

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held 12.30pm, Thursday 29 March 2018**  
**Seminar Rooms 1&2, Shropshire Conference Centre, RSH**

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Mr B Newman Mr C Deadman Dr D Lee Mrs T Mingay Dr C Weiner Mr S Wright Dr E Borman Mrs D Fowler Mr N Lee Mr N Nisbet	Non-Executive Director (NED) - Acting Chair Non-Executive Director (NED) Non-Executive Director (NED) Designate Non-Executive Director (D.NED) Non-Executive Director (NED) Chief Executive Officer (CEO) Medical Director (MD) Director of Nursing, Midwifery & Quality (DNMQ) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary
<b>In Attendance</b>	Miss V Maher Ms S Biffen (part of meeting) Mr T Fox (part of meeting)	Workforce Director (WD) Deputy Chief Operating Officer Deputy Medical Director
<b>Meeting Secretary</b>	Mrs S Matthey	Committee Secretary (CS)
<b>Apologies:</b>	Mr B Reid Mr H Darbhanga	Chair Non-Executive Director (NED)

**2018.2/32 WELCOME & APOLOGIES:**

Mr Newman (NED) informed the members that Mr Reid (Chair) was on pre-planned annual leave, and following the retirement of Vice Chair and Non-Executive Director, Mr Paul Cronin; Mr Newman was Acting Chair for the Trust Board meeting.

The Board welcomed the newly appointed Chief Operating Officer, Mr Nigel Lee, to the meeting and wished him every success.

Apologies were noted for Non-Executive Directors Mr Reid and Mr Darbhanga.

**2018.2/33 VIP AWARDS**

The Board received videos of the following staff members who had been nominated to receive VIP Awards for the months of September and October 2017 and January 2018:

September 2017 - Andy Harris, the IT Team and the Blood Sciences Team

On the 3rd August, Biomedical Scientist and Pathology IT Andy Harris became aware of a significant problem with the Telepath server. Supported by SaTH's IT Department and DXC Telepath, he acted promptly and made the right decision under stressful conditions to prevent a potentially catastrophic server failure. The failure would have resulted in the loss of patient data from at least the previous 16 hours. In the laboratory, the contingency plan to maintain the operational service swung into action while the server was down; Helen Harvey, Tammy Davies and Roger Parkes recruited volunteers to help clear the backlog, who stayed until midnight to make sure there was no adverse impact on the service or patients. This team effort, quick thinking and timely intervention on this occasion is admirable and is truly deserving of a monthly VIP Award.

..... Chair  
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### October 2017 – Trust Security Team

The DCG paid special tribute to the Trust Security Team. The video highlighted that security teams spend much time managing anti-social behaviour from irresponsible elements of the community. However, another important albeit less well known aspect of their work is assisting in keeping young adolescent patients in A&E and preventing them self-harming whilst they await CAMHS or other assessment. They also help reduce the risk of harm or injury to staff from clinically aggressive detoxification patients with safe handling interventions. Detoxification treatment can produce unpredictable and often explosive reactions from patients during the first few days of treatment. 'Waits' for CAMHS teams to attend site, evaluate and arrange next treatment for young patients can be very long, over 12 hours is not uncommon. Often in crisis, breakdown, or suffering from abuse or overdose, these young patients can find a wait for assessment in the busy charged atmosphere of A&E, with crowded waiting/treatment areas, frightening and traumatic.

A number of nominations had been received for the Security team from both within and outside of the Trust, recognising the support provided.

The security team felt privileged and honoured to have been nominated to receive the award; they reported that they enjoy coming into work where they face a different challenge every day. They said one of the main aspects of their work is to keep the environment safe to enable the staff to get on with the job in-hand.

### January 2018 - Cellular Pathology Night Team - Gayle Clarke, Helen Bowcock, Michelle Barnard, Claire Wright & Sue Saxon

The Cellular Pathology Night Team have won the January 2018 VIP Award due to their ability to work together and provide an excellent service even under pressure. Over the winter period, several members of the cellular pathology technical team worked late into the evening in an effort to reduce the Histology backlog. Despite staff shortages and bad weather, the department has kept consultants busy by continuously providing cancer reports for MDT meetings. During this high-pressured time, the team has rallied around to minimise the impact on patients. Over an evening, a team comprising of 4 individuals cut approximately 400 blocks ready for reporting, reducing the backlog by over 50%, this was a mammoth effort.

The Acting Chair congratulated each of the teams and presented them with a voucher, certificate and award.

2018.2/34

### **PATIENT STORY** (*Presentations attached to minutes*)

The DNMQ welcomed staff members, Alex Pitas and Rachael Brown, to the meeting to present stories which demonstrated proactive work to avoid unnecessary admissions, and also occasions when opportunities are missed to improve patient experience by expediting care management and enabling a patient to get back to their place of residence in a timely way.

#### Patient Story – Frailty Intervention Team and SaTH2Home

Physiotherapist Alex Pitas attended to present a patient story in relation to the provision of rehabilitation, focusing on a frail/elderly patient:

#### *Background of Patient:*

- 89 year old patient presenting at RSH A&E late in the evening with acute olecranon bursitis (severely painful elbow – limited function)
- Patient lives alone in a house with no package of care or nearby family support. She is normally independently mobile with a walking stick
- Patient known to have frequent chest infections with regular input from the community respiratory team
- Declared medically stable for transfer in A&E and moved to CDU overnight

#### *Frailty Intervention Team Contacts:*

- Patient screened as 'mildly frail' with significantly increased new care needs due to sudden onset decreased function of one arm
- Assessed as being safe to return home with a short term TDS POC initiated by SaTH2Home to facilitate same day discharge pre-10am

..... Chair  
3 May 2018

*Next Day:*

- Patient re-presented at A&E following a fracture clinic appointment
- Increased presence of Frailty Intervention Team in A&E recognised the patient's name
- Community respiratory nurses had raised concerns whilst the patient was in clinic about the patient returning home 'having had a fall without any care support'
- Knowing the background, the Frailty Intervention Team reduced the patient time in A&E to 45 minutes
- Liaised with SaTH2Home team to ensure no concerns, held a discussion with patient to rule out any newly presenting issues and contacted the community respiratory nurses to assure them that the discharge was well supported

Patient Story – Stranded / Red2Green

Rachael Brown presented a patient story in relation to a brain injury patient who came into hospital and was admitted straight to ITU. A number of options were looked at and the patient was placed on a list to transfer to a Neuro Rehab Unit; however over time the patient was no longer suitable to be transferred to the Neuro Rehab Unit as SaTH had been pursuing beds which weren't suitable for him which delayed him getting to the rehab. This ultimately relies on early recognition of where is the best place, wrapping the service around the patient.

Rachel reported that the patient stayed in SaTH for 246 days; 202 days of which he was medically fit to be discharged to an acute unit.

The CEO questioned why it is so easy to get into hospital but apparently so difficult to get out again. He reported that all through this winter, SaTH has had at least 105 additional patients over its bed base Rachael reported that the Red2Green team is now in place and there to help navigate and look at data. A process is in place to 'check, chase, challenge' as well as the stranded patient review for inpatients over 7 days, and super-stranded for inpatients 21+ days, providing ownership at ward level.

The MD thanked both staff members for attending to provide their stories and highlighted that it helps to re-think what hospitals are about as there is a general perception that hospitals are where patients go to get better and where is safest; but this is not always the case. For those who are frail/elderly it may lead to de-conditioning and losing muscle mass; losing the ability to be independent and eventually developing complications. The emphasis is now focusing on providing the best clinical care in a timely manner, ensuring that we don't keep patients in hospital for any longer than necessary. The need for good communication is key, and to release beds for the acutely unwell patients coming into hospital.

The Board thanked the teams for the work being undertaken and recognised that SaTH's part in a patient's journey is part of an overall health system and it is crucial to either keep patients from coming into hospital in the first place, or to get them discharged into the most appropriate place which would be safest and kindest for them.

**2018.2/35 BOARD MEMBER'S DECLARATIONS OF INTEREST**

The Board RECEIVED and NOTED the Declarations of Interest; Mr Nigel Lee has been added.

**2018.2/36 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 8 FEBRUARY 2018**

Mr Newman wished to confirm that the hospital referred to in minute 2018.2/08 is the Virginia Mason Hospital.

**Action: CS to update minutes**

The minutes were APPROVED as a true record.

**2018.2/37 ACTIONS / MATTERS ARISING**

2018.2/05 – Draft Minutes of Meeting held 30 November 2017:

*CS to amend minute 2017.2/206 to reflect Dr Lee's position as Chair of Quality & Safety.*

**Completed. Action closed.**

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2018.2/05 – Draft Minutes of Meeting held 30 November 2017:  
*CS to amend minute 2017.2/205 re: six-month safer staffing nurse review to include ‘vacancy rate continues to be a significant issue’.*

**Completed. Action closed.**

2018.2/06 – Actions/Matters Arising:

2017.2/192 – Discussion re: Exit surveys/interviews

*WD to include key themes identified by staff in Retention Strategy and discuss at February Workforce Committee, and provide assurance in Workforce Committee summary to 29 March 2018 Trust Board*

The WD confirmed that this piece of work has concluded. It was due to be presented to Workforce Committee but the item was deferred, to allocate more time for a detailed discussion in relation to Staff Survey. It will be presented to the April Workforce Committee and will report back to Trust Board through the Workforce Committee summary.

**Action: WD Due: 3 May 2018 Trust Board**

2018.2/06 – Actions/Matters Arising:

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

*WD to present Organisational Development Plan to 31 May 2018 Trust Board*

**Action: WD Due: 31 May 2018 Trust Board**

2018.2/14.2 – Trust Performance Report – Workforce

*WD to write to areas in relation to SSU training compliance over winter period*

The WD reported that the Workforce Committee received a report from the Head of Education. A review has been undertaken in terms of capacity in the training function to ensure that everybody is up to date with their statutory training; the conclusion of the review is that we do have that capacity.

The Workforce Committee discussed DNA rates (currently 16% which is a significant amount of capacity that isn't being utilised). The WD confirmed that the Confirm & Challenge group will monitor the rates of compliance.

As Chair of the Workforce Committee; Dr Weiner (NED) confirmed that he is happy in terms of the approach and principles laid out.

2018.2/17 – Quality & Safety Report

*DNMQ to discuss a suitable language around ‘Old Harms’ and ‘New Harms’ at Quality & Safety Committee.*

The DNMQ confirmed that the Quality & Safety Committee sought clarification of this and there is a clear way forward in terms of reporting.

**Completed. Action closed.**

2018.2/22 – Sustainable Transformation Programme Update

*CEO to feedback to STP team compliments from the Board in relation to work being undertaken at this difficult time.*

The CEO confirmed that he has passed compliments on to the STP team and the wider system.

**Completed. Action closed.**

2018.2/26 – Presentation re: 7-day Services

*WD/MD to take a proposal to the Executive Directors in respect of taking this work forward.*

The MD reported that he and the WD work closely on 7-day services. This is subject to on-going review by the Executive Directors and will be reported back to Board.

The MD confirmed that he has alerted the regional team that given SaTH's staffing situation, despite the positive announcement of allocation of funding to support reconfiguration, until the organisation is in a position where it is able to reconfigure and recruit, there will be challenges achieving all of the required components of 7-day services.

The Trust does recognise that these are commitments and work will be undertaken to fulfil them as far as is possible.

Mr Newman (NED) highlighted that this must remain our objective as patients fall ill 7 days per week and it is neither safe nor kind to keep patients in a bed over the weekend period.

**Board Action closed.**

2018.2/28 – Board Assurance Framework

*I.CO.O to review BAF entry in relation to status of Risk 561 'safe and efficient patient flow'.*

The DCG reported that a series of meetings will take place with all Executive Directors to go through their current risks against the new strategic objectives.

**Board action closed.**

2018.2/31 – Questions from the Floor

Mr Newman (NED) picked up on an additional action whereby the FD agreed to forward data to an individual in relation to Frail & Elderly. The FD confirmed that he has completed this action.

**Completed. Action closed.**

2018.2/38

## CHIEF EXECUTIVE OVERVIEW

### Future Fit Capital Funding

The CEO took the opportunity to repeat the news of the community receiving the green light for £312m capital, which is the largest capital sum that our county has received in all of the 70 years of the NHS. This is a significant step forward and whilst there is a lot of process to follow before we can see the building work commence, the CEO highlighted that we should take this moment to enjoy that we have been successful.

