

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1pm Thursday 27 July 2017
Seminar Rooms 1&2, Shropshire Conference Centre, RSH

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr P Cronin Mr H Darbhanga Mr C Deadman Dr D Lee Mrs T Mingay Mr B Newman Dr C Weiner Mr S Wright Dr E Borman Mrs D Kadum Mr N Nisbet Mrs D Fowler	Chair Non-Executive Director (NED) 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) Director of Nursing, Midwifery & Quality (DNMQ)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
In Attendance	Miss V Maher Mrs D Vogler Mr P Evans Mr M Cheetham	Workforce Director (WD) Programme Director, Future Fit Programme Director, Sustainability and Transformation Programme Care Group Medical Director, Scheduled Care
Meeting Secretary	Mrs S Matthey	Committee Secretary (CS)
Apologies:	None	

2017.2/130

WELCOME:

The Chair welcomed the Board members and members of the public and reminded the public that it is a Board meeting being held in public. He requested no cameras or recordings be made, and the importance of observing the Trust Values at all times. The Chair thanked the public for their continued support.

Telford & Wrekin Council

The Chair provided the following position statement which has been forwarded to Cllr Shaun Davies, Cllr Bill Tomlinson, Cllr Richard Overton and Cllr Peter Scott regarding the Telford & Wrekin Council vote of no confidence of the leadership Board at SaTH:

"We respect the Council's role as champion of Telford and Wrekin and its communities.

SaTH is not a political body. Its prime focus is simply patient safety.

SaTH and the Council are both part of a wider local health system. Over many years, shortcomings in this system have led to increased fragility in some key SaTH services. Our doctors and nurses are clear that this cannot continue: we must tackle the system gridlock.

Local GPs through their two commissioning groups, and with the involvement of Council staff and SaTH clinicians, have generated a clinical model that seeks to do this. The commissioners' next step is to test the model with the public to see if it works for them. We are anxious that this happens as soon as possible – it is the public's health system and they need to see the arguments and the logic.

..... Chair
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We are particularly concerned about pace, about getting on with the consultation and with the changes following from it. Some of our services are becoming increasingly fragile while we wait.

To keep patients as safe as possible in the meantime, we need fall-back plans. Those plans, for instance, may require a particular service to function from a smaller number of sites. The decision to enact such a plan will not be taken lightly, nor will it be allowed to happen in ways that prejudge the outcome of the consultation.

SaTH is committed to having a strong and thriving hospital in PRH, and to becoming the safest and kindest hospital in the NHS. The journey towards this has started and is progressing well but will take a while yet. We are seeing fundamental changes to the way care is being provided through our partnership with Virginia Mason, which has had an enormous impact across the whole organisation at every level. Virginia Mason themselves have acknowledged that SaTH has done the most to invest in and integrate the philosophy into normal working practice.

Two-way accountability between our organisations is important in this continuous improvement journey: we are grateful for your support, and your challenge. Ideally, we would tread carefully when it comes to blame, where the evidence is that it gets in the way of safety."

The Chair reminded the members of the organisation's journey which is based on transparency and candour. He also highlighted that SaTH is dedicated to two-way accountability as blame will not result in patient safety.

2017.2/131

VIP AWARDS

The Chair reported that the Values In Practice (VIP) Awards is celebrated every month to recognise the amazing work of the Trust's staff and volunteers to support patients and their families each day.

June 2017 Winner:

The WD introduced June's winner, Staff Nurse Wilf Cadelina from Ward 28 at RSH who has been recognised for demonstrating the Trust Values of Proud to Care, Make It Happen, We Value Respect and Together We Achieve on a daily basis.

"Mr Cadelina has been described as 'inspirational' by his team and actively raises staff morale on the Wards and is a true unsung hero in the hospital. He shows it's the little things that make the biggest difference and often organises birthday celebrations and personal achievements by creating a Facebook group to organise the team".

"He is constantly looking at ways to improve patient experience and will often invest his own money into making sure his patients are happy".

The members were informed that the whole of the Ward 28 team feel valued and that 'every role counts' as the Facebook group set up by Mr Cadelina includes every member of the team.

Mr Cadelina thanked the Board for the recognition; he reported that he has worked in the Trust for 14 years, originally from the Philippines. He reported that everybody on his ward works together and a simple 'thank you' increases morale.

The Chair thanked Mr Cadelina, highlighting that the Trust is lucky to have him in post.

2017.2/132

PATIENT STORY

The DNMQ welcomed Ms Wendy Booth to the meeting and introduced a video of Wendy's story relating to her journey from being a carer for her mother who was living with dementia, to being a fully engaged volunteer for the Trust.

Ms Booth informed the Board that it was her second time of speaking to them as she has previously reported on the disappointing care that her mother received when she broke her hip in November 2012; this led Wendy to liaise with Sarah Bloomfield, as DNQ in post, and Helen Coleman of the Corporate Nursing team which later led her to become a volunteer for the Trust.

Ms Booth feels that the Trust has come on 'leaps and bounds' but urged the Board not to 'rest on their laurels' as additional resources are required for dementia care cross-site.

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Ms Booth believed that by being able to tell the story of her mother's care, she started a journey which helped her cope with the loss of her mother. She is now an expert by experience in the field of caring for those living with dementia and is able to pass on that knowledge and experience to staff in SATH. Ms Booth now teaches at Staffs University and is a member of the SATH Dementia Steering Group.

The Chair thanked Ms Booth for supplying her feedback and asked what improvements she would like to see, going forward. It was agreed that every member of the Board would attend a Dementia Awareness course which is delivered by the Alzheimer's Society. Mrs Booth also suggested staff liaise with dementia patient's families/carers to gain an understanding of patient's routines. Ms Booth advised additional signage throughout the hospital environment as it appears a little confusing, improved clocks, and basic kindness from staff to improve the patients journey and support for the carers.

ACTION: DCG to arrange Dementia Friends Awareness sessions arranged by Alzheimer's Society

The Chair reported that the Trust is very keen to develop dementia friendly ward environments and asked if Wendy is connected to that piece of work; Wendy reported that she sits on the Dementia Steering Committee and is aware of developments.

Although it appears the Trust is getting more on the front-foot, the Chair invited Ms Booth to continue to hold the Trust to account.

2017.2/133 BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board RECEIVED and NOTED the Declarations of Interest.

The DCG reported Mr Deadman (NED) will retire from Director of Ombudsman Services Ltd and as a Council Member of the Institute of Asset Management during August 2017.

Action: CS to update Register of Interests for September Trust Board

2017.2/134 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 29 JUNE 2017

The following slight updates to the minutes were requested and agreed:

- 2017.2/134.1 The DCG provided clarification of the following addition to the minutes relating to an error that had been reported during the June Trust Board meeting:

2017.2/104 – Improving and Developing Maternity Services Action Plan

"[Correction note. Subsequent to the Board meeting on 4 July it was confirmed with the NMC that no removals from the Register could take place until their investigations were complete. The Board apologises unreservedly for the misleading statement about the professional Register in this final bullet point of the original statement]"

- 2017.2/134.2 2017.2/114.1 Emergency Departments – Increased risk in Middle Grades
Mr Newman highlighted that the minute reported 'the Trust should have 11 consultants to run the ED service' but Mr Newman was under the impression that 20 Consultants are required. The MD confirmed that 16 Consultants would be required in total to run an A&E Unit. **Action: CS to update minutes**

- 2017.2/134.3 2017.2/116 - Future Fit Update
Mr Newman (NED) highlighted that his challenge to the T&W CCG Chief Officer, Mr Evans, had not been minuted. **Action: CS to update minutes. Completed. Action closed.**

- 2017.2/134.4 2017.2/125 – Annual Reports – Health, Safety, Fire & Security
The Chair raised the minute relating to the cladding material (same as Grenfell Tower) which is present within three areas of the organisation.
The FD confirmed that although the cladding material is present in our hospital; it is not cladding on walls and is not deemed a fire risk.

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

2017.2/135 ACTIONS / MATTERS ARISING FROM MEETING HELD 29 JUNE 2017

2017.2/99 – Draft Minutes of 27 April 2017
CS to make agreed amends to 2017.2/82 & 2017.2/86.
Completed. Action closed.

2017.2/101 – Actions/Matters Arising from 27 April 2017

2016.2/15 – Patient Experience Strategy
DNMQ to present updated version to July 2017 Trust Board.
See Minute 2017.2/143 Action closed.

2017.2/45 – Temporary Suspension of Neurology Outpatient Service for New Referrals
COO to provide update to September 2017 Trust Board.
Action: COO Due: September 2017 Trust Board

2017.2/103.4 – Leadership Academy
WD to review this piece of work on a regular basis.
 The leadership academy status has been distributed and feedback received has been positive. This is an opportunity for SaTH to become the 'safest & kindest'.
Completed. Action closed.

2017.2/104 – Maternity Services Action Plan
DNMQ to work with W&C Care Group to investigate the qualitative data from the Friends & Family Test and work up a robust plan.
 The DNMQ informed the Board that the W&C Care Group has completed a composite implementation plan and patient experience is integral to that. This will be presented to and monitored through the Quality & Safety Committee.
Completed. Action closed.

2017.2/105 – Midwifery Led Unit Proposal
DNMQ to undertake a mid-term review at three months.
Action: DNMQ Due: September 2017 Trust Board

DNMQ to write to clinical commissioners to ensure proposal doesn't pre-empt the outcome of the commissioners MLU review

The CEO reported that he has written to commissioners to confirm the position; by making temporary changes to the MLU provision will not prejudice the review.

Completed. Action closed.

DNMQ to hold engagement with service users, stakeholders and staff to help shape the service pending the outcome of the review.

The DNMQ reported that the first round of engagement is planned for two weeks' time. Additional wider public engagement will also take place.

Completed. Action closed.

2017.2/106 – Maternity Services Review and Recommendations
C Deadman to meet with C Ovington to discuss data behind report and provide assurance to September Board.
 Mr Deadman reported that he has received a range of data from Mr Ovington which he is content with.
Completed. Action closed.

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2017.2/109 – Senior Doctors Revalidation Statement
DNMQ to provide paper of nursing staff validation to July 2017 Trust Board.
See Minute 2017.2/150. Action closed.

2017.2/118 – Summary of Sustainability Committee held 27 June 2017
DNMQ/COO/WD to undertake a piece of work relating to the reliance of Tier 5 staffing.
 The Board were informed of the following key actions taking place in relation to Tier 5 staffing:

- Strengthening forward planning (locking down rosters/block booking)
- Better care quality provision
- Less reliance on escalation beds
- Strengthening and refining our retention of staff
- Assurance around control measures for booking Agency

The Board is aware of the Agency issue and will expect to see tough decisions being made.
Completed. Action. closed.

2017.2/121.1 – Trust Performance Report – Operational Performance
COO to provide a paper in relation to A&E to July 2017 Trust Board
See Minute 2017.2/141. Action completed.

2017.2/127 – Learning / Reflection of the Meeting
DCG to provide a 'Community Engagement' piece for discussion at the July 2017 Trust Board
See Minute 2017.2/144. Action completed.

DCG to discuss the shape of future meetings with the Trust Board Chair
Completed. Action closed.

2017.2/136 3-MONTH FORWARD PLAN

Winter Planning

Dr Weiner (NED) highlighted that Winter Planning does not appear on the forward plan until November. Following discussion, the COO agreed to provide an update during September Trust Board.

Action: COO Due: September 2017 Trust Board

Maternity Services Review and Recommendations

Mr Deadman reported that the Maternity Services Update could be removed from September Board as he has received a range of data from Mr Ovington which he is content with.

Action: CS to update Forward Plan

The DCG reported that the Public Board meetings will commence an hour earlier at 12noon; also the Annual General Meeting will be held following Trust Board on 28 September and the Trust VIP Award evening will be held on Friday 29 September 2017.

The members RECEIVED and APPROVED the remainder of the three-month forward plan.

2017.2/137 CHIEF EXECUTIVE OVERVIEW

2017.2/137.1 Cancer Services

The CEO reported on the collaborative working that has been undertaken to develop an App to assist patients with an improved understanding of Cancer; this went live during December 2016. The Trust has won a prestigious National Patient Safety Award for this great work. It is envisaged that the App could be utilised for other specialties, such as Frailty.

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2017.2/137.2 MRI Scanner

The members were informed of the large crane which was recently on-site at PRH to remove the aged MRI scanner, in preparation for two new state of the art MRI scanners which will provide an improved service to diagnose patients at speed. An additional oversized scanner will also be installed for patients with anxiety, etc.

2017.2/137.3 Business Case – Endoscopy

The CEO was pleased to report that the Endoscopy Team has recently achieved JAG accreditation. Many organisations struggle to achieve this standard but this is a fantastic achievement for the hard work undertaken by the Endoscopy team.

2017.2/137.4 Funding secured for Women & Children's Care Group staff training

The CEO was delighted to inform the Board of £60k which has been secured for maternity staff training; this is an important component for SaTH.

