

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held 1pm Thursday 30 March 2017**  
**Seminar Rooms 1&2, Shropshire Conference Centre, RSH**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr P Latchford Mr P Cronin Mr H Darbhanga Dr D Lee Mrs T Mingay Mr B Newman Dr C Weiner Mr S Wright Dr E Borman Mrs D Kadum Mr N Nisbet Mr C Ovington	Chair Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Designate Non-Executive Director (D.NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD) Interim Director of Nursing & Quality (I.DNQ)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In Attendance</b>	Miss V Maher	Workforce Director (WD)
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary (CS)
<b>Apologies:</b>	Mr C Deadman	Non-Executive Director (NED)

**2017.2/34 WELCOME:**

The Chair welcomed the Board members and members of the public. An 'Open Session' had been held for half an hour prior to Board to discuss any contentious issues.

The Chair reminded the public that the Board meeting is a meeting held in public rather than a public meeting and there would be an opportunity for engagement at the end.

The Chair welcomed the Interim Director of Nursing & Quality, Mr Colin Ovington, to the meeting.

**2017.2/35 VIP AWARDS**

The WD reported that the Values In Practice (VIP) Awards will be celebrated every month to recognise the amazing work of the Trust's staff and volunteers to support patients and their families every single day, and their behaviours to the organisation.

February 2017 Winner:

February's winner, Ms Vanessa Roberts, was in attendance. Vanessa works as a Matron for the Emergency Team. Vanessa was nominated for being a true asset to the Emergency team and to the Trust and a great advocate for patients and her staff. She always goes above and beyond and is a valued and respected member of the team. The feedback recently received following an external visit demonstrates what we already know however it was great to hear this from an external party. When SaTH received a visit from an NHSI Quality Manager, she visited both EDs to gain assurance that we were maintaining safety and quality for our patients in a very busy ED. This week she

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has contacted SaTH to state that her visit to ED at PRH had been of note, in that she met with Matron for just under 2hrs, she was completely assured by Ness, her knowledge of the area, her ability to deal with situations outside of her remit, her care for patients, the relationship she had with staff and her Leadership, her words were 'Ness is all over it'.

Vanessa was presented with the Award, Certificate and £50 vouchers by the Trust Chair and said "that she has worked in the Trust since 1997 and loves her job; although it is a challenging role, she has a great team". She felt honoured to receive the VIP Award.

March 2017 Winner:

The March winner, Mr Sam Parker, was in attendance. Sam works in the Web Development Team and was nominated for embodying everything that is great about an employee at SaTH. Cheerful, enthusiastic, helpful and dedicated to providing the best service he can. He has overseen the move to a new look website and has transformed our web presence from something that looked very dated to something that is cutting edge, designing graphics and web banners that are really eye-catching and tell important messages in a really visual and simple way. Sam's commitment was emphasised over Christmas. He oversees our new website, where people can submit e-cards for patients. One such card was submitted for a very poorly patient on Boxing Day. Sam didn't want to leave it until the next working day to deliver the card as the patient was so ill, so he came in on Boxing Day to hand deliver the card to the patient. That's truly exceptional commitment with our patients at the heart of what he does.

Sam received the Award, Certificate and £50 vouchers and this nomination highlighted that every single role in the organisation supports our patients.

2017.2/36

**PATIENT STORY**

The IDNQ welcomed Professor Brereton to the meeting who had attended to inform the members of the care received by her mother during December 2015 following a fall which resulted in a broken hip/femur.

Unfortunately, Professor Brereton's mother waited for some time, between being brought into hospital from home by ambulance and within A&E, and was very confused.

Once seen, the A&E Consultant informed the family that if the need arose, the patient would not be resuscitated. Professor Brereton said that it was made very clear that this was the Consultant's decision, supported by 'Government Policy' and the family were 'being informed, not consulted'.

Professor Brereton informed the Board that she was aware of the 'Liverpool Care Pathway' but was given no evidence to support the Consultant's view. She therefore wrote to the hospital with her concerns but it was a very long time until she received a reply; in which she felt the response tried to deflect her concern by misunderstanding her recollection and concerns.

Professor Brereton highlighted that the nurse who was present during her mother's care made no comment to question the consultant; she also reported that she had received a formal response from the Trust stating "the Consultant's terminology had caused some confusion". Overall, Professor Brereton felt there has been no acknowledgement that there was indeed a problem.

The IDNQ reported that this sort of conversation has been held throughout other parts of the country that he has worked in. The MD advised that during 2015 there was some controversy around the Liverpool Care Pathway and when this approach was discontinued, the Trust carried out a great deal of work around End of Life Care with staff, so much so that the End of Life Care Team have gone on to win the Team of the Year Award, ensuring they 'get it right every time' for everyone concerned and reflecting the importance of involving patients and families in all aspects of palliative care.

Professor Brereton reported that her mother is now in a care home, where the family have held the same conversation regarding End of Life, but it was undertaken with the family in a compassionate manner.

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The Chair thanked Professor Brereton for attending the meeting to tell her mother's patient story and commented on the need for comprehensive complaint responses, and the for a 'flattened hierarchy' to ensure all staff feel they are able to speak up.

**2017.2/37 BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Board RECEIVED the Declarations of Interest

**2017.2/38 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 2 FEBRUARY 2017**

Dr Weiner (NED) requested additional information be added to minute 2017.2/25 relating to the Trust Performance Report regarding VTE Performance and the variation of coverage between teams.

**Action: CS to add to minutes**

The remainder of the minutes were APPROVED as a true record.

**2017.2/39 ACTIONS / MATTERS ARISING FROM MEETING HELD 2 FEBRUARY 2017**

2016.2/173 – Recommendations from Kate Stanton-Davies Report

*DNQ to provide an update to the February 2017 Trust Board regarding safe staffing levels following work with author of Birthrate Plus*

The IDNQ reported that Birthrate Plus is an external assessment. This is due to be provided to the Trust during April; an update will therefore be provided to the June 2017 Trust Board meeting.

**Action: IDNQ Due: June 2017 Trust Board**

2017.2/10 – Sustainable Services Critical Path and Consultation Update

*CEO to provide update to 30 March 2017 Trust Board regarding the approach that will evolve over time.*

**As per minute 2017.2/53. Completed. Action closed.**

2017.2/15 – Patient Experience Strategy

*WD to liaise with Corporate Nursing Team to feedback that the Strategy requires further detail regarding Equality & Diversity; and provide update to March 2017 Trust Board*

The IDNQ confirmed that he would look at the content of the Patient Experience Strategy and provide an update to the April 2017 Trust Board.

**Action: IDNQ Due: April 2017 Trust Board**

2017.2/16 – Complaints & PALS Q3 Update

*DCG to look at section 6 of the report regarding 'formal complaints by location' and look at measuring the metrics differently.*

**Action: DCG Due: April 2017 Trust Board**

*DCG to provide further assurance in the next Complaints & PALS Report*

**Action: DCG Due: April 2017 Trust Board**

2017.2/19 – Interim Support Finance

*FD to provide C Deadman (NED) with a greater level of understanding*

Mr Deadman was not in attendance; the FD agreed to discuss with C Deadman outside of the meeting for a greater level of understanding.

**Action: FD**

2017.2/27 – People Strategy Update

*WD to present to the April 2017 Trust Board – deferred to June Board*

**Action: WD Due: June 2017 Trust Board**

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2017.2/27 – Organisational Development Plan  
 WD to present to the April 2017 Trust Board – deferred to June Board  
**Action: WD Due: June 2017 Trust Board**

2017.2/28 – HR Policy – W19 Leave Policy  
 Workforce Committee to conclude the changes raised by Staff Side Chair, Cathy Briggs.  
**As per minute 2017.2/50. Completed. Action closed.**

2017.2/32 – Questions from the Floor  
 CEO to formally respond to Gill George in his capacity as Chair of the STP  
 The CEO reported that a response has been forwarded to Gill George and he is content that SaTH has answered the FOI request.  
**Completed. Action closed.**

#### **2017.2/40 3-MONTH FORWARD PLAN**

The members received and approved the three-month forward plan

#### **2017.2/41 CHIEF EXECUTIVE OVERVIEW**

The CEO provided an update in relation to statements that have been recently covered in the media in relation to:

##### **2017.2/41.1 Accident & Emergency**

The questions surrounding A&E have been discussed at numerous Trust Board meetings and the actions that the Trust is seeking to take to avoid a crisis are explained in full at a later item on the agenda.

##### **2017.2/41.2 Fragile Services**

The Trust has services that have been challenging for a number of years; these include Neurology, Dermatology, Ophthalmology and Spinal Services, and they are areas where the Trust wishes to take definitive action to ensure they are not at risk.

Discussions have been held with the University Hospital of North Staffordshire (UHNS) regarding the Neurology service; discussions have also been held to obtain locum consultant cover in Dermatology; and the Trust is currently improving the physical environment for Ophthalmology.