It is great news in terms of the 6,000 staff working within the hospitals and whilst the uncertainty of the future has made some staff very anxious and in some cases leave employment in the past, the CEO felt this will allow us to plan for the future.

The NEDs acknowledged the work of the Executive Team in gaining this position and the Board formally recognised the work of the former Director of Transformation and her team. The CEO agreed to forward a letter to her.

**Action: CEO**

### Opening of MRI Scanners

In previous years, SaTH have had the two oldest MRI scanners in the NHS; however, following the fantastic donation from the League of Friends, we now have the three most modern scanners in the NHS. The newer machines result in patients being in a much more comfortable environment for a shorter period of time, notwithstanding the improvements in the quality of the imaging, and the ability to undertake cardiac imaging meaning patients no longer have to travel to Stoke and Birmingham for those tests which is clearly a positive step.

### Clinical Decision Unit (CDU) at PRH

The CDU at PRH will open next week. This investment from the Department of Health is an important step forward to support the Emergency and Urgent Care solutions in the years ahead.

### Accident & Emergency

We have a new style of advert out at the moment which includes staff talking on video about what it means to work in the Trust and in that environment and it provides a much more detailed glimpse into working in our organisation. It is hoped this will be more positive and engaging to potential employees. The Trust has already received some interest, at this early stage.

### Junior Doctor Cover in Accident & Emergency

The appointment of six Emergency Care Practitioners (ECPs) will commence in a number of weeks, taking the number of ECPs to 11 which is an important development as only a few years ago SaTH had only three ECPs across the emergency service. This function will support the stream of patients with minor injuries presenting at the A&E departments.

### Winter Pressures 2017/18

The CEO highlighted the rural challenges that the county faced in the snow this winter and wished to praise the staff for their efforts in getting into work, and for those who stayed on at the end of their shifts. This extraordinary support to look after patients and to care for each other continued throughout the winter period.

Mr Newman (NED) also highlighted that members of the public also went above and beyond to help transport patients to and from hospital.

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## SUSTAINABILITY (PATIENT & FAMILY)

2018.2/39

### SERVICES IN THE SPOTLIGHT UPDATE

The COO reported that he is delighted to have commenced in his role at the Trust and formally paid tribute to Sara Biffen for the work undertaken in the interim.

The Board received a paper in relation to the number of services currently provided by the Trust that are considered challenged due to workforce constraints which impact on service delivery. Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) have been aware of these longstanding capacity and workforce issues and have been working closely with the Trust to try to find suitable and safe alternative capacity, where appropriate.

#### **1. Emergency Departments – Reduced risk in Middle Grades since last month. Nurse staffing vacancies slightly improved.**

##### Summary of Key Risks

- Inability to staff both sites consistently with substantive workforce;
- Inability to recruit into posts;
- Retention of staff due to regular gaps on the rota;
- Reliance on Consultants acting down;
- Impact on ED performance due to high level of locum usage;
- Impact on ED performance due to shift pattern changes to enable both units to stay open overnight;
- Financial impact of very expensive locums;
- Increasing registered nurse vacancies;
- Staff wellbeing;

##### Action Taken to Date

###### *Substantive Recruitment*

- Consultant in Emergency Medicine post has been advertised and closed on the 22nd March; interviews are planned for 30th April.
- Specialty Doctors in Emergency Medicine post has been advertised and closed on the 19th March with no applicants
- Recently appointed one Specialty Doctor; Visa implications are being progressed
- Currently advertising Trust ST3 A&E at RSH
- Appointed to the Simulation Fellow in A&E (which will provide 40% clinical work equivalent to four sessions per week)
- Engaged over 20 agencies to support with substantive recruitment
- Six ECPs have been appointed; due to commence in post throughout April
- Advert to be placed for qualified Advanced Clinical Practitioners to support the SHO equivalent medical roles

###### *Locum Recruitment*

- Locum Consultant in Emergency Medicine closed at midnight on the 19th of March, with no suitable applicants
- Actively working with agencies to secure locum cover.
- The Locum Specialty Doctor for Emergency Medicine & Locum Consultant Emergency Medicine posts are all out to our permanent agency recruitment companies

###### *Business Continuity Plan*

Further to the actions taken to date to bridge the workforce gaps there is still a substantial risk that we will be unable to safely manage two Emergency Departments overnight. As part of the business continuity planning process, a table top exercise was undertaken on 20 March 2018 with the Care Groups and system partners, including CCG representatives and New Cross Hospital Operational management leads as our closest neighbouring Trust, to test the robustness of these plans. Outputs from this exercise identified that there needs to be further work at specialty

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level including paediatrics, stroke and cardiology services. It is also clear that further discussion and work is required with other service providers such as the West Midlands Ambulance Service.

SaTH is also working with other Trusts who have already implemented this process to identify any lessons learnt in an effort to mitigate risks. Further testing will take place in the first week of April 2018.

## 2. **Neurology Outpatient Service**

SaTH has experienced long-standing capacity and workforce issues for several years, again similar to regional and national consultant workforce issues also in this specialty. The service was closed to all new referrals from 27th March 2017 for an initial six month period. During this period, commissioners sourced and secured additional capacity from The Royal Wolverhampton Hospital Trust.

### Summary of key risks

- Securing substantive consultants given the national shortage;
- Securing a locum consultant within capped rates to support any shortfall in substantive capacity;
- Managing the levels of demand once the service reopens the front door to new referrals;
- Securing and retaining sufficient Clinical Nurse Specialist provision to manage demand.

### Actions taken

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. As a sustainable model could not be secured, a further extension to the suspension of referrals was agreed in September 2017 while discussions continued. Further to this, a potential solution has been identified which would include the development of a 'hub and spoke' model from a Trust which has a well-established service. Implementing this solution will require formal procurement and is being worked up currently.

Support has been sought from other Trusts without success. In the meantime, discussions have taken place with commissioners regarding "repatriation" of those patients diagnosed with neurological Long Term Chronic Conditions (LTCCs) at New Cross Hospital, during the SaTH closure. During the discussions with New Cross no arrangements were made by commissioners and the provider to secure on-going follow up for this group of patients. Following agreement by commissioners, SaTH have seen the 14 patients who were sent back for repatriation. The service is also accepting those patients who have been diagnosed with Motor Neurone Disease (MND) out of county. This is due to the life-limiting condition of this illness and hence avoidance of any delay in care. All available consultant capacity is being utilised.

A workshop took place on 21 March 2018 which was led by NHS England with SaTH, commissioners and other providers to look at the future provision of Neurology Services across the region as a whole in response to the national challenges regarding neurology service provision. SaTH will actively engage in these discussions going forward.

### Proposed Next Steps

- To work with the Procurement Team to further develop tender documentation for the substantive support required. The service will need to be tendered due to the value of the contract
- To undertake a procurement process following Trust Board approval from April 2018
- To continually monitor current activity, flexing existing capacity as required and reviewing possibilities for the service to re-open in partnership with local Commissioners.

Mrs Mingay (D.NED) queried the capacity of the therapy services (physiotherapy, occupational therapists) and where these services are provided as patients with life-limiting conditions need to be close to families.

The COO reported that he has a meeting scheduled with the community services to look at the integrated picture for therapy services; looking at where is best for the patients in a seamless way.

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The CEO highlighted that whilst a number of charities provide these services nationally; this needs to be explored further with our commissioners for this service to be provided locally.

### 3. **Dermatology Outpatient Service**

The Trust has been operating with a single consultant-led service for many years despite numerous attempts to recruit to a substantive Consultant Dermatologist post. Nationally there is a shortage of Consultant Dermatologists.

There is a GP with Special Interest Advanced Primary Care Service in Dermatology to provide additional capacity for the residents of Shropshire County. In addition, there is a Consultant-led Community Dermatology Service at St Michael's Clinic (SMC - previously Shropshire Skin Clinic) based in Shrewsbury. The Trust also uses St Michael's Clinic (SMC) on a sub-contract basis for the provision of some of their skin cancer services. Telford and Wrekin CCG also uses SMC via a subcontract relationship.

The Trust has appointed a locum consultant to mitigate the immediate issue within the service. All inpatient work is undertaken by SaTH Consultant workforce.

#### Summary of key risks

A single Consultant led service is not viable due to the need for all Cancer 2 week referrals (2WW) and New Patient activity to be supervised by a Consultant Dermatologist. During periods of annual and study leave / sickness, without alternative Consultant presence all New Patient and 2WW activity clinics would have to be cancelled meaning SaTH would not be able to deliver against its agreed contract.

#### Actions taken

- Advertisements were placed during August 2017 for both a substantive consultant and a Trust locum post. The Centre is currently advertising again for a substantive consultant.
- The Trust has offered to support the existing locum to secure his CESR qualification to enable him to join the Trust as a substantive consultant; he has advised he is not interested in this offer.
- Consultant Dermatologist, Dr Kelly and the Operations team have scoped alternative methods of recruitment, none of which are viable at this time.

In an effort to further mitigate the risks associated with the service, St Michael's Clinic (SMC) has been approached again with a potential offer of an increased transfer of activity on the basis that they would provide further support and capacity for SaTH patients, which would include capacity for Multi-disciplinary Team cover and ward cover during times of consultant leave. Despite this previously having been declined, St Michael's Clinic stated they would now be willing to consider this. SMC have stated they would want to provide any additional activity within their own premises and they would therefore require a further consultant plus additional room capacity. Building work to support this was underway to enable support to potentially be available from April 2018; however SMC are now advising that the expansion of their service will not be available until summer 2018.

Further discussions with SMC are scheduled in an effort to determine the commitment to delivering support from the summer of 2018. If suitable assurance is not given, further market testing will be undertaken.

Discussions have been held with commissioners at the Planned Care Working Group regarding Dermatology provision across the county. There is a general agreement to work together with commissioners to develop a service model to be delivered across the health economy from 1 April 2019 (at this time due to commissioners holding contracts with one dermatology provider until 31 March 2019). An initial workshop is due to be set up shortly to review current and potential dermatology pathways.

#### Next steps

- To review the service specification with SMC to ensure sustained delivery of the 2WW cancer support from April 2018.
- Await the outcome of the current advertisement out to recruitment for a substantive consultant.
- To work with SMC to determine when additional capacity may be available.
- To work with commissioners and other providers to scope the possibility of a new dermatology pathway and

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service to be developed for delivery from 1 April 2019.

Mr Newman enquired if GPs with specialist interests have been considered; the MD reported that there are GPs with specialist interests, but nationally there aren't sufficient skilled practitioners for these areas. If we could progress with GPs with a specialist interest, it would need both elements – the people and the commissioning intentions. Dr Lee (NED) felt GPs with specialist interests can add a lot of value however the GPs do require a lot of ongoing support, supervision and ongoing training.

Overall, Dr Weiner (NED) queried if there has been full clinical engagement with regards to the table-top exercises. The COO confirmed that Ms Biffen has had significant involvement; she has chaired the business continuity meetings in the process. There has been significant clinical involvement from both within our teams and the community, as well as dialogue with the West Midlands Ambulance.

The DCG reported that she has been in contact with Dr Adrian Marsh from ED at PRH with regard to video-conferencing which would improve supervision between the two sites. Once this is embedded, will look to pilot with Trauma & Orthopaedics at PRH to look at Tele-medicine for senior medical opinions, etc.

Following discussion, the Board RECEIVED the update and the Chair of the Performance Committee agreed to keep this under review.

**Action: Performance Committee Chair**

2018.2/40

## **EMERGENCY DEPARTMENT WORKFORCE RECOVERY PLAN**

The COO presented a paper which reported that further to the actions taken to date to bridge the workforce gaps, there is still a substantial risk to safely manage the two Emergency Departments overnight.

As highlighted in the above 'Services in the Spotlight – ED Update', a table top exercise to test the business continuity plan has been undertaken. Further actions to ensure robust plan is in place have been identified and are being progressed. A further update will be provided to Trust Board in May 2018.

### Current Workforce Position for ED:

There are 4.0wte substantive Consultants in post, only three of whom cover the On Call rota and only two that work across site. An additional resignation has been received and their last working day will be 29th April 2018. This will leave only 3.0wte substantive consultants, one of whom does not work across site.

