss why the significant additional resource provided to support winter planning wasn't as successful as it could have been. The COO said a formal report will be made available to the May Trust Board. Action: COO

The COO explained that initially SaTH had to address its own internal issues and having achieved this, we need to continue to build on relationships with the rest of the economy. The Chair said there is a need to look at SaTH's specification on what it is trying to achieve i.e. internal effectiveness, system design and patient flows across organisational boundaries. It was noted that the Chair and CEO have a meeting scheduled with the Commissioners shortly when the suggestion to arrange health economy-wide Board session would be raised to improve understanding of the challenges faced by all parties. **Action: CEO.**

- v. **2014/15 Contract Negotiations** - SaTH is heavily engaged in contract negotiations and the timescale for signing off is 28 February 2014 which is unlikely to be achieved and arbitration is looking more likely. Dr Walford (NED) raised his concerns around the governance requirements with the Board not having the appropriate time to challenge contract arrangements. The Chair expressed concern that our business planning cycle should set the strategic direction and therefore the parameters for contract negotiations; this needed to begin much earlier and the Board should shape the strategic direction. **Action: DCG – late autumn Strategic Debate to be included on Forward Plan.**

The Board needed a greater level of assurance that there is alignment between contractual negotiations and our strategic direction and sustainability. The FD explained that there has been a contract process where a contract figure had been presented to the Commissioners by the Trust but there has been no formal offer from the Commissioners at this time. There is baseline validation going on but there is a gap between us and the Commissioners with QIPP being proposed to address this. There was discussion about our assumptions, which coupled with £3 million transitional support would align with our business expectations for 2014/15. Dr Hooper (NED) expressed concern about the lack of concrete information available at this stage and assurance that the negotiations would be aligned with the Trust's strategic direction.

Following detailed discussion about the draft Two Year Operating Plan it was **AGREED** that the CEO and FD should conclude contract negotiations with Commissioners and inform the Board of the outcome. On the issue of the delay of fit to transfer patients, the Board wished, through contract negotiations, that the CEO/FD advise the TDA and Commissioners that SaTH is not happy to go into a new financial year with a situation where it is both blamed and financially penalised for issues beyond its control and would like to see this position reflected in our contract. **Action: CEO and FD to negotiate on the Board's behalf.**

Members **NOTED** the CEO's report.

2014.1/025

## **BUSINESS CASE FOR A THIRD RADIOTHERAPY LINEAR ACCELERATOR**

The Clinical Director for Oncology – Dr Sheena Khanduri – attended for this item and gave a PowerPoint presentation (*copy of slides attached*) to present the Business Case for a third Linear Accelerator which described a service model that will enable the Trust to deliver cancer services in the future which are fit for purpose and meet the needs of the local population. The Business Case sought approval for the development of radiotherapy services with the purchase and staffing of a 3<sup>rd</sup> Linear Accelerator by 2015/16. The case identified three options and the impact and consequences associated with each option. It was noted that the positive impact on healthcare standards is to maintain national waiting time targets for Radiotherapy.

The Board was advised that the two current Linear Accelerators are operating at 97% of existing capacity compared to NRAG recommendation of a maximum 87% capacity. The machines are also vulnerable to breakdown, fluctuations in demand and essential service/maintenance. The third Linear Accelerator is required to meet the predicted forecast growth expected by 2015/16. After review of the options, Option 3 was recommended to the Board - the provision of a new Truebeam machine in the existing bunker because the installation of an additional machine supports continuity of service within acceptable timeframes and the increased staffing revenue costs will be offset by the increase tariff income based on increased levels and complexity of workload. The Finance Director added that income is based on volume associated with the demand as described in the business case. Much of what is being seen is a product of the underlying position of the organisation, this case is about operational sustainability of an existing model of services.

The Board discussed in great detail the potential alternatives as well as the risks - in terms of patient experience, outcomes, safety and finance - of not proceeding with a third linear accelerator. The Chair said although the operational and strategic case was made for Option 3, it was difficult to support the financial case as effectively the Board was being asked to spend more money on services, equipment and staffing whilst also needing to make significant levels of savings. The Chair also felt that Option 1 had not been fully explored i.e. the option of working with other providers to provide the capacity to meet future demand, or 7 day working. The COO pointed out that weekend working as mentioned in Option 1 had been explored, although not specified in the paper, but was discounted taking into account the current workload of the machines versus the risk of breakdown. Also the Oncology service made a surplus to the Trust's financial position and transferring the activity would result in transferring a surplus generating service and the tariff associated with this. The CEO added that income is based on tariff so it would be the Commissioners decision to agree to pay for patients to go to another unit. It was agreed that :

- In future the business case planning process need to have a balance between quality, capacity and finance. Cases cannot only be carried on quality and safety grounds if this presents financial risks that will create quality and safety problems elsewhere. **Action: All Directors.**
- There is a need to be robust in our review of every Business Case and Options need to be clearly linked to our strategic direction and relevance to our 5 year plan, with full and proper consideration of all potential options. The Case should also consider the existing financial contribution being made by the service. Commissioners do not have the right of veto or enforcement; the Trust must consider its financial health.

The Board **APPROVED** the business case.

2014.1/026

## **PROPOSAL FOR MEDIUM-TERM PROVISION OF ACUTE AND HYPER ACUTE STROKE SERVICES**

The Medical Director introduced the paper when it was noted that in June 2013 the Board approved the temporary unification of hyper acute and acute stroke services at the Princess Royal Hospital (PRH) in response to short term staffing challenges. During this unification there has been clear evidence of improved performance against key stroke indicators that provide a proxy for improved patient outcomes (e.g. admission to specialist stroke unit within four hours of arrival, 90% of time spent in acute stroke unit, access to CT).

It was agreed with Commissioners that the temporary unification should be extended for a further period so that the benefits and disadvantages of a unified hyper acute and acute stroke service could be reviewed further and a recommendation made for the provision of these services for the medium term pending the full clinical service review (FutureFit programme).

The stroke review has concluded that the clinical outcomes from services on one site are significantly better and in fact are better than many other units around the country. The paper therefore recommended that PRH continues to provide unified hyper acute stroke services during 2014, and that the longer term shape of stroke services (from 2015) should be agreed through the NHS FutureFit Clinical Services Review of Community and Acute Hospital Services.

The Board was asked to consider three options :

Option 1a – Maintain single site hyper acute and acute stroke services for the medium term at PRH. Acute-based stroke rehabilitation continuing at both PRH and RSH;

Option 1b – Maintain single site hyper acute and acute stroke services for the medium term at RSH. Acute-based stroke rehabilitation continuing at both PRH and RSH;

Option 2 – Revert back to two site hyper acute and acute stroke service until longer-term vision for stroke services is developed as part of wider strategy for acute and community hospital services.

The paper recommended Option 1a to maintain single site acute and acute stroke services for the medium term at PRH on quality and operational grounds noting that the impact on workforce and finance was relatively neutral. There is greater efficiency and no competing factors with regard to CT scanners and A&E.