The Trust is fortunate to have a specialist Centre at the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust. SaTH is currently holding discussions with them to avert a crisis and to protect the Spinal Service now and in the future.

Mr Newman (NED) reported that there appeared to be a reluctance regarding Advanced Nurse Practitioners (ANP) from the Ophthalmology Consultants when the service was being explored two years ago.

The IDNQ informed the members that, in his experience, there are exceptional ANP staff and suggested training be provided to local staff to achieve ANP status, and also to appoint into ANP roles. The MD agreed that this will be encouraged.

The WD reported that a great deal of work has been undertaken regarding new roles (Nurse Associates); the first cohort of staff will qualify in September 2017.

The Board noted that these items were covered by papers on the agenda

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### 201702/41.3 Leadership Academy

The Trust is moving closer to becoming a Leadership Academy; this will open on 1 May 2017 with a curriculum in place.

Mrs Mingay (DNED) enquired if this will address the 'flattened hierarchy' reflection noted as part of the Patient story. The CEO reported that focus continues to become the Safest & Kindest, which encompasses this approach.

### 2017.2/41.4 Performance

The CEO reported that the family of the NHS is currently very focussed on money; and assured the members that SaTH will continue to ensure appropriate time is spent in delivering all four legs of the stool (quality, workforce, finance and operationally); although growing demand continues, as well as issues with capacity and reliance on agency/locum staff.

#### Quality

The CEO reminded the Board of the following significant improvements in specialties and performance over the last 12 months:

- Reduction in MRSA
- Reduction in C difficile
- Continued delivery of the Cancer target
- Improving Mortality rates
- Improvements in Sepsis
- Reductions in Falls
- Reductions in Pressure Ulcers
- The Trust recently hosted the National Maternity Review
- SaTH continues to invite organisations into the Trust to look at our services and provide feedback on any improvements identified
- Trust staff are truly committed to deliver quality services to the people we serve

### 2017.2/41.5 Workforce

- The Trust has recently appointed Deidre Fowler as the Director of Nursing & Quality; Colin Ovington will provide Interim cover until she commences in post on 1 May 2017.
- An additional 182 clinical staff members have been appointed to join the organisation's current 5,500 workforce, as well as 74 offers to overseas nurses to support the Trust's nursing teams
- The CEO now sits on the Midlands & East Health Education Board and continues to promote our community
- Excellent feedback has been received by Keele University regarding the junior doctors training within our organisation
- The Trust is currently working with Keele University regarding Clinical Fellows
- The Values in Practice Award has proven successful with staff being recognised for their continued contribution
- From the results of the recent annual staff survey, the CEO was happy to report that 99% of staff recognise the Trust Values

The COO reported that she attended a national conference last week where it was recognised nationally that 'workforce' is now the driving factor; and underpins many of the Board papers being presented.

The Chair requested Mr Cronin (NED), as Chair of the Workforce Committee, to take time to undertake some Horizon Scanning in terms of workforce planning. **Action: P Cronin**

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## QUALITY

### 2017.2/42 **INSIGHT INTO CLINICAL QUALITY (*Presentation attached to Minutes*)**

The MD provided a presentation relating to Indicators of Clinical Quality measuring Healthcare Evaluation Data (HED), Patient Reported Outcomes Measures (PROMs), Consultant Outcomes, Speciality Outcomes, Mortality.

Mr Cronin (NED) highlighted the hotspots and enquired how the Board can assure themselves in the future in respect of mortality.

The MD reported that there is a multi-layered level of assurance; the first is the internal qualitative level and there is also the safeguard of national monitoring systems. There is also the ability to look at a link in themes. A dashboard is currently being devised.

Mr Newman (NED) raised the late referrals from the primary sector. The MD reported that this is a factor, however patients do tend to present late with their disease; for cases such as kidney conditions which are relatively silent until patients present with kidney failure. A system has been developed for patients with falling kidney function.

Mr Weiner (NED) commented that this is a brave step for clinicians to take. The MD informed the members that it is reliant on holding frank conversations, undertaking audits, mortality reviews, etc, for the purpose of peer challenge.

Mrs Mingay (DNED) enquired how time is set aside to undertake this work in an organisation which is already overstretched. She was informed that funding has been set aside for Consultants to complete this.

The number of deaths over a weekend period was queried, when the organisation is not at full complement. The members were assured that this has been explored and, by and large, the weekend period is not a significant factor for SaTH.

The COO enquired if the system would pick up on long waits over the winter period; as this may be a contributory cause.

Dr Lee (NED) reported that the Trust is well placed to deliver expectations but it must not be complacent. He would expect this to be included on the Quality & Safety agenda which will report back to Board.

The Chair thanked the MD and his team and requested them to be mindful of having a simple system rather than a complex system. The MD agreed to review in greater detail to ensure a multi-tiered level of assurance.

**Action: MD**

### 2017.2/43 **SUMMARY OF QUALITY COMMITTEE MEETINGS**

Dr Lee (NED) highlighted the following items from the meetings held.

#### Q&S Meeting held 15 February 2017:

Dr Lee (NED) reported that the Committee scrutinised the recent closures of the Midwifery Led Units; and assured the Board that decisions were made in a safe and sensible manner in terms of risk and the numbers of affected women. The Committee supported the view that the Service should be staffed to meet the needs of the women, not the buildings. Whilst birth rate is increasing generally, the Committee recognised the significant reduction in births in MLUs. Dr Lee highlighted that there is a lot of learning required to make the MLUs more attractive to women. Work is ongoing with the Women & Children's Care Group; and the NEDs have recently visited all MLUs which they found a very valuable exercise.

#### Q&S Meeting held 23 March 2017:

The Committee visited the PRH Site Safety meeting. This was focused on an overview of the PRH bed situation on the day. It was noted that what would best be a Multi-Disciplinary meeting was, in fact, a nurse meeting. The Committee heard that there were problems in achieving a meaningful 'on the day' engagement with medical staff.

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This is seen as a significant barrier to achieving timely discharges. The Committee feel that future engagement should be mandatory for doctors but also that empowering nurses to undertake discharge tasks and developing extend practice nursing roles is key. Dr Lee (NED) reported that he has written to the MD regarding daily processes in terms of discharging patients appropriately and promptly.

The Chair thanked the Q&S Committee and the Executive Directors for the work undertaken; he also thanked the Non-Executive Directors for visiting the MLUs.

Following discussion, the Board RECEIVED and APPROVED the Committee summaries.

#### 2017.2/44 **RECOMMENDATIONS FROM KATE-STANTON DAVIES**

The IDNQ presented a progress report on the learning and actions following the death of Kate Stanton-Davies. The action plan forms part of an overall safety improvement plan currently being implemented in the W&C Care Group. To date there are 4 actions still in progress:

- Management review in line with Trust HR Policy – this will be concluded by April 2017.
- A complete revision and implementation of Serious Incident / Root Cause Analysis training
- A review of the W&C Risk Management Strategy
- A fitting memory for Kate Stanton-Davies to be used within staff training

The Board and Q&S Committee receive and review the actions completed and in progress within the plan for assurance that the care of women and their babies is as safe as it can be.

The members were informed that a cultural development piece of work is about to commence in W&C using Values Based Leadership; the Trust is also working with Aston University.

Mr Newman (NED) highlighted there is a clear need for training; he was assured that this is in progress. Dr Weiner (NED) suggested continued audit cycles to assure ongoing training.

The MD informed the members that a programme of work has taken place for nursing and medical staff in regard to CTG foetal heart rate monitoring.

Mr Newman (NED) highlighted that the 12-month milestone is fast approaching and expressed his concern of ensuring all four outstanding actions be completed by the April 2017 Board.

The Chair highlighted that the one year review will be presented to the April 2017 Trust Board to provide assurance of progress to date. He urged the Board to alert him or the CEO if there are any aspects which may not be complete.

**Action: Executive Directors**

The CEO highlighted the importance of ensuring the family are involved and supported at what would be a very difficult time for them.

Following discussion, the Board RECEIVED an overview of progress and improvements and APPROVED the action plan.

#### 2017.2/45 **TEMPORARY SUSPENSION OF NEUROLOGY OUTPATIENT SERVICE FOR NEW REFERRALS**

A paper was presented which reported that the Trusts performance against the Referral To Treatment (RTT) standard for Neurology Services is poor. There is a significant backlog in patients waiting to be seen for both urgent and routine appointments. While actions have been taken, where possible, to mitigate against it, there is a potential risk to patient safety associated with this position.

Due to the current workforce constraints and the inability to recruit additional locum cover within the nationally-set cap, this position is not likely to improve in the short term. The Care Group is undertaking a piece of work to identify alternative solutions to service provision in the medium to long term however, the lead in time for the possible options

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to be implemented would be approximately 6 months. Consequently, the Care Group has completed a brief review of the potential options to address the clinical risk in the short term.

