

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held on Thursday 28 April 2016**  
**Severn Centre, Highley, Bridgnorth, Shropshire**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr H Darbhanga Dr R Hooper Mr B Newman Dr S Walford Mr S Wright Mrs H Jenkinson Dr E Borman Mrs D Kadum Mrs J Price	Chair Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Representing Director of Nursing and Quality (DNO) Medical Director (MD) Chief Operating Officer (COO) Representing Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In attendance</b>	Miss V Maher	Workforce Director (WD)
<b>Meeting Secretary</b>	Mrs S Mattey	Committee Secretary (CS)
<b>Apologies:</b>	Mrs D Leeding Mr P Cronin Mrs S Bloomfield Mr N Nisbet	Non-Executive Director (NED) Designate Non-Executive Director (NED) Director of Nursing and Quality (DNQ) Finance Director

**2016.2/60 WELCOME:**

The Chair welcomed the Board members and members of the public who were informed that it is a meeting in public rather than a public meeting, and advised that there would be an opportunity to ask questions at the end.

It was reported that the Communications Director has left the Trust after 8 years' service to move into a role at the Powys Teaching Health Board. The Board recorded their thanks for all of his contribution to communications development at the Trust.

**2016.2/61 CHAIR'S AWARD**

The COO introduced two members of staff who had been invited to attend to receive this month's Chair's Award.

**2016.2/61.1** Laura Jones, Staff Nurse on the Surgical Assessment Unit (Ward 33) at RSH had been nominated to receive the Award following lovely feedback received from patients, in particular one patient during a night shift. The patient reported:

"I was recently admitted to the Royal Shrewsbury Hospital due to collapsing at home. All the nurses and staff who looked after me on A&E, Ward 29 and Ward 33 were really excellent and made my time with you more enjoyable.

There was one nurse however who I feel deserves special mention for her excellent attitude and really nice 'bedside manner'.

..... Chair  
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Staff Nurse Laura Jones on Ward 33 who covered the night shifts was fantastic. She always had a smiling face, even in the face of adversity, and really tried to make my (and other patients) stay as enjoyable as possible. She is an inspiration to those youngsters wanting to join the nursing profession. Nothing was too much trouble for her. Please pass on my heartfelt thanks to Laura and the nursing teams on the wards mentioned”.

The COO highlighted that Laura Jones is clearly living the Trust's Values, particularly 'Proud to Care'.

The Chair presented Laura with the Chairman's Award, gift and certificate, and highlighted that not only has she provided care in a safe and kind manner, but for the patient to report that his hospital stay had been an 'enjoyable experience' was a fantastic achievement.

2016.2/61.2

The second Award was presented to Nonny Stockdale, Matron in Unscheduled Care, following a nomination received from several colleagues.

Nonny is an experienced Matron and is currently 'acting up' as Lead Nurse for Unscheduled Care. She has taken on this challenging role with her usual vim and vigour. One of Nonny's colleagues reported:

“Nonny encapsulates the style and approach of matron needed in the modern NHS. She has shown herself to focus intently on the right balance between individual and collective safety – the patient in front of her, those needing admission and those not yet admitted.

Her calm, compassionate and reassuring tone has helped to ensure that some very complex transfers of care have been expedited, reducing delays and decompensation for the patient.

Recognising that for frail elderly patients, a week in hospital can be equivalent to a year of reduced independence; Nonny consistently shows her commitment to right patient, right place, right time”

The COO highlighted that Nonny Stockdale lives all of the Trust's Values every single day and is an absolute credit to the Trust.

The Chair presented Nonny with the Chair's Award, gift and certificate and thanked her for holding the organisation to account. Nonny accepted the Award on behalf of her husband and daughter who constantly support her, and thanked the Board for the recognition.

2016.2/62

## PATIENT STORY

The Deputy Director of Nursing & Quality presented this month's patient story which relates to a letter that was received during August 2015 regarding the care of a patient, Mr F.

Mr F had a kidney removed during January 2015. During the follow-up appointment in March, the patient learned that he had an aggressive cancer in the kidney and it had begun to leak into the surrounding tissue. As a result, the Consultant was going to refer the patient to oncology for a course of chemotherapy; however, the family did not appreciate at this stage that any treatment given would only be palliative.

The appointment to discuss the chemotherapy would take four weeks to arrange; it appeared there was no sense of urgency. However, a week after the appointment with the Consultant, Mr F's health started to deteriorate. He was admitted to the Acute Assessment Unit on 1<sup>st</sup> April 2015; the Wednesday before the Easter weekend.

The doctor who examined Mr F said he would get Urology and Oncology opinion, but the patient would have ultrasound and CT scans in the meantime.

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Mr F stayed on the Acute Assessment Unit for two nights, and the only doctor that came to see him was a Diabetic specialist (the patient was Type 1 diabetic).

Mrs F asked what was happening with regard to treatment, but the Staff Nurse reported that she had been unsuccessful in getting Urology and Oncology to communicate with each other.

The patient was transferred to the Gastro Ward where he spent the remainder of the Easter period, but no doctors attended to discuss the scans.

On the Tuesday morning, a doctor informed Mr F that he was not sure why he was in hospital and was going to discharge him and arrange an appointment to see him in the outpatient clinic. Unfortunately, Mr F was made to feel as though he was wasting people's time. At that stage, he had no idea of the extent of his deteriorating condition.