Dr Walford (NED) said there is clear evidence that people who receive prompt care recover more quickly and their length of stay is reduced and in turn would deliver financial benefits alongside clear quality and safety improvements for patients.

Mrs Leeding (NED) suggested that the Board should consider other options such as transferring the service to Stoke, which had an excellent service. The Medical Director responded by stating that this is a service that can be delivered locally to the highest standards and strategically is something that we would want to be retained and in fact in the future could look to Stoke to send patients to SaTH.

Following discussion the Board felt that there was no reason to move the services to RSH at the present time as operationally the impact would be negative given the bed pressures at RSH. The Chair also stressed the importance of the financial context and to consider whether we could drive surpluses from the service if we made it more efficient. The Chair stressed the importance of communications as it is really important to people especially around travel times and clinical outcomes;

The Communications Director said that members of the Montgomery CHC had visited PRH and walked the pathway. Dr Morgan, Chair of Montgomery CHC, had said he was impressed with the service, particularly the rapid treatment time from arrival to first specialist intervention.

It was noted that the Shropshire Clinical Commissioning Group are due to meet in early March and would welcome the Trust Board's recommendation.

The Board **APPROVED** the continuation of unified hyper-acute stroke services at the Princess Royal Hospital during 2014 in the medium term, with the longer term configuration to be agreed with patients and communities through the NHS FutureFit Clinical Services Review.

2014.1/027

## NATIONAL STAFF SURVEY RESULTS AND APPROVE NEXT STEPS

The Workforce Director gave a PowerPoint presentation (*copy attached to the minutes*). This year's results had been published earlier in the week following the circulation of a questionnaire between October and December 2013 which covered 120 questions.

The survey was based around the NHS Constitution outlining the principles and values of the NHS in England including the four pledges that set out what staff should expect from NHS employers plus two others i.e. staff satisfaction and equality and diversity. The response rate was 55%, slightly down on last year. It was noted that the staff survey results have been shared with the Workforce Committee.

Whilst this year's staff survey results did not represent the experience the Trust would want its staff to have, they did show improvement in three key areas – staff engagement, job satisfaction and support from immediate line managers. The organisation has undertaken a refresh of its operational structure to ensure there is strong leadership throughout the Trust and it continues to develop its leaders including holding a second Leadership Conference in October 2013 that focused on values-based leadership.

The next steps included :

- Further analysis through Care Group results;
- Identify key areas of focus;
- Aligning development to the People Strategy;
- Report to the Board on actions to improve our employment experience;
- Ensure engagement with staff throughout the year on the results and changes we do.
- Staff Survey results will become a standard agenda item at Workforce Committee meetings.

Following discussion Mrs Leeding (NED) felt it was important for individuals to own their own action plan. It was noted that HR Business Partners are now in place and have an objective to gain more understanding from staff within the Care Groups. It was noted that the 120 questions are set nationally, therefore the Trust does not have the ability to change them, but can add to the questions about our values and sustainability awareness to get some measure of staff engagement.

2014.1/028

## **INTEGRATED PERFORMANCE REPORT (IPR), BOARD GOVERNANCE AND MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS**

The Board **RECEIVED** the Integrated Performance Report (IPR) in respect of the month of January 2014 which summarised the Trust's performance against all the key quality, finance, compliance and workforce targets and indicators for 2013/14.

### **QUALITY : Patient Safety, Effectiveness and Patient Experience**

The Acting Director of Nursing & Quality (ADNQ) provided an overview of the activity. In January 2014 a number of improvements within quality and safety were noted including a continued decrease in: pressure ulcers, overall falls and the number of patients with catheter acquired urinary tract infections. Further assurance for sustained improvement on performance is being developed through relevant clinical groups. In cancer services, a themed review is being undertaken with Commissioners to implement improvement. The progress and outcome of the review will be monitored via the Clinical Quality Review Group. With regard to discharge planning senior nurses, clinical leads and operational managers are continuing to work together with patients and partners to identify further measures where performance can be improved.

### **RED RAG Performance in January 2014 :**

- Three RIDDOR/SI Reportable Falls is a slight increase but a decrease when compared to the same period last year. The recruitment of a Falls Practitioner is now complete and training in the new fallsafe risk assessment has commenced. The Trust's mean has been below or comparable to the NPSA mean per 1000 bed days since July 2013. There is benchmarking against other Trusts through Q&S. To date there is no evidence of high levels compared to others. Work is on-going and will be reported back to the Board.
- Four avoidable pressure ulcers – shows a deteriorating position compared to previous months but work is in hand to improve performance. Key themes are being addressed via the Pressure Ulcer Prevention Action Plan.
- Three *C.difficile* infections – the Trust has exceeded the annual trajectory but performance to date in comparison to last year shows a continued reduction in cases. Planned actions are in place.
- Three MSSA Bacteraemia Infections – (no national/local target). Working with Renal Unit to reduce dialysis associated cases and a new blood culture pack is being reviewed to reduce contaminants, and doctors are being trained in blood culture technique.

The following points were noted :

- Cancer survey: results from the patient experience survey for cancer have been disappointing and these results have been shared with our Commissioners. The Trust has agreed with its partners to work together on this. In addition the ADNQ and COO are also working together. It was noted that chemotherapy and radiotherapy are very positive but there is still work to do around communications.

- Key areas of harm - SaTH is amongst the best in the region for low pneumothorax infections in the Neonatal Unit.
- Discharge : from the Ward to Board metrics it is apparent that patients do not feel well communicated on when they are going home. This is a key area to work on. Plans are in place to provide discharge training for all registered nurses on how to talk to patients about discharge and how to discharge safely. Also there are always lessons to be learnt around discharging vulnerable patients.
- Maternity Dashboard is on Amber – a risk is smoking cessation in Telford and Wrekin which records the number of women smoking at the time of delivery.
- Friends and Family Test score is improving.
- Dementia – positive news - our work to improve dementia care has been nationally recognised by being awarded “story of the month” through the 6 Cs live initiative which is a project from the office of the Chief Nursing Officer of England. The ADNQ thanked Helen Coleman, Lead Nurse for Dementia for her hard work in making improvements.

Dr Walford (NED), Chair of the Q&S Committee, updated the Board around concerns relating to infection rates. Dr O'Neill was invited to give a talk relating to measures to prevent *C difficile* given that we were over the trajectory. The Q&S Committee were reassured that this predominantly related to the very high levels of sensitivity in our testing, and the fact that we undertake genotype testing provided reassurance that we are not seeing significant cross infection. The Q&S Committee also discussed the Cancer Experience Survey results.

**OPERATIONAL PERFORMANCE** – The Chief Operating Officer (COO) gave an overview of the operational performance for January 2014. The following points were noted :

**Winter Plan** : An addendum to the 2013-14 Winter Plan had been submitted to the Area Team by the Chair of the Urgent Care Working Group outlining the additional actions which will be taken by the local health and social care economy to deliver the 4 hour standard each week from 2 March 2014.

