The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 12noon Thursday 30 November 2017
Seminar Rooms 1&2, Shropshire Conference Centre, RSH

PUBLIC SESSION MINUTES

Present:	Mr P Latchford	Chair
	Mr H Darbhanga	Non-Executive Director (NED)
	Mr C Deadman	Non-Executive Director (NED)
	Dr D Lee	Non-Executive Director (NED)
	Mrs T Mingay	Designate Non-Executive Director (D.NED)
	Mr B Newman	Non-Executive Director (NED)
	Dr C Weiner	Non-Executive Director (NED)
	Mr S Wright	Chief Executive Officer (CEO)
	Dr E Borman	Medical Director (MD)
	Mrs D Kadum	Chief Operating Officer (COO)
	Mr N Nisbet	Finance Director (FD)
	Mrs D Fowler	Director of Nursing, Midwifery & Quality (DNMQ)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
In Attendance	Miss V Maher	Workforce Director (WD)
Meeting Secretary	Mrs S Mattey	Committee Secretary (CS)
Apologies:	Mr P Cronin	Non-Executive Director

2017.2/187 WELCOME:

The Chair welcomed the Board members and members of the public and reminded the public that it is a Board meeting being held in public not a public meeting and that the Trust is not a political organisation. He also stressed the importance of respectful discussions.

The Chair reported that the Board would review the Board Assurance Framework risks against each section of the agenda at the beginning to sense check they were appropriate, and again at the end of each section to agree whether any changes were required.

The members were also reminded that it was the COO's last Board meeting before retiring from the NHS after 37 years' service; the Board thanked her for the huge contribution. She has been a great credit to SaTH, also during her time at the Countess of Chester.

2017.2/188 VIP AWARDS

The Chair reported that the Values In Practice (VIP) Awards is celebrated every month to recognise the amazing work of the Trust's staff and volunteers to support patients and their families each day.
The COO welcomed Lisa Butler, Ward 4 Manager at the Princess Royal Hospital, to accept the VIP Award for July 2017. Most recently Lisa has moved from Ward 27 to Ward 4 – Lisa was pivotal to the move, providing stability and enthusiasm while working towards great improvements, with patient care being at the centre.
The Ward 4 team, together with Lisa leading it, have adopted the lean for leader methodology regarding the quality KPI's for the ward and a significant improvement has been seen. The team are working as one in achieving this and they are also improving discharge performance - all being led by Lisa.

…….. Chair
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The Chair thanked Lisa who accepted the Award, reporting that "Ward 4 has come a long way; they are a wonderful team and I'm very proud of the Ward 4 staff".

The September and November VIP Awards will be presented to the February 2018 Trust Board.

2017.2/189 PATIENT STORY – Poem: Brian's Story *(Copy of poem attached)*

The DNMQ welcomed Sister Clare Wesley from Ward 27 at RSH to share a poem that she had written following receipt of a formal complaint relating to inpatient care received on the ward. Sr Wesley assured the Board that she has since met with the family to go through the issues to ensure learning, going forward.

The Board thanked Sr Wesley for being so brave to highlight the issues which also illustrated the determination of Sr Wesley and her team to strive to be better and to stand up and talk about the issues and circumstances which the NHS is currently faced with.

Mr Newman (NED) highlighted that SaTH is striving the become the 'Safest & Kindest' and we often forget that most patients are afraid and to have a nurse sitting beside them, providing reassurance, is really important.

2017.2/190 BOARD MEMBER'S DECLARATIONS OF INTEREST

The Board RECEIVED and NOTED the Declarations of Interest.

2017.2/191 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 28 SEPTEMBER 2017

The Chair raised the minute 2017.2/169.1 relating to 'Temporary suspension of neurology outpatient service for new referrals'. For consistency, the COO confirmed that the date referrals stopped should read '28 March 2017'.
Action: CS to amend

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

2017.2/192 ACTIONS / MATTERS ARISING FROM MEETING HELD 28 SEPTEMBER 2017

2017.2/160 – Board Members Declaration of Interest
CS to update Dr Weiner's Declarations
Completed. Action closed.

2017.2/162 – Actions/Matters Arising from meeting held 27 July 2017
2017.2/141.4 – Finance Performance
FD to break down data in actual, variance, month-to-date
Completed. Action closed.

2017.2/144 - Community Engagement Approach
DCG to provide update on a quarterly basis
Action: DCG Due: May 2018 Trust Board – Added to Forward Plan

2017.2/165 – Sustainability Committee Summary
FD to review the top 5/6 improvement actions for further discussion at the November Trust Board
Completed. Action closed.

2017.2/166 – Sustainability Committee Annual Report
DCG to look at including items relating to innovation, creativity, etc to agenda
Completed. Action closed.

…….. Chair
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2017.2/168 – Winter Planning Update
COO to provide update of actions at November Trust Board
See Minute 2017.2/199 Completed. Action closed.

2017.2/169.1 – Temporary Suspension of Neurology Outpatient Service
To look into making exit interviews/surveys mandatory for staff leavers
The WD reported that all leavers have been surveyed over the last 12 months.
A proposal will be presented to the Senior Leadership Team (SLT) and to Workforce Committee within the next month. An update will be presented to the February 2018 Trust Board.
Action: WD Due: 8 February 2018 Trust Board

2017.2/169.3 – Service Continuity Plan for Urgent & Emergency Care Services
COO to present interim plan to November Trust Board
See Minute 2017.2/198 Completed. Action closed.

2017.2/170.1 – Performance Report – Mortality
MD to add narrative under the graphs
Completed. Action closed.

2017.2/170.2 – Performance Report – Operational Performance
COO to request feedback from 111 provider to understand the call-outs/capacity
The COO reported that SaTH used ShropDoc as its provider but this recently changed. The CCG provided a statement that they continue to review the increase in demand but this is multi-factorial.
Completed. Action closed.

2017.2/170.6 – Performance Report – Quality & Safety
DNMQ to add a 'Deep Dive' to the Quality & Safety Committee of Grade 2 / 3 pressure ulcers
Completed. Action closed.

DNMQ to feed back to Chair reqarding the safeguarding adults concerns involving the Trust
Completed. Action closed.

2017.2/173 – CQC National Adult Inpatient Survey 2016
DNMQ to investigate the measure where SaTH performed worse than other Trusts, and bring results back to Board
The DNMQ reported that SaTH was ranked 64 out of 168 Trusts; the best score being 9.7, the worst being scored at 8.4; and SaTH sat at 9.1 as its aggregated score.
Completed. Action closed.

DNMQ to present Trust Improvement Plan to November Trust Board.
See Minute 2017.2/208 Completed Action closed

2017.2/175 – Social Responsibility / Good Corporate Citizen Update
WD to consider Sustainability / Social Responsibility for an annual VIP Award (2018 Awards)
Completed. Action closed.

2017.2/176 – Sustainable Transformation Plan Update
STP Programme Director to provide presentation to November Trust Board
See Minute 2017.2/210 Completed. Action closed.

2017.2/177 – Future Fit Consultation
Future Fit Programme Director to forward Consultation Document to DCG to circulate to Board members
Completed. Action closed.

…….. Chair
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2017.2/179 – Audit Committee Summary – Recommendation Tracking
FD to introduce procedure for prioritisation of payments to suppliers – provide update to November Trust Board
The FD reported that the Trust is faced with a difficult financial position. A process has been introduced in terms of judgement around how to pay suppliers and there is a process for prioritising invoice payments.
The DNMQ reported that this was raised at the recent Quality & Safety Committee meetings; following which a Quality Impact Assessment has been developed.
The members were assured that there has not been any adverse impact on patients to date and this will be kept under close review.
Mrs Mingay (NED) highlighted the importance of this message being cascaded to all staff.
Action closed.

2017.2/180 – Conflicts to Interest Policy
Board members to read the Conflicts of Interest Policy and answer related questions
Completed. Action closed.

2017.2/182.2 – Infection Prevention Control Annual Report 2016/17 – Doctors Hand Hygiene Compliance
MD to provide update to November Trust Board
The MD assured the Board that all doctors receive hand hygiene training. The overall compliance is currently running at 97% against a 100% target. The challenge is for doctors to be released from the workplace to complete the assessment. It is therefore planned for assessors to attend the doctors' workplace and also for an assessor to attend the MDT meetings.
Completed. Action closed.

2017.2/184 – Learning / Reflection of the Meeting
EDs to frame the Board agenda to ensure time is given to items for discussion and those presented for information only
On-going. Action closed.

2017.2/193 3-MONTH FORWARD PLAN

Mr Newman (NED) highlighted that all 2018 meetings are scheduled to be held at the RSH, when in previous years they have alternated between RSH and PRH. The DCG reported that this relates to room availability at PRH. Also, the only room large enough to hold the meeting is based in the centre of the hospital which isn't suitable when meetings had a large number of attendees.
The DCG reported that she is looking to hold meetings at alternative venues in Telford, but not at the PRH site.

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

2017.2/194 CHIEF EXECUTIVE OVERVIEW

194.1 The CEO reminded the members that it was the Chair's last public Trust Board meeting; he felt the Chair has undertaken the role with skill and professionalism, whilst retaining his touch with the general public. The CEO reported that the Chair is a most honourable individual from whom he has gained a great deal. Thhe Board thanked Mr Latchford for his commitment during his time at SaTH.

194.2 The CEO reported that the DCG and the Community Engagement Facilitator are currently leading on the 'People's Academy' which will engage and shape future community engagement plans.

194.3 SaTH is now facing winter pressures; the CEO highlighted the following measures that have been taken to relieve pressures, to support teams and to support patients in getting home more quickly:

- £1m capital funding has been secured to build a new Urgent Care Centre facility at PRH and bidding is also in place to build a Clinical Decision Unit – both of which will improve the level of care provided by the Trust.
- A meeting has been held with Health Education England to increase the fill rate of junior doctors
- The Trust has appointed 42 new nurses; the CEO highlighted the importance of learning from exit interviews to ensure the organisation retains its staff.

