

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held 12.30pm, Thursday 8 February 2018**  
**Seminar Rooms 1&2, Shropshire Conference Centre, RSH**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr B Reid Dr D Lee Mrs T Mingay Mr B Newman Dr C Weiner Mr S Wright Ms S Biffen Dr E Borman Mrs D Fowler Mr N Nisbet	Chair Non-Executive Director (NED) Designate Non-Executive Director (D.NED) Non-Executive Director (NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Interim Chief Operating Officer (I.COO) Medical Director (MD) Director of Nursing, Midwifery & Quality (DNMQ) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In Attendance</b>	Miss V Maher Mr M Cheetham (part) Mrs S Hooper (part) Ms A Hennessy	Workforce Director (WD) Scheduled Care Group Medical Director Medical Performance Manager for Medical Director CQC Inspector
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary (CS)
<b>Apologies:</b>	Mr C Deadman Mr P Cronin Mr H Darbhanga	Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED)

2018.2/01

**WELCOME & APOLOGIES:**

New Chair, Mr Ben Reid, welcomed all to the meeting of the Shrewsbury & Telford Hospital NHS Trust. He introduced himself, reporting that he joined SaTH from 5<sup>th</sup> February 2018.

The Chair informed the public that he is very clear about providing the opportunity for them to ask questions but this will be at the end of the meeting as interventions part way through the agenda could result in a disjointed meeting.

Apologies were noted for Non-Executive Directors Mr Deadman; Mr Cronin and Mr Darbhanga.

2018.2/02

**VIP AWARDS**

The WD reported that the Values in Practice (VIP) Award is provided every month to celebrate our staff and recognise the contribution that they give to the care of our patients and their families. Every Care Group and Corporate area nominates their winner every month and the Executive Directors choose an overall winner for the Trust. Once a year, the Trust holds an annual VIP event where we also have an overall winner of the categories.

The WD highlighted that the Board should celebrate that our staff are truly amazing and work incredibly hard every day, demonstrating the Trust Values, with behaviours and commitment shining through.

As their lead Director, the DCG introduced the Catering Team as the recipients of the December 2017 VIP Award, highlighting importance of the team to patient care, and throughout the organisation:

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“The Catering team have worked tirelessly in partnership with people living with dementia, the dementia service and the Butterfly scheme lead by Barbara Hodginson. The project sought to explore and deliver finger foods on wards 10 and 11 at Princess Royal Hospital with the aim for a whole Trust roll-out in 2018. The catering team have a clear vision of their role and show respect for each other, all patients and visitors. This project is a fantastic example of teams thinking wider and broader than usual in their roles, being person centred and demonstrating our Trust values”.

The Chair congratulated the team and presented them with voucher, certificate and award.

2018.2/03

## PATIENT STORY –

The DNMQ welcomed staff member, Wendy Cooper, to the meeting who attended to provide her own account of the care she received as an inpatient on the Surgical Assessment Unit and Day Surgery Unit at RSH during November 2017.

On admission to the Surgical Assessment Unit (SAU), Ms Cooper was given a trolley with only a sheet on it; after some time, she asked for a blanket as it was extremely cold. She was given pain relief at 1415 and did not receive any further pain relief until late evening. Ms Cooper also reported that she felt extremely vulnerable and distressed on sharing a trolley bay alone with an abusive male patient.

On being transferred to a bay on SAU, Ms Cooper highlighted that she was placed in a fifth bed in a 4-bed space bay without privacy screens, curtains, a bedside locker or a chair which also left her feeling vulnerable. Ms Cooper also highlighted infection control issues with used bedpans being left in the SAU patient toilets for lengths of time waiting for staff to take samples.

Following transfer to the Day Surgery Unit (DSU), Ms Cooper reported that she was left in a corridor whilst a space was located. Once a space was found, she was wheeled directly into a bed space which had not been cleaned. Used bedpans were also an issue within the patient toilets, as well as dirty toilet facilities. Ms Cooper reported that there were also issues with her discharge papers.

Whilst this is not a complaint, Ms Cooper wished to emphasise the demands being placed on the staff, and also to highlight that patient care should not be compromised at any length. She reported that she has been a member of staff with the Trust for 18 years and sadly, following her experience, she did not feel she could recommend SaTH as a Hospital Trust to friends and relatives.

The Chair thanked Ms Cooper for attending to provide her story and highlighted the fundamental importance of getting it right.

The DNMQ introduced Head of Nursing for Scheduled Care, Kath Preece, and the Matron and Ward Manager to the meeting to provide assurance from the learning taken from this particular story. Ms Preece reported that SAU is a 38 bedded unit with ambulatory care which unfortunately lacks privacy, although an extra level of care of a trained member of staff has now been introduced into the ambulatory area. Ms Preece reported that blankets and privacy screens are now routinely provided; hourly checks of toilets are undertaken and patients are encouraged to tell staff when they have provided a sample to ensure bedpans are disposed of in a timely manner. The DSU have also negotiated additional support from domestics to ensure bays are promptly cleaned.

Ms Preece highlighted that throughout her years of working in the NHS, she has not seen such pressure on the service and suggested further planning in times of escalation and the key issue was working towards removing the need for escalation into these areas.

The DNMQ reported that the organisation is working extremely hard to solve the underlying root cause of placing patients in areas that wouldn't normally be used, as well as strengthening the risk assessment process and the quality process to ensure patients have everything they need and that their privacy and dignity is maintained.

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The CEO apologised on behalf of the Trust for letting Ms Cooper down on her admission to the Trust and whilst staff strive to provide a great service, the experience she received is not the care we aspire to deliver. The CEO reminded the members of the impacts of winter and the scale of those affected.

**2018.2/04 BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Chair reported that his declarations had been added to the list.

The Board RECEIVED and NOTED the Declarations of Interest.

**2018.2/05 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 30 NOVEMBER 2017**

Dr Lee (NED) requested minute 2017.2/206 be updated to reflect his position as Chair of the Quality & Safety Committee rather than Chair of the Sustainability Committee.

**Action: CS**

The DNMQ requested minute 2017.2/205 relating to six-month safer staffing nurse review be updated to include that the 'vacancy rate continues to be a significant issue'.

**Action: CS**

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

**2018.2/06 ACTIONS / MATTERS ARISING**

**2017.2/191 – Draft Public Trust Board Minutes of 28 September 2017**

CS to update minute 2017.2/169.1 to reflect Neurology outpatient service closed to new referrals from 28 March 2017.

**Completed. Action closed.**

2017.2/192 - Community Engagement Approach

*DCG to provide update on a regular basis*

**Added to Forward Plan for future Trust Board meetings. Action closed.**

2017.2/192 – Temporary Suspension of Neurology Outpatient Service

*WD to provide update to February 2018 Trust Board following proposal to SLT and Workforce Committee relating to exit surveys/interviews*

The WD reported that discussions had previously been held relating to staff exit questionnaires being an 'opt out' rather than an 'opt in' as it currently is. Before Christmas the Senior Leadership Team reviewed the outcome of exit questionnaires over the last 12 months with a disappointing response rate of 23%. A number of key themes have been identified from staff who have left the Trust that are being built in to a Retention Strategy. This will be discussed during the February 2018 Workforce Committee and will be included in the summary to Trust Board on 29 March 2018.

