

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 30 January 2014 at 9.30 am
Lecture Theatre, Education Centre,
Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr P Latchford	Chair
	Mr D Jones	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)
In attendance	Miss V Maher	Workforce Director (WD)
	Mrs D Vogler	Director of Business & Enterprise (DBE)
Meeting Secretary	Mrs B Graham	Committee Secretary
Apologies:	Mr H Darbhanga	Non Executive Director (NED)
	Dr R Hooper	Non Executive Director (NED)

2014.1/001 **WELCOME** : The Chair welcomed everyone and said the agenda contained three critical areas:

- i. The process of focusing on continuous improvement across the organisation
- ii. The need to create financial headroom in which change can take place to address the legacy of financial problems of the Trust.
- iii. Change model – to determine our financial, performance and quality/safety priorities.

On the Chair's request for feedback relating to the production of Board papers, Mrs D Leeding (NED) said she felt there had been considerable work to produce papers which were more succinct, but there was a need to focus on critical issues. The CEO clarified that the Members' Information Pack contained supporting/more detailed information

2014.1/002 **DECLARATION OF INTEREST** – an up-to-date list of interests was presented of members declarations. There were no interests declared in relation to any matters on the agenda.

2014.1/003 **PATIENT STORY**

The Acting Director of Nursing & Quality (ADNQ) advised that due to unforeseen circumstances the patient was unable to attend this meeting, however, the patient wishes to attend next month's Board meeting.

2014.1/004 CHAIR'S AWARD

The Board was pleased to hear that John Pinches, Theatre Porter - the Chair's Award winner for last October - had been chosen to attend a Royal Garden Party at Buckingham Palace later in the year.

The Communications Director commended John Kirk from his own Team for the Chair's Award following feedback received which stated that John is always cheery with a can-do attitude and he always delivers on his promises and works with staff to celebrate their successes. Through his diligence and commitment he has given prominence to the professional and personal successes of literally hundreds of staff. The Chair congratulated John on his Award and said he was pleased to recognise someone from 'behind the scenes'.

2014.1/005 MINUTES OF THE MEETING HELD IN PUBLIC on 28 November 2013 were **APPROVED** subject to the following change : Minute 2013.1/282 IPR Quality Section, Page 6, 10th line replace 'falls' with 'pressure ulcers'.

MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 28 NOVEMBER 2013	
2013.1/249.2	Integrated Education Annual Report 2012/13 – To be covered under Workforce Committee key summary. Item complete.
2013.1/263	Integrated Performance Report (IPR) – Quality : RIDDOR Reportable Falls – Covered under Integrated Performance Report section. Item complete.
2013.1/266	Stroke Services Programme – This will be presented to the Board following a decision from the Commissioners. Action: MD.
280	Nursing Staffing Review –. Dr Walford (NED) confirmed that he, as Chair of Q&S Committee had reviewed this and felt that it would work as a control system but that the Finance Committee would also be updated. The Board NOTED this. Item complete
282	<ul style="list-style-type: none"> • IPR – Operational – Winter Plan – the CEO said that the risks and mitigation around the contingency plans had gone through Dr Hooper (NED) as Chair of the Audit Committee. • IPR – Cancer Standards RTT action plan - the COO advised that the Remedial Action Plan was due to be signed off on 30 January 2014 by the Commissioners therefore it was not thought appropriate for a draft to be included on the agenda. The Chair said that if a similar situation occurred again he would want to see the item in question put into private session for discussion. Action : All to note in future. • IPR – Sickness Absence Policy – on the agenda. Item complete. • IPR – It was noted that the IPR had been adjusted to reflect areas of greatest concern – this had been well progressed. Item complete. • IPR – Monitor Licence Conditions Self Certifications Point 14 – DCG confirmed that she had taken a paper to the Audit Committee which outlined the process to gain adequate assurance around the self-certification process. Item complete.
284	Committee Terms of Reference and Board Dates for 2014 <ul style="list-style-type: none"> • The Finance Committee and Charitable Funds Committee had been combined. Action complete. • List of declarations would be included with every agenda in future. Item complete.

2014.1/006 FORWARD PLAN for the period February to May 2014 was NOTED. It was agreed that comments should be sent to the Director of Corporate Governance.

2014.1/007 CHIEF EXECUTIVE'S OVERVIEW included three critical issues :

- (i) Clinical Services Review now known as "The NHS Future Fit Clinical Services Review" and the 2014/15 Planning Process

After months of preparation and planning the CEO said he believed that progressing clinical services with clinical colleagues had started in earnest with a view to determining the future configuration of these services across SaTH's catchment population. Clinical Commissioning colleagues are leading the process but SaTH is heavily involved in terms of clinical based workshops.

