

MINUTES OF THE BOARD MEETING

HELD AT THE WROXETER HOTEL, SHREWSBURY, SHROPSHIRE, SY5 6PH

AT 7.00 PM ON MONDAY 28 SEPTEMBER 2015

PRESENT

Chair and Non-Executive Members (Voting)

Mr. Mike Ridley	(Chairman)
Mr. Rolf Levesley	(Vice Chairman)
Ms. Jane Mackenzie	(Non-Executive Director)
Mr. Steve Jones	(Non-Executive Director)

Executive Members (Voting)

Ms. Jan Ditheridge	(Chief Executive)
Mrs. Sarah Lloyd	(Interim Director of Finance)
Mr. Steve Gregory	(Director of Nursing and Operations)
Mr Andrew Ferguson	(Director of Strategy)
Dr. Mahadeva Ganesh	(Medical Director)

Executive Members (Non-Voting)

Ms. Julie Thornby	(Director of Corporate Affairs)
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Staff, Partners and Members of the Public Approximately 60

In Attendance

Miss Caroline Bradley	(Personal Assistant, to record the minutes of the meeting)
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1. Welcome and introductions

On behalf of the Board Mr Ridley welcomed all those present to the Trust's Annual General Meeting, including representatives from partner organisations, members of the public and Trust staff. He thanked all of the exhibitors for their very informative displays. He encouraged those present to complete a feedback slip on ways the Trust can improve partnership working.

Position noted.

2. Apologies

Mrs. Nuala O'Kane	(Non-Executive Director)
Mr. Peter Phillips	(Non-Executive Director)

3. Minutes of the AGM held on 29 September 2014

The minutes of the last AGM were received and approved.

Ms Mackenzie FORMALLY PROPOSED that the Minutes of the Board Meeting of Shropshire Community Health NHS Trust held on 29 September 2014 be received and approved as an accurate record. The proposal was SECONDED by Mr Gregory.

4. Annual Report 2014/15

Mr Ridley introduced the Annual Report for 2014/15 and explained that community services are going from strength to strength and have a strong future ahead. He said that the Trust's main aim is to provide good quality, safe services throughout Shropshire, and that will continue to be the focus for 2015/16.

He explained that he had recently taken part in Sit & See training and then subsequently a Sit & See observation which was very informative and useful. Whilst visiting various community services he had experienced first-hand the caring and compassionate nature of our staff and took the opportunity to congratulate and thank staff for the great work that they are doing on a daily basis.

5. Chief Executive's Review of the Year

Ms Ditheridge presented an overview of the Trust including what we did in 2014/15, how we did it, and an overview of the services the Trust provides. She took the opportunity to remind people who we are and what we do, explaining that often people are not aware of what services the Trust provides unless they have used them in the past. A large part of the work we do is within patients' own homes and is therefore not always visible to the public.

A substantial amount of work around our values had been done this year which involved looking at what we consider to be most important about how we behave and work. The Trust values will be implemented in our recruitment, appraisal and staff induction processes to help ensure that we deliver compassionate care and improve lives.

Last year we said the community offer would be considered, and it has been. We have been involved in the work around Rural Urgent Care Centres (RUCC) looking at the nature of our services to meet the needs of people today, tomorrow and in five years' time. Dr Ganesh is currently working on the Clinical Strategy which incorporates service improvements and quality and will be completed shortly.

Ms Ditheridge said that we have a range of new service models which are being rolled out across the county, an example being the MSK Service.

The results from the Staff Survey highlighted aspects of team working as an area which needed improvement. The Trust has responded by creating a team development and mentor programme so that we can support people in their daily work.

Ms Ditheridge summarised other key improvements as follows:

- The appraisal process has been improved to ensure that there are now clear personal development plans in place to support staff.
- A Health and Wellbeing Programme has been implemented to support people to stay healthy and well at work
- A Values into Action group has been established to support staff to take projects from A to B
- Patients and Carers have had more involvement in Trust Committees
- High uptake of staff having Flu immunisations
- Short term sickness absence rates have dropped
- Electronic Patient Record to be implemented soon

In conclusion Ms Ditheridge explained that the Trust will continue with its involvement in the RUCCs, will progress its five year plan and will support staff to do their jobs successfully.

6. The Quality of Our Services

Mr Gregory presented an overview of the Trust Quality Account and explained the importance of providing better care.

He summarised the priorities from last year as follows:

- To involve the Patient and Carer Panel in the work of the Trust
- Safe in our care
- Support staff to do their jobs well by improving training and the appraisal process
- Work with our partners to provide seamless care

Mr Gregory took the opportunity to thank Mark Donovan, Patient Experience Manager for the work he has done with the Patient and Carer Panel, and to thank Volunteers, including Milly Smith, for all of the time they have given to the Trust over the past year.