Four options have been considered and presented to Trust Executives. As neighbouring Trusts were not in a position to provide support to address the short term clinical risk, Option 4, which requested approval for the temporary suspension of the service to new referrals for a period of 6 months, has been agreed on the basis of patient safety.

It was highlighted that the alternative provider of the service is Wolverhampton's New Cross Hospital; the members were assured that due to the large volume of patients, there are sufficient for both SaTH and New Cross to see; and due to a large volume being backlog patients, there will be no financial implications to the Trust.

The CEO highlighted the importance of development roles and roles with GP Specialist Interest, going forward.

Dr Lee (NED) was pleased to note the opportunity to develop pathways in the community which is a great improvement for GPs.

Mr Cronin (NED) reported that the situation of this fragile service has been raised previously; he therefore highlighted the need to create a service that is sustainable for the future. The members were assured that themes are being explored.

Mrs Mingay reflected on the work currently being undertaken by the Executive team. Following discussion, the members agreed that progress would be reported through the Sustainability Committee to provide an update to the Board. **Action: COO/ Chair of Sustainability Cttee Due: September 2017 Trust Board**

## 2017.2/46 UPDATE ON FRAGILE SERVICES

A briefing paper was provided to update the Trust Board on the following clinical services that are considered fragile due to workforce constraints at the Shrewsbury and Telford NHS Trust:

### Emergency Departments

There are five substantive consultants for both Emergency Departments at RSH and PRH and 4 locum consultants. Across the substantive and locum staff a 1:5 on call is worked (with 1:4 previously agreed as being the tipping point in terms of clinical safety). Although two locum consultants have been recently appointed, another locum consultant leaves on 1st April 2017. One of the substantive consultants has also served notice. The Trust is in the process of trying to recruit additional locum consultant cover. This position however, leaves the departments in a particularly vulnerable state due to an over reliance on locum cover, particularly for the on-call rota.

As a consequence of this workforce risk, the business continuity options for the delivery of the service are currently being reviewed.

### Ophthalmology

A Stakeholder Workshop was held on 14th March 2017 to discuss and review options for the long-term sustainability of this service. The service remains closed to new referrals for glaucoma, general surgery and adult surgical squint surgery.

Due to staff short-notice sickness, the Trust is unable to offer glaucoma surgery. Alternative providers have been sought for approximately 12 patients waiting for surgery – these patients have all been sent for treatment.

It was agreed that an update would be provided to the Trust Board.

**Action: COO Due: April 2017 Trust Board**

### Neurology Outpatient Service

As per discussion at 2017.2/44 above, update to be provided to Sustainability Committee in next 5 months

**Action: COO Due: September 2017 Trust Board**

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### Dermatology Outpatient Service

The Dermatology Outpatient Service is provided by SaTH and St Michaels Street clinic. The SaTH substantive workforce has decreased due to the resignation of a locum consultant during February 2017, with immediate effect. Several options are being pursued to maintain service delivery; and an options paper for the long term sustainability of this service is being developed.

### Spinal Service

SaTH has one consultant who specialises in spinal surgery however the consultant went on long term sick with no notice during mid-February 2017. Commissioners have been informed that with immediate effect the Trust cannot take referrals for spinal problems.

SaTH is therefore in discussions with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust regarding their capacity to support this service for the county.

Urgent patients have been transferred as per 18 week guidance to RJAH – commissioners are aware and patients informed. An internal solution has been confirmed to deal with routine follow-up patients.

The Chair commented that as SaTH is closing its doors to demand, other organisations are picking up our activity/patients. The COO reported that some providers are in a very positive position to be able to support SaTH, i.e. RJAH have 8 consultants to assist with our Spinal Service against SaTH's one consultant.

The CEO reported that there are solutions that would protect our patients, but this may require assistance from other organisations/commissioners.

Mrs Mingay (DNED) enquired why other hospitals are able to manage when SaTH is unable to. The CEO reported that Dermatology is a national problem, whilst SaTH is responsible for some other services such as Ophthalmology, but this is being addressed.

The Chair thanked the Executive Team for reaching the above conclusions; the COO agreed to keep the Board regularly apprised of the situation.

## **2017.2/47 EMERGENCY DEPARTMENT UPDATE**

Following on from previous discussions held at Trust Board meetings, an update was provided on the work undertaken in response to the immediate challenges within the Trust's A&E Services that cannot wait for the delivery of the Sustainable Services Programme.

An update was provided in relation to the Consultant workforce, as well as a brief synopsis of the options within the previously considered Business Continuity Plan for A&E Services and the associated risks and benefits, developed with key stakeholders and patient representatives.

The impact of progressing Plan C of the Business Continuity Plan for A&E Services was discussed and an initial assessment of the current impact upon patients has demonstrated:

- Only 28% of the total volume of patients attending PRH A&E attend at night (8pm – 8am)
- Of those patients, 61% could be seen within an alternative urgent care facility
- This means that approximately 18 patients a night would need to receive their care at RSH:
  - 10 via an ambulance
  - 8 as a 'walk-in' patient who would need to be transferred

### Service Interdependencies

There are a number of services and pathways that are interdependent upon the provision of Accident & Emergency Services. These include:

- Pathways for ambulance services and non-emergency transport services
- Women & Children's services
- Head and Neck services
- Stroke services

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Prior to implementation of any service change, further work is required to consider and reduce the risks associated with these service interdependencies.

#### Options to implement Contingency Plan C

An initial review of the options available to the Trust regarding the implementation of Plan C has been undertaken. It is clear that the options available are minimal:

- Option 1 – Closure of one A&E Department from 8pm-8am and transfer all of patients to alternative site
- Option 2 – Closure of one A&E Department from 8pm-8am and implement the new emergency/urgent care model with the introduction of a Urgent Care Centre at PRH
- For the Trust to accept substantial financial and reputational risk by recruiting additional locum staff above capped rates alongside further remuneration of the existing workforce who undertake on-call responsibilities

The continued use of the locum service to support the existing configuration could only be acceptable if it was to cover the lead-in time for substantive appointments to run two Accident & Emergency Departments with 4 substantive and 6 locum consultants. This therefore points to option 2 as being the most favourable as this also moves the Trust closer to the future state 'front door' streaming model.

#### Summary

In summary, it is clear that since 2014 the number of Accident & Emergency Department (AED) consultants employed by the Trust has fallen to 5 and could fall lower. The reducing fill-rate for middle grade doctors and the increasing demand through both AEDs each year suggest that without intervention the tipping point on the Consultant rota or medical cover will be reached before the new single unit is opened. This fragility in the workforce means the Trust is not in a position to deliver safe and effective A&E Departments on both sites if there is any further deterioration in consultant staffing. The lead period for an overnight closure of one AED of 6 months means it is appropriate and sensible to begin the preparations, even though the Board was clear that every step is being taken to provide sustainable solutions that avoid this outcome.

The members discussed the requirement of having Emergency Services with the accredited Trauma Unit site. To retain this status and keep trauma services in the county, the A&E Department must be on the same site as the designated Trauma Unit (RSH) and the PRH site would require significant adjustments and also need to be formally considered for accreditation by the Trauma Network.

Mr Cronin (NED) enquired what happens when a patient presents to PRH requiring emergency surgery; it was reported that the patient would be transferred to the RSH site.

It was suggested that a case be made to transfer the Trauma Unit to the PRH site; the COO reported that the relocation of other required services would take much longer than the proposed 6-9 months to implement.

Mr Darbhanga (NED) highlighted that if there is such fragility in the system, why is SaTH not closing Emergency Services across both sites. It was reported that it would be completely inappropriate to close an Emergency Service entirely as the Trust receives patients from Powys and all over the county; if SaTH came to that point of fragility, it would have to insist on surrounding units within the region to intervene.

The members discussed the proposed 24-hour PRH Urgent Care Centre (UCC), following the July closure of the Walk-In Centre, which will provide additional resilience and reduce the impact on the RSH site. Dr Lee (NED) highlighted that the definition of the service will be required to be communicated to staff.

Dr Weiner (NED) suggested there may be some possibility of other options at this stage. The CEO commented that holding a Stakeholder Group to test the previous logic would add value.

The Chair agreed that a detailed Contingency Plan for Option C is required, on the basis of the work undertaken to date. The Board members agreed this proposal.

The DCG confirmed that full engagement and consultation process will be held as SaTH works towards a temporary contingency plan which will not in any way preclude the Future Fit process.

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## WORKFORCE

### 2017.2/48 SUMMARY OF WORKFORCE COMMITTEE MEETINGS

Mr Cronin (NED) provided the following updates of recent Workforce Committee meetings:

#### Workforce Committee Meeting held 20 February 2017:

- Values Guardians

The Trust has appointed two Values Guardians for the Trust. The Guardians are known nationally as Freedom to Speak up guardians. The role is a key element of the Trust's refreshed approach to raising concerns. The Values Guardians are independent roles and they will provide regular reports to the Workforce Committee providing updates on their work.