The Royal College of Emergency Medicine (RCEM) recommends that all A&E departments should have an establishment of at least 10 Emergency Medicine Consultants to provide up to 16 hours a day of consultant cover. There are four Locum Consultants in post following a decision by the Board in December 2016 to over-recruit Locum Doctors to provide additional resilience to the On Call rota as there had been no applicants for the substantive posts.

Due to the challenges of the current workforce configuration across two sites the On Call rota is particularly demanding for our substantive workforce some of whom will consistently provide cover twice a week.

Whilst there is an On Call frequency of 1:8 rota, 50% of this cover is from Locums who contractually have very little obligation to the Trust which regularly results in three of the substantive consultants picking up extra on call shifts – this will reduce to two following the departure of one of the substantive consultants on 20 March. The resignation of a substantive Consultant will move the frequency to a 1:7, which moves the percentage of cover by Locums to 63%; this introduces increased fragility to the service.

The challenge of providing a sustainable medical workforce for ED has been further compounded by an additional middle grade resignation from June 2018 in addition to the substantial gaps that are already in place.

In order to cover the middle grade rota gaps, Consultants are frequently acting down to cover these positions alongside their on-call consultant role. Daily meetings are taking place between the emergency centre operational team and medical staffing in an effort to address the rota gaps as detailed above.

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The COO reported that the Executives and their teams are focusing a significant amount of effort on all grades as well as the immediate, the short-to-medium and the longer term plans to ensure the organisation has a sustainable workforce going forward. The business continuity element is in place to ensure we have robust contingency arrangements if needed.

Mr Newman highlighted that the position will decrease from 4.0 substantive consultants to 3.0 from April 2018 and queried if this is a safe service. The MD reported that the Trust has received multiple visits following a level of external concern in relation to our performance; one of the repeated comments received is that our staff work above and beyond to ensure the safety of our patients.

Overall, the COO highlighted that the primary objective is to maintain the two Emergency Departments and to support the teams with a skill-mix which is achievable and maximises the use of all grades of staff – including advanced practice, as well as medical.

Following discussion, the Trust Board RECEIVED and APPROVED the Emergency Department Workforce Recovery Plan.

2018.2/41

### **WINTER PLANNING – EARLY LESSONS LEARNED**

The COO provided a presentation which highlighted:

#### Key areas for Winter Resilience

- Reconfiguration of bed base at PRH
- Embedding SAFER principles
- Increased community support/SaTH2Home
- Open Clinical Decision Unit (CDU) at PRH
- Increase weekend discharges (criteria led discharge) – key enablers include weekend discharge teams (by way of doctors, pharmacy and therapies), discharge lounge on RSH site, ambulance handover support and additional packages of care from local authorities

#### What went well ...

- Opened discharge lounge on RSH site
- Reconfigured beds at PRH
- Implemented SaTH2Home
- Additional support services from pharmacies and therapies
- Ambulance handover support

#### What didn't go well ...

- Utilisation of discharge lounge – due to location and size
- Demand and capacity modelling
- Maintaining/sustaining weekend workforce
- SATH2Home – potential/embedding the principle. Restriction on catchment SY1-SY5
- CDU – location used as a bedded area. It was not efficient for patient turnaround

#### Lessons to learn

- Winter planning needs to begin in April 2018
- Winter lessons learnt data being held on 26.04.18 with Care Groups and system partners
- Use the winter checklist (NHSI)
- Needs integrated approach with whole system
- Service improvement during winter period
- Breaking the cycle events
- SAFER – embedding the principles

The CEO reported that the impact of flu / elderly equated to only approx. 30 beds this winter; and the organisation has had an additional 105 beds open throughout the winter period due to the inability to get patients discharged from hospital; it is therefore important to note where the focus needs to be, going forward.

The CEO reported that a MADE (Multi-Agency Discharge Evaluation assessment of all patients will be held each month on all the wards to determine patients who do not need to be in hospital and to support those patients in the next steps of their journey.

The DNMQ highlighted that the Board must be mindful of the welfare of our staff for next winter, taking into account filling the workforce gaps. She reported that a piece of collaborative work is taking place with Health Education England, NHSI and university colleagues to look at skill-mix and breaching those gaps in a more creative way to protect the safety and kindness of both patients and staff.

Overall, there is a lot of learning that can be taken from this winter to ensure the organisation goes into 2018/19 winter in a much improved position for patient flow.

The COO reported that an additional update will be provided at the end of the winter pressures.

**Action: COO**

**2018.2/42**

### **MIDWIFERY LED UNIT REVIEW UPDATE**

The DNMQ updated the Board that the Women & Children's Service continues to have difficulty and challenge in maintaining a safe skill-mix throughout the Midwifery Service.

She highlighted that we have eight alternatives of maternity provision in the system, including Market Drayton and Home as places where midwifery care is provided. This creates a lot of challenge in ensuring our midwifery staff are skilled and have the amount of practice that they need to provide a safe service.

At the moment 97% of births occur in SaTH's Obstetric Unit. The DNMQ reported that a wide range of services are provided and this causes challenges in ensuring our staff are competent and up-skilled; it also creates a challenge with skill-mix. However, safety is first and foremost on the agenda.

The DNMQ drew attention to the delay in the CCG-led public consultation on the long-term maternity model which was included in the paper. It looked likely that it would take a further four to five months to commence the consultation period due to a seven stage assurance process that NHSE had developed; however, more recent communication has been received indicating it may take a shorter amount of time to begin the consultation.

The DCG clarified that the public consultation is for the permanent solution, and it is the CCG's consultation on the long-term sustainable model, whereas SaTH would only be looking at short-term, temporary solutions that would not pre-empt the CCG consultation on the permanent model.

Mr Deadman (NED) highlighted that staff sickness rates appear high and questioned the engagement of our staff. The DNMQ reported that since the three smaller MLUs re-opened on 1 January 2018, we have found that a lot of midwifery staff feel under a lot of challenge as a number of midwives who were re-deployed back into the Obstetric Unit really enjoyed being part of a larger team and enjoyed being included in a lot more activity (97% activity); therefore they feel a lot of stress in returning to the smaller MLUs. A piece of work is being undertaken with the HR Business Partners to drill down to understand this.

The Board members RECEIVED the Midwifery Led Unit update.

**2018.2/43**

### **MATERNITY ENGAGEMENT PLAN**

The members were presented with a paper which reported that the purpose of the maternity engagement plan is to support The Shrewsbury and Telford Hospital Maternity service to seek the views of current maternity services users, the public and maternity staff on future model of maternity service provision at the rural midwife-led units in

..... Chair  
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the interim period to a revised sustainable and safe model of care, implemented by the CCGs following public consultation.

SaTH is seeking the views of its local communities on the following three options:

- Option 1: A planned programme of rotating four-week suspensions of inpatient services across Bridgnorth, Ludlow and Oswestry midwife-led units. Dr Weiner asked if this is considered to be a viable option. The DNMQ confirmed that it is viable.
- Option 2: Continuing to evoke our escalation plan at short notice to maintain safety. The DNMQ feels this is not a viable option.
- Option 3: A temporary closure of inpatient services at Bridgnorth, Ludlow and Oswestry midwife-led units

The DNMQ included an additional fourth option and requested support and endorsement of the overall approach:

- Option 4: To man the midwifery led units on an on-call basis (midwife to follow the activity rather than wait in the MLU for activity)

Mrs Mingay (D.NED) queried who is developing and analysing the questionnaire as the success of any exercise is dependent on the questions asked.

The DNMQ and DCG confirmed that SaTH has commissioned an external company and whilst there is a need for the clinical input, it will also be tested with patients.

The DNMQ reported that the engagement plan does not assume an outcome. It is worked up with engagement from the public. She highlighted the viable options and reported that there will be discussion with the public and their views will be taken into account; the Board will then be asked to make a decision regarding a temporary solution.

Mr Deadman (NED) requested assurance that conversations will be held with a statistically representative proportion of the community. The DNMQ confirmed that the engagement plan seeks to engage the views of the community who are most likely to use the service.

Mr Newman (NED) queried the timescale of the process. The DNMQ reported that the timescale for involvement on this issue will run from Monday 9 April until midnight on Sunday 6 May 2018. The result will then be independently analysed and the recommendation to adopt one of the options will be presented to the public Trust Board meeting on 31 May 2018.

**Action: DNMQ Due: 31 May 2018**

Following discussion, the Trust Board NOTED and APPROVED the engagement approach, including the additional Option 4.

2018.2/44

## CQUIN FOR HEALTHY FOOD

The WD presented a report against targets set for the Health and Wellbeing CQUIN, which has been through the Workforce Committee. The CQUIN has been achieved due to the hard work of the Trust's Catering Team. The Trust has made significant improvements in creating the environment and the provision of nutritional healthy food and has continued to sustain these improvements from 2016/17 to 2017/18 by:

- Reduction in 1% of sugar/salt products displayed
- Increase in healthier options
- Avoidance of overt promotion
- 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml)
- 60% of confectionary and sweets do not exceed 250kcal
- At least 60% of pre packed sandwiches and other savoury pre packed meals contain 400kcal or less per serving and do not exceed 5.0g saturated fat per 100g

..... Chair  
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Mr Newman highlighted that the Chair of the BMA Junior Doctors Committee has recently raised that doctors do not receive training in relation to nutrition. The MD reported that it does need greater emphasis in the medical curriculum and he trusts it will be addressed in the next syllabus.

The Trust Board RECEIVED and APPROVED the update on progress: CQUIN Indicator 1b Healthy food for NHS staff, visitors and patients.

## PERFORMANCE

### 2018.2/45 SUMMARIES OF PERFORMANCE COMMITTEES HELD 27 FEBRUARY 2018 27 MARCH 2018

2018.2/45.1 The Committee Chair, Mr Deadman (NED), presented the following key themes from the Performance Committee held on 27 February 2018, which included:

Board Assurance Framework - The Committee looked at the following BAF risks and agreed the residual RAG ratings:

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 (CRR 561)	Red - No Change
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 and address the modernisation of our ageing estate and equipment (670)	Red - No Change
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 (1187)	Red - We have not delivered our CIPs for 2017/18

#### Cost Improvement Programme (CIP)

The Trust was set a 2% CIP for the year 2017/18 representing a saving of £6.8m for the year. A predicted £4m has been achieved. Key issues contributing to this under achievement are the overspend on agency costs and problems with delivery of SATH2Home and the Meridian Efficiency Programme. Key lessons need to be learned for the 2018/19 programme with respect to the ability of programmes to deliver within a 12-month period. The Board should consider this in reviewing proposals for 2018/19 and in explicitly monitoring the CIP programme.

#### Charitable Funds

SATH's charitable funds are in good order and there are well developed plans to attract additional funds, for example, by building stronger links with local businesses.

#### Mortality

The Committee noted the mortality reported in the performance report. Whilst it is clear that the Quality & Safety Committee oversee the learning from death, it is important that the overall mortality profile is under the explicit review of a sub-committee. This will be considered by the Chair within a revised sub-committee structure.

The meeting was attended by SATH's new Chair, Ben Reid.

### 2018.2/45.2 PERFORMANCE COMMITTEE HELD 27 MARCH 2018

#### Financial Performance Month 11

The committee was reminded of the Trust's plan constructed in November (which we have discussed with NHSI) to deliver a revised forecast of £12.025 million, a shortfall of £5.962 million from the original control total of £6.063 million. After accounting for the additional shortfall in STF payments of £8.127 million, the Trust would deliver a deficit of £20.152 million at the end of the year. We are now confident we will be able to deliver this outturn.

The FD reported that the SaTH has entered discussions with Treasury to secure loans to underpin the deficit; a loan of £20m has been underwritten.

..... Chair  
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Mr Deadman (NED) suggested reviewing the current year and lessons learnt at the next Trust Board meeting as some great work has been undertaken during 2017/18 with fantastic achievements in both Cancer and RTT performance, however the organisation has overspent its allowance.

