MINUTES OF THE BOARD MEETING
HELD AT MEETING POINT HOUSE, TOWN CENTRE, TELFORD, TF3 4HS
AT 9.30AM ON THURSDAY 25 JANUARY 2018

PRESENT

Chair and Non-Executive Members (Voting)
Mr. Mike Ridley (Chairman)
Mr. Rolf Levesley (Vice Chairman)
Ms. Nuala O’Kane (Non-Executive Director)
Mr. Steve Jones (Non-Executive Director)
Mr. Peter Phillips (Non-Executive Director)

Executive Members (Voting)
Ms. Jan Ditheridge (Chief Executive)
Dr. Mahadeva Ganesh (Medical Director)
Ms. Ros Preen (Director of Finance)
Ms. Mel Duffy (Director of Strategy)
Mr. Steve Gregory (Director of Nursing and Operations)

Executive Members (Non voting)
Ms Julie Thornby (Director of Corporate Affairs)

Members of the Public 0
Press 0
Observers 0
Staff 3
Volunteers 0

On behalf of the Board, Mr Ridley wished to express recognition for the huge contributions of both Ms Duffy on strategy and transformation, and Ms Sally-Anne Osborne in operations, during their time with the Trust. Their contributions have been hugely appreciated and the Board wish them well in their future careers.

Mr Ridley welcomed everyone, and opened the meeting.

ITEM

Minute No 2018.1.1 - Apologies (Agenda Item 1)

There were no apologies.

Minute No. 2018.1.2 - Minutes of the Meeting held on 30 November 2017 (Agenda Item 2)

The minutes were agreed as an accurate record.

Mr Gregory FORMALLY PROPOSED that the Minutes of the Board Meeting of Shropshire Community Health NHS Trust held on 30 November 2017 be received and approved as an accurate record. The proposal was SECONDED by Mr Phillips, and BOARD MEMBERS UNANIMOUSLY AGREED the proposal.

Minute No. 2018.1.3 Review of action log (Agenda Item 3)
Members accepted the action log giving an update on actions from the last meeting; all of the actions that were completed or were scheduled for imminent completion could be removed from the log.

Ms Ditheridge commented on the training performance data relating to new starters which is contributing to a ‘red flag’ from the first day of joining the organisation. New starters receive an enormous amount of training in the first two days of joining via induction and therefore should show as green. Mr Gregory to look into this data capturing issue.

**ACTION: Mr Gregory to revisit the performance data capturing issue relating to new starters.**

**Minute No. 2018.1.4 - Declarations of Interest** (Agenda Item 4)

There were no declarations of interest.

**Minute No. 2018.1.5 - Chairman’s Communications** (Agenda Item 5)

Mr Ridley updated the Board on his meetings and visits over the last month and commented on the first King’s Fund meeting involving all local Chairs and Chief Executives in discussions around Sustainability and Transformation Plans (STP) and aspirations for working together to improve effectiveness and progress. The next Kings Fund meeting will be in February to discuss improving communication and decision making structures for the whole system and ensuring the leadership team have the capacity to drive this forward. There are to be further discussions about internal or external chairmanship of the STP.

Mr Ridley contributed to assessment of a significant and very welcome number of nominations for the Staff Awards .

**The Board noted the content of the report.**

**Minute No. 2018.1.6 – Non-Executive Directors’ Communications** (Agenda Item 6)

Ms O’Kane, along with Ms Ditheridge, had visited the Dental Service towards the end of December and reported that she had not previously appreciated the scope of the service and the client base. The enthusiasm and passion of the staff was very noticeable. The Dental Service building is a challenge as it is on a busy road with no parking. It was noted that other dental buildings are also problematic; resolving this is in the estates strategy and plan. We are waiting for commissioning decisions about the future shape of dental services but should not wait too long before addressing the issues.

