The Chair welcomed everyone to the meeting, reminding members that it is a meeting in public, rather than a public meeting.

The Chair confirmed the appointment of Ms Polly Gibb as a Trust Advisor who will also support the Business Development & Engagement Committee.

The Chair shared feedback from a member of the public following the Trust Board meeting held on 1 May 2014 which included the need for Board members to speak clearly and for seating plans which have been provided to the public audience to identify Board members at meetings, in addition to nameplates.

This month’s Chair’s Award went to Sister Sue Lovett from Ward 23 Oncology at RSH who had been recently been successfully nominated by a patient’s relative for the Patient’s Choice Award in the Nursing Standard Nurse Awards. Sister Lovett was the worthy recipient of this prestigious national award in London earlier this month, which was made even more special as members of the public voted for the winner.

The nomination received by Amanda Jacobs for the care shown to her husband highlighted that Sister Lovett had been unbelievably kind and empathetic to her husband who was a patient on the Oncology Ward; arranging for him to go home for a few hours one Sunday lunchtime when she was on shift which gave him an unbelievable boost and enabled him to see family in his own home for the last time.
Amanda wished to express thanks to Sister Lovett for going the extra mile and recognising the huge importance of the home visit for the family.

Sister Lovett said that she felt she had won it for the Trust and for the team on the Ward and highlighted it is an example of what can be achieved and the importance of not losing sight of what matters to patients.

2014.1/080  PATIENT’S STORY

The Board watched a short film entitled ‘Barbara’s Story’ relating to a real patient’s story regarding coping with dementia. The film had been produced by Guys & St. Thomas’ Hospital. It highlighted that there are large numbers of patients in our hospitals living with dementia and the importance of staff receiving appropriate training in how to care for and treat patients with dementia. It is anticipated that the film will be used as part of the training programme for staff to support the launch of the ‘Butterfly Scheme’ to recognise and support patients with dementia.

Mr Jones (NED) informed the members that a similar patient video was launched two-three years ago and suggested it may complement ‘Barbara’s Story’ during training sessions.

The Director of Corporate Governance (DCG) reported that Barbara’s story is also shown to Volunteers as part of their induction to raise awareness.

2014.1/081  DECLARATION OF INTERESTS

It was noted that Dr Borman is no longer an Ordinary Shareholder of F&C Asset Management. The Interests will be updated and presented to next month’s Trust Board. **Action: DCG**

There were no interests declared in relation to any matters on the agenda.

2014.1/082  MINUTES OF THE MEETING HELD IN PUBLIC on 1 May 2014 were APPROVED

<table>
<thead>
<tr>
<th>2014.1/083</th>
<th>MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 1 May 2014</th>
</tr>
</thead>
</table>
| 2014.1/031 | **HR13 Reimbursement of Travel, Accommodation & Subsistence Expenses**  
Guidance for NEDs expenses from TDA around change of the scope  
**Action: WD Due: 29 May 2014. On Part 2 agenda. Item completed** |
| 2014.1/040 | **CEO’s Briefing – Impact of key staffing shortages**  
NEDs attendance at CCG Boards/vice versa. Chair to discuss representation at respective Boards.  
**Action: Chair Discussions have been taking place. Item completed** |
| 2014.1/048 | **Board Assurance Framework**  
Clinical Service Vision to be presented to the Board  
**Action: CEO Due: 29 May 2014. On agenda. Item completed** |
| 2014.1/048 | **Trust Committee Meetings Update**  
**Learning from RCA –** Summary of changes to operational systems and clinical care derived from learning to be summarized at public Boards.  
**Action: ADNQ Included in Integrated Performance Report. Item completed.** |

Quarterly

| 2014.1/063 | **CEO’s Overview – Assessment of Workforce Risks**  
Review of the level of risk to be submitted in May.  
**Action: CEO Due: 29 May 2014 On part 2 Agenda. Item completed** |
| 2014.1/067 | **IPR – Quality**  
**Target Setting for 2014/15** – The Board requested more information on how targets are set.  
**Action: DNQ Due: 29 May 2014 Included in Integrated Performance Report. Item Completed.** |
| 2014.1/067 | **IPR – Finance**  
Issue of annual leave will be discussed at next HEC meeting on 27 May and outcome will be reported to the Board.  
**Action: CEO Due: 29 May 2014 Included in HEC summary reported to Board. Item completed** |
**Trust Committee Meetings Update**

Q&S Committee – Quoracy and the deputy issue to be brought back to the Board in June  
*Action: Q&S Chr* Included in Committee update report. *Item completed.*

**2014/075**  
**Questions / Comments from the floor:**  
- Appreciation to be passed to Mr Craig  
  *Action: MD - May 2014. Item completed*  
- If Board meeting is made shorter; it was requested that some items should remain available to the public by other means.  
  *Action: CEO – Item completed*

**2014/084**  
FORWARD PLAN for the period 29 May to 31 July 2014 was RECEIVED.

**2014/085**  
CHIEF EXECUTIVE’S OVERVIEW:

**Future Fit Programme**  
The CEO reported that the Future Fit Programme Board met on 21 May and received an update on the following programme of activities:  
- Communications and Engagement Strategy  
- Proposal for a feasibility study into options for an Acute Emergency Centre  
- Long listing, Short listing and Evaluation Process  
- Amended Programme Execution Plan to reflect revised timeline

Important clinical modelling work has continued over the last few weeks and will be taken to an extraordinary meeting of the Future Fit Programme Board on 10 June for approval. Work will commence on the activity and financial modelling as will the comprehensive engagement programme with the public on the clinical model.

**Future Configuration of Hospital Services (FCHS) Update**  
The Trust is 18 weeks away from the transfer of Women & Children’s Services from the RSH site to the PRH site. Implementation plans for the development have progressed.  
The Children’s Ward successfully moved from its temporary location on Ward 14 at PRH on 9 May 2014 to its new home within the new Women & Children’s Centre.  
The CEO congratulated the W&C Care Group Director and her team, as well as Estates, Pharmacy, Infection Prevention Control, IT and Telecoms, Communications and the Domestic Services.