He highlighted how important patient and carer stories are for learning and reflection.

Other improvements to note included: roll out of the Butterfly Scheme, no PALs turned into complaints, services were fit for purpose, pressure ulcers reduced, mandatory training was easier to access, and 2500 responses to Friends and Family Test in two months.

Mr Gregory reported that recruitment and staffing levels locally and nationally remained a challenge and a focus for attention.

7. Finance Review

Mr Ridley explained that Trish Donovan, former Director of Finance recently retired from the Trust and in the interim Sarah Lloyd, Deputy Director of Finance has been acting Director of Finance until Ms Ros Francké starts in post.

Mrs Lloyd provided a brief overview of the Trust's financial performance over the last year. She explained that our income totalled £75,286k with a surplus of £352k which is very positive as this surplus can be reinvested in the Trust's capital programme. It was noted that 55% of the Trust's income was received from Shropshire Clinical Commissioning Group and 19% from Telford and Wrekin Clinical Commissioning Group and the remaining amount received from NHS England, Local Authorities and other partners. In terms of expenditure for 2014/15 the majority (71%) of the income was spent on staff and 10% was spent on clinical supplies.

She explained that the Trust has invested £1.0m in our assets including medical equipment purchases, therapeutic garden, refurbishment and updating of premises and information technology and software.

The Trust has a strong cash balance which has enabled it to fund its own capital expenditure avoiding the need to borrow any money.

Mrs Lloyd took the opportunity to thank the community hospital Leagues of Friends for all of their charitable donations over the past year.

8. Questions or comments from members of the audience

Mr Ridley invited questions from the public.

Question 1

David Sandbach: You are almost the secret service of the NHS in Shropshire and your services are not well known. Would you like to tease out what you plan to do in Whitchurch in terms of developing an Urgent Care Centre?

Steve Gregory: There are a couple of local GP Practices in Whitchurch interested to move into the hospital, which is a great opportunity. This will add to the services already being offered there, such as the Minor Injuries Unit.

Andrew Ferguson: At the moment there is some free space at Whitchurch Hospital. Part of the planning will involve us making sure we can still accommodate the development of an Urgent Care Centre.

Question 2

David Sandbach: Future Fit is currently over-focussed on secondary care in Shropshire. Your income needs to go up by 20% to 30% if you are to deliver on the community element of the Future Fit programme.

Jan Ditheridge: Resources and where they sit in the system are important. We have had some discussions as we feel community services need to be on a much larger scale consistently (“industrialised”) if we are to keep people well out of hospital and in their own homes.

Question 3

Don Fullwood: We have talked about Shrewsbury and Telford and the North of the county, but what about the South of the county, what are the likely developments there?

Jan Ditheridge: All of our community hospitals offer a valuable mix of services with some variations for different reasons and all of them are still in the rural urgent care centre/local urgent care mix.

9. Presentation on Genomics by Professor Dion Morton

Ms Ditheridge welcomed Professor Dion Morton to the meeting.

Professor Morton thanked Ms Ditheridge for inviting him and explained that he is working on a programme which will transform the NHS by directing the right treatments to the right people. He said that at this stage it can only be delivered through secondary care. The programme involves using the Genome to help clinicians treat their patients. It will allow for new diagnostics, which were not possible before, and will revolutionise the linking of data collection and collation through a platform called Genie.

The work is based at University Hospital Birmingham and the results will be fed back to the patients’ records. Initially only patients who have been identified as possibly having a genetic disorder will be invited to take part in the programme.

In response to a question asked by Dr Innes, Professor Morton explained that once a diagnosis has been made a letter will be sent out to the patient’s GP and therefore primary care will be involved.

Mr Sandbach asked whether this programme would result in there being an increase, decrease or the same amount of beds required. Professor Morton responded by explaining it should have no effect on the number of beds required initially as all that will be different is the exact treatment of the patients. He explained that overall there could be a net saving as it would reduce the amount of unnecessary drugs prescribed.

In response to a question asked by Mr Ridley, Professor Morton explained that the intention is not for people to have annual genome health checks but rather encourage anyone who is at risk of a significant illness to have a test. He explained that a lot of data is collected from relatives which helps to build up a picture of what illnesses may be present in children.

Dr Ganesh asked Professor Morton what impact this testing will have on insurance premiums. Professor Morton said that it will be a challenge as all insurance companies will eventually ask

whether you have had a genetic test and if you have, this will indicate in itself that you have an underlying problem. Professor Morton confirmed that the patient has full control over whether they are tested or not.

10. Closing Comments

Mr Ridley thanked Professor Morton, Trust staff who had provided stands, and all those who had attended.