

**TRUST BOARD MEETING**  
**Held on Thursday 25 September 2014 at 10.00 am**  
**Shropshire Education & Conference Centre,**  
**Royal Shrewsbury Hospital**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford	Chair
	Mr H Darbhanga	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Mrs D Leeding	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr P Herring	Chief Executive (CEO)
	Mrs S Bloomfield	Director of Nursing and Quality (DNQ)
	Dr E Borman	Medical Director (MD)
	Mrs D Kadum	Chief Operating Officer (COO)
	Mr N Nisbet	Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG / CS)
<b>In attendance</b>	Miss V Maher	Workforce Director (WD)
	Mr A Osborne	Communications Director (CD)
	Mrs D Vogler	Director of Business & Enterprise (DBE)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary
<b>Apologies:</b>	Ms P Gibb	Trust Advisor (TA)
	Dr R Hooper	Non Executive Director (NED)
	Mr B Newman	Non Executive Director (NED)

**2014.1/142 WELCOME:** The Chair welcomed everyone and reminded members that it is a meeting in public rather than a public meeting; questions could be asked by members of the public at the end of the meeting.

The main areas of focus during the Public session would be:

- Mid-year review of Strategic Objectives
- Trust Performance report
- Local Health Economy Resilience Plan
- Integrated Education report

**2014.1/143 CHAIR'S AWARD**

The FD presented this month's Chair's Award to Paula Davies, Head of Procurement, who has "proactively taken forward savings schemes for the Trust, completely changing our approach for managing stock at ward level and thereby reducing losses for obsolete wastage. She has also delivered 4% savings, equating to £2m, in her own department by changing working practices."

Ms Davies and the Procurement team work tirelessly to ensure they introduce best practice to the Trust, and value for money services.

Their meticulous approach is consistent and supportive of our Trust Values:

- Ms Davies and the Procurement team are 'Proud to Care', offering added value in a proactive way; this has been evidenced through the delivery of the management of the non-pay Procurement Internal Efficiency programme.
- They ensure they 'Make it Happen' by delivering what they sign up to and help others to achieve their goals too. This has been evidenced across many schemes and most particularly at a recent review, they offered to support a third party supplier to improve their marketing to increase footfall, which would then help the supplier to reduce the costs charged back to us. They continually think of innovative approaches to support the Trust and others, during this time of financial difficulties.
- At all times the team's approach is respectful and demonstrates the high level of professionalism they bring to the Trust.
- Over the years, Ms Davies has led her team to successfully achieve the savings expected Trust wide, whilst simultaneously re-engineering the Procurement Shared Service.

Ms Davies thanked the Chair for the Award and highlighted that it had been accepted by her for the whole Team who have to continuously balance the Trust's needs against what it can afford.

The Chair reported that he was particularly pleased that Ms Davies was the recipient of the Award as he has witnessed the commitment of the Procurement Team who make an extraordinary difference to the Trust in the savings they achieve.

2014.1/144

## **PATIENT'S STORY**

The DNQ reported that this month's Patient Story relates to Mr Bob Yetman who was unable to attend the Board in person as he has now returned to work, following a total hip replacement on Ward 11 at PRH.

The DNQ presented an account of Mr Yetman's story which outlined some issues with his admission as it was cancelled twice and he had difficulty identifying what was happening. The first occasion was due to no beds being available and the second due to the 'Laminar Air Flow' in Theatre not working.

On both occasions, the information from the Booking Department was not forthcoming and Mr Yetman felt communication could have been improved by a short phone call to keep patients informed.

### **Admission/Stay/Discharge**

When Mr Yetman was admitted to Ward 11 at PRH he was warmly welcomed by one of the male Health Care Assistant's on duty. During his stay he was treated with the utmost courtesy and professionalism, but this did not override the staff's warmth, friendliness and humour. He was also very impressed by the food during his stay.

On the morning of his surgery, he was visited by all relevant staff and any queries/concerns were fully answered; in fact all staff on the ward did everything they could to make everyone comfortable and relaxed. Mr Yetman praised all the staff involved in his care and especially when he briefly lost consciousness and all the staff remained calm and professional, not only to him but also his wife who was very upset.

He commended the physiotherapists who got him onto a mobilisation exercise regime and reflected that their style gave the perfect balance between encouragement and pressure.

Mr Yetman described his discharge from hospital as a positive experience; he was welcomed by the staff in the discharge lounge, made comfortable and felt this was an excellent way to finish his time at the PRH.

In conclusion, Mr Yetman highlighted that apart from the admission issue and a few very minor points, the treatment received from all hospital staff throughout his stay was exemplary.

The Chair highlighted that the Patient Story is sometimes not a positive account and he asked the DNQ for any learning points from this particular story. The DNQ highlighted the booking and scheduling aspect and reported that she has arranged to attend a Booking & Scheduling Team meeting to raise the communication issue. The members were also informed of the positive team working of Ward 11, which had previously experienced challenges.

The Chair asked the DNQ to ensure the members of staff highlighted within Mr Yetman's story receive acknowledgement. **Action: DNQ**

Mrs Leeding (NED) reported that she could relate to the experience with booking and scheduling and the lack of communication. The COO confirmed she would take this issue forward with the Booking & Scheduling Team and provide an update to the October Trust Board meeting. **Action: COO, Update: October 2014 Trust Board**

**2014.1/145 DECLARATIONS OF INTERESTS**

The Declaration of Interests register was presented for information. There were no interests declared in relation to any matters on the agenda.

**2014.1/146 MINUTES OF THE MEETING HELD IN PUBLIC on 31 July 2014 & MINUTES OF THE AGM MEETING HELD IN PUBLIC on 11 September 2014.**

The Minutes of the Public Trust Board meeting held on 31 July 2014 and the Annual General Meeting held on 11 September 2014 were **APPROVED**.

<b>2014.1/147</b>	<b>MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 31 July 2014</b>
2014.1/101	<b>CEO Overview – Financial Performance</b> Chair & CEO to identify means of achieving positive staff psychology. The Chair confirmed that he had discussed this with the CEO but requested that this be rolled over for further discussion and an update be provided to the October Trust Board. <b>Action: Chair/CEO Due: 30 Oct 2014.</b>
2014.1/108	<b>IPR – Quality &amp; Safety</b> DNQ to provide an update to the Trust Board regarding MRSA screening for Elective patients, following discussion at Q&S Committee. <b>Action: DNQ Due: 25 Sept 2014. Update provided in Trust Performance Report. Item Completed.</b>
2014.1/108	<b>IPR – Operational Resilience &amp; Capacity Planning for 2014/15</b> COO to provide an update to the Trust Board following resilience and capacity plans submission to TDA by 30 July 2014. <b>Action: COO Due: 25 Sept 2014. On agenda. Item completed.</b>
2014.1/111	<b>NHS England – Hard Truths Commitments: Nursing &amp; Midwifery Establishment Review</b> DNQ to provide an establishment review on a 6-monthly basis. <b>Action: DNQ Due: 29 Jan 2015. On Forward Plan. Item completed.</b>
2014.1/119	<b>Minutes of Meeting held 26 June 2014</b> CS to amend 2014.1/108 re: Self Certificates, as agreed. <b>Item completed. Action closed.</b> B Newman & CS to hold a conversation in relation to Board agenda items. The CS confirmed that she had discussed the Board agenda items with B Newman (NED). <b>Item completed. Action closed.</b>
2014.1/124	<b>CCG Urgent Care Centre Proposal</b> COO to update a future Trust Board meeting. <b>Action: COO Due: 25 Sept 2014. On agenda. Item completed.</b>
2014.1/125	<b>IPR – Finance</b> DNQ to hold discussion in relation to turnaround of the £8.2m deficit and CIP programmes to be promptly quality impact assessed to avoid any delays to delivery. <b>Action: DNQ Due: August 2014 Board Development Day. Item completed.</b>