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- A frailty service is in place
- SaTH at Home has been introduced

It was queried if the 42 new nurses are home-grown or if they have been appointed from the EU. It was confirmed that some are newly qualified and some have applied from other organisations. SaTH is not currently actively recruiting outside of the UK; a watchful eye is being kept on that agenda.

The CEO reported that he recently climbed four volcanoes in five days in Sicily to raise money for a new state-of-the-art MRI scanner. The new scanner has arrived at RSH allowing the Department to image patients quicker, better and more fully.
A second MRI scanner is to be installed at RSH by the end of March 2018, thanks to generous funding by the League of Friends of RSH. It will bring the total number of new MRI scanners to three; the first was craned into place at PRH during August 2017.

194.4 The CEO issued a reminder regarding the flu jab and also asked all to encourage family and friends to have the jab. Mr Newman (NED) reported that he has received two reminder texts from his General Surgery regarding the flu jab and is pleased that the surgery is being proactive; however, he highlighted last year's SaTH target audience of 71% and enquired why this wouldn't be higher than 71%. This year the Trust has currently reached 63% of front-line healthcare workers, but this does relate to personal choice. SaTH continues to focus on encouraging staff to have the flu jab.

194.5 A further Value Stream has been agreed for Patient Safety in the Women & Children's Care Group. This is a positive development and will focus on the learning.

SUSTAINABILITY (PATIENT & FAMILY)

2017.2/195 The Chair highlighted the following four Board Assurance Framework (BAF) risks relating to this section of the agenda:

- 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.

2017.2/95.1 **SUMMARY OF SUSTAINABILITY COMMITTEE MEETING HELD 24 OCTOBER**

Mr Deadman (NED), Chair of the Sustainability Committee, presented the following key summary points from the meeting held on 24 October 2017.

Financial Position Month 6
At the end of month 6 the Trust had planned to deliver an in year deficit, before phased spend and Sustainable Transformation Fund (STF) of £7.018 million but actually recorded a deficit of £13.423 million, £6.405 million worse than plan. Although there were some issues relating to pay and non-pay, the position was compounded by non-receipt of STF and an underperformance in income of £1.720 million. As a result of the overspend that exists to date, the expected forecast outturn position at the end of 2017/18 is now £18.887 million deficit, £12.824 away from the control total set by NHSI.

The Sustainability Committee discussed the Recovery Plan and it was noted that if the Trust delivered the green and amber RAG rated schemes the Trust would outturn at £13.897 million deficit, £7.834 million gap. This was

considered the most likely outcome. It was noted that delivery of the Red schemes would be extremely challenging. Suggestions to close the gap of £7.834 million were outlined.

The impact of the current financial position on cash flow was presented. The committee was informed of the difficulties being experienced by operational and other services as a result of extended payment terms. The committee expressed concern about the current position and the impact this was having on service delivery.

Electronic Patient Record (EPR) External Consultancy Option Appraisal
The committee received and approved a proposal to appoint an external IT specialist consultancy firm to provide an options appraisal to enable the completion of a strategic outline business case for the future Electronic Patient Record solution.

Operational Plan 2017/18
An update on performance against the plan was provided and presentations were delivered on the following objectives:

- Objective 4 – Streamline patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH
- Objective 5 – Complete workforce review of PRH/RSH A&E department and address 6pm – 12am capacity shortfall
- Objective 6 – Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June
- Objective 21 - Develop a trajectory for agency usage improvement by April

An assurance matrix was attached at Appendix 1 relating to business and care improvement objectives.

Policies for Ratification – The following policies were received and ratified:

- Lock down Policy
- Waste Management Policy
- Electrical Safety Policy
- Information and Information Security Policy
- Operational Policy for Clinical Validation
- Laser Radiation Protection

Other issues discussed:

- **#3 Meridian Project -** Productivity improvement across Outpatients, Theatres and Radiology – an explanation of the many reasons for the delay were provided by representatives of the Scheduled Care Group who attended the meeting at the request of the committee to share their views of the project. It was noted that some consultant 'buy in' has been lost as a consequence of this project to date.
- The committee sought and received assurance that there was deep commitment to deliver the outcomes targeted by this business change project and the Committee thanked the project leaders for their ownership and tenacity of these complex issues.
- **Sustainable Services Programme Update** – overall status RAG rated Amber/Red. The WD delivered a presentation on the Sustainable Services Workforce Plan. There were a number of risks associated with the plan relating to supply and recruitment of key staff, double running costs and delivery of a new IT programme. There was a recognition that SaTH is behind other Trusts in a number of workforce related areas. The challenge is for the Trust to implement the changes at pace and at a scale in order for them to have an impact

2017.2/95.2 **SUMMARY OF SUSTAINABILITY COMMITTEE MEETING HELD 28 NOVEMBER 2017:**

Charitable Funds
The Sustainability Committee received the Draft Charitable Funds Annual Report and Accounts 2016/17 and Management Representation letter noting that Ernst Young had given a clean audit report with no issues. The committee approved these ahead of the Trust Board meeting on 30th November 2017. Due to the value of the charitable fund income, an independent review had taken place from rather than a full audit.

…….. Chair
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Financial Position Month 7
The financial position for Month 7 was presented and it was noted that at the end of Month 7 the Trust had planned to deliver an in year deficit, before phased spend and STF, of £7.628 million and actually recorded a deficit of £15.380 million, £7.752 million worse than plan. Spend in October was broadly where it was expected to be with the exception of non-pay which was higher than expected due to high cost drugs. The financial benefits of the reduction in tier 5 nurse agency had not been realised due to the medical agency staffing expenditure and therefore the Trust continues to exceed the agency ceiling set by NHSI by £4.511 million above the cap.

The Trust was forecasting an outturn position of a deficit of £19.361 million without rectification. Approximately £8m of this is made up of unbudgeted agency expenditure. This could potentially increase in the light of CQUIN discussions. However, the delivery of the green and amber rated schemes could achieve an outturn position of £16.561 deficit. This was still some £10 million away for the control total set by NHSI.

The committee acknowledged the progress made with regard to reducing nursing agency spend and the need to focus on medical staffing agency to see a real change. The challenge will be to maintain the position going forward. There was a recognition that internal processes need to improve and reference was made to the impact of poor patient flow, stranded patients and escalation beds on the financial position. The committee was reassured by the commitment given to focus attention on these issues however there was no detailed plan in place to address these issues.

The cash position continues to cause severe concern. Payment terms had been revised following production of Quality Impact Assessment which has resulted in a greater unfunded cash gap.

Compliance with the new General Data Protection Regulations (GDPR)
The Sustainability Committee was informed of changes taking place with effect from 25th May 2018 which will introduce greater accountability for organisations and Board members. One of the biggest changes will be the requirement to gain consent regarding data flows and sharing. It is recommended that a Data Protection Officer is appointed and an appropriate accountability framework is developed. It was agreed that a short paper should be submitted to Trust Board outlining the changes in order that a decision can be made by Board as to how to proceed with the management of this important issue.
Action: FD to update Board on GDPR and actions being taken Due: February 2018 Trust Board

Board Assurance Framework (BAF)
The Sustainability Committee reviewed the BAF risks and agreed that the RAG ratings should remain as follows:

- 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 & Expenditure position then we will not be able to fulfil our financial duties & address the modernisation of our ageing estate & equipment. RED
- Risk 1187 - If we do not deliver our CIPs and budgetary control totals then we will be unable to invest in services to meet the needs of our patients. RED.

There were no new risks to add and the Committee believed the risks remained RED-rated. .

Operational Plan 2017/18
An update on performance against the plan was provided. Rachel Brown, Clinical Programme Lead for the SAFER programme and Carol Mcinnes, Assistant Chief Operating Officer (Unscheduled Care) delivered excellent presentations on Objective 7 (Implement Red to Green and SAFER programme from April-June) and Objective 15 (Conclude arrangements to transfer 70 beds to community provision from April-October).
Both presentations provided a powerful and impressive insight into the work going on and possible solutions to the poor patient flow issues which have in part resulted in the £8m expected overspend in agency costs in the current financial year. The Trust needs to ensure ownership of such important work and for this to become embedded within day to day business. The importance of triangulating the work of the Medical Director, Director of Nursing and Quality and Chief Operating Officer was deemed to be essential in this regard.

…….. Chair
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An assurance matrix was attached at Appendix 1 relating to business and care improvement objectives; the committee will focus on these at each committee meeting.

Other issues discussed:

- **Implementing the Cancer Recovery Package by 2020** - the committee gave their support to a proposal funded by Macmillan to recruit a Programme Lead and Project Manager for an initial period of three years to scope how the Recovery Package is implemented at SaTH. The project will be reviewed after 18 months to determine the impact and if additional resources are required.
- **Trust Performance Report** – key messages included success in delivery of the RTT, Cancer and Diagnostic targets. The A&E position remains a concern and one of the biggest challenges for the Trust to address.
- **Sustainable Services Programme Update** – received and noted. Overall status RAG rated Amber/Red. The Head of IT delivered a presentation on IT dependencies.

The Board agreed that the above Sustainability Committee summaries had covered all four risks of the Sustainability agenda of the BAF; the Board members did however highlight the continuing issues around patient flow.

Patient Flow

The CEO reported that the Trust will be undertaking a clinically led piece of work over a six week period with two wards; this will be undertaken alongside STP partners and author Alex Knight who has worked around the world alongside many great leaders in health and social care to identify ways in which healthcare systems can be managed in a sustainable way with the patient at the centre of decision making. Emphasis will be placed on minimising the time patients are in hospital.

Cash Position

The FD reported that SaTH has reached the upper limit of the cash position. He informed the members that he is in dialogue with the Regional Director of NHSI regarding the end of year position which the organisation must deliver.

Mr Newman (NED) enquired if the FD is seeing the activity reflected in the top line. The FD reported that there have not been any substantial changes, however the level of income is lower due to the reduction in midwifery activity, and the activity challenges received from our commissioners.

Mrs Mingay (Designate NED) queried the impact of the operating plan on patients and staff. The DNMQ reported that the operating plan is a direction of travel to be more efficient and to manage the patients' journey across the organisation.