2017.2/137.5 Charity Fun Day

The CEO thanked the DCG and teams for the hard work undertaken to open SaTH's doors to the public for the annual Charity Fun Day. This year's fundraiser – known as the Butterfly Effect, raised approximately £18,500 for 23 different charities, with the majority of that going to SaTH's Living Well With Dementia Appeal.

SUSTAINABILITY (PATIENT & FAMILY)

2017.2/138 **SUMMARY OF SUSTAINABILITY COMMITTEE MEETING HELD 25 JULY 2017**

Mr Deadman (NED), Chair of the Sustainability Committee, presented the following key summary points from the meeting held on 25 July 2017

Charitable Funds

Investments and charitable funds activity for the period 1st April – 30th June 2017 reviewed and noted. We currently hold £2m of funds which is equivalent to several years of donations. It was decided a reminder should be sent to fund managers to encourage staff to identify patient related areas that could be improved with the availability of charitable funds.

Annual review of the Policy and Procedure on the Receipt and Use of Charitable Funds took place and was approved by the committee.

Month 3 Finance Position

At the end of month 3 the Trust had planned to deliver an in year deficit of £3.885 million and actually recorded a deficit of £4.797 million, £0.912 million worse than plan. This was mainly due to Tier 5 agency and escalation. 41.3% of the total Agency Ceiling of £10.559 million had been spent at quarter 1.

The Trust had met its finance target at month 3 of £2.712 million deficit by incorporating an accrual for STF, so as to enable STF funds to be received on a monthly basis. With the exception of the A&E target, the performance targets were also met.

There had been a significant rise in the number of contract queries from the CCG. Despite SaTH allowing for an element of these within the budget, it is estimated to equate to £3 million in quarter 1. This was likely to impact on cash position.

The committee discussed the progress of the key objectives within the Operational Plan and noted the linkages between underperformance of these with the underachievement of the CIP, in particular objectives 8, 15 and 21 (bed realignment, 70 beds and agency usage). Further work to identify the linkages between the Operational Plan and the CIP to be undertaken and presented to the next Sustainability Committee.

The Trust will begin to experience cash flow problems from August/September onwards, similar to those experienced last year. The Trust is already challenged in meeting agreed payment terms and unless expenditure is tightly controlled, the level of creditor suppression will have to increase to cover the cash shortfall.

The expected position at the end of 2017/18 is a £13.5 million deficit, £7.5 million above the agreed control total with NHSI.

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Mr Cronin (NED) questioned the nature of the challenges from the CCGs; the Chair suggested that this shift is towards contract management, illustrating how the system is not working effectively together. The FD reported that he held a conversation with the Shropshire CCG CEO the previous evening who will look into the queries and the FD will follow this up with her.

Dr Weiner (NED) enquired how the Trust will maintain a relationship with suppliers throughout the financial year if the level of creditor suppression will have to increase to cover the cash shortfall. The FD reported that this is delicate; this was undertaken on a case-by-case basis last year. Conversations will be held and the criteria will be carried out with suppliers if payments are required to be stretched, but overall, the organisation is to ensure its spending is consistent with the budget.

Mr Newman (NED) highlighted that the bulk of the overspend relates to Agency staffing and enquired if the Board felt satisfied that the most costly (Tier 5) agency members are still being employed, and if the level of authorisation is correct. The FD informed the members that actions are being taken to arrange block-booking with framework agencies to attain better prices. He feels behaviours are changing but this will take time to embed.

Mr Cronin (NED) reported that the BBC recently reported more than 86,000 NHS posts were vacant between January 2017 and March 2017; this is therefore not just a local issue.

Operational Plan 2017/18

The presentations this month were on Objective 8: Realign Scheduled and Unscheduled beds and Objective 15: Arrangements to transfer 70 patients to community provision.

It was noted that successful delivery of Objective 15 could significantly enhance quality & safety and lead to a reduction of many million pounds of Agency Tier 5 expenditure. The deep dive confirmed the plan is incomplete and there is at present marginal ownership and limited confidence of successful delivery, partly due to known difficulties and the ambition of the plan.

The FD reported that this project is fundamental to help the Trust move forward. Mr Deadman highlighted that the NEDs need to provide additional support to the executive teams and focus on the really important and difficult issues such as this initiative.

Other issues discussed:

- Productivity Improvement - update received on progress of the Productivity improvement project across outpatients, theatres and radiology project. The project was now moving from a diagnostic phase to implementation phase which will need to be managed sensitively.
- Orthopaedic Power Tools Replacement Programme – A business case seeking a solution to the lack of surgical power tools was considered by the committee. The committee approved an option to replace the obsolete power tools through a Supplier Equipment Agreement. This option would require an increase to the consumable costs over the 5 years, but generate a revenue saving of £81k over the five year period.
- Patient Administration System – the committee retrospectively approved the extension of the contract for the Patient Administration System (PAS) for three years until end March 2020 at a cost of £300k pa. The extension provides time for the Trust to consider the future of its Electronic Patient Record system of which PAS forms a central part.
- Sustainable Services Programme Update – received and noted. RAG rated red/amber to reflect the risks associated with primary and community service solution.

Following discussion, the Chair suggested the Sustainability Committee agenda be framed using all aspects of the deep dive stool. Executive team to discuss in further detail and CEO to provide update at September 2017 Trust Board

Action: Exec Team / CEO Due: September 2017 Trust Board

Mr Cronin reported that the Workforce Committee spends time with a Care Group prior to each Committee meeting and has been impressed by their feedback; he feels confident of their plans relating to workforce but suggested changes will take time to implement.

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Improvement

2017.2/139 ENDOSCOPY BUSINESS CASE

The COO presented a paper which reported there is currently insufficient core capacity available to meet local demand for upper and lower GI endoscopy. This demand and capacity mismatch has led to delays in patients' diagnostic pathways and subsequent treatment and the Trust's ability to meet the national six week diagnostic waiting time standard (DM01).

The demand for endoscopy has increased year on year; it is expected that by 2019/20 there will need to be sufficient capacity at SaTH to deliver 26,537 endoscopic procedures per annum, 4,875 more than in 2016/17.

SaTH's ability to recruit and retain sufficient workforce to meet service demand is the most significant risk to service sustainability. Workforce constraints have resulted in the service becoming reliant on our substantive consultant workforce undertaking additional clinical activity at premium cost, outsourcing to Shropshire Nuffield and more recently in insourcing nursing and medical resource also at premium cost.

The Business Case:

- Outlined the issues being faced in meeting endoscopy service demand;
- Provided detail of the actions taken to bridge the capacity gap;
- Provided detail regarding forecast activity between now and 2019/20;
- Provided detail regarding the option to bridge the current and forecast capacity gap
- Requested approval to implement Option 3 of the Business Case to what is the expansion of the substantive workforce across the multidisciplinary team.

The Business Case was first presented to the Sustainability Committee on 23 May 2017 however the Care Group was asked to reconsider the financial phasing and assumptions, particularly in relation to year 1 (2017/18). Additional detail was added and it was re-presented to the June 2017 Sustainability Committee where the Committee were satisfied with the information and confirmed their support and approval.

Mr Newman (NED) highlighted that the Business Case did not include detail of capital or premises costs and enquired if the £3.4m contribution could be achieved. The COO confirmed she was content with the design and highlighted that demand will continue to grow.

The Chair enquired if there were any constraints. The COO reported that the Support Services are currently determining the patient flow through the hospital. The Chair highlighted that he does not have a sense of increase in capacity and therefore invited the Executive team to explore this.

Action: CEO / Executive Team

Following discussion, the Board APPROVED Option 3 of the Endoscopy Business Case

JAG Accreditation

The Board were pleased to note that SaTH's Endoscopy Unit has recently attained JAG (Joint Advisory Group) accreditation for Gastroenterology Endoscopy. JAG aims to ensure quality across endoscopy services. It agrees and sets standards for endoscopy units, and quality assures endoscopy services and training. It achieves these objectives through accreditation visits, annual self-reporting using the Global Rating Scale (GRS), offering training, quality assuring training courses, certifying individuals and providing a knowledge management system.

The JAG accreditation of an endoscopy unit is the formal recognition that an endoscopy service has demonstrated that it has the competence to meet the measures set out in the endoscopy GRS standards. The scheme is patient-centred and workforce focused, and is independently assessed against recognised endoscopy standards. The scheme was developed for all NHS and independent endoscopy providers across the UK.

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2017.2/140

Services in the Spotlight

The COO presented a paper relating to the services currently provided by the Trust that are considered fragile due to workforce constraints which impact on service delivery. Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCG's) are aware of these longstanding capacity and workforce issues and have been working closely with the Trust to find suitable and safe alternative capacity, where appropriate. Each of the following specialties are challenged nationally and SaTH's current service configuration increases the challenge of finding sustainable solutions to these fragile services. Each service risk is reviewed on an ongoing basis and will be reported to Trust Board on a monthly basis.

2017.2/140.1

Emergency Department - Increased risk in Middle Grades since last month's update to Board and additional risk highlighted within nurse staffing vacancies

The workforce constraints within both Emergency Departments have been well documented within the county and are linked to the regional and national emergency medical workforce challenge and form the basis of the reconfiguration of hospitals services under the Future Fit programme of work. Until a preferred option is agreed, consulted upon and final reconfiguration implemented, this situation will continue and the hospital will remain dependent on locum consultants and agency staff to maintain services across both sites.

Consultant Workforce – No ChangeSpecialty Doctors (Middle Grade cover) – Increased risk

There are not currently any substantive Locum Middle Grade Doctors employed; instead multiple shifts are covered by various locum doctors provided by agencies. Due to the old SAS contract, there are 3.0wte that do not work nights at PRH and 2.0wte at RSH, meaning there are more night shifts needing Locum cover.

The College of Emergency Medicine recommends that there should be a middle grade doctor on site 24 hours a day. To have substantive middle grade cover 24 hours a day there needs to be 16 doctors per site.

Whilst the Royal College recommends 16, a pragmatic view by the Clinical Director for Emergency Medicine is that 12 Middle Grades per site would be manageable but would require substantive staff to pick up additional shifts and potentially Locum cover if there were gaps in the Consultant rota.

This inability to recruit to substantive middle grade posts has led to an almost total reliance on locum middle grade cover after 23.00hrs at PRH and on some nights at RSH. This dependency on locum cover increases the level of risk to quality assurance and the Trust's ability to deliver the 4 hour patient safety standard. It also compromises the training and supervision of Junior Doctors within the department overnight.

This position is unexpectedly now impacted even further by the recent resignation of one of the Middle Grade doctors reducing that team further still. This will impact in October 2017.

Registered Nurse Staffing Vacancies

Whilst not in itself a reason to close an Emergency Department, nurse staffing levels are also a concern due to the level of vacancies and agency cover.

Summary of key risks:

- Inability to staff both sites consistently with substantive workforce;
- Inability to recruit into posts;
- Retention of staff due to regular gaps on the rota;
- Reliance on Consultants acting down;
- Impact on ED performance due to high level of locum usage;
- Financial impact of very expensive locums;
- Increasing registered nurse vacancies;
- Increasing number of Middle Grade resignations.

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Action taken to date:

- Continued rolling national and international recruitment;
- Consider enhanced rates to attract doctors into emergency medicine;
- Rolling request for agency cover at all levels in place;
- Mutual aid agreement with UHNM was in place however they are unable to support this due to their workforce pressures. Regular meetings are being held between the Medical Directors of SaTH and UHNM who are keeping the situation under review;
- Progressed joint recruitment plan with UHNM – advertised but no applicants;
- Bi-weekly medical staffing meetings to address rota issues and mitigate risks;
- All long term locums have been met with to discuss substantive options and discussions are continuing;
- NHS locum posts being offered accordingly;
- Bank and agency cover for registered nurses.

Service Continuity Plan

The service continuity plan was further developed involving all stakeholders at a workshop held on 16 June 2017 to progress the development of the plan should it be required. A further meeting has been scheduled for 11 August 2017 to follow up on the agreed actions.

Following completion of the co-created service model, this will be presented to Trust Board in September 2017 for approval. Should the Trust receive the resignation from a substantive Consultant, the plan will need to be enacted. Equally should the Trust reach a position where the Middle Grade vacancies are such that senior cover is not available overnight for the foreseeable future, this would also trigger the enactment of the plan.

Action: COO to present Service Continuity Plan to September 2017 Trust Board

Following discussion, the Chair enquired if the Plan is enacted, if it will pre-judge the public consultation. The COO confirmed that it would not pre-judge it.

The Chair also queried if discussions are being held between the Emergency Department and Women & Children's Service. The COO reported that discussions are being held with both specialties; the W&C Care Group is looking at pathways and also looking at three scenarios for further discussion at the ED Continuity Plan Stakeholder Workshop being held on 11 August 2017.

2017.2/140.2

Dermatology

The Trust has been operating with a single consultant-led service for many years despite numerous attempts to recruit to a substantive Consultant Dermatologist post. The previous Trust Locum Consultant resigned on 22nd February 2017 with immediate effect. There is a GP with Special Interest Advanced Primary Care Service in Dermatology to provide additional capacity for the residents of Shropshire county. In addition, a Consultant-led Community Dermatology Service at St Michael's Clinic (previously Shropshire Skin Clinic) based in Shrewsbury. The Trust also uses The Skin Clinic on a sub-contract basis for the provision of some of their skin cancer services. Telford and Wrekin Clinical Commissioning Group (T&W CCG) also uses St Michael's Clinic but via a subcontract relationship with one of their main practices at Donnington.