**Feedback from Confirm & Challenge Meeting with Trust Development Authority (TDA) on 2-year Operating Plan Submission**  
The second Confirm and Challenge meeting with the TDA took place on 16 May 2014. The main elements of feedback related to the current trajectories for achieving consistent performance on A&E, Cancer and Referral to Treatment Times (RTT) targets. There was also challenge to confirm the basis of the projected deficit of £8.2m. There were no serious challenges made regarding quality issues.  
The TDA wished for speedier delivery of targets and will forward a letter to confirm their decision of what they believe to be acceptable timescales for delivery.

**CHKS Top 40 Hospitals Award**  
For the second year running the Trust has been successful in achieving the CHKS Top 40 Hospitals Award.  
CHKS relates to clinical efficiency and clinical outcomes. The Award will be presented at the June Trust Board.  
Mr Newman (NED) enquired if members of the public are aware that the Trust is the recipient of this Award as this criterion is the information that the public are interested in; it was noted that the Communications team use good news and positive stories to raise public awareness.

**Financial Performance**  
In addition to the financial information in the Integrated Performance Report; the CEO highlighted the Trust’s poor level of financial performance during April. Delivery of A&E targets remains an issue; the majority of the Trust’s financial difficulties continue to reflect the pressures caused by running two separate hospitals and maintaining staffing over two sites. It was also suggested that some staff do not have an adequate level of control in budget management.

The Chair and CEO agreed to consider how to continue to maintain trajectory but to focus on positive staff psychology to encourage and support the organisation in their endeavours. This will be discussed further at a Board Development session.  
*Action: Chair/CEO*
Members NOTED the CEO’s report.

2014.1/086  CLINICAL SERVICE STRATEGY UPDATES:

**Women & Children’s Care Group - Presentation from Cathy Smith, Care Group Director for Women & Children’s.** A copy of the PowerPoint slide is attached to the minutes.

Cathy Smith highlighted the strategic positive aspects that have been achieved which include:

- A highly committed and skilled workforce
- High scores for patient satisfaction
- Low level of complaints; 82 received for 150,000 contacts throughout 2013/14 - a 43% reduction on the previous year
- Positive external evaluation
- Achievement of CNST Level 3 during March 2014; 48 of the 50 standards. Policies are in place and clinicians are able to show compliance with the standards

The Women & Children’s clinical priorities include:

- Delivery of key quality standards to reduce harm and improve outcomes
- Engagement with patients and carers to improve their experience
- Transfer of services successfully to PRH and implementation of an interim plan for services remaining at the RSH site in line with the Future Configuration of Hospital Services (FCHS) reconfiguration plan
- Reduction of waiting times and delivery of Referral to Treatment Times (RTT targets) through pathway reviews, optimising capacity and admission avoidance
- Development of a workforce plan to incorporate role redesign, robust training programmes that value staff and promote staff engagement environment
- Improve the financial position through maximising income opportunities, robust data capture and utilisation of IT systems

Key Service Development:

- Delivering the benefits of the FCHS programme
- Enhanced midwifery practice utilising Midwifery Led Unit’s
- Implementing the Paediatric/Neonatal Strategy
- Developing Gynaecology ambulatory care and Fertility Services; a pathway has been identified and a bid is in place with the GP Federation to offer Community Services for Gynaecology

Cathy Smith highlighted that the primary goal of the FCHS programme is keeping safe, sustainable and high quality services. There are a large number of benefits but there are some challenges which include Gynaecology separation from surgery, longer maternity transfer times for some and delivering paediatric staffing consolidation whilst supporting two emergency departments. Mr Darbhanga (NED) enquired how much income repatriation can be gained following the move of services; Cathy Smith suggested it could be up to a further 1,000+ births, although further work is required to fully explore this.

The Board thanked Cathy Smith for her presentation and highlighted that in order for the Board to make informed decisions it was important that going forward clinical service strategies were firmly underpinned by clear financial and business information.

2014.1/087  FINANCIAL STRATEGY 2014/15

During March 2014 the Trust Board RECEIVED a draft budget for approval, however due to concerns over the potential financial consequences of an impending arbitration hearing it was decided that approval of the 2014/15 budget be deferred. This was discussed in some detail in Part 2 at the last Board meeting on 1 May. The outcome of the arbitration panel meant that the Trust avoided an income loss of £2.5m. However the

..................................Chair
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impact on Telford & Wrekin CCG means the Trust is unlikely to receive transitional funding from them in
2014/15 (£1.2m had been assumed). In addition, Shropshire CCG confirmed transitional support of £1m in
2014/15 (SaTH had assumed £1.8m). It was noted that the reduced level of transitional support from £3m to
£1m from the two CCGs had the effect of increasing the Trust deficit to £8.2m.

Since presenting the draft budget to the public Board meeting in March there were three further significant
changes relating to midwifery income, pay cost reduction aimed at generating cost savings of £5.3m and the
impact of different options for the establishment of an Emergency Care Centre on the five year financial plan,
assuming clinical services can be reconfigured by 2017/18. This will see the Trust’s Income and Expenditure
deficit position move from £8.2m deficit in 2014/15 to a small surplus of £800k by 2018/19.

Following discussion, the Board APPROVED the Financial Strategy for 2014/15.

2014.1/088 QUALITY ACCOUNT 2013/14

Presentation from Jo Banks, Associate Director of Nursing (Patient Safety). A copy of the PowerPoint
slide is attached to the minutes.

The Quality Account is a document published each year that focuses on the Trust’s performance in relation to
looking back on performance whilst also identifying future quality priorities. The Account sets out the priorities
for improvement for the year ahead using the domains of quality, patient safety, clinical effectiveness and
patient experience. A series of internal and external stakeholder discussions have influenced the clinical
priorities for 2014/15.