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

2017.2/196 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2016/17

The FD presented a paper which reported that the Trust Board is the Corporate Trustee of SaTH's charitable funds.

It was noted that the Sustainability Committee have reviewed the charitable funds annual report and accounts 2016/17 and the external auditors have completed an independent examination and have not identified any issues.

The Sustainability Committee did however raise a query relating to 'Key management personnel remuneration' on page 10 of the Charitable Funds annual report which stated that the 'Trustee has not purchased trustee indemnity insurance' but upon checking, the Senior Financial Accountant has confirmed that the 'Trustee *has* purchased trustee indemnity insurance'. The members were assured that the Charitable Funds Annual Report has been updated to reflect this change.

Following discussion, the Board APPROVED the Charitable Funds annual report and accounts for 2016/17 and the Chair signed off the statement of trustees' responsibilities in respect of the trustees' annual report and accounts, the balance sheet and the management letter of representation.

…….. Chair
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Services in the Spotlight

2017.2/197 SERVICE ESCALATION FRAMEWORK

The COO presented a paper which reported that there has been no formal process to determine the risk level of services commissioned by Shropshire and Telford & Wrekin Clinical Commissioning Groups. A draft service Escalation Framework has therefore been developed by Commissioners and is currently being piloted.

The Care Groups have been requested to assess services using this framework; the outcome of which will inform the Board Assurance Framework.

Following discussion, the Board RECEIVED and NOTED the Service Escalation Framework for SaTH.

2017.2/198 INTERIM SERVICE CONTINUITY PLAN FOR URGENT & EMERGENCY CARE SERVICES

The COO presented this paper which reported that the medium and long term vision for the health service within the county is being developed through the NHS Future Fit programme. This programme envisages a new model of sustainable safe care including a network of urgent care centres supported by a single emergency centre.
Papers have previously been considered by the Trust Board which have highlighted the risks and challenges that are being faced in relation to maintaining a safe and effective urgent and emergency care service on both PRH and RSH sites, and the contingency plans to address this.

The COO reported that this paper related to a two-week continuity plan for Urgent & Emergency Care Services; beyond two weeks would require external support from the wider NHS. She further informed the members that the plan is reliant on a number of material assumptions, which has resulted in not extending to a three-month plan.

The contingency plan proposed was to:

- Close the PRH A&E to ED classified patients during the night (20.00 – 08.00);
- Implement a 24 hour Urgent Care service co-located with the existing ED department at PRH;
- Use the Sustainable Services Programme (SSP) principles of ED and UCC services as the basis for planning activity;
- Increase capacity at RSH to manage the additional 'ED' patients and those needing admission from PRH during the night;
- Address pathway challenges at PRH overnight e.g. Women and Children, Stroke, Head and Neck.

Emergency Department Service Contingency Planning
At the stakeholder workshop on the 13th October each of the specialty teams presented the impact of an overnight closure on their respective service pathways and mitigation plans. Further analysis from key specialties considered service continuity plans in the event of PRH ED closing overnight and there being a Minor Injuries Unit in its place.

The impact analysis process used for the development for the Urgent Care Centre (UCC) was followed for the scenario where a Minor Injuries Unit (MIU) is in place at PRH.

Short Term ED Business Continuity Plan
Under the Civil Contingencies Act 2004, NHS organisations that are category 1 responders are required to have business continuity plans in place to ensure departments are able to maintain their function for their critical services for up to two weeks. As a Trust, we have an obligation to maintain services for our patients, regardless of disruptive events or interruptions, and to ensure we return to business as usual as soon as possible.

On this basis a plan has been agreed which would support the closure of PRH ED overnight (8pm – 8am) for up to two weeks in the event of there being insufficient Consultant or Middle Grade cover.

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- West Midlands Ambulance Service (WMAS) and the Welsh Ambulance Services (WAST) will be informed to enact their business continuity plans. Both ambulance services have attended the stakeholder sessions and are aware of the potential closure and impact on their service, but further discussion is required with each of the ambulance Trust's and commissioners to finalise the plans;
- Neighbouring Trusts (Wrexham Maelor, Royal Stoke University Hospital and Royal Wolverhampton Hospital) will all be informed to enact their business continuity plans if necessary to receive additional patients. Activity analysis indicates that this could be 7 paediatric patients and 2 head & neck patients a night to the Royal Wolverhampton NHS Trust (RHWT). RWHT have attended the stakeholder sessions and are aware of the potential to receive patients but further discussions are required to confirm numbers and specific conditions with the respective clinical teams.

This plan would be in place until the staffing situation has been stabilised and up to a maximum of 2 weeks.

Workforce Plans
Locum cover remains the first option to address any gaps which may occur as a result of resignation in both the Consultant and Middle Grade tiers within the ED workforce. This maintains the risk at its current level due to the reliance on locum availability who contractually have very little obligation to the Trust and can give one weeks' notice prior to leaving. It also jeopardises the department's medical training status with Consultant to Trainee ratios reduced.

It remains the case that every effort has to continue to give stability to the ED workforce. Actions being taken in support of this are:

- NHSI Plan for Mutual Aid;
- Support from Health Education England;
- Royal College of Emergency Medicine mutual aid;
- Local Agreement

Communications & Engagement Plan
Any short notice of an overnight closure will require a robust communications and engagement plan led by the lead commissioner. Patients arriving at the wrong site will be a risk and will need to be managed.
The comms and engagement plan will be tested through a desk top exercise alongside the rest of the Business Continuity Plan with stakeholders and partners. Also, the Joint Health Overview Scrutiny Committee (HOSC) will be updated and advised of the agreed service continuity plan.

The CEO strongly re-iterated that it is SaTH's intention to retain two Emergency Department Units open; teams are working incredibly hard to maintain that position and we continue to invest in both Emergency Departments.

The Trust Board RECEIVED and APPROVED the Emergency Department Service Continuity Plan (Princess Royal Hospital).

2017.2/199 WINTER RESILIENCE 2017/18

As winter approaches, the COO highlighted the importance of ensuring SATH has enough bed capacity on both hospital sites to deliver the anticipated levels of emergency activity and keep our patients and staff safe.

Current Position
As part of SaTH's operational plan there were a set of key actions that needed to be in place in order to maintain high quality and safe care and support winter resilience from November 2017 to March 2018. These were as follows:

- Reconfiguration of the bed base
- Implementation of SAFER (Red2Green)
- SaTH2Home
- Clinical Decisions Unit (CDU) at PRH

…….. Chair
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All of the above schemes were started to be implemented during October 2017 and the impact of these schemes is being measured at the weekly patient flow meeting chaired by the Executive Directors.

In addition to the above schemes, there are further enablers that will release bed capacity and facilitate timely discharge;

- Discharge Lounge
- Ambulance handover support
- Weekend discharge teams

All of the above are now in place and performance against these are being monitored via the winter planning group to ensure the benefits of each scheme is being realised.

It is recognised that demand may exceed the capacity available during January to March and therefore further bed capacity is currently being identified on both sites to avoid patients being places in corridors and waiting for extended periods in ED and the emergency portals.

Financial Position
A budget of £2.4m has been identified for the winter plan through the System A&E Delivery Board. A meeting was chaired by the CEO with system partners to allocate the funding. Based on the schemes identified and the forecast spend for the period November 2017 to March 2018, there is a gap of £1.5m. Further work with the CCG's is being undertaken to bridge this gap. An update will be provided at the February 2018 Trust Board.
Action: FD Due: 8 February 2018 Trust Board

Key Challenges and Risks
It is anticipated that winter 2017/18 will be very challenging with increasing numbers of patients attending our hospitals, therefore the schemes within the operational plan which supports the winter plan need to be in place.

- Key challenges and risks associated the delivery of the winter plan are as follows:-
- Closure of 50 beds to create surge capacity during January 2017 - March 2017
- Use of the discharge lounge on the RSH site – throughput needs to increase from 100 to 175 patients per week
- Criteria led discharge not fully implemented
- CDU usage on the PRH site due to area being used for escalation beds.
- Improving weekend discharges on both sites.

The above actions need to be in place by mid-December to ensure the Trust is able to meet the anticipated activity demand of winter 201/18.

Following discussion, the Board NOTED the 2017/18 Winter Resilience update paper.

2017.2/200 PLAN RELATING TO NEUROLOGY SERVICES

Further to previous discussions of services in the spotlight, the COO provided an update relating to the temporary suspension of the Neurology outpatient service for new referrals.

The paper reported that the Neurology service at SaTH has for many years been challenged in terms of delivery due primarily to workforce limitations. These limitations led to patients waiting on average 30 weeks for a first out-patient appointment at the start of 2017.

To mitigate the clinical risk associated with the delays, suspension of receipt of all new Neurology referrals commenced on 27th March 2017 for six months. A Task and Finish Group was established to identify options for the development of a sustainable neurology service for the local population. Despite numerous discussions with neighbouring Trusts and the identification of preferred options, none of these have proved viable.

…….. Chair
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As a sustainable model could not be secured during the six months a further extension to the suspension of referrals was agreed for 3-6 months in September 2017. Communication has been distributed to patients, the public and GPs to inform them of the current service status and the extended closure.

Discussions with commissioners and neighbouring Trusts have recently gathered pace. Two viable options are now under serious consideration. The first option would be for SaTH to sub-contract activity from another Trust, the second is for commissioners to procure a Hub and Spoke service model. The priority action is to implement the sub-contract option.

The proposed timescale for implementation of the sub-contract would be from April 2018. This timescale includes the recruitment and appointment of additional staff to support the contract.

The interim proposal that has been put forward to commissioners is for the Trust to open the service to new referrals from 2 January 2018 with capped activity. However this ihas not currently been agreed with commissioners and discussions are ongoing.

Following discussion, the Trust Board NOTED the contents of the update and AGREED to re-open the service on 2 January 2018 to the capacity available and support the proposal to develop and implement the sub-contract option.

Performance

2017.2/201 TRUST PERFORMANCE REPORT

The FD presented the Trust performance against all key quality, finance, compliance and workforce targets, informing the members that focus continues on improvements in Scheduled Care, recognising the importance of achieving waiting times to retain specialties within the county; also in Unscheduled Care in relation to internal flow.