For example, the Medical Director is leading the Acute Services component which is very important, and a high level draft vision is expected at the end of February 2014 for presentation at the March SaTH Public Board meeting. The Programme Execution Plan (PEP) has been included as a separate agenda item and this lays out the process and timescale for completion. Alongside this the Business Planning Process for 2014/15 and 2015/16 which is in progress (following the receipt of planning guidance from the Trust Development Authority). The Board will consider priorities at its development session to shape the submission of the Trust Business Plan in March 2014.

(ii) **Winter Planning for Emergency Services**

The CEO advised that SaTH continued to experience great difficulties in meeting the 95% access target for patients presenting at our A & E departments. The Plan was predicated on a wide range of initiatives including the creation of 60 additional community, social care and independent sector home places to enable the number of patients in our hospitals who are Fit to Transfer to be reduced. Progress had been made to reduce these numbers in the Christmas week but unfortunately numbers of patients who were Fit to Transfer subsequently increased, peaking at over 80 in early January which adversely affected the A & E performance. We still have levels of over 60 and it is a key priority to find a resolution because performance cannot be improved without resolving this issue. A range of alternatives are being drawn up for consideration. In spite of low target performance in the first three weeks of January, the CEO paid tribute to staff who managed the pressures in an extremely controlled and confident manner and ensured patient safety and care in very difficult circumstances.

(iii) **Financial Negotiations 2014/15**

The CEO said that a key priority over the last few months had been to reach a satisfactory financial position by year-end. The CEO said he was pleased that progress had been made to provide income to minimise the year-end deficit with transitional income provided by the NHS Trust Development Authority (NTDA). There is a risk associated with the year-end position as it relies on income and if we have to cancel elective activity it will affect our position. He believed that the willingness between the various parties to reach a suitable settlement has enabled a reasonable outcome for all.

The Chair said that reflecting on the Board papers he found that there was a lack of balance between the three key areas of finance, performance and quality/safety. Also how to understand which areas are underperforming against these areas. The Chief Operating Officer (COO) said that through the Operational Performance Group, information on all three i.e. quality/safety, finance and operational performance is received by each Care Group. It was agreed this needs to be more explicitly reported to the Board.

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

2014.1/008.1 **FUTURE FIT PROGRAMME EXECUTION PLAN (PEP)**

The Director of Business & Enterprise (DBE) introduced the paper and said the Board, along with other partner organisations, are being asked to formally approve the Programme Execution Plan (PEP). The PEP had been developed and approved by the newly established Programme Board and it sets out the systems and processes by which the Future Fit Programme will be planned, monitored and managed by the five partner organisations (Shropshire CCG, Telford & Wrekin CCG, SaTH, Shropshire Community Health Trust and Powys LHB). The paper detailed key elements to bring to the attention of the Board as follows :

- **Future Fit** - shaping health care together is the new name for the Clinical Services Review.
- **The Programme Definition and Scope** will mainly focus on services provided by Acute and Community Hospitals in Shropshire and Telford & Wrekin (whilst engaging with the patients and communities across Shropshire, Telford & Wrekin mid Wales and beyond who rely on these hospitals).

- **The Case for Change** – the national Call to Action consultation exercise with public and clinicians in November 2013 helped to shape the agreed case for change :
 - a belief that this should be clinically-led and with extensive public involvement,
 - a belief that there were real opportunities to better support people in managing their own health and to provide more excellent care in the community and at home;
 - an agreement that hospitals are currently misused as a result of poor design of the overall system and lack of well understood and properly resourced alternatives;
 - a belief that it is possible to design a new pattern of services that can offer excellence in meeting the distinctive and particular needs of rural and urban populations of this geography and to avoid being constrained by history, habit and politics.

Also recognition of key challenges including population profile and the need to support a growing frail older population, economic challenges and the additional costs of providing services across two sites. Most pressingly the Trust currently runs two full A&E departments and does not have a consultant delivered service 16 hours/7 days a week and has workforce recruitment issues.

- **Goals and Objectives** – to agree the best model of care for excellent and sustainable acute and community hospital services that meet the needs of the urban and rural communities in Shropshire, Telford & Wrekin and Mid Wales.
- **Programme Governance Arrangements** – Joint Programme Owners are Dr Caron Morton, Accountable Officer, Shropshire CCG and David Evans, Chief Officer, Telford & Wrekin CCG. All programme sponsors are represented on the Programme Board together with representatives of the key stakeholder organisations. From SaTH, members include the Medical Director, Director of Corporate Governance, Communications Director and Director of Business & Enterprise.
- **Timetable and Key Milestones** - the concerns of SaTH around the timing of the consultation had been conveyed to the Programme Board. The Programme Board felt that the timescales were reasonable and therefore consultation will start in October 2014 and conclude in January 2015, however, there will be opportunity for extensive informal consultation within that period. Milestones included the Programme set up, High Level Vision and overall service model by end January 2014; Development of models of care by end April 2014; Identification and Appraisal of Options by end September 2014 and Public Consultation and Outline Business Case by end January 2015.