The nurses and doctors station was very busy at the time Mr F was being discharged; the family therefore did not feel it was appropriate to ask about the scans. Mr and Mrs F opened the Discharge Letter addressed to their GP when they were home and were shocked to read its content, which reflected the terminal nature of his condition.

Unfortunately, Mr F died a short while after. Following which, Mrs F and her sister were involved in a very helpful meeting with the Consultant and Clinical Nurse Specialist involved.

The Deputy DNQ reported that she also met with Mrs F who stressed the importance of keeping patients and their families informed; she also highlighted that someone should have spoken to them and suggested a doctor should check the patient's understanding prior to discharge.

Mrs F did however wish to emphasise that the care her husband received was excellent and they were kept informed 'up to a point'; however, they were exasperated at the lack of communication in relation to her husband's illness.

Mr Darbhanga (NED) queried the lapse in time of this patient story being presented to Trust Board, and also enquired why it took the patient's family to open the discharge letter to become aware of the decline in the patient's illness.

Dr Walford (NED) highlighted that patients and their families should be kept informed by two staff members and should also be given a contact number at the time of discharge.

The CEO reported that all doctors and clinical teams should follow process and highlighted that this should be understood by all clinical teams.

The Deputy DNQ reported that the patient's wife, Mrs F, links the lack of information around the Easter / Bank Holiday weekend period. She highlighted that her husband presented at AMU with a clear diagnosis, but unfortunately they were not informed of the results of the scans and the extent of her husband's decline in health during their stay in hospital.

Chair's Award winner Nonny Stockdale informed the members that the working processes on the Wards have changed dramatically over the years, and doctors currently rotate every two weeks, which has impacted very negatively on communication.

The MD reported that it was disappointing to hear this patient story as he has previously highlighted to doctors the importance of keeping patients and their families informed of the implications of illnesses. He also reported that breaking bad news is now part of doctor's training. He agreed to obtain the detail of the recommendations and actions taken and investigate the matter further.

**Action: MD**

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Mr Deadman (NED) highlighted that a Doctor had informed Mr F that he could be discharged on the Tuesday; it therefore appears the patient had a pointless and unkind wait in the hospital over the Bank Holiday weekend period.

The Chair informed the Board members that all processes should be focused through a 'kindness prism'.

Following discussion, it was agreed that Dr Walford (NED) would discuss this case and the arising issues further at the Quality Committee.

**Action: Chair of Quality Committee**

#### 2016.2/63 BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board received the Declarations of Interest for information only.

Mr Deadman reported a few amends to be made to his Declarations to read as follows:

- Director of Ombudsman Services Ltd
- Director of Metropolitan Housing Trust
- Chairman of Energy Innovation Centre Investment Forum
- Council Member of Institute of Asset Management
- Director and Shareholder of 1905 Investments Ltd
- Director MML Ltd
- Director CPD Ltd
- Fellow Institute of Asset Management
- Lecturer at Cranfield University

The Chair also reported that he is a Lecturer at Warwick University.

**Action: Committee Secretary to update**

#### 2016.2/64 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 31 March 2016 & 4 April 2016

The Chair requested that minute 2016.2/28 of the Public Trust Board meeting held on 31 March 2016 be amended to add a final paragraph to reflect the summary of the issues discussed at the open meeting when the Board adjourned its business.:

'Contingencies discussed during the open session prior to the decision approving the SOC:

- Design of community and rural element of Future Fit and the modelling behind Future Fit as a whole being undertaken separately, but aligned to SaTH's plans
- Quality Impact Assessment of proposals – to include travel times, ambulance times, access and alternatives available
- SaTH's financial position and impact on Local Health Economy, plus consideration of social service funding cuts
- National guidance on best practice- including advice from the Clinical Senate and consideration of realistic alternatives"

**Action: Committee Secretary to amend**

The remainder of the minutes of the meeting held on 31 March 2016 were APPROVED as a true record.

Mr Deadman (NED) reported that his apologies had been omitted from the 4 April 2016 meeting.

**Action: Committee Secretary to update**

The remainder of the minutes of the meetings held on 4 April 2016 were APPROVED as a true record.

..... Chair  
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2016.2/65      **ACTIONS / MATTERS ARISING FROM PREVIOUS MEETINGS**