2017.2/201.1 OPERATIONAL PERFORMANCE

The COO provided an update, with particular focus to:

RTT performance - The Trust actual combined (admitted and non-admitted) incomplete performance for November was 94.14% with overall performance being driven by the admitted pathway. The operational plan target for November is 93.7%

Cancer and Diagnostics –

- 2 week wait – 93.4%
- 31 day – 98.9%
- 62 day – 87.4%
- 104+ days
    - All patients between 63 and 82 days to have care plan in place to avoid 104 day waits
    - Root Cause Analysis 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 the patient pathways with the CNS teams. Action is being taken based on the findings of the review
- Diagnostic waiting times – 99.25%. This is projected to continue to achieve.

A&E trajectory of performance for 2017/18 -
October actual performance was 77.7% against a target of 83.5%. As of October 2017 the Shropshire Minor Injury Unit attendances have been mapped to the Trust.

October Emergency Department Performance –
Overall performance is 78.90% year to date, with 88.97% on non-admitted and 42.80% for patents waiting admission. Solutions to improving these performance statistics lie in the individual hospital sites. The common feature about the performance is that the discharge processes from hospital beds creates a log jam at both hospitals at times, this is

both simple discharge patterns and for patients who require more complex follow-up arrangements. Because discharges of patients can be slow, there is a requirement to open additional beds to accommodate surge in demand. These additional beds are also opened in areas of the hospital where we need to place non-admitted patients for their on-going care; these patients subsequently also have to stay in the ED's for extended periods instead of going to CDU facilities. Notwithstanding this diagnosis there are still processes within the ED's that require additional attention in the delivery of improvement.

Areas of focus for Urgent and Emergency Care -

Admitted performance biggest challenge on both sites

- Focus on Length of Stay (LoS) and discharge patterns
- Number of patients over 7 days increased
- Winter escalation beds planned including rebasing bed capacity between Scheduled and Unscheduled Care -

2017.2/201.2 **WORKFORCE**

Sickness / Absence – The WD reported a slight increase in the sickness absence score at 4.21% for October 2017.
Appraisal / Training – The WD reported a slight decrease in the completion of staff appraisals for October 2017 at 86.78%, and a slight decrease in statutory training compliance at 72.76%
The CEO confirmed that all training and appraisals have been undertaken within his area of responsibility; the system will be updated to reflect this.

2017.2/201.3 **FINANCE**

The FD reported on the Trust's current financial position, as per Sustainability Committee summaries at minute 2017.2/.195. At the end of month 7 the Trust had planned to deliver an in year deficit before phased spend and STF of £7.628 million and actually recorded a deficit of £15.380 million, £7.752 million worse than plan.

Expenditure

Pay
To date the pay spend amounted to £142.057 million against a plan of £139.108 million resulting in an overspend of £2.949 million, predominately due to the continued use of agency 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 – October 2017 amounted to £10.891 million, £4.511 million above the Agency Ceiling.

Non Pay
To date the non-pay spend amounted to £65.870 million against a plan of £63.198 million resulting in an overspend of £2.672 million.

Trust Capital Programme
The Capital Resource Limit (CRL) for 2017/18 has been set at the historic amount of £8.450 million in respect of Internally Generated CRL. In addition, the Trust has been allocated £1.000 million PDC for PRH A&E Streaming Capital Project – giving a Capital Programme total of £9.450 million.

At Month 07, £3.266 million of the Capital Programme has been expensed, with £2.745 million committed but not yet expensed. A further £3.123 million has been allocated to schemes but not yet ordered. £0.347 (assuming £0.030 million overspend is funded) has yet to be committed to individual schemes – all of which is held in Departmental Contingency Funds. It should be noted that following agreement of various schemes from Corporate Contingency, no funds remain to be allocated.

…….. Chair
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Trust Cash Position

- The cashflow is based on forecast outturn deficit of £19.361m.
- The current position of cash - £6.469 million held at end of October.
- This amount of cash results from decision to extend creditor payments terms to enable the Trust to manage the worsening I&E position in terms of cash, and various timing issues relating to the flow of cash.
- To date, the Trust has drawn £4.976 million of agreed cash support of £6.063 million. It is planned to draw the remaining £1.087 million in December.
- The Trust has also drawn £3.469 million in lieu of STF funding. However, as the Trust has not remained within the agreed Control Total, it is assumed that only Quarter 1 STF will be received. This leaves a shortfall in funding of £8.127 million and the loan drawn in lieu of STF will need to be repaid – this is currently assumed to take place in March 2018.
- The Trust received £1.756 million temporary Working Capital Loan in September. In addition to this, the Trust now requires an additional £15.309 million Working Capital Loan – to be drawn December, January, February and March – giving total cash support of £17.065 million required.
- The total required cash in December is £5.519 million. This cash support is needed to cover the increase in deficit of £13.298 million and non-receipt of STF of £8.127 million.
- In order to reduce the level of cash required, the Trust has extended creditor payment terms to 68 days (180 days for Tier 5 Agency), giving a timing cash 'benefit' of £8.000 million. In order to mitigate this risk, some suppliers have been excluded from these extended payment terms. However, following a Quality Impact Assessment, it has been agreed that certain classes of suppliers will be paid in 30 days, the value of which is estimated to be £3.640 million. Due to a lack of cash, not all these payments can be made before receipt of Working Capital Loan. This gives an overall benefit of £4.360 million.
- It must be noted that there is no guarantee of receipt of Working Capital Loan, and the Trust must achieve its Recovery Plan to reduce the amount of cash required.
- The following risks are present in achieving the above cash forecast:
    - Request for Working Capital Loan is refused.
    - Level of Creditor Suppression is not sustainable.
    - Receive of payments above contract level from CCGs are not received as forecast.

Forecast Outturn

Given the overspend that exists to date; the expected position at the end of the 2017/18 financial year is a £19.361 million deficit, assuming the current trends continue and no corrective action is taken. This takes us to £13.298 million above the agreed control total with NHSI.

To Be Noted:

- Against a plan of £1,611 million at M7, £1,567 million has been delivered.
- There are continued shortfalls due to PAY schemes not delivering.
- Unscheduled Care Group have not completed the prioritisation process, hence it did not produce identifiable savings as an outcome.
- In month, there have been shortfalls seen in: -
    - Carter services review due to On-call Radiology arrangements and
    - Scheduled Care Group due to slippages within anaesthetic trauma provision and reduction in waiting lists.
- The Care Groups are undertaking a review of opportunities to identify further savings for validation. This has been partially offset by positive variances within Corporate Services.
- Against an annual savings target of £7.8 million, £3.3 million PYE has been confirmed as identified. This has dropped from last month, due to the procurement non pay opportunities not being realised in full.
- Against the full year effect of £13.5 million £4 million has been identified
- Concerns:
    - To address shortfalls within the CIP, schemes have moved into Rectification

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

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2017.2/202 EMERGENCY DEPARMENT UPDATE / ACTIONS

The Interim Director of Transformation attended to present an update in relation to ED performance and actions.

The paper reported that national expectation is that a minimum of 95% of patients will be received into the department, be assessed, treated and either discharged or admitted within a four hour window.
Overall SaTH performance is 78.90% ytd, with 88.97% on non-admitted and 42.80% for patients waiting admission.

Solutions to improving these performance statistics lie in the individual hospital sites. The common feature about the performance is that the discharge processes from hospital beds creates a log jam at both hospitals at times; this is both simple discharge patterns and for patients who require more complex follow-up arrangements. Because discharges of patients can be slow, there is a requirement to open additional beds to accommodate surge in demand. These additional beds are also opened in areas of the hospital where we need to place non-admitted patients for their on-going care; these patients subsequently also have to stay in the ED's for extended periods instead of going to Clinical Decision Unit facilities. Notwithstanding this diagnosis there are still processes within the ED's that require additional attention.

The Chair highlighted that one of the strategic risks relates to 'flow' and queried the process of discharging patients out of the hospital and into the community.

Mr Newman (NED) reported that some Kaizen work was undertaken during July relating to the streaming of patients and patient flow; although it yielded some success, it added time, although he feels this has come back into alignment. He suggested a bigger Value Stream is required for this piece of work.

Mrs Mingay (Designate NED) felt there appears to be a disconnect and suggested further work is required in relation to 'discharge'. The DNMQ reported that the Trust has 9 pilot wards using both the SAFER and Red to Green tools; the learning from these should be rolled out across the organisation.

Following discussion, the Board RECEIVED and NOTED the ED update in relation to improving the safety and care of patients using SaTH's Emergency Departments.

2017.2/203 TRUST MORTALITY DASHBOARD

The MD reported that as part of the National Quality Framework 'Learning from Deaths', Trusts are required to publish data on the number of mortality reviews conducted into patient deaths within the Trust. He assured the Board that the data will be made available on the external website after Trust Board.

- There was one CESDI 3 – 'probably avoidable death' in June 2017. The patient's family and the Coroner were notified. The incident was also reported as Serious Incident and all external stakeholders notified.
- Patients with Learning Disabilities are reported separately. Not all patient deaths in Quarter 1 are shown as reported because the LeDER programme did not go live in Shropshire until June 2017.

Performance – Mortality

The Trust Hospital Standard Mortality Ratio (HSMR) has been consistently below the Hospital Episode Statistics (HES) peer since January 2016. There was a spike over the winter period (January 2017) which reduced down in February 2017 and sustained into August.

The members enquired at what point would the rate of deaths be investigated further; the MD reported that he looks at individual conditions and causes of death and his team would focus on problem areas.

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2017.2/204 QUALITY PERFORMANCE REPORT

The DNMQ presented a separate Quality performance report to provide the Board with assurance relating to the Trust's compliance with quality performance measures during October 2017 (Month 7 of 2017/18).

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

Clostridium difficile Incidence – Three C diff cases were reported during October bringing the year to date total to 18 against an annual target of 25.

Avoidable Pressure Ulcers – Two Grade 2 and one Grade 3 avoidable pressure ulcers were reported during October – these have been investigated and actions plans developed and monitored.