**Action: Chair of Performance Committee Due: 3 May 2018 Trust Board**

#### Financial Strategy 2018/19

The Committee received and discussed the 2018/19 Financial Strategy. The Financial Strategy has been developed to deliver a control total deficit of £6.5 million. It was noted however that NHSI expect the Trust to deliver a surplus of £660,000 (after receipt of £13.1 million STF). Accordingly, there is a £7m difference between our and NHSI's expectations.

The 2018/19 Financial Strategy has been built up from the following assumptions:

- Receipt of STF Funding of £13.1m.
- Cost efficiencies of £7.0 million, equivalent to 2% of operational spending. At present we have potential CIP measures which could deliver £8.9m of savings. However almost all these plans are poorly defined and are of low confidence. ('Red' rated). Mr Deadman reported that currently the Committee does not have assurance that this is deliverable as don't yet have full details of the plan. All material is currently being prepared. Mr Nigel Lee will attend the next Performance Committee meeting and the Committee will look at the plan in detail.
- Pay expenditure increases by 2% and non-pay by 4%. At present no account has been taken for 'agenda for change' which should be 'fully funded'. The FD reported that it is not yet known how funds are going to flow for the increased level of the pay award; however it is anticipated that a level of funding will be released.
- £2.3 million of funding for winter.

A consequence of this Financial Strategy is we expect to significantly overspend the Agency Cap figure. When this becomes apparent NHSI may request further discussions.

The committee received and considered the Capital Programme for 2018/19, noting that the Trust will need to explore alternative financing solutions to support the replacement particularly of high cost diagnostic equipment. Furthermore that it will need to continue to retain sizeable contingency resources to be able to respond to unexpected need throughout the year.

The committee RECOMMENDED APPROVAL of the 2018/19 budget and Capital Programme to Trust Board.

Board Assurance Framework - The committee reviewed the follow risks:

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 (CRR 561).	<b>Red - No Change</b>
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 and address the modernisation of our ageing estate and equipment (670).	<b>Red - No Change</b>
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 (1187).	<b>Red – No change</b>

Further discussion and clarification needed regarding the risks the Performance Committee are responsible for and those that require escalation. It is understood that a full review of the new BAF is taking place from April 2018.

..... Chair  
3 May 2018

### Operational Plan 2018/19

The committee received an extract of the Operational Plan for 2018/19 relating to Unscheduled Care Group. It was acknowledged that the detail behind this and other areas of the Operational Plan, including the risks, is still required. It was agreed that the majority of the next Performance Committee meeting will focus on the detail and the milestones.

### Trust Performance Report

The committee was pleased to note that despite the hospital pressures, there continued to be excellent performance against the Diagnostic Waiting Times, Cancer Waiting times and RTT; although A&E performance continues to be challenging.

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

2018.2/46

### **ANNUAL OPERATING PLAN** – *Presentation attached to Minutes*

The FD provided a presentation in relation to the position of the Unscheduled Care Group, Scheduled Care Group, Women & Children's Care Group and Support Services (Radiology, Pathology and Pharmacy) by reference to their state of readiness. The following areas are priorities which need to be addressed. If all of those come together, the essence of the plan for this year still needs to be based around those baseline issues and trying to address them.

#### Unscheduled Care Group

- Declining A&E performance for admitted care; this is compromised because we are seeking to push 71% of activity through 23% (101) of beds. External support has highlighted a significant issue of stranded patients – typically 300+ patients have a length of stay of more than 7 days.
- Key actions:
  - Opening of CDU at PRH
  - Streaming service at PRH
- Impact:
  - CDU – Assumes we will reduce breaches by circa 8 per day improving non-admitted performance by 2.5%
  - Streaming – To gain a 1% improvement you need to reduce breaches by 800 across the year, this is equivalent to 16 per week
- Ongoing nursing recruitment difficulty – reliance on agency staff
  - Reduction of 65-70 wte temporary RNs as a consequence of removed escalation capacity and targeted winter capacity. Reduced temporary nurses due to solutions removing the requirement for temporary agency staff
- Insufficient junior medical staffing
  - Progressive improvement in junior medical capacity
  - The proposed workforce plan shows an investment of 20.34 wte junior medical staff at a cost of £894k in Year 1.

#### Scheduled Care Group

- Cancer performance is in line with last year with 88.3% reached at March 2017/18 (86.6% at March 2016/17)
- RTT performance reached 90.1% at March 2017/18 (85.8% at March 2016/17).
- Areas of strategic focus:
  - MSK Strategy – Repatriation of lost activity, Increase market share, Further activity growth from Welsh commissioners
  - Oncology Strategy – Technology developments (Cancer App), Investment at PRH, Workforce plan to respond to growing demand
  - Ophthalmology Strategy – Completion of service reconfiguration, Review cataract capacity, Maximise contribution through sustainable workforce
  - Private Patient Strategy – Agreed a strategy through the Private Patient Task & Finish Group with associated service and pricing models

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- Further potential operational development areas:
  - Implementation Goal 1 – Improved access to urgent and emergency care. Protecting the scheduled care bed base
  - Implementation Goal 2 – Reduce the time people stay in hospital. Stranded patients workstream
  - Implementation Goal 3 – Align capacity to our patients needs and workforce availability. Further realignment of bed capacity and service realignment with unscheduled care
  - Implementation Goal 4 – To deliver consistently high quality and kind care within our available resources. Job planning.

#### Women & Children's Care Group

- Challenges facing W&C:
  - Each specialty has seen a drop in activity; Gynaecology activity could be attributed to the escalation of Unscheduled Care into Gynae beds. The greatest reduction in activity is in Obstetrics and Paediatrics.
  - £2m reduction in income, namely attributable to Obstetric activity (births and antenatal and post-natal bookings)

#### Support Services

- Radiology - Income loss, Failing equipment and replacement programme, Increase in capacity, Internal markets and business modelling. Given that SaTH is in line with its peers on the activity by modality but within the lower quartile for the amount of equipment available, data suggests that SaTH requires a robust replacement programme as the machines are subject to a higher level of utilisation than others.
- Pathology – National directive to align the Black Country network, Activity will transfer to the hub progressively over the next five years; as the hub becomes established in the Black County this will introduce operational challenges such as workforce
- Pharmacy – Embed information system to support review of drug usage efficiency, Roles and responsibilities of pharmacy support to the Trust
- Therapies – Re-definition of roles and responsibilities within the Urgent Care work streams, Sustainable 7-day working model within available resources

The FD highlighted that the Operational Plan is the direction of travel in which the Trust is going; there is a structured methodology around what the Trust is trying to achieve. The key issue for Unscheduled Care is controlling patient flow and reducing bed occupancy to 92%. Some large issues have to be addressed, and the Scheduled Care Group needs to have a stable bed base which is not being used by Unscheduled Care due to emergency pressures. Scheduled Care also have a number of potential growth areas including patient practice, ophthalmology and cancer services

Mr Deadman (NED) was delighted to hear that we are potentially in a position to grow private practice as it could deliver a good level of income and strengthen clinical skills, but highlighted the importance of capturing Conflicts of Interests.

The COO highlighted that this work will be undertaken alongside the DNMQ and the MD. A weekly Urgent Care Programme meeting will be held to combine the inter-related issues. Whilst there are performance and financial elements, the overriding objective and the primary aim is around reducing clinical risk and focusing on the patient. People are committed to this integrated work, and the Executive team will combine with system partners.

Dr Lee (NED) enquired how are we going to see management and clinical resources diverted to the key issue of managing the patient discharges / reducing the number of stranded patients.

The CEO reported that it relates to the investment of junior doctors; he highlighted that a number of consultants have been working as registrars throughout the winter period, on a regular basis and whilst this is generous to the organisation, it cannot continue. The CEO highlighted that we must be able to release our doctors to make decisions; also be able to build the confidence so we can have criteria- led discharge so the nursing teams are able to discharge patients and not have to wait for consultants to go back onto the ward.



The CEO felt there is nervousness about discharging older patients back into the community; he suggested it is becoming more difficult to know the services available, so we must move towards a more integrated discharge service.

The DNMQ highlighted the quality perspective and agreed to liaise with the FD to ensure it is explicit in the Operational Plan.

Mrs Mingay (NED) queried what SaTH can undertake to ensure we are doing all we can internally.

The CEO reported that the system is working well; it is a measure of the relationship we have with both local authorities. The CEO did however highlight that the capacity is misaligned; a piece of work has therefore been commissioned which will look at being able to describe the misalignment and how it can be addressed. Also the councils have agreed to improve their complex discharge performance. The CEO reported that more needs to be done with Powys with regard to major capacity shortfalls and, as a system, the Board should make the position very clear that it is no longer acceptable for SaTH to board patients as an answer to winter pressures.

Mr Newman (NED) requested the Performance Committee to monitor this going forward.

**Action: Chair of Performance Committee**

Following discussion, the Board RECEIVED and APPROVED the Annual Operating Plan.

2018.2/47

## **TRUST FINANCIAL PLAN INCLUDING CAPITAL PROGRAMME 2018/19**

The FD presented a paper which provided a description of the 2018/19 budget:

### Overall Income and Expenditure Position

- Trust required delivering a deficit in the year, before receipt of STF, amounting to £12.5 million and a surplus of £660,000 after receipt of STF.
- Trust presently forecasting deficit for the year, before receipt of STF, amounting to £19.6 million and after STF a deficit of £6.5 million.
- Trust Cost Improvement Programme generates expenditure savings amounting to £7.0 million equivalent to 2 per cent of expenditure.
- The Trust carries forward into the 2018/19 year a recurrent deficit of £20.5 million.
- The recurrent deficit includes £4 million recurrent sinking fund in support of the hospital reconfiguration project.

### Income

- Total Income for the year - £367.691 million.
- Income incorporates non recurrent Sustainability and Transformation Funds received from NHS Improvement amounting to £13.1 million.
- Local Commissioners proposing QIPP Income reduction amounting to £7.866 million.
- Income assumes winter (£2.3 million) and Readmissions monies (£1.369 million) received in year by the Trust. Consistent with levels funded in the 2017/18 year.

### Expenditure Budgets and Reserves

- Pay Budgets set at £250.637 million, before the achievement of Cost Improvement Programme savings.
- Pay budgets assume the ability to realise costs savings in respect of the Meridian and Bed realignment CIP schemes as contained within the 2017/18 CIP programme. If this is achieved monthly Pay budgets are consistent with levels recorded in the 2017/18 year.
- Non Pay budgets set at £115.872 million, before the achievement of Cost Improvement Programme savings,
- Monthly Non Pay budgets for the 2018/19 are consistent with levels recorded in the 2017/18 once adjusted for high levels of non-recurrent spending that occurred in the 2017/18 year.
- Pay assumed to increase in the 2018/19 year by 2.0 per cent, Non pay by 4.0 per cent.

..... Chair  
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### Cost Improvement Programme

- Cost Improvement Programme schemes identified with the potential to achieve £13.59 million in a full year, and £8.89 million in the 2018/19 year.
- Achievement of the programme is presently High risk. Assessment of the status of the schemes shows that the majority presently carry a red risk rating.
- The Trust is presently spending £18.7 million in respect of agency staffing annually as compared to an Agency Cap which requires spending to be limited to £10.559 million. The CIP reduces spending in 2018/19 but would still mean, without further action, that the Agency Cap would be breached.

### Risks

- Shropshire CCG Financial Recovery Plan – aims to significantly reduce the Income of the Trust.
- Trust 2018/19 financial plan assumes the receipt in full of Sustainability and Transformation funds from NHS Improvement amounting to £13.1 million. NHS Improvement have stated that this sum will be reduced if the Trust fails to deliver A&E performance targets and /or agreed control total.
- Considerable risk presently exists in respect of the Trust's CIP.

### Medium Term Financial Plan

- The Trust is expecting to record deficits in each of the years 2018/19 – 2022/23.
- Trust generates a surplus in the 2023/24 financial year as a consequence of a reconfiguration of services which enables excess costs of split site working to be avoided.
- In order to achieve financial sustainability the Trust will need to recover the underachievement of recurrent savings, amounting to £8 million, recorded in the 2017/18 financial year.

The FD reported that in the construction of the Capital Programme, because of the nature of the problems around the diagnostics; the Committee arrived at a view that it is unrealistic to solve the problems internally from a relatively small Capital fund for the diagnostic problems. The Capital Planning Group therefore agreed to look for a different solution which is likely to be exploring the possibility of managed service contracts. This will be off balance sheet financing. The FD highlighted that one of the values of managed service contracts is around replacement and that discipline is exceptionally important for diagnostics.