- Junior Doctors

A team including Bridget Barraclough, Alex Brett, Dr John Jones and further staff have been undertaking work to implement the new junior doctors contract. The WD agreed to prepare a letter of gratitude to the staff, on behalf of the Board, for the work undertaken.

**Action: WD**

#### Workforce Committee Meeting held 20 March 2017:

##### Equality & Diversity System (EDS)

The Committee received the Equality and Delivery System (EDS) paper and presentation. The Committee were informed that the Workforce Race Equality Scheme has come out of the EDS. The EDS2 is made up of 18 standards with 4 key domains as follows:

- (1) Better health outcomes for all
- (2) Improved patient access and experience
- (3) Empowered, engaged and well supported staff
- (4) Inclusive leadership at all levels.

The Committee received an update regarding the plan to implement all standards and meet requirements such as Gender Pay Audit.

The Committee supported the recommendation that an Equality Forum Group be established, as this supports staff involved. In addition a request has been made for a Non-Executive Director to support this work. The Committee supported the development and were asked to receive regular updates.

##### Training Pause

The Committee received a paper on the training pause which was requested at the February meeting with a view to providing options on achieving a shorter recovery period following the training pause. The options included weekend training being provided which brings cost implications to the Trust and a greater pull on staff.

The Committee debated the acceleration of the recovery and discussed the impact on delivery of care. The Committee took the view that compliance could be achieved by 31<sup>st</sup> December 2017 if attendance on courses was between 95 – 100%. The Committee felt this to be the best approach. Care Groups were asked to factor this in to their plans and escalate concerns to Confirm and Challenge.

The Care Groups were asked to look at how they could release staff to ensure 100% attendance on the statutory training courses. The Committee will receive more information on the impact of the training pause at the April meeting.

##### Staff Survey - Improving our Employment Experience

The Committee received the staff survey results; whilst the results demonstrate incremental improvement, they do not represent the employment experience we aspire our people to have.

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The Committee discussed wider information available relating to behaviour, mental health and diversity. The Committee felt this to be a bigger piece of work and asked the Deputy Workforce Director to bring back an outline to address this. Staff Survey will be a standing item for this Committee

Following discussion, the Board RECEIVED and APPROVED the Committee summaries.

## 2017.2/49 ANNUAL STAFF SURVEY RESULTS 2016

The WD presented the results of the Annual Staff Survey which was scrutinised by the Workforce Committee.

The national NHS staff survey was undertaken between September and December 2016, inviting staff to share their experiences of working in SaTH. As in 2015, the Trust opted to undertake a full census of all staff across the Trust recognising that the link between employee engagement and patient experience is so fundamental that it is vital to give the opportunity for our entire workforce to have their say.

In total 5,445 surveys were circulated with 2,044 completed, a response rate of 37% (below acute and national benchmarks).

This year's survey results suggest that the many targeted work streams being undertaken throughout the Trust are leading to incremental improvements, which in many areas are rewarding. There is, however, still significant work to be done in maintaining and accelerating progress and this will require sustained energy and commitment over the next few years.

The WD reported that the results show a year on year improvement, and whilst there are some areas of concern, there are some areas of great hope, such as the recognition and commitment to the Trust Values.

It was highlighted that Key Findings (KF) 7 relating to the '% of staff able to contribute towards improvements at work' draws in parallel with the Virginia Mason Institute work being undertaken throughout the Trust.

### Next Steps:

There are a number of work streams in progress and the intention is to continue with those programmes. The staff survey results provide a checkpoint to progress; it is vital that these results are shared with key stakeholders to obtain their perspectives. These include:

- Workforce Committee
- Senior Leadership Team
- Care Group Boards
- Directorate meetings
- Clinical team meetings
- Employee representatives – Staff Side TNCC
- Open sessions with staff

Current works which will help facilitate improvements include:

- The Trust's newly appointed Values Guardians (freedom to speak up guardians) who will be instrumental in supporting our intentions to help us improve our culture of reporting in our drive to be safest and kindest
- The Leadership Academy will support our leaders in understanding their unique position in improving our employee experience through a range of programmes.
- Continued focus on Equality and Diversity
- A targeted approach utilising the staff engagement scores to drive improvements
- Enhancing our health and wellbeing offer with a focus on supportive mental health service provision for our staff
- Continued staff conversations to disseminate the results and give our staff the opportunity to feedback on what would make their employee experience better

..... Chair  
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Dr Weiner (NED) highlighted that the survey shows 1:4 staff feel subjected to bullying/harassment. It was suggested that there is risk that some behaviours can become normalised. The Board agreed to zero tolerance to bullying/harassment and this strand of work will be taken forward.

Mr Darbhanga (NED) suggested that there appears to be pressure on staff to attend work when they are not well and queried the impact this has on patients. The Board were informed that the Trust staff recognise the shortages of staff throughout the organisation and therefore continue to attend work if they are unwell. This highlights the need to ensure patients are in the right environment.

Following discussion, Mr Cronin (NED) highlighted that in cross-reading the Annual Staff Survey with the Quality Committee summaries, and following the NEDs recent attendance at the Midwifery Led Units, it demonstrates that the Board are listening to the staff and the community.

The Board NOTED the findings of the Annual Staff Survey and SUPPORTED the recommended approach which will be monitored through the Workforce Committee.

## **2017.2/50 HR POLICY – W19 – LEAVE POLICY**

The Leave Policy was first agreed in 2015 and was the first cluster of policies to be reviewed with our staff side colleagues with the view to merge and simplify our employment policies to ensure they are customer-focused and fit for purpose.

The required changes to one chapter within this policy has been identified through:-

- Requests from staff for clarification, and
- Identification by Pay Services of a previous error in the chapter when reviewing the new additions.

### Chapter 4 – Maternity Leave Procedure

Additional questions have been inserted at question 21 and 22 relating to the calculation of maternity pay.

Question 14 has been corrected in relation to the impact of working on the bank during maternity leave (due to the significance of this question, with the agreement of our staff side colleagues, a temporary note has been applied to the intranet and internet versions of this policy to avoid any detrimental impact on staff)

The Board APPROVED the changes to Chapter 4 of the Leave Policy W19.

## **TRANSFORMATION**

## **2017.2/51 SUSTAINABLE TRANSFORMATION PLAN (STP) UPDATE**

A paper was presented which reported that a financial plan was submitted in October 2016 in support of the Sustainability and Transformation Plan (STP). Both the STP and the financial plan were then reviewed and it was agreed that a further version of the STP and accompanying financial template needed to be constructed and sent through to NHSE by the 31st January 2017.

### Feedback in respect of the October 2016 submission

The local health system received a written response to its STP, including financial plan, dated the 1st December 2016. It made the following comments:

- The plan delivers a surplus of £40 million by 2020/21 including STF funds (£33 million) but not taking account of social service deficits,
- The plan delivers the control totals in 2017/18 and 2018/19 but trajectory of recovery is adverse in 2019/20 with a £3m movement in that year,
- There is a HRG4+ impact to be resolved for Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

..... Chair  
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- The plan relies upon £271m external funding between 2017/18 and 2020/21. There is a risk that this level of capital borrowing will not be available to the STP.
- There is no expenditure identified for the investment required to deliver the five year forward view.
- CCG QIPP schemes are £61m by 2020/21. This is a particular risk for Shropshire CCG currently under directions.

#### Construction of the Financial Plan

In the construction of the STP financial plan, agreement was reached that a “group accounts model” would be adopted to describe the scale of challenge to be addressed within the local health economy. This model was constructed by PriceWaterhouseCoopers (PWC).

In adopting this approach, it becomes necessary to define the organisations located within the health economy. Agreement was reached that the participants within the Local Health Economy (LHE) would be:

- Telford and Wrekin Clinical Commissioning Group,
- Shropshire Clinical Commissioning Group,
- The Shrewsbury and Telford Hospital NHS Trust,
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust; and
- Shropshire Community Health NHS Trust.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust are excluded because the Trust had determined that the STP that they wish to be aligned with needed to be Staffordshire STP.

#### The local Health Economy Finance Plan

The local health economy financial plan is constructed in three phases:

- The scale of recurrent financial challenge by 2020/21 – without action
- The scale of financial challenge after delivery of cost savings schemes within each specific LHE organisation – described as requiring transformational change,
- The scale of recurrent surplus/ deficit after allowing for cost savings schemes and transformation savings for the local health economy.

In constructing the financial plan, the aggregate plan has been based upon the financial plans as constructed individually by each of the LHE organisations over the five period 2017/18 – 2020/21.

The January 2017 submission has remained consistent with the October 2016 submission. The principal difference between the October and January submissions being the value of the structural deficit carried forward into the 2017/18 financial year by commissioners.

In the October submission Shropshire CCG had estimated that their underlying level of recurrent deficit at the end of the 2016/17 financial year would amount to £24.5 million. Information presented for the January submission reduced the level of the recurrent deficit to £19.4 million.