Mr Phillips discussed his recent meeting with the Dying Well Fund group which Ms O’Kane also attended. The group have established themselves to look for charitable donations and will be attending the next Charitable Funds Meeting for discussion. Ms Ditheridge said that staff generally were not aware of our charitable funds and enquired if the group were aware that SCHT have a range of charitable funds that can be accessed for essential items. Mrs O’Kane would take this forward with the group next week.

Mr Jones had visited Stoke Heath Prison healthcare team headed by Wendy Sweeney, and commented that the team came across as very well led and enthusiastic. Mr Jones was very interested to hear that they have ‘peer prisoners’ to support other prisoners; they are an asset to the service. Appraisals, relationships and staffing vacancies coming up were all discussed with no specific challenges to be acted upon. It was a very positive visit overall.

Mr Levesley visited the Quality Team and found them very positive. There were some frustrations regarding resources, IT issues and high email volume, and Mr Levesley stressed the importance of closing the loop with feedback to the team on these issues.
ACTION: Ms Duffy (now Ms Thornby) to revisit the Estates Strategy/Plan regarding the challenge around certain Dental buildings.

ACTION: Ms O’Kane to inform the Dying Well Fund group of the range of charitable funds that can be accessed.

ACTION: Mr Gregory to address with the Quality Team issues they had raised regarding resources, email protocol and I.T. issues.

Position accepted

Minute No. 2018.1.7 - Chief Executive’s Report (Agenda Item 7)

Ms Ditheridge highlighted the key points of her report and invited questions and comments.

National Health and Care Workforce Strategy
Mr Gregory noted from a recent discussion with a colleague from Staffordshire University that the number of people commencing nurse training in the last 6 months is down 30% nationally, particularly in the 30+ age range; which appears to correlate with bursary withdrawal. If correct, this would create national staffing challenges. Others felt it would be helpful to see some evidence of this figure as the Health Education England stance is that places are being filled and more nurses than ever are being trained.

The Board discussed nurse apprenticeship as a way of attracting people back into nursing; Ms Ditheridge stressed the importance of developing the image of nursing and career pathways from apprenticeships.

It was noted that our own refreshed Workforce Strategy is being mapped against the national one and is due to return to Board in April.

Winter Pressures
It was noted we had not received any of the local £2.6 million winter pressure fund. Our services had not been stretched so much so as to be at risk but staff did feel under significant pressure.

The Board unanimously agreed to write and congratulate Judith Haycocks and Margaret Veal on their New Year’s Honours recognition.

ACTION: Mr Ridley to write and congratulate Judith Haycocks and Margaret Veal on their New Year’s Honours recognition.

Position accepted

8. QUALITY, SAFETY AND PRODUCTIVITY

Minute No 2018.1.8 – Quality and Safety (Agenda Item 8.1)

Mr Gregory invited questions on the Quality Report.

Ms Ditheridge asked that reports back from Board visits to services within the quality report were made clearer, with fuller feedback shown. Mr Gregory to resolve this issue.
Ms Ditheridge enquired how the Board are assured that all learning loops are being closed, particularly around serious incidents. Mr Gregory explained that serious incidents and lessons learned/Root Cause Analysis points will be included in a Quality Committee quarterly report which will include specific actions taken to close loops.

Mr Ridley asked for clarification around who has or has not received mandatory safeguarding training. Mr Gregory explained that this has been addressed and that each team has access to this information and acts upon it. Mr Ridley also enquired as to the deterioration of CPR training data in the report and how it is being addressed. Mr Gregory confirmed it is critical training; in each team on duty there will be at least one person with basic life support training. Anyone who has not yet received it will be prevented from duty if that is deemed safety critical. This has not affected service delivery but has affected some individual staff.

In reply to a question Ms Thornby explained our flu immunisation uptake is up to 75.7%; the occupational health team are still aiming for 80% uptake. We have already met the 70% national target.

Mr Jones highlighted that it may be beneficial to see more trends and comparisons in the report to see how we are doing overall. Mr Gregory agreed to look at this more with his team.