However SaTH is concerned that the additional actions will be insufficient and the CEO has written to the Accountable Officers of both Commissioners asking for renewed action towards a move to a full 'discharge to assess' model. The Area Team has also written to the Chair of the Urgent Care Working Group outlining their on-going concerns regarding the local economy collective control over performance recovery and have outlined required changes to the operational arrangements of the Urgent Care Working Group including the need for fortnightly meetings. On a question from the Chair on the need for letters to be sent out, the CEO confirmed that he felt it was necessary because it followed months and months of discussions and negotiations to express the failure not to get joint agreement.

**A&E 4 Hour Access Standard** : Whilst the target was not achieved in January, improvements in performance against this standard has begun at RSH where 95% was achieved week ending 9 February 2014 and breaches were more than halved in that week. These improvements are due to increased operational grip through the new Heads of Capacity posts on each site and alongside this is a 'Refresh and Relaunch' week from 12 – 19 February. The site safety project includes:

- Change in the timing and culture of bed meetings to ensure each meeting has a focus on site safety and that there is progressive planning throughout the day;
- Launching of a refreshed Choice Policy and discharge process including a new discharge booklet;
- Setting specific ward discharge targets.

*Financial penalties year to date (9 months) are approximately £180k for failure of this target.*

**Cancer Performance** : had been discussed at Quality & Safety Committee and Operational Performance Group. The Trust Cancer Board has been established and held its first meeting this month. This is a key development in supporting the actions being taken to improve the quality of Cancer Services and performance against the Cancer targets. The COO said that SaTH had invited the Cancer Intensive Support Team (national body) to help review our cancer services and will be on site between 11-13 March 2014. She firmly believed that improving cancer services is in our gift in terms of improving systems/processes from 1 April.

The COO said the biggest weakness is the role of Cancer Trackers who are not escalating patients quickly enough. There needs to be clarity around roles and responsibilities.

On a positive note cancelled operations not booked within 28 days have significantly improved when compared to last year.

*Financial penalties year to date (9 months) are approximately £200k for failure of this target.*

**RED RAG : Overview of Performance Standards by Exception included :**

A&E 4 hour wait – 89.45% (discussed above);

Referral to Treatment

- 18 Week (admitted) English – 81.73%; Remedial Action Plan in place. The Trust will continue to fail this target until the backlog and waiting list size is at the agreed sustainable level.
- 18 week Referral to Treatment (incomplete Pathway) English – 89.40%. Performance will be inconsistent until waiting list sizes are cleared to a sustainable level.

Cancer (discussed above)

- 2 week GP to 1<sup>st</sup> Outpatient Appointment Breast symptoms – 92.78%. Fourteen breaches (3 patient unavailable, 4 clinic cancellations, 6 unavailable to attend initial appointment).
- 31 day second or subsequent treatment – Surgery – 91.89%. Three breaches.
- 62 day urgent referral to treatment – 78.04%. 23.5 breaches reported across eight cancer sites. Surgical cases represent 52.17%, drug treatment 34.78% and 13.05% other. Remedial Action Plan being progressed.

The Chair congratulated the Team on progress to date.

**FINANCIAL PERFORMANCE**

The Finance Director (FD) introduced the overview section of the report as follows :

**Income and Expenditure**

- The Trust deficit at the end of January 2014 was £1.383 million, after allowing for NHS Trust Development Authority (NTDA) transitional support of £3.33 million.
- The Trust achieved its income target for the month of January 2014.
- The Trust received £4 million transitional support on the basis that it is able to achieve a balanced position by the year end.
- It is estimated that the Trust has £1 million risk in delivering a balanced end of year position.

The Finance Director said that whilst the income figure is RED the income for January was higher than when the plan was initially set following less cancelled operations than normal for this time of year and our volume of activity has held up and enabled us to deliver. Also SaTH will be in a stronger position when the debate with Telford & Wrekin Commissioners has been resolved and this point has been made with the Trust Development Authority.

**Pay and Non Pay Expenditure** remained static.

**Cash position**

The Finance Director said that SaTH expects to be able to get to the year end without experiencing any cash difficulties, and be able to repay £7.5 million temporary borrowing in March 2014. Also there is some movement in the balance sheet around the capital programme which provides some respite. The cash element from Telford & Wrekin Commissioners could also come through in March 2014.

Dr Hooper (NED) asked for clarity regarding the pay expenditure previously forecast to the year end of £16.5 million, the average rate now being £17.4 million and if the increase in pay expenditure following the nursing review is the figure going forward. The Finance Director said that the nursing review expenditure does not add to the position, the figure of £17.4 million per month is factored in to the financial assumptions.

## WORKFORCE

The Workforce Director (WD) introduced this section of the paper and provided an overview for the Board when the following points were noted :

- **Sickness Absence** – has increased in January to 4.94% with a year to date performance of 4.09%. Trends are being identified and managed. This is having a significant impact on the organisation.
- **Appraisal rate** increased from 72% to 75% in January against a target rate of 80%. This is the first time an increase has been seen in 12 months and work is continuing to achieve 80% by the year end.

Dr Hooper (NED) raised an issue relating to staff uptake of flu vaccination versus the implications of staff sick pay which costs the Trust an estimated £6 million per annum.

The Chair asked through the Workforce Committee to consider what it might mean if the Trust adopted a more robust position in relation to sickness absence and appraisal rates. **Action: Workforce Director to take this forward and return with recommendations.**

## MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS

### **Appendix 1 and 2 - Monthly Self Certifications – NTDA Requirement**

The Trust followed the formal process and was submitting the monthly self-certification templates for January 2014 :

- **Monitor Licensing Requirements** – summary of each relevant licence condition. A summary of the submission was included at Appendix 1 of the report. All conditions were marked compliant.
- **Trust Board Self Certification Board Statements covering clinical quality, finance and governance** was included in the report at Appendix 2. The Trust is reporting a Financial Risk Rating of 2 for the month of January 2014 and non-compliance around performance issues. Action plans are in place to recover all the targets.

The Board **NOTED** the Integrated Performance Report for January 2014 and **APPROVED** the self-certification submissions to the NHS Trust Development Authority (NTDA).

2014.1/029

## **QUALITY COMPLAINTS REPORT**

The Acting Director of Nursing & Quality introduced the first Quality Complaints report which provided an overview of formal complaints received by the Trust during Quarter 2 (July to September 2013). The report outlined the Trust's performance and included trends and themes arising from complaints. The report also included the Trust's response to the recommendations from the Clwyd/Hart report and Care Quality Commission review in relation to complaints handling. The following points were noted :

- The number of complaints to the Trust had reduced.
- Historically the Trust used to manage every concern in the same way, however, with the appointment of a new complaints manager last summer processes around complaints had been streamlined e.g. handling car parking complaints through an informal process allowing more resources to be directed to formal complaints.
- Response times have now reduced from 40 days to 35 days. The quality of responses is much better, more proactive and providing better satisfaction for patients and less referrals to the Ombudsman. It was noted that the Ombudsman has suggested financial recompense to some patients who have been waiting too long for a response or where a response has been inadequate.