It was noted that major work had commenced on engagement with the Communications Director leading on this, setting up a website and social media. The CEO noted that engagement must be on-going throughout this process, well ahead of formal consultation.

Following a number of comments/questions from the NEDs, the DBE confirmed that there is a plan to make the goals and objectives more measurable and from the key milestones in Section 6 (and detailed above) the high level vision will be drawn up by February 2014.

On a question relating to the involvement of Robert Jones & Agnes Hunt (RJA), the MD confirmed that the Medical Director of RJA is involved in the Clinical Design workstream and the COO pointed out that the Commissioners were leading a strategic review of orthopaedic commissioning as part of the health community's priorities for the year ahead.

In relation to any potential issues of conflict of interest, it was noted that this had been raised and the assurance process will have a role to provide assurance on the probity of the decision-making process for all partners and for the public.

The Chair highlighted the need for the High Level Clinical Vision to be shared and debated as early as possible, so that we are able to move on schedule to public consultation on a more detailed proposition for the future of health services. He said without a clear direction of travel we risk our organisation, our staff and services, and ultimately our patient care.

The Chair opened this up for comments from the floor which included Graham Shepherd from Shropshire Patient Group, Cllr Gerald Dakin Chair of Shropshire Health Overview and Scrutiny Committee and Lucy Allan prospective parliamentary candidate for the Conservative Party for the Telford Constituency.

Concluding the discussion, the Chair said : There needs to be a clear and co-ordinated approach to communication which will be discussed later at the Board Development Session in terms of :

- Reviewing specialisms - this needs to be seen in the wider context;
- Early engagement on our emerging clinical vision would be our requirement for this Programme, well in advance of any formal public consultation;
- Relationships

The Board **APPROVED** the Programme Execution Plan.

2014.1/008.2

BUSINESS PLANNING 2014/15

The Director of Business & Enterprise (DBE) advised that the Board that the Trust Development Authority (TDA) planning guidance to Trusts *Securing Sustainability: Planning Guidance for NHS Trust Boards 2014/15 to 2018/19* had been issued 23 December 2013. This was the first time the TDA had set out a framework to support Trusts, not only to develop the normal two year operating plans but also to develop a five year plan over the next 6 months. It sets out what NHS Boards should focus on to be able to continue to deliver high quality care today whilst taking the necessary action to ensure they can continue to do so in the future. The guidance focused on supporting Trusts to plan effectively to deliver high quality care and to take account of key lessons from recent high profile reports. It identifies a range of areas for Trusts to provide assurances against, grouping them under each of the CQCs five themes - ensuring services are safe, effective, caring, responsive and well led. The Executive is currently reviewing its strategic priorities under these key themes as part of the planning process and will bring those for a discussion to the February Board.
Action: DBE – Feb 2014.

Given the challenging environment facing the NHS, it is vital that the Trust puts in place a systematic planning process and in particular one that ensures sufficient engagement with the local health economy over the next six months to submit its five year plan. The TDA is therefore asking each NHS Trust to prepare its own description of the strategic planning process that it will follow to ensure the Board is engaged, there is sufficient resource for a rigorous planning process to take place, particularly for developing the five year plan and that the necessary planning actions and submissions are being undertaken at the right time.

National submission requirements include:

- Two-year Operating Plan to be signed off and approved by the Board by 5 March 2014: the Summary of two year plan to include Activity Plan and C difficile Plan, Financial Plan, Workforce Plan, Planning Checklist and planning process
- Five year strategic plan to be signed off and approved by the Board by end June 2014: Summary of five year plan to include Integrated Business Plan (IBP), Long-term Financial Model (LTFM), Activity Plan and Workforce Plan.

Within the guidance the TDA asked that the description of the strategic planning process be prepared at the outset of the planning period and submitted with the first plan submission on 13 January 2014.

The Trust would wish to discuss further with the TDA and Commissioners the five-year IBP milestones, to ensure, as much as possible, effective alignment with the timescales and expected outputs set out within Future Fit (the Clinical Services Review). The CEO said that through the Board Development session later today and during February there needs to be a view of where we want to go strategically and the plan needs to reflect the first two years of moving in this direction.

In answer to what NEDs could do to support the Executive, the CEO said that agreement on a view of our direction of travel and then engagement on what to do as a Board would be supportive. In terms of the five-year plan, the FD said that the plan will be based on our interpretation on where we wish to go and our understanding of the Future Fit Programme.