The Trust has appointed a locum consultant to mitigate the immediate issue within the service. All inpatient work is undertaken by SaTH Consultant workforce.

Summary of key risks

A single Consultant led service is not viable due to the need for all Cancer 2 week referrals (2WW) and New patient activity to be supervised by a Consultant Dermatologist. During periods of annual leave / sickness without alternative Consultant presence, all New patient and 2WW activity clinics would have to be cancelled, resulting in SaTH not being able to deliver against its agreed contract.

Actions taken

A number of actions have been taken however there is clearly still a risk associated with this service due to the reliance on Locum availability who contractually have very little obligation to the Trust. To ensure the long term stability of the service, initial discussions have been held with neighbouring Trusts who are in a similar position to

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SaTH around the potential for a mutual aid arrangement to be developed. So far, the only agreement that has been reached is that there would be an element of business continuity support for a short period of time if absolutely necessary.

In an effort to further mitigate the risks associated with the service, St Michael's Clinic has been approached again with a potential offer of an increased transfer of activity on the basis that they would provide further support and capacity for SaTH patients, which would include capacity for Multi-disciplinary Team cover and ward cover during times of consultant leave; despite this having previously been declined, St Michael's Clinic is now willing to consider this.

2017.2/140.3 **Neurology**

SaTH has experienced long-standing capacity and workforce issues for several years and following discussions with commissioners the service was closed to all new referrals from 27th March 2017 for a period of six months. Commissioners have sourced and secured additional capacity from Royal Wolverhampton Hospital Trust during this period. In addition, both local CCGs are working with Powys colleagues and Walton Hospital to secure additional out-reach capacity to support patients accessing care closer to home during this time.

Summary of key risks

- Failure to deliver access waiting time target;
- Securing substantive consultants given the national shortage;
- Securing a locum consultant within capped rates;
- Understanding when the service can re-open based on recent developments;
- Managing the levels of demand once the service reopens the front door to new referrals;
- Specialist nurse sickness.

Actions taken

Two specialist nurses have been recruited releasing 12 consultant slots per week which are being used to concentrate on General Neurology.

A scoping exercise for the options to deliver a sustainable service in the future has been undertaken. Options include working with Commissioners to 'triage' referrals prior to referral to neurology services for some pathways (i.e. headache) and potentially establishing a 'hub and spoke' model with neighbouring Trusts.

Service leads have met with University Hospital Birmingham (UHB) and University Hospitals of North Midlands (UHNM) to determine future service delivery options. UHB have expressed an interest in appointing a consultant who will provide sessions to SaTH. Within this option, SaTH would receive 0.8wte of a consultant with UHB receiving 0.2wte but all costs to be funded by SaTH. This will be considered as part of the work around developing a sustainable service.

Next steps

A bi-weekly Task and Finish Group consisting of SaTH colleagues and commissioners from Shropshire, Telford & Wrekin and Powys has been paused whilst commissioners explore the strategic commissioning options for the service. All parties are aware that the strategic commissioning process will take until September and therefore the service is highly unlikely to be able to re-open in October/November. This will be kept under review.

2017.2/140.4 **Spinal Surgery - No Change**

Due to the unexpected sudden illness of the organisation's only spinal surgeon during February 2017, SaTH has been unable to provide a full spinal service.

SaTH have worked in partnership with RJAH hospital to manage this position on a temporary basis by negotiating an agreement for the spinal service to be transferred to RJAH from 1st April. The three main CCG's, NHSI and HOSC were all advised.

The SaTH spinal surgeon returned to work on 16 June 2017 indicating that he does not wish to continue to operate, offering to undertake OPD sessions and teaching.

Agreement between both CEO's of SaTH and RJAH has been reached regarding the long term provision of spinal services in Shropshire, with a proposal to provide a 'hub and spoke' model. A case for change is being prepared jointly by RJAH and SaTH for discussion with the Commissioners, HOSC and the Trust Board.

..... Chair
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2017.2/140.5 Ophthalmology – No Change

No change to report since last month. Recruitment campaign now underway. Plans going forward:

- Currently exploring alternative insourcing providers for a potential single source support;
- Continue with locums in high risk areas;
- Recruitment campaign underway;
- Develop further nurse injectors for Medical Retina;
- Working in partnership with CCG colleagues to address the quality and safety issues;
- Develop a plan for sustainability of the sub- specialties – particularly glaucoma;
- Working with other provider Trusts to source additional capacity.

Mr Cronin (NED) queried who is taking a view on the patients who have been referred/on waiting list if they have exceeded the maximum wait in a suspended service; it was reported that the Consultant would undertake prioritisation of those on the waiting list but all new patients are being offered a choice of where they would like to attend.

The FD reported that SaTH won't be losing income as it's currently addressing the backlog of activity.

The Board discussed the issue of interim locums not taking up substantive positions; this is due to a variety of reasons but is mainly due to higher rates of pay and flexibility.

The Chair questioned the persistent fragilities and the long-term solutions. The CEO highlighted that patients are waiting too long to access care which is not acceptable. The Board agreed that the Trust needs to be candid and focus on pace to address the long-standing issues.

2017.2/140.6 Midwifery Led Unit

The DNMQ provided an update regarding 'Services in the Spotlight' Midwifery Led Units. Following the Trust Board held 29 June 2017, the Board took the decision, on best interest for the county, to:

- Support interim position for MLUs which sees suspension of intrapartum care and inpatient care in Ludlow, Bridgnorth and Oswestry MLUs for a period up to 24 weeks;
- Internal communication of same to staff
- Communication and engagement plan for women developed – co-production with LMS/CCG
- Communication press releases on the day of the approval – 29th July 2017 to local press and social media
- Transitional Model paper shared with public on website
- Recording of video presentation made for public on the internet
- Heads of Midwifery at neighbouring Trusts – Wrexham, Hereford and Powys informed by Head of Midwifery and circulation lists for communications team updated to include them in all future communications in relation to this plan
- Staff meetings held with managers for the three smaller MLU's facilitated by the Lead Midwife for Community and MLU's and HR support
- Meeting with CEO, Head of Midwifery and MP for South Shropshire held Friday 30th June 2017
- Midwifery staff redeployed from MLUs to support the Consultant Led Unit and Shrewsbury and Wrekin MLUs
- On calls for home births maintained
- QIA completed

Recruitment Update:

- 6 x Band 6 midwives appointed
- 3 x Band 6 midwives to be interviewed
- 22 x Band 5 midwives shortlisted for interview for preceptorship programme (8 appointments made)
- In addition, 2.6 WTE senior midwife roles have been appointed into within our Delivery Suite as Band 7's

..... Chair
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The Chair queried the recent interest in applicants/recruitment but the DNMQ was unable to provide a response. The WD agreed to investigate the data around this and report through Workforce Committee, and thus provide assurance to the Board.

Action: WD Due: September 2017 Trust Board

Performance

2017.2/141 TRUST PERFORMANCE REPORT

The FD presented the Trust performance against all key quality, finance, compliance and workforce targets at M3 2017/18 (June 2017).

2017.2/ 141.1 OPERATIONAL PERFORMANCE

The COO provided an update, with particular focus to:

RTT performance - The Trust is on trajectory to deliver the overall 90% operational plan target by October 2017.

Cancer and Diagnostics –

- 2 week wait – 93.9%
- 31 day – 99.6%
- 62 day – 85.6%
- The Diagnostic wait times have been achieved for June; it's projected to continue to achieve. Congratulations to the team for this achievement.

Urgent Care Update (A&E Trajectory) – The Trust is consistently in the bottom 20 nationally on the delivery of the 4 hour target. A trajectory of 87% was set at the beginning of the year however SaTH is below that target. June's actual performance was 79.5% against a target of 82.2%

The COO reported that the 4-hour patient safety standard is split into patients not admitted and those who are admitted. RSH has more admitted patients and PRH has more non-admitted patients. Patients with head injuries are required to be monitored for longer than the 4-hour standard and unfortunately the PRH does not have a Clinical Decisions Unit (CDU) which monitors patients for 4-12 hours – this is a key development for PRH.

The COO reported that SaTH's Operational Plan was presented to the CCGs; Shropshire CCG absolutely understands that SaTH needs to close Wards due to lack of resources/staffing.

Delivery of Improvement - Trust progress with system priorities:

Front door streaming:

- Improve streaming process:
 - Kaizen event Emergency Department PRH 3rd – 7th July 2017;
 - Maximise potential of streaming at RSH. New process now live.
- Develop CDU at PRH:
 - Potential patient cohort identified;
 - Scoping exercise regarding locating of CDU completed, dependant on decision of UCC provision;
 - Sustainable service team supporting development.
- Establish UCC on PRH site:
 - Transitional funding from T&W CCG for 18 months agreed;
 - Project group in place;
 - Interim solution needed as £1m Capital scheme cannot be delivered by October 2017.
- Maximise CDU potential at RSH:
 - Standard Operating Procedure to be agreed including decision to ring-fence beds.

Realignment of staff – evenings:

- Agreement reached for two Locum Consultants to work more evenings, however one has now resigned. This action closed but scheme to replace this being scoped. Nursing workforce being reviewed.

..... Chair
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Internal acute flow:

- Bed realignment has been agreed between the Care Groups;
- Release of up to 70 beds being finalised;
- Weekend working practices currently under review, including criteria-led discharges;
- SAFER care bundle being rolled out;
- Patient flow 'trackers' in place on both sites;
- Dedicated Director role from 24/7/17.

The COO reported that during her employment at SaTH, she has not seen such ambitious plans for the delivery of care.

The CEO informed the members that the teams are being fully supported in the delivery of the plans; the Executive team meet twice a week and external support is being introduced to manage this.

Mrs Mingay (D.NED) reported that this work reflects on what she has seen on the Quality & Safety Committee visits as each of the areas they have visited have raised some of the above mentioned issues.

Dr Lee (NED) highlighted that criterion-led discharge is common in most hospitals but not at SaTH; he suggested SaTH's excellent nursing staff be empowered to undertake this.

Mr Newman (NED) reported that criterion-led discharge was discussed at Q&S Committee and highlighted that a discharge team is not included at weekends. He enquired whether it is costing the organisation more to hold these patients over the weekend. It was reported that conversations are on-going in relation to a weekend discharge team but SaTH currently does not have the resources to staff it.

The DNMQ highlighted the ring-fencing of surgical beds and suggested the Board be clear of SaTH's risk appetite as levels of additional patients on wards are currently high. The FD felt there will be a level of anxiety as the situation is now very real. He urged the Board to be brave and follow the plans through in the transformation of SaTH.

Dr Lee (NED) highlighted the ring-fencing of surgical beds and patient 'boarding' and felt it is not acceptable in an environment which is already stretched.

Mr Cronin (NED) highlighted that the Hospital Standardised Mortality Ratio (HSMR) shows two spikes above the HES peer group. The MD reported that the spikes are being re-examined; the most likely cause relates to deaths due to pneumonia as the spikes have appeared during the winter months.

The members were informed that HSMR is produced by Dr Foster; however the Trust subscribes to CHKS. There is therefore a delay in SaTH receiving the information. The MD reported that he has investigated the data for previous years and it generally relates to the older generation; predominantly at RSH rather than PRH.

2017.2/141.2

WORKFORCE

Sickness / Absence – The WD reported an increase in the sickness absence score as 4.33% for June 2017. The pattern is not unusual but the WD would expect to see the level below 4% during the summer months. The WD also reported that a great deal of support is being provided to staff sickness due to mental health issues.

Appraisal / Training – The WD reported a slight increase in the completion of staff appraisals for May 2017 at 89.64%, and a slight increase in Statutory training compliance at 74.86%. It was highlighted that the Quality and Safety Department SSU compliance sits at 50.88%; the DNMQ agreed to investigate this.

Action: DNMQ

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Recruitment/Retention – Staff turn-over during June saw a recruitment rate of 9.99% and a retention rate of 92.15%. The WD reported that a survey will be circulated to staff that have left Trust employment in a bid to understand their reason for leaving.

2017.2/141.3 QUALITY & SAFETY

VTE Performance – The Trust continues to report over 95% of patients admitted to the Trust who receive a VTE risk assessment (95.5% achieved during May 2017). This is monitored at Care Group level at Governance Boards and through the Confirm and Challenge meetings.

Clostridium Difficile Incidence – One C diff case was reported during June, and during Quarter One, 8 cases have been seen which is higher than the maximum for the quarter (set as an internal target of 6), although the incidence rate is reducing month by month. Every case is fully investigated and the CCGs consider the findings of each as to whether they feel it is attributable to our care. Antibiotic guardianship continues to be promoted throughout the Trust.

Avoidable Pressure Ulcers – Three Grade 2 and one Grade 3 avoidable pressure ulcers were reported during Quarter One – all have been investigated and actions plans developed and monitored.

Hand Hygiene - Audits have been carried out during May as per Trust Policy; overall compliance with standards for the Trust is 97%.