Following discussion, the Trust Board APPROVED the 2018/19 budget.

## **Performance**

### **2018.2/48 TRUST PERFORMANCE REPORT**

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

### **2018.2/48.1 OPERATIONAL PERFORMANCE**

VTE – The VTE target was achieved for January 2018 at 95.7% and is projected to continue to be achieved

RTT performance - The Trust actual combined (admitted and non-admitted) incomplete performance for February 2018 was 92.2% against a trajectory of 94.7%.

### Cancer and Diagnostics (November performance):

- 2 week wait – 93.3%
- 31 day – 99.2%
- 62 day – 81.1%
- 104+ days – Actions to improve performance:
  - All patients between 63 and 82 days to have care plan in place to avoid 104 day waits
  - RCAs to be reviewed and actions to be followed up with Care Groups
  - Review of all patient choice breaches and actions to reduce these

..... Chair  
3 May 2018

- Cancer Lead Nurse is reviewing all patient pathways with clinical nurse specialist teams. Action is being taken based on the findings of the review.
- Diagnostic waiting times – 99.66%. These have been achieved for February and are projected to continue to achieve.

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

February 2018 actual performance was 72.5% against a target of 81.5%. As of October 2017, the Shropshire Minor Injury Unit attendances have also been mapped against the Trust activity. It was recognised that the Trust must improve its performance in this area and this was a key feature at Confirm & Challenge and at Performance Committee

2018.2/48.2

### **WORKFORCE**

Sickness / Absence – The WD reported that workforce sickness during February 2018 reached 4.69%.

Appraisals – A slight decrease for the month at 85.96% compliance

SSU Training – February's compliance – 71.53%.

Staff Turnover – February's staff turnover (exc. Junior doctors) – Recruitment rate 9.69%, Retention rate 92.29%

2018.2/48.3

### **FINANCE**

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

#### **Expenditure**

##### **Income & Expenditure**

At the end of month 11 the Trust had planned to deliver an in-year deficit before STF of £13.875m and actually recorded a deficit of £19.566m; £5.691m worse than planned.

Having taken account of the shortfall in STF income received, the cumulative deficit rises to £18.378m; £12.732m away from the original plan and control total set by NHSI.

##### **Pay**

To date the pay spend amounted to £224.001m against a plan of £219.073m resulting in an overspend of £4.928m, predominately due to the continued use of agency staffing and non-delivery of key CIP schemes.

A significant element of the pay overspend relates to the continuing use of agency above those levels planned and continue to spend well in excess of the Agency Ceiling set by NHSI. Total agency spend for April 2017 – February 2018 amounted to £16.964m; £7.274m above the Agency Ceiling set by NHSI.

##### **Non Pay**

To date the non-pay spend amounted to £104.444m against a plan of £100.265m resulting in an overspend of £4.179m.

##### **Trust Capital Programme**

The Capital Resource Limit (CRL) for 2017/18 has been increased to £11.668m, representing Internally Generated CRL of £10.068m and Public Dividend Capital (PDC) allocation of £1.600m for PRH A&E Streaming Capital Project (£1.0m Urgent Care Centre and £.0600m Clinical Decisions Unit).

At Month 11, £7.778m of the Capital Programme has been expensed, with £2.165m committed but not yet expensed. A further £1.584m has been allocated to schemes but not yet ordered. £0.141m (assuming £0.011m underspend is utilised) has yet to be committed to individual schemes – all of which is held in Departmental Contingency Funds.

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

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### Trust Cash Position

- The cash flow for 2017/18 is based on forecast outturn deficit of £20.152 million.
- It includes non-receipt of £8.127m STF as the Trust has not remained within the agreed Control Total.
- The cash balance held at February is required for forecast outflows in March, i.e. half-yearly payment of PDC Dividend.
- To date, the Trust has received £21.470m loan support. The Trust will make a repayment of loan of £1.318m in March, giving total loan receipt in 2017/18 of £20.152m, i.e. cash support to match the Trust's I&E deficit.
- The Trust has agreed the level of income it will receive from the two local CCGs – Shropshire and Telford and Wrekin and has agreed a cash payment plan with both CCGs for total receipt of cash before the end of the financial year.
- It is forecast that the Trust will achieve the required cash balance of £1.700m as at the end of the financial year.
- It is assumed that the Trust will receive cash to support the I&E deficit in 2018/19.

### Summary

The forecast position indicates that against the combined CIP and rectification plan of £13.574 million, £10.401 million will be achieved at the end of March, reflecting £4.282 million original CIP schemes and £6.119 million rectification plans. The shortfalls are due to the non-delivery of Pay CIP schemes, scheduled care, and the failure to release savings from Bed reconfiguration.

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

## QUALITY – SAFEST & KINDEST (OUR VISION)

2018.2/49

### QUALITY PERFORMANCE REPORT

The DNMQ presented the Quality Performance Report to provide the Board with assurance relating to the Trust's compliance with quality performance measures against contractual and regulatory metrics relating to quality and safety during the month of February 2018 (Month 11):

Clostridium difficile Incidents (CDI) - Two C diff cases in-month with 14 proven lapses of care year to date against a contractual threshold of 25. Interventions have been put in place by the Trust to prevent further cases of CDI.

Avoidable Pressure Ulcers – In February there were three Grade 3 pressure ulcers that developed which did not meet the criteria for reporting as Serious Incidents; these are in the process of being managed as High Risk Case Reviews. A paper will be presented to next month's Quality & Safety Committee.

MRSA Screening (non-elective) – The Trust did not achieve the MRSA (non-elective) screening target during February with 94.0% against the performance indicator of 95%

Patient Falls reported as Serious Incidents – In February 2018, the Trust did not report any falls resulting in fractures as serious incident, but there were two falls resulting in fractures which were determined suitable to manage as High Risk Case Review.

Serious Incidents – In February the Trust reported 12 serious incidents relating to 30 12-hour trolley breaches, all of which occurred in January 2018, with no harm to patients. Some incidents relate to multiple breaches which occurred on the same day and therefore can be reported on one StEIS report. However, if breaches occur on the same day but on different sites, then more than one report has to be submitted as StEIS is site specific. Investigation is still in progress; a more detailed report and action plan will be presented to the Quality & Safety Committee when all investigations are complete. In addition, a further three serious incidents were reported.

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Never Events – The Trust reported one Never Event during February; this is currently under investigation and some remedial actions have been introduced to prevent reoccurrence. One was reported during October 2017 bringing the year to date total to two.

Mixed Sex Accommodation (MSA) breaches – The Trust did not report any mixed sex accommodation breaches in February in any areas outside our ITUs. The total number of MSA breaches outside of these areas during 2017/18 affected four patients in one incident.

In February there was a slight increase in the number of patients that were waiting more than 12 hours to be transferred from our high dependency areas to a ward. This was due to the pressures on the sites particularly at the Royal Shrewsbury Hospital where 21 patients waited more than 12 hours, 18 of whom were delayed more than 24 hours. At the Princess Royal Hospital three patients waited between 12 and 24 hours and eleven over 24 hours.

Whilst waiting for transfer patients are cared for in an area that may have members of the opposite sex also receiving care. Every effort is made to ensure that patients' privacy and dignity is maintained during this time and that when a bed is available on the appropriate ward they are moved as soon as possible. The number of patients waiting for transfer is discussed at the three times a day bed meeting so that a suitable bed is identified for them in a timely way.

NHS Safety Thermometer - In February 2018 the total cohort for the NHS Safety Thermometer measurement was 802 patients. Of these, 742 were found to be harm free from the four harms in the data collection – falls, pressure ulcers, VTE and catheter associated urinary tract infections. This is equivalent to 92.52% of the cohort.

The tool measures “old” and harm – that which occurred before the patient was admitted (for example, a pressure ulcer or a fall in the previous 72 hours) and “new” harm – that which occurred in our care.

Prevent – Whilst there have been improvements in training compliance for Prevent, the Trust will not, on current trajectory, achieve 85% compliance by the end of March 2018 (end of Feb position 37%) with WRAP training requirements.

Maternity Performance – The maternity dashboard was attached to the Quality Performance Report, providing the Board with an analysis of data for February 2018 (*Maternity Quality & Safety Dashboard attached to minutes*).

Friends and Family Response rates – The DNMQ reported that the Trust is currently lacking assurance of the F&F response rates. They have been steadily declining over the last six months. This will be monitored through the Quality & Safety Committee.

The Trust Board RECEIVED the performance report in relation to key quality indicators at end February 2018.

2018.2/50

## **SUMMARIES OF QUALITY & SAFETY COMMITTEES HELD 21 FEBRUARY 2018 & 21 MARCH 2018**

2018.2/50.1

The Committee Chair, Dr Lee (NED), presented the following key themes from the Quality & Safety Committee held on 21 February 2018:

### Human Factors Training

Human Factors is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system. Human Factors experts apply theory, principles, data and methods to design to optimize human well-being and overall system performance. It is particularly useful in determining why things go wrong, for example, in the operating theatre environment and what can be done to reduce errors. The committee heard from Dr Joe McCloud and Mrs Brenda Maxton who have developed considerable expertise in this field and have been providing training within the Scheduled Care Group. It is evident that this work has the potential to be applied more widely within SATH and the committee recommend that:

- Experts are given dedicated time within job plans /schedules to lead this work;
- The work is closely aligned with the Trust's Transforming Care work.

..... Chair  
3 May 2018

### Unscheduled Care

The meeting was attended by the Unscheduled Care leadership team. They made an excellent presentation with respect to their successes and the challenges they face. The committee recognised the considerable efforts made by staff working within unscheduled care facing considerable pressures on services due to increased activity,

- The fundamental risk faced by the care group relates to the workforce. There are considerable numbers of vacancies across the medical and nursing staff. Whilst these are operationally addressed by locum and agency staff, this represents an expensive stop gap. This will be revisited when the Q&S Committee meets jointly with the Workforce Committee;
- A very specific risk was highlighted with respect to the CT scanner at PRH. This is vital element of providing excellent stroke care at the PRH site and yet has had recent “down time” due to a breakdown
- The committee understands that there are on-going meetings with the Trust’s consultant body who are supportive of developing new pathways of care to address the challenges faced by the Accident and Emergency Departments, This work was strongly supported and applauded by the committee members.

### Board Assurance Framework Risks

The Q&S Committee reviewed the following Board Assurance Framework risks:

- Risk 951: If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists and streamline our internal processes we will not improve our ‘simple’ discharges. **No change**
- 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. **No change**. The committee continue to work closely with the Women and Children Care Group to gain assurance. Services remain under external scrutiny.
- Risk 1134: If there is a lack of system support for winter planning then this would have major impacts on the Trust’s ability to deliver safe, effective and efficient care to patients. The committee strongly recommends and wishes to see evidence of planning for Winter 2018/19
- Risk 1185: If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected. **No change**. The committee has previously expressed concern that the practice of using additional beds is at risk of being accepted as business as usual rather than an exceptional occurrence

### Patient Feedback

At times of challenge and change it is important that the Trust seeks and acts on feedback from those using its services. Reliance on Friends and Family results is not sufficient as the response rate is low. The committee urge SATH to look at best practice from other NHS Trusts and outside health services to develop approaches that better engage with our patients. This might, for example, include using an App.

### Maternity

The committee reviewed the Maternity Dashboard and were concerned that there had been an increase in stillbirths for the month of December. Further analysis of the trend shows that the rolling year to date figure is within the anticipated range and there is no current evidence of an adverse trend.

There is, however, concern that the current proportion of women booked with maternity services before the 10th week of their pregnancy is significantly below the target range of 50%-100% and below the lower limit of the “amber” level (40%) for January 2018. It has been below this lower limit in 4 of the last 12 months with a rolling year to date average of 41.7%. Between 85% and 90% of bookings are achieved before the 12-week mark. This is a system problem and causes concern with respect to antenatal screening that might identify chromosomal abnormalities. This is under external scrutiny from Public Health England and the Regional Screening Board.

### Harm Free Care

As requested by the Trust Board, the Q&S Committee looked at the “Harm Free Care” metrics within the Quality Performance Report. It was noted that there was an improvement in the percentage of patients who were free from harm that had developed in our care in January 2018 compared to December 2017.