The presentation highlighted how the Trust performed during 2013/14:

- Falls causing harm; going forward this continues to be a significant concern
- Avoidable Pressure Ulcers; there has been a reduction in Grade 3 pressure ulcers
- Safe and Effective Discharge; a number of processes have been introduced over the last year but
  work to improve discharge continues
- Non-Inpatient Experience; work will continue to improve performance in this area

Looking forward to 2014/15; the following 7 priorities have been identified:

- Improving patient care through safe and effective staffing levels
- Communicating with patients relatives and carers
- End of Life care
- Dementia
- Patients with Learning Disability and Mental Health needs
- Reducing all harms
- Improving outcomes for Fracture Neck of Femur; looking to support Orthopaedic surgeons

There was discussion relating to Key Performance Indicators and the inclusion of statistics per bed day. Dr
Walford (NED) as Chair of the Quality & Safety Committee explained that there was evidence regarding the
efficacy of different measures and benchmark approaches. It was agreed that Mr Newman and Dr Walford
would discuss the KPIs further at Quality & Safety Committee.

The Board recognised the considerable work undertaken to produce the Quality Account and thanked the
Associate Director of Nursing. The Board also APPROVED the Quality Account, subject to comments
received from members and discussion on metrics at Quality & Safety Committee.

2014.1/089 INTEGRATED PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD
CERTIFICATES

The Board RECEIVED the Integrated Performance Report (IPR) in respect of the month of April 2014 which
summarised the Trust’s performance against all the key quality, finance, compliance and workforce targets and
indicators for 2014/15. Key areas have been highlighted in the report.
QUALITY & SAFETY (Patient Safety, Effectiveness and Patient Experience)

The Director of Nursing & Quality (DNQ) provided an overview of the activity in April 2014; a number of improvements within quality and safety were noted including eliminating Grade 4 pressure ulcers and further work is being conducted to make improvements with Grade 2 and 3 pressure ulcers. The following points were noted:

- Safeguarding Children & Adults – there was one adult safeguarding alert made against the Trust in April; this has been investigated and the outcome was undetermined due to a lack of evidence. There were three referrals made by Trust staff to Social Services. Additionally, the latest observational annual report on the Shropshire Multi-Agency Risk Assessment (MARAC) for domestic abuse has been received by the Trust which highlighted areas of good practice in relation to the referral and assessment of domestic abuse within the Trust’s Emergency Departments.
- Infection Prevention & Control – showed one case of C difficile, 0 cases of MRSA Bacteraemia infections, three cases of MSSA Bacteraemia infections and 6 cases of E-coli Bacteraemia cases during April 2014.
- There were 6 Serious Incidents reported in April, all of which related to clinical effectiveness.
- There were two avoidable Grade 3 pressure ulcers reported in April; overall there continues to be an ongoing reducing trajectory

OPERATIONAL PERFORMANCE

The Chief Operating Officer (COO) gave an overview of the operational performance for April 2014. The Board members were briefed on the following:

A&E 4 Hour Access Standard: In April 2014, 92.51% patients were admitted or discharged within the 4 hour quality target; this is a 0.09% drop in performance compared to the previous month of March, however a 10% improvement compared with April 2013.

Referral to Treatment (RTT): Admitted - All specialties are on trajectory to achieve 18 weeks in accordance with the Remedial Action Plan. Overall, delivery will be from 1 September 2014.

Referral to Treatment (RTT): Non admitted - The Trust failed to deliver the overall performance of the non-admitted standard due to the commencement of the reduction in ophthalmology backlog. Additional capacity from ViewPoint is required.

Cancer Performance: The unvalidated position for April indicates that the Trust failed 6 of the 9 cancer standards. This was an extremely disappointing and unacceptable position. Urgent actions and controls have been put in place with immediate effect.

Discussions were held in relation to Cancer performance and the COO suggested the following diagnosis:

- Poor planning of Easter break
- Multi-disciplinary team meetings held early during the week
- Lack of escalation to allow patients to be treated in a timely manner

The COO confirmed that she has written formally and held discussions at the Cancer Board and if improvements are not made, performance management action will commence. The Board discussed how to support staff to achieve these standards, with performance management as the final resort. There is now a weekly meeting to ensure escalation of issues is prompt and effective. The COO advised that she was aiming to achieve the standards by July 2014, as often the number of patients involved was very low and largely required earlier intervention.

FINANCIAL PERFORMANCE

The Finance Overview highlighted:

- The Trust overspent in the month of April by £2.47m; the Trust had planned for an overspend of £1.98m. The Trust is predicting an overspend for the year of £8.2m.
- Activity levels recorded in the month are consistent with the planned levels. An income underperformance of £138,000 has been recorded because of a need to provide for potential

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contractual penalties

- Pay spending in the month amounted to £17.87m and is compared with a budget for the month, after allowing for required CIP savings, of £17.19m. The overspend is principally associated with overspending within nurse staffing.
- The Trust has delivered £1.077m in the month as cost savings/efficiencies. The target for the month was £1.217m. It is believed that the under-achievement will be recorded in future months.
- Cash balances at the end of the month amounted to £8.2m. Immediately recognisable liabilities in respect of capital creditors and Post Graduate Education Centre amounting to £8.0m are however distorting the underlying cash position of the Trust.

Following discussion of the poor financial situation relating to income and expenditure for the month of April, the CEO reported that at the time of the report being written, an allowance had been incorporated for potential penalties; he confirmed that the amount may be reduced so there may be a presentational issue. Similarly CIPs may need to be re-profiled as the position will be largely recovered by year end. A meeting is being held during w/c 2 June 2014. Notwithstanding this, pay costs, particularly nursing, remained the main issue. The COO explained that controls had been put into place to strengthen budget management, including electronic review of staffing levels on a daily basis, weekly meetings with senior nurses and removal of authorising privileges from ward managers. The Director of Nursing & Quality confirmed that she believed the nurse staffing templates were appropriate but she was reviewing the use of Agency for Enhanced Patient Support.