MRSA Screening (non-elective) - The Trust achieved the MRSA (non-elective) screening target during October with 96.5% against the performance indicator over 95%.

Patient Falls reported as Serious Incidents - The Trust reporting is below the national benchmark and generally has a reducing trend. During October there were zero falls reported as a Serious Incident.

Serious Incidents – The Trust reported 10 SIs during October 2017. All are in the process of being reviewed.

Never Event – The Trust reported one Never Event in Ophthalmology during October. This was raised at the recent Quality & Safety Committee. The MD reported that he was involved in the root cause analysis with the clinician involved; and assured the members that he feels reassured that the impact will be negligible to the patient involved.

Safeguarding Children, Young People and Adults – In October there were 10 safeguarding alerts that involved the Trust.; Seven were made by the Trust against individuals or care providers and three were made against Trust services. Eight related to neglect or omission of care, one to financial issues and one potential physical assault. adults concerns raised involving the Trust. All are being investigated.

Mixed Sex Accommodation (MSA) Breaches – The Trust is not compliant with MSA requirements due to the number of patients that wait for more than 12 hours to be transferred from our Critical Care Units. Delays continue to be reported in delays in patients being transferred out of intensive care areas once they are ready to be cared for on a general ward. In October, the total number dropped slightly. Actions are being taken to expedite patient transfers.

2017.2/205 SIX-MONTH SAFER STAFFING NURSE REVIEW

The DNMQ presented the six-monthly review of ward nursing establishments against patient acuity and dependency which includes the actions that are occurring at an organisational level to support and improve nurse staffing and maintain patient safety and quality of care.

Purpose

This nursing establishment review was undertaken for the following reasons: -

- To provide establishment data that will inform the Trust: To comply with Care Quality Commission requirements under the Essential Standards of Quality and Safety, including outcomes 13 (staffing) and 14 (supporting staff).
- To support the implementation of the Trust's strategic objectives for Nursing and Midwifery

It is essential to provide assurance both internally to the Trust and externally to stakeholders that ward establishments are safe and staff can provide appropriate levels of care to patients that reflect the Trust values and the National Nursing Strategy (2016). This is particularly important in the light of key recommendations made by the Francis Report (2013), the Berwick Report (2013) and the National Quality Board publication (2013) 'How to ensure the right people, with the right skills are in the right place at the right time – A guide to nursing, midwifery and care

staffing capacity and capability' in terms of safe ward staffing levels and 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations' (Carter Report 2016).

Staffing data was collated from 1st – 30th August 2017 and was undertaken for all inpatient ward areas, excluding Maternity and Paediatric services.

The Trust has faced significant challenges over the last 12 months, particularly in relation to recruitment and retention of nursing staff. Although much work has been accomplished, there is an on-going need to ensure the acuity and dependency of patients and the nature and volume of activity is matched with the right number and skill mix of staff to ensure patient safety and quality is maintained.
There is clear evidence that sufficient numbers of registered nurses lead to improved patient outcomes, reduced mortality rates and increased productivity (including that of enhancing patient flow). However, recruitment, staff retention and ongoing nursing shortage impacts workforce supply subsequently across the UK skill mix is being diluted by substitution with unregistered care staff (RCN 2017).
The overall RN fill rate for SaTH during August was 94% across Scheduled and Unscheduled Care wards. Nevertheless, it should be recognised that the difference between the funded split of registered nurse (RN) and healthcare assistant (HCA) is different to the actual split because of RN unavailability due to a variety of reasons, including maternity leave.

Recommendations from senior nurses within this organisation includes:

- Continue to implement SafeCare to all wards, whilst ensuring this captures all areas including the escalation wards on both sites and additional beds on all wards. This will enable a greater understanding and a truer reflection of the actual acuity and the impact on staffing numbers. We must not continue to invest in a tool that does not give us accurate data for the number of beds and the patient dependency
- Continue to monitor acuity v actual staffing in all ward areas to ensure safety and quality for patients, again including extra patients on wards and other areas.(clearly the objective is to cease the practice of placing additional patients on our wards)
- Develop processes to utilise SafeCare data to influence decisions regarding safe redeployment of staff, to move staff between wards, a practice that has been in place for some time manually.
- In order to move staff to other areas we must heed our skilled staff who know the wards – matrons and ward managers
- The recruitment and retention of nursing and healthcare staff is vital and we must ensure everything is being done at pace to assure the Director of Nursing and the Trust Board that the Nursing workforce is adequate.
- 6-monthly establishment reviews and recommendations to track the seasonal trends and determine any actions that need to be taken as a result
- Ensure ward managers work in a supervisory capacity at least 80 % on the ward to lead on quality, flow and safe staffing, she/he cannot do this when working clinically for the majority of the week (some up to 70%)
- If ward managers work over and above 20 % clinically then a red flag should be noted against this shift and a Datix submitted so this can be monitored, this can only be enacted when there is sufficient time in the Ward Manager shift.
- Develop the workforce in relation to Nursing Associates (Band 4) and plan for the future reflecting this skill mix In line with National Guidance
- Consider extending housekeeper/ward clerk hours to provide greater support on the wards releasing nursing time to care.
- Plan to increase rotation posts to target harder to recruit areas
- Develop further the Band 4 Scrub Practitioner programme for theatres, update to Workforce Committee
- The agreed 95% fill rate should be re-evaluated in light of vacancy rate and imperative to reduce Tier 5 agency.

It was highlighted that the existing fill rate does not include the additional beds/patients, also that the underlying issue relates to patient flow. Dr Lee (NED) highlighted the importance of having the right skillmix as it could result in patient harm, including falls, etc. The DNMQ reported that the vacancy rate continues to be a significant issue.

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The DNMQ felt the existing position is a good nursing establishment based on quality, professional judgement, experience and crude ratios between trained and untrained staff; rather than just based on the fill rate

Following discussion, the Board RECEIVED the six-monthly review, SUPPORTED the recommendations and ENDORSED the methodology for the report to be presented to Board again in six months.
Action: DNMQ Due: May 2018 Trust Board

QUALITY – SAFEST & KINDEST (OUR VISION)

2017.2/206 The Chair highlighted 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

Dr Lee (NED) reported that three of the risks link to patient flow, and one relates to maternity services. He reported that a significant amount of time has been spent with the Women & Children's Care Group over the past few months, reviewing processes etc. He is extremely satisfied with the quality of the building and staff and reported that he saw the implementation of VMI processes, group huddles, etc. Dr Lee also informed the members that he felt reassured to see systems in place for CTG monitoring (and during overnight).

Dr Lee (NED), Chair of the Quality & Safety Committee, presented the following key summary points from the Quality & Safety Committee meetings held on 17 October and 23 November 2017.

2017.2/206.1 **SUMMARY OF QUALITY & SAFETY COMMITTEE MEETING HELD 17 OCTOBER 2017**

- Prior to each formal meeting, the Quality & Safety Committee visits a clinical area to meet clinicians and patients. For this meeting the members visited the Pharmacy at Princess Royal Hospital. There was strong evidence that the "Lean for Leaders" programme continues to positively contribute to day to day working within SaTH
- There was, however, significant concern that "mission critical" issues such as the supply of drugs and oxygen to the Trust are under threat as suppliers become reluctant to provide these should invoice payments be delayed beyond standard time periods. This issue was escalated immediately and the formal meeting of the Trust Board in November should receive reassurance that there has been a revised approach to handling payments.
- Workforce issues were a recurring theme across the agenda items considered:
    - There is a compelling business case for 7 day working within support services (pharmacy, therapy and imaging) to enable patient flow.
    - The Trust continues to pay premium rates for agency staff, Locums and for third party image reporting due to recruitment and retention issues;
    - The Trust does not have sufficient A&E consultants to provide a senior decision making function within accident and emergency services. This impacts on outcomes, on departmental waiting times and the patient experience
- The Quality & Safety Committee looked at the published Annual Trauma Network report. It was noted that SaTH are an outlier on some areas of service. These include Head Injury, Thoracic Trauma in older people and Falls. Further work is required to understand why the published figures suggest poorer outcomes for patients in these areas. The Committee is working with the Medical Director to develop assurance with respect to understanding the precise root causes and any necessary changes required to current approaches.

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Mr Newman (NED) suggested adding '7-day working' as a gap in control/assurance for Risk 1134 relating to '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' as he r kind to keep patients in storage over a weekend period'. The members agreed.

2017.2/206.2 SUMMARY OF QUALITY & SAFETY COMMITTEE MEETING HELD 23 NOVEMBER 2017

- The Quality & Safety Committee visited the Women's and Children's Unit at Princess Royal Hospital and had a "deep dive" quality and safety review with the Care Group. It was pleasing to see tangible progress with respect to key areas identified as requiring action by the committee. These included systems for Foetal Heart Rate monitoring on the delivery suite and recent staff training in undertaking root cause analysis in support of incident investigation. The Midwife Led Units closed on a temporary basis are scheduled to re-open in early 2018. At present, there is no assurance that there are viable midwife rotas to deliver the full service. This is despite considerable success in recruiting midwifes to the service which appears to have stemmed the attrition from the establishment but not succeeded in addressing the whole time equivalent shortfall (14.29 whole time equivalents including sickness and maternity leave).
- There remain significant pressures on the urgent care pathways. Bed occupancy for unscheduled care exceeds 100% due to the use of additional beds, there are new guidelines from NHS England that instruct NHS Trusts to enable prompt handovers between ambulance crews and emergency department staff and progress on initiatives to improve discharge are not yet impacting. The committee believes that work is required to look at patient flow as a full process rather than to introduce initiatives that might improve one aspect of the pathway but not impact the overall patient journey.
- There is undoubted pressure on our excellent staff. At this stage, there is no evidence that this pressure is creating additional clinical risk for patients but the committee has noted some low-level concerns. These include poorer scores on infection control ward walks and increased levels of complaints. Recognising the financial, workforce and activity pressures that exist at present, safety needs careful monitoring and the ambition of the Trust to be the "kindest" organisation must not be marginalised.
- The Committee received an update about the arrangements for paying invoices submitted by the providers of medicines and oxygen raised at the October meeting during a visit to pharmacy and meeting with the Clinical Support Care Group. The committee heard that the lengthening of payment periods following submission of an invoice is becoming widespread within the NHS but understood that this approach does not usually extend to payment for medicines or oxygen. The Committee does not believe that the Trust should delay invoice payment in these areas.