- 2016.2/65.1      2016.2/27 – Patient Story  
*COO to investigate time delays of radiological scans/reporting and report back to the Trust Board.*
- The COO reported that she had investigated the time delays of radiological scans and reporting and the main constraints are within the Consultant Radiology workforce and the urgency of the scans they need to report. The urgent two-week cancer waits are given priority.  
 It was reported that the Trust does benchmark extremely well against its peers, however the members agreed that the Trust must continue to investigate the patient groups that are being impacted upon.  
 The COO confirmed that she will continue to track the issues and feedback through the Quality Committee. **Action: COO**
- The MD reported that he met with the Consultant Radiologists regarding the delays in reporting and has also looked into commercial outsourcing and discussed the issues with other Trusts who are experiencing similar issues. They are going to collectively see what can be undertaken to resolve the problem.
- 2016.2/65.2      2016.2/27 – Patient Story  
*MD to contact NICE regarding funding/support of Avastin drug.*
- The MD confirmed that he contacted NICE (The National Institute for Health and Care Excellence) and is currently awaiting a response. He will then explore the potential for Brigadier Mantell to retain the funding for the Avastin drug.  
 Following discussion, the Board agreed that they are happy for the MD to continue with this course of action; the CEO also offered his assistance with regard to liaison with NICE.
- 2016.2/65.3      2016.2/31.2 – Morecambe Bay Maternity Review  
*DNQ to provide an update to April 2016 Board following discussion at Q4 Quality & Safety Committee.*
- The April Quality & Safety Committee was deferred to May 2016. Update to be included in the Summary of the May Quality Committee and presented to June Trust Board.  
**Action: DNQ. Due: June 2016 Trust Board.**
- 2016.2/65.4      2016.2/31.3 – Patient Experience Strategy Update  
*DNQ to present full Strategy to April 2016 Trust Board*  
**In process. To be presented to June Trust Board.**  
**Action: DNQ Due: June 2016 Trust Board.**
- 2016.2/65.5      2016.2/31.4 – ‘Belong to Something’  
 WD to provide update to June Trust Board.  
**Action: WD Due: June 2016 Trust Board.**
- 2016.2/65.6      2016.2/43 – Virginia Mason Institute (VMI) Update  
 CEO to provide update to April Trust Board in relation to the second Value Stream: The Septic Patient  
 See Minute 2016.2/73. **Completed. Action closed.**
- 2016.2/65.7      2016.2/43 – Virginia Mason Institute (VMI) Update  
 CEO to present review of Kaizen Promotion Office (KPO) work to Board in next 12 months.  
**Added to 2017 Board Schedule of Business. Action closed.**
- 2016.2/65.8      2016.2/44 – Annual Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation  
*FD to present to April 2016 Trust Board.*  
**In process. To be presented to June Trust Board.**  
**Action: FD. Due: 30 June 2016 Trust Board.**

2016.2/65.9 2016.2/46 – Committee Updates  
DCG to present review of Trust sub-committees and terms of reference to April 2016 Trust Board.  
See Minute 2016.2/75. Completed. Action closed.

## 2016.2/66 TRUSTBOARD FORWARD PLAN

The three-month forward plan was presented for information.

As the organisation commences a new financial year, the Chair reflected on 2015/16 and highlighted:

- The organisation's financial position was stronger throughout 2015/16 than it has been previously
- Targets were achieved (with the exception of the A&E target)
- The staff satisfaction survey is showing signs of improvement

## 2016.2/67 CHIEF EXECUTIVE'S OVERVIEW

The CEO provided updates on the following topics:

### 1. Winter Period

The CEO thanked the team for the work undertaken during the winter months and throughout the year. Their remarkable work was highlighted, along with the need to recognise and thank them.

### 2. Reflection on the Kate Stanton-Davies Case

The CEO wished to linger for a moment on the moving story which Ms Rhiannon Davies and Mr Richard Stanton provided during the Extraordinary Trust Board meeting, held on 4 April 2016.

The Trust accepts all the findings from the external report and will bring all recommendations back to Trust Board for assurance purposes. All personnel investigations are in process in the hope of reaching a speedy conclusion for the family and staff involved.

The impact of what happened lingers on and the organisation continues to reflect on and learn from the things heard to be able to move forward to aspire to become the safest and kindest NHS organisation.

Work has begun to build on assurance processes, initially focusing on ensuring compliance with policies.

The Trust is also using appropriate external validation for support & scrutiny within the Maternity services. The workforce will be held accountable in a fair and transparent way to ensure staff feel able to come forward when mistakes have occurred.

The CEO reported that future public Board agendas will include an item updating on progress against the nine recommendations from the external report which will also provide progress against some of the cultural issues.

It was also reported that feedback will be provided to Mr Stanton and Ms Davies every three months by the Director of Nursing & Quality, as previously agreed with them.

### 3. Leadership

In order to achieve the above aspiration of safety and kindness, the Trust must reflect on leadership and how it functions; engaging with the workforce, coaching rather than directing. A Leadership Academy is being established and will be launched in approximately six weeks' time.

Mr Darbhanga (NED) requested further information regarding the Leadership Academy. The WD reported that it is currently in a developmental stage. It will involve a mix of individuals and one of the key issues will relate to kindness and how to make it real; 50% of learning will be action learning rather than theoretical. Further information will be provided to Board.

### 4. Learning

The organisation is looking at learning and using the case of Kate Stanton-Davies as a lens to ensure progress is being made. Work with the Virginia Mason Institute (VMI) is fundamental to this as it encourages Trust staff to be part of a solution to move into new ways of working with an open and transparent approach to maximise learning.

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#### 5. Strategic Outline Case (SOC)

The SOC process and Sustainable Services programme continues. A Clinical Reference Group was held on 19 April 2016 with 100+ people who flagged some areas of concern relating largely to plans for Community services. It was recognised that there is a need for the organisation to work with the wider community (primary care, neighbourhoods etc) to deliver a broader and deeper network of urgent care. At present the SOC is a broad high-level statement of case, which will be refined by clinicians working with primary care clinicians to arrive at a more detailed piece of work in the Outline Business Case for formal public consultation later in the year.

#### 6. Sustainable Transformation Plan (STP)

The CEO informed the members that this is a new approach and new geographical domain being used by NHS England to deliver system change in health & social care. Simon Wright has been accepted as the System Lead for the STP and our domain covers Shropshire and Telford & Wrekin and, after lobbying from partners, Powys has been accepted as an associate partner.