2014.1/126	<p><b>CQC Visit – 13 October 2014</b>  DNQ to hold discussions at September Board Development Day in relation to the CQC Visit to the Trust on 13 October 2014.  <b>Action: DNQ Due: September 2014 Board Development Day. Item completed.</b></p>
2004.1/127	<p><b>Risk Management Assessment, Plan &amp; Strategy</b>  DCG to make agreed amendments suggested by B Newman. <b>Item completed.</b></p>

**2014.1/148 FORWARD PLAN** for the period 25 September 2014 to 27 November 2014 was **RECEIVED**.

Mr Jones (NED) enquired if the Board are due to meet as a Corporate Trustee Group during October; the DCG agreed to review this and add to the Forward Plan. **Action: DCG**

**2014.1/149 CHIEF EXECUTIVE’S OVERVIEW:**

**Relocation of Women & Children’s Service**

The CEO reported that an Open Day was held on 6<sup>th</sup> & 7<sup>th</sup> September which was a great success with over 600 visitors looking around the new facilities. Plans remain on target for the relocation of the Women & Children’s Services on 29 and 30 September from the Royal Shrewsbury Hospital to the Princess Royal Hospital. A successful ‘dry-run’ with both the West Midlands Ambulance Service and the Neonatal Transport Service took place on 15 September, ahead of the transfer of the Neonatal Unit on 30 September.

The interim location for the Children’s Assessment Unit at RSH has been agreed as Ward 21. Ward 21 (Short Stay Medicine) will transfer to Ward 32 once Gynaecology has moved to PRH on 29 September; and plans for the interim Midwifery Led Unit at RSH are progressing well and agreement has been reached to proceed with a second birthing pool room.

The Chair and CEO commended all staff involved for the work undertaken to ensure a smooth transition of the service.

Following discussion at the recent Finance Committee, Mr Jones (NED) informed the meeting that the initial planning and procurement process of the W&C move to PRH is on time and on budget and highlighted that this should be modelled in future reconfigurations.

The W&C Care Group will hold a formal review of the move during December and an update will be provided to the Trust Board during January 2015. **Action: COO, Update to Trust Board during January 2015**

**Care Quality Commission (CQC) Inspection – October 2014**

The CEO reported that work is currently being undertaken in preparation for the forthcoming CQC visit to the Trust on 13 October 2014. The engagement and positivity of staff is very encouraging. Further discussions about this would be held during the afternoon’s Trust Board Development Session.

**Better Care Fund**

The CEO reported that the Trust has recently contributed to the Local Authority and Clinical Commissioning Group (CCG) ‘Better Care Fund’ to create joint plans for new systems to reduce admissions. There is some concern as to how realistic these targets are and the Trust has submitted our signed off plans which are qualified on this basis.

Dr Walford (NED) informed the members that he attended a briefing at Shirehall, which he had found interesting. He asked about the governance arrangements in place, should the reductions in emergency admissions fail to materialise. The FD reported that if the reduction plans fail, accountability would sit with the Health & Wellbeing Board. Funding flows have been modified in the last 6 months so that the Trust would not be penalised as there was now a “settling up” mechanism in place in relation to activity whereby funding would follow activity.

**2014.1/150 MID-YEAR REVIEW OF STRATEGIC PRIORITIES**

The DBE presented a paper which reported that significant progress has been made against a number of the Trust's 10 strategic priorities at the end of Q2. Headlines include:

- The Trust continuing to improve and maintain key quality standards and make good progress towards sustainable delivery of RTT targets
- Substantial work has taken place to embed the Trust Values with values-based recruitment launched and the Trust leadership programme progressing well
- By the end of Q2 the Trust will have completed the move of the W&C Services and progressing plans for the development of the services remaining at RSH
- The FutureFit Programme, that will provide a solution for the long term sustainability of services for the Trust, remains on track and has identified a preferred clinical model and a long list of options for delivery.

The mid-year review highlighted a number of areas which remain a concern with regard to the delivery of the Trust's overall strategy; these include addressing workforce challenges in terms of recruitment, the growing demand on our services, particularly in Emergency Care and the impact these have on the delivery of a number of key performance standards and overall financial position.

Discussions continue to take place with Commissioners regarding securing additional funding to address some of the organisation's cost pressures. The Trust has also submitted a loan application to support both the income and expenditure deficit, and working capital requirements, and the Trust is currently awaiting a response.

Overall, it is clear that the Trust is delivering an enormous amount of strategic change whilst continuing to improve and maintain its operational performance. Detailed and robust action plans are in place to address key issues and mitigate risks, however a number of plans will require an integrated whole health system approach and so effective working relationships and support from our partners remains a priority.

The report itself provided an overarching summary of the Trust's current status against the delivery of the 10 Strategic Priorities; five were rated as Amber (off track but with an action plan identified to deliver against original plan), one was rated amber/green and five were rated as Green (on track with no concerns). Mr Jones (NED) suggested this may give a slightly optimistic account as there are concerns in relation to financial sustainability and liquidity issues which are currently rated as Amber. This may reflect the position in relation to the milestones but possibly is not the most appropriate measure. Staffing and workforce issues in relation to the development of a transition plan were rated as Amber/Green (Strategic Priority 2).

Mrs Leeding (NED) felt a more transparent understanding of the current RAG ratings would help.

The CEO reported that the Executive Team had identified key milestones against each of the objectives and the report provided an objective assessment to reflect the position at Quarter 2.