..... Chair  
3 May 2018

**QUALITY & SAFETY COMMITTEE HELD ON 21 MARCH 2018****Meeting with the Support Services Care Group**

Members visited the x-ray department at Princess Royal Hospital. This enabled a discussion with staff around the CT scanner. Recent down time after a breakdown seriously disrupted services including the Trust's ability to properly deliver its Stroke Pathway. The current single CT scanner is an old installation and will need to be replaced. This should be a high priority for capital allocation.

In a similar vein, members also heard that the current system for creating digital images from plain x-rays uses a process where x-ray cassettes from x-rays are digitalised. One of the machines that enables this is currently damaging cassettes and the quality of digitalisation is poor from this machine. An upgrade programme will become essential moving to a more modern digital system that does not require cassettes. This is also likely to increase throughput within the department.

The final issue, highlighted by the Care Group within the meeting, is the current laboratory IT system (Telepath). This will also need replacing as its reliability is in question and its on-going functionality is highly dependent upon the expertise of individuals working within the labs. There have been high profile incidents within the NHS where a failure of similar systems has significantly disrupted patient care.

**Maternity**

The Meeting reviewed a proposed new performance dashboard that will come into effect from 1st April. This represents a major advance in assurance and addresses a number of issues that Q&S had previously raised with the existing way of presenting performance.

The sub-committee remain concerned with the ability to safely staff the maternity units. The Head of Midwifery was able to assure members that there are well defined thresholds for invoking temporary closures of units to ensure safe staffing is maintained. There is, unfortunately, slow progress in commencing the consultation on new models of maternity provision.

**Board Assurance Risks**

On behalf of the Board the Q&S Committee monitors the following risks from the Board Assurance Framework

- Risk 951: If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists and streamline our internal processes we will not improve our 'simple' discharges. **No change**
- 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. **No change**. The committee continue to work closely with the Women and Children care group to gain assurance. Services remain under external scrutiny
- Risk 1134: If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients. There was considerable discussion with respect to Accident and Emergency staffing, in particular further losses of substantive consultant role. The committee strongly recommends and wishes to see evidence of planning for Winter 2018/19
- Risk 1185: If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected. **No change**. The committee has previously expressed concern that the practice of using additional beds is at risk of being accepted as business as usual rather than an exceptional occurrence

**Patient Complaints**

The sub-committee was disappointed to note that only 49% of complaint responses were associated with an action plan. This should be a mandatory element of all complaint responses and action plans should be actively managed to completion. However it was noted that this was a significant improvement on past performance, where action plans were not required and learning was not captured. The new process provides assurance not only within the Trust but also to those who have made a complaint.

..... Chair  
3 May 2018

The DNMQ highlighted that learning organisations encourage patient feedback in the form of PALS or complaints, and it shows that SaTH is an open, honest and inviting organisation for patient feedback.

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

2018.2/51

### TRUST MORTALITY DASHBOARD

The MD presented a paper which reported as part of the national Quality Framework 'Learning from Deaths', Trusts are required to public data on the number of mortality reviews conducted into patient deaths within the Trust.

There were no CESDI 3 – 'probably avoidable deaths' in Quarter 3 of 2017.

The Board RECEIVED and NOTED the quarterly Trust Mortality Dashboard update.

2018.2/52

### Q3 COMPLAINTS & PALS REPORT

The DCG presented the Q3 Complaints & PALS report:

#### Formal complaints received

In quarter three the Trust received a total of 137 formal complaints which equates to less than one in every 1000 patients complaining (0.65 complaints per 1000 patients).

#### Key themes

Clinical care/treatment relates to all aspects of a patient's treatment, both medical and nursing. There has been a steady increase in the complaints relating to staff attitude, which has been shared with the Workforce Team. In addition, the Medical Director and Director of Nursing, Midwifery & Quality are now being sent copies of all responses where issues relating to medical and nursing staff attitude are identified for them to action as appropriate.

#### 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. 49% of complaints closed in quarter three had an action plan completed or confirmation that no actions were required. The Complaints Team request action plans for each complaint and send out reminders, and a report is sent each month to the Care Group senior management teams with details of complaints for which no action plan has been received.

Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum and at Care Group Board and governance meetings.

#### Parliamentary & Health Service Ombudsman (PHSO)

Where a patient or relative remains dissatisfied following the Trust's response to their complaint, they may forward their complaint to the PHSO for review. On receipt, the Ombudsman will undertake an assessment and may take the following options:

- Ask the Trust to take further steps to resolve the complaint
- Close the case without investigation
- Decide to investigate the case further.

During quarter three the Trust was notified of two cases referred to the Ombudsman:

- The first was a complaint that had been received in April 017 relating to delays in providing the results of an EEG scan and an appointment for a sleep-deprived EEG scan. The patient subsequently died of epilepsy and the Trust investigation found that these delays did not impact on this sad outcome.
- The second was a complaint that had been received in April 2016, relating to delays in sharing a terminal diagnosis with family and inadequate pain relief. The Trust investigation found that the patient had

..... Chair  
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received appropriate care and was aware of his terminal diagnosis and had chosen not to share it with all family members.

During quarter three, the Ombudsman did not conclude any investigations. The Trust has not had a fully upheld PHSO review since April 2015.

#### PALS Services Highlights

During quarter two of 2017/18, the PALS team sent out surveys to patients and their families who contacted PALS. The results have been analysed and overall the response has been very positive. 34 surveys were returned and key findings identified.

#### Other highlights from the PALS Team include

The PALS team have been involved in delivering training on bereavement and PALS processes to a number of areas. A booklet entitled 'Coping with Grief' and condolence cards are being given out to all bereaved families.

#### 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 Trust Board RECEIVED and NOTED the Q3 Complaints & PALS report.

### HEALTHIEST HALF MILLION (OUR MISSION)

2018.2/53

#### **SUSTAINABLE TRANSFORMATION PROGRAMME (STP) UPDATE – Paper attached to Minutes**

The CEO presented an update paper on behalf of the Sustainable Transformation Programme Director.

Discussions had already been held throughout the Board meeting in relation to the £312m capital funding. The CEO reported on the configuration of services and the process that our community provider is going through in terms of where it will sit in terms of its future.

The CEO informed the Board of the 'Optimity review' which is a piece of work that the Shropshire CCG commissioners have brought together to look at the opportunities for us to be able to invest in broader services in the communities, to support patients to live independent healthy lives, and less time coming into hospital.

The CEO also reported on the Maternity discussions and engagement and consultation process which was discussed earlier, at minute 2018.2/43.

The members were informed of the other pieces of work that have been identified through the STP, SaTH at Home frailty models, GP streaming, social prescribing, improvements in the outcomes for diabetes, screening for hypertension, pilots for cancer detection, £300k investment in care home teams in T&W, Trust assessor appointments to support the patient along their journey.

Additional funding has been secured from Health Education England for 'Golden Hellos' which is financial support for doctors in training to be GPs in support of much needed gaps in primary care.

As a system, there is a large amount of work being undertaken to coordinate services across the community in a more coherent fashion.

The Trust Board RECEIVED the STP update paper

..... Chair  
3 May 2018

**2018.2/54 FUTURE FIT UPDATE**

The CEO provided a Future Fit update, informing the members that the public consultation will commence during May 2018 for approximately 12 weeks. There will be a six week period to collate the information from the consultation along with all information that has been available from the Clinical Senate, etc.

These will be presented to a joint committee of the two CCGs with an independent Chair where a decision will be taken about the Outline Business Case. That will be during August/September 2018. There will then be an opportunity to formalise the work in SaTH with the architects, and will move through the period to Full Business Case sign off during early 2019.

Mr Deadman (NED) highlighted the outside Capital and questioned the position if an election were to be held. The CEO confirmed that the organisation is not advocating PFI and the Capital that has been allocated is absolutely not PFI. A modest part of the totality of the Capital is yet to be confirmed.

The FD agreed that the funding announcement is in essence an underwrite of an amount of money, and the commitment is to the absolute amount of £312m being available to SaTH.

Mr Newman (NED) reverted back to the public consultation discussion and queried the process following the consultation. The CEO confirmed that the decision at present is to underwrite the Capital sum; the determination of where services will be located will require public consultation to help to shape the model. Whilst there is a recommendation that goes into public consultation, it is about both options and it is important for everybody to get underneath the discussions on both options.

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

**2018.2/55 TRANSFORMING CARE INSTITUTE (TCI) UPDATE**

The CEO presented an update which reported that several more significant steps have been achieved:

- Over 2,500 staff have been educated in the methodology; with 600 using it more actively
- Over 100 leaders in the organisation have completed/commenced Lean training
- SaTH will support the NHSI KPO
- Over 69 wards/departments have introduced 5S as a methodology to improve safety
- Patient safety huddles have been successfully tested within Maternity Services
- 24 improvement events have been undertaken this year; have 7 Value Streams looking in detail into the depth of the organisation and how we can improve
- Looking at specific value streams, such as Sepsis, it is evident that our wards are receiving the Sepsis bundle in under an hour, which is saving lives
- We have taken 10 weeks off the Recruitment process; a tangible benefit to get staff into the organisation more quickly
- Ophthalmology – 52 days have been taken off the period between receipt of referrals and contacting the patient which is another improvement
- Value Streams are forthcoming in the Emergency Departments
- A Kaizen event has been undertaken in Stroke to improve swallow techniques and swallow tests; this has now been reduced to less than one hour.
- 24 Rapid Improvement Weeks are scheduled for the year ahead; frontline clinical teams and corporate teams will be released for 24 weeks of the year to be able to involve themselves directly in improving and fixing parts of our organisation.
- Three Executive Directors have completed Advanced Lean training and four Executive Directors have completed Lean for Leaders. There are now over 90 Lean for Leaders in the organisation.

This programme of work is making a material difference to patients and to staff, and we have continued to undertake improvements over the winter period. In time, this will make a profound difference to the care we offer.

..... Chair  
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Mr Newman (NED) raised the Respiratory Value Stream; he reported that the average length of stay on the Respiratory Ward is now two days less than before the Value Stream commenced. This is both kind and safe, and it releases capacity to treat more patients. Mr Newman also highlighted that one of the key factors was to plan the patients exit within an hour of their entry onto the Ward. If this were to be rolled out to all wards, it would assist in the stranded patients' issue.

Mr Deadman (NED) questioned how long we have to do the VMI work until we've addressed all important areas. The CEO reported that a Heat Map is displayed in the Innovation Suite; this covers the whole organisation and approx. a third of the organisation is being touched by the work at this moment. The learning from Virginia Mason is that it never stops, as there are new levels of depth. It is continuous learning.

Following discussion, the Board RECEIVED the Transforming Care Institute monthly update.

2018.2/56

#### **COMMUNITY ENGAGEMENT UPDATE – Presentation attached to Minutes**

The DCG provided a presentation on Community Engagement highlighting the positive feedback from the People's Academy:

- Pilot completed in January 2018
- 16 individuals took part in the pilot
- Course content was refreshed in response to feedback received
- Forthcoming dates planned for March, July, September and November across both sites.
- Engagement events will be held throughout the summer to raise the profile of the People's Academy

#### Opening of White Garden at RSH – Thursday 5 July 2018

The DCG drew attention to the opening of the White Garden at the side of the Hamar Centre at RSH on Thursday 5 July 2018. This follows the Board's commitment to develop a 'garden of reflection' following the Patient Story in relation to twins Ella and Lola.

During that discussion, the twin mother also requested a 24/7 bereavement helpline; after looking into this the DCG reported that it is not practical and other organisations already provide this service. A bereavement pack has been developed for SaTH, along with a support group in conjunction with Hope House.

#### SaTH Fun Day / NHS70 Celebration – Saturday 7 July 2018

The DCG also urged the members to save the date for the NHS70 Celebration on Saturday 7 July 2018

#### Next Steps:

- Academy schedule for 2019
- Development of short course Academy for evening/weekend delivery, including a Young Person's Academy
- Recruiting and selecting representatives for the People's Forum
- Attend local public events to promote the work of the Trust around Shropshire/Telford & Wrekin

The Board NOTED the update and Mr Newman thanked the DCG for the positive update which is a very important part of the Trust's outreach work.