A 'Compact' has been drawn up with a single vision to create the healthiest population we can and how to deliver this across all our populations; this includes the wellbeing agenda, technology agenda and should help reduce travel demands on our patients.

Every organisation has undertaken a self-assessment and SaTH is lobbying for a share of £1.3bn budget to improve the IT infrastructure. Any new developments will link to existing developments, i.e. tele-medicine in Lingen Davies and e-prescribing.

The CEO will meet with local Council Chief Executives - Clive Wright and Richard Pattison and Dave Evans, CCG Accountable Officer on 5 May to lobby for funding for our communities at a meeting with NHS England.

#### 7. Strategy

Work is ongoing around developing the organisation's Strategy and its vision; this has been undertaken in conjunction with approximately 300 of the Trust's own workforce. This will be presented to Board in the near future, following a soft launch with care Groups at the end of May development session.

**Action: CEO Due: June 2016 Trust Board**

#### 8. Junior Doctors Industrial Action

There were two periods of Industrial Action during April 2016. The MD and the extended team undertook a great deal of planning and provided support to ensure patients were safe.

The COO and the WD reported that 70% of junior doctors took action which affected 15% of activity; all appointments have been rebooked, however it may pose a risk for the RTT delivery during April.

The Board agreed that the staff should be recognised and thanked for the responsible manner in which the industrial action was conducted; gratitude is also to be extended to the organisation's partners for supporting patients within their communities during those periods.

**Action: MD**

## SUSTAINABILITY

2016.2/68

### SUMMARY FROM SUSTAINABILITY COMMITTEE

Mr Deadman (NED), Committee Chair of the Sustainability Committee, presented a summary of the first Sustainability Committee meeting held on 26 April 2016.

The members discussed the reconfiguration of Cardiology to provide a non-primary Percutaneous Coronary Intervention (PCI) scheme. The summary reported that the Sustainability Committee supported the proposal, in principle as it has enormous benefits for patients, clinical excellence, savings for Commissioners and it has a two year 'payback'.

The MD reported that he was pleased the Sustainability Committee discussed the PCI scheme as it is a really positive development for patients; and asked how we could collectively make this happen.

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Dr Hooper (NED) enquired what cost savings could be implemented. The CEO suggested looking at orthopaedics / prosthesis which could save approximately £500k.

The CEO enquired if the Carter Report will progress through the Sustainability Committee; Mr Deadman and Jill Price assured him that it will.

The Chair thanked Mr Deadman for the work undertaken.

2016.2/69

## TRUST PERFORMANCE REPORT

The CEO presented the Trust performance against all key quality, finance, compliance and workforce targets and indicators for 2015-16 to the end of March 2016.

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

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

The DNQ provided an overview of the activity in March 2016:

- Infection Prevention & Control – The outturn position for the Trust C.diff performance for 2015/16 was 30 cases reported compared to 29 during 2014/15. The Trust has received a further challenging C.diff target from NHS England of 25 for 2016/17; the same as 2015/16.
- Serious Incidents – There were 8 SI's reported in March - three Grade 3 pressure ulcers (avoidability undetermined); two drug incidents, one fall (head injury); one delayed treatment and one unexpected neonatal death.
- Pressure Ulcers – The Trust reported 0 avoidable and 0 unavoidable Grade 4 pressure ulcers; three avoidable and 0 unavoidable Grade 3 pressure ulcers; 0 avoidable and two unavoidable Grade 2 pressure ulcers and 25 Grade 2 pressure ulcers unknown.
- Nursing & Midwifery Staffing Levels (Monthly) - The Board continues to receive assurance in relation to staffing levels on a monthly basis and narrative explanation provided where staffing hours are > 110% or < 85% than planned. The March Trust wide staff fill rates were 93% registered nurses/midwives and 99.7% care staff during the day, and 97.1% registered nurses/midwives and 105.2% care staff during the night.
- Setting Quality Performance Targets for 2016/17 – Quality performance targets are important targets to gain assurance of on-going improvements in the quality and safety of care provided within the Trust. The targets are identified for the Trust at both a national and local level. For governance assurance, local targets have been agreed by the Quality Committee which is chaired by a Non-Executive Director. The outturn position for the Trust quality performance targets for 2015/16 are yet to be fully validated and will be considered by the Quality Committee during May 2016.

### OPERATIONAL PERFORMANCE

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

- A&E 4 Hour Access Standard - In March 2016, 78.72% of patients were admitted or discharged within the 4 hour quality target. The Trust continues to show under-performance against the 95% target which is due to:
  - March 2016 A&E attendances up 7.37% compared with March 2015. This is an increase of 10,634 attendances between April 2015 and March 2016 which represents an increase of 8.71%

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- March 2016 emergency admissions up 3.98% compared with March 2015. This is an increase of 2,649 admissions between April 2015 and March 2016 which represents an increase of 5.48%
- 18 week Referral to Treatment (RTT) – The Trust is now only mandated to deliver the incomplete standard; however the admitted and non-admitted standards continue to be monitored internally.
- 18 week Referral to Treatment (RTT) : Incompletes – The Trust failed the 92% standard in March with 91.44%. The CEO requested further detail. **Action: COO. Due: June 2016 Trust Board**
- 18 week Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in March with 70.46%.
- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust did not achieve the overall 95% RTT standard for Non-Admitted Patients during March with 93.34%. Nine specialties failed to deliver the standard; these include ENT, Oral Surgery, Neurosurgery, General Medicine, Gastroenterology, Respiratory, Neurology, Geriatric Medicine, and Other. Recovery trajectories will be monitored on a weekly basis. Backlog is currently 810 which is 5.7% of total list size.
- 52-Week Breaches – There were no 52-week breaches reported in March 2016.
- Cancer – Nine out of the nine cancer waiting time standards were achieved in February 2016 with SaTH performing above the national average for 8/9 standards. March 2016 predicted performance indicates all nine standards will be achieved.
- Cancer Patients waiting 100+ days for Definitive Diagnosis: There are currently 7 Cancer patients who have waited over 100 days for a definitive diagnosis. Each patient is discussed in detail on a weekly basis and corrective action is put in place to facilitate treatment.