The Chair suggested the members dwell on key areas of concern and identify any areas where NEDs could provide support:

- **Medical Workforce;** The MD confirmed he is dealing with the immediate issue and would provide an update in the Private session.
- **Ophthalmology;** The COO confirmed that the Scheduled Care Group are currently developing their Strategy, and she will provide a verbal update at the October Trust Board. **Action: COO, October 2014**
- **Our ability to provide a 7-day model of care;** The WD confirmed this will be actioned through the Workforce Committee and she will provide a verbal update at the October Trust Board. **Action: WD, October 2014**
- **Homecare;** The COO reported that this relates to patients having drugs delivered to their homes; unfortunately there is currently a governance and financial issue of the provider being unable to deliver this service; patients are therefore continuing to collect their drugs from hospital.
- **Stakeholders/GPs;** The Board members agreed to discuss further during the afternoon's Board Development Session

- **Finance;** This would be picked up in the Performance Report item

The CEO confirmed he is satisfied with progress made and highlighted that the Trust is very close to achieving two of the three national performance indicators (RTT and Cancer waiting times) which have not previously been achieved in the organisation.

The Chair thanked the DBE for the work undertaken to produce this new six-month review process and report, and suggested identifying any pressing 'Red' issues for further discussion in the Executive Summary. **Action: DBE, January 2015**

## 2014.1/151 FUTUREFIT PROGRAMME UPDATE REPORT

The DBE reported that progress is being made against the identification, development and appraisal of options on how the Clinical Model can best be implemented.

Matters specifically to bring to the attention of the Board include:

- Completion of the Emergency Centre feasibility study
- New workstreams proposed (workforce; options development)
- Agreed Code of Conduct for programme members

The Board were asked to specifically endorse the Long List of options for delivering the Clinical Model and the evaluation criteria to be used in evaluating the Long List and determining a Short List.

The DBE reported that the Long Listing Panel agreed a set of four criteria appropriate for shortlisting purposes only and agreed to meet again at the end of September to review the criteria and to develop them in further detail.

The Panel noted that the four criteria (and their associated measures) are a subset of the overall benefits sought by the Programme and which the preferred option will need to demonstrate it can deliver. The proposed criteria are:

- Accessibility for Patients
- Quality of Care
- Deliverability
- Affordability

The MD advised the meeting that the evaluation criteria will be reviewed and that affordability will be a critical issue and that the Finance Directors have commissioned this work through the Finance Workstream. A feasibility study will look at the options and test for affordability as well as incorporating wider issues such as duplication of costs.

The Board reflected that it will be important to have an adequate distribution of Urgent Care Centres across the county in the new clinical model.

The CEO highlighted the large amount of work that has been undertaken by the Programme Board Team.

Following discussion, the Board **NOTED** the high level Programme Board update and **ENDORSED** the Long List of Options for delivery of the Clinical Model and the Evaluation Criteria to be used in evaluating the Long List and determining a Short List.

## 2014.1/152 UPDATE ON CCG PROPOSAL TO RELOCATE SHREWSBURY WALK-IN CENTRE

The COO reported that the development of Urgent Care Centres co-located with Emergency Departments has been identified nationally as a priority as part of the National Urgent and Emergency Care Review. It has also been agreed as a strategic objective for the Trust in 2014/15.

During July 2014 the Board supported the CCG proposal to relocate the Shrewsbury Walk-In Centre (Monkmoor) to the Emergency Department of the Royal Shrewsbury Hospital, with the following anticipated benefits:

- Improved patient flow through the hospital – reduce internal waits
- “Right Patient, Right Place”
- Improved performance against patient safety targets
- Improved performance against the ED Quality Indicators
- Reduction in the number of ED breaches
- Improved patient clinical outcomes
- Increased patient satisfaction

### Progress to Date

1. Over the past two months Shropshire Clinical Commissioning Group has held a series of engagement events with the public and other interested parties on the proposed relocation of the Shrewsbury Walk-In Centre. The proposal seeking approval to proceed to implementation was presented to, and approved at, the Shropshire CCG’s Board meeting on 24<sup>th</sup> September 2014.
2. An equality impact assessment has been included within the engagement work. As would be expected, the views of the public and other interested parties are varied and include a mixture of responses. The main concerns raised by the public were largely about lack of parking, the cost of parking and concerns around limited public transport. One of the positive outputs from the engagement exercise was the consistent high satisfaction rates reported from those that had used the Walk-In Centre. There was also recognition of the potential benefits of having different specialists working together and having access to more diagnostic services at a hospital location as compared to the current Walk-In service site.
3. The proposal is supported by Shropshire CCG, SaTH, and Malling Health who run the Shropshire Walk-In Centre as well as the patient representatives on the Urgent Care Centre Project Group.
4. The multi-stakeholder project team which was established at the end of April has defined and agreed the clinical model and governance arrangements for the prototype for the Urgent Care Centre model, namely the relocation of the Shrewsbury Walk-In service.
5. The pre-tender cost of the refurbishment of facilities alongside the Emergency Department at the Royal Shrewsbury Hospital site has been received. The expected costs of refurbishment are £216k + VAT and are included in the Trust Capital Programme for 2014/15.
6. Other than the capital and set up cost requirements, the service will be provided within current resources. SaTH has agreed that a contract variation will be put in place to ensure that the proposed service improvement can be achieved without any significant financial risk to either the Trust or the CCG. The Chair expressed concern that SaTH will incur a capital cost. The FD explained that the CCG do not have capital funds so there is an agreement for SaTH to facilitate this aspect of the project. The Chair agreed to discuss further with the FD. **Action: Chair / FD**

The COO reported that she is confident there is no financial or clinical risk to SaTH as patients are currently streamed in the minor and major emergency departments and the proposed service will be similar. It is proposed that this will be in place by December 2014.

Following discussion, the Board **RECEIVED** and **NOTED** the progress of the proposal for the relocation of the Shrewsbury Walk-in Service (Monkmoor) to the Emergency Department at the Royal Shrewsbury Hospital as the first phase of the development of an Urgent Care Centre.

The Chair agreed to receive the following questions from the floor at that point.

- Q1.** Mr Pete Gillard submitted a written question (**included in Information Pack**) querying the lack of a formal 12 week consultation around the proposal to relocate the Walk-in Centre; furthermore, Mr Gillard suggested that unless there was any documentation confirming this position that the Board should defer any decision to progress the relocation until it has taken further advice.

The CEO confirmed that SaTH would seek formal confirmation regarding the public consultation requirement placed on the CCG and would only proceed subject to correct governance requirements being in place to avoid any future challenge.

- Q2.** Mr Sandbach suggested SaTH should continue to plan at risk to deliver a 21<sup>st</sup> Century healthcare system.
- Q3.** As a member of the Urgent Care Project Board, Mr Shepherd also stated his concerns about the proposal being delayed.