Section 8 relating to actions and learning from complaints is considered very important to the Trust and its Commissioners. Several of the issues were discussed when it was noted that the Trust has an open process to follow up complaints and concerns with patients and relatives.

As this was the first report of its kind, future reports may change following feedback. The next report will be presented to the Board in March 2014 in respect of Quarter 3 (October to December 2013). **Action: ADNQ.**

2014.1/030 **KEY SUMMARY UPDATES FROM TRUST COMMITTEE MEETINGS were RECEIVED and NOTED.**

- **Finance Committee meeting held on 25 February 2014** - key issues were noted.
- **Hospital Executive Committee (HEC) meeting held on 25 February 2014** – key issues were noted.
- **Quality & Safety (Q&S) Committee meeting held on 24 February 2014** – key issues were noted and had been discussed earlier in the meeting.

2014.1/031 **HR POLICIES**

**HR13 Reimbursement of Travel, Accommodation and Subsistence Expenses**

The Workforce Director introduced HR13 and said this policy had been updated to reflect changes to the Agenda for Change Terms and Conditions of Employment. The policy had been through the TNCC with staff-side colleagues, Policy Group and Hospital Executive Committee. It was noted that staff have a personal responsibility to ensure they have appropriate car insurance and that their car is roadworthy.

The Workforce Director advised that the Trust had received guidance for Non Executive Directors from the Trust Development Authority around change of the scope and this will be brought back to the Board. **Action: Workforce Director.**

The Board **APPROVED** the policy.

2014.1/032 **QUESTIONS FROM THE FLOOR RELATING TO ITEMS ON THE AGENDA.**

**Mr Jones  
(PALS  
Volunteer)**

Mr Jones was delighted to report that the PALS Office at PRH is now fully staffed and he felt this was the way forward for both hospitals. There is now a PALS Office and a Bereavement Room.

Mr Jones said that the meeting had been very interesting and found the debate particularly interesting. He thanked the Board for its efforts.

2014.1/033 **DATE OF NEXT MEETING**

**Public Board Meeting – 27 March 2014 at 9.30 am in Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, RSH.**

The meeting then closed.

**MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 27 FEBRUARY 2014**

<b>Item</b>	<b>Issue</b>	<b>ACTION OWNER</b>	<b>DUE DATE</b>
2014/010	<b>Integrated Performance Report</b> To develop Board reporting so all papers include performance, quality, finance and workforce issues in a more integrated approach and to routinely include Centre-specific performance against all these measures in IPR.	CEO	Jun 2014
2014/010	<b>Integrated Performance Report - Financial Performance</b> Following concern raised by the Chair that he had not received any assurance from the NTDA around availability of support, the CEO said he would ask the NTDA for written assurance.	CEO	Mar 2014
2014.1/010	<b>Integrated Performance Report - Operational Performance</b> COO to update Board on Cancer Performance	COO	Mar 2014
2014.1/024	<b>Winter Planning for Emergency Services</b> <ul style="list-style-type: none"> <li>▪ Formal Session with the Area Team – a formal report will be made available to the Board in May 2014.</li> <li>▪ Suggestion to arrange a health economy-wide Board Session would be raised to improve understanding of the challenges faced by all parties.</li> </ul> <b>Contract Negotiations 2014/15</b> <ul style="list-style-type: none"> <li>▪ Strategic Debate to be added to the Forward Plan.</li> <li>▪ Following detailed discussion about the draft Two Year Operating Plan it was <b>AGREED</b> that the CEO and FD should conclude contract negotiations with Commissioners and inform the Board of the outcome. On the issue of the delay of fit to transfer patients, the Board wished, through contract negotiations, that the CEO/FD advise the TDA and Commissioners that SaTH is not happy to go into a new financial year with a situation where it is both blamed and financially penalised for issues beyond its control and would like to see this position reflected in our contract.</li> </ul>	COO  CEO  DCG  CEO/FD	May 2014  Mar 2014  Late Autumn 2014  Mar 2014
2014.1/028	<b>Integrated Performance Report – Workforce</b> The Chair asked through the Workforce Committee to consider what it might mean if the Trust adopted a more robust position in relation to sickness absence and appraisal rates. The WD to take this forward and return with recommendations.	WD	ASAP
2014.1/029	<b>Quality Complaints Report</b> The next report will be presented to the Board in March 2014 in respect of Quarter 3 (Oct to Dec 2013).	ADNQ	Mar 2014
2014.1/031	<b>HR Policies – HR13 Reimbursement of Travel, Accommodation &amp; Subsistence Expenses</b> Guidance for NEDs from TDA around change of the scope. To be brought back to the Board.	WD	ASAP

