

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 2.00pm, Thursday 5 July 2018
Seminar Rooms 1&2, Shropshire Conference Centre, RSH

PUBLIC SESSION MINUTES

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

2018.2/137 WELCOME & APOLOGIES:

The Chair welcomed all to the Trust Board meeting.

Apologies were noted for Associate Non-Executive Director, Mr Darbhanga, and Non-Executive Director, Dr Lee.

2018.2/138 VALUES IN PRACTICE (VIP) AWARD

The WD welcomed and introduced the EPAS and GATU teams to the meeting who had been nominated to receive the VIP Award for the month of May 2018 following a letter received from a grateful patient for the care she and her partner received.

From the nomination, Women & Children's Lead Nurse, Lynn Atkin expressed that she was "extremely proud of the care that the EPAS and GATU team provide to patients' and their families during such an emotional and difficult time; the teams' individualised care to each patient and family is exemplary, showing compassion at all times and demonstrating our Trust Values every day.

Both areas frequently receive letters of thanks from families highlighting staff's care and compassion and it would be an honour for the team to be recognised for the care they provide".

The Board thanked the EPAS and GATU teams and the Chair presented them with a voucher, certificate and VIP award.

2018.2/139 PATIENT STORY

The Board welcomed Ruth Smith, Interim Lead for Patient Experience, to the meeting to present this month's patient story video relating to #EndPJparalysis which is a simple concept, originating from Professor Brian Dolan's aim to get patients up, dressed and moving while in hospital.

..... Chair
30 August 2018

Studies show that patients who get dressed in their own clothes at the start of the day are significantly more likely to regain their independence at a faster rate. Actively encouraging patients wherever possible to wear their day clothes whilst in hospital rather than pyjamas or gowns enhances dignity, autonomy and experience as well as reducing their length of stay in many cases.

For patients over the age of 80 a week in bed can lead to 10 years of muscle ageing and 1.5 kg of muscle loss. One week of bed rest results in 10% muscle loss; for an older person this could lead to being unable to complete simple activities such as bathing, dressing and mobilising which could make the difference between dependence and independence.

Mobilising has been shown to reduce falls, improve patient experience, improve the chance of older patients living independently and reduce length of stay by up to 1.5 days.

Jane Cummings, Chief Nursing Officer for England, set a national 70-day challenge to achieve patients being up, dressed and moving. The challenge started on the 17th April and ended on the 26th June 2018, shortly before the 70th anniversary of the NHS on 5th July 2018.

At the end of the challenge, SaTH was ranked the sixth highest Trust in the UK for getting patients up and moving, and the seventh highest for getting patients dressed into their own clothes.

SaTH's achievement has demonstrated that the Trust is the driving force in sharing the #EndPJparalysis message and leading change for the benefit of its patients.

The DNMQ highlighted the importance of understanding the significant importance behind this initiative as it clearly has clinical effectiveness and outcomes that can continue to be improved upon.

Dr Weiner (NED) enquired how the Board can be assured that this continues; Ruth Smith reported that SaTH is currently feeding into the national App; following that, it will be monitored internally, possibly via the quality dashboards.

The Chair thanked Ruth Smith for attending the Board to provide this good news story.

2018.2/140

BOARD MEMBERS' DECLARATION OF INTERESTS

The Chair reported that Mr Brian Newman, Non-Executive Director, has agreed to become the Vice Chair of the Trust.

Action: CS to add to Declarations

The Board RECEIVED and NOTED the Declarations of Interest

2018.2/141.1

DRAFT MINUTES OF SPECIAL MEETING HELD IN PUBLIC on 25 MAY 2018

The Minutes were APPROVED as a true record.

2018.2/141.2

DRAFT MINUTES OF MEETING HELD IN PUBLIC ON 31 MAY 2018

Mr Newman (NED) highlighted an amendment to 2018.2/128 regarding 'Evaluation of weekly pay in July' and reported that it would be a 'cash' pressure for the Trust, not a 'cost' pressure.

Action: CS to amend minutes

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

2018.2/142

ACTIONS / MATTERS ARISING OF MEETINGS HELD 25 MAY and 31 MAY 2018

..... Chair
30 August 2018

Meeting held 25 May 2018

2018.2/102 – Draft Quality Account 2017/18

Chair of Q&S Committee delegated final approval to Chair's action to meet deadlines.