MRSA Screening (non-elective) - The Trust achieved the MRSA (non-elective) screening target during May with 95.6% against the performance indicator over 95%.

Patient Falls - The Trust reporting is below the national benchmark and generally has a reducing trend. During May, there were two falls which resulted in a patient sustaining a fracture; this was not reported as a serious incident following initial review.

Serious Incidents – The Trust reported 6 SIs during June. The DNMQ felt there is still a way to go in regard to educating staff as she feels 6 is light for an organisation of this size.

Safeguarding Level Two Training – The Trust is currently not compliant; a recovery plan is in place to improve the position by the end of Q2. Further detail will be reported to Q&S Committee.

Mixed Sex Accommodation (MSA) Breaches - The Trust is not compliant with MSA requirements due to the number of patients that wait for more than 12 hours (local target) to be transferred from our Critical Care Units. Actions are taken to address any breaches and the issue of non-compliance is on the risk register. To date there have not been any complaints or contacts with the Patient Advice and Liaison Service (PALS) and the service continues to monitor this closely. This will be reported through the Quality & Safety Committee.

Nursing, Midwifery and Care Staff data - The monthly Nursing, Midwifery and Care Staff data was presented. The staffing average fill rates are as follows:

- Average fill rate for day Registered Nurse /Midwife is 95.5%;
- Average fill rate for day Care Staff is 102.7%;
- Average fill rate for night is Registered Nurse /Midwife 96.6%;
- Average fill rate for night Care Staff is 109/6%.

Whilst the data reveals an under-fill in Registered Nurse fill rate for both day and night there is an over-fill in the Care staff for both shifts. This is predominantly due to the replacement of Registered Nurse hours with Care staff hours.

Agency costs in May - 31.0% of the Unscheduled Care Groups spend on Bands 5 and 6 Nursing was through agency; and 18.1% of the Care Groups employed WTE (inclusive of those on A/L etc) were agency staff. Within

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Scheduled Care this was 14.6%.

Ward Manager hours have been accounted for per ward area with a large variance in the number of hours worked managerially and clinically between ward areas within both Unscheduled and Scheduled Care Groups.

Quality metrics such as Falls, Pressure Ulcers and the Friends and Family test data is inputted monthly into the quality dashboard and is presented per Care Group, however there is no discussion of the correlation between this data and the staffing data. This will need to be completed, although access at Care Group level is under-developed in order to be able to undertake this task in a timely manner.

The DNMQ highlighted that it is her intention to report the nurse staffing data report through the Quality & Safety Committee and exception report to Trust Board. The Board members AGREED this approach.

2017.2/141.4 FINANCE

The FD reported on the Trust's current financial position, as per Sustainability Committee summary at minute 2017.2/138

Mr Newman highlighted that he has previously requested the data be broken down into action, variance and month-to-date. The FD agreed to provide that level of information.

Action: FD

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

QUALITY – SAFEST & KINDEST (OUR VISION)

2017.2/142 SUMMARY OF QUALITY & SAFETY COMMITTEE MEETING HELD 19 JULY 2017

Dr Lee (NED), Chair of the Quality & Safety Committee, presented the following key summary points from the meeting held on 19 July 2017:

- The Quality & Safety Committee visited the Surgical Day Case Centre. Some of the beds, currently used as short stay surgical beds are being returned to Day Case Surgery within the planned re-organisation. Staff expressed concerns that the space may be used to house medical patients during times of escalation. This is problematic as there are concerns about the skill mix of available staff including agencies to manage patients remotely from mainstream clinical areas.
- On the day of the meeting, the Trust was under considerable pressures. The Committee heard that criterion based discharge might help considerably in improving patient flow. It was agreed this requires urgent attention.
- The Committee have ongoing concerns about the depth of the Serious Incident (SI) and credible root cause analysis (RCA) processes. The Chair highlighted that this is a Q&S subject and requested a way forward for RCAs.

Action: DNMQ to provide update to September 2017 Trust Board

2017.2/143 PATIENT EXPERIENCE STRATEGY

The DNMQ presented SaTH's Patient Experience Strategy.

Involving our staff, patients, their relatives, carers and the local community to improve patient experience is a key performance indicator to our success as an NHS Trust. Every time the Trust receives patient experience feedback, it is presented with an opportunity to do something different and change a service for the better or celebrate when we get it right.

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This Strategy defines how SATH will gather, measure and improve patient experience. It will inform the Board how we will feedback this information into our organisation; involve it and patients, families and the public in shaping and improving our services for the future. Our SATH vision is to provide the safest kindest care in the NHS.

The Strategy was developed with input of internal and external stakeholders, including our patient representative group.

Following discussion, the Board APPROVED the Patient Experience Strategy.

HEALTHIEST HALF MILLION (OUR MISSION)

2017.2/144 COMMUNITY ENGAGEMENT APPROACH (*Presentation attached to Minutes*)

Following discussions at the June 2017 Trust Board, the DCG provided a presentation regarding "involving our communities to develop healthcare without walls to become the healthiest half million on the planet".

Some of our Stakeholders include MPs/Councils (Local and Parish), Regulators/Scrutineers, Professional Bodies (General Medical Council and Local Medical Committee), Patient Groups (Healthwatch, Patient Participation Groups), Media (Print and Radio), Primary Care organisations (GP practices, Walk-in Centres), Education sector, other NHS organisations and the Voluntary sector.

Prior to the DCG becoming responsible for Community Engagement, the Trust had just 36 volunteers. This has now increased to 800 volunteers; the largest number of volunteers outside of Kings College in London.

The members were informed that SaTH has been mentioned twice in the Health Education England Volunteering Strategy 2017.

A number of charity events have been held at SaTH throughout the month; these include the Charity Fun Day which raised over £18k towards the Dementia 'Butterfly Effect' fund. A Tea Party was also held at both PRH and RSH sites as a thank you to all the volunteers for the hard work they undertake throughout the year.

A Community Engagement workshop was held in June and a second Workshop will be held during September. Stakeholders are looking to develop an FT Members Forum, SaTH Community & Volunteering Forum and Citizens Participation Scheme for induction/training.

Co-production and co-design has not previously been consistently applied at SaTH; however it is planned to train and develop staff and citizens so that everyone understands what coproduction is and how to make it happen. The members agreed that this will be quite a cultural shift

Mr Cronin (NED) enquired if SaTH is taking the opportunity to report out to the clinical community in a way of galvanising / driving the enthusiasm. SaTH has started to reach out to its community and this will be the approach, moving forward. The best way of achieving this is using clinicians who have been involved in, and seen the benefits of, co-production and the DCG used the recent move of the Ophthalmology Service into the Copthorne Building at RSH as an example of a wide range of external engagement;. It was also noted that meetings are being held with Stakeholders in relation to the Emergency Department continuity plans.

The Board were informed that the Trust has recently appointed a Community Engagement Facilitator who will commence on 14 August and will be involved in business planning processes from September.

The CEO suggested there is a lot of ambition coming through and requested an update be provided on a quarterly basis to provide evidence.

Action: DCG Due: 30 November 2017 Trust Board

..... Chair
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TRANSFORMATION – INNOVATIVE & INSPIRATIONAL (LEADERSHIP)

System-wide Transformation

2017.2/145

STP UPDATE

The Chair welcomed the Sustainable Transformation Plan Programme Director, Mr Phil Evans, to the meeting who provided a brief update report;

1. Development of the system 'one plan' for all programmes within the STP including:
 - Telford, Shropshire and Powys Neighbourhoods –
 - o Unscheduled Care
 - o Planned Care
 - o Community Resilience and Prevention
 - o Neighbourhood Teams
 - o Primary Care Development and GP Five Year Forward View
 - o Population Health Management
 - o Secondary Care Admission Avoidance
 - MSK
 - Community services
 - Frailty (System)
 - Future Fit
 - Infrastructure
2. Shortlisted substantive programme managers X2 (interviews 2nd August)
3. Developed system level 'Frailty' programme with STP support
 - Four week rapid evaluation piece of work designed to reduce significantly the unit cost of frail elderly management across Shropshire, Telford & Wrekin
 - Reported weekly via Chief Operating Officer group meeting and A&E delivery board
4. Set up system wide repository for files, folders and version control
 - Office 365 to ensure standardisation and ease of use
5. Set up system wide programme management platform and reduce the need for excel etc
 - Smartsheet
6. STP PMO timeline amalgamating key programmes and decisions

The members were informed of the STP rating;

- 1 – outstanding
- 2 – advanced
- 3 – making progress (**current rating**)
- 4 – needs attention

Whilst STP ratings 1 and 2 can apply for and achieve funding, unfortunately ratings 3 and 4 can't. The STP Board is working closely with the Future Fit team and will work towards achieving a rating of 2 in the next six months.

The Chair highlighted that 'pace' is high on the Board's priorities as the fragility of services is increasing. Mr Evans reported that he is involved in a weekly group with Chief Officers. The members agreed that the key is to ensure people are aware of the situation and hold the right conversation in the right place.

The Board RECEIVED and NOTED the update.

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Transformation at SaTH

2017.2/146

FUTURE FIT UPDATE

The members welcomed the Future Fit Programme Director to the meeting who reported that work progresses on the Independent Review and is near completion. The supplementary IIA clinical workshops, on line survey for users and focus group work is complete. Both reports will be presented to the Programme Board which is to take place on 31 July 2017; Mr Newman (NED) enquired if the papers were available; the Future Fit Programme Director reported that they were currently private and confidential but will be in the public domain by 3 August 2017.

The Joint Committee arrangements are now finalised for 10th August 2017. Independent members of the Joint Committee have been appointed with the support of NHSE. These were received for endorsement by CCG Boards in their June Governing Body meetings.

The programme timeline has been reviewed based around the availability of the Independent Review report, timing of the decision making meetings and the knowledge of the NHSE Assurance process requirements.

A RAG rated dashboard of the status of delivery of the key components of the Future fit Programme Plan was presented, as well as the Future Fit Timeline.

The Future Fit Programme Director was asked if she could foresee any stumbling blocks for Public Consultation which is due to commence in September; she reported that the Programme Board are required to make a recommendation to the NHSE Assurance Panel; assurance to be given prior to approval to proceed.

The Chair discussed the inter-relationship between the hospital and the level of demand (community piece); he also highlighted the system's collective ability to flex.

The Future Fit Programme Director assured the Board that a vast amount of impact assessments have been undertaken to align the two pieces; it's an ongoing/evolving process. The members were assured that the Future Fit Programme Board is working closely with the STP.

The FD informed the members that he is aware of the significant amount of work that has been undertaken; he reported that the numbers are at a very high level, not a detailed level, although they do appear as in the Outline Business Case.

The CEO felt the process doesn't balance the risks associated with the risk of not proceeding; the FF Programme Director reported that the opportunity would be available to discuss the risk register at the Programme Board on 31 July 2017.

Mr Cronin (NED) enquired if a whole system risk register is required; the CEO confirmed that there is one.

Mr Newman (NED) discussed the availability of funding; there are five organisations nationally that qualify for Capital funding and SaTH is one of them. The CEO reported that the Treasury release date is November; clarity is required by then or it will run the risk of a 6-month delay. There is a level of understanding around the urgency of this process.

Dr Lee (NED) suggested the NEDs require a level of assurance that the Execs have robust contingency plans in place if the process is delayed as there are a number of fragile services. The Chair agreed this approach.

The Future Fit Programme Director assured the Board that all processes are in place to move to public consultation.

Following discussion, the Chair thanked the Future Fit Programme Director and the STP Programme Director for providing a clear understanding. The members RECEIVED and NOTED the Future Fit update.