**Action: WD to report to 29 March 2018 Trust Board through the Workforce Committee Summary**

2017.2/195.2 – Compliance with new General Data Protection Regulations (GDPR)

*FD to present short paper to February Trust Board*

**See minute 2018.2/11 Completed. Action closed.**

2017.2/199 – Winter Resilience 2017/18 – Financial Position

*FD to provide update to February 2018 Trust Board*

**See minute 2018.2/12 Completed. Action closed.**

2017.2/205 – Six-Month Safer Staffing Nurse Review

*DNMQ to provide update in six months*

**Added to Forward Plan for May 2018 Trust Board. Action closed.**

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2017.2/209 – Q2 Complaints & PALS Report inc. PHSO Report  
*DCG to liaise with Complaints Manager to update one of the charts from 'Complaints by subject' to 'Requests by subject'.*

**Completed. Action closed.**

2017.2/214.1 – Workforce Committee – 7 day services

*WD to invite Scheduled Care Group Medical Director to deliver a presentation to the February 2018 Trust Board*

**See minute 2018.2/26 Completed. Action closed.**

2017.2/217 – Workforce Review – Belong to Something (Organisational Development Plan)

*WD to present Organisational Development Plan to March 2018 Trust Board*

**Action: WD Due: 29 March 2018 Trust Board**

2017.2/218 – Medical Engagement Report

*MD/WD to provide progress report relating to Medical Engagement to a future Trust Board*

**Added to Forward Plan for July 2018 Trust Board. Action closed.**

**2018.2/07**

### **3-MONTH FORWARD PLAN**

The Chair informed the members of his intention to revert to a monthly Board meeting cycle and suggested an additional two meetings may therefore be added to the annual schedule.

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

**2018.2/08**

### **CHIEF EXECUTIVE OVERVIEW**

The CEO extended the Board's thanks to all staff for working over the Christmas and New Year period which is often a quieter time for the Trust, but was not this year following large admissions during Christmas week.

He highlighted the severe impact the winter period has had; however during this period the Stroke team undertook a Kaizen improvement event to look at a particular aspect of stroke care around the swallow technique. Over three days, they reduced the test time from five hours to just under an hour which is a great example of staff taking the initiative, during the Trust's busiest period, to do something really important to improve patient care.

There have been a number of departures and arrivals to the Trust – the Chief Operating Officer (COO), Debbie Kadum, retired in December after 37 years in the NHS; Sara Biffen is currently covering the role of the COO before Nigel Lee joins the Trust in February 2018. The CEO thanked Ms Biffen for covering the busy role throughout the period.

We are strengthening our Cancer Services and have recently appointed a new Breast and Colorectal Consultant and Oncologist; this is a real achievement and will ensure SaTH continues to strengthen and succeed in that service.

We have been embarking on a piece of work being led by our clinical teams regarding 'constraints theory' with the author of a well published book, Mr Alex Knight, who has come in to the Trust to work with Consultants and the nursing team on Ward 22 to look at themes which may be getting in the way of being able to treat patients more quickly and get them home, and to improve our length of stay.

The CEO re-confirmed that discussions would be held on the main agenda regarding the Trust's A&E service, however he wished to underscore the efforts that the teams continue to take to keep both A&E departments open and that there is no desire or intention to close either A&E. He highlighted that we want to ensure we have safe staffing so we can care for the patients coming in, and the Trust is working very hard to try to appoint additional locum staff and keep the services running. However, it is important to explore the contingencies and what it would mean if we were unsuccessful. The Board and all of the departments within medicine are invested in the Trust's services remaining open and running. To support that, Garry Swann, Nurse Consultant in Emergency Care, will be spending two days a week in the county to help with the work that the Trust is taking to improve its services and

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attracting more staff to want to join our A&E departments.

We also have a system Director (Claire Old) looking at all areas of emergency across the departments in our county; and we have an international doctor, Dr Ian Sturgess, helping us to look further into what we can do to support the earlier discharge of patients home.

The CEO highlighted once again how busy the hospital has been and the level of planning that has been put into place to safeguard its services; he reported the current position:

- SaTH has inoculated more staff against flu this year than in any other year with 76% of our staff – this is within the top performance of the NHS
- SaTH is working with Virginia Mason to introduce a Value Stream to look at the Emergency Care Pathway which will help us to remove some of the waste to improve the service for both patients and staff
- Work is being undertaken around the advertising of posts – looking to the future to attract young newly qualified staff who want to help us design a model for the future to offer the excellent service that we want for patients
- The hospital at its busiest time saw an additional 105 patients in a hospital bed; however SaTH's dedicated staff have kept services running, but it has and continues to be extremely difficult and challenging. Partners in the community have also worked closely to support getting patients home and packages of care.

Mr Newman (NED) highlighted that the Virginia Mason Medical Centre in America's inoculation target is 98% and it is a condition of employment unless a medical condition precludes staff from having it; and whilst SaTH features in the top performance of the NHS, he asked what does SaTH have to do to ensure this rises year by year.

The CEO reported that 18-24 months ago SaTH's inoculation rate was 42% and this has increased to 76% - the team continue to strive to improve this by leading by example and also by taking the inoculations out to staff who are very busy to make it as easy as possible for them to have the inoculation. Work will continue on this but the CEO feels confident the rate will rise further through education and support.

## SUSTAINABILITY (PATIENT & FAMILY)

**2018.2/09**

The CEO reminded the Board to take the following four Board Assurance Framework (BAF) risks into account when discussing this section of the agenda to ensure the risks are being referenced and managed:

- Risk 561 – If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards. RED.
- Risk 670 – If we are unable to resolve the structural imbalance in the Trust's Income and Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment. RED.
- Risk 1187 – If we do not deliver our Cost Improvement Programmes (CIPs) and budgetary control totals then we will be unable to invest in services to meet the needs of our patients. RED.
- Risk 668 - If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients. RED.

**2018.2/10**

### **SUMMARY OF SUSTAINABILITY COMMITTEE MEETING HELD 30 JANUARY 2018**

In Mr Deadman's (NED) absence, the FD presented the following key themes from the Sustainability Committee summary held on 30 January 2018:

#### **Financial Position Month 9**

The Committee focused their discussion on the Trust's performance against the forecast outturn position and it was noted that within month 9 the Trust had over-performed against the forecast by £0.233m; mainly due to not spending as much as expected on pay. The Trust now needs to continue this improved position for the remaining

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three months of the year and deliver what was agreed in terms of pay and non-pay expenditure, including a pay reduction of £1.5m.

Although the in-month position had improved, without any rectification and recovery plan, combined with the loss of Sustainability & Transformation Funding (STF), the forecast outturn position has moved to £20.152m deficit as compared with the control total of £6m. The main reason for the increase in deficit is the £8.8m STF funding which has not been received in-year as the control total was not being delivered. SaTH has therefore deviated from the £6m plan by £6m and that is a product of a number of things; the main reasons relate to some income reductions and excess agency spending during the course of the year. Therefore the total deviation amounts to £12m plus the STF £8m which equals the overall deficit total of £20m.

In such circumstances, SaTH has been required to write to NHSI to seek formal approval for the control total to be adjusted from £6m to £20m; this has not yet been formally granted, however there is every reason to believe that it will happen.