The Board **NOTED** the Planning Process and particularly the key milestones necessary to deliver an integrated two year operating plan and a five year strategic plan that is Board approved and Commissioner aligned.

2014.1/009

KEY SUMMARY UPDATES FROM TRUST COMMITTEE MEETINGS were RECEIVED and NOTED.

- **Audit Committee meeting held on 12 December 2013** – Dr Walford (NED), in the absence of Dr Hooper (NED), said that it was a satisfactory meeting that looked at the list of items on the Risk Register. A considerable amount related to the Estates Register and out of date equipment which has to be resolved.
- **Finance Committee meeting held on 28 January 2014** - key issues were noted and the revised Terms of Reference which now include Charitable Funds were **approved**.
- **Hospital Executive Committee (HEC) meeting held on 28 January 2014** – key issues were noted, which reflected items on today's agenda.
- **Quality & Safety (Q&S) Committee meeting held on 20 December 2013 and 23 January 2014** – Dr Walford (NED) Chair of Q&S, said the Q&S was encouraged by the development of clearer lines of communications and accountability and is asking for more transparent ways for Matrons to influence the prioritisation of minor repairs at Ward level. Progress will be monitored and there is confidence that risks and concerns raised by TDA should be reduced. Mr Jones (NED) referred to a recent national report headline about data referral to treatment and asked if regular audits were still being undertaken to check the accuracy and the measure of our performance. It was reported that an Audit Report is in progress to look at Referral to Treatment (RTT) and this will be going to the next Audit Committee. It was noted that the Terms of Reference of the Clinical Governance Executive had been amended to provide assurance to Q&S Committee.
- **Workforce Committee meeting held on 21 January 2014** – the Committee endorsed the People Strategy and the Sickness policy – both were on the Board agenda. The Committee also held robust discussion around the performance of statutory and mandatory training and appraisal rates. A different approach is being considered to improve compliance in this area. One of the key areas identified is implementation of new Agenda for Change conditions linked to performance i.e. to have pay progression linked to satisfactory appraisals. A full report will be presented to the Committee in six months.

2014.1/010

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 December 2013 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 during December 2013. A number of improvements within quality and safety were noted including a reduction in falls resulting in serious harm (with only 1 case reported in December). Benchmarking has continued and the outcome will be shared with the Q&S Committee. An early indication highlights that Trusts report very differently and SaTH appears to be more transparent in its reporting. A Serious Incident Review Group has been set up and it will share learning across the Care Groups.

Red Rag Performance – One Grade 3 Avoidable pressure ulcer, four MSSA bacteraemia infections and five *E.coli* Bacteraemia infections. An increase against the internal target in numbers of *E. coli* and MSSA bacteraemias were seen; however following investigation the majority of these are thought to be unrelated to care provided by SaTH, however SaTH will be focusing on high risk areas such as Renal/Catheterisation Units The Trust's *C difficile* infections are lower than last year but remain very close to the nationally set target.

Relatives and Carers' Experience Survey and Patient's experience of care provided by Doctors survey
Information is being collected and the Board will see the results of these at the end of the quarter. Also further discharge training and competencies for nursing staff are being implemented following feedback from patients.

VTE Assessments is above 95%.

External Feedback and Assurance

The Trust Development Authority (NTDA) visited PRH on 23 December 2013 – the outcome was generally a positive with significant sustained improvements noted across the adult wards however there were issues of cleanliness on Childrens wards and other immediate actions identified that have now been resolved. The TDA is due to re-visit in April 2014.

Regulation 28s – there were none submitted by the Coroner in December 2013 and no safeguarding alerts made against the Trust. There were 7 Serious incidents reported in December 2013.

The Chair congratulated the ADNQ and her Team on the performance for December 2013.

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

Winter Plan : A&E 4 hour wait target – performance against this standard continues to be above last year's performance but below the required 95% standard. Since November two meetings had taken place with the Area Team, the NTDA and Commissioners to review progress against the Winter Plan. Agreement was reached that the plan was "fit for purpose" but needed to be fully implemented by all organisations. At the last meeting a mini-recovery plan from the Commissioners was requested by the Regional Team for submission by 24 January 2014. It was noted that this will not deliver 95% in Quarter 4 due to the need to achieve over 100% in the remaining weeks of the quarter. Predicted Q4 performance is between 93-94%. The COO said simple discharge had significantly improved, 50% are only on the list for 48 hours. SaTH has been given additional funding to expand consultant cover on weekends and additional funding for February to cover half term. The COO assured the Board that every action is being taken to preserve safety and quality during this winter period.