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2017.2/147 SUSTAINABLE SERVICES PROGRAMME UPDATE (*Presentation attached to Minutes*)

The members welcomed Mr Mark Cheetham to the meeting who provided a Sustainable Services Programme update in relation to:

Future Fit:

- Further work on the Integrated Impact Assessment– impact of the proposed changes on Women and Children – complete
- External review commissioned by the CCGs on the Future Fit process (including the appraisal process) – completed by KPMG
- Joint Committee of the CCGs (6 members each) with 3 external members to meet and review additional information – August 2017
- Public Consultation during 2017 – aiming for September/October for 12 weeks

For the Trust (in addition to supporting the above):

- Considering deliverability options in terms of phasing and implementation
- Working on the non-site specific elements of the programme to progress to FBC
- Progressing the workforce transformation 5 year plan – how we get from A to B in terms of workforce
- Working through the detail with clinical teams on how they will operationalise the clinical model (e.g. Multidisciplinary Unscheduled Care workshop on 18 July)
- Sustainable Services Programme update

Sustainable Services Programme – Improving patient experience and flow:

Current – RSH & PRH - Uncoordinated flow of patients

Future – Emergency Site & Planned Site – Coordinated and cohorted flow of patients

A reminder of what this means for patients:

A single purpose built Emergency Centre:

- Better clinical outcomes with reduced morbidity and mortality
- Bringing specialists together treating a higher volume of critical cases to improve and maintain standards and grow skills
- Ensure greater degree of consultant delivered decision making and care
- Improved clinical adjacencies and improved access to multi-disciplinary teams – the right team at the right time
- Delivery of care in appropriate environments for specialist care
- Improved recruitment and retention of specialists

Within the balanced site proposal, patients would benefit from:

- Being cared for in their nearest hospital as much as possible for their acute service needs – Urgent Care, Outpatients, Diagnostics and some inpatient specialties
- Receiving planned care within a defined service separate from emergency care
- Improved pathways between primary and secondary care providers delivering a seamless patient pathway
- Timely access to care through the achievement of national standards
- Improved access to an enhanced range of services within the county i.e. Cardiology

Involvement and engagement (26 July 2017) Since Trust Board approval of the SOC, and in addition to Future Fit meetings, there has been:

- 22 separate Task and Finish Groups with clinicians, staff and operational teams
- 27 technical team meetings
- 135 small group/ individual meetings that have included the project team
- 17 updates and presentations to external groups and stakeholders
- 77 roadshows with 365 people 'checking in'
- 10 overarching Clinical Working Groups
- 6 Critical Friends Groups

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- 5 Detailed planning workshops
- 3 departmental updates
- 11 Gossip Groups
- 45 people visited the SSP stand at the fun day in 2016
- 144 of the Trusts 256 consultants have been involved in developing the detail (57%)
- 2 Channel3 Workshops to discuss IT and telehealth
- All clinical and non-clinical areas at PRH and RSH have been visited with details of the options, the key dates and information of how to get involved/get in touch
- Considerable engagement with all staff groups including operational managers, medical and nursing staff, HCAs, administrative staff, housekeepers, radiographers, blood scientists, midwives

Mr Cheetham reported that the Northumbria model is similar in terms of demographics; however SaTH's catchment area (including Powys) is larger than theirs. It was reported that Northumbria has three sites and they are a more integrated organisation as they are the main provider of adult care. Mr Cheetham suggested without re-configuration, SaTH will lose some of its services.

The Chair thanked Mr Cheetham for providing the clear presentation. Dr Weiner (NED) highlighted the 35% reduction in mortality and queried the predictions for SaTH. Mr Cheetham reported that it is a little more complex, however since Surgery was moved onto one site as SaTH, there has been an 18% reduction in mortality.

The members discussed patients concerns in relation to travel times; it was agreed that this is a component but under the proposed model there will be greater consultant presence, imaging, theatres, time of access to senior decision makers, etc.

The DNMQ reported on the closure of 200 beds in Northumbria and enquired how they are dealing with this from a workforce perspective. It was reported that a number of their Wards are run by Advanced Nurse Practitioners. It was also reported that Northumbria has had a very stable Board. Although SaTH's Board has been unstable for a number of years; Mr Cheetham felt it now appears very stable.

The FD suggested the workforce plan, which has been undertaken during the past month, will address the deficiencies that have been discussed throughout Board sessions relating to fragile services. He suggested it may be useful for the Board to be sighted on the workforce plan at a future Board.

Mrs Mingay (NED) felt frustrated as the work has been undertaken, but is halted due to the consultation process.

Following discussion, the Chair thanked Mr Cheetham for attending to provide the concise presentation and suggested the Trust will work through the process as best we can.

2017.2/148

TRANSFORMING CARE INSTITUTE (TCI) UPDATE

The members were informed of the following achievements since the report to Trust Board during June:

Education & Training (GTM Executive Lead: Victoria Maher)

- Marie-Claire Wigley has successfully achieved her Advanced Lean Training in Seattle, and will shortly commence her accreditation for the Team Lead and Workshop Lead roles. All four KPO Specialists from the KPO Team, Cathy Smith, Nick Holding, Louise Brennan and Richard Stephens, have now gained their VMPS accreditation, giving us the capacity to independently run RPIW's and offer Lean 4 leaders training at SaTH.
- Cathy Smith, KPO Lead has led the final session of the first two 2016/17 cohorts of Lean for Leaders in April 2017, with 36 of the original 40 due to graduate. The 2017/18 cohorts are now well underway with 45 active participants.
- Cathy Smith is now able to lead the Advanced Lean Training (ALT) in September 2017 with the support of the VMI Sensei. ALT training will grow our capacity and capability within the Trust to run additional RPIWs and therefore accelerate the transformation plan and enhance the robustness of the TCPS infrastructure and sustainability plan.

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SaTH provided Transforming Care Production System Training opportunities:

- There are now over 1970 staff who have received 30 minutes education or more in the basics of Transforming Care Production System, and we are on course to meet our target of 2000 staff members educated to this level by the 1 October 2017.
- 460+ staff are using TCPS training to improve patient care or remove the burden of work on our staff. It should be noted that our original target of engaging 500 staff within 5 years will be met within just 2 years.
- The KPO team are supporting the trust-wide roll out of the TCPS 5S methodology to provide improved environmental organisation within clinical store rooms. Over 10 areas from across the Trust have currently undertaken 5S improvements. These improvements have been captured in target progress reports (TPR), and will be re-measured at 30, 60 and 90 days to ensure sustainability and embedding.

Engagement and Pace (GTM Executive Lead: Deirdre Fowler)

- We have seen successful elements of share and spread in all value streams. The vital role our leaders trained in lean methodology is now emerging strongly. The extensive roll out in the respiratory value stream, across the speciality wards have been sustained by the commitment of our staff.

Leadership (GTM Executive Lead: Victoria Maher)

- The Leadership Academy was formally launched on 28 June 2017. An element of the required learning for senior leaders within the organisation will be to undertake the Transforming Care Methodology 1-day introduction training, and also complete the Lean for Leaders programme. It is anticipated that all leaders within the organisation will have a job description requirement to complete the Lean for Leaders programme within 18 months of joining the Trust to support their fitness to work with in SaTH.
- The Transforming Care Institute is promoting partnership working with local industry; Mr Brian Newman, Mr Simon Wright and Mrs Cathy Smith are progressing shared learning with GKN Sankey.

Strategy and Policy (GTM Executive Lead: Neil Nisbet)

- The development of the leader agreements, the psychological agreements in the way we work is being used within the STP. Leadership agreements outline the required behaviours to promote the Trust Values, known as Values in Practice agreements, have been released.
- The Guiding Team continue to challenge traditional practices and to remove barriers to the accelerated improvement programme including taking brave decisions to halt some of the traditional leadership activities. As part of the alignment with our local healthcare system, the STP board members will be invited to attend a taster session of the Transforming Care Methodology.

Communication and Media (GTM Executive Lead: Julia Clarke)

- We take every opportunity to show how this work aligns with our vision to be the safest and kindest organisation. Recent communication and media activity includes a webinar, contributions to national transformational programme newsletter, sepsis video and case study for NHSI.

Outcomes - TCPS improvements are demonstrating associated benefits in the following areas:

- Reduction in temporary staffing usage
- Absorption of additional work
- Redistribution of excess stock
- Reduction in stock par levels
- Reduction in cost per case for patients being treated for sepsis
- Reduction in unnecessary hospital transport journeys
- Reduction in length of stay for respiratory patients
- Over 57,000 patient experiences (per annum) are safer and kinder.
- Patients involved in the Rapid process improvement weeks are helping to achieve significant improvements in patient experience.
- Non value adding time is released from poor processes back to direct care
- Recruitment time is reduced
- Set up time for rehabilitation is reduced and patients are better prepared

..... Chair
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- Board rounds are focus on the patients priorities of 'help me get better & help me get home'
- One letter template has now replaced the 17 previously used for ophthalmology clinic appointments

This month's celebrations:

- The engagement of our staff in the 5S roll-out.
- The successful application of the methodology in the Emergency Department at PRH.
- The launch of the latest value stream, focussing on Patient Safety.
- Engagement with the National Sharing and Learning Event in Leeds.

The CEO reported that the TCI continues to receive guests from around the country; the Chair of the Royal Wolverhampton NHS Trust recently visited.

Mr Newman (NED) reported that the Guiding Group had met the previous week and met Debra Dollard from VMI who has been involved in the process for a number of years. Of the five organisations associated with VMI, SaTH is the only one with a Non-Executive Director on the Guiding Group. It was reported that the Guiding Group meeting was highly focused with agreement reached that i) every member of staff within the organisation will be trained in 5S within the next year; ii) a training day will be set up for each of the five Trusts associated with VMI; iii) the concept of empowerment was discussed for the first time for those who find it difficult to feel empowered and iv) discussed inconsistencies in behaviours.

The MD informed the members that he attended a meeting the previous day with the MD of NHSI – looking to have a formal review of programme by the end of October. He reported that other Trusts have achieved Board support, alignment of operational objectives and staff engagement.

The Chair reported that he has been involved in Genba Walks and attended each of the RPIWs; Mr Deadman (NED) also informed the members that he had attended a Report Out which he found very effective. The remaining NEDs were encouraged to attend the Report Outs. **Action: NEDs**

The Trust Board RECEIVED the TCI Update and ACKNOWLEDGED:

- Over 57,000 patient journeys (pa) are safer and kinder thanks to our staff engaging with the Transforming Care Production System (TCPS) and the 4 value streams.
- 1970+ staff are now educated in the Transforming Care Production System which is nearly half of SaTH's workforce
- 460+ staff are using this approach in their work to remove waste from their processes and improve patient experience and release more time to care.
- The open invitation to attend the RPIW report outs, the Transforming Care (CEO) stand ups, and the offer for individual introduction to the work by the KPO Team.

The Guiding Team's recommendation to support a bid to increase KPO capacity to accelerate the delivery of 5S training.

WORKFORCE – VALUES INTO PRACTICE (OUR PEOPLE)

2017.2/149

SUMMARY TO WORKFORCE COMMITTEE MEETING HELD 17 JULY 2017

Mr Cronin (NED), Chair of the Workforce Committee, presented the following key summary points from the Workforce Committee meeting held on 16 July 2017:

Support Services

Continuing with a refreshed approach, the Committee spent time with the Support Services Care Group. Members of the Committee spent time with the management team discussing their workforce plan; within this the challenges facing the Care Group are clearly understood as well as recruitment difficulties the demography of the workforce presents a risk. The team talked through their approach to mitigate this risk, which includes new roles and different ways of working. The Care Group has already begun this transformation work which was pleasing to see, however the need for scale is evident. The Committee was pleased to see strong performance in terms of workforce, this included low absence and high appraisal rates.

..... Chair
28 September 2017

The Care Group shared their response to the staff survey; the approach is a sound one and has provided a clear focus for the team.

Lampard Review

The Committee received an update relating to the Lampard review; the Committee raised that it was not satisfied that the plan specifically answered the points of the review. The Committee asked that this was reviewed to provide assurance to the Committee. Whilst a number of areas were identified as being achieved, the Committee wanted a more robust response. The Committee recognised that two areas were identified as requiring further development: identification checks of temporary workers, volunteers and visitors required a standard approach. As well as three yearly DBS checks are also being reviewed. The Committee has asked to receive a virtual update within a week of Committee and the full plan to come back to October Workforce Committee.

Clinical Training

The Committee received a paper which captured the breadth of clinical training taking place within the organisation. At present training information is held in a variety of different locations and portfolios which can, at times lead to delays in reporting and also an organisation wide view. A range of options were presented to the Committee who have asked the Education Committee to explore the options. In addition the Committee has asked the Education Committee to extend its terms of reference to include reviewing the impact of training and learning to support a learning culture.

Mr Cronin reported the overlap in agenda items being presented through the Workforce Committee and the Quality & Safety Committee. Update reports relating to quality will be provided to Quality & Safety Committee.

Following discussion, the Trust Board RECEIVED and APPROVED the Workforce Committee summary and the Chair thanked Mr Cronin for the leadership of the Committee.

Safety

2017.2/150

NURSE REVALIDATION

The DNMQ presented a paper which reported from April 2016 the Nursing and Midwifery Council (NMC) changed the requirements that nurses and midwives must meet when they renew their registration every three years.

All registrants are required to meet a number of minimum standards during the three years preceding the date of their application for renewal. Individuals who fail to meet revalidation standards are not legally able work in the United Kingdom as a registered Nurse or Midwife.

The Trust has implemented internal systems and processes for monitoring, alerting, informing and supporting staff and managers through the revalidation process.

Since April 2016 – June 2017, 698 Nurses and Midwives employed by Shrewsbury and Telford Hospital were due to revalidate; 100% of these have revalidated successfully.

It was reported that a small number of staff have not revalidated due to retirement. It was queried if they chose not to revalidate due to the process being onerous; the DNMQ reported that it is not onerous to revalidate.

Mr Deadman (NED) queried the process for Agency staff. The DNMQ confirmed that Agency staff are vetted and a framework is in place regarding their registration; although ultimately it is the individual's responsibility.

Mr Newman (NED) queried the process for nurses from the EU. The DNMQ confirmed that they would be required to revalidate with the NMC in this country.

The Trust Board RECEIVED and NOTED the Statement of Compliance.

..... Chair
28 September 2017

2017.2/151 GUARDIAN OF SAFE WORKING

The MD presented a paper which reported that the new contract for Junior Doctors provides an opportunity for change for Trainees because, for the first time work schedules set out express contractual commitments for training, as well as service commitments.