The Chair enquired if a plan is being worked up to improve on this position for next year. The FD reported that whilst discussions are held relating to this year's problems; when we started 2017/18, the Trust had a £17m underlying structural problem (underlying/recurrent position of the Trust) however by the end of the year this will have reduced to £13.9m. This will be taken into the next year and should enable the Trust to reduce the deficit in the 2018/19 year, subject to achieving full STF funding. Therefore, despite all the pressures that the Trust has been under, it has managed to achieve some significant savings.

#### **Operational Plan 2017/18 and 2018/19**

An update on performance against the plan for 2017/18 was received, and general discussion took place about progress with the 2018/19 plan compared to where the Trust was at the same time last year.

It was recognised that some of the schemes in the 2017/18 plan would be rolled over and continued into 2018/19.

Also, a presentation was provided on Criteria Led Discharge (Objective 6) by the Deputy Director of Nursing and Quality and whilst progress is being made, there was some disappointment that some issues could not be overcome, particularly recognising the potential impact this could have on patient flow. The Committee will receive a further update in April 2018.

Other issues discussed include:

- **Meridian Post Project Evaluation** – Views on final report being obtained from Care Groups; formal document to be shared. Acknowledged that there have been some successes but also some issues and lessons to be learned.
- **Review of Trust's Conflict of Interest Register and Single Source Waiver** – a review of the Trust's Conflict of Interests Register and Single Source Waivers for 1 April 2017 – 31 December 2017 concluded there had been no potential conflicts of interest; however a very high volume of waivers was noted. Corporate Governance team to attend a future meeting to provide assurance.
- **Sustainable Services Programme Update** – received and noted Overall status remains RAG rated Amber/Red. Consultation continues to be delayed pending notification from NHSE on approval to progress.

Mr Newman (NED) commented that the Trust was required by the NHS to have a winter contingency plan but were then required to cease all scheduled care; he enquired if the FD had an indication of the income lost by cancelling the scheduled operations in our plan. The FD reported that early in December an agreement was reached with the two local CCGs where a sum of money was agreed for the year, for activity expected to be delivered. The Trust has not therefore suffered as a consequence from the loss of activity as it has not gained from emergency activity; so the two sets of figures balance themselves out.

Overall, the effect of the income of activity that hasn't been performed (approx. £1.2m) will be an associated cost in the new financial year.

Following discussion, the Board RECEIVED and APPROVED the Sustainability Committee summary.

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**2018.2/11 UPDATE RE: GENERAL DATA PROTECTION REGULATIONS (GDPR)**

The FD presented a paper relating to compliance with the new General Data Protection Regulations (GDPR) which will come into force on 25 May 2018.

The paper highlighted that GDPR introduces greater accountability for all organisations. All Board members, including Non-Executive Directors, need to be aware of the forthcoming changes to the law and potential for change in information security standards, and to provide assurance that the law is complied with.

The Board NOTED the resource impact of the GDPR and the Data Protection Bill 2017 requirements and APPROVED the appointment of a GDPR Officer.

**Services in the Spotlight****2018.2/12 WINTER RESILIENCE 2017/18 FINANCIAL POSITION UPDATE**

The FD presented an update in relation to SaTH's winter plan expenditure; costs expected to be incurred this financial year amount to £5.0m in relation to winter resilience. These costs can be described in three elements; those in the original winter plan schemes as set out in October 2017 (£3.5m), additional schemes identified in response to NHSI further winter funding in January 2018 (£0.7m) and other increases in costs since October 2017 outside of both plans (£0.8m).

As outlined in previous updates to the Trust Board from the Chief Operating Officer, a budget of £2.4m had been identified through the System A&E Delivery Board. During the initial planning phase of the internal winter planning group there was an estimated level of spend of £3.9m, an overspending of £1.5m. A subsequent prioritisation process reduced this forecast by £0.4m to £3.5m which remains the current forecast expenditure for the specific winter schemes.

Following discussion, the Board RECEIVED and NOTED the winter resilience 2017/18 financial position update.

**2017.2.13 EMERGENCY DEPARTMENT CONTINUITY IMPLEMENTATION PLAN**

The CEO introduced the paper and reminded the Board of the increasing pressure on the Trust's two A&E departments over a number of years; particularly driven by the workforce frailties that we have within the clinical team. A series of Business Continuity Plans have been developed to endeavour to keep both A&E Departments open, these have been developed in the full gaze of public scrutiny to ensure openness and transparency.

The Trust has a small number of substantive A&E Consultants; one of the A&E Consultants left the Trust in December 2017 and a further Consultant is due to leave in 2018; this will leave SaTH with four substantive Consultants, supported by four locums to run the two A&E departments. The CEO reported that the consequences of closure are significant and the Trust will therefore do everything in its power to secure additional medical staff / locums on different terms and conditions to ensure they can work on the rota with safeguards to ensure that locums employed will not be able to leave the service with only a week's notice. The Trust is still exploring support from another Trust so we can start to see a more resilient model that is available to both A&E departments.

The CEO reported that he understands the nervousness of the public, but reassured them once again that the Trust's position would be to seek a strategic solution and would not want to close either service until that solution is in place. The Trust will continue to do everything in its power, including making sure NHSI understand the risks clearly and that they can provide us with the support that we need to provide that service and make sure it is safe for our patients.

The Interim COO presented the Business Continuity Plan which has been devised and debated by the management teams and is based on the engagement work undertaken by her predecessor in 2017; it relates to *if* the Trust finds itself in circumstances where it is unable to provide the senior leadership to run both A&E Departments 24 hours a day, 7 days a week. In which case, both Emergency Departments would remain open but the emergency "blue light", life-threatening element would be required to go to another A&E.

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Mr Newman (NED) enquired if there would be an Urgent Care Centre (UCC) available at PRH throughout the night if the emergency element was to close. The Interim COO confirmed that we would look to provide a UCC, but it would be dependent on staffing and ensuring safety for our patients.

Dr Weiner (NED) enquired if there are any table-top exercises in relation to the plans. The Interim COO reported that the Trust's Emergency Planning and Resilience Officer is completing the table-top exercise and this would be required as part of emergency planning continuity to ensure we are fully compliant.

The Chair highlighted that the Trust is required to have a number of strategic plans that it must be able to demonstrate; the Emergency Department Continuity Plan is one of those. It is not a plan to close the A&E by the back door and is not a proposal to close the PRH A&E, but it is a plan should the service become untenable. The Interim COO reiterated that the Trust has Business Continuity Plans in place for every service that is offered by the Trust.

Following a number of queries, the Chair confirmed he would take questions from the floor at the end of the meeting.

The Board RECEIVED and APPROVED the Business Continuity Plan, Timeline and Communication Plan for the temporary overnight closure of the Princess Royal Hospital Emergency Department, *if* required.

## Performance

### 2018.2/14 TRUST PERFORMANCE REPORT

The FD introduced the Executive Directors to present their sections of the Trust performance report in relation to key quality, finance, compliance and workforce targets

### 2018.2/14.1 OPERATIONAL PERFORMANCE

Mortality – The MD presented the Mortality HSMR, reporting that it appears more patients die within the hospital during certain times of the year; these are generally respiratory / pneumonia cases in elderly patients, the spikes of which are seen during the winter months. The MD informed the Board that this is in line with what is happening around the country.

The MD will conduct a more detailed piece of work over next few months to be able to report to future meeting's what changes will be made in order to minimise this.

The above has been reported through the Quality & Safety Committee, alongside a learning from deaths report.