**2014.1/153 INTEGRATED PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES**

The Board **RECEIVED** the Trust Performance Report in respect of the month of July and August 2014:

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

The Director of Nursing & Quality (DNQ) provided an overview of the activity in July / August 2014;

- The incidence of RIDDOR reportable/SI falls is currently on trajectory for the year.
- Infection Prevention & Control – showed four cases of C difficile in July and one case in August, 0 cases of MRSA Bacteraemia infections, 6 cases of E-coli bacteraemia in July and one case in August
- Cleanliness – the Trust was subject to an announced visit by the Trust Development Authority on 15 September 2014 in order to review cleanliness and Infection Prevention & Control arrangements at RSH. The findings were disappointing in that the improvements seen on previous visits had not been sustained and there were issues with cleanliness both in nursing and domestic duties across a range of wards. Prompt and robust action is required in a number of areas and the DNQ, along with the FD as Lead Director for Facilities, have committed to work together to ensure that actions are delivered. Dr Walford (NED) reported that discussions were held during the September Quality & Safety Committee which was also disappointed by the inconsistency of cleanliness. The Q&S Committee will closely follow this issue and an action plan will be scrutinised by the Q&S Committee. The DNQ agreed to provide an update at the October Trust Board meeting. **Action: DNQ, October 2014**
- Avoidable pressure ulcers (grades 2-4) - remain on a generally improving trajectory and in line with the annual target for each grade of ulcer. The Trust's incidence of avoidable pressure ulcers remains well below the national average when reviewed using data from the national Safety Thermometer.
- Patient Experience – August saw the launch of the Trust Patient Listening Events across the county and also in mid-Wales. A total of 6 events were held in a variety of locations and over 120 people's views were heard. An annual plan for events is being developed, incorporating the learning from this first trial.
- Trust Friends and Family Test – Whilst the score is above the national average, the response rate requires improvement. The Head of PALS and Complaints is working with nursing and operational leads to drive improvements.
- Safe Staffing – The overall fill rate against ward templates of nursing staff was 100.8% and 99.5% for July and August respectively. The implementation of the master vendor scheme for booking agency nurses commenced throughout July and August. This caused unforeseen initial difficulties in obtaining the required number of staff, which led to a higher than usual number of shifts being unfilled. During this period Matrons and Clinical Site Managers allocated existing staff, according to acuity and dependency on the wards, to ensure the most appropriate cover possible was achieved. During the last two weeks, the fill rate has returned to normal. Registered Nurse recruitment continues, however the August interviews returned a smaller number of candidates than expected. The overseas recruitment process has progressed, with staff travelling to Spain and Portugal next month to interview registered nurses.
- Care Quality Commission (CQC) Inspection – Preparation is ongoing for the forthcoming CQC inspection during week commencing 13 October 2014.

**OPERATIONAL PERFORMANCE**

The Chief Operating Officer (COO) gave the following overview of operational performance:

- A&E 4 Hour Access Standard - In August 2014, 93.6% patients were admitted or discharged within the 4 hour quality target; representing an improvement of 1.2% compared to July. This is the second consecutive month showing slight improvement.
- Demand above plan – Emergency Department attendances - For the period to the end of August there were 2.6% (1372 attendances) greater than the same period last year. The development of the Urgent Care Centre for RSH is on track for delivery in December. At PRH a two-week pilot has taken place whereby a GP streamed patients at the front door of the Emergency Department. The pilot has been very positive and a formal review will be undertaken with recommendations to inform future modelling.
- Demand above plan – Non Elective activity across the Trust is 5.67% (1128 admissions) greater than the same period of April to end August last year. All escalation areas have continued to remain open. This additional burden on nursing staff is resulting in high usage of agency staffing. During September, work will commence on the planning and delivery of the Discharge to Assess (D2A) model of provision with three main pathways which include Rehabilitation in the Community (Integrated Care Service), Inpatient Rehabilitation (Shropshire Community Trust) and No Rehabilitation needs (needs placement outside of the Acute Trust). The number of patients on the Fit to Transfer (FTT) list remains consistently between 60-70. Introduction of the D2A model would reduce these numbers; particularly Powys patients.
- An escalation meeting took place on 30 July between the Health Economy and TDA. The outcome of this was a series of actions that each organisation must deliver with the CCG's main area of focus being to reduce the FTT to below 30 patients by October 2014 across both sites.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Recovery Plan remains on track to deliver the target from 1 September with the exception of Ophthalmology and Oral Surgery which will deliver from 1 October 2014. This is a massive improvement for the Trust and although the Trust failed the RTT (non-admitted) this month, this position was predicted due to the clearance of the backlog of patients waiting over 18 weeks in Ophthalmology and Oral Surgery. Trajectories are in place for both specialities which are being monitored weekly with the CCGs and NHS England.
- Cancer Performance – August predicted performance: This continues to improve with 7 of the 9 targets achieved. The two targets not achieved are:
  - 31 day second or subsequent treatment - 90.63% - failed target of 94% by 3 patients
  - 62 day urgent referral to treatment – 84.10% - failed target of 90% by 15 patients. This target has failed nationally. The Trust has recently recruited a new Cancer Lead, a new Cancer Lead Nurse and a new Cancer Lead Doctor.

The report highlighted that there are three tumour sites which are continuing to contribute to the under-performance against the cancer standards; these are Gynaecology, ENT; and Skin. Actions include:

- The Lead Cancer Nurse / Cancer Performance Manager will work within each of the specialities to support the delivery of standards
- Review of the 31 and 62 day treatment targets at the Patient Tracking List meeting each week and record confirmed breaches on a weekly basis to inform the Executive Team
- On-going auditing of the reasons for non-compliance within the 62 day referral to screening standard
- Site specific pathway reviews to ensure best practice and reinforcement of the required targets through the circulation of simplified guidance

The COO agreed to provide an update in relation to Cancer Performance during the October Trust Board.

**Action: COO, October 2014**

## **FINANCIAL PERFORMANCE**

The Finance overview highlighted:

Income – After five months income is below planned levels by £401,000. The level of Day Cases is lower than anticipated across MSK, Oral Surgery, Cardiology and Ophthalmology. This is being compensated in part by over-performance within Clinical Haematology and Oncology, Urology and Gastroenterology.

The level of non-elective over-performance as compared with contract has reduced sharply because of reduced levels of activity in the month of August. Non-elective over-performance of 3.3% is costing the Trust £52,000 because of the impact of the non-emergency threshold where the Trust only receives 30% of tariff,

and higher than planned levels of readmissions. A meeting is being arranged by the TDA with the Trust, CCGs and the Local Area Team (LAT). The impact of reduced length of stay has reduced impact from excess bed days by £362,000 to date. £2.3m has been sought from the commissioners to support the cost of delivering increased non-elective and A&E activity.

Pay Position – Pay in the month amounted to £17.709m and at the end of August Pay spending has exceeded the budget by £2.75m. The pay overspend is being caused predominantly because of nursing staffing (£1.343m) and consultant and medical staff (£1.08m). It was noted that planned reductions in nurse agency are lagging behind projections due to limited recruitment results compared to the original trajectory. The members discussed the high level of spend on agency staffing and agreed to discuss further during the afternoon's Board Development Session.

Non Pay – Spending in respect of non pay is underspent against budget by £654,000.