### **WORKFORCE**

2018.2/57

The Chair of the Workforce Committee presented the summaries of the recent Workforce Committee meetings:

2018.2/57.1

#### **SUMMARY OF WORKFORCE COMMITTEE HELD 14 FEBRUARY 2018**

##### Board Assurance Framework

The Workforce Committee had a focused discussion on the Board Assurance Framework, and agreed that key metrics are needed to provide a format for measurable items so that progress can be monitored. Sustainability of services and the pressures the hospital has been experiencing was acknowledged and it was agreed that the Workforce Committee will give this more focus.

..... Chair  
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Risk 423 - If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve. The Committee agreed that this would remain **amber**.

Risk 859 - Risk to sustainability of clinical services due to potential shortages of key clinical staff particularly in Critical Care, ED and Emergency Medicine, nursing. The Committee agreed that this would remain **red**.

#### Certificates of Sponsorships (COS)

The Workforce Committee were notified that the Certificates of Sponsorships had been allocated for the year and there would be no more available until the new financial year. This in turn will restrict the appointment of overseas doctors who require these certificates to work in the United Kingdom and therefore add additional challenges to the recruitment of medics. This issue has been raised outside of the Trust by the Workforce Director through the HR Directors network group.

#### Disclosure Barring Service (DBS) Checks

The Committee received an update on the DBS Check Assurance Statement and were asked to agree an extension to 30th April 2018 for nursing staff. The Committee agreed to this extension after receiving reassurance that compliance would be achieved by this date and that the Trust had a robust risk assessment process in place. In addition the Committee received an update on the Automatic DBS Update Service and agreed that they would not recommend the Trust implementing this system.

#### Recruitment / Retention and Resilience of staff

The Committee received updates from the Workforce Business Partners and recognised that there were recruitment challenges in several areas. A retention strategy is being developed and the Committee will receive an update on recruitment and retention at the March meeting. Workforce plans are being developed using different roles like ACPs and Physician Associates along with Nurse Associate roles.

#### Winter

The DNMQ shared with the Committee the difficulty experienced over the winter. Staff have been under pressure due to increased beds and higher activity of patients. The Committee asked to receive further updates.

Dr Weiner reported that due to the pressures on staff over the winter period, the Committee agreed to extend the opportunity to complete the DBS checks on nursing staff.

2018.2/57.2

### **SUMMARY OF WORKFORCE COMMITTEE HELD 19 MARCH 2018**

Mrs Mingay (D.NED) chaired the Workforce Committee held on 19 March and reported that a lot of time was devoted to the Staff Survey; clearly there are issues that need to be investigated and the Committee wished to inform the Board that speedy appropriate action is required.

#### Staff Survey – engagement and pace of response

The Committee received a presentation on the Staff Survey results. The Committee was informed that 2,366 (42%) employees completed the survey which was a 5% increase on last year but remains slightly under the average response rate of 44% for acute trusts in England. The survey was discussed, and it was agreed that the overall indicator of staff engagement for the Trust (3.73) was concerning as it compared unfavourably with trusts of a similar type. The Committee will receive a more detailed paper at the April meeting providing departmental breakdown data and a thematic analysis of the free text section of the survey. The Committee emphasised the importance of taking speedy appropriate action in response to staff feedback.

#### Board Assurance Framework and ED Workforce

Sustainability of clinical services due to shortages of key clinical staff is on the Board Assurance Framework and the Workforce Committee discusses this along with a risk around staff engagement at each Committee. The Committee agreed that these rag ratings would remain Red and Amber. The Committee received a presentation on the Workforce Sustainability for the Emergency Department and discussed the future actions which include a recruitment campaign, engagement with agencies for short term locums and the use of new roles. Contingency and business continuity plans are in place but the service remains fragile.

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Workforce development

The Committee received updates from the Workforce Business Partners with a particular focus on the new workforce plans that have been approved for the non-consultant workforce. The Committee emphasised the importance of this development taking place at pace.

Gender Pay Gap

The Committee were presented with the Gender Pay Gap Report which covers the period from 2016 – 2017. The report shows a pay gap in favour of male employees of just over 30%, heavily skewed by the medical workforce and the award of “bonuses” (Clinical Excellence Awards). Action has already been taken to encourage more applications for these awards from female staff and further work will be carried out to identify actions to continue to reduce inequalities.

The WD informed the Board that it is a requirement of the organisation to publish the gender reporting.

Healthy food and CQUIN

The Committee received an update on the Healthy Food for NHS staff, visitors and patients which is a CQUIN requirement for the Trust and a key element of the Health and Wellbeing Plan. The catering teams were congratulated on the improvements and progress to date. The Committee noted the report and the positive improvements made.

Mr Deadman (NED) highlighted that the Workforce Committee summaries do not reference staff availability/sickness. Mrs Mingay and the WD confirmed that it is discussed in a level of detail by the Committee.

Mr Deadman reported on the levels of sickness and that the organisation has spent £7m on agency staff to backfill those staff who are off sick. Mrs Mingay informed the members that agency staffing and locums is also due to recruitment and retention, not just due to sickness/absence.

The WD reported that sickness/absence will be covered in the Staff Survey discussions at minute 2018.2/59.

Dr Weiner (NED) reported that it will be a focus of attention of the Workforce Committee going forward.

The Trust Board RECEIVED and APPROVED the Workforce Committee summaries.

2018.2/58

**NON CONSULTANT GRADE MEDICAL WORKFORCE PLAN**

Mr Newman (NED) highlighted that this item has not been presented through the Workforce Committee, as sub-Committee of the Board and this was not good governance as normal processes had not been followed. However recognising the importance of the paper, the Board would receive it.

The CEO referred to the earlier discussions about winter pressures, and also the forthcoming discussion in relation to the Staff Survey results. He said that as we look forward to becoming a safer, kinder organisation, we recognise there is a significant correlation between substantive staff and the ability to improve the wellbeing of the people in the organisation. Time has therefore been spent looking at the pressures on the medical teams in the Unscheduled Care Group and it has become evident that the junior doctor gaps have been creating an unbearable pressure on medicine. Three separate pieces of work have been undertaken through the MD and WD teams which has highlighted the need to have six doctors covering the 24 hour period for the wards, and that SaTH would need an increase of at least 30 doctors.

The paper asked for the Board's support to establish a level of cover and support in Medicine that can be in place before next winter to ensure the organisation's existing consultants do not have to operate as registrars, etc.

Proposal(s)

- A non-consultant grade medical workforce plan has been produced which incorporates a three year recruitment strategy from 2018/19
- The proposal includes a plan for implementation across three years from 2018/19
- The plan incorporates a proposed whole time equipment (WTE) increase from 97 WTE to 113 (this figure excludes escalation requirements, Associated Specialists, Clinical Assistants and the impact of an alternative workforce model which may impact upon the final WTE required)

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- While there is the intent to increase the volume of doctors across all non-consultant grades through a combination of increased Deanery and Trust posts, there is a recognition within the plan that more innovative solutions to address the shortfall in medical staff is required. The proposed plan therefore includes a number of posts that are allocated for both Advanced Clinical Practitioners (ACPs) and Physician Associates (PAs)
- A fundamental element of the plan is that the new posts will only be filled via substantive posts – Agency will not be used
- The cost of implementing the plan in Year 1 is £1.8m
- The proposed plan has been reviewed by Trust Executives and acknowledges the feedback received

The COO provided the paper and reported that it has been drawn up with the clinical body and in-depth discussions held with senior clinicians in the Care Group. The plan in terms of improving the flow for patients involves decision-making at the right times by the right person.

The MD reported that the Board previously made a courageous decision to invest in nurse staffing which has had significant implications for the ability to deliver safe high quality care for our patients, and after a lot of rigorous work, in terms of ability to staff rotas and wards it is clear there is a need to look towards a wider workforce to support the medical teams.

The MD said he has no doubt that the return will go way beyond the headline investment costs; there is potential for significant savings due to a reduction of the dependence on locum and agency spend, and the returns on greater efficiency and effectiveness of care for patients will also be significant. There is full support from the medical teams across all Care Groups.

Mr Deadman (NED) requested additional help in understanding the financial implications, benefits, etc.

**Action: WD/MD to discuss with Mr Deadman**

Dr Weiner (NED) wanted to understand whether the commitment to this is beyond the medical workforce, and also if the Finance team are content with this work and if it can be accommodated in the financial plan.

The FD confirmed that the recurring finances associated with the proposal have been recognised in this year's plan. He explained that there is a level of reduction in agency staffing that will happen as a consequence of these changes and although financially there is an element of pressure initially built into the position, it is clear that there is a range of inefficiencies, performance problems and quality consequences that are happening as a result of our current workforce structure. The FD confirmed that he is in support of the plan.

Mrs Mingay (D.NED) queried the pace of the plan as the paper relates to a February date and an April date. The COO reported that the February date relates to when significant discussions took place; the discussions with senior medical colleagues have been on-going for some time. The April 2018 date relates to the commencement of this if the Board approves the process.

The COO reported that we are looking to develop a workforce plan with skill mix which is more achievable rather than relying on a single model; looking at how we can develop a programme with a managed mechanism.

Dr Weiner (NED) highlighted that it appears the Board were being asked to make decision on a principle based approach. He reported that from the discussions held, it appears we have strong clinical engagement in this model, the finance team are content with this model, and it appears the nursing staff are also strongly supportive of the model. We should therefore consider it on the basis of where we are trying to get to.

The Board APPROVED the proposal and following discussion, Mr Newman (NED) suggested the Workforce Committee support the work and progress with assurance being provided to the Board in August 2018.

**Action: Workforce Committee Due: August 2018 Trust Board**

..... Chair  
3 May 2018

**STAFF SURVEY RESULTS 2017/18**

The WD provided an overview of the Trusts Staff Survey 2017/18 results of the survey which was undertaken between September – December 2017. In total 2,366 surveys were completed giving a response rate of 43%. In comparison to last year's response rate of 37%, we have seen a 6% increase. In comparison the National and Acute Sector Average response rate was 44%.

The survey has 122 questions which are aggregated up to 32 key findings and a staff engagement score; these are split into 10 main areas: Appraisals and support for development, Equality and diversity, Errors and incidents, Health and wellbeing, Working patterns, Job satisfaction, Managers, Patient care and experience, Violence harassment and bullying, and Engagement.

The paper reported that three key findings have significantly improved since 2016; six have significantly declined and 25 there has been no change. The Trust is in the best 20% nationally in two categories and three better than average, with 7 in the worse 20% nationally and 10 worse than average. The Trust was the same as the average in 11 categories.

The majority of the Trust's scores are in line with those of the Acute Trusts sector; however there are a number of scores that are in the bottom 20% of similar Trusts alongside a handful that fall into the top 20%. At a local level the majority of scores have not significantly changed. Six question scores have significantly declined in comparison to 2016:

- Staff feel unwell due to work related stress
- Staff satisfaction with resourcing and support
- Staff recommendation of the organisation as a place to work or receive treatment
- Staff saying they are able to meet all the conflicting demands on their time at work
- Staff reporting physical violence
- Staff experiencing harassment, bullying or abuse from managers in the last 12 months

Three questions have significantly improved:

- Staff feeling enthusiastic about their job
- Staff experiencing physical violence from patients/service users
- Staff experiencing physical violence from other (non-management) colleagues

This year's survey results suggest that the many targeted workstreams being undertaken throughout the Trust area leading to improvements. There is however still significant work to be done in maintaining and accelerating progress and this will require sustained energy and commitment over the next few years.

In response to the Staff Survey; it was discussed at length at the March 2018 Workforce Committee. SaTH conversations have commenced with our staff; it is a free-flowing conversation about how it feels to work at SaTH. There are definite themes emerging which will help in terms of SaTH's response.

The WD confirmed that this will be a standing item on the Workforce Committee agenda going forward.

Mr Newman highlighted that there are over a third of the organisation's workforce who feel unwell due to work-related stress, which is very high indeed; and that also a quarter of staff claim to have experienced harassment, bullying or abuse from colleagues. The WD reported that that is why staff conversations are being held to truly understand why and what the staff have experienced and themes are emerging.