Completed. Action closed.

2018.2/104 – Questions from the Floor – Q1

CEO to obtain details of savings that relates to Future Fit and provide information to Sylvia Jones.

Completed. Action closed.

Meeting held 31 May 2018

2018.2/110 – Draft Minutes of 3 May 2018

CS to update minutes to reflect Mrs Terry Mingay's correct name.

Completed. Action closed.

2018.2/111 – Actions/Matters Arising

2018.2/72 – Organisational Development Plan

WD to present to 25 October 2018 Trust Board

Added to Board Schedule of Business. Due: 25 October 2018

2018.2/111 – Actions/Matters Arising

2018.2/41 – Winter Planning

COO to provide Winter Plan update to 30 August 2018 Trust Board

Action: COO Due: 30 August 2018

2018.2/111 – Actions/Matters Arising

2018.2/43 - Maternity Engagement Plan

DNMQ to present recommendations to 30 August 2018 Trust Board.

Action: DNMQ Due: 30 August 2018

2018.2/111 – Actions/Matters Arising

2018.2/58 – Non Consultant Grade Medical Workforce Plan

Workforce Committee to support the work and progress and provide assurance to August Trust Board

Action: WD Due: 30 August 2018

2018.2/111 – Actions/Matters Arising

2018.2/59 – Staff Survey Results 2017/18

Workforce Committee to monitor results and assurance to be provided to September 2018 Trust Board

Action: WD Due: 27 September 2018

2018.2/111 – Actions/Matters Arising

2018.2/79 - Maternity Clinical Improvement Metrics

DNMQ to present NHS Resolution paper to 5 July Trust Board – Deferred to December

Action: DNMQ Due: December 2018

2018.2/93 – Questions from the Floor

COO to provide feedback to Board via Operational Performance report on the 'Lets Crack It' initiative.

See Minute 2018.2/168

2018.2/116 – Q&S Summary - Scheduled Care Group Presentation

DNMQ to feedback positive comments to SCG Chief Nurse

Completed. Action closed.

..... Chair
30 August 2018

Chair of Performance Committee to investigate lease options for PRH CT Scanner and report back to 30 August Trust Board.

Action: Chair of Performance Committee Due: 30 August 2018

2018.2/119 – Safest & Kindest Quality Strategy

MD/DNMQ to forward Terms of Reference for Q&S and CGE Committees to SaTH Chair

Completed. Action closed.

DNMQ to add further detail to the markers on page 17 of report in relation to percentages

Completed. Action closed.

2018.2/121.1 – Operational Performance – Ophthalmology

COO to invite Ophthalmology Team to 5 July Trust Board

See Minute 2018.2/159. Completed. Action closed.

2018.2/122 – Winter Planning – Lessons Learnt

COO to present 2018/19 Winter Plan to 30 August Trust Board

Action: COO Due: 30 August 2018

2018.2/124 – Services in the Spotlight Update – Dermatology Outpatient Service

WD to focus on consultant/junior doctor appointments, as per Skin Clinic processes

Action: WD Due: August 2018

2018.2/129 – Workforce Performance Report – Sickness/Absence/Unavailability

WD to keep watchful eye on unavailability as a whole issue

Action: WD Ongoing

2018.2/130 – Freedom to Speak Up Guardians

FTSU Guardians to provide update to Board on six-monthly basis

Added to Board Schedule. Due: 29 November 2018

2018.2/131 – Staff Survey Response Plan – Project Plan

WD to refresh Organisational Development Plan and present to 25 October Trust Board

Action: WD Due: 25 October 2018

2018.2/143

NHS70 CELEBRATION

The DCG presented a video regarding the NHS achievements in the county over the past 70 years, as well as informing the members of the charity fun day which SaTH will host on Saturday 7 July 2018 to celebrate the 70th anniversary of the NHS.

The event, which will also incorporate a 5km fun run, will raise funds for the Living Well with Dementia Appeal and the End of Life Care Swan Fund.