VTE – The VTE target was achieved for December at 95.1% and is projected to continue to be achieved

The Interim COO provided an update, reporting that the Trust continues to maintain RTT performance, despite a busy winter:

RTT performance - The Trust actual combined (admitted and non-admitted) incomplete performance for December was 94% against a trajectory of 93.5%. A forward look for January 2018 is 92.29% as a result of the national directive to cancel all urgent operations to allow staff to work in ED and other required areas.

#### Cancer and Diagnostics (November performance):

- 2 week wait – 94.2%
- 31 day – 100%
- 62 day – 88.6%
- 104+ days – Actions to improve performance:
  - All patients between 63 and 82 days to have care plan in place to avoid 104 day waits
  - RCAs to be reviewed and actions to be followed up with Care Groups
  - Review of all patient choice breaches and actions to reduce these
  - Cancer Lead Nurse is reviewing all patient pathways with clinical nurse specialist teams

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- Diagnostic waiting times – 99.57%. This is projected to continue to achieve. Imaging remains challenged due to increased referrals for MRI and CT scans – outsourcing of activity to mitigate this has been put in place.

Mrs Mingay (D.NED) raised the reporting of diagnostic waiting times and enquired if the figures provided indicate the reporting time or the length of time an individual has waited for a test. The I.COO confirmed that it relates to the time that a patient has waited for a test. SaTH has an aim to turn this round in a week for a routine patient and 48 hours for urgent patients. This is monitored through the Care Groups.

#### A&E trajectory of performance for 2017/18 -

December actual performance was 73.8% against a target of 82.2%, although this has deteriorated in January 2018. As of October 2017, the Shropshire Minor Injury Unit attendances have also been mapped against the Trust activity.

As previously mentioned, the Trust is working with Ian Sturgess and Garry Swann to improve the Trust's current performance. A robust action plan will also be devised going forward, to ensure performance improvements.

The CEO reported that there are very few hospitals nationally that are hitting all three targets – Cancer, RTT and A&E. SaTH is one of the few Trust's currently hitting the Cancer and RTT targets; and recognised that improvements are required to hit the A&E target.

2018.2/14.2

### **WORKFORCE**

Sickness / Absence – The WD reported that an increase in sickness and absence is expected during the winter months. Workforce sickness during December reached 4.68%. A range of actions will be discussed at the February Workforce Committee to address this increase.

Appraisals – A slight decrease for the month at 86.08% compliance

SSU Training – December's compliance – 72%. The WD highlighted to the Board that winter is a difficult time to release staff to undertake training. She assured the Board that she will personally write to areas in relation to their performance. **Action: WD**

2018.2/14.3

### **FINANCE**

Further to discussion throughout the meeting in relation to the Trust's finances, specifically during the Sustainability Committee summary at minute 2018.2/10, the FD provided an update in relation to the Income and Expenditure position:

#### **Expenditure**

##### **Pay**

To date the pay spend amounted to £182.918 million against a plan of £178.627 million resulting in an overspend of £4.291 million, predominately due to the continued use of agency staffing and non-delivery of key CIP schemes.

A significant element of the pay overspend relates to the continuing use of agency above those levels planned and continue to spend well in excess of the Agency Ceiling set by NHSI. Total agency spend for April 2017 – December 2017 amounted to £13.980 million, £6.0 million above the Agency Ceiling set by NHSI.

##### **Non Pay**

To date the non-pay spend amounted to £85.047 million against a plan of £81.470 million resulting in an overspend of £3.577 million.

#### **Trust Capital Programme**

The Capital Resource Limit (CRL) for 2017/18 has been increased to £10.850 million, consisting of £9.250 million Internally Generated CRL and Public Dividend Capital (PDC) allocation of £1.0 million for PRH A&E Streaming Capital Project and £0.6 million PDC allocation for PRH Clinical Decisions Unit. .

At Month 9, £4.787 million of the Capital Programme has been expensed, with £3.183 million committed but not yet expensed. A further £2.597 million has been allocated to schemes but not yet ordered. £0.298 (assuming £0.014 million overspend is funded) has yet to be committed to individual schemes – all of which is held in Departmental

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Contingency Funds. It should be noted that following agreement of various schemes from Corporate Contingency, only £0.003 million remains to be allocated.

The Trust has given assurance to NHSI that the Capital Programme will be delivered by 31 March 2018.

### **Trust Cash Position**

The Chair requested assurance from the FD in relation to the cash position and the ability to take the Trust through to the year end.

In relation to the cash position, the FD reported that as a £360m organisation, SaTH has a cash balance of only £1.7m. During the course of the year, the organisation has been presented with growing levels of deficit, reflected in real pressure in the delivery of the control total. The loss of the STF funding is also very significant.

The Trust has been required to suppress creditors to avoid incurring an absolute cash problem. To help us through that process, some working capital was drawn down, however this was consumed half way through the year.

The current position has been made substantially better due to discussions with NHSI and the license to draw down more working capital in recognition of the forecast position deficit of £20m. Also the Trust has agreed the level of income it will receive from the two local CCGs.

The FD reported that the cash position has now substantially improved and the Trust is well placed to bring itself back into a position where it will have the £1.7m worth of cash at year-end.

Overall, the Chair highlighted that although the organisation's cash position will enable the Trust to trade through to the end of the financial year; the position remains constricted and the Board is very mindful of that position.

Following discussion, the members RECEIVED and APPROVED the Trust Performance Report and actions being taken to address performance.

## **QUALITY – SAFEST & KINDEST (OUR VISION)**

**2018.2/15**

The Board took into account the following four Board Assurance Framework (BAF) risks relating to this section of the agenda

- Risk 951 – If we do not work with our partners to reduce the numbers of patients who are medically fit for discharge and delayed transfers of care, alongside streamlining our own internal processes, we will not reduce length of stay or increase the number of simple and complex discharges to reduce the bed occupancy levels to 92%
- Risk 1134 – If there is a lack of system support for winter planning then this would have major impacts on Trust's ability to deliver safe, effective and efficient care to patients
- Risk 1204 – If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage
- Risk 1185 – If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected

**2018.2/16**

### **SUMMARY OF QUALITY & SAFETY COMMITTEE MEETING HELD 24 JANUARY 2018**

The Chair of the Quality & Safety Committee presented a summary of the meeting held on 24 January 2018, highlighting the thread that has run through the Board discussions in relation to the pressures on services. The Q&S Committee particularly wanted to recognise the efforts of the staff in demonstrating professionalism, commitment and flexibility in stepping up to the challenges.

Dr Lee (NED) raised the pressures on staff and reported that the Q&S Committee will work with the Workforce Committee to look at being the Safest & Kindest employer as well as Safest & Kindest provider.

#### Winter Pressures

The Quality & Safety Committee recognised that, over the past few weeks, the hospitals and the wider system have been under considerable pressure. System plans designed to meet the challenge of winter pressures have made a contribution. This has included the Frailty Service, front end GP presence, SATH to Home and improvements to the discharge process. It is the case, however, that these services are not yet realising their predicted capacity or

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impact. The Trust has frequently exceeded its notional capacity by greater than 100 urgent care patients. The activity has been 5-6% above that predicted, and the case mix has had a high proportion of complex, unwell patients.