The CEO reiterated that the results of the Staff Survey are being taken very seriously. When we talk about the need for change, we need to be clear about what is fundamentally driving the need for change and that we cannot accept that we can carry all the risk for the system; that we can have boarded patients who are receiving no acute care. The CEO reported that we have been accepting that position for too long. Changes will make a profound difference not only to patients but also to our staff.

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Dr Weiner (NED) reported that he has received comments from staff on the wards and the pressures they describe are about working in an environment which is very difficult and they are not happy with the care they are delivering. He highlighted that from the discussions held throughout the meeting, this could change and the environment could change significantly within the next 6 – 12 months.

The MD felt encouraged that Board has held the conversation as it is important to recognise the importance of the survey result, to ensure it is followed through and kept as a priority as safest and kindest applies to both patients and colleagues. There is clearly a lot of work to do collectively at Board level.

Following discussion, Mr Newman (NED) suggested handing this back to the Workforce Committee to monitor, with assurance being provided to the Board before next winter.

**Action: Workforce Committee Due: September 2018 Trust Board**

The WD highlighted that is crucial to wait for the outcomes of the staff conversations so that it is informed by the staff themselves, also the five year plan responds to how they describe how they feel. Agreed.

## ASSURANCE

2018.2/60

### SUMMARY OF AUDIT COMMITTEE HELD 9 FEBRUARY 2018

Dr Weiner (NED) presented the summary of the Audit Committee meeting held on 9 February 2018 on behalf of the Audit Committee Chair:

#### 1. Internal Audit

- (i) **Income and debtors** – Moderate assurance was given with four recommendations re-raised from 2016/17 as only partially implemented (two low, one moderate and one high). This report will be presented to Performance Committee.
- (ii) **Payroll** – Substantial assurance was given with three medium recommendations and one low priority recommendation. This report will be presented to Workforce Committee.
- (iii) **Cash and Treasury Management** – Moderate assurance was given. Processes are good but the cash position has deteriorated which is reflected in the ‘moderate’ opinion. The system is well-run and would warrant ‘substantial’ but for the cash position. There were two medium recommendations. This report will be presented to Performance Committee.
- (iv) **Budgetary Control and Financial Reporting** – Limited assurance was given. This audit focussed on the work of the Confirm and Challenge Group and Performance (previously Sustainability) Committee, and buy-in to the Cost Improvement Programme and the difficulty faced when the organisation is not truly engaged. Ten recommendations were made and five have been completed. However, there was concern about the lack of ownership and engagement from the broader organisation. The report really focussed on the governance and sustainability around the transformation agenda. This report also highlighted a number of recommendations not fully completed. The key issue is around behaviour and accountability culture and the need to take action to address this.

Concern was expressed that Internal Audit felt that a number of follow-up recommendations had not been completely implemented, despite action owners previously closing off the recommendations. It was recognised however, that generally SaTH was responsive and improvements had been made in all areas, especially with implementation of high priority recommendations. There was a discussion about materiality of findings.

Mr Deadman (NED) and the DCG confirmed that the ownership of the follow-up recommendations is clear.

Audit Committee recommended that the Board need to spend some time at a development session considering the behaviour and accountability culture and how engagement can be increased to ensure sustainable, effective services for the citizens of Shropshire. This report will be presented to Performance Committee.

..... Chair  
3 May 2018



## 2. Deloitte Disclosures Report

Deloitte advised that the Trust has the best system of all its clients for capturing disclosures of interests, although further work and support from the Care Groups is needed going forward to ensure the Conflicts of Interest Policy is being followed by all Trust employees (including Trust Board).

## 3. KPMG (External Audit)

A summary of the work to date and progress on the 2017/18 audit was presented. KPMG believed that work on the financial statements was progressing according to schedule.

## 4. Board Assurance Framework Risks

The Committee recommended follow-up with one Tier 2 Committee regarding their recording and reporting of BAF discussions.

The Trust Board APPROVED the Audit Committee summary.

2018.2/61

## BOARD ASSURANCE FRAMEWORK & OPERATIONAL RISK REGISTER

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

The Trust's prioritisation list of the operational corporate risk register was also attached; this contains 53 high risks which are discussed and prioritised by the Trust's Operational Risk Group on a monthly basis.

The CEO reported that a revised BAF will be submitted to the May Board for approval, based on the updated Corporate Objectives agreed at the Board Development sessions. It has also been agreed that the Executive Directors will update their own risks and consider the status of the risks before submission to the Tier 2 Committees and Trust Board, with the CEO having total oversight of the BAF.

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

2018.2/62

## STANDING ORDERS / STANDING FINANCIAL INSTRUCTIONS / RESERVATION OF POWERS TO THE BOARD

The FD presented a review of the Standing Financial Instructions, Standing Orders and Reservation of Powers to the Board which included slight changes to:

### Standing Orders (March 2018 Amendments)

- Reviewed but no amendments from the June 2017 Version

### Reservation of Powers to the Board and Delegation of Powers (March 2018 Amendments)

- Reviewed but no amendments from the June 2017 Version

### Standing Financial Instructions (March 2018 Amendments)

#### *Section of SFIs to be amended*

- Tendering limits for purchasing
- Authorisation limits

#### *Reason for amendment*

- To reflect OJEU thresholds effective from the 1st Jan 2018 as per Crown Commercial Service Procurement Policy Note – New Thresholds 2018.

..... Chair  
3 May 2018

- Capital regime delegated limits have been checked to the 2018/19 planning guidance and they remain unchanged.
- Authorisation limits are included for information but again as there is no significant changes within the overall management structure we recommend that these remain unchanged.

The Board RECEIVED and APPROVED the Standing Orders/Standing Financial Instructions/Reservation of Powers to the Board.

#### 2018.2/63 ANNUAL SELF-CERTIFICATION FOR THE NHS PROVIDER LICENCE CONDITIONS

The DCG reported that the self-certification is part of the accounts which is required to be signed off. This has been checked and the Trust is compliant.

Following discussion, the Board AGREED for the CEO to sign the annual self-certification to be sent with the annual accounts.

#### 2018.2/64 ANY OTHER BUSINESS

No further business raised.

#### 2018.2/65 THE MEETING CLOSED AT 5.25pm AND THE BOARD TOOK QUESTIONS FROM THE FLOOR :

##### Q1(a) A query was raised regarding the full amount of capital received and how this is made up.

A The FD reported that the cost of financing the total scheme has a mix of vehicles to support it; the precise mix we won't know at this stage but this will become clearer as we take the programme forward.

##### Q1 (b) In terms of timescales, will the decision directly impact on the levels for next winter?

A Unfortunately the uncertainty currently makes it difficult to recruit. However the decision should improve recruitment prospects.

##### Q1 (c) The Operational Plan and how it relates to the underpinning of Future Fit

A The whole plan relies on Future Fit being successful

##### Q2 How many non-disclosure agreements have been made with patients in the last five years?

A2 The DCG reported that the Trust has recently received a Freedom of Information (FOI) request for this information and there have been zero non-disclosure agreements. The DCG agreed to discuss this matter with Sylvia Jones outside of the meeting as it was clear there is some misunderstanding.

##### Q3 As stakeholders want to help with the Future Fit engagement process, it was suggested a member of SaTH helps by attending a meeting scheduled to take place in Dawley during May.

A3 The CEO reported that the process is being led by the CCGs; he agreed to support them in what they are seeking to do.

The DCG suggested the individual contacts the Future Fit communications team to ensure they are part of the consultation list and that meetings are held during the consultation period

##### Q4 How can Shropshire Council and the CCG move forward on the care in the community aspect?

A4 Unfortunately SaTH are unable to respond on behalf of the CCG. The CEO reported that SaTH will continue to work with partners to ensure SaTH is heavily invested in communities. He stated he feels optimistic about the future.

Dr Lee (NED) referred to the work undertaken by Alex Knight regarding the Theory of Constraints in health and social care, which involves both SaTH and the CCGs.

##### Q5 A query was raised in relation to a request for figures over the last five years for

A5 i) *Babies born at home.* The DCG confirmed that she would discuss further with the individual and the FOI Officer who will respond. **Action: DCG**

..... Chair  
3 May 2018

- ii) *Gender pay gap as 30% is well above the national average.* The MD reported that the difference is where the medical workforce is higher than across the rest of the workforce. Where this has previously been male orientated, this is now changing and more females are going into medical roles, although it will take time to see an improvement in the figures.

The MD agreed to obtain the figures and forward on to the individual. **Action: MD**

- Q6** **A query was received - How much of the £312m is coming from the Treasury and how much from PFI?**  
**A6** The CEO and FD reported that the agreement is that the funding will come from multiple sources. SaTH has received absolute certainty of the £312m and this will be explicit in the Full Business Case, once the architects have drawn up plans, etc.
- Q7** **Do the Board feel assured SaTH is meeting the needs in relation to the number of stillbirths to mothers not born in this country?**  
**A7** The DNMQ reported that SaTH has a strong follow-up process and an alert service via GPs for mothers; bookings are monitoring through the Quality & Safety Committee. Mr Newman asked Mrs Mingay (D.NED) to provide details to the Board of any learning.  
 The DNMQ offered her support to the Advocacy Service.
- 20189.2/66** **DATE OF NEXT PUBLIC TRUST BOARD MEETING**  
 Thursday 3 May2018, 1.30pm, Seminar Rooms 1&2, Shropshire Conference Centre, Royal Shrewsbury Hospital

**The meeting closed at 6.05pm**

## ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 29 MARCH 2018

Item	Issue	Action Owner	Due Date
2018.2/36	Minutes of Trust Board held on 8 February 2018 <i>To update 2018.2/08 to reflect that the hospital referred to is the Virginia Mason Medical Centre in America</i>	CS	<b>Mar 2018 COMPLETED</b>
2018.2/37	Actions / Matters Arising 2017.2/192 – Key themes from Exit surveys/interviews <i>To include in Workforce Committee summary for 3 May 2018 Trust Board</i>	WD	<b>3 May 2018 AGENDA ITEM</b>
2018.2/137	Actions/Matters Arising 2017.2/217 – Organisational Development Plan <i>To present to 31 May 2018 Trust Board</i>	WD	<b>31 May 2018</b>
2018.2/38	CEO Overview – Future Fit Capital Funding <i>To forward letter of recognition to the former Director of Transformation and her team for the work undertaken</i>	CEO	<b>Apr 2018</b>
2018.2/39	Services in the Spotlight <i>Performance Committee to keep this under review</i>	Chair of Perf. Cttee	<b>Ongoing</b>
2018.2/41	Winter Planning – Early lessons learned <i>To provide additional update at end of winter pressures</i>	COO	<b>31 May 2018 ADDED TO SCHEDULE</b>
2018.2/43	Maternity Engagement Plan <i>To present recommendation to 31 May 2018 Trust Board</i>	DNMQ	<b>31 May 2018 ADDED TO SCHEDULE</b>
2018.2/45.2	Performance Committee Summary of 27 March 2018 Financial Performance – Month 11 <i>To review 2017/18 year and lessons learnt</i>	Chair of Perf. Cttee	<b>3 May 2018 AGENDA ITEM</b>
2018.2/46	Annual Operating Plan <i>Performance Committee to monitor, going forward</i>	Chair of Perf. Cttee	<b>Ongoing</b>
2018.2/58	Non-Consultant Grade Medical Workforce Plan <ul style="list-style-type: none"> <li><i>To discuss the financial implications / benefits, etc with Mr Deadman</i></li> <li><i>Workforce Committee to support the work and progress and provide assurance to August 2018 Trust Board</i></li> </ul>	MD/WD  WD	<b>Apr 2018</b>  <b>Aug 2018 ADDED TO SCHEDULE</b>
2018.2/59	Staff Survey Results 2017/18 <i>Workforce Committee to monitor and assurance to be provided to September 2018 Trust Board</i>	WD	<b>Sept 2018 ADDED TO SCHEDULE</b>
2018.2/65	Questions from the Floor <ul style="list-style-type: none"> <li><i>To discuss with individual the request for figures over the last five years of babies born at home</i></li> </ul>	DCG	<b>COMPLETED</b>

..... Chair  
3 May 2018

	<ul style="list-style-type: none"><li>• <i>To obtain figures and forward detail on to the individual in respect of gender pay gap</i></li></ul>	MD	<b>Apr 2018</b>
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