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

2017.2/207 TRUST QUALITY STRATEGY & ASSURANCE PLAN

The DNMQ presented the final draft of the Quality Improvement Strategy which demonstrates how the Trust has begun its journey to be the safest and kindest in the NHS, and what further developments are required to be undertaken to ensure that the organisation is acknowledged as one that is open, honest, safe, effective and compassionate. The Strategy is an overarching document and is supported by a number of key documents, particularly the Trust Quality Improvement Plan.

This document is for 2017-2018 and the measurement of how SaTH has improved will be reported through regular reports to the Quality & Safety Committee, as well as the annual Quality Account

The DNMQ reported that the document was in draft form only at this stage and she would present it to a future Trust Board prior to it being formatted for publication and presented in a more succinct format. The Chair requested the DNMQ to add detail around patient flow and kindness.

Dr Weiner (NED) suggested the DNMQ liaise with the Workforce Committee around kindness as it may be a cultural issue.

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2017.2/208 TRUST CQC 2017 SAFEST & KINDEST QUALITY IMPROVEMENT PLAN UPDATE

The DNMQ presented a paper which reported that a draft Strategy and Standing Operating Procedure (SOP) has been compiled which will include the governance and accountability relating to contribution and monitoring of the 'Safest & Kindest Quality Improvement Plan'.

The 'Safest & Kindest Every Day Plan' will evolve over the coming year in order to make a real difference to the organisation.
The CQC action plan updates are now part of the continuous 'Safest & Kindest Quality Improvement Plan' update. Throughout each action plan there will be six overarching principles to drive forward progress and ensure a robust response:

- Leadership nurtures cultures that ensure the delivery of continuously improving high quality, safe and compassionate care
- Communication: raising awareness and understanding
- Audit: actions will be monitored through spot checks/audit
- Governance: instilling a robust overarching governance process
- Education: identifying education requirements
- Training: provision and access to training

The Safest and Kindest Every Day Quality Improvement Strategy 2017/18 identifies what Shrewsbury & Telford Hospital intends to achieve in terms of quality and safety. The 'Safest and Kindest Quality Improvement Plan' denotes how this will be achieved and a SOP has been devised to provide assurance of the process and individual responsibility. The Quality & Safety Committee has the responsibility to ratify the Strategy and SOP and will monitor on a quarterly basis, or by exception.

CQC Insight: Intelligence monitoring tool
The CQC officially launched its insight tool in August 2017; the purpose of insight is to provide a wide set of qualitative national and local information data, which is updated monthly.
The Trust is required to review this information and Executives, Associate Directors and the Care Group Leads will receive the monthly update. It is expected that if there is extraordinary change in a certain month, these will be escalated within Care Groups and the DNMQ will escalate to Executives.

A quarterly appraisal of the insight intelligence data will be incorporated into this report .

The Board agreed that this is the way forward in meeting our patient's needs and to improve from the CQC rating of 'Good' to 'Outstanding'.

The Board APPROVED the Trust Quality Improvement Plan

2017.2/209 Q2 COMPLAINTS & PALS REPORT INCLUDING PARLIAMENTARY & HEALTH SERVICE OMBUDSMAN (PHSO) REPORT

The DCG presented an overview of the formal complaints and PALS concerns received by the Trust during Quarter 2 2017/18 where a total of 157 formal complaints and 395 PALS contacts were received.

The Trust is required to acknowledge all responses within 3 working days; this was achieved with 100% compliance during quarter 2. 18% of the complaints closed during quarter two were not upheld, 59% were partly upheld and 23% were fully upheld. A complaint is deemed to be partially upheld if any aspect of it is upheld in the response and fully upheld if the main aspects of the complaint are deemed to be upheld.

Complainants are advised to contact the Trust if they are unhappy with the response to the complaint; the complaint will be reopened and a further investigation carried out. Of the complaints closed in quarter two, 14 were reopened.

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Formal complaints by location
Due to the high volume of patients seen and the nature of the specialty, some areas consistently receive a higher number of complaints than others. In the same way that each issue is recorded in a complaint, all locations are also recorded so the number of locations may total more than the number of complaints received. Matrons and Heads of Nursing are kept informed of this information and where trends are emerging, the Matron works alongside the Ward Managers to address this. Cases which involve medical staff are copied to the Care Group Medical Director and Clinical Director for action.

There have been increases in the number of complaints relating to Outpatients, both A&Es and AMUs. There are no specific trends noted in relation to the increase in complaints for the A&Es and AMUs, but the increase in complaints relating to Outpatients is due to a recent increase in complaints about appointments; this has been raised with the Patient Access Team.

Dr Weiner (NED) highlighted that a number of complaints relate to outpatient appointments and enquired if this relates to a system problem. It was acknowledged that there was a widespread issue but recent booking changes should reduce the problem.

Actions and learning from complaints
The Trust recognises the importance of learning from complaints and using the valuable feedback obtained to reflect on the care we provide and take steps to improve services for future patients. When service improvements are identified following investigation of a complaint, staff develop action plans that are monitored until complete.
43% of complaints closed in quarter two had an action plan completed or confirmation that no actions were required. The complaints team now send out monthly reports to each of the care groups to let them know which responses still require action plans and to seek confirmation of completed action plans.
A learning report is now being presented to the Clinical Governance Executive to raise awareness of learning and encourage Care Groups to consider learning from other areas, and monthly and quarterly reports to Care Boards now also include details of actions.
Complaints are also reviewed at the weekly Rapid Review meeting held with the DNMQ, along with reported incidents.

Parliamentary & Health Service Ombudsman (PHSO) Report
During quarter two the Trust was notified of three cases referred to the Ombudsman:

- Patient's daughter was unhappy with the care, including nutrition, pain relief and pressure sore management
- Patient was not happy with the antenatal care she received and the management of her labour
- Patient's ovary was not removed in the first procedure, resulting in the need for a second procedure

During quarter two, the Ombudsman concluded three investigations, two of which were partially upheld and one of which was not upheld. The complaint that was not upheld related to concerns about a delay in diagnosing cancer; however the Ombudsman found that the Trust did not miss opportunities to diagnose cancer and that the Trust managed the complaint appropriately.
Of the two partially upheld complaints, the first related to a lady who was unhappy that she was not allowed to give birth at her preferred location; the Ombudsman found that the correct decision had been made but raised concerns about the Trust's communication of the decision. The report and Trust's action plan has already been shared with the Board.
The second complaint related to a patient who was admitted to the Trust following a seizure in July 2014. He was transferred to ITU with a suspected chest infection and subsequently developed sepsis. The patient passed away two weeks after being admitted. The Ombudsman found that the Trust handled the complaint appropriately, recognizing areas where the care and communication had fallen below the standard expected and apologizing appropriately. The Ombudsman did however also find that it would have been in line with established good practice for details of the patients prior admission to hospital to be reviewed, which would have identified that sodium valproate had previously been withdrawn as it caused the patient to become drowsy. An action plan is being developed and will be shared with the Board for approval.

…….. Chair
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PALS
During quarter two the PALS team handled 395 contacts. A trend has been seen that the majority of PALS contacts relate to concerns about appointment issues and communication.

Highlights - Complaints & PALS Services:

- Complaint reporting to the Care Groups has been expanded to include more details of changes in practice.
- Complaints and PALS surveys have been sent out to all users of the services; results will be included in the Q3 report. The PALS survey will be done for one quarter each year and the complaint survey will be an ongoing survey.
- The Complaints & PALS team have started on the Aston Team Development Journey to further improve team working and processes.
- PALS team have been trained and are now carrying out calls requested by families who have said that they would like a phone call when answering the bereavement survey (reducing pressure on the End of Life Team)
- A bereavement training video is being completed to ensure all staff involved in the process understand their role and the importance of timely action; this will include a story from a family who have recently gone through the process.
- Complaints meetings are now regularly recorded, to provide complainants with a verbatim transcript of the meeting.

Mr Newman (NED) suggested amending the title of one of the graphs from 'Complaints by Subject' to 'Requests by Subject'. Agreed.
Action: DCG to relay to Complaints Manager

Freedom of Information (FOI)
The number of FOI requests received by the Trust is steadily increasing. Until recently the average number of requests received was about 45 per month but this has been almost 60 per month. March 2017 saw the highest number of requests ever received with 90 however; the numbers have reduced since then.

The Board NOTED the Q2 Complaints & PALS Report

HEALTHIEST HALF MILLION (OUR MISSION)

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

The CEO reported that he hopes we are beginning to see organisations who deliver health and social care moving to a single agenda for the populations' health and that the approach we see through the STP translates into the wider services in the community.

Virginia Mason Institute
Mr Newman (NED) informed the members of the discussions held during a meeting with Dr Kathy McLean:

- Impact of VMI on the workforce
- Whole issue of pace which demonstrated that SaTH has undertaken the VMI process at a faster and deeper pace than the other four organisations involved
- They were keen to obtain linkages between all five Trusts
- SaTH is the only Trust of the five to have a Non-Executive Director involved on the Guiding Team

The members were also informed of the extended Value Stream where SaTH needs to involve the Ambulance Service, Community Trust, etc; this will need to be undertaken with a level of maturity.

…….. Chair
8 February 2018

System-wide Transformation

2017.2/210 SUSTAINABLE TRANSFORMATION PROGRAMME (STP) UPDATE – *Paper attached to Minutes*

The CEO presented an update paper on behalf of the Sustainable Transformation Programme Director and highlighted that the STP is now being completed by one organisation who will robustly engage with the public.

The Trust Board RECEIVED the update paper; no further questions were raised.

Transformation at SaTH

2017.2/211 FUTURE FIT UPDATE

The CEO presented a Future Fit update on behalf of the Future Fit Programme Director. He reported that the process requires NHSE to sign off the criteria, which was undertaken approximately six weeks ago. Feedback is currently awaited. Formal engagement with the public will be undertaken on this matter.