# Radiotherapy Linear Accelerator Service Development Programme

Dr Sheena Khanduri  
Lead Clinician Oncology



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

# IDENTIFIED AS SCHEDULED CARE KEY PRIORITIES 2013/14

- **Current 2 Linear Accelerator Service**

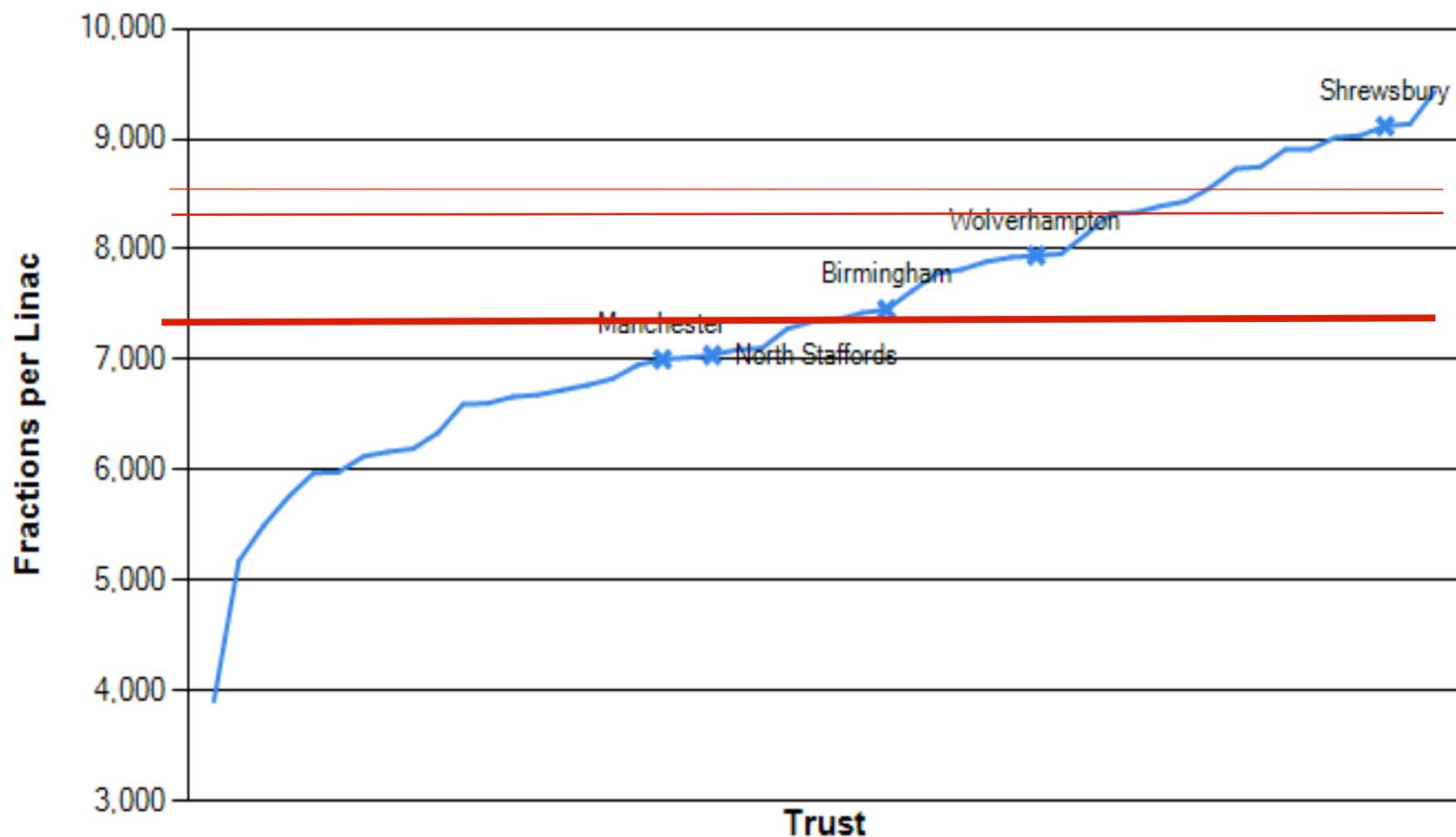
- Activity increasing by 5% annually

- operating at **97%** of existing capacity (NRAG maximum **87%** capacity)

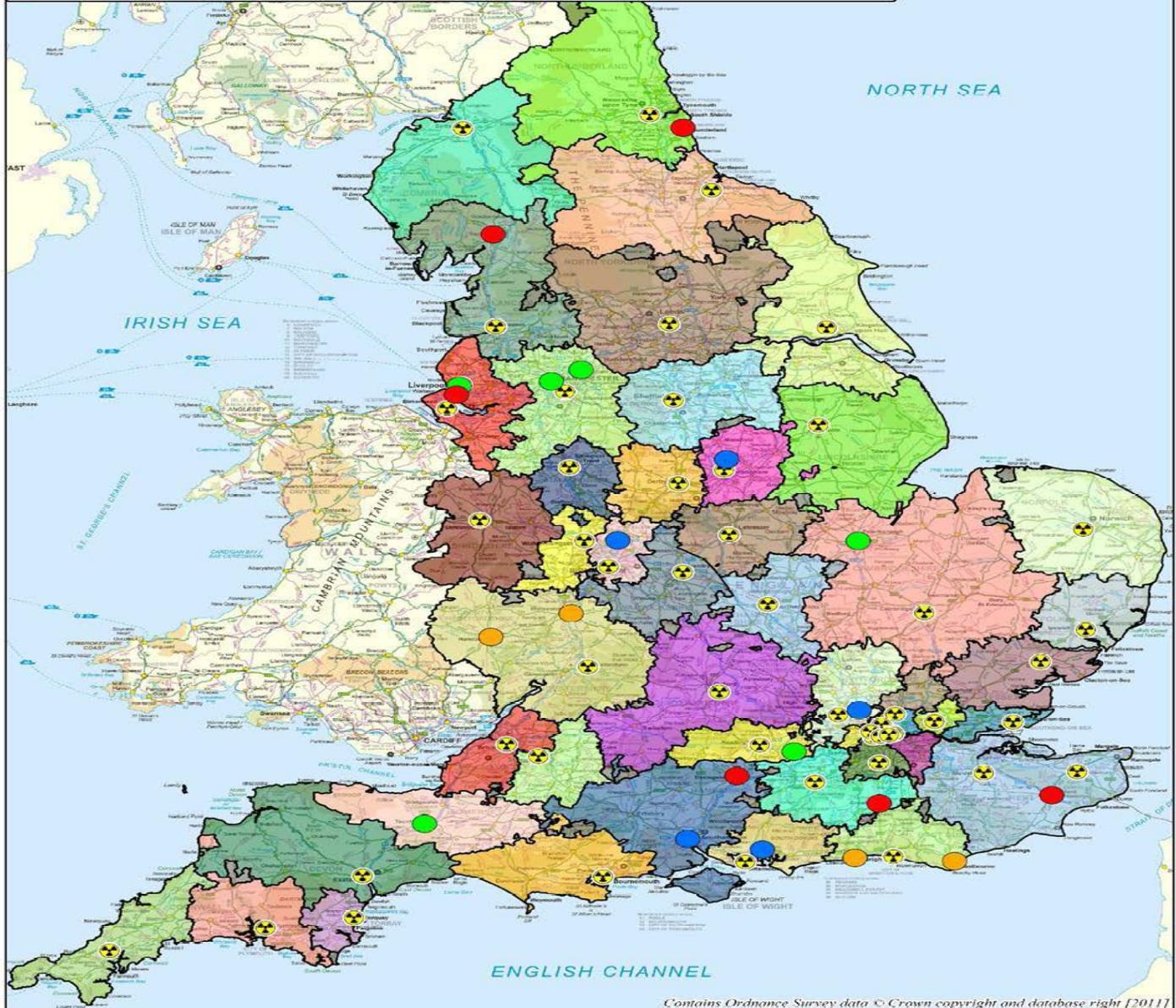
- Vulnerable to machine breakdown, fluctuations in demand, essential service/maintenance

# Average machine attendances per Linac per provider

Year (2012-2013)



- Dominant Radiotherapy Provider Population Area Boundaries (RTDS 2009/10 - 2010/11)
- ☢ Existing NHS Radiotherapy Centre at time of NRAG Report
- Additional NHS Centre already opened since 2009
- Additional NHS Centre under construction / fully approved case
- Additional NHS Centre approved/agreed, plans not fully signed off
- Independent Sector Centre opened since NRAG Report



# Increased capacity required

- Increased ageing population
- Increased uptake of screening programmes
- Complex radiotherapy requires longer treatment time- current target 24% ; Europe 50%
- Uptake linked to geographical proximity- 45mins

# Business Case

- Outlines 3 options
- Outlines increase in workforce to match demand
- Describes the required capital for a sustained service

# Maintaining 2 Linac service

- Inability to meet increased demand
- Inability to deliver National Cancer targets 31/62d
- Inability to deliver complex radiotherapy
- Loss of services to other providers

**Poorer outcomes for cancer patients**

# 3 LINAC service

- Capacity to meet demand
- Achieve National Cancer targets 31/62 d
- Ability to deliver complex radiotherapy in line with national targets 24% ( Europe 50%)
- Sustained service

# Staff Survey Results 2013

Victoria Maher  
Workforce Director



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# Key message



# Staff Survey

The NHS National Staff Survey took place between October and December 2013. Over 120 questions are asked, the survey reports 28 key findings.