The COO provided the following answers to NED's questions :

- i. SaTH is raising issues of concern about discharge planning with partners and NTDA, and there is a meeting this afternoon to try to resolve the issues, however the CCGs need to deliver their element.
- ii. The additional 60 community beds were a core component of the winter plan but we do not believe this has been delivered and therefore the discharge to assess model is not effective. The COO advised there was no formal contract in place and she felt that the economy is not mature enough to hold them to account and it needs NHS England and the NTDA to support SaTH in this.
- iii. Although SaTH strives to achieve the 95% standard it is not achieved consistently and the impact for patients is that they will wait over 4 hours in A&E to be treated.

The Chair requested the Executive 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. **Action: CEO by June 2014.**

Cancer Performance – 31 day second/subsequent treatment – surgery and 62 days urgent referral to treatment continued to fail and these are of greatest concern in non-compliance with national performance standards. A Joint Investigation led by the Commissioners has been concluded and a Remedial Action Plan (RAP) is due for sign off by the Commissioners on 30 January 2014. Delivery of the key actions contained in the RAP which, if not delivered, carries financial penalties and will be monitored monthly at the RAP meeting with both Commissioning Groups. The COO said the same detailed work around 4 hour A&E target and RTT 18 weeks is being applied to Cancer and she will continue to update on progress to the Board.

Review of Performance Standards by Exception

- A&E 4 Hour wait – 92.03% against target of 95%. No breaches of 12 hour trolley wait standards. The Trust continues to function at above 98% bed occupancy daily with all assessment areas full. During December 47% of 4 hour breaches were due to no beds available.
- 18 week RTT admitted – English – 78.74% against a target of 90%. Target failed overall but Urology, Ophthalmology and General surgery standards were achieved ahead of plan. Number of patients waiting over 18 weeks continues to fall in line with trajectories. The Trust will continue to fail this target until the backlog and waiting list size is at the agreed sustainable level.
- 18 week incomplete pathway – English – 89.75% against a target of 92%. Performance will be inconsistent until waiting list sizes are cleared to a sustainable level.
- Cancer 2 week GP to 1st OP appointment Breast symptoms – 90.06% against a target of 93%. 16 out of 161 patient breaches (4 resulting from clinic cancellations, 5 patients were unavailable to attend initial appointments; 7 initial appointments were declined with the alternative date given outside of the current target. Predicted compliance for year end 2013/14.
- Cancer 31 day 2nd or subsequent treatment – drug – 97.62% against a target of 98%. One patient breached. Predicted compliance for year end 2013/14.
- Cancer 31 day 2nd or subsequent treatment – surgery – 91.18% against a target of 94%. Three patients breached. Predicted non-compliance for year end 2013/14 by -1.25%.
- Cancer 62 days urgent referral to treatment – 80.20% against a target of 85%. 19.5 patients breached. 0.5 is a shared breach with the tertiary centre. Breaches are across all cancer sites. Predicted non-compliance for year end 2013/14 by -3.05%.

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 December was £2.769 million, after allowing for NHS Trust Development Authority (NTDA) transitional support of £3 million.
- Since the last Board meeting the Trust had accepted a revised level of transitional support of £4 million from NTDA on the basis that it is able to achieve a balanced position by the year end and then this will not need to be repaid. The CEO explained that this decision had to be made by himself and the Finance Director to meet the required deadline, which was in advance of the Trust Board meeting. The FD said that the budget had been reset accordingly and he assured the Board that looking at the income plans and the volume of activity over the last few months, there is a level of confidence that breakeven can be achieved through increasing activity within day case and inpatient activity – both of which are possible as part of buying in additional capacity - but there is a risk around the unpredictability of our activity should there be an unexpected surge in emergency admissions, which would displace elective activity..
- In addition the Trust had reached an agreed income position with Shropshire County Clinical Commissioning Group (CCG) for the remainder of the year but similar discussions with Telford & Wrekin Clinical Commissioning Group (CCG) are still ongoing.
- Forecast income levels should enable a breakeven position to be achieved but due to uncertainty over the impact of emergency activity and the need to agree a year-end financial position with Telford & Wrekin CCG there remains a potential risk level of circa £1 million in delivering a balanced end of year position. The income position provides £1.9 million funding to enable a year-end break even position, relating to specialised services commissioning and drugs delivery. The Trust has made provision to repay £7.5 million temporary borrowing in full in March 2014.

Cash position

- The cash position has been a source of anxiety and by end of December temporary borrowing was increased to £7.5 million which has to be repaid by end of March 2014. It was noted that SaTH was currently unable to pay its suppliers in line with Best Practice Payment of 30 days until it has an injection of cash.