Despite the impressive response it is the case that patients are at risk of a poorer experience and that a number of risks linked to lower staffing levels (falls, pressure areas and hospital acquired infection) may increase. The Committee continues to monitor these and undertook a detailed look at pressure sore reporting and prevention in this meeting with a further follow up planned.

Whilst A+E performance rightly remains under scrutiny; it is important to recognise very positive performance with respect to cancer treatment times and referral to treatment times, as alluded to during the Trust performance report discussions.

As the Committee is charged with oversight of the Board Assurance Risk with regard to winter services planning (risk ref. 1134) it strongly recommends an early "lessons learned review" and the commencement of planning for 2018/19 winter. The system cannot wait until September 2018 before developing and agreeing funding for escalation plans.

#### Maternity Services

The Q&S Committee has spent a considerable amount of time with colleagues in the Women & Children's Care Group and visiting the maternity services. Dr Lee highlighted concerns around the midwife led units which were re-opened at the beginning of January 2018, however there continues to be pressures on the staffing levels. The Q&S Committee recognised the need to monitor the safety of the services very closely in terms of continuing to aspire to deliver services from all of the MLUs across Shropshire.

There have been problems with the Royal Shrewsbury Hospital MLU with a leaking roof and snow damage to the building which is becoming increasingly decrepit and inconsistent with the delivery of sustainable high-quality care. The majority of the Trust's Non-Executive Directors have visited the MLUs over the last year and there is a significant issue around the fabric of the buildings used. This needs to be addressed as we move forward through the Future Fit process.

The Q&S Committee summary reported that an update was received with respect to the investigation into a Maternal Death. The Trust has rightly commissioned an external review into this which is in progress. The Committee were assured of the initial response to this tragic event.

The Board RECEIVED and APPROVED the Quality & Safety Committee summaries.

2018.2/17

### **QUALITY & SAFETY REPORT**

The DNMQ presented the Quality Governance Report to provide the Board with assurance relating to the Trust's compliance with quality performance measures against contractual and regulatory metrics relating to quality and safety during the month of December 2017 (M9) and also for the third quarter of the year.

Clostridium difficile Incidents - Six C diff cases were reported during December 2017 bringing the year to date to 26 which is higher than the annual target of 25. The DNMQ reported that 4 of these have been proven as non-lapses in care; 9 are lapses in care and 13 are yet to be reviewed and may therefore come off the threshold.

Avoidable Pressure Ulcers – One Grade 2 avoidable pressure ulcers were reported during December 2017 – this has been investigated and action plans developed and monitored.

MRSA Screening (non-elective) – The Trust achieved the MRSA (non-elective) screening target during December with 95.5% against the performance indicator of 95%

Patient Falls reported as Serious Incidents – The Trust reported zero falls as a serious incident during December 2017.

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Serious Incidents – The Trust reported three SIs during December; a year to date total of 41.

Never Events – The Trust reported zero Never Events during December, with one reported year to date during October 2017 which has been investigated and reported through the Quality & Safety Committee. Much of the learning has been implemented.

Mixed Sex Accommodation (MSA) breaches – The Trust is not compliant with MSA, specifically regarding the transfer out of ITU and beds available for patients when they are ready for boarding.

There has also been one episode of a 90-minute breach in the Day Surgery Unit at RSH during a period of escalation which affected three patients in that area; this is the first breach this year. A root cause analysis has been completed to identify actions required to prevent this happening again.

Friends & Family Test – The most recent National inpatient promoter figures available for November 2017 was 96%; SaTH exceeded this with a rate of 96.8% for inpatients during November. SaTH has remained consistently high reaching 97.4% in December 2017. The CEO highlighted that it is a testament to the Trust staff to receive such performance during the high pressures over the winter period.

Prevent – This is part of the Government counter-terrorism strategy and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

All specified authorities including NHS Trusts and Foundation Trusts are required to ensure that there are mechanisms in place for understanding the risk of radicalisation. There are two levels of training – Basic Awareness Training and Workshop to Raise Awareness of Prevent (WRAP). NHS England have stated that all Trusts must have achieved a compliance rate of 85% of applicable staff trained through WRAP by March 2018. Unfortunately, SaTH is not on track to achieve this rate by March – at present SaTH is in discussion with NHSE about a revised trajectory, and remedial action plans are in place.

Overall, the DNMQ reported that there have been a lot of challenges but we have seen quite a significant marked improvement in the safety culture of the Trust with an increased level of safety reports being completed; and the staff are taking the learning from incident reporting more seriously.

Mr Newman (NED) raised the Safety Thermometer chart in relation to Harm Free Care and reported that it has decreased to 89.06% during December against a monthly target of 95%. The DNMQ advised that Harm Free Care relates to 'old harm' e.g. patients presenting to hospital with catheter-acquired urinary tract infections, pressure ulcers, etc, on admission. Staff look at the demographics to identify any clusters of commonalities from any particular care homes or residential homes and communicate the learning back to those areas. The DNMQ felt there is some learning where we work with our peers and other providers to help prevent harm, by working as a system.

'No New Harms' relates to cases where patients develop harm in any of the indicators whilst in our care. The DNMQ reported that the 89.06% relates to 'Harm Free Care' whilst No New Harms was 94%

Following discussion, the Chair requested the Quality & Safety Committee discuss further to find a suitable language around this as the explanation was confusing and the Board were not assured by it.

**Action: DNMQ / Q&S Committee**

2018.2/19

## **CQC MATERNITY PATIENT SURVEY RESULTS - 2017**

The DNMQ presented the results of the 2017 national survey of 'Women's experiences of Maternity Services' which was undertaken for all women aged 16 years or over who had a live birth during February 2017 and gave birth in a hospital, birth centre, maternity unit or who had a home birth.

Overall, the results showed:

- SaTH performed "Better" than most other Trusts in 13 areas; these included two antenatal questions, six birth questions and five postnatal questions
- SaTH achieved the top score of all participating Trusts for the question on respect and dignity during birth

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- There were three questions where SaTH saw a statistically significant improvement since the 2015 results. One question in antenatal saw a statistically significant decline compared to the 2015 results – this relates to ‘Were you offered any of the following choices about where to have your baby?’ The DNMQ suggested this should be explored further if it relates to women not being given an informed choice; however she reassured the Board that the Trust does offer a range of choice of all services such as home births, MLU births, water births, etc. The Care Group will be asked to provide a remedial action plan of how they plan to improve this going forwards.

The Board RECEIVED and NOTED the CQC Maternity Patient Survey Results 2017.

2018.2/20

**PRESENTATION RE: CQC METHODOLOGY (Presentation attached to Minutes)**

The DNMQ introduced Amanda Hennessy to the meeting who provided a presentation in relation to the overall CQC Strategy 2016-2021 and changes to the inspection process (presentation attached to Minutes for detail).

Ms Hennessy informed the members of the current ratings for SaTH and reported that ‘Drop In’ sessions will be held for Trust staff to liaise with her to discuss our services:

	<b>RSH</b>	<b>PRH</b>
Urgent & Emergency Services	Requires Improvement	Requires Improvement
Medical Care	Good	Good
Surgery	Requires Improvement	Requires Improvement
Critical Care	Requires Improvement	Requires Improvement
Maternity & Gynaecology	Good	Requires Improvement
Children & Young People	Good	Good
End of Life care	Requires Improvement	Requires Improvement
Outpatients & Diagnostic Imaging	Good	Good
<b>Overall Rating</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>

The MD reported that the Transforming Care Institute (TCI) work being undertaken by the Trust attracted the attention of the CQC in a positive way. Ms Hennessy agreed and reported that she had attended some of the TCI programmes.