2018.2/144

COMMUNITY ENGAGEMENT UPDATE - *Presentation attached to Minutes*

The DCG provided a presentation which informed the Board of the continuing work being undertaken with regard to:

- Developments for the People's Academy and future plans
- Public engagement across Shropshire, Telford & Wrekin and Powys
- Public members – the Trust currently has 10,286 public members and provides a quarterly 'Safest and Kindest' newsletter to all, either by email or post
- A series of health lectures have been held, including Sepsis and End of Life Care. An additional health lecture will be delivered during September 'Could it be cancer?'

..... Chair
30 August 2018

- The Trust now has 888 volunteers and National Volunteer's Week was celebrated by hosting an annual volunteers tea parties across both sites
- A volunteer role has been developed for A&E to engage with the public and obtain suggestions via the patient friends & family cards
- The White Garden (garden of reflection) officially opened on 5 July 2018 following a promise to Kelly Jones at the Trust Board meeting held on 28 September 2017
- Partnership work continues with the Shropshire Wildlife Trust
- SaTH would be holding a Fun Day/Fun Run at RSH on Saturday 7 July to celebrate 70 years of the NHS; this would also be celebrated at the Wellington Lions Day on Wheels on Sunday 8 July
- SaTH will once again take part in the Shrewsbury Flower Show on 10 and 11 August

The CEO enquired how SaTH engages with the hard-to-reach parts of the community. The DCG reported that the Trust's Community Engagement Facilitator attends numerous meetings where all community groups are represented. The DCG also attends the Voluntary Community Sector Assembly (VCSA) which also has representation. The DNMQ reported that the Trust's Interim Lead for Patient Experience is working closely with the Trust's Community Engagement Facilitator to reinstate a Patient Experience Forum; part of revitalising that group is to engage with the community and invite those hard to reach groups to represent patients in a meaningful way.

MONTHLY OVERVIEW

2018.2/145

CHIEF EXECUTIVE OVERVIEW

The CEO provided an overview of the following which have occurred over the month:

The CEO reported that nationally there has been a push regarding Length of Stay and new phrases have been introduced such as 'Stranded' and 'Super-Stranded' patients – these are patients over 7 days and 21 days. The CEO referenced this as SaTH focused on it before it became a national priority and has seen significant improvements in patients who have a 21 day length of stay; this has reduced from a peak of 120 patients to 70 patients which is a considerable improvement.

Quality

Workforce in A&E

The CEO informed the members of the challenges SaTH is facing with regard to the workforce in A&E; Board members are aware of the work undertaken around Consultant appointments and the success more recently, but there continues to be very serious issues in terms of the ST trainee level medical provision across the two A&Es. This leaves a level of vulnerability in terms of trying to provide cover through both Agency and Consultants having to step-down to provide cover, which is putting a strain on them. It is an important aspect of how the service is maintained, going forward.

Theatres Learning Event following Never Events

The CEO reported that a meeting was being held at the same time as the Board which brought together the entire Theatre teams (approx. 280 staff members) as a learning event following the recent Never Events that have occurred within Theatres.

Maternity

The CEO informed the members that the following reports were agenda items for the Public Board session:

- Royal College of Obstetricians & Gynaecologists (RCOG)
- Midwifery Led Unit update
- Women & Children's Legacy Review update

Performance

The CEO reported that the Trust continues to deliver against many of its national targets including cancer, RTT and diagnostics, but continues to have a significant challenge with emergency demand.

..... Chair
30 August 2018

The CEO reported that the previous week was the busiest week of the year through the A&E departments, meaning it was busier than the first week of January. It continues to be a challenge to deliver the 4-hour A&E commitment due to the overall pressures on the service and the workforce frailties.

Achievers Event

For the first time in many years the organisation has taken the opportunity to celebrate the efforts of our people and reaffirm its commitment to training. SaTH is an organisation that supports leadership and training; and the CEO informed the members of the Achievers Event which had been held which was shared with 70+ members of staff. A further event will be held during October 2018.

Colin Ovington's Retirement

The members were informed of the retirement of Mr Ovington; he joined the Trust over a year ago and has helped with a number of services to raise qualities and standards of care. Mr Ovington has retired following 40 years of service in the NHS following a number of Executive roles across the NHS; he was involved in the recovery work at mid-Staffs. The CEO thanked Mr Ovington for his contribution.