Over the period 2017/18 – 2020/21 the level of QIPP savings to be achieved by Shropshire CCG in respect of the Shrewsbury and Telford Hospital NHS Trust increased by £3.0 million. The combination of an improved underlying structural deficit and increased QIPP savings is then used by Shropshire CCG to reduce their level of QIPP savings from other elements of their spending portfolio by £7.8 million.

#### Progression over the period 2017/18 – 2020/21

The overall LHE financial template has been constructed based upon the financial positions as developed by each of the LHE organisations over this period.

..... Chair  
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The Shrewsbury and Telford Hospital NHS Trust presents a significant improvement in the overall recurrent position in the year 2020/21. This change reflects the recurrent impact of the Trust reconfiguration plans.

In response to the October 2016 STP submission, the LHE was required to construct a revised financial plan. This plan was constructed in January 2017. The revised financial plan reduces the scale of recurrent financial challenge faced by the LHE by £5 million as a result of a revised assessment of the underlying recurrent deficit associated with Shropshire CCG. The January 2017 financial plan shows minimal variation as compared with the October 2016 submission.

The use of recurrent STF funds continues to be outstanding. Decisions in respect of the use of such funds are required in order to progress with the five year forward view.

In setting the LHE financial plan, providers have acknowledged a requirement to support particularly QIPP savings in support of the financial difficulties in respect of Shropshire CCG. The details supporting such savings remain under development.

The reconfiguration of hospital services is a key change, necessary to support financial recovery and operational sustainability at SaTH. Delays in taking forward this programme will result in continuing financial difficulties within the Trust.

The Board RECEIVED and NOTED the update.

#### **2017.2/52 FUTURE FIT UPDATE**

An update paper of progress on Programme delivery since the last meeting was provided.

The focus of the last few weeks has been on developing the scope of the supplementary Integrated Impact Assessment (IIA) work on Women and Children's services and on the procurement of the independent review of the option appraisal process.

The Terms of Reference for the review were approved by Programme Board at its January 2017 meeting and an invitation to Tender published.

The procurement is ongoing and it is planned that the work will take four weeks to complete and will need to be available by May 2017.

Both CCG Governing Bodies have received a paper this month on the future decision making process. Changes to the CCG Joint Committee were proposed and approved including the addition of independent voting members.

It was highlighted that the Programme is 14 months behind the original timeline which is frustrating; although it allows SaTH to put its own house in order in the meantime.

Following discussion, the Board NOTED and RECEIVED the Future Fit Update.

#### **2017.2/53 SUSTAINABLE SERVICES PROGRAMME UPDATE**

The CEO informed the members that the Sustainable Services team are engaging with GPs who recognise that SaTH are one of the Stakeholders in this programme. Work continues to prepare the Full Business Case.

The Board members RECEIVED the update.

#### **2017.2/54 ANNUAL OPERATING PLAN – PART ONE**

The Board received Part One of the Operational Plan for 2017/18 which includes detail of the required objectives for 2017/18.

..... Chair  
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In line with the agreed methodology for the operational strategic planning for the Trust, the detailed Operational Plan for 2017/18 is in three parts. Part One addresses the state of readiness; How the Trust and Care Groups will respond to the 'here and now'; maintaining high quality, kind and safe care within the context of:

- National targets and standards
- Workforce constraints
- The financial control total and
- Infrastructure challenges

Part Two, the service appraisals undertaken with the Care Groups to determine the service strengths and attractiveness using an adapted GE/McKinsey Matrix, will be submitted to the Trust Board in June 2017. This will form the foundation to the discussions of the 'what business are we in'.

Part Three, the design solution for the Trust's services in the future, using the principles of the 4 P's: Place; Product; Price and Promotion, will also be submitted at the end of June. This has previously been discussed during the Board Development Sessions. **Action: FD Due: June 2017 Trust Board**

The DCG reported that the operational objectives have been aligned to the strategic objectives within the updated Board Assurance Framework. She commented that although the objectives sit with 'safest and kindest'; she suggested focus also be placed on community engagement.

The Chair felt the Plan is a huge advance on previous Operational Plans and highlights the organisation's strategic focus. He thanked the FD and his team for the work undertaken in producing the document.

The COO commented that there are some strategic management changes to the objectives and highlighted the need for resources to achieve delivery of them. The Chair advised the Board not to be afraid to speak up if they feel they are unable to achieve them.

Following discussion, the Board REVIEWED and APPROVED Part One of the Trust's Operational Plan for 2017/18.

## 2017.2/55 TRANSFORMING CARE INSTITUTE (TCI) UPDATE

The members were informed of the following continued improvements and benefits of the TCI work:

- Following the request for additional funding from NHSI and NHSE to accelerate the programme, an additional appointment of one Kaizen Promotion Office (KPO) Specialist has been made to the Team, increasing the KPO Specialist Team to five.
- Over 1,700 staff are now educated in the Transforming Care Production System (TCPS)
- Over 57,000 patient journeys are safer and kinder thanks to staff engaging with the TCPS and the launch of four Value Streams
- Over 380 staff are using this approach in their work
- RPIW Report Outs continue on a regular basis along with the Transforming Care (CEO) Stand Up sessions
- A Regional Sharing Event will be held on 2 June where SaTH's work will be showcased; and a Learning Event will follow this on 3 June to celebrate the success of the organisation's teams and their hard work

The Board RECEIVED and NOTED the achievements of the TCI undertaken to date and recognised that the work is really making a difference throughout the organisation; the CEO encouraged all Board members to join the Friday Report Out sessions.

The Board were reminded of the TCI visit/workshop being undertaken in the TCI during the afternoon of the May Board Development Session.

..... Chair  
27 April 2017



## SUSTAINABILITY

### 2017.2/56      **SUMMARIES OF STAINABILITY COMMITTEE MEETINGS**

#### Sustainability Committee Meeting held 21 February 2017

##### Finance Position Month 10

The in-month position was £574,000 better than expected. At the end of month 10 the Trust had planned to deliver an in-year deficit of £6.02 million and actually recorded a deficit of £6.29 million.

The Trust is continuing to present a forecast outturn deficit for the year of £7.4 million. However, this is dependent upon the Care Groups and Procurement savings in the remaining two months of the year amounting to £604,000. In the event that the Trust were able to avoid the CQUIN penalties and contract challenges from Shropshire CCG (£1.5 million), the forecast deficit would reduce to £5.9 million. The worst case scenario for the Trust would be the imposition of CQUIN and contract penalties and failure to receive Sustainability and Transformation Funding (STF) of £2.6 million which would result in a deficit at year end of £10 million.

There was a small risk associated with the income relating to outpatient attendances and elective day cases.

##### CIP Deep Dive

Theatre productivity was the focus of the CIP Deep Dive this month. There was a recognition by the Care Group of the need for improvement and commitment given to improve theatre utilisation. A rectification plan demonstrating how they intended to do this was shared with the Committee who were encouraged by the renewed focus and ownership of the plan by plan owner. It was agreed that Scheduled Care Group would return to a future meeting to provide an update on progress with this.

##### Business Case for a replacement Medicines Stock Control System and Electronic Prescribing and Medicines Administration

The Committee approved phase 1 of the business case, i.e. the replacement of the existing Medicines Stock Control System costing £305,000 from the Capital Programme 2016/17. This would link in with elements of the Hospital Pharmacy Transformation Plan and Carter of Coles and would act as an enabler toward the completion of phase 2 of the business case, Electronic Prescribing and Medicines Administration (EPMA) which would be required in 2018/19.

##### Charitable Funds

In addition to an update on the Trust's charitable income and expenditure, the Committee reviewed and approved the following:

- Consolidation of Charitable Funds – agreement not to consolidate.
- Investment Policy
- Reserves Policy

There was recognition by the Committee of the great benefits to the organisation as a result of the very generous charitable donations both from members of the public and the Trust's charitable partners, including Friends of PRH, RSH League of Friends and Lingen Davies and others.

#### Sustainability Committee Meeting held 28 March 2017

##### Productivity improvement project across outpatients, theatres and radiology

A presentation from Meridian described their findings following a three week scoping review of services in the Unscheduled Care Group and Radiology. The improvement potential from the analysis identified an estimated level of achievable cost reduction amounting to £2.5 million in a full year. A proposal to deliver the above benefits was presented to the Committee. The cost of the project will be resourced through cost savings arising from the implementation of the programme. The business case submitted to NHSI seeking approval for consultancy expenditure was shared. Subject to approval from NHSI, and in recognition that the Trust does not have the resources internally to progress the actions required, the Committee SUPPORTED the implementation of the programme.

..... Chair  
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Finance Position Month 11

At the end of month 11, the Trust had planned to deliver an in year deficit of £7.095 million and actually recorded a deficit of £6.865 million. With an end of year position now agreed with Shropshire CCG and confirmation of the Trust's success in the arbitration relating to RTT and A&E targets for Quarter 3, the Trust is on course to deliver an end of year deficit of £7.4 million.