The COO highlighted that the 30 and 60 minute delays significantly increased during March; and over 100 patients were inpatients where the Trust will not receive funding.

During March, a number of admissions presented to A&E by ambulance but were sent home/to their GP due to a lack of beds. The Trust is currently in discussion with the Ambulance Service regarding a more flexible admission criterion when different levels of pressure exist in different hospitals.

Some actions have been taken internally to reduce the delays and a whole system plan will be developed and an update provided to the June Trust Board.

**Action: COO Due: June 2016 Trust Board**

The COO reported that 2016/17 Winter Planning has already commenced. She agreed to provide feedback to the June Trust Board.

**Action: COO Due: June 2016 Trust Board**

## FINANCIAL PERFORMANCE

The paper reported that the Trust originally planned a deficit of £17.2m for the 2015/16 financial year; however, during the year the Trust was set a stretch target by the TDA to deliver a £14.8m deficit and at the end of the financial year, the Trust has delivered a £14.6m deficit.

- Income - At the end of the 2015/16 financial year, the Trust had forecast to receive income amounting to £326,330m and had generated income amounting to £325,682m; an underperformance of £0.648m.
- Pay - Pay in the month amounted to £19.1m. Whilst this is broadly in line with previous months, it is £0.8m greater than recorded in the equivalent period of the previous financial year. The increased monthly cost is explained by a growth in staffing levels (136 WTE) and an increase in agency premiums.
- Agency - Total agency bookings in the last five weeks of the year in respect of nursing staff increased when compared to previous weeks. Over previous months the Trust had managed the use of 'Off Framework' (Tier 5) to a minimal level, however the last five weeks began to see an increase in the requirement for shifts in this area. The two issues resulted in additional expenditure, both in agency usage and agency premium rate.
- Non Pay - During March, non-pay spending amounted to £8,726m

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- Cash - The Trust held a cash balance on the Balance Sheet of £1.7m. The actual balance in the Trust's bank account was £1.636m; the difference being cash in transit, petty cash balance and patient's cash.

Mr Newman (NED) highlighted that the Income & Expenditure position reported that Bank Pay Charges had been exactly achieved. The Deputy FD confirmed that the pay position is in broad terms, rather than exact terms. She agreed to discuss this further with Mr Newman outside of the meeting.

**Action: Deputy FD / B Newman**

## WORKFORCE

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

- Sickness – The sickness absence rate has remained high over the winter months and stood at 4.51% in March, compared with 3.98% in the same month last year. The CEO requested further detail. **Action: WD**
- Appraisals – Appraisal completion rate remains below the Trust target of 100% at 86%; however both Scheduled and Unscheduled Care Groups are above the Trust average with 91% and 88% respectively. Underperformance continues to be reported and considered at the Confirm & Challenge meetings.
- Statutory & Mandatory Training – Following a rise to 79%, compliance remains an underperformance against the Trust target of 80%. Previous trends demonstrate a slight drop during winter which was anticipated, however, this year it was exacerbated as training continues to be cancelled due to the Junior Doctor's strike days. The Corporate Education Department has introduced a process whereby managers are emailed when a member of staff fails to attend arranged statutory sessions and reminded which staff are not compliant. Actions are being progressed by the Workforce team.
- Recruitment – The organisations staff nurse recruitment events continue to be successful with an average of 13 appointments made at each event. Also, 25 Filipino nurses have now arrived in the Trust and support is being provided to complete the Objective Structured Clinical Examination (OSCE) tests and obtain Nursing Midwifery Council (NMC) registration. A further 16 nurses are still in the process in the Philippines and it is anticipated that they will arrive in the UK in the next few months. A second visit took place earlier this year resulting in 76 conditional offers being made. It is anticipated that the first of this year's appointments will begin to arrive through quarter three.
- Apprenticeships - The national targets for new start Apprenticeships have been provisionally shared with us. In order for SaTH to fulfil its public sector obligation through the Enterprise Bill and support Health Education England national mandate, the Trust will need to support 93 learners through 2016-17. Based on the previous three years delivery, this target is achievable with the current organisational commitment. The Trust awaits further detail on the government apprenticeship levy which comes into effect from April 2017. The impact of the levy will be discussed at Workforce Committee.

Following discussion, the Board **RECEIVED** the Trust Performance Report.

2016.2/70

## **OPERATIONAL PLAN 2016/17**

The Operational Plan sets out the Trust's plans and ambitions for the delivery of services during 2016/17. It focuses on a need for improvement, transformation and sustainability. NHS Improvement technical guidance has been used in the development and structure of the plan.

A draft of the Plan was presented to the March Private Trust Board session; and it was submitted (with supporting finance and workforce plans) to the Trust Development Authority on 18 April 2016, as required.