Ophthalmology

The CEO reported on the conclusion of the work of the Ophthalmology Service and the challenges that the service was facing; the organisation is now seeing much more consistent levels of service and improvements. This has also been undertaken with patients and the Transforming Care Institute work.

Workforce

Staff Survey Management Workshop

The CEO reported that a workshop has been held regarding the Staff Survey. The Staff Survey will be focused upon every month to gain an understanding, and to progress the staff agenda to ensure staff are happy and feel supported to deliver the highest levels of care possible.

Volunteers Tea Party

The CEO highlighted that SaTH is very lucky to have such a high volume of volunteers to support the organisation; this was celebrated by holding a Tea Party across both sites to recognise their contribution.

Future Fit

This is approaching the half-way mark in terms of public consultation. The CEO highlighted the importance of talking freely with the public in terms of the service and the various elements of Future Fit; and this is proving to be positive and helpful to the public.

New Roles

The CEO highlighted the workforce challenges, both nationally and within SaTH, which is the highest risks on the organisation's risk register and the Board Assurance Framework. He reported on the work being undertaken:

- Work ongoing with Wolverhampton University in the development of new Fellowship roles
- Appointments of Emergency Care Practitioners (ECPs) – SaTH has 11 ECPs across both A&E departments to assist the medical and nursing staff
- Development of CESR posts which allows SaTH to train doctors over slightly longer periods to become Consultants – SaTH will continue to invest in this.

Learning

The CEO reported that as part of the Network of the Virginia Mason Institute, SaTH has started to look at the development of the learning network for that work. A number of NHS organisations are increasingly interested in this approach and how they can access some of that learning. SaTH is therefore looking to develop a learning network across five Trusts that will allow SaTH to share that.

Phlebotomy Service Changes

The CEO reported that this will conclude in the next four weeks; he looks forward to hearing the feedback from patients in terms of their expressions of interest and where they feel the Phlebotomy service should be located. The outcome will be reported to the next Trust Board, although there may need to be further work/focus groups to clearly identify issues.

Action: CEO Due: 30 August 2018 Trust Board

2018.2/146

SUSTAINABLE TRANSFORMATION PLAN

The CEO reported that the STP is arriving at its three year mark; he presented a progress update received from the STP Team:

- STP National Governance Framework – Working through NHSE Governance Framework as a test site
- Estates Workbook – significant system input
- CQC style system health check – exploration discussions
- OD developments – Kings Fund, Transforming Care System Leadership, Yale programme
- Future Fit - £312m, commenced consultation 30th May
- £500k funding via Health Education England to develop new roles for primary care and secondary care
- Capital attracted for smaller adjustments for areas such as PRH A&E
- Additional funding secured to support GP trainees in the county
- Integrated bids for funding, going forward
- System wide working –
 - Clinical Strategy
 - Mental Health (workforce plan submitted with no further update's required)
 - Estates
 - Future Fit
 - Out of Hospital
 - Cancer & End of Life
 - System Finances
 - Local Maternity System
- Independent system chair process and timeline
- Progressing system dashboard, exploration and development in process

The CEO referenced Stranded and Super-Stranded patients (those who have a long length of stay in hospital) and reported that since this journey commenced approximately four months ago, he has seen a reduction of placements in long-term care which is really powerful, improving the outcomes for our patients and reducing the number of patients in long-term care. These are clear examples of how the system is working together in a unified way, for the benefit of our patients, moving forward.

Dr Weiner (NED) enquired if this evidence base is being collected and if so, if it will be available in the public domain. The CEO confirmed that it is being collected by colleagues in Telford & Wrekin Council in the first instance; and will be available in the public arena.

The CEO reported that he is seeing more integration flowing through; more trust across the organisations; starting to talk with a single voice about agendas such as Emergency Care and Urgent Care; and the commitment to promises for neighbourhoods and communities.

The Chair queried the governance aspect of the STP; the CEO reported there is a clear governance structure for the STP, although there have been complications on a national footprint due to the development of Integrated Care Systems (ICS). Different structures are emerging through the STPs which start to bring together different ways of working. That is a challenge to the old governance structure of an STP, adjustments are therefore being made.