Financial Strategy 2017/18

The Committee received the Financial Strategy for 2017/18 for consideration and approval. The Strategy had been developed to deliver a control total of £6.063 million and generate cost efficiencies of £6.803 million, equivalent to 2% of operational spending. The adjustments made to the income budget associated with QIPP, demographic growth, winter pressures and re-admissions were discussed.

Operational Plan 2017/18 - Part One

The Committee reviewed Part One of the Operational Plan for 2017/18 noting the state of readiness and how the Trust and Care Groups need to respond to the 'here and now' whilst maintaining high quality, kind and safe care. There was discussion about the imbalance between demand and capacity and the impact of this on the RTT Access Target.

The Committee discussed the 16% level of improvement needed to deliver the 95% A&E target and noted the pattern of discharges and admissions over the week, with the level of admissions consistently exceeding the volume of discharges during the weekend. Thirty-six objectives have been set for achievement in 2017/18.

Ophthalmology Accommodation Reconfiguration

A paper outlining the potential reconfiguration of Ophthalmology services was received and discussed. The Board had agreed the relocation of Clinic 10 RSH into the Copthorne Building and this was proceeding.

Hospital Pharmacy Transformation Plan

On behalf of the Trust Board, the committee received and APPROVED the Hospital Pharmacy Transformation Programme for SATH, a requirement of the Lord Carter of Coles' report.

The Board RECEIVED and APPROVED the Sustainability Committee summaries.

**2017.2/57 FINANCIAL STRATEGY 2017/18 & 2018/19**

The FD presented a paper which provided a description of the 2017/18 budget and the construction of:

- income budgets and the changes that have led to the income budget
- pay expenditure and the assumptions adopted
- non pay expenditure and the assumptions adopted
- Cost Improvement Programme and the activities being taken forward to deliver cost reductions in the year.

The paper reported the challenges of the 2016/17 financial year for all NHS Acute providers. Despite collectively receiving Non Recurrent Financial support (STF) of £1.8 billion, indications are that the providers will end the year with a combined deficit of £800 million.

SaTH was set a target of delivering a deficit of £5.9 million, after allowing for the receipt of £10.5 million STF funds. Unfortunately because of a sharp decline in their financial position, Shropshire CCG has not been able to release winter funding to the Trust to cover increased costs over this period. As a result, the Trust is now expecting to record a year-end deficit of £7.4 million, missing the control target by £1.5 million.

However, the underlying financial position of the Trust, as measured by the recurrent position, has improved. The Trust began the year with a recurrent deficit of £20.2 million and will take into the 2017/18 a recurrent deficit of £17.9 million; an improvement of £2.3 million.

..... Chair  
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In setting the plans for the next two years, NHSI has recognised the difficult landscape occupied by the NHS Acute provider sector, with the result that the financial support received in 2016/17 is to continue into the years 2017/18 and 2018/19. In making available this support, NHSI/NHSE do so in the expectation that the underlying recurrent position of acute providers will improve. The task for SaTH over the next two years is to reduce deficit to £15.4 million in 2017/18 and £12.1 million by 2018/19.

After allowing for STF funding in the years 2017/18 and 2018/19, the Trust will be required to deliver a control total deficit of £6.063 millions and £2.778 million respectively. Achieving this financial position will require the Trust to generate cost efficiencies at a rate equivalent to 2% of its cost base in each financial year. The FD reported that the Sustainability Committee raised concerns over the 2% Cost Improvement Programme (CIP).

Other risks within the Financial Strategy relate to adjustments made to the income budget associated with QIPP, demographic growth, winter pressures, patient re-admissions, levels of sickness and fill-rates.

The COO enquired if there is a risk at year-end, and how this would be balanced-off if a deal is already in place. The FD reported that part of the issue around a deal is that the Trust receives an income stream but wouldn't be aware if there then becomes a challenge, such as the issue with the TEMs service this year. The members agreed that the Trust must continue to do right by the patient.

Overall, the members acknowledged the discomfort with the current financial situation. The Chair thanked the FD and his team for the exceptional amount of work undertaken to produce the document.

Following discussion, the Board RECEIVED and APPROVED the 2017/18 Financial Strategy.

## **2017.2/58 INTERIM SUPPORT FINANCE**

The FD presented a paper which highlighted that the

- The Trust has been able to secure from the Department a loan facility – Uncommitted Single Currency Interim Revenue Support - to replace the former working capital facilities.
- This loan facility is only available to providers who are on target to meet their control total and is aimed at passing on interest savings to these bodies.
- The loan facility carries a lower interest cost of 1.5% where compared to the working capital facility of 3.5%.
- In March the Trust required £7.493 million drawdown from the Uncommitted Single Currency Interim Revenue Support loan in respect of £1.586 million to support the Trust's agreed control total and £5.907 million in lieu of non-receipt of Sustainability and Transformation Funding (STF) to date.
- In order to facilitate this, and due to timescales, the Finance Director was required to send a letter of authorisation of behalf of The Board (attached – Appendix 1).
- It is a requirement that the Department receives a signed Board Resolution from the Trust (attached – Appendix 2).
- In addition to this new loan facility and, following agreement at February's Trust Board for £1.814 million to be converted to Revenue Support Loan, the Trust has a total balance of £17.014 million Revenue Support Loan.

The members APPROVED the Trust's use of Uncommitted Single Currency Interim Revenue Support Facility.

## **2017.2/59 CONTRACT FOR NON-MEDICAL E-ROSTERING**

The WD presented Contract for Non-Medical E-Rostering which reported:

- The E-Rostering system supports the effective management of a number of staff groups, predominately nursing however other areas such as Radiology use the system.
- It enables effective planning, payment and workforce reporting.
- The Trust's licence with Allocate Software for the provision of the E-Rostering system HealthRoster and Bankstaff is due to expire on 30th June 2017. It should be noted that very few suppliers with this product offer exist in the market place.

..... Chair  
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- Lord Carter of Coles review recommends that all Trusts should use an e-rostering tool.
- Allocate, the supplier have developed a product called SafeCare which links patient acuity with staff rosters and availability. The company has offered significant discounts based on early sign off of a new contract.
- The system supports future developments in workforce planning and utilisation that the Trust is keen to implement.

The Trust Board were assured that this proposal has been through the Sustainability Committee.

Following discussion the Board APPROVED the Contract for Non-Medical E-Rostering

## 2017.2/60 RENEWAL OF VITALPAC CONTRACT

The MD presented a paper which reported:

- VitalPAC has been used at SaTH since 2008 for capturing patients vital sign observations and VTE assessments. In addition there are a number of modules available to us within the contract such as Careflow and Paediatrics. VitalPAC is embedded well within the Trust and the practice of our clinical staff, nursing and medical.
- There currently are no alternative products available that match our requirements and IT constraints.
- VitalPAC is an integral part of the work carried out by our clinical staff and is embedded in the working practice of 43 wards throughout the Trust.
- It is important that we continue with this product until such time that we have a plan to replace it as part of an Electronic Health Record (EHR) programme of work to be implemented throughout the Trust as required by the Carter Review.
- By renewing the term of the contract for 3 years we shall ensure that there is no indexation for that term. We shall also enable the Trust to have time to decide on our next steps for EHR and have clarity as to whether, or not VitalPAC system will be part of that programme of work.
- Option 1: To remain with the existing contract with a 2 year extension option, with Careflow in VitalPAC, at a cost of £243,090 per year.
- Option 2: To renew the VitalPAC contract directly via a new framework for a further 3 years. The renewal is being offered at First Year - £214,550, Subsequent Years - £240,030. There will be no indexation for the term of the contract. Saving of £28,540. Total new cost for 3 years £694,610

The Trust Board were assured that this proposal has been through the Sustainability Committee.

Following discussion the Board APPROVED the renewal of VitalPAC Contract.

## 2017.2/61 TRUST PERFORMANCE REPORT

The CEO presented the Trust performance against all key quality, finance, compliance and workforce targets at Month 11.

### OPERATIONAL PERFORMANCE

Performance against the monthly trajectories agreed with NHSI:

- VTE performance – 95.7% against a target of 95%.
  - Cancer targets: 2 week wait – 93.6%
  - 62 day – 78.3%
  - Cancer 104+ days – 7 patients received their first definitive treatment for cancer after 104 days during January 2017 (the target for referral to treatment being 62 days). Dr Weiner (NED) queried the reasons for these delays. The COO agreed to share the detail with him. **Action: COO**
- RTT access target – this will not be achieved to year end due to a 15% backlog. Performance of 85.70% against a required trajectory of 92% due to escalation capacity. Admitted capacity has been substantially impacted upon by winter pressures; and elective cancellations for the last quarter has continued into January and February 2017.

..... Chair  
27 April 2017

- 4 hour Accident and Emergency waiting time access target – this will not be achieved. Performance of 75.80% against a required trajectory of 95%.