The Board acknowledged the rating of ‘Good’ for Medical Care at both RSH and PRH is a fantastic achievement, being a very difficult area of work. Ms Hennessy reported that whilst great improvements have been made in the Trust’s End of Life service, the CQC felt there are further improvements to be made.

Mr Newman (NED) reported that now that the inspections and the reports are going to be shorter, he questioned the reasonable length of time that the Board would be expected to wait to receive the conclusion of their work on-site as this had been a significant issue since last inspection. Ms Hennessy reported that the detailed report, including the Well Led inspection, would be available within four months of the inspection.

The DNMQ enquired how the CQC determines when the formal well led inspections will be held; Ms Hennessy reported that the CQC has a planning cycle, much like an annual report.

The Board thanked Ms Hennessy and NOTED the update in relation to CQC methodology.

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## HEALTHIEST HALF MILLION (OUR MISSION)

- 2017.2/21** The Chair highlighted the following Board Assurance Framework (BAF) risk relating to this section of the agenda.
- Risk 1186 – If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision

### System-wide Transformation

**2018.2/22** **SUSTAINABLE TRANSFORMATION PROGRAMME (STP) UPDATE – *Paper attached to Minutes***

The CEO presented an update paper on behalf of the Sustainable Transformation Programme Director and commended him for the detailed report in relation to the individual components that make up our system wide STP and the progress towards system wide working.

The CEO paid particular reference to the 518 people that have completed 'Making Every Contact Count' training to support the direction of patients through primary care (Workstream 1 – Community Resilience & Prevention); also the Safe & Well visits being provided in conjunction with the Shropshire Fire and Rescue Service which identified 33 early referrals in the first three months to obtain care earlier than otherwise, avoiding them having an attendance at the A&E and possibly an emergency admission.

The CEO referenced 'Social Prescribing' and examples of how that is happening in our communities; as well as the 'Healthy Lifestyles Service' and work being undertaken with GP practices, and 'Neighbourhood Teams' etc.

The CEO felt it was important to get a sense of the work being undertaken and acknowledging the importance of doing what is right for our population and not just seeing it through the lens of the organisation, working together with other health professionals and not in isolation.

The Trust Board RECEIVED the update paper and the Chair suggested the STP team should be complimented on the work being undertaken at such a difficult time. **Action: CEO**

### Transformation at SaTH

**2018.2/23** **FUTURE FIT UPDATE**

The CEO provided a Future Fit update, informing the members that the Trust is awaiting a letter from NHS England regarding the Future Fit consultation.

NHS England is in receipt of assurance information from the Future Fit Team in terms of the assessments on whether we are fit to go to public consultation. SaTH has been verbally informed that the organisation has met all of those criteria and is now awaiting formal approval to embark on the consultation and finally move forward.

The CEO assured the meeting that SaTH has obtained sign off to engage formally with the public and have a meaningful dialogue which will be an opportunity for the public to convey their views and help shape the future.

The Chair queried the period and process of the consultation; the CEO reported that it would be a minimum of 12 weeks and will be undertaken by our commissioners. There is a short pause at the half-way point to help reflect and it then continues for a further six weeks. The CEO assured the Chair that he feels that it will be a full consultation rather than an exercise of talking at people, and should be a two-way discussion about the future. SaTH's Board has been very clear that that is our view.

Following discussion, the Trust Board RECEIVED the Future Fit update.

**2018.2/24** **TRANSFORMING CARE INSTITUTE (TCI) UPDATE**

The CEO presented an update which reported that the partnership with Virginia Mason Institute continues to progress in a timely and positive manner. Evidence of the Transforming Care Production System being used in

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wards and departments is materialising. In particular, 5S, Production Boards and PeopleLink Boards.

During 2018, the KPO Team will increase the pace at which they deploy the Transforming Care Production System (TCPS). They already have 20 rapid process improvement weeks (RPIWs) planned, the launch of three new value streams, in addition to the continued support for Respiratory, Sepsis, Recruitment, and Ophthalmology Outpatients value streams. Over 40 additional future Lean Leaders have already signed up for this year's training and the Advanced Lean graduates are planning their accreditation for team and workshop lead roles. Lean leaders who have already demonstrated their TCPS knowledge and completed their training will be supported to continue applying the elements of world class management and lean tools. This will include demonstrating daily huddles, production boards and people link report outs are all in place in their areas.

#### National:

##### Transformation Guiding Board (TGB)

Further opportunities are being developed to:

- Strengthen NED engagement
- Share examples of leader standard work
- Share how Trusts develop against their assessment on the continuum tool
- Strengthen strategies to develop medical engagement in the work (including junior Docs)
- Produce standard work for induction for new Board members and including a partnership element to it

##### Local Delivery: Next Steps

- Support lean leader graduates to teach elements of TCPS, lead 5S events, and implement a standard ward/department approach using TCPS.
- Support ALT graduates to undertake Workshop Lead roles.
- Develop our approach to co-designing our pathways with patients in more of our RPIWs.

##### Transforming Care Institute

Ms Rosemary King, Transformational Sensei from VMI, was welcomed back to the Trust. Ms King co-led the second session cohort of Advanced Lead Training (ALT) candidates with Cathy Smith, KPO Lead. Mrs Smith is now fully accredited to teach ALT, coach and assess workshop lead competences.

In addition, the CEO reported that a number of staff have successfully completed ALT which will enable more Rapid Process Improvement Weeks (RPIWs) to be undertaken, as well as more Value Streams which allow the learning to be spread across the organisation to provide that depth of understanding across a larger scale.

The Trust now has over 90 staff who have met the 6-month programme for Lean for Leaders, one example of the Kaizen work undertaken by these individuals relates to the swallowing aspect for Stroke patients; these examples of work are undertaken throughout the organisation in a bid to improve patient care.

The CEO highlighted the staff commitment to this work, even through the most pressured and difficult times. Over 2,600 staff have been trained which is over half of the organisation's workforce; and over 600 are active in applying the techniques into their every day work. Every course being run in conjunction with this work is oversubscribed.

Dr Lee (NED) reported that the Q&S Committee undertake a clinical site visit prior to each of their Committee meetings and it is tangible to see how Lean for Leaders and the Virginia Mason approaches are part of the way in which the wards, pharmacy, etc works. He suggested we now need to look at how that methodology applies out into the system as a whole.

The DCG agreed that the methodology is being embraced by the whole organisation, paying particular tribute to the non-clinical staff who had also embraced the methodology e.g. catering department, cleanliness technicians, etc, who have embraced the work with enthusiasm and made enormous changes throughout their areas.

Mr Newman (NED) felt the whole process is reaching a new level of maturity and by removing the waste SaTH can concentrate on the added value and the flow throughout the hospital.

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The CEO urged the Board and members of the public to attend the regular 'Report Out' sessions to celebrate the work being undertaken by the staff throughout the Trust.

The Board RECEIVED the Transforming Care Institute monthly update.