Cost Improvement Programme (CIP) – Savings realised in respect of the CIP and Rectification Plans (as discussed at the Trust Board Workshop in August) amounted to £5.587m and is consistent with the levels required to achieve the forecast outturn deficit of £8.883m.

Cash Flow – The cash position of the Trust continues to be problematic. At the end of August the Trust had received temporary borrowing of £3.2m and a further £3.7m has been requested in September. Discussions have been held between the Trust and the NTDA with the aim of securing a long-term loan application of £15.2m as permanent financing to support the "in year" deficit and historical liquidity weakness. This is currently being considered and will progress in November 2014.

Mr Jones (NED) reported that discussions were held during the September Finance Committee in relation to additional pay costs resulting in a projected increased deficit in the year of £15.1m, prior to further offsetting action. The principal reason behind the increased deficit remains agency staff and premium level costs arising from agency rather than contracted staff. Other factors include the costs of waiting list initiative payments and increased sickness levels.

During the Board Workshop held during August 2014, the Board endorsed a package of cost reduction measures amounting to £6.3m that should reduce the deficit to £8.8m, however, within this there is a high level red rated risk of not achieving the targeted reductions in agency costs and the additional income from higher activity levels. Mr Jones reported that this could result in the deficit rising to £12.8m rather than £8.8m.

Following discussion, the Board agreed that the agency staff costs and the historic liquidity issue must be addressed; and agreed to discuss further during the afternoon's Board Development Session.

## WORKFORCE

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

Absence – Over the last two months an increase in absence can be seen from 3.98% during June to 4.32% in August. High levels of absence and vacancies continue to create demand for temporary staffing, placing pressure on pay budgets. Levels of demand for agency staff continued resulting in high premium costs.

Appraisals - Fell from 83% to 81%; the organisation has set itself a target of 100% by April 2015. Meetings to discuss workforce performance are taking place and a discussion point is the achievement of 100% appraisals. The Care Groups have plans in place to achieve this.

Recruitment – All recruitment is being centralised and managed through a project management approach. The plan initially focuses on nursing and domestic roles; for nursing this includes overseas recruitment in Spain and Portugal along with wider national recruitment. Ten nurses have recently been appointed and overseas recruitment is aiming to secure a further 30 nurses. A Recruitment Strategy has recently been developed. The Chair reported that a long-term strategic approach to recruitment is fundamental to SATH's longevity and agreed to liaise with the WD to discuss this, for an update at the October Trust Board. **Action: WD, October 2014**

Employment Experience – Early indications suggest a positive response rate for the Friends and Family Test. The NHS Annual Staff Survey will be distributed to all staff towards the end of September / beginning of October

The Chair thanked the Executive Team for the continued work being undertaken, and the positive direction of travel.

## **SELF CERTIFICATIONS**

The members discussed the Governance and Monitor Licence Board Certifications which were **APPROVED** subject to the continued financial support from the TDA.

2014.1/154

## **COMPLAINTS & PALS REPORT - QUARTER 1 (April – June 2014)**

The DNQ presented an overview of the formal complaints and PALS concerns received by the Trust during April to June 2014.

During Q1 the Trust received a total of 90 formal complaints which is comparable with the number of formal complaints received in previous quarters over the last 12 months. Of the 90 complaints received, 14 (16%) were upheld, 46 (51%) were partly upheld and 30 (33%) not upheld by the Trust.

The Trust continues to maintain a high performance in response rates against the target; 97% of complaints were closed within agreed timescales.

### **Parliamentary & Health Service Ombudsman (PHSO)**

Where a patient or relative remains dissatisfied following the Trust's response to their complaint, they may forward their complaint to the Parliamentary & Health Service Ombudsman for review. On receipt the Ombudsman will undertake an assessment and may take the following options:

- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During the quarter, the Trust was notified of one case referred to the Ombudsman. This case related to a complaint initially made in November 2012 and the case is currently under investigation.

During the quarter; the Ombudsman concluded 4 investigations; 3 of these were partly upheld and 1 case was upheld. Actions arising from these cases include:

- Development of a painful hip pathway
- Update of the Patient Transfer policy
- Development of a pathway for patients who are referred with suspected AMD via Chose and Book or direct to a consultant rather than the fast track referral pathway

### **Patient Advice Liaison Service (PALS)**

PALS is often the first point of contact for patients and relatives wishing to raise concerns about their care, and with prompt help these can often be resolved quickly. The majority of contacts are by telephone or in person. During quarter 1, PALS handled 523 concerns raised by patients and relatives, compared to 577 in quarter 1 of 2013.

#### Main themes arising from concerns raised via PALS:

- Appointments – calls relating to delays in receiving appointments and capacity issues in some specialties, errors with appointment times/arrangements, appointments being sent with short notice of clinic date, patients being unable to make contact with departments to arrange appointments or change existing appointment times.
- Cancellation of appointments or operation.
- Lack of communication about the changes made to appointment time and dates.
- Car parking and attitude of car parking staff.

Due to the large number of calls relating to appointment issues, the Booking & Scheduling department have introduced a number of Standard Operating Procedures for staff to ensure a consistent approach throughout the team. Netcall is now being used to remind patients of their appointments and appointment letters are now being printed locally rather than centrally, giving the Booking staff responsibility for sending letters informing patients of any change to their appointment.

The Chair was pleased to see an overall improved performance. The Chair asked the DNQ to forward his thanks to the Complaints and PALS Teams for their continued work, and also agreed to meet with Mr Tom Jones (PALS Liaison) to discuss general PALS issues. **Action: Chair to meet with Mr T Jones**

2014.1/155

## LOCAL HEALTH ECONOMY RESILIENCE PLAN

The COO presented a report which highlighted that earlier in the year Monitor, the Trust Development Authority, NHS England and the Association of Directors of Adult Social Services published guidance on operational resilience and capacity planning for 2014/15. It described the need for Urgent Care Working Groups to build upon their existing roles and expand their remit to include elective as well as urgent care; to become forums where capacity planning and operational delivery across the health and social care system is co-ordinated. This underlines the importance of whole health system resilience.

The document detailed the planning arrangements and requirements for the year and the mechanisms for monitoring delivery and the allocation of non-recurrent funding.

The System Resilience Groups (SRG's) were required to submit resilience and capacity plans by 30th July 2014; Core aspects of good practice had to be included in the 2014/15 plans, and SRG's were requested to benchmark themselves against these and then include in their submission, plans to achieve the requirement. Allocated funding will be used to support delivering best practice.

Through a series of meetings, planning summary templates were completed and submitted to NHS England for approval. Following on from this, an Operational Resilience and Capacity Plan was developed which describes how the local health and social care system will work collectively to deliver against the constitutional targets of 18 weeks RTT and 95% A&E.

Whilst the whole health economy has had longstanding issues in achieving both 18 weeks RTT and 95% A&E target, some improvement in performance has been achieved, particularly in RTT over the past 12 months. The changes put in place during 2014/15 collaboratively by the Local Health and Social Care Economy (LHSE), supported by NHS England and clinically led by the CCG's, should deliver a further improved position for the benefit of our patients.