## FINANCE

### Income & Expenditure position

At the end of Month 11 the Trust had planned to deliver an in-year deficit of £7.095 million and actually recorded a deficit of £6.865 million. The Trust has recently agreed an end of year position with Shropshire CCG. The effect of which will mean that the Trust delivers an end of year deficit amounting to £7.4 million. This deficit does not allow for STF penalties associated with non-delivery of Access targets in quarters 2 and 3 and not achieving the financial control total in quarter 4. The Access target penalties are presently under review by NHSI, if applied would reduce STF funds by £1.05 million. Losing STF funding in quarter 4 equates to £3.281 million. Accordingly, if STF penalties are applied this increases the Trust deficit to £11.731 million.

The Trust is required to update NHS Improvement of its financial position at the end of Month 9. In making this submission, the Trust has presented a deficit of £4.965 million and an end of year deficit of £5.9 million. A conversation has been held with the regional operational Finance Director, confirming that achieving these values is dependent upon the Trust successfully defending commissioner challenges in respect of CQUIN and the contract.

### The Trust's Capital Programme for 2016/17

Following revision, the Capital Resource Limit (CRL) for 2016/17 remains at:

- £9.768m million Internally Generated CRL
- £2.500 million Capital to Revenue Transfer from 2015/16
- £12.268 million CRL

At Month 11 £6.711 million of the Capital Programme has been expensed, with £4.701million committed but not yet expenses. The remaining £0.856 million is yet to be ordered and expensed. Confirmation has been received from project manager that delivery of the Capital Programme will be completed by the end of the financial year and Capital Planning Group continues to monitor progress. The Trust has reviewed its Capital Programme and has confirmed to NHSI that it is expected that by the year end it will be fully committed.

## WORKFORCE

The WD reported an increase in sickness absence to 4.61% and appraisal and training rates remain static. These will be investigated further.

Nursing unavailability for 2016/17 was reported as below:

- Scheduled Care – 27.01%
- Unscheduled Care – 27.37%

## QUALITY & SAFETY

Measure	Year end 2015/16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Year to date 2016/17	Monthly Target 2016/17	Annual Target 2016/17
<b>Infection Prevention and Control</b>																
Clostridium Difficile infections reported	30	0	1	3	3	0	1	3	2	2	2	0	1	18	2	25
MRSA Bacteraemia Infections	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
MSSA Bacteraemia Infections	18	2	1	1	1	0	0	1	1	1	0	0	2	8	None	None
E. Coli Bacteraemia Infections	29	2	1	0	3	2	7	0	6	7	1	0	3	30	None	None
MRSA Screening (elective) (%)	96.6%	95.1	96.0	95.3	95.1	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.2%	95%	95%
MRSA Screening (non-elective) (%)	96.0%	93.8	94.0	94.6	93.1	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	94.3%	95%	95%
<b>In Service Pressure Ulcer Incidence</b>																
Grade 2 Avoidable	33	1	4	1	1	4	3	1	6	2	1	2	0	25	1	22
Grade 2 Unavoidable	128	17	7	8	12	12	13	7	7	11	8	2	4	91	None	None
Grade 3 Avoidable	9	3	1	0	1	1	1	0	2	2	1	0	0	9	0	6
Grade 3 Unavoidable	15	0	2	1	0	0	1	0	0	1	0	0	4	9	None	None
Grade 4 Avoidable	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	0	0	0	0	1	1	None	None
<b>Patient Falls</b>																
Falls reported as serious incidents	35	1	1	1	1	1	0	0	0	1	1	0	0	6	2	29
<b>All Serious Incidents Reported</b>																
Number of Serious Incidents	58	8	13	4	10	6	5	5	8	7	2	5	3	64	None	None
<b>Never Events</b>																
Never Events	2	0	0	0	0	0	1	0	3	0	0	0	0	4	0	0
<b>NHS Safety Thermometer Point Prevalence Trust level data</b>																
Harm Free Care (%)		94.0	94.1	93.0	93.0	96.0	93.66	93.56	94.9	96.33	93.54	95.49	92.54	94.18%	95%	95%
No New Harms (%)		97.7	97.7	98.0	96.0	99.0	98.25	97.81	98.58	99.27	98.16	98.62	96.77	98.01%	None	None
<b>Safer Surgery</b>																
WHO Safe Surgery Checklist (%)	99.9%	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Venous Thromboembolism Risk Assessment</b>																
VTE Assessment	95.6%	95.5	95.5	95.3	95.5	95.8	95.55	95.74	96.01	95.64	95.31	TBC			95%	95%
<b>Mixed Sex Accommodation (MSA)</b>																
MSA breaches	0	0	0	0	8	0	0	0	0	0	0	0	0	8	0	0
ITU discharge delays > 12hrs	201	23	29	19	43	19	25	32	27	39	27	33	30	323	None	None
<b>Patient, Family and Carer Experience</b>																
Complaints (No)	317	31	22	24	32	31	41	24	37	41	31	47	45	201	None	None
Friends and Family Response Rate (%)	21.68%	12.4	14.1	14.3	15.3	21.6	30.7	26.5	20	23.5	20.7	20.0	22.0	20.7	None	None
Friends and Family Test Score (%)	96.47%	95.7	96.0	95.7	98.1	96.5	95.85	96.2	95.8	96.0	96.5	96.6	96.7	96.2%	75%	75%
<b>Real Time Experience Metrics (Exemplar Ward Metrics)</b>																
Nursing Performance Score	89%	96.0	96.0	95.0	96.0	96.0	96.0		87.9	90.2	93.2	89.7	90.6	93%	90%	90%
Patient Experience Score	86%	91.0	90.0	86.0	81.0	87.0	88.0		89.1%	88.7%	91%	89.2	89.7	88%	90%	90%

### Nursing, Midwifery and Care Staff data

The monthly Nursing, Midwifery and Care Staff data was RECEIVED for information.

Following discussion, the members RECEIVED and APPROVED the Trust Performance Report.

## ASSURANCE

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**2017.2/62 AUDIT COMMITTEE SUMMARY held 10 FEBRUARY 2017**

Mr Darbhanga (NED) presented the following key summary points from the Audit Committee meeting held on 10 February 2017:

External Audit

Outlined areas of External Audit Annual Review:

- a. Financial Statement Risk – 3 risks:
  - Achieving financial balance – issues underpinning position and testing processes underpinning position.
  - Risk of fraud in revenue reconfiguration (presumed risk under IAS) – Management responsibility to detect and prevent fraud
  - Risk of Management override (presumed risk under IAS)
- b. Value for Money Risks – ‘proper arrangements’ in place to secure economy, efficiency and effectiveness on its use of resources.

Noted that achieving financial balance by 2019/20 is contingent on the reconfiguration of services delivered as part of the FF programme.

Internal Audit

The following five audits have been completed and the findings were presented to the Audit Committee:

- Cash Management – Substantial Assurance. Controls are strong in a challenged environment and the budgetary controls audit, which is being finalised, should identify the issues that create the environment – five medium priorities. Committee expressed disappointment that Patient Property remains an issue.
- Payments & Creditors – Substantial Assurance. Increased from 23 to 38 creditor days which reflect the cash position. SaTH has been better than most at raising awareness with staff and suppliers but this has created operational difficulties and some decision dilemmas. Concern expressed at delegated limits being exceeded.
- Debtors & Income – Moderate Assurance. It was agreed that in 2017/18 Internal Audit should look more closely at the relationship between NHS and private activity and to ensure governance processes are more robust as the current system is not well defined.
- Payroll – Substantial Assurance. There were four moderate process recommendations.
- Procurement – Moderate Assurance. Well established team with good processes in place. There was concern expressed SaTH was moving towards a more standardised approach but recognised this was at a transitional stage. There were a number of recommendations regarding authorisation processes.

Concern was expressed at the number of recurring actions in these audits.

Risk Management and Board Assurance (BAF)

The Committee received an in-depth presentation of the risk process from Centre Registers, through the Trust Risk Register and the BAF, and probed individual entries on the web-based system. It was noted that the strategic objectives were being reviewed by Executive Directors for discussion at the Board Development session.

Appointment of Internal Auditors

The DCG reported that Deloitte have been re-appointed as SaTH's Internal Auditors following some rigorous debate.

Following discussion, the Board members RECEIVED and APPROVED the Audit Committee summary.

**2017.2/63 BOARD ASSURANCE FRAMEWORK**

The CEO presented the Board Assurance Framework (BAF) and associated action plan which have been slightly updated since the last presentation to the Trust Board. The changes reflect some additional assurances which have

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been added.