The current structure for the STP has been agreed and accepted from NHSI as robust and strong; however the governance framework may not be appropriate as we move through the ICS models. The CEO reported that an independent Chair will be appointed, without the dual challenges/organisational responsibilities.

..... Chair
30 August 2018

Mr Newman (NED) highlighted that the timeline reports the Future Fit consultation analysis commences during August 2018; the CEO reported that this should commence during September 2018.

2018.2/147

FUTURE FIT UPDATE – *Presentation attached to Minutes*

The CEO introduced Pam Schrier, Communications & Engagement Lead for the Future Fit consultation, who attended to provide a presentation on activity to date in the 14-week consultation.

- The Consultation process commenced on 30th May and will run to midnight on 4th September.
- Three of the 8 public events planned have now successfully taken place and the Telford, Shrewsbury and Newtown Exhibition Events were well attended by the public with 138, 148 and 111 respectively counted at each event. Clinicians and staff volunteers manned a variety of stands, whilst senior executives were available to answer questions throughout the events. Feedback on the approach and usefulness of these events has been very positive from the public. An opportunity to hear directly from clinicians was welcomed and very informative.
- CCG leaders are attending partner and stakeholder events and meetings in order to report and update on the process as well as receive feedback on the consultation process itself.
- The Programme will need to ensure sufficient capacity and resources are available to support the remaining exhibition and pop-up events as well as additional requests, particularly as we head towards the holiday season.
- There will be a mid-point review of the consultation process around 9 July and this will enable the team to review and reflect on progress and process with a formal report submitted to the July Programme Board and a Joint HOSC.
- The Programme continues to review its approach to responding to FAQs and to any media pieces that run. Where misleading information is presented, it continues to look to correct this either through social media and/or through working directly with the media on proactive pieces. The Programme communications team are working closely with media who attend and report from each public event.
- The post-consultation process has been discussed with NHSE and a formal response to the requirements for the next phase post consultation is expected shortly.
- 19 July – Consultation Institute meeting confirmed; 24 July – Future Fit Programme Board; 30 July – Joint Health Overview Scrutiny Committee being held.

The Chair enquired if there is any more the Trust can do to contribute, to ensure the NHS staff have their say in the consultation. Ms Schrier reported that she works very closely with the Trust Communications Team and the SSG Team; and is aware that the Trust holds weekly briefings to engage with staff, across both sites.

The Board thanked Ms Schrier for attending to provide the update.

WORKFORCE (PEOPLE)

2018.2/148

WORKFORCE COMMITTEE REPORT

The Workforce Committee Chair presented the summary of the Workforce Committee meeting held on 18 June 2018:

Culture, Behaviours and Work Environment

The Committee has reviewed a range of data sources relating to staff experience of the work place; these have included the Staff Survey, Leaver's Questionnaire, feedback from the Freedom to Speak Up Guardians and the staff Friends and Family test.

There are strong and consistent messages in these data sources regarding how we work, the impact of high patient demand in the face of staffing shortages and our resulting treatment of one another. The consistent narrative recognised by the committee is that:

..... Chair
30 August 2018

1. There are significant levels of stress and pressure upon our staff whilst they are attempting to continue to deliver high quality care to a large number of patients, often with less than ideal numbers of permanent staff.
2. Our staff find the use of boarding to manage high volumes of patient need, particularly stressful and undermining of their desire to deliver high quality care
3. The overriding message is that we are living our stated values consistently.

The Staff Survey reports that one in four of our staff is reporting that they are experiencing bullying and harassment. This is unacceptable and not the experience we want for our people, ourselves or those wider members of our community that will inevitably feel the impact of stressors on our staff. The committee are deeply concerned by this feedback and now wish to ensure that this matter is addressed, as follows:

1. To directly address the felt issues of bullying, harassment and abuse in order to try improve the collective living of our stated values and also the impact of any negative behaviours on individuals and teams
2. To continue to support cultural development and staff engagement in our organisation
3. To continue to support the organisation in addressing the underlying issues that make our organisation harder for staff to work within and consistently deliver the high quality patient care that they wish to do i.e. Boarding, staffing shortages in A&E and on wards. The committee will continue to seek assurance on delivery of such a critical element, and will continue to monitor levels of 'boarding' in our organisation as it so clearly has an impact upon the well-being of our staff in addition to that impact upon our patients.