Scaling up of developments focusing on the integration of health and social care services such as Integrated Community Services (ICS) in Shropshire and Better Care Fund plans in Telford & Wrekin has already started. For elective care, plans centre on purchasing additional capacity and improved demand and capacity planning. SaTH has received £1.48m for non-elective care and £506k for elective care.

Medium to longer term plans aim to address the significant local system resource and transformational challenges required to deliver effective, high quality elective and non-elective care. These are being led through the Future Fit and Better Care Fund programmes, both of which have made progress in the development of plans with strong clinical leadership and patient involvement and multi-partner commitment across health and social care.

This Operational Capacity and Resilience Plan (OCRP) 2014/15 has been signed off by the System Resilience Group and is now with the Area Team (NHS England) for approval.

The paper reported that monitoring of the delivery of SaTH's elements of the Plan will be led by the Assistant Chief Operating Officers for Scheduled and Unscheduled Care. Overall monitoring of the delivery of the Plan will be through the Urgent Care and Planned Care Working Groups which report into the System Resilience Group on a monthly basis.

The COO highlighted that continued internal improvement is required throughout the year. Lessons learnt and linked to 2014/15 plan include:

- Funding in 2014/15 has been allocated to collaborative plans linked to the delivery of best practice
- Additional bed capacity will be purchased external to SaTH

- Multi-partner Task & Finish Group established to oversee the plan to reduce the number of patients fit to transfer
- New provider of non-emergency patient transport appointed to reduce breaches due to transport delays and batching
- Weekly forward capacity planning meetings in place
- Funding in place to facilitate 7-day working (Therapies, Pharmacy, Radiology, Pathology and Consultant Ward Rounds)
- Prototype Urgent Care Centres to be in place at RSH and PRH
- Participation in the Ambulatory Emergency Care Network to reduce the number of emergency admissions

Surge and winter capacity management includes:

- Real time acute demand and capacity dashboard is in place
- 26 escalation beds are available at SaTH (10 at RSH and 16 at PRH)
- Escalation beds are available in Whitchurch and Ludlow Community Hospitals and Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.
- Ability to spot purchase private sector care home beds

The members were assured that there are a range of mechanisms being undertaken to support the Emergency Department.

Following discussion, the Board **RECEIVED** and **NOTED** the Operational Capacity and Resilience Plan for 2014/15.

#### **2014.1/156 OPERATIONAL & GOVERNANCE PROCESS DIRECTION**

The Chair advised that he had asked for this agenda item to raise the profile of the need to develop lean governance processes and highlighted that staff should be empowered to take control at department level, in relation to the management of budgets, etc.

Mr Jones (NED) reported that key members of staff have raised similar staff management issues at the Workforce Committee and although this could be further developed, he felt some progress has been made.

#### **2014.1/157 BOARD ASSURANCE FRAMEWORK**

The Board Assurance Framework was presented by the CEO to assure the Board that the risks to the strategic objectives are being properly managed.

The DNQ reported that the direction of travel of the Quality and Safety risk 415 relating to 'If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience' has slightly decreased; work will be undertaken and actions focused upon post- CQC inspection findings.

The DNQ reported that the Quality and Safety risk 96 relating to 'If we do not implement our falls prevention strategy then patients may suffer serious injury' has improved.

Mr Jones (NED) reported that discussion was held during the Audit Committee and it was felt that the description of the Finance risk 670 should be slightly reconfigured. The FD confirmed that he had the opportunity to update the wording of the risk but on reflection, felt the description of the risk is adequately captured in its existing form.

The Board **RECEIVED** and **APPROVED** the Board Assurance Framework.

2014.1/158

## COMMITTEE UPDATES

The Chair presented the following Trust Committee updates, for information, and thanked the staff for the work involved:

- Business Development and Engagement Committee held 19 September 2014.
- Risk Committee meeting held 21 August 2014.
- Clinical Quality & Safety (Q&S) Committee meeting held 18 September 2014.
- Hospital Executive Committee (HEC) meeting held 23 September 2014
- Finance Committee meeting held 23 September 2014.

The Board **RECEIVED** and **REVIEWED** the Committee updates.

2014.1/159

## MEMBERSHIP, VOLUNTEERS & SUSTAINABILITY UPDATE

The DCG advised that the paper provided an update on progress around FT Membership, Governance and sustainability which includes volunteering and other engagement initiatives.

### Foundation Trust status:

The Trust continues to aspire to become a Foundation Trust, although until health economy wide reconfiguration (and consequent financial stability) has been achieved, the Trust would not be considered (nor request to be considered) for FT authorisation.

### FT Membership:

The current total FT membership stands at 15,099 members (9,339 public and 5,760 staff). Public membership is ahead of trajectory (i.e. >1% of our catchment).

### Sustainability:

The Trust is committed to developing a sustainable health and care system that works within the available environment and social resources, protecting and improving health now and for future generations, and adopts a positive approach to improving physical and social sustainability.

A Sustainable Development Management Plan (SDMP) has been produced and highlights key areas of focus around the Trust's sustainability agenda through a well-established programme of waste, energy and water management, and sets out a range of actions necessary to continue to make progress across the full range of sustainability measures.

Stands were held at both RSH and PRH promoting the National NHS Sustainability Day on 11 March 2014 where over fifty individual pledges were received and over thirty staff members came forward to be Sustainability Champions. Also, following on from the success of NHS Change Day, the Trust received notification that it had been shortlisted in the National NHS Sustainability Day Awards 2014 where we were awarded *Highly Commended Runner Up* in the Community Engagement category.

Sustainable development initiatives include a Wildlife Garden at RSH which has been created behind the main public car park and Oak House; as well as the regeneration of two courtyard gardens at PRH.

### Volunteering:

The Trust now has over 400 volunteers who provide support to a number of different services within the Trust, complemented by approximately 450 volunteers with a range of charitable organisations within the hospital (such as the League of Friends, Royal Voluntary Service and the Red Cross). Over the past six months there has been a variety of developments for volunteering within the Trust and overarching these changes has been the recently approved Volunteer Strategy for 2014-19.

The Board **NOTED** the Governance & Sustainability update and **APPROVED** that the FT Board Governance Assurance Framework (BGAF) progress is monitored by Audit Committee to provide ongoing assurance to the

Board.

The Chair commended the progress being made and asked to further discuss Membership engagement with the DCG. **Action: Chair / DCG**

2014.1/160

## ANNUAL REPORTS 2013/14

### Integrated Education Report

The Integrated Education Report presents the key elements of the educational activity over 2013/14 and the priorities for 2014/15:

#### NURSE & CLINICAL EDUCATION

The DNQ reported that during 2013/14 Nurse and Clinical Education focused on ensuring that staff in clinical roles have access to underpinning knowledge and skills development and accessed over £200,000 from the ring-fenced Learning Beyond Registration NHS funds for the continuing professional development of registered healthcare staff in nursing, midwifery, allied health professionals and healthcare scientists.