The Chair suggested that the Centres needed to accept responsibility for balancing quality, performance and finance. There also needed to be rapid recruitment into the staffing templates and finally robust budgetary controls needed to be in place.

It was agreed that the Finance Committee would monitor pay controls, through Internal Audit, and report their findings back to the Board. Action: Mr Jones (NED) Chair of Finance Committee

The CEO highlighted the discussion held at the recent Hospital Executive Committee regarding the management and control of annual leave which will include revisions to Trust-wide and local policies, possibly aligning annual year leave allocation to the individual start date rather than April, alignment of processes for medical workforce with the rest of the organisation, and other possible control measures around planning & controlling staff leave, controlling surges in requests and carrying over of unused leave.

Mr Newman (NED) queried the monthly cost to the Trust relating to agency staffing. It was estimated that the premium payable could amount to £3m pa.

WORKFORCE

The Workforce Director (WD) introduced this section of the paper, the following points were NOTED:

- People Strategy – Strong progress is being made in the implementation of the strategy.
- Work to embed the Trust’s values is gaining pace and includes management briefing sessions, increased visualisation and changes to the appraisal process. Apprenticeship numbers will also increase this year.
- The Vocational Learning Team was recently inspected by the awarding body Edexcel for the assessment and verification vocational awards. The assessment went very well. Over 100 members of staff completed vocational learning in the last 12 months with a further 115 undertaking awards.
- The Health Education West Midlands have been approached for feedback on the Trust’s Health Care Assistant Induction Programme which has been very positive, as this meets the requirements of the Cavendish Review and supports the Trust to receive formal accreditation of the programme.
- Sickness absence - fell by 0.18% in April to 4.07%. This remains above the Trust target of 4%
- Appraisals – although the Trust target of 80% has been achieved, a review of the appraisal process is in place to improve coverage towards 100% of staff

..........................Chair
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MONTHLY SELF CERTIFICATIONS – NTDA REQUIREMENT

The Trust is required to submit self certification templates relating to NTDA mandatory requirement in relation to the FT application process. The following appendices were presented for consideration:

- Appendix 1 – Summary of each relevant licence condition
- Appendix 2 - Self Certification Board Statements

The Board NOTED the Integrated Performance Report for April 2014 and APPROVED the licence condition and self-certification documents.

2014.1/090  BOARD ASSURANCE FRAMEWORK

The Chief Executive presented the Board Assurance Framework which had been updated by the Risk Committee during May 2014:

Quality & Safety – AMBER:

- Risk Reference 415 – If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience. Current status Amber Green due to positive reduction in falls and pressure ulcers and achievement of CNST Level 3.
- Risk Reference 96 – If we do not implement our falls prevention strategy then patients may suffer serious injury. Current status Amber due to positive reduction in severity of falls.

Performance Standards - RED:

- Risk Reference 859 – Risk to sustainability of clinical services due to potential shortages of key clinical staff. Current status Red until mitigating actions are in place.
- Risk Reference 561 - If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards. Current status Red

Workforce - AMBER:

- Risk Reference 423 – If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve. Current status Amber

Service Reconfiguration – AMBER-RED:

- Risk Reference 668 – If we do not have a clear clinical service vision then we may not deliver the best services to patients. Current status Amber-Red

Financial and Investment Strategy - RED:

- Risk Reference 670 – If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust’s Income and Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment. Current status Red.

The Board RECEIVED and APPROVED the Board Assurance Framework and noted that the Committee Report from the Risk Committee confirmed the slow but steady improvement over the past 18 months.

2014.1/091  TRUST COMMITTEE MEETINGS UPDATE

The Chair presented the following Trust Committee updates:

- Audit Committee meeting 8 May 2014: The summary was NOTED.
- Risk Committee meeting 22 May 2014: The summary was NOTED.
- Clinical Quality & Safety (Q&S) Committee meeting 22 May 2014: The summary was NOTED. Dr Walford asked the Board members to look at the public website www.safetythermometer.nhs.uk relating to benchmarking data. He also reported that the Q&S Committee Terms of Reference quorum has been altered to bring in line with other Trust Committee meetings.
- Hospital Executive Committee meeting 27 May 2014: The summary was TABLED and NOTED.
- Finance Committee meeting 27 May 2014: The summary was TABLED and NOTED.
The Board RECEIVED and REVIEWED the Committee updates.

2014.1/092 HR POLICIES – HR74 PROBATIONARY PERIODS

The Workforce Director presented a new policy which will provide all newly employed staff including Board Directors, staff employed on Agenda for Change terms and conditions, Trust-employed medical staff and bank staff with a probationary period which allows them time to settle into the Trust, learn the new job and receive the appropriate training. The policy does not apply to doctors in training.

The Board RECEIVED and APPROVED the Policy.

2014.1/093 QUESTIONS/COMMENTS FROM THE FLOOR

i) A member of the public raised several questions in relation to the future provision of Emergency Care Services as well as the future provision of a single hospital site and its preferred location. The CEO confirmed that options will be evaluated and publicised taking several factors into account, such as demographics, accessibility and ambulance times. The CEO gave assurance that these form part of the criteria. The member of the public found the response very helpful.

ii) Mr Jones, PALS Volunteer, felt the public do not realise the extent of the work that is undertaken by the Trust Board members and noted the length of the meeting. The Chair thanked the members for the pace of the meeting but highlighted that he will continue to focus on important agenda items.

iii) The Women & Children’s Care Group Director reported that several of the W&C managers have been successful in balancing their budgets and suggested using the opportunity of presenting them with a Trust ‘Chocolate Box’ moment. The members were in agreement.

2014.1/094 REVIEW OF MEETING

Observational Review
1. The DBE felt the review of the performance report was helpful as it focused on issues relating to Cancer and Finance.
2. The DCG felt the pace of the meeting was good
3. Dr Walford (NED) felt the Chair has succeeded in not formularising the meeting

2014.1/095 DATE OF NEXT MEETING

Special Board Meeting – Thursday 5 June 2014 at 5 pm in Seminar Room 1, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital (to Adopt the Annual Accounts).