## WORKFORCE

- 2018.2/25** The CEO highlighted the following Board Assurance Framework (BAF) risks relating to this section of the agenda:
- Risk 423 – If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve
  - Risk 859 – Risk to sustainability of clinical services due to shortages of key clinical staff

Mrs Mingay (D.NED) presented the following Workforce Committee summaries of recent meetings held on behalf of the Workforce Committee Chair:

**2018.2/25.1**      **SUMMARY OF WORKFORCE COMMITTEE HELD 15 JANUARY 2018**

Maternity Services

The Workforce Committee received an update on the preparations to re-open the Maternity Led Units. Additional support is being provided to support the W&C Care group and its staff.

Board Assurance Framework

The Workforce Committee requested more detail within the BAF to recognise where improvements are being made, despite the overall ratings not changing. The Executive Directors will look at the risk drivers and the impact of these in more detail.

DBS Check Assurance Statement

The Workforce Committee received an update on the DBS checks and trajectory. The Committee requested that the risk assessment process followed when an issue was identified be shared, this will be provided in future updates presented.

Workforce Sustainability - Agency – looking at future reports to follow up actions

The Committee received an update on agency usage which gave a useful update on current position. Further updates will however have a clearer focus on the quality and financial impact with actions being undertaken to improve the situation.

Joint Workforce Committee and Quality and Safety Committee

The Workforce Committee agreed that a joint meeting twice-yearly with the Quality and Safety Committee would be beneficial as there are several areas that are jointly monitored by the two Committees. It was agreed that Sustainability would be on the agenda along with a discussion around improving the working environment for junior doctors.

Flu

The Workforce Committee received an update on progress with staff flu vaccinations and were informed that the Trust were only 11 short of achieving the target. The Committee congratulated the teams on the hard work in achieving this. Post meeting addendum: The target has subsequently been achieved.

Appraisals and Statutory Training Rate

The Workforce Committee was asked to approve a change in the Trust targets for appraisals to 90% and SSU to 90% with a view to annually review these figures. The Committee agreed these changes.

The Trust Board APPROVED the Workforce Committee summary.

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**2018.2/25.2 SUMMARY OF VIRTUAL WORKFORCE COMMITTEE HELD 22 JANUARY 2018 TO RECEIVE AND APPROVE THE ANNUAL INTEGRATED EDUCATION REPORT – 2016/17**

The Workforce Committee held a virtual meeting on 22 January 2018 to receive the annual Integrated Education Report 2016-17.

The Workforce Committee members provided some comments and amendments which have consequently been incorporated into the final document; this was presented to the Trust Board for approval.

The Trust Board APPROVED the 2016/17 Integrated Education Report.

**2018.2/26 PRESENTATION REGARDING 7-DAY SERVICES – Presentation attached to Minutes**

The Board welcomed Mr Mark Cheetham, Scheduled Care Group Medical Director, and Mrs Sam Hooper, Medical Performance Manager, to the meeting to provide an update in relation to 7-day services across the organisation (*copy of presentation attached to minutes, for detail*).

Mr Cheetham provided an example in relation to his mother who recently broke her hip on a Friday and, following planning had a total hip replacement on the Saturday, followed by physiotherapy. He reported that his mother was mobile and discharged from her hospital within 6 days of arrival.

Mr Newman (NED) highlighted that if Mr Cheetham's mother had not received immediate surgery and care, she would have been in 'storage' over the weekend period and this would have resulted in an overall longer stay in hospital and possibly other negative impacts.

National Progress:

Mrs Hooper focused on national progress and informed the members that audits are undertaken twice yearly regarding 7-day services; she advised the Board on areas for improvement

- Clinical Standard 2 – Time to first consultant review. Methodology changed between September 2016 – March 2017(changes relate to the validation of data entered) and figures have reduced from 85% in September 2016 to 71% in March 2017. Renewed focus on this standard in the next survey, and Mrs Hooper suggested SaTH would be required to job plan differently.
- Clinical Standard 5 – Access to diagnostics. Issues with weekend echocardiography and MRI provision. An Echo working group to look at these issues and MRI being tackled through network approach.
- Clinical Standard 6 – Access to consultant directed interventions. The March 2017 survey highlighted issues with weekend interventional radiology.
- Clinical Standard 8 – Ongoing consultant-directed review. Methodology has also changed between September 2016 – March 2017. Further work needed to build capacity and systems to ensure appropriate weekend reviews.

Progress so far at SaTH:

- Improved job planning over the past four years
- Prioritising emergency care within job plans
- Outsourced CT scanning to Australia for provision of 12 hour scanning
- Sustainable ongoing 7-day service for areas of Therapy services for Fractured Neck of Femur / joint replacements

Financial Implications:

- 7-day services is achievable, possibly expensive and unsustainable for current configuration of services but reconfiguration may substantially reduce cost by reducing duplication
- NHSI expect this to be achieved by 2020. SaTH's current reconfiguration is 2022, therefore over by two years

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**Next Steps:**

- Invest in Consultants to see patients at the 'front door'
- Return on investment – close escalation and reduction in agency nurse costs
- Identify and prioritise investments that would improve flow and 4-hour performance
- Join up the current work to improve flow

**Priorities for the Future:**

- Identification of services to deliver within next 2 years
- Identification of services which cannot deliver until Future fit has completed
- Risk assessment and mitigation

The 7-day service model of the Northumbria Healthcare NHS Foundation Trust was discussed. Mr Cheetham reported that they started their journey in 2004 and have a similar population (500,000) to that of SaTH. The presentation also provided detail in relation to the Wolverhampton Story and the Innovative Approach by UHNM in relation to Priority Funding Bids.

Mr Cheetham reported that he had provided this update to raise the awareness of the Board. As this programme sits under the Workforce Committee, the WD agreed to take a proposal to the Executive Directors in respect of taking this forward, around programme management, also around where the services could have an impact prior to reconfiguration. **Action: WD**

The CEO agreed that there is a very clear connection between this work and the stranded patient work; discussions have been held with a number of the doctors about the importance of having a level of clarity and about it feeling like it is all part of the same process.

Following discussion, the Board thanked both Mr Cheetham and Mrs Hooper for their update in relation to 7-day services.

## ASSURANCE

2018.2/27

### SUMMARY OF AUDIT COMMITTEE HELD 9 DECEMBER 2017

Dr Weiner (NED) presented the summary of the Audit Committee meeting held on 9 December 2017 on behalf of the Audit Committee Chair:

#### Internal Audit

Budgetary control audit – this audit relates to the 2016/17 audit plan. The audit was delayed due to an extension to the scope; management comments have now been finalised. The report will be issued to the Audit Committee for the next meeting in February 2018.

Recommendations have already largely been implemented and will be included as part of the follow up work in the next quarter.

Payments and creditors – it was noted that substantial assurance was given for this audit with one low priority recommendation. This audit reflects the controls operated by the Finance Department

Private Patients – The Local Counter Fraud Specialist presented the results of this audit. The Committee had an appetite for a transparent process to protect Trust and staff as well as patients and asked for several more rigorous actions than had been proposed. In particular the committee felt it important transparency was crucial in Fertility where the Trust had recently invested scarce NHS resources in enhancing the facilities. The Committee recommended that the Executive Directors need to agree a private patient approach, which should be considered during the current business planning round. This will be discussed by the Executive team and an update provided on the recommendations for the future development in that area.

Following this a robust policy needs to be developed and both strategy and policy will be recommended to the Board.