The Trust worked in partnership with Staffordshire University to provide practical placements for nursing students in both hospitals, with qualified Trust nursing staff acting as mentors to these nurses in training. The DNQ highlighted that Undergraduates are largely supported to attract them to work for the Trust; and a large amount of internal training is also provided to Postgraduates.

#### STATUTORY & MANDATORY EDUCATION

The WD reported that statutory and mandatory training is monitored through the Workforce Committee. A report was made to the February 2013 Workforce Committee outlining the process for, and issues around, Statutory and Mandatory Training compliance in SaTH. This included the findings of the Deloitte Audit into Statutory and Mandatory Compliance, and an action plan was put in place to improve staff compliance throughout the Trust. As a method of focusing on training requirements that impact most directly on patient care, the Trust has been focusing its measurement on compliance with completion of the Statutory Safety Updates (SSUs) and Corporate Induction (which include Fire Safety, Patient and Load Moving and Handling, Infection Control, Adult Protection, Food Safety, and Basic Life Support) and Information Governance. A key area of concern has been that, as at 31<sup>st</sup> March 2014, the current overall compliance levels with these areas was 58% for Statutory Safety Update and 75% for Information Governance. The WD reported that the improved appraisal process will be a mechanism to drive this forward.

Mrs Leeding (NED) reported that she was pleased to receive an Integrated Education Report; however she queried the percentage rate of last-minute cancellations at statutory and mandatory training sessions. The members were informed that the DNA rate currently stands at 25% for statutory and mandatory training. This has been discussed at Workforce Committee where it was agreed to take the 'soft' approach in the first instance. This will be monitored by the Workforce Committee.

#### CORPORATE EDUCATION & WIDENING PARTICIPATION

##### Vocational Training:

##### Activity April 2013 to March 2014:

- 73 members of staff achieved an award.
- 14 members of staff did not complete or withdrew from the qualification (for a variety of reasons)

##### Highlights and New Activity during the year:

During this year 166 staff employed in Band 1 - 4 roles commenced an apprenticeship framework with the Trust. There is a requirement to report this activity to Health Education West Midlands to support the Health Education England mandate of increasing apprenticeship opportunities in the NHS. The Trust has the highest level of apprenticeship activity in the NHS across the West Midlands (80 Apprentices year to date), with the highest proportion of apprenticeships being in clinically related roles. The Trust is also a finalist for the Apprenticeship Employer of the Year Award.

## Pre-employment, Work Experience and Careers:

### Activity July 2013 – March 2014:

SaTH have undertaken a review of practices within schools to consider what currently exists to educate young people about the variety of careers available within the NHS and how to navigate different pathways. All schools and colleges in Telford & Wrekin and Shropshire were contacted offering to meet and discuss ways of working together to raise student awareness. Eight schools or colleges took up the offer to meet, with attendance at a further 13 careers events during the year.

### Work Experience:

The Trust continues to have a very high demand for work experience placements across a variety of departments on both hospital sites. Each area offering placements is annually risk assessed to ensure a safe environment for young people. During 2013-14, the Trust offered 180 placements to students in a wide variety of areas throughout the Trust, including shadowing Doctors. Unfortunately, for a number of reasons, the Trust is unable to accommodate all the requests received. The Work Experience offer will be reviewed during 2014-15 based on the feedback from schools and colleges.

### Leadership & Management Development:

- A number of the organisation's managers and leaders have signed up to and are working through the newly launched national leadership programmes provided by the NHS Leadership Academy. These range from the introductory Edward Jenner e-learning course through to a full Masters Level programme and beyond.
- 18 leaders are currently studying on the Staffordshire University Management in a Healthcare Setting programme at PG Certificate, Diploma or Masters level, with 3 members of staff becoming the first to reach their full Masters in January 2014.
- More than 130 managers have completed a level 2 or 3 Certificate in Line Management
- Coaching Skills for Line Managers was launched in January 2014 helping managers and leaders develop new communication styles and skills.
- Over 200 leaders and managers have accessed coaching support, and an impact evaluation was conducted to highlight how the Trust and our staff have benefited from this support.
- Over 200 Managers and leaders attended the 2<sup>nd</sup> Annual Leadership Conference and feedback about the day was extremely positive

## **MEDICAL EDUCATION**

The report highlighted that it is a great achievement that Keele Medical School has been named second in the country for student satisfaction by the National Student Survey for the second year in a row. Oxford was the only medical school rated higher. Keele Medical School was also rated fourth in the Guardian Newspaper's university league table for medicine with only Oxford, Cambridge and University College London finishing higher. Keele Medical School has only been open since 2003. This accolade is very rewarding as the Trust has contributed to the training of 88 students in the last academic year 2013-14. There were 50 Year 4 medical students and 38 year 5 students on placement within the Trust.

The Shropshire Faculty consists of 57 educational tutors employed by the Trust with time seconded to teach the Keele Students as well as enormous support from all our health care professionals and administrative staff. We have an administration team of four people and a full-time practice instructor.

The MD reported that there has been an increase in the number of Keele Graduates returning to the Trust to work both at Foundation year level and core training; 23 doctors returned as FY1 or 2 last year, and last year we saw the first Keele graduate return to the Trust as a Teaching Fellow.

The Board recognised the work undertaken and **RECEIVED** and **APPROVED** the Annual Report 2013/14.

Mr Darbhanga (NED) queried the percentage of Keele graduates that the Trust receives and if they receive training in all aspects, including A&E. The MD confirmed that the Trust receives 88 students, spread over 2 years, and 25 of this intake were received from Keele students who chose to return to SaTH as they enjoyed their experience here as students.