The survey asks questions based on the four pledges to staff from the NHS constitution.

**Pledge 1** To provide staff with clear roles, responsibilities and rewarding jobs  
For teams and individuals that make a difference

**Pledge 2** To provide all staff with personal development, access to appropriate training and line manager support

**Pledge 3** To provide support and opportunities for staff to maintain their health, wellbeing and safety

**Pledge 4** To engage staff in decisions that affect them and the services that they provide

There are 2 additional themes: Staff satisfaction and Equality & Diversity

There are 2 types of key finding % score or scale summary score which is calculated by converting staff responses to particular questions into particular score therefore the minimum is 1 and the maximum 5

# Key Findings

## Response Rate

- 55%

Down 2% from 2012

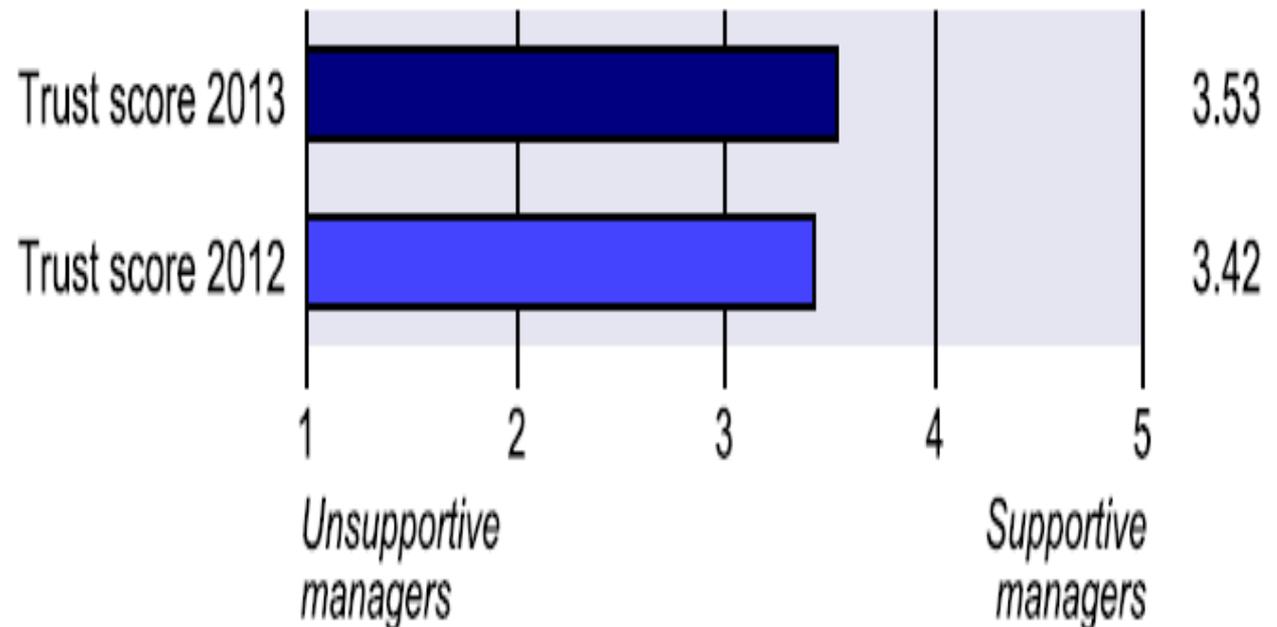
Benchmark	Number of results
Worst 20%	21
Below Average	0
Average	4
Above Average	3
Top 20%	0