Formal Board Meeting – Thursday 26 June 2014 at 9.00 am in the Lecture Theatre, Education Centre, Princess Royal Hospital.

The meeting then closed.
# Matters Arising from the Public Trust Board Meeting on 29 May 2014

<table>
<thead>
<tr>
<th>Item</th>
<th>Issue</th>
<th>Action Owner</th>
<th>Due Date</th>
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</thead>
</table>
| 2014.1/010 | 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 IPC | CEO          | June 2014          |
|            |                                                                        |              | Board Development Session |
| 2014.1/024 | Winter Planning for Emergency Services  
Formal review of Health Economy report not due until April | COO          | 26 June 2014       |
|            |                                                                        |              | (Included in IPR)   |
| 2014.1/053 | People Strategy  
WD and Head of OD to present on workforce transformation | WD           | 31 July 2014       |
| 2014.1/067 | Risk Adjusted Mortality Index (RAMI)  
Consultant related outcome performance to be included in new integrated approach IPR report | MD           | 26 June 2014       |
|            |                                                                        |              | (Included in IPR)   |
| 2014.1/081 | Declaration of Interests  
To update and present to June Trust Board | DCG          | 26 June 2014       |
| 2014.1/085 | CEO Overview:  
CHKS Top 40 Hospitals Award  
• To obtain Award during June Trust Board  
• To raise public awareness that the Trust has received this Award  
Financial Performance  
To identify maintenance of trajectory and getting staff psychology right | CEO          | 26 June 2014       |
|            |                                                                        | CD           | 26 June 2014       |
|            |                                                                        | Chair/CEO    | June 2014          |
|            |                                                                        |              | Board Development Session |
| 2014.1/088 | Quality Account 2013/14  
• To update the Quality Account with information relating to KPIs, statistics, benchmarking, patient experience | ADNQ         | 30 June 2014       |
| 2014.1/089 | IPR – Finance  
• To approach Internal Audit to look at the Trust’s processes in relation to pay controls | Fin Chr      | 26 June 2014       |
The Shrewsbury and Telford Hospital NHS Trust

Womens & Childrens Care Group

Clinical Service Strategy
Strategic Context - The Positives

- Highly committed and skilled workforce
- High scores for patient satisfaction
- Low level of complaints
- Positive external evaluation
  - Paediatric oncology, HFEA, LSA, Maternity Services Review, CQC, Staff Survey, BFI Stage 2
- Achieved CNST Level 3 in March 2014
- Reputation of the service
- Clinical networks
- Clinical outcomes
  - Best practice tariffs (Diabetes, Epilepsy)
- Market share
# CNST Clinical Standards Achieved

## Overview of assessment outcome

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<td><strong>Clinical Care</strong></td>
<td><strong>High Risk Conditions</strong></td>
<td><strong>Communication</strong></td>
<td><strong>Postnatal &amp; Newborn Care</strong></td>
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<td>1</td>
<td>Risk Management Strategy (Organisation)</td>
<td>Care of Women in Labour</td>
<td>Severe Pre-Eclampsia</td>
<td>Booking Appointments</td>
<td>Referral When a Fetal Abnormality is Detected</td>
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<td>2</td>
<td>Risk Management Strategy (Leadership)</td>
<td>Intermittent Auscultation</td>
<td>Eclampsia</td>
<td>Missed Appointments</td>
<td>Newborn Life Support</td>
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<td>Staffing Levels (Midwifery &amp; Nursing Staff)</td>
<td>Continuous Electronic Fetal Monitoring</td>
<td>Operative Vaginal Delivery</td>
<td>Clinical Risk Assessment (Antenatal)</td>
<td>Admission to Neonatal Unit</td>
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<td>Staffing Levels (Obstetricians)</td>
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<td>Labour Ward Staffing</td>
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<td>Maternity Records</td>
<td>Induction of Labour</td>
<td>Postpartum Haemorrhage</td>
<td>Clinical Risk Assessment (Labour)</td>
<td>Bladder Care</td>
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<td>8</td>
<td>Incidents, Complaints &amp; Claims</td>
<td>Severely Ill Women</td>
<td>Venous Thromboembolism</td>
<td>Handover of Care (Onsite)</td>
<td>Support for Parent(s)</td>
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<td>9</td>
<td>Training Needs Analysis</td>
<td>High Dependency Care</td>
<td>Pre-Existing Diabetes</td>
<td>Maternal Transfer by Ambulance</td>
<td>Postnatal Care</td>
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<tr>
<td>10</td>
<td>Skills and Drills</td>
<td>Vaginal Birth after Caesarean Section</td>
<td>Obesity</td>
<td>Non-Obstetric Emergency Care</td>
<td>Recovery</td>
</tr>
</tbody>
</table>
This information shows that in terms of inpatients we have a high market share in paediatrics and obstetrics.

There is a lower market share in gynae which in some degree relates to some of the clinical services we refer out of the county. However there may be an opportunity to increase market share at our borders.
Women’s and Children’s – Priorities

1. Deliver key quality standards to reduce harm and improve outcomes.

2. Engage with patients and carers to improve their experience: patient information and support groups..

3. Transfer services successfully to PRH and implement an interim plan for services remaining at the RSH site in line with the FCHS reconfiguration plan.

4. Reduce waiting times and deliver RTT targets through pathway reviews, optimising capacity and admission prevention.

5. Develop a future workforce plan to incorporate role redesign, robust training programmes that value staff and promote staff engagement environment.