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## Proposed Performance Monitoring Report

A mock-up example of the proposed performance monitoring report was presented; this will be received by the Trust Board on a monthly basis. It is a high level report with clear visual indicators of how Care Groups and the Trust as a whole are delivering in terms of Quality, Performance, Workforce and Finance.

Underpinning the report will be a more detailed analysis of specific areas/projects reporting into the appropriate sub-committees of the Trust Board (Workforce, Sustainability, Quality, and Transformation).

Following discussion, the Board RECEIVED and APPROVED the Operational Plan for 2016/17 and APPROVED the proposed Performance Monitoring Report.

### WORKFORCE

#### 2016.2/71 PLANNED INDUSTRIAL ACTION UPDATE

As discussed during the CEO Overview, the COO and the WD reported that 70% of junior doctors took action between the hours of 8am and 5pm on Tuesday 26 and Wednesday 27 April 2016. This resulted in:

- 4 inpatient procedures being postponed
- 30 day case procedures being postponed
- 550 outpatient clinics being postponed (14.86%)

All appointments have been rebooked and excellent support was provided to patients from across the team.

The CEO thanked everyone involved for the professional approach and delivery seen across all of our services and beyond during the national dispute.

### TRANSFORMATION

#### 2016.2/72 FUTURE FIT UPDATE

The Future Fit Programme Director attended the Board meeting to provide a brief update on recent Programme progress and to summarise some key outputs in the next month, and to present the Future Fit Programme Directors Report and the next steps to be taken in order to meet the key programme milestones.

It was reported that the High Level Critical Path for Future Fit currently remains on track. The next key milestone is submission of the revised Strategic Outline Case to NHSI together with a CCG letter of support.

The members were informed that an Extraordinary Board Meeting will be held between the two Clinical Commissioning Groups (Shropshire and Telford & Wrekin) where they will consider the draft letter of support.

It was reported that we are in a period of engagement at this point in time and clinicians are talking of the current increasing fragility of the emergency department. The case for change is to be positively emphasised and revisited to ensure improved unified services are provided for patients, bringing all clinicians together.

It was queried whether the Future Fit Critical Path should be more explicit around the co-dependencies. The Future Fit Programme Director's report highlighted a draft report from Community Fit was shared with the Sustainability and Transformation Plan (STP) Partnership Board and was well received. It will

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help inform the next stage of Community Fit redesign under the umbrella of the STP which is due to be submitted during June 2016.

Mr Newman (NED) highlighted that a 'Preferred Option' is required by July 2016. The Future Fit Programme Director reported that this is not the decision in itself; it guides the decision. Evidence is currently being gathered and all is on track at this point in time.

Following discussion, the Board NOTED the NHS Future Fit Programme Directors April Report and AGREED that 'Doing Nothing' is not an option due to the increasing fragility.

## 2016.2/73 TRANSFORMATION BOARD SUMMARY & VMI UPDATE

Following Value Stream #1: Discharge Pathway for the Respiratory Patient, the first 'Report Out' was undertaken after 30 days which identified that performance has continued and the lead times have improved. There has been no deterioration in patient safety or dignity and respect which is very pleasing.

The second Value Stream relating to the Identification and Screening of Sepsis has commenced; approximately 280 members of staff have received training and are involved in this work. A Report Out session has been arranged to take place on 29 April to hear from the Rapid Process Improvement Week (RPIW) Team about the work that has been undertaken so far.

The members were informed that the Trust has been successful in gaining funding for a fourth VMI training post. It was also reported that attention has been re-focused on 'Genba Walks'. There will be an update on this process at the Board development session in May.

Work is progressing well in terms of the Compact; forty leaders have been identified across the organisation and have oversight in the delivery of this. The CEO reported that SaTH is the only STP to achieve this and highlighted that there is a greater understanding that something has to be done.

Staff have received training in all VMI techniques and 'Lean for Leaders' will be expanded within the next six weeks.

The DCG reported that the National VMI Team have been so impressed with SaTH's work on the Compact that they have asked the CEO to write a piece for a national newsletter being produced. The CEO and team were congratulated on this achievement.

## ASSURANCE

### 2016.2/74 SUMMARY OF AUDIT COMMITTEE – 14 APRIL 2016

The following key summary points of the Audit Committee held on Thursday 14 April 2016 was presented for information:

- IT disaster recovery audit
- Financial audits
- Draft internal audit plan 2016/17
- Draft counter fraud annual report 2015/16
- Board Assurance Framework (BAF)

The Board NOTED the content.

..... Chair  
02 June 2016

## 2016.2/75 SUB-COMMITTEES & UPDATED TERMS OF REFERENCE

The DCG presented a paper which reported that an annual review of the Trust Board Committee structure was undertaken as scheduled in November 2015; however in light of recent developments regarding service transformation and improvement, and changes to the Executive Team, the Chief Executive felt it necessary to revise the committee structure and the committee terms of reference to reflect and enable a new approach. This is a shift in process and the members agreed the importance of undertaking this effectively in a bid to empower the teams involved.

Dr Hooper (NED) informed the members that the Audit Committee also acts as the Auditor's Appointment Panel. The Committee structure has been updated to reflect this

It was reported that Dr John Jones, Director of Undergraduate Medical Education, has been included in the Terms of Reference for the Workforce Committee.