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

2017.2/212 COMMUNITY ENGAGEMENT UPDATE – *Presentation attached to Minutes*

The DCG reported on the on-going engagement with a number of stakeholders; Healthwatch, Community Health Council (CHC) and the Hospital Overview Scrutiny Committee (HOSC).

The SaTH People's Academy first pilot will be held during January 2018 over four weeks; and the Public Champions that will 'graduate' from the Academy will form the basis of a network of community ambassadors.

People's Forum
Going forward it is suggested that the People's Forum will be the 'voice' of our local community who will represent the interests of our different constituencies. It will function in a similar way to that of a geographic base and be chaired by a NED (Mr Darbhanga) and it is hoped it will become operational in summer 2018.

Trust Membership / Volunteers
The Trust has over 10,000 public Trust members and approximately 800 volunteers; plus over 300 affiliated volunteers.

End of Life Care Volunteers

- Volunteers will provide support to patients and their relatives/care at End of Life Care
- It will enable families to have time out if needed to refresh, speak to other family members or visit home for supplies
- To sit with patients who have no family members or their family is not available

Maternity Developments
'**Pebble Way' – an outdoor area of reflection**
Further to the Patient Story provided by Mrs K Jones during the September 2017 Trust Board meeting, the Board were advised that an area is being developed to provide an outdoor area at RSH to provide patients, relatives, staff and the public an area of reflection. The area is being developed with patient and public representatives and is likely to be completed during Autumn 2018. It is anticipated that the 'Shropshire Rocks' pebbleware approach will be used to create a pathway, inviting local school-children to paint the pebbles.

Bereavement Helpline update
The Trust currently provides bespoke information sheets for women and their families which also signposts them to the appropriate support/helpline (depending on the gestation of their baby). The Trust also has a dedicated Bereavement Midwife who provides support to women and their family after the loss of their baby. However, the Trust will include Mrs Jones in a review of the information to provide it in a more user-friendly format.

…….. Chair
8 February 2018

The CEO requested that Ms Jones be kept informed of the above developments.

NHS70 Day
On 5 July 2018, the NHS will celebrate its 70th birthday. The Trust will mark the occasion by holding the SaTH Fun Day and Charity event across both sites.

The Board RECEIVED the Community Engagement update.

2017.2/213 TRANSFORMING CARE INSTITUTE (TCI) UPDATE

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

- The first Advanced Lean Training (ALT) accredited staff members
- Successful two day Promoting Innovation Workshop
- Positive feedback from our NHSI Review visit held 16 November 2017
- Pharmacy Department and Procurement Department utilisation of the Transforming Care Production System

The members acknowledged the positive engagement of our staff in the NHSI review at the two year point in the organisation's transformational journey in partnership with VMI, and celebrated that over half of the Trust's staff have been trained in the methodology which is a significant milestone.

The members also acknowledged the COOs contribution to the success of the organisation's first Value Stream: Respiratory Discharge which is now being closed off and will rest with the clinicians/wards. Mr Newman highlighted that this indicates the maturity of this process

The Board RECEIVED the Transforming Care Institute monthly update.

2017.2/214 WORKFORCE

The Chair 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

The WD presented the following two Workforce Committee summaries from meetings held during October and November 2017:

2017.2/214.1 SUMMARY OF WORKFORCE COMMITTEE HELD 16 OCTOBER 2017

7 Day Services
The Workforce Committee received a presentation on 7-day services from the Care Group Medical Director for Scheduled Care and Medical Performance Manager. The Committee were informed that ten standards have been set by NHSE and four of these have been highlighted as a priority by NHSI. These standards relate to the time to the first consultant review with all patients having this within 14 hours of the request. The second standard is the access to diagnostics should be available 24 hours per day. The third standard is around consultant directed intervention and all patients should have their intervention within 24 hours of having a decision on treatment. The final standard listed as a priority is the ongoing review that all patients should be visited daily by a consultant and every 12 hours if the patient is in critical care. The initial target has been set four priority standards and these should be available to 50% of the UK's population by April 2018 with the target increasing to 100% by April 2020.
It was highlighted to the Committee that the Trust faced real challenges in meeting the standards due to workforce fragility. The Trust is committed to 7-day working but needs to understand the challenge. The 7-day services committee reports in to the Workforce Committee. The WD reported that the Scheduled Care Group Medical Director will deliver a presentation to the February 2018 Trust Board.
Action: WD to invite SCG MD to February 2018 Trust Board.

…….. Chair
8 February 2018

DBS Check Assurance Statement

The Workforce Committee received an update on the DBS checks and trajectory. The checks are on target to be completed by 31st March 2018 as projected with 444 currently being completed and a 12 month project in place to complete the 764 retrospective checks that need completing. The Workforce Committee receive an update each month to continue to provide assurance.

Agency

The WD led a discussion during the Workforce Committee meeting regarding Agency usage, highlighting the increase in the use of agencies since the beginning of the financial year; this is mainly nurses but a trend is being seen for medics. The Committee agreed that a regular focused discussion across the four legs of the stool is needed and the Trust is continuing to receive support from NHSI.

The DNMQ has been working with ward managers to focus on a forward view for rota's and 75% of our rota's are now at 12 weeks which supports work life balance for staff. A Standard Operating Procedure is in place for booking agency staff and this has been clearly communicated. The Committee were informed that a bank recruitment campaign has started and nurse recruitment events continue with success.

The Committee agreed that an agency snapshot would be presented at each meeting to provide a deeper view and better understanding of the issues.

Human Factors

Dr Joe McCloud, Clinical Director for Surgery and Claire Oborn, Charge Nurse in Theatres, presented Human Factors Theory to the Workforce Committee. Dr McCloud has been delivering Patient Safety and Human Factors training in Theatres following six never events and this training will be a rolling programme across all theatres in the Trust.

The Human Factors programme has been designed following national and local standards that have looked at never events and identified a series of issues that are related to the events; for example equipment misuse, time pressures and skill mix issues along with others. Feedback received has been positive and this should be an integral part of the service, going forward.

Human Factors will form part of the Leadership Academy and will be monitored through the Workforce Committee.

2017.2/214.2 SUMMARY OF WORKFORCE COMMITTEE HELD 20 NOVEMBER 2017

Reducing Agency Spend

The Workforce Committee received a report on reducing agency spend. The WD confirmed that there are a number of actions to support the reduction in agency costs and the transformation plan for the next five years links closely to the sustainable services plan. A procurement process has recently been held for agencies, this is a 12 month strategy and already a small increase in agency staff in lower tiered providers is being seen.

The Committee acknowledged the anxiety from the nursing staff of not using off-framework agency staff. The importance of balancing the four legs of the stool was emphasised and providing the Board with assurances; the Workforce Committee will continue to monitor this closely.

Workforce Review

The WD presented a Workforce Review to the Committee highlighting demography across the workforce; of note were nursing estates and facilities who are close to retirement age and the potential challenges in the future workforce that this would generate. The WD presented a summary of a five year plan to address the challenges. The Committee agreed that it is important to deal with the workforce transformational issues alongside reducing agency usage.

The WD informed the Committee that Health Education England have offered some funding to support the transformational work.

Governance

The Workforce Director presented a proposed governance structure to support the development of the people agenda and mitigate the organisational risks. The Committee discussed the additional pressure of attending more meetings and asked for clarity around the outputs that each group should be tasked with. The Committee supported the proposed structure.

…….. Chair
8 February 2018

The Trust Board APPROVED the Workforce Committee summaries.

2017.2/215 EXTENSION OF POLICY REVIEW DATES

The WD presented a paper which reported that the HR Department started work during 2014 to review the suite of HR policies to ensure they were streamlined and would support us in moving forward with the People Strategy. Part of the work involved clustering policies together to form chapters, as well as simplifying them to make them easier to use.

During 2015 a review of the Leave cluster of policies was undertaken, merging eight previous policies into one. Significant work was also undertaken on the Performance and Development cluster and other key workforce policies such as Disciplinary and Grievance in 2015/16.

Unfortunately due to staffing pressures in the HR Team and the departure of key team members, policy development work slowed in 2016 and early 2017 resulting in the review dates for many policies expiring in January 2017.
To ensure policies are able to be reviewed in a meaningful and structured manner, in partnership with Staff Side colleagues, the policy list has been reviewed and defined a five year programme for renewing policies (subject to changes in legislation or best practice that requires earlier review). The review dates will be updated and the front cover sheet of each policy will be updated to reflect the change.

The Trust Board APPROVED the extensions to review dates for the Workforce policies.

2017.2/216 VALUES GUARDIAN UPDATE *- Presentation attached to Minutes*

The Trust Values Guardians, Kate Adney and Teresa Love, attended to provide a brief presentation and update the Board on the work undertaken since they commenced in their part-time roles during February 2017.

The Values Guardians have been involved in Regional and National events and a lot of training has been undertaken to develop the roles. Ms Adney confirmed that 23 cases have been brought to them and there are emerging themes arising which include:

- Bullying behaviours
- Pressures/frustrations
- Lack of communication
- Shortage of staffing / reliance on Agency staff
- Shortage of equipment

The Values Guardians suggested communication and clarification would help with staff morale, and also suggested a rotation/circulation in staffing.

The WD informed the Board that the Values Guardians have been welcomed in many areas of the Trust, although they are unable to visit everywhere that requires them. The WD therefore agreed to discuss further with her Executive colleagues.