6. Improve our financial position through maximising income opportunities, robust data capture and utilisation of IT systems.
Key Service Development

• Delivering the benefits of the FCHS Programme
• Enhanced midwifery practice utilising MLU’s
• Implementing the paediatric/neonatal strategy
• Developing Gynae ambulatory care and Fertility Services
Primary goal: Keeping safe, sustainable and high quality services in the county

• The Case for Change in the FCHS business case was based on three main drivers

1. Poor facilities for Women and Children
2. Addresses workforce challenges in paediatrics
3. Safety and viability of Clinical Service
W&C Services at PRH site post FCHS

• A Consultant-led maternity and neonatology unit

• A Women’s Service to include gynaecology, Colposcopy and the Early Pregnancy Assessment Service (EPAS)

• Paediatric inpatients, outpatients, paediatric cancer and haematology unit

• In a purpose built building resolving the majority of estate issues
W&C Services at RSH site post FCHS

• Antenatal outpatient services, Pre Antenatal Day Assessment unit (PANDA), EPAS and the Midwifery-Led Unit (MLU) in the existing building

• Gynae outpatients, colposcopy outpatients

• Shropshire & Mid-Wales Fertility Services

• Paediatric outpatients, PAU

• Support to ED
### Benefits of FCHS

<table>
<thead>
<tr>
<th>Gynae</th>
<th>Maternity</th>
<th>Neonatology</th>
<th>Paediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced ambulatory care facilities</td>
<td>Increase obstetric theatre provision</td>
<td>High quality care in fit for purpose environment</td>
<td>Viable and sustainable service - RCPCH</td>
</tr>
<tr>
<td>Enhanced colposcopy environment</td>
<td>Provision of water birth pool within labour ward</td>
<td>Privacy and dignity for breast milk expression</td>
<td>High dependency facility</td>
</tr>
<tr>
<td>Enhanced training facilities</td>
<td>Improve early labour environment</td>
<td>Appropriate facilities for laser eye treatment and hearing screening</td>
<td>Enhanced oncology service - Chemotherapy day case area</td>
</tr>
<tr>
<td>Improvement in estate</td>
<td>Improved bereavement facilities</td>
<td>Increase floor space per cot to sustain low infection rates</td>
<td>Opportunity for enhanced training status</td>
</tr>
<tr>
<td>Employment of doctors</td>
<td>Enhanced privacy and dignity</td>
<td>Improve parent facilities</td>
<td>Provide appropriate services for adolescents</td>
</tr>
<tr>
<td>Service development opportunities</td>
<td>Shorter total travel time</td>
<td>Opportunity for greater partnership working within newborn network</td>
<td>Opportunity to develop networks and services</td>
</tr>
<tr>
<td>Improvement in estate</td>
<td>Improvement in estate</td>
<td>Improvement in estate</td>
<td>Improvement in estate</td>
</tr>
</tbody>
</table>

**Service development opportunities**

- Opportunity for greater partnership working within newborn network
- Opportunity to develop networks and services
## Challenges and Mitigation of FCHS

<table>
<thead>
<tr>
<th></th>
<th>Gynae</th>
<th>Maternity</th>
<th>Neonatology</th>
<th>Paediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Challenges</strong></td>
<td>Separation from surgery</td>
<td>Longer transfer time for some</td>
<td>Distance</td>
<td>Delivering staffing consolidation whilst supporting 2 ED’s</td>
</tr>
<tr>
<td><strong>Mitigation</strong></td>
<td>Protocol, training and investment Future Fit</td>
<td>Protocols, training and publicity – Hub and Spoke</td>
<td>Protocols, training and publicity</td>
<td>Protocol, training and investment Future Fit</td>
</tr>
</tbody>
</table>
Business Benefits of FCHS

• Maintain current high levels of market share, Paediatrics and Obstetrics over 90%
• Attractiveness of new unit will attract births from other health economies
• Closer to West Midlands population base – patients and recruitment
• Development of Community Gynaecology Service
• Development of Neonatal Networks / Repatriation
• Develop the Paediatric Hospital at Home Service
• Development of paediatric sub-specialities
• Development of our status as a centre for normality
FCHS – Workforce Challenges

• Recruiting medical staff

• Develop role of Advanced Paediatric Nurse Practitioners to support PAU

• Further develop role of Advanced Neonatal Nurse Practitioners to fulfil role on Middle Grade rotas

• Standardise job descriptions for paediatric nursing support roles
• Providing senior paediatric input and maintaining accreditation for doctors in training

• Ensuring that the right people, with the right skills were in the right place at the right time

• The call for a consultant delivered care seven days a week

• Delivering care away from inpatient base (PAU, MLU)
Enhancing Midwifery – Care close to home

• Shropshire Maternity Services provide a Hub and Spoke model of care
• The Consultant Unit forms the ‘Hub’ and five Midwifery Led Units, four free standing and one alongside the Consultant Unit, form the ‘Spokes’

• Bridgnorth (as part of Bridgnorth Community Hospital)

• Oswestry (within the grounds of Robert Jones and Agnes Hunt Orthopaedic Hospital)

• Ludlow (Within the grounds of Ludlow Community Hospital)

• Wrekin Unit (Within the grounds of The Princess Royal Hospital, Telford)

• Shrewsbury MLU (Within the grounds of Shrewsbury Hospital and along side the consultant unit.)

• Whitchurch Hospital, Market Drayton Health Centre, Children Centres

• Home
Midwife Led Units – Utilisation

• For many years (1974) Shropshire has been a leading player nationally in the provision of low risk midwifery care in stand alone units
• However a series of factors have contributed to a fall in the number of births taking place in these units:

- Adverse media coverage following a high profile inquest
- The resulting public concern for safety of birthing in an MLU in a rural setting
- Risk stratification with over stringent exclusion criteria
- Previous lack of high quality evidence (national) to support the safety and efficiency of an MLU birth
- Culture of an ‘opt in’ system for women of low risk pregnancy

• MLU’s are strongly supported by evidence and National Guidance
• Local evidence of safety
• Enhanced training in neonatal resuscitation and stabilisation
• Skills drills (PROMPT), maternal resuscitation
• Maternity Services Review
Midwife Led Units – Utilisation