The paper highlighted that the following corporate objectives have not had strategic risks to their achievement identified:

- Undertake a review of all current services at specialty level to inform future service and business decisions
- Develop the principle of 'agency' in our community to support prevention agenda and improve the health and well-being of the population
- Embed a customer focused approach and improve stakeholder engagement strategies

Mr Cronin (NED) commented that there is an extent to which many of the objectives are now dependent on system action and whether there should be a system-wide Assurance Framework owned by the STP Board to reflect this. The CEO agreed to take this proposal to the STP Board

**Action: CEO**

#### **2017.2/64 INFORMATION GOVERNANCE ANNUAL ASSESSMENT**

The FD presented a report to inform the Board of the levels of compliance with the Information Governance (IG) Toolkit Assessment.

The IGT provides a consistent way for organisations to report to the Care Quality Commission (CQC) and other governing bodies their statement of Compliance in relation to:

- Data protection and confidentiality
- Information sharing for care and non-care purposes
- Information security and information risk management
- Information quality
- Records management for both care and corporate information

The Trust has achieved at least Level 2 compliance in all 45 requirements and the overall result for the Trust at year-end is 82% (Satisfactory).

The Trust Board was assured that the IGT has been through the Sustainability Committee and, following discussion the Board APPROVED the 'Satisfactory' statement of compliance.

#### **2017.2/65 ANNUAL COMMITTEE AND GOVERNANCE REVIEW**

The DCG presented a paper which reported that performance of the formal sub-committees of the Board are periodically reviewed to ensure the structure is fit-for-purpose; with clear focus on key strategic imperatives, assurance of systems, the reduction of duplication and delivery against robust plans.

The Chair has observed the Tier 2 Committees of Quality, Sustainability and Workforce, supported by the DCG during January and February 2017, using Best Practice. Any deviation from any recommendation will required to be discussed with the Trust Chair.

This paper contained:

- the current Committee structure
- the proposed membership of Quality, Sustainability and Workforce Committees
- the current membership and Terms of Reference for the tier 2 committees.

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The DCG confirmed the following additional individual NED assurance roles:

<b>Responsibility</b>	<b>Non-Executive Director Lead</b>
Health & Wellbeing	Chris Weiner
Whistleblowing	Harmesh Darbhanga
Security	Harmesh Darbhanga
Procurement	Harmesh Darbhanga
Medical exclusions	David Lee
Education & Training	Terry Mingay
Social Responsibility	Paul Cronin
Transforming Care Guiding Group Lead	Brian Newman

The Board RECEIVED and APPROVED the recommendations following the review of the Tier 2 Committees.

**2017.2/66 ANY OTHER BUSINESS**

No further business raised.

**2017.2/67 LEARNING / REFLECTION OF THE MEETING**

- Mr Newman (NED) felt the business that had been discussed felt complex and bureaucratic. It was reported that it is linked to the amount of regulation imposed from above.
- Mrs Mingay (DNED) felt there was an inordinate amount of repetition regarding the fragile services
- Mr Cronin (NED) suggested delegating some items to the sub-Committees; the Chair agreed this approach

**2017.2/68 QUESTIONS FROM THE FLOOR**

The Chair invited questions from the members of the public at this point:

**Q1** Mr David Sandbach felt unhappy with the amount of management time available to the Board and in his opinion the Board needed additional managerial resources to support the Board Executives; he suggested the Trust has a Department of Planning & Development for two or three years because SaTH has significant planning and change issues to deal with.

The Chair and CEO agreed to put some thought into this suggestion.

Mr Sandbach also he urged the Board to shut down one of the Trust's A&E Departments in line with recent action taken by Chorley and South Ribble District General Hospital.

**Q2** Mr Graham Shepherd commented that the Patient Story related to the arrogance and attitude of one of the organisation's Consultants. He highlighted that the Trust has a number of locums and turnover of locum/agency staff and enquired if they are appraised of policies/procedures, etc

**A2** Mr Shepherd was informed that the locum/agency staff that are employed on a longer term are included on the SaTH training system, however for those that are short-term (one or two nights); they are reported to the Agency and not re-employed by the Trust.

**Q3** Mr Shepherd also raised the proposal of the Urgent Care Centre at PRH and the possible closure of A&E. He informed the Board that he sits on the Stakeholder Panel and urged the Trust not to re-invent the wheel. He reported that patients were required to have an appointment for the Walk-in Centre at Telford, unlike the Shrewsbury Walk-in Centre.

**Q4** Ms Gill George raised the rural maternity aspect of the Operating Plan and asked SaTH to ensure midwives are able to participate in the CCG review as they want engagement.

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- A4** The Board members agreed to this. The CEO confirmed that he would discuss this with Dr Simon Freeman, Accountable Officer for Shropshire Clinical Commissioning Group.  
**Action: CEO**
- Q5** Ms George also reported that the number of Midwifery Led Unit (MLU) births from Shrewsbury are reducing, rather than the Telford MLU births.
- A5** Dr Lee (NED) informed Ms George that the Non-Executive Directors have recently visited the MLUs and are appreciative of the work every member of staff is undertaking.
- Q6** Ms George urged the Board to read through the Board paper relating to A&E to find where it states that SaTH won't close an Emergency Unit, as she could not identify this in the papers
- A6** The Chair highlighted that the Trust does not wish to close a Unit, but would do so as a contingency.
- Q7** Ms George also enquired if the two new locums appointed to A&E are included on the on-call rota.
- A7** The COO confirmed that she would check if they are included on the on-call rota.  
**Action: COO**
- Q8** A gentleman highlighted that he felt disadvantaged that hard copies of papers were unavailable to the public.
- A8** The DCG agreed to look into this.  
**Action: DCG**
- Q9** Cllr Madge Shineton informed the Board that she felt more optimistic following the day's business; she highlighted that safety had been emphasised and commented that it would be a disaster to have an MLU if it cannot be staffed safely.

Following discussion, the Chair thanked the Board and members of the public for their patience following lengthy discussions.

**2017.2/69 DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 27 April 2017, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 6.05pm

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**ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 30 MARCH 2017**

<b>Item</b>	<b>Issue</b>	<b>Action Owner</b>	<b>Due Date</b>
2017.2/38	<i>Draft Minutes of 2 February 2017 Trust Board</i> To add information to minute 2017.2/25 regarding VTE performance	DCG / CS	<b>27 Apr 2017 COMPLETED</b>
2017.2/39	<i>2016.2/173 – Recommendations from Kate Stanton-Davies Report – Birthrate Plus</i> To present update to the June Trust Board regarding external assessment Birthrate Plus	IDNQ	<b>29 June 2017</b>
2017.2/39	<i>2017.2/15 - Patient Experience Strategy</i> To provide update to April Trust Board regarding addition of Equality & Diversity in Patient Experience Strategy	IDNQ	<b>27 Apr 2017 ON AGENDA</b>
2017.2/39	<i>2017.2/16 - Complaints &amp; PALS Q3 Update</i> <ul style="list-style-type: none"> <li>• To look at section 6 of the report regarding 'Formal complaints by location' and look at measuring the metrics differently</li> <li>• To provide further assurance in the next Complaints &amp; PALS Report</li> </ul>	DCG  DCG	<b>29 June 2017</b>
2017.2/39	<i>2017.2/19 - Interim Support Finance</i> To provide C Deadman (NED) with a greater level of understanding	FD	<b>Apr 2017</b>
2017.2/39	<i>2017.2/27 - People Strategy Update</i> To present to the June 2017 Trust Board	WD	<b>29 June 2017</b>
	<i>2017.2/27 - Organisational Development Plan</i> To present to the June 2017 Trust Board	WD	<b>29 June 2017</b>
2017.2/44	<i>Recommendations from Kate Stanton-Davies</i> To alert Chair/CEO of any issues in relation to the one-year review of the case prior to April Trust Board	Exec Directors	<b>27 Apr 2017</b>
2017.2/45	<i>Temporary Suspension of Neurology Outpatient Service for New Referrals</i> To provide update to September Trust Board	COO / Sustainability Cttee Chair	<b>28 Sept 2017</b>
2017.2/46	<i>Fragile Services Update – Ophthalmology</i> To provide update to April Trust Board	COO	<b>27 Apr 2017 ON AGENDA</b>
2017.2/48	<i>Workforce Committee</i> To prepare 'thank you' letter to team working on the new junior doctor contract	WD	<b>Apr 2017</b>
2017.2/54	<i>Annual Operating Plan – Part One</i> To present Part Two and Part Three to June 2017 Trust Board	FD	<b>29 Jun 2017</b>

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2017.2/63	<i>Board Assurance Framework</i> To discuss system-wide Assurance Framework with STP Board	CEO	<b>Apr 2017</b>
2017.2/68	<i>Questions from the Floor</i>  Q4 – CEO to liaise with Dr Simon Freeman at Shropshire CCG re: participation of midwives in CCG review  Q7 – COO to check if the two new locums appointed to A&E are included on the on-call rota  Q8 – DCG to look into the provision of hard copies of papers for the public	CEO  COO  DCG	<b>Apr 2017</b>  <b>Apr 2017</b>  <b>Apr 2017</b>