Dr Walford (NED) highlighted the Quality Committee is concerned with the amount of responsibility it is proposed to gain. It was reported that this will be discussed further during the next Quality Committee meeting.

The COO requested that she be added to the Terms of Reference of the Sustainability Committee.  
**Action: DCG to add**

It was also agreed that the Remuneration Committee at Appendix A should be highlighted red as it also includes a Non-Executive Director. **Action: DCG to add**

The Chair requested each Committee Chair to agree three key metrics for their Committee, such as statutory training for Workforce Committee, nurse spend for Sustainability Committee, etc.  
**Action: Committee Chairs**

Following discussion, the Board APPROVED the Committee structure and the membership of each Committee in their current state but noted there could be changes as Committees evolved.

### Annual Review of Standing Financial Instructions and Standing Orders

The members were informed that the Annual Review of Standing Financial Instructions and Standing Orders were due to be presented to the April Trust Board meeting; however due to the changes to the Committee structure and each Committee's Terms of Reference, the documents will be presented to the June 2016 Trust Board.

**Action: FD Due: June 2016 Trust Board**

## 2016.2/76 BOARD ASSURANCE FRAMEWORK

The CEO presented the Board Assurance Framework (BAF) which has been considered and updated by the Executive Directors, for which they are held to account.

Updates since the last presentation to the Board reflect changes to key controls, planned sources of assurance and gaps in control and assurance.

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

## 2016.2/77 ANNUAL LOSSES & COMPENSATION WRITE-OFFS

A summary of the losses and special payments made by the Trust during 2015/16 was presented, amounting to £660,510.

..... Chair  
02 June 2016

It was confirmed that the 'Claims withdrawn from the Compensation Recovery Unit' at a cost of £269,726 relates to individual insurance claims, such as road traffic accidents, etc.

The 'Pharmacy expired stock' amounting to £110,217 was also discussed. The Deputy FD reported that this is monitored on a monthly basis, and is broadly in line with last year's total. The CEO suggested this be considered as a VMI Value Stream.

The Board NOTED and APPROVED the annual losses, compensations and write-off of bad debts 2015/16.

#### 2016.2/78 COMMON SEALING OF DOCUMENTS

The DCG presented an update on the use of the Trust's Common Seal since the last presentation to the Board in January 2015, for the period 6 November 2015 to 18 April 2016, pursuant to S9 Standing Orders "Custody of Seal and Sealing of Documents":

- Seal Number 79 – Lease and Lease Plan between Redstart Construction Ltd and SaTH NHS Trust for Plot 24 of Shrewsbury Business Park; this was undertaken on 2 December 2015

The Board members NOTED the Common Sealing of the listed document.

#### 2016.2/79 ANY OTHER BUSINESS

The DCG was pleased to report that the Trust has won a 'Highly Commended' for Waste Management / at the NHS National Sustainability Awards.

No further business was raised.

#### 2016.2/80 QUESTIONS FROM THE FLOOR

**Q1** Ms Gill George highlighted the heated discussions that were held during the 31 March Trust Board meeting between the Trust Board and members of the public (in excess of 50 members) and she felt the Board extended an impressive and admirable attitude during the meeting; however, Ms George informed the members that she had forwarded an email to the Chair following the March Board meeting but unfortunately had not received a response. She had also copied the CEO into the email and received a response from him but only a day prior to the 28 April Trust Board meeting. Ms George reported that the response she received from the CEO in relation to her ideas of asking the Board to consider the possibility of alternative routes to achieving similar Future Fit outcomes in-line with national guidance had reverted to an 'old attitude' and therefore invited the Board to return to the attitude they displayed during the March Board meeting.

**A1** The Chair extended his apologies for the failure in providing a response to Ms George.

**Q2** Ms Sylvia Jones expressed concern in regard to an omission from the 4 April 2016 minutes regarding a comment she heard made following the open session by Mrs Leeding (NED). This related to Mrs Leeding's view that the behaviour of the meeting made her want to behave in the opposite way they were asking the Board to behave and it was typical behaviour of people who simply googled an issue for their information.

**A2** The DCG reported that the comment was passed by Mrs Leeding when the Board was out of formal session and was therefore not minuted.

**Q3** Ms Jones also highlighted that the Trust Performance Quality & Safety Report includes a narrative in relation to 'unexpected admission to the neonatal unit'. Ms Davies stressed concern that it appears similar mistakes continue to be made seven years on from the Stanton-Davies case.

..... Chair  
02 June 2016

Ms Jones informed the Board that her brother lives in Canada and they have a similar lean working perspective as the organisation's Virginia Mason Institute (VMI) programme, and enquired if the Trust has any systems which look at mistakes being made.

**A3** It was reported that the Trust is moving in to a system of 'no blame' culture which involves the workforce applying skills to look at issues 'an inch wide and a mile deep'. Assurance is being sought from external agencies and staff will be promoted to speak up if mistakes have been made.

The organisation is in a transition and this will take time to embed, but it will be promoted everywhere, not just throughout the Women & Children's Care Group.

The Chair reported that a great deal of work has been undertaken in relation to the Stanton-Davies case, including an Independent Consultant Midwife who has come into the Trust to work closely with teams to look at the culture. The Trust Women & Children's policies and procedures have also been reviewed. It was reported that the Learning from the Stanton-Davies case will feature as an agenda item at future Trust Board meetings until assurance is accomplished.