Note:
• There is no graph for Oswestry but the numbers have fallen from 83 in 2011/12 to 74 in 2013/14.
The Maternity Services Review carried out by the commissioners conducted in late 2013 fully supports the current quality and safety of the Hub and Spoke Model and commissioning policy supports increased births in MLU’s

- Create a opt out culture – A low risk pregnancy opt out
- Develop a detailed marketing plan for each MLU
- Review all guidelines with inclusion criteria
- Continued environmental improvements i.e. water birth, general improvements
- Improved patient information to support informed choice
- Publication of quality and safety outcomes
Progress on Paediatric Strategy

The Care Group held a strategy development workshop for paediatrics in January 2014. This together with the RCPCH review, have shaped the key priorities for a Shropshire Children’s Service

• Paediatric Strategy: Whole County seamless Paediatric Care incorporating primary and secondary care
• Strategy of out of hospital care pathways incorporating acute and community social care
• Development of Advanced Paediatric Practitioner roles
• Developing sub-specialities within secondary care
Progress on Paediatric Strategy

• Integration with other specialities e.g. Surgery and anaesthetics, work with regional networks

• Developing our staff
  - Senior medical input at the front door
  - Consultant sub-specialities e.g. Current recruitment drive for Consultant in Paediatrics with speciality practice
  - Development of paediatric and neonatal nurse practitioners
Progress on Gynae Strategy

• Partnership working with GP’s to develop community services
• Gynae ambulatory care development
  – greater % of day case : inpatient surgery

• Movement of activity from inpatient to day case and from day case to outpatient procedure
• Development of one-stop clinics
• Improving referral to treatment time (RTT) and shortening cancer treatment pathways
Fertility Services

The Shropshire & Mid-Wales Fertility Service is a Centre of Excellence and is currently one of the most successful NHS IVF service in the Country

Challenges:
• Keeping pace with new procedures and improved methods
• Accommodation
• Clarifying of Commissioners Intentions
Fertility Services Strategy

Opportunities

• Increasing market share

• Potential for fee paying service and NHS ‘top up’ fees for new technologies

• Development of Business Case to contribute to improvement in estate

• Improving patient facilities
18 Weeks and Counting ..........

The Women’s and Children’s Care Group have an exciting and challenging time ahead as we move forward into our modern fit for purpose accommodation.

This gives us a real opportunity to realize the benefits we have set out and deliver the reality of a Centre of Excellence for the Women and Children in the local health economy.
The year ahead

- Delivering the benefits of the FCHS Programme
- Enhanced midwifery practice utilising MLU’s
- Implementing the paediatric/neonatal strategy
- Developing Gynae ambulatory care and Fertility Services

The Women and Children’s Care Group would like to thank the public and Trustboard for their continued support
Quality Account 2013-2014

Jo Banks
Acting Deputy Director of Nursing & Quality
What is it?

• Annual report to the public about the quality of services delivered – Looks back and forward

• A chance to enter into a dialogue with stakeholders about quality of care

• Provides local information to stakeholders about how we are engaged in quality and tackling the need for improvement
Looking back 2012/2013 – How did we do?

- Falls causing harm
- Avoidable Pressure Ulcers
- Safe and Effective Discharge
- Communication with relatives and carers
- Non-inpatient experience

Proud To Care
Make It Happen
We Value Respect
Together We Achieve
Looking forward - 2013/2014

• Improving Patient Care through Safe and Effective Staffing Levels

• Communicating with patients relatives and carers

• End of Life care

• Dementia

• Patients with Learning Disability and Mental Health needs

• Reducing all harms

• Improving outcomes for fractured neck of femur
Thank You
The Shrewsbury and Telford Hospital NHS Trust

SPECIAL TRUST BOARD MEETING
Held on Thursday 5 June 2014 in Seminar Room 1,
Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:  Mr P Latchford Chair
           Mr D Jones   Non Executive Director (NED)
           Dr R Hooper Non Executive Director (NED)
           Mr P Herring Chief Executive (CEO)
           Mr N Nisbet  Finance Director (FD)
           Mrs D Kadum  Chief Operating Officer (COO)
           Mrs S Bloomfield Director of Nursing & Quality (DNQ)

           Mrs J Clarke Director of Corporate Governance/Company Secretary (DCG)

In attendance Mrs V Maher Workforce Director

Meeting Secretary Mrs S Mattey Committee Secretary

Apologies:  Dr S Walford  Non Executive Director (NED)
           Mr B Newman  Non Executive Director (NED)
           Mrs D Leeding Non Executive Director (NED)
           Ms P Gibb  Trust Advisor
           Dr E Borman  Medical Director (MD)
           Mr A Osborne Communications Director

2014.1/096  WELCOME

The Chair welcomed everyone to this Special meeting which is held to approve the Draft Annual Accounts for 2013/14 before their submission to the Department of Health the next day.

2014.1/097  DECLARATIONS OF INTEREST

There were no declarations of interest from members of the Board relating to matters on the agenda.

2014.1/098  ADOPTION OF DRAFT ANNUAL ACCOUNTS AND APPROVAL OF THE MANAGEMENT REPRESENTATION LETTER


He advised the meeting that NHS Trusts are required to produce Annual Accounts in accordance with the guidance set out in the NHS Finance Manual: Manual for Accounts.

The Directors’ signatures and independent Auditors statement will be included in the printed document for presentation to the Trust’s Annual General Meeting in September 2014.

----------------------------------------
Chairman
27 June 2013
The FD reported that the Trust’s turnover in 2013/14 was £314.1 million and a small surplus of £65,000 was made. The Trust was able to achieve the surplus position as a consequence of delivering efficiency savings in year amounting to £13.6 million and through the receipt of transitional funding supporting amounting to £4 million from the NHS Trust Development Authority (TDA). The Trust takes forward a recurrent deficit of £7.4 million into the 2014/15 financial year.