The FD said the loan application paper written on the basis that SaTH made an application for permanent borrowing from the Treasury has since been withdrawn as we no longer need to apply for Public Dividend Capital (PDC) borrowing this year. However it still remains the case that SaTH has to have discussions going forward into the next financial year.

Mr Jones (NED) said that the actions described gets the Trust to the end of the financial year - 31 March 2014 but the underlying issue is the structural deficit that has been there for 20 years. The FD advised it was important to present a realistic Income & Expenditure (I&E) and cash position to the NTDA to ensure support for our longer-term model including transitional support for 2014/15 and permanent borrowing for the structural financial position.

The CEO explained that the NTDA have been advised of the £1 million risk around breakeven but if this was exceeded the implications of not achieving breakeven is uncertain.

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. **Action: CEO – Mar 2014.**

NEDs said it needed to be pointed out that £13 million had been achieved through cost improvement measures during the year and this is on top of increasing the level of care quality.

The Medical Director highlighted that the long term financial sustainability of the Trust is critically dependent on agreeing a compelling vision for the future of healthcare services that enables us to live within the resources invested in the health services. Our financial sustainability which underpins quality and safety of our services is therefore a shared responsibility across all partners in the health and care system and not solely the Trust. The Chair committed the Trust to continuing to tackle this issue in an open and transparent way.

WORKFORCE

The Workforce Director (WD) introduced her section of the paper and provided an overview for the Board:

- A workforce plan for Emergency Medicine is being developed to support safe staffing across our emergency services. The model is multi disciplinary and will be a mix of recruitment and growing our own talent. The plan will be finalised in February.
- **Sickness Absence** – has increased in December to 4.47% with the year to date position below the target of 4% at 3.98%. There are a number of actions being taken to control absence, which has cost the Trust £3.4m to date. The new absence policy would be received by the Board later in the meeting.
- **Appraisals** – 72% appraisal rate in December against a target rate of 80%. This subject had been discussed at Executive Directors who are leading efforts to make improvements in this area.
- **National Staff Shortages** – there is a national shortage of adult nursing so SaTH is looking at a range of options for supporting our recruitment aspirations including overseas recruitment and lobbying Health Education West Midlands to work with us on a Return to Practice model. Emergency medical workforce is another area that is being looked reviewed.

MONITOR LICENCE CONDITIONS SELF-CERTIFICATIONS

Section 7 - Appendix 1 and 2 - Monthly Self Certifications – NTDA Requirement

The Trust followed the formal process and was submitting the monthly self-certification templates for December 2013 :

- **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 December 2013 and non-compliance around performance issues already discussed. Action plans are in place to recover all the targets.

The Board **NOTED** the Integrated Performance Report for December 2013 and **APPROVED** the self-certification submissions to the NHS Trust Development Authority (NTDA).

2014.1/011

APPLICATION FOR PERMANENT BORROWING FROM THE TREASURY

The Finance Director (FD) advised that this item had been **withdrawn** as it had been **superseded** – discussed under Financial Performance section of the Integrated Performance Report.

2014.1/012

PEOPLE STRATEGY

The Workforce Director introduced this item and provided a summary of the proposed People Strategy for the organisation. She explained that the summary will be used to engage both existing and future employees. It was noted that a period of consultation had been undertaken to ensure that the strategy supports the organisation to achieve this.

The Workforce Director advised that the Strategy sets out a vision to make the organisation a great place to work, with clear aims and objectives to make this happen and includes the Board's commitment to our staff. It was noted that an annual implementation plan will be produced and will be monitored by the Workforce Committee to provide assurance to the Board. This will define measures of success with key measurable and SMART objectives.

The Strategic Aims include :

- An engaged, enabled and empowered workforce who are well led and supported to realise their potential ensuring an excellent experience of our patients;
- Develop great leaders who put patients first and drive our organisation to achieve;
- Plan and develop a flexible workforce to meet the changing needs of our communities and the services we deliver;
- Attract, recruit and retain people who believe and live our values to ensure our patients receive the best care.

Mrs Leeding (NED) noted that a high performing workforce needs an excellent training and development plan. The Chair suggested greater emphasis on team work as the health service can appear fragmented and not always patient-centred. Mr Jones (NED) raised the issue around statutory and mandatory training and asked if there is confidence that staff are willing to participate in this. The WD said that the plan will be reviewed on an annual basis to see how it is progressing and there will be challenge of ownership.

The Board **APPROVED** the People Strategy.