2014.1/161      **QUESTIONS/COMMENTS FROM THE FLOOR**

- Q1.** Mr Gillard informed the members that he sits on the FutureFit panel and has recently become aware of the high level gross capital cost for the acute parts of the model; these are not currently in the public domain. Mr Gillard also reported that during the CCG Board held the previous day, discussions took place in relation to ambulance response times (West Midlands Ambulance) and their contention that in order to meet the need, staffing levels would need to increase from 200 to 710. This is obviously a large number and Mr Gillard enquired if the Trust retains information where ambulance targets and outcome results are not met, and if so, if they could be released into the public domain.
- A1.** The COO informed Mr Gillard that the Trust only retains information of when patients arrive at the Trust, unfortunately not the time taken for patients to arrive.
- Q2.** A question was asked regarding the FutureFit Clinical Model which suggests a reduction in the number of acute beds and how many will remain once the model is implemented.
- A2.** A range of numbers have been discussed but nothing has yet been formalised. The feasibility model will look at all options.
- The Chair reported that he is sceptical of any proposed reduction of beds and highlighted that the organisation must be proactive in ensuring models are realistic. This view was endorsed from the floor by Mr Shepherd.
- Q3.** A question was also asked about the availability of antenatal classes.
- A3.** The CEO reported that he had also received two or three complaints. The antenatal classes had been temporarily suspended at RSH due to the move of the Women & Children's Centre to the PRH site; however, the classes continued to be offered either in Midwifery Led Units or on a 1:1 basis. All community midwives had been informed of this and the Women & Childrens Care Group Director had provided a summary of what was going to be available. It was agreed that the DBE would contact the mother-to-be, if she was able to have her details. **Action: DBE**
- Q4.** On behalf of Mr George Rook, Mr Sandbach highlighted that there appears to be a number of names for Emergency Services; these include Emergency Centre, Emergency Department, UCC, Walk in Centres, etc, and Mr Rook asked for this to be flagged up with the Board to agree a precise definition. Mr Sandbach recommended a glossary at the end of documentation. The Board AGREED this approach. **Action: DBE**
- Q5.** Mr Sandbach reported that he had recently been an inpatient on the Day Surgery Unit; he was originally offered a locum consultant which he refused, and one week later was offered his Consultant of choice to perform surgery. Mr Sandbach reported that it was a "First Class service and could not be faulted". With regard to cleanliness, Mr Sandbach found no dust and observed that the domestic assistant performed full cleaning duties, including high dusting, etc.
- Q6.** Mr Sandbach highlighted that an update in relation to Medical Workforce would be provided during the Private session of the Trust Board meeting; he formally called upon the Board to provide a Workforce update during the Public session of the October Trust Board. The Board AGREED this approach. **Action: WD, October 2014**
- Q7.** Mr Sandbach raised the relocation of the Shrewsbury Walk-in Centre and highlighted a major flaw in the design which he agreed to discuss further with the COO.
- Q8.** Mr Jones informed the Board members that unfortunately his eldest daughter's husband recently passed away in PRH; he had been a patient on Ward 7 and Mr Jones highlighted that his daughter was extremely pleased with the work undertaken on the Ward and confirmed that he would personally pass his daughter's comments to the Ward staff.
- Q9.** A member from Healthwatch Telford and Wrekin highlighted the upcoming industrial action of nursing staff.

The WD confirmed that one Union has voted for strike action on Monday 13 October, however not all areas will take part. Four other Unions are currently balloting and an outcome is expected by end September 2014.

2014.1/162

**ANY OTHER BUSINESS**

**Trust Awards held 11 September 2014**

The Chair highlighted the success of the recent Trust Awards ceremony which was held in the new Shropshire Women & Children's Unit on 11 September 2014. He feels the organisation has gained in self confidence and felt the Awards ceremony was very positive and therefore suggested making next year's event even more of a triumph. **Action: CD to share thanks with Communications & Governance/Membership Team**

**Care Quality Commission (CQC) Visit – October 2014**

Mr Jones (NED) enquired if the Trust has managed expectation as the CQC do not issue 'Gold Stars'. The DNQ informed the members that discussions have been held. She reported approximately 65 Trusts have received a CQC inspection; of these, 6 received an 'inadequate' response, 6 received a 'good' response and 0 received an 'outstanding' rating which is the general position of the vast majority of Trust's nationally. The MD reported that he has also briefed medical staff.

2014.1/163

**DATE OF NEXT MEETING**

**Formal Board Meeting** – Thursday 30 October 2014 at **9.30 am** in the Lecture Theatre, Education Centre at the Princess Royal Hospital.

**The meeting then closed.**

**MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 25 SEPTEMBER 2014**

<b>Item</b>	<b>Issue</b>	<b>ACTION OWNER</b>	<b>DUE DATE</b>
2014.1/101	<b>Matters Arising from Formal Board held 29 May 2014: CEO Overview – Financial Performance</b> Chair & CEO to identify maintenance of trajectory and delivering positive staff psychology	Chair/CEO	30 Oct 2014
2014.1/144	<b>Patient Story (Ward 11, PRH)</b> To thank staff members involved to celebrate their good practice	DNQ	30 Oct 2014
2014.1/144	<b>Patient Story – Booking &amp; Scheduling</b> To attend Booking & Scheduling Team Meeting to raise issues highlighted in Patient Story and provide update to October Trust Board	DNQ	30 Oct 2014
2014.1/149	<b>Relocation of W&amp;C Services</b> To provide an update to the January 2015 Trust Board following a formal review of the W&C move	COO	29 Jan 2015 <b>On Forward plan</b>
2014.1/150	<b>Mid-Year Review of Strategic Priorities</b> To provide a verbal update at the October Trust Board in relation to the Ophthalmology Strategy	COO	30 Oct 2014 <b>On agenda</b>
2014.1/150	<b>Mid-Year Review of Strategic Priorities</b> To provide a verbal update at the October Trust Board in relation to 7-day model of care following discussion at Workforce Committee	WD	30 Oct 2014 <b>On agenda</b>
2014.1/150	<b>Mid-Year Review of Strategic Priorities</b> To identify 'Red' RAG rated issues for discussion during next review - Jan 2015	DBE	29 Jan 2015
2014.1/152	<b>Relocation of Shrewsbury Walk-in Centre</b> To liaise with FD in relation to capital costs	Chair / FD	30 Oct 2014
2014.1/153	<b>IPR – Quality &amp; Safety</b> To provide an update in relation to Cleanliness following discussion at Quality & Safety Committee	DNQ	30 Oct 2014 <b>On agenda</b>
2014.1/153	<b>IPR – Operational Performance</b> To provide an update in relation to Cancer performance	COO	30 Oct 2014 <b>On agenda</b>
2014.1/153	<b>IPR – Workforce</b> To provide an update in relation to the Trust's long-term strategic approach to recruitment	WD	30 Oct 2014 <b>On agenda</b>
2014.1/154	<b>Complaints &amp; PALS Q1 Report</b> To meet with Mr Tom Jones (PALS Liaison) to discuss PALS issues in general	Chair	October 2014
2014.1/159	<b>Membership, Volunteers &amp; Sustainability</b> To discuss Membership engagement with DCG	Chair / DCG	30 Oct 2014
2014.1/161	<b>Questions from the Floor</b> To obtain details of patient in relation to Antenatal Classes and contact her with details of service	DBE	30 Oct 2014

2014.1/161	<b>Questions from the Floor</b> To provide a glossary at the end of Future Fit documentation where acronyms have been used	DBE	30 Oct 2014
2014.1/161	<b>Questions from the Floor</b> To provide a Workforce update to the Public session of the October Trust Board	WD/MD	30 Oct 2014 <b>On agenda</b>
2014.1/162	<b>Trust Awards 2014 / 15</b> To liaise with Communications / Governance & Membership Teams to pass on thanks and forward-plan for the 2015 Trust Awards	CD	October 2014