Liquidity remains a significant issue for the Trust and, in order to address the significant cash problem in 2013/14, the Trust requested temporary borrowing. The level of temporary borrowing requested amounted to £7.5 million which was repaid in full by March 2014. The Trust is working with the NHS TDA to access a permanent funding solution going forward. The 2014/15 cash plan has been constructed based upon an assumed income and expenditure deficit for the year of £8.2 million. There are particular challenges for the year ahead including the continued financial austerity across the country, the requirement from our commissioners to deliver significant efficiency savings, the transfer of funding through the Better Care Fund which will reduce the amount of overall funding available to hospitals linked to a country-wide expectation that investment will take place in the community to prevent the need for hospital admission and support timely transfer from hospital. Also, for SaTH, the continued additional costs faced by the Trust through duplication across two small hospital sites are not reflected within the ‘tariff’ we receive through the national Payment By Results system and this reduces our ability to deliver the sort of efficiency savings that are needed to support that shift to community whilst also protecting the safety and sustainability of our hospital services.

Overall, this means that the Trust is currently forecasting a deficit in each of the next three years (2014/15 to 2016/17) returning into in-year balance from 2017/18. This forecast relies on the Trust managing the risks to its financial position whilst also seeking transitional support whilst the whole health system agrees a radical and affordable clinical services vision for the future with patients at its heart.

The Audit Committee had met prior to the Special Trust Board meeting and talked through the Annual Accounts and External Audit intend to provide an unqualified audit opinion on the Accounts following the Board adopting the Accounts and receipt of the Management Representation Letter; a qualified conclusion paragraph has been made referencing the Trust’s underlying resilience as an organisation as the small surplus of £0.65m was after receipt of £4m non-recurrent financial support and the forecast deficit of £8.2m in 2014/15. In addition the Trust remains in breach of its cumulative statutory breakeven duty, which will again be referred to the Secretary of State.

The FD and CEO assured the Board that they believe the Annual Account and Management Representation Letter to be correct and true. The Board APPROVED and ADOPTED the Annual Accounts 2013/14.

The Chair, on behalf of the Board, formally thanked the Finance Director and the Finance Team on their presentation of the report.

2014.1/099 ANNUAL REPORT 2013/14

The Chief Executive presented the Annual Report 2013/14 which is a key feature of the Trust’s governance and accountability; reporting on the progress and challenges of the Trust during the year, setting out the priorities for the year ahead and providing key mandatory information in support of governance, compliance and public accountability.

The Annual Report will be signed, the Quality Account and Annual Accounts will be incorporated in full and the final document will be presented at the Trust’s Annual General Meeting in September 2014.

The CEO highlighted the Trust’s performance in the following areas:
Quality
Infection Prevention & Control (IPC) trajectories have been extremely challenging; however the Trust’s position has improved substantially throughout the year. Issues have continued with regard to numbers of pressure ulcers and RIDDOR reportable falls, however the Trust has not reported a Grade 4 pressure ulcer within the last year and the seriousness of outcomes following falls has reduced. Although there is room for improvement, the CEO reported that the Trust is currently performing well.

Performance
Historically there have been issues with 12-hour breaches in Accident & Emergency, number of reported serious untoward incidents, poor processes and poor capacity management. However, looking back over the last 12 months, huge improvements have been made as performance is now much more controlled and well managed, with improvements across all domains.

- **Referral To Treatment**
  Historically there has been a large backlog, limited capacity and poor administrative and management processes, however the Chief Operating Officer and her team have turned this around and the Trust is on trajectory to reach all targets by September 2014.

- **Workforce**
  Historically there have been issues around staff culture and engagement which has been evident from the Trust Staff Survey, however following the launch of the Trust values, progress and improvements are being made and these will continue to be built upon going forward.

- **Finance**
  A Cost Improvement Programme (CIP) of £13 million was made last year and a further £13 million the previous year.
  The CEO reported that although significant internal savings had been achieved, the Trust must overcome issues in relation to Pay and liquidity; there continues to be room for improvement and the whole Executive team will be focusing on this in the next few weeks.

The Chair, on behalf of the Board, formally thanked the Chief Executive and his team for the amount of work undertaken to achieve a number of improvements, and for the achievement of a clear direction of travel for the future.

The Board **APPROVED** the Annual Report 2013/14.

#### 2014.1/100 HEAD OF INTERNAL AUDIT OPINION

The Director of Corporate Governance presented this report, for information. The members were informed that this has been presented to the Audit Committee.
Core Internal Audits
The key point for the Board to note is that the Head of Internal Audit issued the following nine formal core internal and audit reports across the year designed to improve the system of internal audit control:

- Assurance framework/risk management
- Budgetary control
- Cash management
- Debtors and income
- Creditors and payments
- Sickness management
- Asset maintenance
- Payroll
- Computer based controls

Substantial assurance was provided in relation to 7 reports and moderate assurance in relation to 2 reports.

Performance Internal Audits
Performance reviews were completed for:

- Falls management
- Complaints
- Board Governance Memorandum – Pre Assessment
- PAS Change Management Support Outpatients Follow up
- 18 week pathway

Whilst Internal Audit identified high priority recommendations in some areas, they have not identified fundamental control weakness relating to governance, risk management or internal controls that impacts upon an overall Head of Internal Audit opinion of significant assurance.

The Board NOTED the Head of Internal Audit's Opinion.

2014.1/101 AUDIT COMMITTEE ANNUAL REPORT 2013/14
The Audit Committee Annual Report reviews the role and operation of the Committee including attendance rates, reporting to and from the Committee and summarises the reports received from the Internal and External Auditors.

The Board RECEIVED and NOTED the Audit Committee Annual Report and thanked the members of the Audit Committee for their hard work in ensuring the assurance agenda remained on track.

2014.1/102 ANNUAL GOVERNANCE STATEMENT
The Director of Corporate Governance (DCG) introduced the Annual Governance Statement which had been considered at the Audit Committee and was incorporated into the Trust’s Annual Report.

This was submitted to the External Auditors and NTDA to meet the deadline of 28 April. The final version will be submitted with the Annual Accounts on 9 June 2014.

The Board APPROVED the Annual Governance Statement 2013/14.