The Exception Reporting process allows Trainees to give the Guardian notice of working unsafe hours. However, it remains a concern that despite known understaffing in the Trust and comments regarding Trainees working beyond their scheduled hours, from various informal discussions and forums, that Exception Reporting remains low in this Trust.

To date, the most useful information to the Guardian regarding safe working has been acquired through the Junior Doctor forums held throughout the Trust, regular meetings with Medical Staffing and by attending the Educational Leads meetings organised by the Director of Medical Education. Medical Staffing have raised concerns regarding unsafe staffing levels.

Of the reports provided to the Guardian through Exception Reporting there is no evidence that the current Foundation Year One trainees on the Contract have consistently felt unsafe or unsupported.

The Guardian predicts increased reporting throughout the Trust as all Trainees move to the new Contract in August 2017.

It was reported that Mr Cronin (NED) has raised with the WD if she feels there is an adequate level of exception reporting; the WD informed the members that the Guardian will provide a regular report which will be addressed through the Workforce Committee.

The Trust Board RECEIVED and NOTED the report from the Guardian of Safe Working, Dr Bridget Barrowclough.

ASSURANCE

2017.2/152 ANNUAL REPORTS

The MD presented the Research & Innovation Annual Report 2016/17 which reported that Research activity continues to flourish in the Trust with 2030 patients entered into National Research Ethics Committee approved studies. Additionally R&I provided practical support, advice and training to staff for 15 own account or further education research projects.

National High Level Objectives (HLOs) were met for recruitment, number of commercial studies opened and time to target recruitment for non-commercial studies. We continue to work towards HLOs related to overall time and recruitment target achieved and our priority for the coming year will be to increase our commercial activity, in particular in cancer studies.

Work will continue with partner organisations to increase the opportunities for our patients to enter clinical trials to improve patient outcomes and provide access to novel and innovative treatments.

The Chair raised SaTH's ability to innovate and requested this information be included in the next edition to Board.
Action: MD Due: July 2018

The Board RECEIVED and APPROVED the Research & Innovation Annual Report 2016/17.

2017.2/153 ANY OTHER BUSINESS

No further business raised.

..... Chair
28 September 2017

2017.2/154 LEARNING / REFLECTION OF THE MEETING

- Mr Newman (NED) highlighted that the tenure of the meeting felt like the organisation is 'on the edge of a diving board, ready to jump in and waiting for the start button to be pressed but as the Board is being held to account, it is unable to press the start button'.
- Dr Lee (NED) noted a number of positive actions throughout the meeting, including the improvement approaches in place which will make differences to our services, a degree of openness and candour, ample strategic leadership and meaningful discussions and timings on the agenda. In view of all of this, Dr Lee felt this acted as a vote of confidence in the Board.
- The Chair and WD felt the role of the sub-Committees is going well and assurances are coming through to Board.

2017.2/155 THE MEETING THEN CLOSED AND THE BOARD TOOK QUESTIONS FROM THE FLOOR

2017.2/156 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 29 June 2017, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 5.25pm

..... Chair
28 September 2017

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 27 JULY 2017

Item	Issue	Action Owner	Due Date
2017.2/32	<i>Patient Story – Dementia</i> To arrange Alzheimer's Society Dementia Friends Awareness sessions for all Board members to attend	DCG	Sept 2017
2017.2/134.3	<i>Draft Minutes of meeting held on 29 June 2017</i> To update minutes 2017.2/114.1 & 2017.2/116 as agreed	CS	August 2017 COMPLETED
2017.2/135	<i>Actions/Matters Arising from Previous Minutes</i> 2017.2/45 – Temporary Suspension of Neurology Outpatient Service for New Referrals To provide update to September 2017 Trust Board 2017.2/105 – Midwifery Led Unit Proposal To undertake a mid-term review (at three months) and provide update to Board	COO DNMQ	28 Sept 2017 AGENDA ITEM 28 Sept 2017 AGENDA ITEM
2017.2/136	<i>3-Month Forward Plan</i> <i>Winter Planning</i> - To provide update to September Trust Board <i>Maternity Services Review</i> – To remove from Forward Plan as Mr Deadman is content with detail received from Mr Ovington	COO CS	28 Sept 2017 AGENDA ITEM Sept 2017 COMPLETED
2017.2/138	<i>Summary of Sustainability Committee held July 2017</i> To discuss shaping agendas using all aspects of deep dive stool; CEO to provide update to September Board	Exec Team / CEO	28 Sept 2017 AGENDA ITEM
2017.2/139	<i>Endoscopy Business Case</i> To explore patient flow through the hospital / increase in capacity	Exec Team / CEO	Sept 2017
2017.2/140.1	<i>ED – Service Continuity Plan</i> To present Service Continuity Plan to September Board	COO	28 Sept 2017 AGENDA ITEM
2017.2/140.6	<i>Services under the Spotlight - Midwifery Led Unit</i> To investigate the data around the recent interest in applications / recruitment and report through Workforce Committee which provides assurance to the Board	WD	Sept 2017
2017.2/141.2	<i>Workforce Performance</i> <i>Appraisal / Training</i> – To investigate the Q&S Department SSU compliance which sits at 50.88%	DNMQ	Sept 2017
2017.141.4	<i>Finance Performance</i> To produce data broken down into action, variance and month-to-date	FD	Sept 2017
2017.2/142	<i>Summary of Q&S Committee Meeting held 19 July 2017</i> To provide update in relation to SI /RCA processes	DNMQ	28 Sept 2017 AGENDA ITEM

..... Chair
28 September 2017

2017.2/144	<i>Community Engagement Approach</i> To provide update on a quarterly basis	DCG	30 Nov 17 FORWARD PLAN
2017.2/148	<i>TCI Update</i> To attend future Report Outs	NEDs	On-going
2017.2/152	<i>Annual Reports – Research & Innovation</i> To add SaTH's ability to innovate to future edition of R&I Annual Report to Trust Board	MD	July 2018 FORWARD PLAN

DRAFT

Community Engagement

Julia Clarke, Director of Corporate Governance
Trust Board July 2017



A Statutory Duty and National Drivers

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. **The NHS also commits** to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

27th July 2015, NHS Constitution pp9, 10

- **NHS Constitution (2009)**
- **NHS Act 2006 – Section 242**
- **Equalities Act 2010**

SaTH's Strategic mission

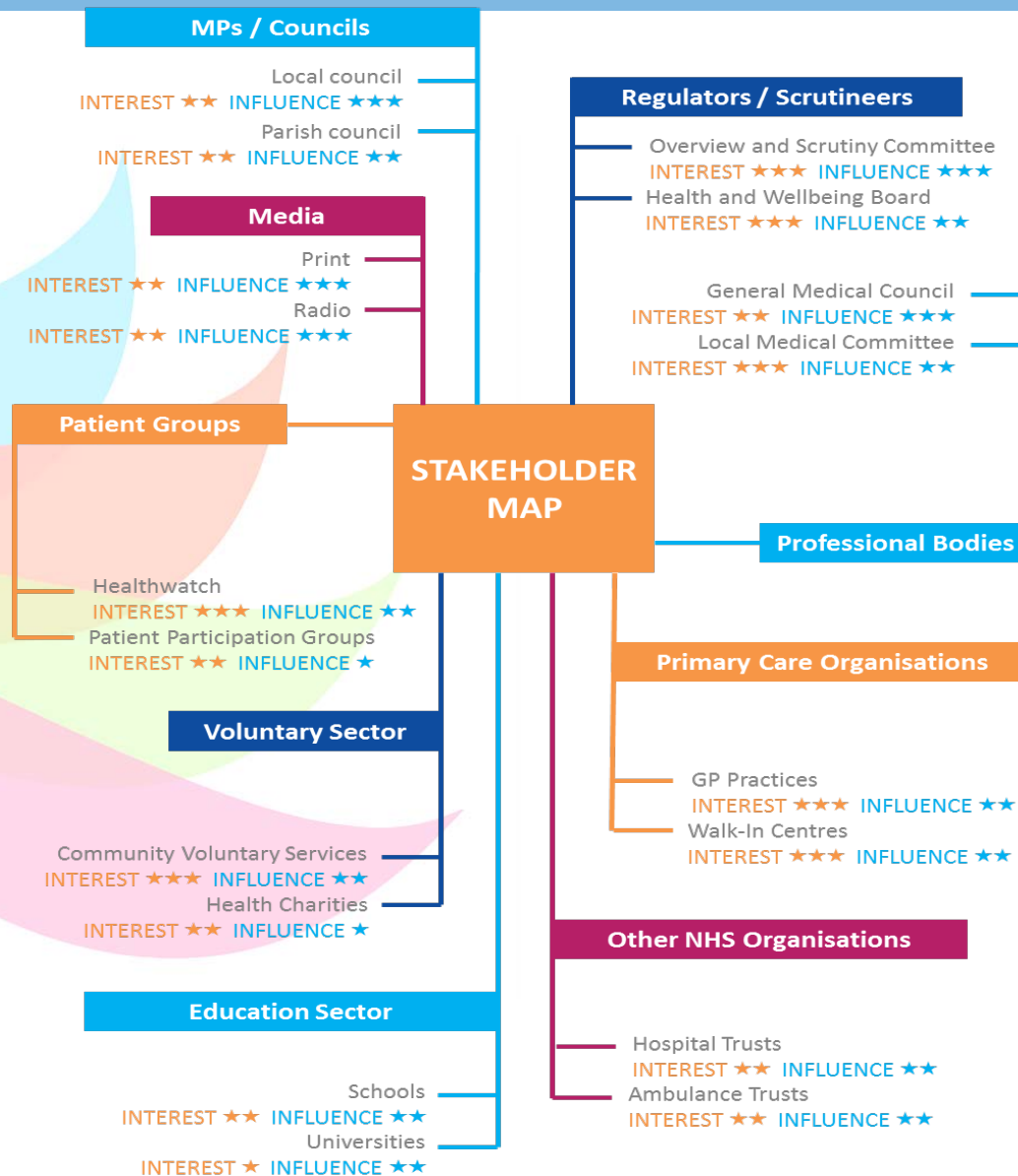
Mission: healthiest half million

Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health

Involving our communities to develop healthcare without walls to become the healthiest half million on the planet



Some of our stakeholders



INVOLVEMENT

Where are we on the ladder?

**Patient
Leadership**

**Patient
Voice/influence**

Passive Patient



Source: new economics foundation

Passive Patient

“Fall into line. We need you here!”



EDUCATING

COERCING

DOING TO

Informing

Over 10,000 public Foundation Trust Members

- A regular newsletter – Safest & Kindest
- Health Lectures
- Events and information about how to get involved
- Volunteers



Consulting

Duty is to ensure that service users are involved (whether by being consulted, provided with information or by other ways)

- Level of involvement depends on the nature and impact of the change being proposed.
- Cabinet Office guidance – 12 week consultation – has been replaced.
- Latest guidance – Consultation Principles - typically 2 – 12 weeks.



Engaging (1)



ENGAGING

CONSULTING

INFORMING

DOING FOR

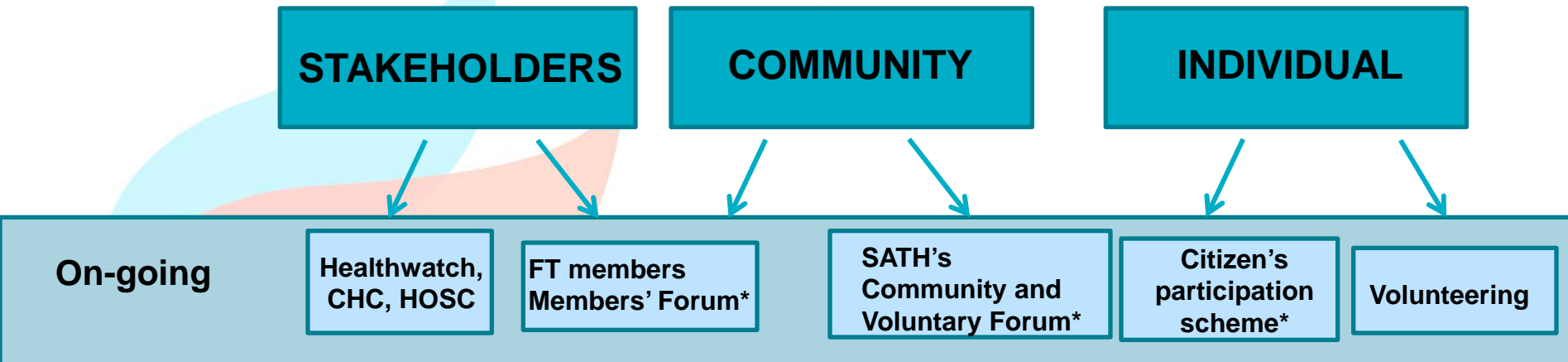


Engaging (2)