**ACTION:** Mr Gregory to ensure clearer coverage of Board visits to services in Quality Reports, with accuracy on names and key feedback points included.

**ACTION:** Mr Gregory to ensure that quarterly report at Quality Committee covers specific actions taken to close loops from Serious Incidents

**ACTION:** Mr Gregory to revisit the dashboards to include trends.

Position accepted

**Minute No 2018.1.9 – Update on end of life strategies for adults and children/young people**

(C的是 Agenda Item 8.2)

Cath Molineux and Sally Crighton attended the meeting to update the Board on the end of life strategies for Adults and for Children. The CQC visit in March 2016 had highlighted that at that time neither the Trust nor the local system had end of life strategies. Since then strategies have been produced for both Adults and Children/Young People. Ms Ditheridge commented that it would be important now to see how we compare to good practice not simply to regulatory compliance.

Ms Molineux described work to implement the adult strategy which was taking place and highlighted the need to recognise quite early on when a person is in the last 12 months of life, which is now being recognised more by staff. A recent article in the Guardian entitled ‘to treat or not to treat’ highlighted interventions to older people such as chemotherapy and whether it is right to treat and should be weighed up looking at quality vs quantity of life.

Ms Crighton gave a little background information that the community children’s nurses caseload is about 250 children, of whom approximately two thirds are categorised as having life threatening illness or receiving palliative and end of life care. Ms Crighton spoke of the great links that have been made with various other services such as bereavement support service and Hope House Hospice and recently bespoke training from Acorns Hospice. Challenges included pressures on 24 hour capacity, and getting family feedback.

The Board discussed what support is supplied to our staff, should they need it, to cope with bereavement. It was explained that a clearer formal structure for clinical supervision was now in place; there is a debrief for the team after a child’s death and access to psychology support if needed.
In response to a question about the governance structure for end of life care now, Mr Gregory confirmed there is an end of life working group, and a strategy group, and these feed into the Quality and Safety Delivery Group.

It was noted that early recognition that someone is moving towards the end of their life and having structured conversations with professionals and family members is crucial in avoiding treatment which extends life but at the cost of quality of life. There has to be active communication and formalisation around what a good death is.

Ms O’Kane congratulated the team on behalf of the Board for their hard work and commented that she was keen to see the strategies were being implemented and translated into practice. It was also pleasing to see collaboration with the voluntary sector where there is a huge amount of expertise to draw from.

The position was accepted.

**Minute No 2018.1.9 – Quarterly Mortality Review** – Agenda item 8.3)

Dr Ganesh highlighted the key points in his report, those being:

- Assurance that the Local Mortality Review processes are being carried out and appropriate reporting of both expected and unexpected deaths is taking place and is being monitoring by the Mortality Group in collaboration with the Adult Service Delivery Group and Community Hospital Medical Advisors Group.
- The Mortality Group continue to monitor and review national guidance and reports relating to mortality investigations, learning and reporting to ensure our processes are kept up to date.
- Reporting of mortality data as per national guidelines.

Dr Ganesh informed the group that the whole system of serious incident reporting was currently being refreshed following the recent inquest into the tragic death of a 14 year old boy. Deep dives take place into all such deaths. Two immediate actions have been taken in response to that particular incident, which have been shared with our paediatric teams and with South Staffordshire and Shropshire Healthcare Foundation Trust who now provide the CAMHS service. New consideration is being given to when urgent appointments are needed, and to awareness and use of suicide contracts.

In response to a question about deaths of people with learning disability, Ms Ditheridge commented that we need a much better lens on deaths in the community where we are contributing to patient care but GPs are the main caseload holder; if anyone dies while directly on our caseload we will investigate.

Mr Jones asked for clarification as to why there were more deaths at some community hospitals than others; this reflected bed numbers to some extent and tended to balance over time. Dr Ganesh to ensure bed numbers are noted in future reports.