2017.2/217 WORKFORCE REVIEW – *Presentation attached to Minutes*

The WD provided a presentation which reported on the issues and challenges with workforce:

- Recruitment – over the past 12 months our total WTE across the Trust has increased by 81.16 WTE (731 starters and 650 leavers).
- Retention / Workforce turnover – We lost 22.31% of employees to another NHS Trust. Exit interviews are offered to all staff to complete
- Ageing workforce - 13% (184 WTE) of the nursing and midwifery staff within the Trust are 55+ years and eligible to retire if they so wish; also, 19% of consultants are over 55 years and based on 50% it could equate to 23 WTE leaving over the next five years. 14% of AHP/scientific/technical staff are over 55 years – based on 50% it could equate to 42 WTE leaving over the next five years; and 37% of staff within Estates

and Ancillary are over 55 – based on 50% of this number retiring it could equate to 81 WTE leaving over the next five years.
- Staff engagement
- Absence

Workforce transformation to date – Nurse Associate, Physician Associate, Clinical Practice Educator, GP support in ambulatory medicine, Apprentices across the organisation, support roles in clinical support services, six qualified Advanced Practitioners and a further ten in training; however a level of investment is required as it costs to backfill the staff in training.

People Strategy – Approved by the Trust Board during June 2017

Belong to Something (Organisational Development Plan) – this will be presented to Trust Board during March 2018.
Action: WD Due: March 2018 Trust Board

Following discussion, the Trust Board NOTED the Workforce Review update.

2017.2/218 MEDICAL ENGAGEMENT REPORT

The MD presented a paper relating to the importance of medical engagement and the current position within the Trust. Medical engagement is defined as:
"The active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high quality care" (Spurgeon et al, 2008)

What can healthcare organisations do to improve levels of medical engagement?
- Asking doctors to lead
- Asking doctors what they want to work on
- Making it easy for doctors to lead and participate
- Recognition for doctors who lead
- Support for medical staff leaders, with courage
- Opportunities to learn and grow

How well are we doing at SaTH?
As members of the Senior Medical Leadership team, when determining our assessment of medical engagement in SaTH, we have reviewed the definitions of medical engagement. In doing so, we have considered carefully evidence from engagement work already performed in our Trust and the concerns that have been raised in focus groups of doctors and managers.
The feedback received from these sessions has revealed that many doctors report that they feel like technicians, as they do not feel that they are engaged with or talked to about the changes that are made to their everyday work, such as theatre lists and clinics. They describe concerns about late changes to their allocated work duties on wards, and expectations that they will see patients for Theatre, whom they have not assessed before, and are not advised of these changes with an adequate timeframe.
Doctors state that they do not feel listened to, that they feel that the organisation makes decisions without their involvement and they are then told what to do. A frequently raised concern, that illustrates this, is that the requirement that they provide at least six weeks' notice, in order to take leave or to re-schedule commitments, is not reciprocated. Important meetings sometimes are called within a few days', and even only a few hours' notice, with an expectation that the clinicians will attend. Doctors report that the meetings may then go ahead, without them being present if they are unable to attend, with decisions being made without clinician input.
Doctors also acknowledge that there are opportunities, with sufficient notice given, for them to be involved in developments within the Trust, and to contribute to decision-making. While there are examples of excellent engagement, a frequently cited reason for lack of engagement is that of high clinical workload and the need to prioritise service demands.
It was noted that the Trust has seen excellent improvements in patient care and in clinical processes when doctors

contribute to the Transforming Care work in the Trust. Examples include RPIWs in Respiratory Medicine on both sites, PRH Emergency Department and Out-Patient Clinics.
There also are other noteworthy examples of doctors leading change through engagement, that are developed within specialities, and without the need for TCI / KPO team to be involved, such as improvement in Chronic Renal Disease identification and management, and links with Community care in Diabetes, Cardiac Failure and in Chronic Pulmonary Disease.
More work is required to understand the factors behind doctors not feeling fully engaged, and that this also could be used to increase the levels of medical engagement.

Recommended actions to improve medical engagement at SaTH:

- Consider medical engagement as a core aspect of "how we work at SaTH", hence it being an integral part of a doctor's working experience.
- Ensure that there is greater medical involvement in significant decisions within SaTH, so that another part of "how we work at SaTH" involves engagement, inclusiveness and openness.
- Further develop consultant recruitment processes to include psychometric testing, the involvement of patients, and (simulated) clinical scenarios.
- Develop new consultant induction and orientation processes, in order to ensure that new consultants meet colleagues in leadership positions both within and outside their immediate clinical area, in order better to understand the workings of the Trust.
- Support the further development of new clinical roles, in order to support doctors in their clinical work, such as IV technicians, medical scribes, etc.
- Continue to develop senior doctor job planning in a transparent way to ensure there is greater clarity of expectations within, and amongst different specialities
- Focus more on clinical leadership: develop further training and education for Clinical Directors and Clinical Leads, in order to develop a pipeline of future leaders.
- Review the reward package for medical leadership positions at SaTH – recent changes in tax and pension legislation have meant that some of our clinical leaders have incurred significant tax penalties. This has meant that it is currently hard to recruit and retain Clinical Directors.
- Leverage the work of the Transforming Care Institute to engage doctors more in the many areas of improvement at SaTH.
- Complete and embed the "doctors' compact" and the "leadership compact"
- Commission work to measure levels of engagement at SaTH, potentially using the Medical Engagement Scale (MES).
- Use the Aston Team Coaching approach to improve engagement in particularly challenging areas.

The MD reported that work is ongoing. He also highlighted that there is a clear need for the organisation to invest in leaders. Dr Lee (NED) highlighted that this is mission critical and reported that where this has been completed elsewhere, the organisations have reaped dividends.

Following discussion, the CEO requested a progress report be monitored via the Workforce Committee; and the MD and WD to provide an update to a future Trust Board.
Action: MD/WD Due: July Trust Board

2017.2/219 EQUALITY DELIVERY SYSTEM (EDS) & WORKFORCE RACE EQUALITY STANDARD (WRES)

Further to being presented to the November Workforce Committee, the DNMQ provided an update on the Equality and Diversity System which is a legal requirement for the Trust.

There is a need to focus on older people, those with disabilities and the black and minority groups and a focus will be given to this year's Staff Survey results. Emerging trends will be focused on along with how we deliver Equality and Diversity through the organisation and engage with our communities. The Committee agreed that the Employment Experience Group would be best suited to discuss Equality and Diversity issues.

The Workforce Director celebrated the significant progress made in understanding this system and the level of

transparency we now have.

Following discussion, the Trust Board APPROVED the EDS2 report and action plan for 2017 - 19.

ASSURANCE

2017.2/220 BOARD ASSURANCE FRAMEWORK

The DCG felt it had been very useful to use the Board Assurance Framework at the beginning of each section of the agenda to frame the discussions.

The quarterly Board Assurance Framework was presented which identifies the Trust's objectives and principal strategic risks, along with an associated action plan. The Trust's prioritisation list of the operational corporate risk register was also attached; this contains 51 high risks which are prioritised on a monthly basis.

Dr Weiner (NED) enquired if any patients have been harmed in relation to corporate risk 1250 'Potential errors in radiology reports'. The Board were assured that this risk has been addressed in the specialty and has been reported through both Quality & Safety Committee and the Clinical Governance Executive.

Mr Newman (NED) reported that there has been a lot of publicity in Parliament of late regarding mesh in women's surgery and he queried the Trust's position on this and if the Trust has a policy. The Board were assured that this is narrowed to a particular number of procedures. The MD reported that NICE guidance would have been forwarded to a named staff member within the specialty (Women & Children's Care Group) as a means of tracking governance processes; this will be clearly followed.

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

2017.2/221 PROPOSED 2018 TRUST BOARD MEETING DATES

The Board RECEIVED and APPROVED the proposed dates for the 2018 Trust Board meetings.

2017.2/222 ANY OTHER BUSINESS

No further business raised.

2017.2/223 LEARNING / REFLECTION OF THE MEETING

- The CEO highlighted the amount of learning being undertaken in the organisation
- The MD raised the nature of the Board meetings and the level of debate which he now feels is an appropriate level of balance, thanks to Peter Latchford's contribution and chairmanship.

2017.2/224 THE MEETING THEN CLOSED AND THE BOARD TOOK QUESTIONS FROM THE FLOOR

2017.2/225 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 8 February 2018, 12noon, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 5.45pm

…….. Chair
8 February 2018

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 30 NOVEMBER 2017

Item	Issue	Action Owner	Due Date
2017.2/191	Draft Minutes of 28 September 2017 *To update minute 2017.2/169.1 to reflect Neurology outpatient service closed to new referrals from 28 March 2017*	CS	**Dec 2017 COMPLETED**
2017.2/192	Actions/Matters Arising from 28 September 2017 - 2017.2/144 – Community Engagement Approach *To provide update on a quarterly basis*	DCG	**May 2018 ADDED TO FORWARD PLAN**
2017.2/192	Actions/Matters Arising from 28 September 2017 – 2017.2/169.1 – Temporary suspension of Neurology OP *To provide update to February 2018 Trust Board re: staff exit surveys/interviews following proposal to SLT and Workforce Committee*	WD	**8 Feb 2018 AGENDA ITEM**
2017.2/195.2	*Compliance with the new General Data Protection Regulations (GDPR)* To present short paper to February Trust Board as to how to progress with the management of this issue	FD	**8 Feb 2018 AGENDA ITEM**
2017.2/199	Winter Resilience 2017/18 – Financial Position *To provide update to February 2018 Trust Board re: financial position*	FD	**8 Feb 2018 AGENDA ITEM**
2017.2/205	Six-Month Safer Staffing Nurse Review *To provide update in six months*	DNMQ	**3 May 2018 ADDED TO FORWARD PLAN**
2017.2/209	Q2 Complaints & PALS Report inc. PHSO Report *To liaise with Complaints Manager to update one of the charts from 'Complaints by subject' to 'Requests by subject'*	DCG	**Dec 2017 COMPLETED**
2017.2/214.1	Workforce Committee – 7 day services *To invite Scheduled Care Group Medical Director to deliver a presentation to the February 2018 Trust Board*	WD	**8 Feb 2018 AGENDA ITEM**
2017.2/217	Workforce Review – Belong to Something (OD Plan) *To present Organisational Development Plan to March 2018 Trust Board*	WD	**Mar 2018 ADDED TO FORWARD PLAN**
2017.2/218	Medical Engagement Report *To provide progress report relating to Medical Engagement to a future Trust Board*	MD/WD	**Jul 2018 FORWARD PLAN**

…….. Chair
8 February 2018