**Q4** A gentleman reported that the 'NHS Constitution belongs to the people' and enquired if the Board will make the Price Waterhouse Cooper deficit reduction plan available to the general public. He also raised the lack of consultation and debate with the general public with regards to the Future Fit Programme.

**A4** It was noted that the plan would be available. The meeting was informed that there will be a full public consultation later in the year

**Q5** A local Shropshire Councillor and Highley resident requested the Board's support in relation to:

- Rural Urgent Care Centres - as there is a lack of public transport in Highley and its surrounding area, she felt the local residents would be more inclined to use a rural urgent care centre / local community hospital rather than travelling to the Shrewsbury and Telford Hospital NHS Trust
- She welcomed the essence of Future Fit
- She welcomed the Compact
- She felt there are objectives that are unachievable in the Health Overview Scrutiny Committee

**A5** The CEO reported that as part of the wider health system, the Trust will provide support to the local communities and SaTH would be working closely with primary care to arrive at sustainable solutions.

**Q6** A local gentleman highlighted that there are a number of positive letters that have been written by patients, and good news items that are published within the Shropshire Star. He did however highlight the car parking charges and the amount that patients are expected to pay and enquired if the money generated is re-invested.

**A6** The DCG reported that she is currently investigating the car parking issues throughout the Trust to ensure the car parks are user-friendly. She also reported that a considerable amount of income is generated from car parking which comes back into SaTH. It was also reported that the Trust does offer concessionary car parking offers to patients attending for renal, chemotherapy sessions, etc.

**Q7** Mr Sandbach enquired if staff are turning up on time for theatre sessions.

**A7** The COO reported that this is part of Scheduled Care and a plan is in place to ensure theatre sessions are held on time.

**Q8** Ms Gill George reported that she is sighted on an interesting document from the Royal College of Emergency Medicine.

**A8** The CEO reported that the Royal College of Emergency Medicine have visited the Trust and will return for two days at the end of May 2016.

**2016.2/81** **DATE OF NEXT PUBLIC TRUST BOARD MEETING**  
Thursday 30 June 2016 at 2pm at the Welshpool Town Hall, Broad Street, Welshpool, SY21 7JQ

The meeting closed at 5.05pm

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## ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 28 APRIL 2016

Item	Issue	Action Owner	Due Date
2016.2/62	<i>Patient Story – Mr F</i> <ul style="list-style-type: none"> <li>To obtain the detail of the recommendations and actions taken and investigate this case further with medical staff</li> <li>To discuss case and arising issues at Quality Committee</li> </ul>	MD  Quality Cttee Chair	30 Jun 2016  May 2016
2016.2/63	<i>Declarations of Interest</i> To update Mr Deadman's and Chair's Declarations	Cttee Secretary	30 Jun 2016
2016.2/64	<i>Minutes of Trust Board Meetings held 31 March 2016 &amp; 4 April 2016</i> To update Minutes, as agreed	Cttee Secretary	30 Jun 2016
2016.2/65.1	<i>Matters Arising – 2016.2/27 – Patient Story (Brig. Mantell – Radiological Scans / Reporting)</i> To continue to track issues and feedback through the Quality Committee	COO	May 2016
2016.2/65.3	<i>Matters Arising – 2016.2/31.2 – Morecambe Bay Maternity Review</i> To include in the Summary of the May Quality Committee and present to June 2016 Trust Board	DNQ	30 Jun 2016
2016.2/65.4	<i>Matters Arising – 2016.2/31.3 – Patient Experience Strategy Update</i> To present full Strategy to June 2016 Trust Board	DNQ	30 Jun 2016
2016.2/65.5	<i>Matters Arising – 2016.2/31.4 – 'Belong to Something'</i> To provide update to June 2016 Trust Board	WD	30 Jun 2016
2016.2/65.8	<i>Matters Arising – 2016.2/44 – Annual Review of Standing Orders, SFIs and Scheme of Delegation</i> To be presented to June 2016 Trust Board	FD	30 Jun 2016
2016.2/67	<i>CEO Overview</i> To present organisation's Strategy / Vision to June Trust Board	CEO	30 Jun 2016
2016.2/67	<i>CEO Overview – Junior Doctors Industrial Action</i> To extend the Board's recognition and thanks to staff involved	MD	May 2016
2016.2/69	<i>Trust Performance Report – Operational Performance</i> Update to be presented to June Trust Board in relation to the Ambulance Service flexible admission criterion when different levels of pressure exist in different hospitals and the development of a whole system plan, and the 2016/17 Winter Plan	COO	30 Jun 2016

..... Chair  
02 June 2016

2016.2/69	<i>Trust Performance Report – Financial Performance</i> To discuss the I&E position and charges being exactly achieved	Deputy FD / B Newman	May 2016
2016.2/69	<i>Trust Performance Report – Workforce</i> To provide further detail in relation to sickness absence rates	WD	30 Jun 2016
2016.2/75	<i>Sub-Committees &amp; Updated Terms of Reference</i> <ul style="list-style-type: none"> <li>• To add COO to Terms of Reference of Sustainability Committee</li> <li>• To update Remuneration Committee at Appendix A (add red around box as it includes a NED)</li> <li>• To agree three key metrics for their Committee to focus on (i.e. Workforce to focus on stat training)</li> <li>• To present Annual Review of SFIs and SO to June Trust Board</li> </ul>	DCG  DCG  Cttee Chairs  FD	May 2016  May 2016  June 2016  30 Jun 2016

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