# Key Improvements – Support from Immediate managers

## ✓ KF9. Support from immediate managers

*(the higher the score the better)*

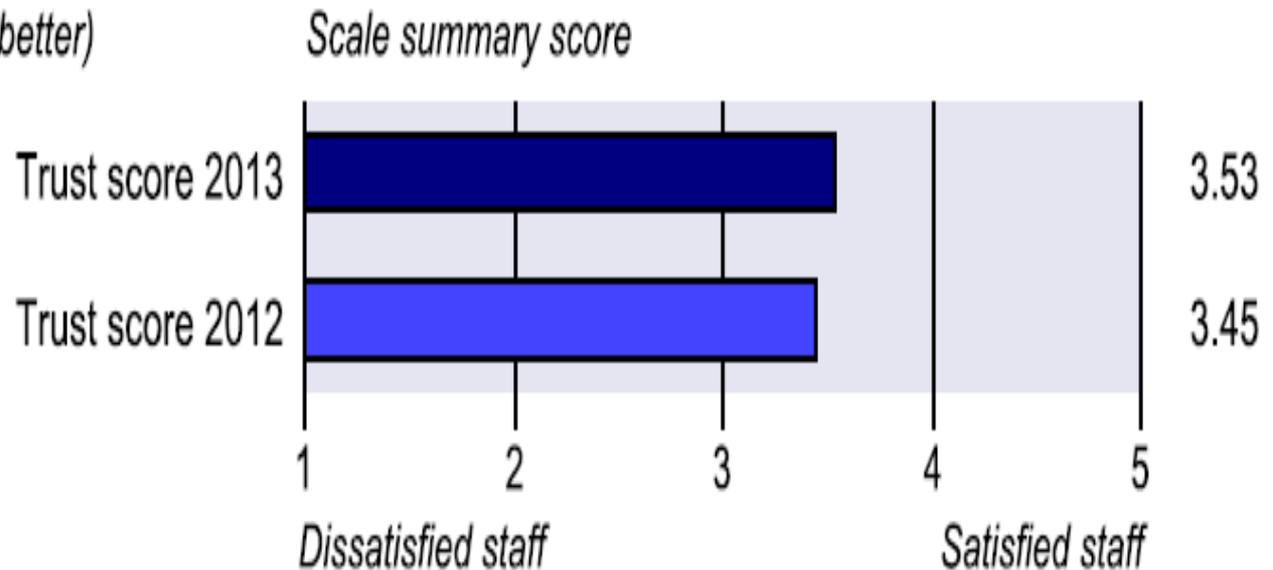
*Scale summary score*



# Key Improvements – Staff Job Satisfaction

## ✓ KF23. Staff job satisfaction

*(the higher the score the better)*

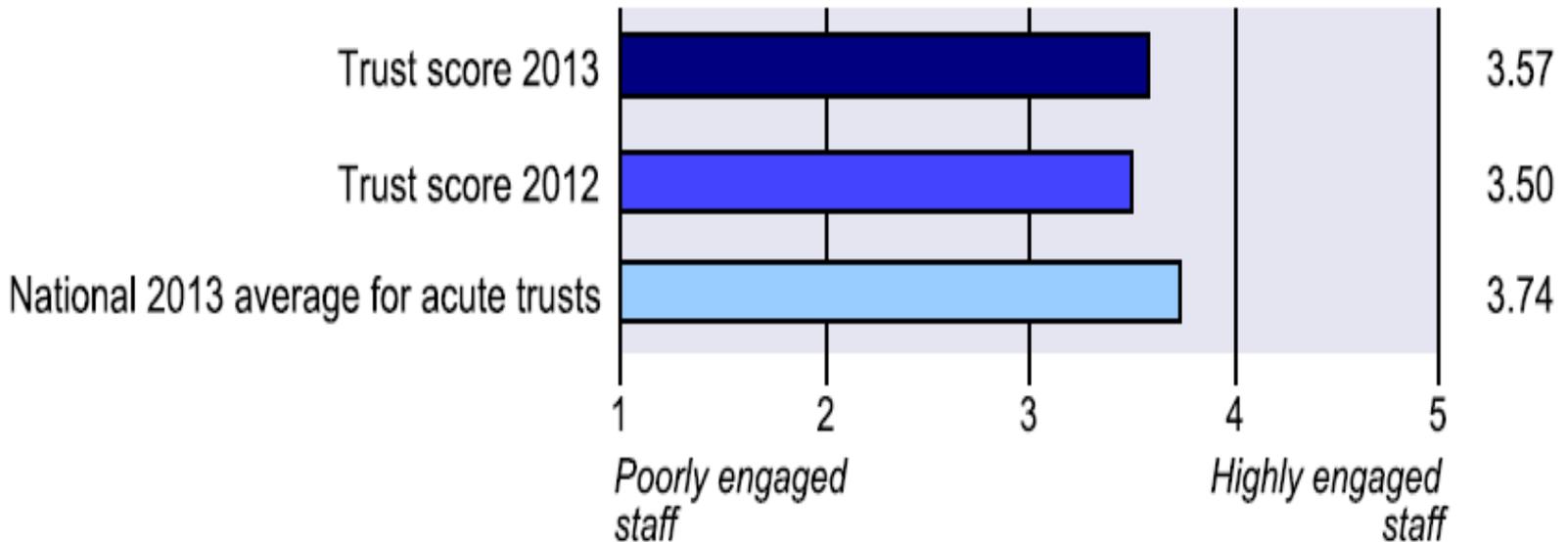


# Key Improvements – Staff Engagement

## OVERALL STAFF ENGAGEMENT

*(the higher the score the better)*

*Scale summary score*



# Net Promoters – place to work and receive care

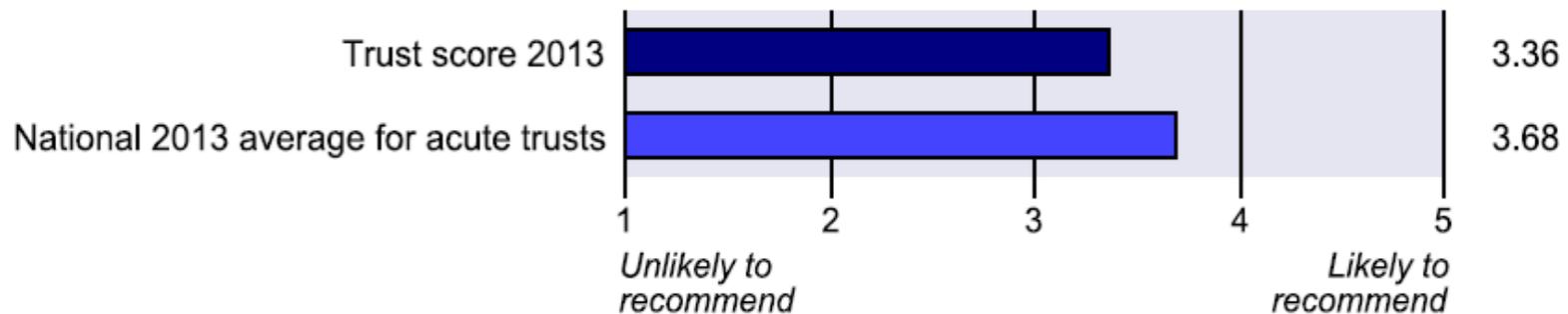
		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
Q12a	"Care of patients / service users is my organisation's top priority"	55	68	51
Q12b	"My organisation acts on concerns raised by patients / service users"	57	71	58
Q12c	"I would recommend my organisation as a place to work"	48	59	44
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	48	64	47
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.35	3.68	3.27