**ACTION:** Dr Ganesh to ensure bed numbers are included in future Mortality reporting.

Position accepted

**Minute No 2018.1.10 – Safeguarding Annual Reports: Adults & Children** – Agenda item 8.4)

Dr Ganesh highlighted the key points in his report, including:

- Safeguarding activity and compliance with relevant guidance is evidenced.
- National recommendations are considered to strengthen our assurance on the protection of people at risk
- SCHT continues to make safeguarding everyone’s business

Dr Ganesh drew the Board’s attention to the Safeguarding diagram showing the array of safeguarding domains. There were challenges over training compliance but he believed this could be achieved. There was also a challenge in the numbers of looked after children referrals; this was addressed in staffing for the new 0 to 19 service.

Mr Ridley asked for clarification as to why the adult report was for 17/18 and the children’s report for 16/17. Mr Gregory explained the annual report is updated on the work carried out for the previous year so it is correct.

Mr Ridley commented on the increasing numbers of looked after children and asked for assurance that staff numbers are moving at the same pace rather than overstretching the service. Dr Ganesh replied that the commissioners work very closely with the looked after team and if there was any indication of the service being stretched it would be addressed. Ms Ditheridge enquired as to how the workload is monitored. Mr Gregory described regular monitoring and supervision.

**Minute No 2018.1.11 – Performance Report** – Agenda item 8.4)

Ms Preen summarised the key points of the performance report and asked the Board to agree the new metric for seasonal flu vaccination, which was agreed by the Board.

Ms Preen wished to direct the Board to the suite of metrics around training and mandatory training management which are either plateauing or starting a slight downfall and recommended the Board approve putting focus around those particular metrics. It was agreed that this was a management responsibility, and needed a determined effort combined with performance management of individuals who did not deliver. Ms Ditheridge would discuss this separately with Mr Gregory.

Mr Ridley asked for clarification of Appendix 2, item 5.9 “Delivered in suitable environments”. Ms Duffy responded that these have been superseded by Estate Reporting and that the Board needs to agree whether better defined metrics is required in the performance report or whether the Board would be satisfied this be dealt with in the Estate Report. It was agreed that meaningful estates indicators would be included in performance reports.

**The Board agreed** adoption of the new flu vaccination metric

**Minute No 2018.1.12 – Patient Story** – Agenda item 8.5)

Dena James, Community Practice Teacher, attended the meeting to share a recent patient story which happened in December during the treacherous snow days. Due to the severe weather many services were working with skeleton staff when the triage line received a call that a care home patient, who was not known to our service, required a syringe pump setting up for pain relief. It was stated that the drugs and authorisations were in place, having been prescribed in advance. Ms James enlisted the help of a colleague with a 4 x 4 vehicle to reach the patient. Ms James discovered the prescribed drug provided was incorrect. Due to the combination of the bad weather, and skeleton staff in all services involved including the GP practice, it took around 3.5 hours and a lot of organisation before the correct pain relief medication was obtained and given to the patient. Following this incident Ms James produced a check list to try to avoid this kind of issue happening again in the future.

Ms O’Kane commented that the effort of staff had been inspirational and gave a great insight into the daily life of nursing teams.
9. STRATEGY, INNOVATION AND SERVICE IMPROVEMENT

Minute No 2018.1.13 – Transformation Report – (Agenda item 9.1)

Ms Duffy highlighted that time lines for Future Fit and the Community Services Review have slipped. In Shropshire the community services review work is largely transferring into an out of hospital programme, including the future of minor injury units, in which we will be involved. Ms Ditheridge noted she had met with the relevant CCG lead officer and had provided a summary of all the past work on this topic. She believed there would be progress to report on the out of hospital model before April 2019 even if that was the CCG’s official timeline for completion. We would push for early finalisation of the Bishops Castle model recognising the recent pilot there which received wide support.