2014.1/013

HR POLICIES - The Workforce Director introduced the following policies and the Board **APPROVED** :

- HR19 Retirement Policy
- HR43 Work Experience Policy
- HR46 Maintaining Personal Files and Electronic Staff Records
- HR52 Standards of Business Conduct
- HR54 Acting Up
- HR31 Managing Attendance and Employee Wellbeing - the Board **NOTED** that following a period of consultation this policy had not been agreed by staff side colleagues and therefore the organisation has committed to reviewing the policy in 6 months' time and sharing this review with staff side. The Chair asked that arrangements be made for him to meet the Staff Side Chair person. **Action: WD.**

Under **Section 2 Bribery Act** of the report, the Board **AGREED** the following Statement :

Bribery is a criminal offence. Shrewsbury and Telford Hospital NHS Trust does not, and will not, offer improper inducements to anyone, for any purpose; nor do we, or will we, accept improper inducements. This approach applies to everyone who works for us, or with us. To use a third party as a conduit to channel bribes to others is also a criminal offence. We do not, and will not, engage directly in, or otherwise encourage, bribery.

In conjunction with NHS Protect, we will seek to obtain the strongest penalties – including criminal prosecution, as well as disciplinary and civil sanctions, against anyone associated with the Trust who is found to be involved in bribery activities.

2014.1/014 **TO RECEIVE AND REVIEW GOVERNANCE AND COMPLIANCE UPDATES :**

2014.1/014.1 **BOARD ASSURANCE FRAMEWORK**

The CEO introduced the item and advised that most of the issues had been discussed under the Integrated Performance Report he therefore reported by exception on the list agreed by the Risk Committee:

- Safe Care (RR415) moved to AMBER
- Falls Prevention (RR96) remains on RED – considered a major risk but we are improving;
- Delivering high performance standards (RR56) on RED – still a key risk
- Clinical Service Vision (RR668) moved to AMBER
- Workforce engagement (RR423) – early indications from staff survey shows that there is promising improvement – remains on AMBER
- Finance building a sustainable future (RR670) – remains on RED and still a key risk.

2014.1/014.2 **TO RECEIVE THE MATERNITY SERVICES REVIEW AND ACTION PLAN**

The Acting Director of Nursing & Quality (ADNQ) introduced the Independent Review of clinical care within the Maternity Services which was commissioned by the two local Commissioners which focused on the following areas :

- Pattern and understanding of Serious Incidents within Maternity Services since revised categories of reporting were implemented;
- Issues identified during a high profile inquest in 2012 raising questions about various aspects of maternity care;
- Failure to meet nationally recommended ratio of midwifery supervisors to midwives;
- On-going challenges with regard to midwife to birth ratio.

It contained a detailed review in terms of quality and safety and involved an extremely high level of scrutiny of all levels of staff involved. Operational performance, financial performance and efficiencies were not part of the Terms of Reference. Essentially the Independent Review found Maternity Services to be safe although there were a number of recommendations made across five areas (neonatal care, maternity network, serious incidents, hub and spoke model and patient and public engagement).

The ADNQ said that Maternity Services had been very transparent and Cathy Smith, Women & Children's Services Manager was in attendance at the meeting. The one key issue around hub and spoke model was to increase throughput and usage of midwifery led units and in future make them financially viable. The Medical Director said it was important that SaTH makes the point that as a provider we respond to Commissioners wishes and to provide safe and high quality care is more challenging as a provider. The good news is that we have been able to demonstrate that we are at the forefront in terms of providing quality care.

Dr Walford (NED) said we have been concerned about some families' experience of the maternity service for some time and this report allows the Trust to say that these were undoubtedly very bad experiences but in the context of generally good services

It was confirmed that SaTH was seeking CNST level 3 compliance in March 2014 and if we are successful that would deliver £0.5 million contribution reduction and would demonstrate that we are delivering safe services.

The Chair said it was a very comprehensive report and he thanked all those involved but recognised there had been some sad cases. It is anticipated that the Trust will be seeing more reviews in future and the scope of this paper was about quality and safety.

2014.1/014.3 **UPDATE ON THE TRUST'S RESPONSE TO THE FRANCIS REVIEW RECOMMENDATIONS**

The Acting Director of Nursing & Quality (ADNQ) introduced an update on progress which had been to the Quality & Safety Committee and related to actions and recommendations following the Francis Inquiry. The report and comprehensive action plan builds on previous information in relation to the key recommendations presented to the Board in May 2013. It is supported by a number of actions already completed, along with those in progress that the Trust will need to implement to ensure that the recommendations are fully embedded within the organisation. It was noted that the Quality & Safety Committee will review progress on a six monthly basis on behalf of the Board.

The Board **NOTED** the update.