# Areas for development

## KF24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)

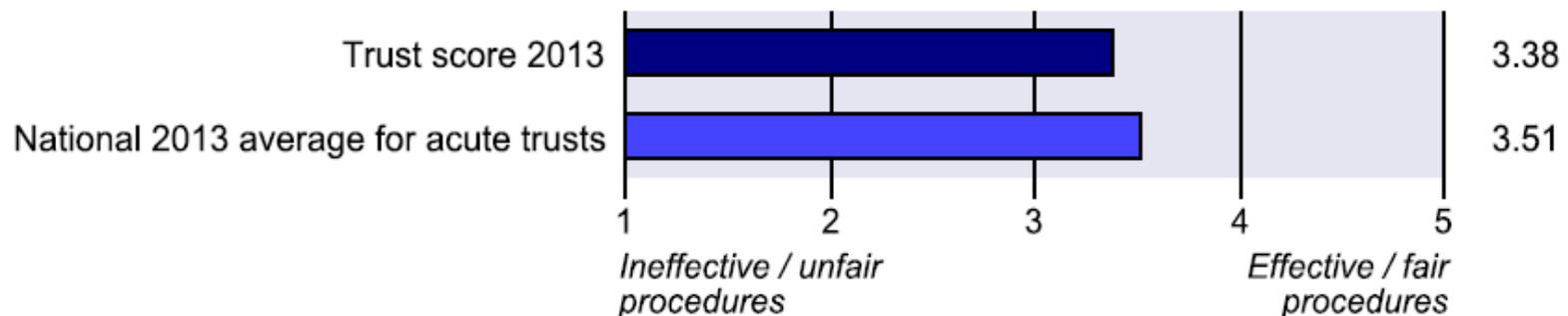
Scale summary score



## KF15. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)

Scale summary score

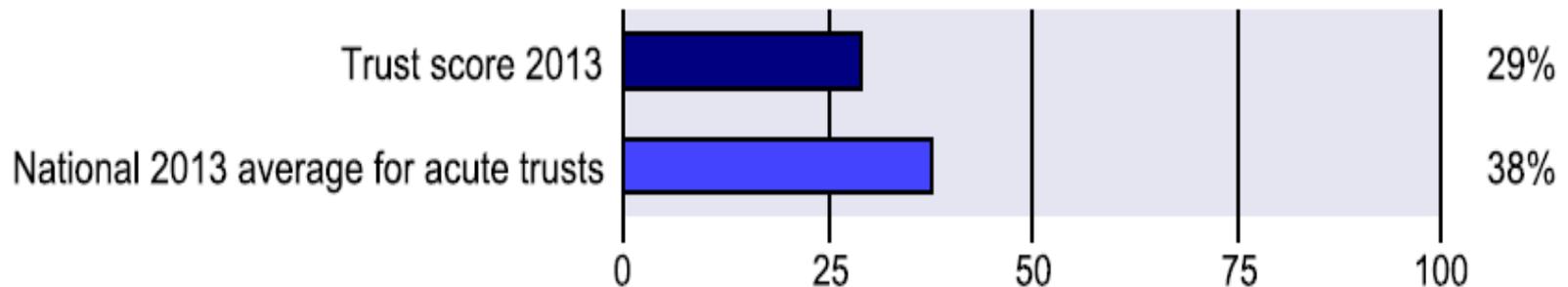


# Areas for development

## KF8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)

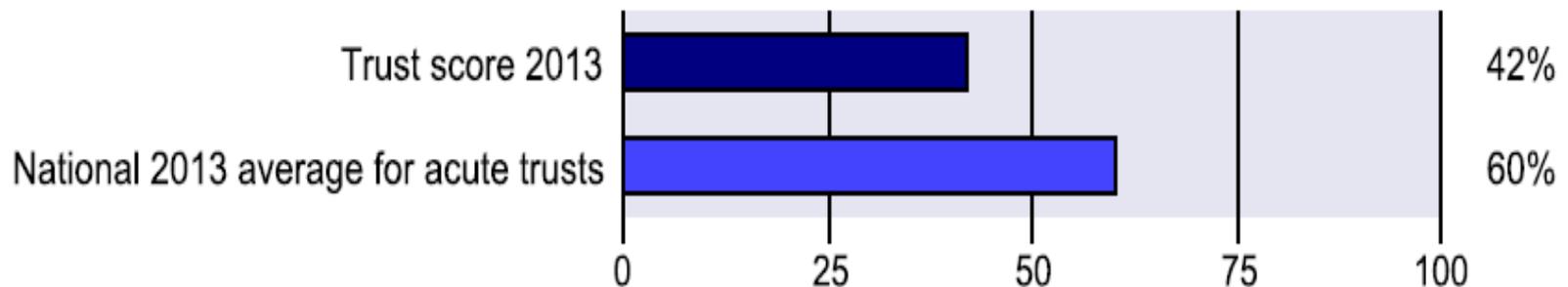
Percentage score



## KF26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)

Percentage score

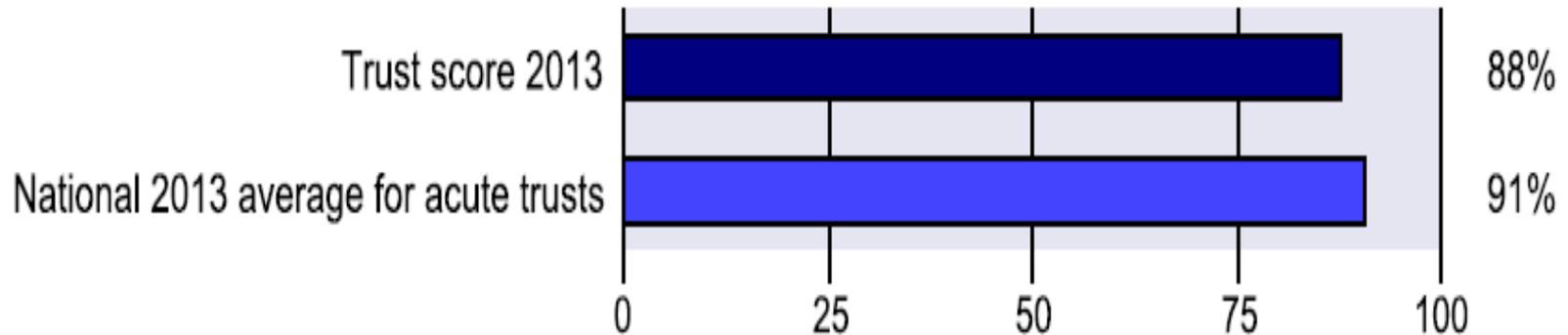


# Areas for development

## KF2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better)

Percentage score



# Your Personal Development

		2012	2013
I look forward to going to work	Often	34%	35%
	Always	12%	15%
I am enthusiastic about my job	Often	37%	35%
	Always	27%	32%
I have clear, planned goals and objectives for my job	Agree	55%	54%
	Strongly Agree	14%	18%
I always know what my work responsibilities are	Agree	57	55
	Strongly Agree	26	29
I am involved in deciding on changes introduced that affect my work area / team / department	Agree	36%	37%
	Strongly Agree	10%	12%
There are enough staff at this organisation for me to do my job	Agree	20%	22%
	Strongly Agree	2%	4%

# Your Personal Development (con't)

		2012	2013
How satisfied are you with the recognition you get for good work?	Satisfied	35%	36%
	Very Satisfied	5%	7%
How satisfied are you with the support you get from your immediate line manager?	Satisfied	40%	42%
	Very Satisfied	15%	19%
How satisfied are you with the extent to which the organisation values your work?	Satisfied	27%	29%
	Very Satisfied	4%	7%
I am satisfied with the quality of care I give to patients / service users.	Agree	45%	45%
	Strongly Agree	32%	35%
<b>I am able to deliver the patient care I aspire to</b>	<b>Agree</b>	<b>22%</b>	<b>39%</b>
	<b>Strongly Agree</b>	<b>18%</b>	<b>24%</b>

# Your Health Wellbeing and Safety at Work

		2012	2013
In general, my job is good for my health	Agree	31%	33%
	Strongly Agree	4%	6%
My organisation takes positive action on health and well-being	Agree	27%	31%
	Strongly Agree	3%	6%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Yes	67%	62%
	No	33%	38%
Have you felt pressure from your manager to come to work?	Yes	33%	32%
	No	67%	68%
During the last 12 months have you felt unwell as a result of work related stress?	Yes	41%	38%
	No	59%	62%

# Next Steps

- Further analysis through Care Group results.
- Identifying key areas of focus.
- Aligning development to the People Strategy
- Report to the board on actions to improve our employment experience.
- Ensuring engagement with staff through out the year on the results and changes we are doing.