Our 3 community offer pilots in Telford are now developed to go live with staff recruitment to progress these. The implementation blueprint plans developed for Telford would be easily transferable to Shropshire with a few tweaks.

It was noted that nationally and locally, the Carillion issue may have an impact on capital funds available.

Minute No 2018.1.14 – Update on Trust’s Organisational Transaction – (Agenda item 9.2)

Key points were:

- Proposals from the two local shortlisted NHS Trusts to manage the Community Trust’s services have been received, and the evaluation process is underway
- That process includes a range of evaluation activities which will come together in an NHSI-led Evaluation Panel followed by consideration by the Trust Board in March.

Ms Thornby commented that the staff sessions to meet the bidders were well attended by over 100 staff and the quality of questions from staff was very high. There had also been the opportunity to share the information and feedback main items at the staff away days.

Minute No 2018.1.15 – Estates Update – (Agenda item 9.3)

Ms Duffy highlighted the main points in her Estates report which had been discussed at Resources and Performance Committee.

Mr Ridley asked for clarification of item 5 on page 3 of her report which suggested Whitchurch Hospital could be a suitable option for a GP surgery but this was not supported by NHSE. Ms Duffy explained that a paper had been forwarded to the CCG’s primary care committee regarding the development of a single GP practice premise at a different location in Whitchurch from the hospital. Work is still required on the business case but she is assured that in terms of services included, the Whitchurch proposed new build GP practice away from the hospital site would not replicate community hospital services.

Ms Ditheridge requested assurance that patients and staff were safe regarding the water issues at Ludlow and Whitchurch. Mr Gregory explained that it is an ongoing issue with Ludlow but that all measures are in place to ensure patient and staff safety whilst this issue is being resolved.

Mr Ridley enquired as to progress over leases with NHS Property Services. Ms Duffy explained that there is not a schedule as such; NHSPS are negotiating hundreds across the country. We have not yet agreed a lease with them but have seen the new Ludlow heads of terms which are improved.

10. RISK AND FINANCIAL STABILITY
Minute No. 2018.1.16 – Finance Report – (Agenda item 10.1)

The key points from the Finance Report are as follows:

- The Trust is reporting an adjusted financial position surplus of £441k at month 9, against a planned surplus of £350k, which is a favourable variance of £91k
- The Trust is reporting a forecast outturn of £855k surplus to NHS Improvement (NHSI) in line with the plan submitted in March 2017
- The Trust’s cash balance as at 31 December 2018 remains strong at £11,469k
- On a year to date basis Cost Improvement Programme (CIP) savings delivered and validated total £1,991k, against a target of £1,859k. We continue to forecast delivery of the full programme (£3,960k) and through the CIP Delivery Group have identified potential schemes to deliver the full value in-year, of which 59% is of a non-recurrent nature and represents an improvement compared to the year to date position
- Due to delays in relation to specific modules of the EPR implementation programme, the forecast under spend against the Capital Resource Limit of £2,516k has been estimated at £360k

No new risks had been highlighted at Resources and Performance Committee on the year end position and the Committee had agreed to increase our control total to a position of £200k better performance as this is beneficial

The Board agreed the revised adjusted financial position.

Mr Ridley asked if there were any update regarding the MSK position and possibility of deficit next year. Ms Preen explained that she would be in a position to give an update at the February Resources Committee meeting.

EPR
Ms Preen noted the huge achievement made so far and the three crucial issues now:
1. Resolving clinical and operational leadership in view of staff who have left and benefits realisation work needed
2. Project leadership noting previous consultancy has ended
3. Approach to inpatient phase

Members of the Board requested a comprehensive report regarding delays, plans and mitigations surrounding the implementation of phase 4 of EPR to be brought to the February Resources and Performance meeting.

ACTION: Ms Preen to provide a comprehensive report regarding the delays, plans and mitigations surrounding the implementation of Phase 4 of the EPR project to the next Resources and Performance Committee.