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**External Audit**

KPMG outlined their audit plan, and reported that the finance team always had the papers prepared in a timely manner and are responsive to queries, making the audit of the accounts relatively straightforward.

**Business Continuity Update**

The Emergency Planning and Resilience Officer attended to provide an update on progress since he came into post earlier this year. He believes that progress is being made in embedding emergency and business continuity planning. He has recently delivered training to the Emergency Departments with further training planned; a multi-agency desk top exercise will be delivered early next year.

Internal Audit will be carrying out work on business continuity in the next quarter.

**Board Assurance Framework**

The Audit Committee discussed Risk Ref 1204 relating to the Maternity service evidencing a robust approach to learning and quality and it was noted that assurance from NHS Resolution would be forwarded to Clare Jowett. There was also discussion around Risk Ref 951 about Working with our Partners to reduce the number of delayed transfers of care but the Committee agreed the status remained unchanged. The Committee noted that the recent audit on Payments & Creditors showed substantial assurance although the Budgetary Control had received Limited assurance but both would be noted on the BAF in relation to Risk Ref 670 to address the structural imbalance in the Trust's I&E position

Following a query in relation to the Trust's audit recommendations, the Chair was extremely pleased to learn that the organisation has zero outstanding recommendations.

The Trust Board APPROVED the Audit Committee summary.

2018.2/28

**BOARD ASSURANCE FRAMEWORK & OPERATIONAL RISK REGISTER**

The quarterly Board Assurance Framework was presented which identifies the Trust's objectives and principal strategic risks, along with an associated action plan. The DCG reported that it is a live document which the Executives and each Tier 2 Committee review and update on a monthly basis. It is presented to the Audit Committee each time they meet.

The Trust's prioritisation list of the operational corporate risk register was also attached; this contains 43 high risks which are discussed and prioritised by the Trust's Operational Risk Group on a monthly basis.

Dr Weiner reflected on the trends of the BAF, highlighting Risk 561 in relation to 'safe and efficient patient flow' which reported a decreasing ↓ direction of travel, although he suggested the risk should show an increased ↑ direction of travel due to the Trust's current pressures. The I.COO agreed that patient flow is not where it should be and agreed to review the BAF entry. **Action: I.COO**

Following discussion, the Board REVIEWED and APPROVED the BAF and AGREED the RAG ratings and direction of travel for each risk.

2018.2/29

**ANY OTHER BUSINESS**

No further business raised.

2018.2/30

**LEARNING / REFLECTION OF THE MEETING**

The Chair reported that although the meeting closed ahead of time, he was content with the level of discussion and challenge.

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2018.2/31

**THE MEETING CLOSED AT 3.25pm AND THE BOARD TOOK QUESTIONS FROM THE FLOOR :**

- Q1** Following news that had been released that day from the NHSE Board – can Future Fit go ahead without capital funding?
- A1** The CEO responded that he was aware of what had been released from the NHSE Board. He reported that a number of schemes are going through Treasury groups and that he would want assurance from the Treasury before going into that process; also from the Department of Health.
- Q2** **Query – “What if NHS Future Fit was not to go ahead”?**
- A2** The CEO reported that the Trust is hugely invested in securing a future; he couldn't entertain it not being supported by the Treasury. .
- Q3** **Anxiety in Telford re: possible overnight closure of A&E as it is a town with a ‘younger generation/children’. What measures are in place with the Ambulance Service?**
- A3** The Board confirmed that a business continuity plan is in place and work continues to keep both A&E departments open overnight.
- Q4** **Query regarding the Trust’s interim emergency plan for closure of PRH A&E overnight which is an interim plan for up to two weeks:**
- a.** **Could the Board provide assurance that the plan wouldn’t go over two weeks?** Unfortunately the Board could not give a guarantee of going over two weeks.
- b.** **If the emergency plan is implemented, would children from south Shropshire and west Shropshire be required to go to Wolverhampton?** It was noted that any solution to move patients has to be safe
- c.** **How does the Trust secure enough staff to keep it open and safe?** The tipping point for SaTH is the consultant rota and the clinical skill set – not to go below five
- d.** **The overnight closure would not be safe, specifically for children.** The Trust would clearly have to plan differently were it to find itself in such a situation.
- Q5** **Query regarding Maternity and the rural Midwifery Led Units which reopened on 1st January 2018 – there are rumours of plans for closure by May 2018 without consultation.**
- A5** There are absolutely no plans to close the MLUs in May – any temporary closures would be on the grounds of safety if we do not have the required amount of staff to provide the service.
- Q6** **Statement re: expectant mums being turned away from the MLU service.**
- A6** The service would never turn away an expectant mother and DNMQ asked for details so she could properly investigate.
- Q7** **Question re: Board not formally recording the public’s observations/contribution to the meeting in the minutes.**
- A7** It is a Board meeting in public rather than a public meeting. The public's contribution has previously been recorded, however legal advice sought following a number of libellous statement. The Chair agreed to reconsider recording public questions.
- Q8** **Query relating to vascular surgery**
- A8** Trust is involved in all meetings surrounding this; the Trust's definitive position is that vascular surgery is to remain being provided by SaTH.
- Q9** **Queries were made relating to Frail & Elderly**
- A9** The FD agreed to forward the data to the individual
- Q10** **The Community Services Framework was raised**
- Members assured that work is ongoing between Shropshire & South Staffordshire Foundation Trust and SaTH to establish and invest in our community services.

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**Questions from the Floor closed at 4.10pm**

**20189.2/33**

**DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 29 March 2018, 12.30pm, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

**The meeting closed at 4.10pm**

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## ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 8 FEBRUARY 2018

Item	Issue	Action Owner	Due Date
2018.2/05	<b>Draft Minutes of Meeting held 30 November 2017:</b> To amend minute 2017.2/206 to reflect Dr Lee's position as Chair of Quality & Safety Committee	CS	February 2018 COMPLETED
	To amend minute 2017.2/205 re: six-month safer staffing nurse review to include 'vacancy rate continues to be a significant issue'	CS	February 2018 COMPLETED
2018.2/06	<b>Actions/Matters Arising</b> <b>2017.2/192 – Discussion re: Exit surveys/interviews</b> Include key themes identified by staff in Retention Strategy and discuss at February Workforce Committee, and provide assurance in Workforce Cttee summary to 29 March Trust Board	WD	29 Mar 2018 AGENDA ITEM
	<b>2017.2/217 – Workforce Review (Organisational Development Plan)</b> Present Organisational Development Plan to 29 March Trust Board	WD	29 Mar 2018 AGENDA ITEM
2018.2/14	<b>Trust Performance Report – Workforce</b> To write to areas in relation to SSU training compliance over winter period	WD	Mar 2018 MATTERS ARISING
2018.2/17	<b>Quality &amp; Safety Report</b> To discuss a suitable language around 'Old Harms' and 'New Harms' at Q&S Committee	DNMQ/ Q&S Cttee	February 2018
2018.2/22	<b>Sustainable Transformation Programme Update</b> To feedback to STP team compliments from the Board in relation to work being undertaken at this difficult time	CEO	February 2018
2018.226	<b>Presentation re: 7-day Services</b> To take a proposal to the Executive Directors in respect of taking this work forward	WD	February 2018
2018.2/28	<b>Board Assurance Framework</b> To review BAF entry in relation to Risk 561 'safe and efficient patient flow'	I.COO	February 2018

..... Chair  
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