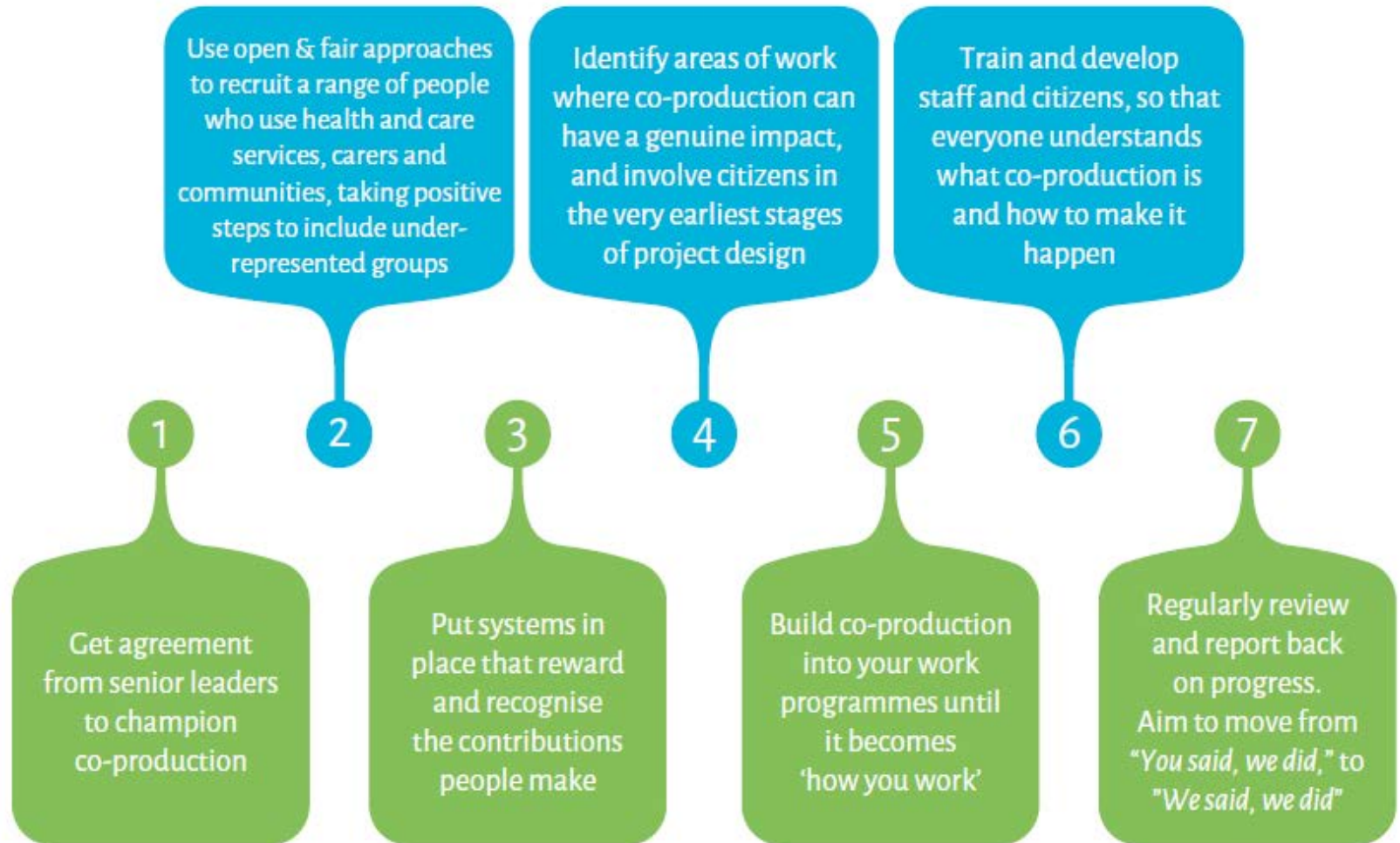


What we currently developing...

SaTH Public and Community Engagement



Co-production / Co-Design



CO-PRODUCING

CO-DESIGNING

DOING WITH

Designing healthcare services



User experience

Design

Co-Production / Co-Design



- Ophthalmology – Copthorne Building
- Transforming Care Institute – Value Streams
- Emergency Department – Transitional Services
- Lingen Davies – Chemotherapy Centre

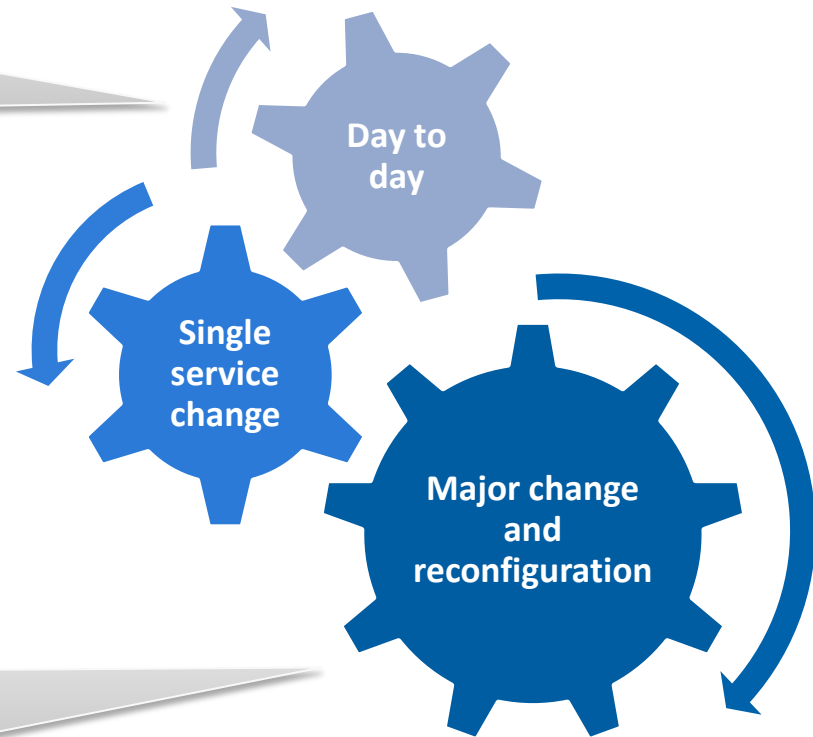
Co-Production / Co-Design in planning and change

Annual planning process –
working with Care Group and Corporate
teams to understand the current position
and shape the year ahead

Having been part of the annual
process – work with teams to
address single service challenges

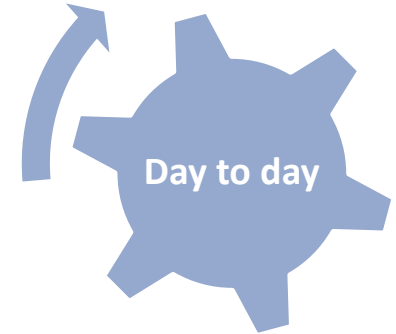
Two levels:

- 1) Building on work undertaken in the two streams above, work to develop significant change plans
- 2) Widespread public engagement and involvement



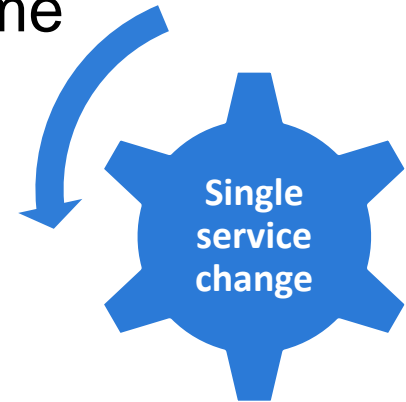
Annual planning process

- Involvement of Care Group aligned patients or patient reps
- Part of operational and business planning workshops – September to March
- Building relationships, understanding the challenges and being part of the team
- Reinforcing patient story's as part of the process
- Shaping the objectives that form the Trust's Operational Plan



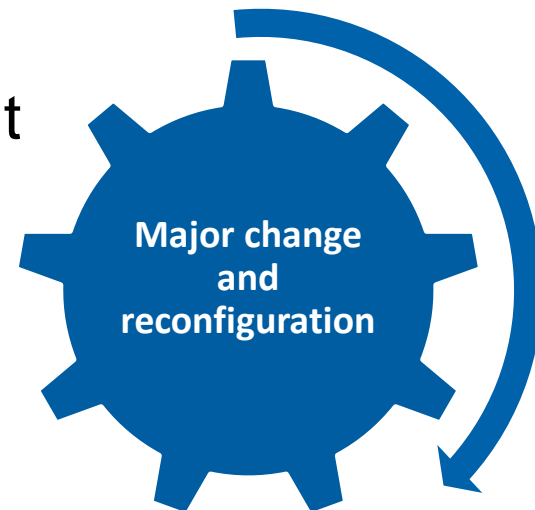
Single service change

- Building on the planning process – the same patients and patient reps form part of the specialty project team
- No surprise of a need to act – part of the process and part of the team
- Members of detailed Task and Finish Groups and being the team's 'critical friend'
- Reminding everyone involved of the patient's story
- Helping shape the communication messages and formats
- Include patient involvement requirements in business cases and committee cover sheet.
- Identify Patient Involvement Champions.



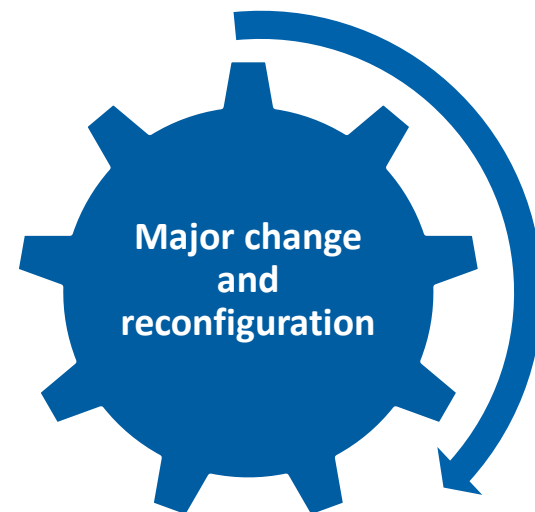
Major change and reconfiguration 1

- Building on the single service change processes – the same patients and patient reps form part of the programme team
- No surprise of a need to act – part of the process and part of the team
- Members of detailed Task and Finish Groups
- A specific ‘critical friend’ group
- Reminding everyone involved of the patient’s story
- Helping shape the communication messages and formats for the second stream of involvement...



Major change and reconfiguration 2

- Widespread engagement and involvement activities:
 - Presentations, discussions and 'meet the clinicians' at existing meetings and groups
 - Use of social media
 - Drop in sessions and opportunities to get involved
 - Written, spoken and visual information and time and space to feedback
 - Focus Groups
 - Look and feel discussions



Proud to **Cure**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Some Involvement Methods



Next Steps

1. Hold second Community Engagement Workshop in September.
2. Involve Community Engagement Facilitator in Business Planning processes from September.
3. Identify Involvement Champions in Care Groups.
4. Re-design processes to include Patient Involvement requirements.

Sustainable Services Programme Update

Trust Board Update

27 July 2017



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**



**Sustainable
Services Group**

Aims of this presentation

To share:

- A brief update on Sustainable Services Programme (SSP) and the wider Future Fit programme
- A very quick reminder of the key patient outcomes and improvements from implementing the new clinical model
- A comparison between our model and Northumbria
- Involvement and engagement activities to date

Sustainable Services Programme update

Future Fit:

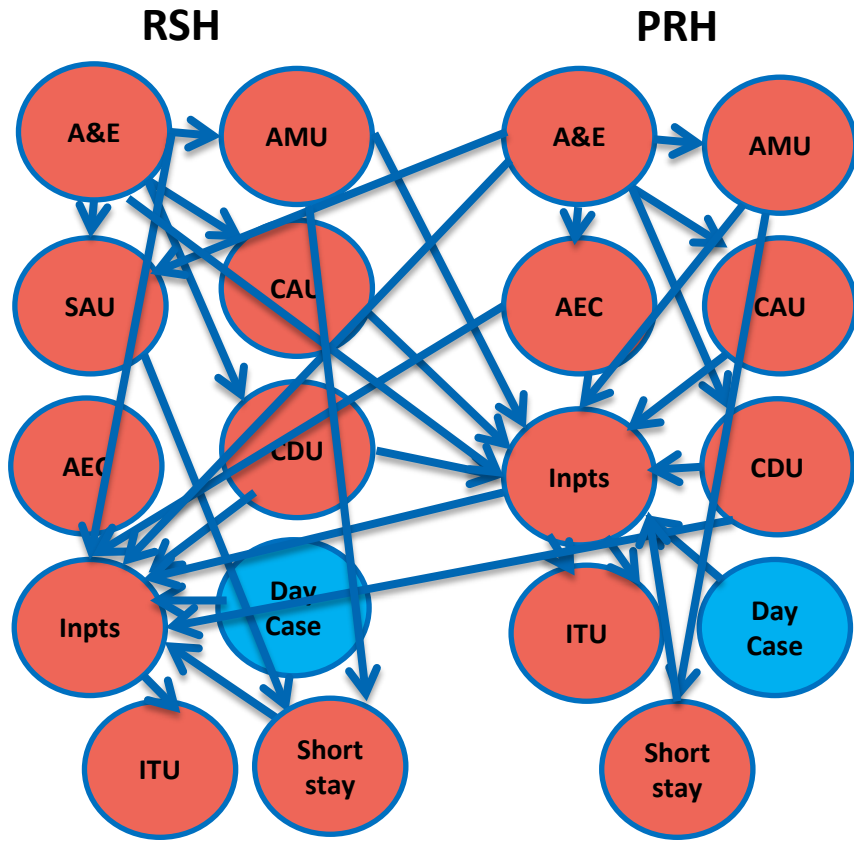
- Further work on the Integrated Impact Assessment– impact of the proposed changes on Women and Children – complete
- External review commissioned by the CCGs on the Future Fit process (including the appraisal process) – completed by KPMG
- Joint Committee of the CCGs (6 members each) with 3 external members to meet and review additional information – August 2017
- Public Consultation during 2017 – aiming for September/October for 12 weeks

