

Agenda Item: 6.4



Healthwatch Telford and Wrekin Board Meeting

Date of meeting:

06 July 2016

Title:

Health Boards Report

Author:

Gill Stewart

For Decision

Executive Summary:

- 

Financial Implications:

None specifically

Equality and Diversity:

None specifically

Public Engagement:

None specifically

Legal Impact:

None specifically

Recommendations:

- Board members are recommended to note the contents of this report.

Is there a need to consider inclusion in the Corporate Risk Register?

No

## **Healthwatch Telford & Wrekin**

### **Public Board Meeting-6th July 2016**

#### **Health and Wellbeing Reports**

##### **Introduction**

Healthwatch has been present at all Telford and Wrekin Clinical Commissioning Group (CCG), Shropshire and Telford Hospital Trust( SaTH) and Telford and Wrekin Council (TWC) board meetings since the last public board in April 2016 the main points of the meetings are outlined here, the full minutes of the meetings are available on the relevant websites, we also hold paper copies in the Healthwatch Telford & Wrekin (TWHW) offices.

##### **CCG Board-April-June 2016**

A member of the public raised questions about the RJAH contract, he felt it should have been through the OJEC process as a major amount of the contract had been subcontracted out to one company, David Evans to pick this issue up with RJAH and feedback.

A&E performance remains an issue, the recovery plan was discussed and the new trajectories being signed off at the System Resilience Group with a trajectory from 89% now to 95% by 2017, all being supported by partners.

The Chief Officer from T&WCCG has been appointed to manage Shropshire CCG, during his reports he discussed the restructure of the executive team including both CCG's, Shropshire and T&WCCG's. A new director was introduced at the board also that T&WCCG's Finance Director would be spending more time working in Shropshire so his deputy will act as Finance director at T&WCCG.

T&W CCG completed the year with 1% surplus as required by NHSE there was also a larger underspend due to some improved quality payments, they will be incorporated into this year planning.

The Finance director and CO recognised the contribution of finance and the GP's in the delivery of the in balance targets. The recent Audit of the accounts was rated excellent by the auditors again a big thank you was acknowledged to all who contributed.

Wellington MP had two outstanding actions from the CQC report, all staff to have DBS check due for completion at the end of June, and development of a PPG which is scheduled to commence in June (the Health Round Table are monitoring PPG issue)

NHSE have released the General Practice Forward View providing the outline of the changes to be made to support the sustainability and transformation of Primary Care services. In Telford the CCG are engaging with Key stakeholders using the PCNA , the document will inform the strategic priorities for 2016/17.

HWTW Chairs and Vice Chairs and the Health Roundtable Chair and Vice Chair met to share ideas and look at working together more proactively.

An issue was raised about the Transformational Care Partnership (transforming learning disabilities) the CCG is writing to NHSE as the partners are unable to sign off the financial

model as the cost pressures are in the region of £736,600 this is in addition to the transfer of funding from specialised commissioning.

## **Future Fit**

There are continued discussions with CEO of SaTH re the Strategic Outline Case which appears to mirror a model used in another area of the country. However, the GP community appear to be unhappy about the amount of work that may come to them in the model and its unclear about how the funding will work , a member of the public also raised the Shropshire star article about rural urgent care centres, in answer to this the CEO felt he must have given the wrong impression when they spoke to him. It is about focus on services not on buildings

### Communication

A telephone survey of 2450 residents from 5 districts of Shropshire, three of Telford and Wrekin and the wards on the eastern boundary of Powys. the results are being compiled into a report. The website has been updated to simplify it for public use and Facebook and Twitter accounts are being utilised for proactive messaging.

It is expected that the Public Consultation will commence in winter 2016/17 and the final commissioner decision due Summer 2017

As part of the restructuring across the two CCG's the new executive lead for Future Fit is Fran Beck

## **Addendum**

29/06/16

The Board of Shropshire Clinical Commissioning Group today voted to support the Strategic Outline Case (SOC) of the Sustainable Services Programme, presented by The Shrewsbury and Telford Hospital NHS Trust (SaTH), which runs the Royal Shrewsbury Hospital and the Princess Royal Hospital in Telford.

**“Simon Wright, Chief Executive of SaTH, said: We know people are concerned that having one emergency centre means greater waiting times. But there are already hidden delays that currently exist because of the way our hospital services are delivered. Each of our hospitals specialises in different areas and these changes are saving lives. More people are getting faster access to expert clinical opinion than ever before.**

**“Our SOC is not the final plan for our future, but rather a relatively brief preliminary document which contains the information we need to support an informed decision as we move towards an Outline Business Case.”**

It follows Telford & Wrekin CCG backing the SOC in May. The SOC was approved by SaTH's Board on 31 March 2016.

Public attendance at these meetings is sporadic however recently there has been a larger presence of public recently as well as HWTW.

Each board begins with a patient story usually presented by the Director of Nursing and Quality. The stories highlight good and poor practice in the trust and give the opportunity for the members of the board to interact with the public.

The Trust failed to deliver the 4 hour target against the trajectory in April and May 2016. Non-admitted performance at the PRH site was the main contributor to this underperformance. There was an increase of 138 breaches between April and May. There is now an internal improvement plan in place to address some of the key issues and the plan is being monitored on a weekly basis by the Deputy COO and corrective actions taken.

The final version of the Quality Account report will be presented to the 30 June 2016 Trust Board. It was noted that hydration and nutrition had been raised as key areas of focus for 2016/17, it was agreed that it was a very easy to read report and demonstrated real progress. However, the Trust Board need to continue to focus on the ever present need to improve. HWTW have commented on the draft report and the comments are included in the final version

Trust C.diff performance for 2015/16 was 30 cases reported compared to 29 during 2014/15. The target for 2016/17 is 25 cases

The Trust originally planned a deficit of £17.2m for the 2015/16 financial year. During the year the Trust was set a stretch target by the TDA to deliver a £14.8m deficit. At the end of the financial year the Trust has delivered a £14.6m deficit, a £0.2m underspends when compared to the stretch target.

Gill Stewart

June 2016