2014.1/014.4 **THE CARE QUALITY COMMISSION (CQC) INSPECTION FINDINGS FROM THE RSH VISIT HELD IN OCTOBER 2013**

The Acting Director of Nursing & Quality (ADNQ) introduced the report which updated the Board on actions and measures put in place to provide assurance of the regulatory requirements and standards expected by the CQC following its unannounced inspection visit to the Royal Shrewsbury Hospital on 23 October 2013. During the visit the CQC identified many areas of good practice and observed positive engagement between staff and patients. It was particularly encouraging that the Trust was judged to be fully compliant against care and welfare of people who use the services, which had been an area of concern previously. However the CQC made a number of observations across six wards where concerns had been raised and resulted in notification that 3 of the 5 health care outcomes were not being fully met and identified areas for improvement as follows :

- Record keeping relating to standards of nursing documentation and care planning inconsistent based on accuracy and completeness (Moderate Concern)
- Regulation around consent to care and treatment (Minor Concern) related to Do Not Attempt Resuscitation (DNAR) records of discussion and patients required to consent to treatment – not always consistent evidence of Mental Capacity or Best Interest assessments being carried out.
- Complaints (Minor Concern) - the CQC recognised that changes were to be made.

The ADNQ met with the CQC on 28 January 2014 to discuss the actions SaTH intend to take.

The Board **NOTED** the report.

2014.1/014.5 **CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2012/13**

The Finance Director (FD) advised that the Board is the Corporate Trustee of SaTH's Charitable Funds and is therefore required to review and approve the Charitable Funds Annual Report & Accounts for 2012/13. The Finance & Charitable Funds Committee met on 28 January 2014 and reviewed and approved the Annual Report & Accounts and the External Auditors (KPMG) completed the final audit report (ISA 260).

Mr Jones (NED) wished to commend the Finance Team for its clarity and presentation of the Annual Accounts.

The Board as Corporate Trustee **APPROVED** the Charitable funds Annual Report & Accounts 2012/13 and signed off the Trustees' responsibilities in respect of the Trustees' report and the financial statements, the balance sheet and the management representation letter.

2014.1/015

QUESTIONS FROM THE FLOOR RELATING TO ITEMS ON THE AGENDA.

**Mr G Shepherd
(Shropshire
Patient Group)**

Winter Plan – expressed concern over previous plans and the additional funding stopping in nine weeks' time. Of particular concern was the problem with the 60 beds supposed to be provided in the community that had not materialised.

The COO advised that in nine weeks we will need to take a decision about keeping escalation beds open and going forward we need earlier discussions and more joined-up working to resolve problems. The MD added that there was evidence that cases of flu had started to hit Shropshire and we are encouraging, through the media for staff and patients including vulnerable patients, to get immunised.

**Mr Jones
(PALS
Volunteer)**

PALs vacancy at PRH: in answer to Mr Jones' comment on the staff difficulties in the PALS Office at PRH, it was confirmed that management restructure had been completed, recruitment had taken place and a new member of staff would be commencing duty shortly.

**Mr J Morgan
(Montgomery
CHC)**

Congratulated Dr Latchford on becoming the new Chair of SaTH. Several points were made :

1. Experienced a problem retrieving Paper 8 from the SaTH website. *[This was the application for permanent borrowing from the Treasury paper that was subsequently withdrawn].*
2. Maternity Services Report was very complimentary of the services but there was no mention of the fact that SaTH is delivering a significant amount of babies over the border in Welshpool and Newtown. In answer to this it was noted that the review was carried out by Shropshire CCG. The CEO said that our Welsh patients are of great importance to us. Within the full report (available on the Trust website) the Welsh populations have been referred to on three occasions.
3. Congratulated SaTH on the CQC report but noted there were a few areas that needed to improve.
4. Stroke Services – at previous meetings it mentioned that a report was due to come to the Board today and asked for a brief on this. The COO said there was an outstanding issue with the West Midlands Ambulance Service and the Commissioners to take forward the medium term solution. She had chased a response on two occasions. The MD added that SaTH is providing a better service having unified.

2014.1/016

REVIEW OF MEETING

- It was a good meeting with good transparent debate.
- Good quality debate and decisions made.

2014.1/017

DATE OF NEXT MEETING

Public Board Meeting – 27 February 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 30 JANUARY 2014

Item	Issue	ACTION OWNER	DUE DATE
2013/266	Stroke Services Programme This will be presented to the Board following a decision from Commissioners.	MD	ASAP Item on the Agenda
2014/008.2	Two and Five year Business Planning The Executive is currently reviewing its strategic priorities under the five key themes as part of the planning process and will bring those for a discussion to the February Board.	DBE	Feb 2014 Item on the Agenda
2014/010	Integrated Performance Report 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
22014/010	Integrated Performance Report - Financial Performance 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
2014/013	HR Policies – HR31 Managing Attendance and Employee Wellbeing The Chair asked that arrangements be made for him to meet with the Staff side Chairperson.	WD	ASAP