Position noted

Minute No. 2018.1.17 – Update on new data protection legislation (Agenda Item 10.2)

Ms Preen commented that her report was intended for information only at this stage and highlighted actions the Trust needs to consider in preparation for the EU General Data Protection Regulation (GDPR) rules which will apply from 25th May 2018.
Ms Preen took the opportunity to ask the Board for approval for the individuals who have been identified as undertaking this designated responsibility. Ms Ditheridge requested assurance that the individuals’ workloads and any associated impact of this new responsibility had been risk assessed. Ms Preen assured the Board that a risk assessment had been undertaken and the workload would be kept under review. The Board unanimously accepted the proposal.

Mr Jones enquired as to whether the Trust’s mandatory training would change as a result of the changes to the new data protection legislation. Ms Preen explained that it would but until then for Board members to complete their information governance training by the due date.

The Board accepted the recommendations in the report.

Minute No. 2018.1.18– Governance Report Incl: Board Assurance Framework & Update from Audit Committee (Agenda Item 10.3)

BAF
Ms Thornby supplied the Board with the latest versions of the Board Assurance Framework (BAF) and the Corporate Risk Register so that the Board members could consider if the Trust’s main risks and mitigations are captured.

Ms Preen commented that the EPR project team have been asked to set out and assess risks in Phase 4 to see where in the Trust’s risk framework this will sit. Progress will be reported to the February Board meeting.

Audit Committee
Key points from the Audit Committee update:

- CQC - 35 of the 36 actions on the getting to good action plan have been completed. The outstanding action related to MIU establishments review, which is in progress.
- The committee received 5 finalised audit reports, all giving substantial assurance. Two reports are being finalised, Clinical Audit which gives a red rating, no assurance, and Estates which gives partial assurance.
- External Audit are finalising annual audit plans. The plan is similar to the previous year.

The red rating on the internal audit of clinical audit arrangements was discussed; it was noted that this needed to be reviewed in detail and there were lessons to be learned.

The BAF and Audit Committee reports were unanimously agreed by the Board.

ACTION: Ms Preen to update the Board on assessment of risks in Phase 4 of EPR and where in our risk framework that should sit
Dr Ganesh to review and address learning from the internal audit on clinical audit

11. QUESTIONS OR COMMENTS FROM MEMBERS OF THE PUBLIC

Minute No. 2018.1.19 – Questions or Comments from Members of the Public – (Agenda Item 11)

There were no members of the public in attendance.
12. ITEMS FOR INFORMATION ONLY

**Minute No. 2018.1.20 – Committee Minutes** (Agenda Item 12)

The following minutes were noted:
- Quality and Safety Committee
  - 16 November 2017
- Audit Committee
  - 3 October 2017
- Resource and Performance Committee
  - 23 October 2017

The Board accepted the minutes

13. ANY OTHER BUSINESS – with prior agreement of the Chairman

**Minute No. 2018.1.21 – Any Other Business** (Agenda Item 13)

The Board endorsed the proposal for advertising assistant practitioner/apprentice placements.

14. MEETING EVALUATION

**Minute No. 2018.1.22 – Reflections on the meeting: effectiveness and any new risks and assurances** (Agenda Item 14.1)

The Chair enquired if the Board had found the meeting effective, had any new risks come to light and had assurances been clear and reassuring. The Patient Story was very informative. The Board unanimously agreed the meeting had been effective.

14. DATE OF FUTURE MEETING

**Minute No. 2018.1.23 – Date of Future Meeting** (Agenda Item 15)

9:30am – 1.00 pm, Thursday 29 March 2018 at William Farr House, Mytton Oak Road, Shrewsbury SY3 8XL

Mr Ridley thanked everyone for attending the meeting.

The following resolution was PROPOSED by Mr Steve Gregory and SECONDED by Mr Peter Phillips and UNANIMOUSLY SUPPORTED by all Members:

**IT WAS RESOLVED**

that representatives of the press, and other members of the public, be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960).