For the Trust (in addition to supporting the above):

- Considering deliverability options in terms of phasing and implementation
- Working on the non-site specific elements of the programme to progress to FBC
- Progressing the workforce transformation 5 year plan – how we get from A to B in terms of workforce
- Working through the detail with clinical teams on how they will operationalise the clinical model (e.g. Multidisciplinary Unscheduled Care workshop on 18 July)

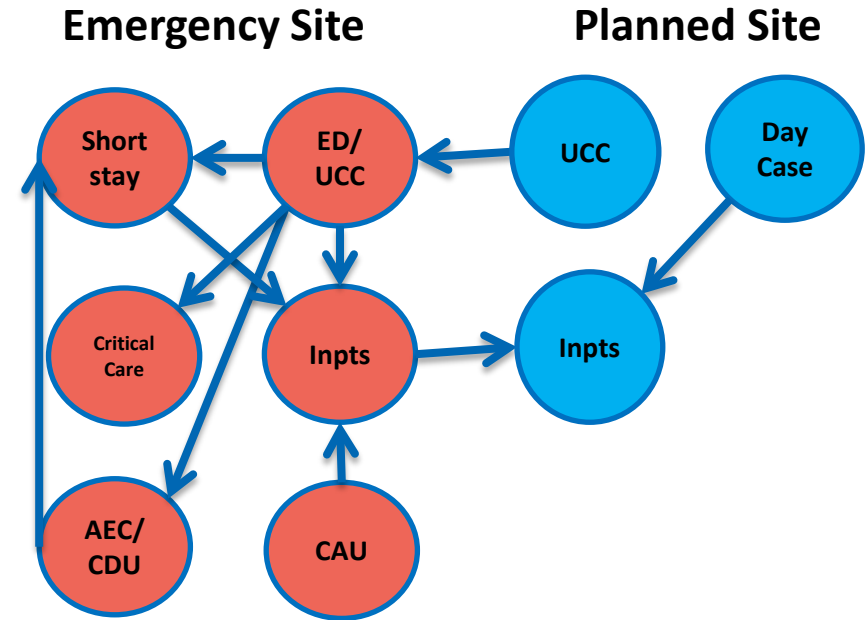
Sustainable Services Programme – improving patient experience and flow

Current



Uncoordinated flow of patients

Future



Coordinated & cohorted flow of patients

A reminder of what this means for patients

A single purpose built Emergency Centre:

- Better clinical outcomes with reduced morbidity and mortality
- Bringing specialists together treating a higher volume of critical cases to improve and maintain standards and grow skills
- Ensure greater degree of consultant delivered decision making and care
- Improved clinical adjacencies and improved access to multi-disciplinary teams – the right team at the right time
- Delivery of care in appropriate environments for specialist care
- Improved recruitment and retention of specialists

A reminder of what this means for patients

Within the balanced site proposal, patients would benefit from:

- Being cared for in their nearest hospital as much as possible for their acute service needs – Urgent Care, Outpatients, Diagnostics and some inpatient specialties
- Receiving planned care within a defined service separate from emergency care
- Improved pathways between primary and secondary care providers delivering a seamless patient pathway
- Timely access to care through the achievement of national standards
- Improved access to an enhanced range of services within the county i.e. Cardiology



Sustainable Services Programme

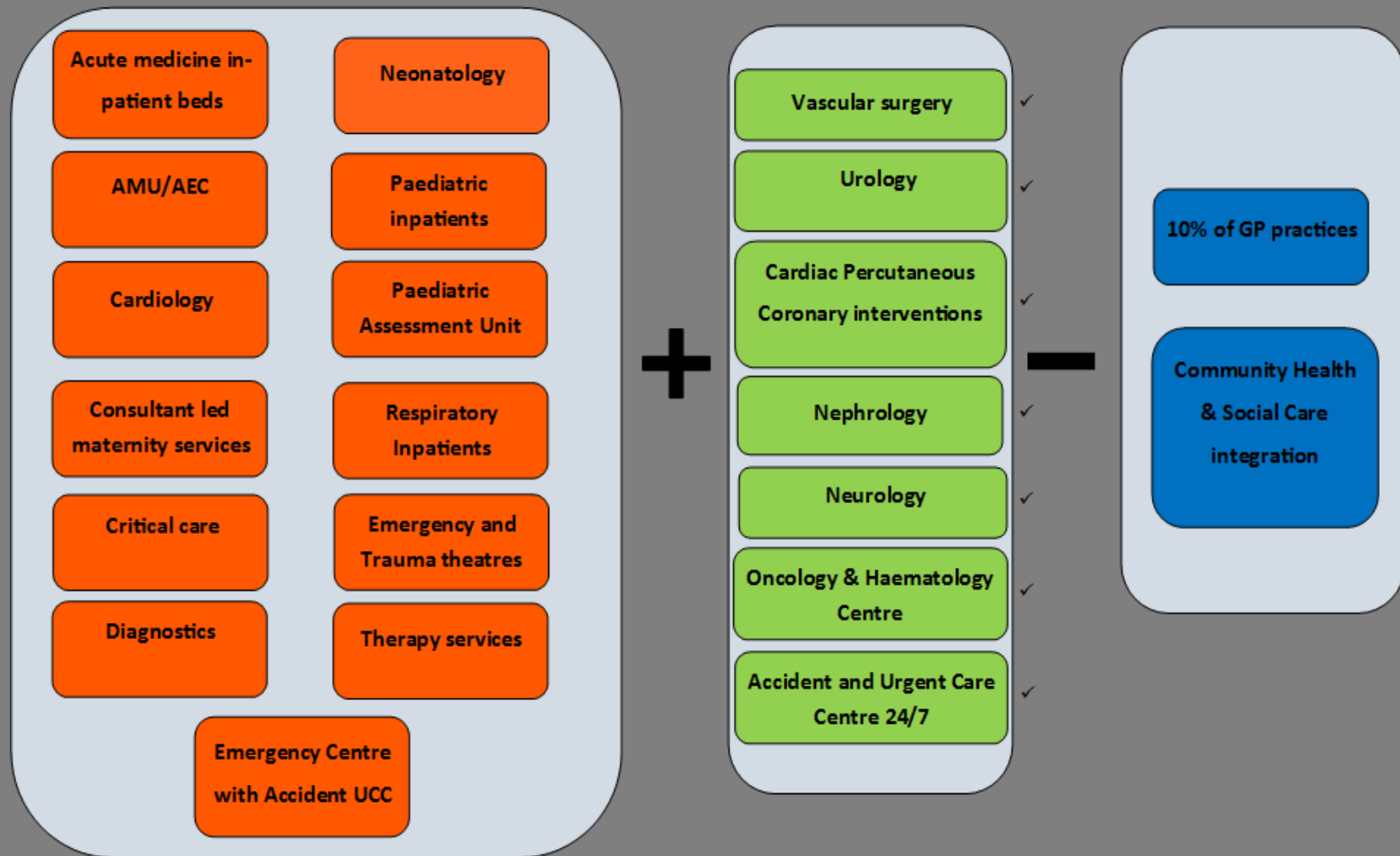


Comparison between SaTH & Northumbria Specialist Emergency Care Hospital's acute models of clinical care

Services provided by both SaTH & NSECH

Additional Services provided by SaTH

Additional Services provided by NSECH



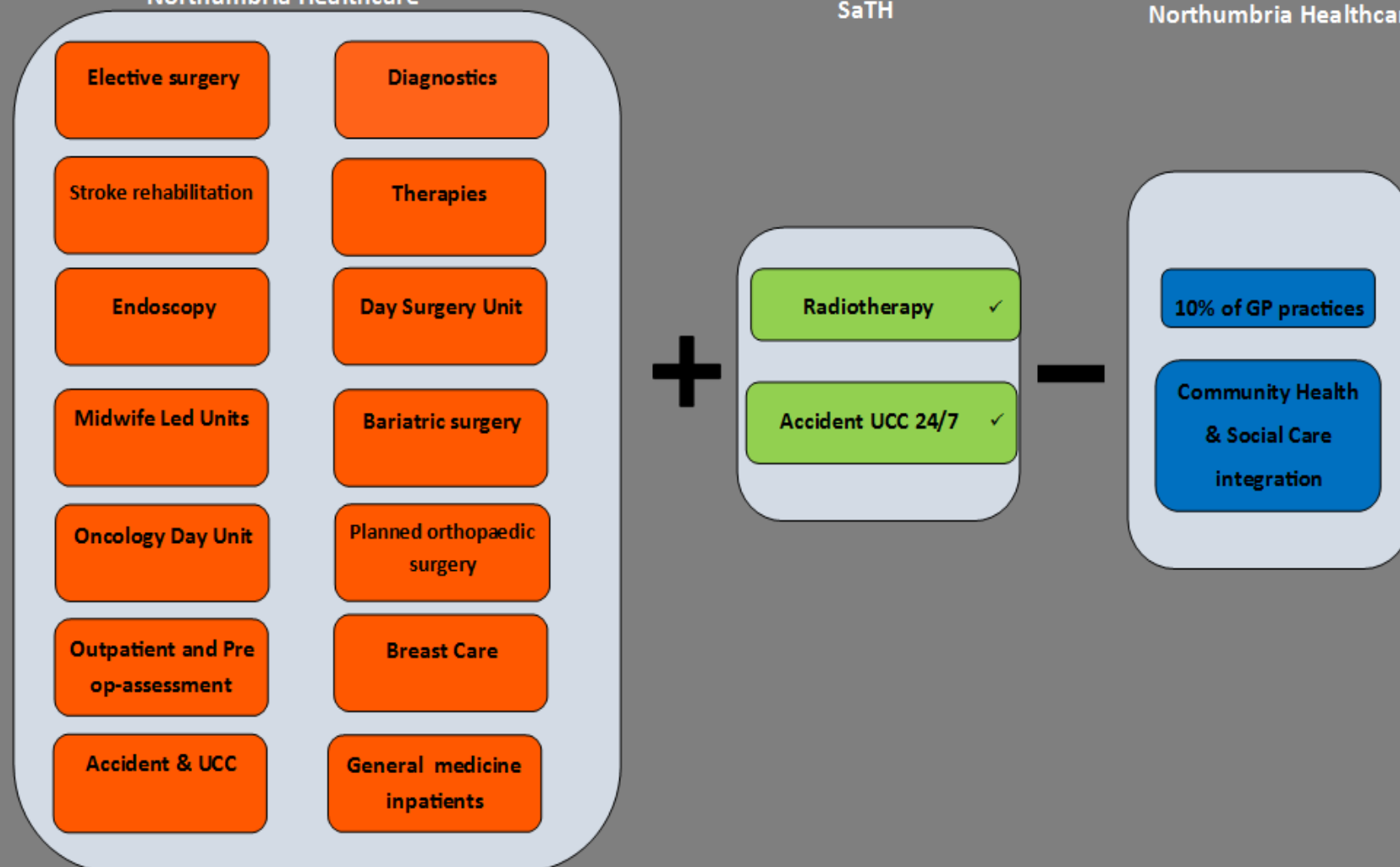
Sustainable Services Programme

Comparison between SaTH and Northumbria Healthcare Hospital's planned models of clinical care

Planned Care Services provided by both SaTH & Northumbria Healthcare

Additional Services provided by SaTH

Additional Services provided by Northumbria Healthcare



Involvement and engagement (26 July 2017)

Since Trust Board approval of the SOC, and in addition to Future Fit meetings, there has been:

- 22 separate Task and Finish Groups with clinicians, staff and operational teams
 - 27 technical team meetings
 - 135 small group/ individual meetings that have included the project team
 - **17 updates and presentations to external groups and stakeholders**
 - **77 roadshows with 365 people 'checking in'**
 - **10 overarching Clinical Working Groups**
 - 6 Critical Friends Groups
 - 5 Detailed planning workshops
 - 3 departmental updates
 - 11 Gossip Groups
 - 45 people visited the SSP stand at the fun day/ AGM
 - **144 of the Trusts 256 consultants have been involved in developing the detail (57%)**
 - 2 Channel3 Workshops to discuss IT and telehealth
-
- All clinical and non-clinical areas at PRH and RSH have been visited with details of the options, the key dates and information of how to get involved/get in touch
 - Considerable engagement with all staff groups including operational managers, medical and nursing staff, HCAs, administrative staff, house keepers, radiographers, blood scientists, midwives