Dr Weiner wanted the Board to be sighted on the above, and to recognise that the committee has plans to address this over the next one to two years.

Emergency Department

Through the Board Assurance Framework the committee discussed the staffing situation in both departments, in particular the risks sitting at middle grade level and the frequency that temporary cover is required. The committee heard of a range of actions being explored to support this, including Fellow and Certified as Eligible for Specialist Registration (CSER) programmes along with a discussion with other NHS providers. This risk currently sits as the highest on the risk register.

The committee also heard of the impact fragility has on the team, in terms of pressure, hours worked and Health and Wellbeing. An organisational Development Plan is being created to support staff and will be presented to a future Trust Board.

People Priorities

The committee has developed its People Priorities for this year. This work provides the committee with a strategic overview regarding the People agenda and allows delivery to be monitored. This information will be routinely shared with the Board in future reports. The committee is also developing a dashboard of metrics that will routinely be available to the Board in the future too.

The Chair thanked Dr Weiner and the Committee for pulling together all of the strands of the way we look after our people and driving this through. The Board RECEIVED the Workforce Committee summary.

2018.2/149

WORKFORCE PERFORMANCE REPORT

The WD presented the Month 2 performance report in relation to:

Sickness / Absence / Unavailability

The WD reported a pleasing reduction in the Trust's sickness/absence during May to 3.59%. This is a much improved position over the last 18 months. She reported that the two reasons for absence remain around Mental Health and Musculoskeletal; the Workforce Committee is keeping a very sharp focus on this around the Health and Wellbeing agenda.

..... Chair
30 August 2018

Mr Deadman (NED) was delighted to see the improved sickness performance rates and enquired if there was an insight to the reason for improvement. The WD reported that the benefit is due to being out of the cold/flu season, but also due to keeping staff well at work, e.g. the online App to 'shift stress'; also focus is being placed on supporting staff back to work.

Appraisals

The WD reported a slight decrease in Appraisal rates at 85.46% against a target of 100%

Statutory Safety Update (SSU) Training

Overall compliance rate has increased to 75.42% against a target of 100%; and focus has been placed on staff being supported to receive their necessary training/development. One of the commitments made in response to the Staff Survey, and is included within the People Priorities, is a review of the time that is required for all learning to take place (statutory training, VML, leadership academy). That evidence will be brought to a future Board for full discussion.

Staff Turnover (exc. Junior doctors) - Recruitment rate 10.03%, Retention rate 91.49%

The WD reported that there are certain areas within the organisation with significantly high rates of turnover; this will be a key area of focus for the Workforce Committee.

The FD highlighted the stark reduction in the recruitment rate. The WD reported that the spike in trend generally appears in September/October which is due to the recruitment of newly qualified nursing staff; however she reported that she would investigate further the trend in reduction over recent months.

The CEO highlighted that the areas which are highest risk on the risk register also have a high retention challenge; it may therefore be useful to have that correlation in future Board papers.

The WD reported that the Workforce Committee receive the detail each month of the five areas with the highest turnover within the Trust, and agreed to bring an illustration to the Board.

Action: WD Due: August 2018 Trust Board

The Trust Board RECEIVED the Workforce Committee update.

2018.2/150

POLICY – CORPORATE FIT & PROPER PERSONS

The WD reported that this Policy formalises the process that has been developed to ensure the requirements placed on NHS providers, through the Care Quality Commission's regulatory standards, for the Fit and Proper Person Requirements of Directors to ensure compliance with Regulation 5 is fully understood.

The Trust undertakes to meet its requirements as a NHS Provider. The Care Quality Commission regulatory standards set out the need to ensure all Directors are fit and proper.

The policy has been through the Workforce Committee and the Policy Approval Group.

Mr Deadman (NED) highlighted that he did not feel content as he felt it was bureaucratic and therefore voted AGAINST the Policy. The remaining Board members ADOPTED the Corporate Fit & Proper Persons Policy.

The Board suspended business whilst they welcomed the Mayor of Telford & Wrekin to present the Board with an NHS70 birthday card. The Mayor thanked the Trust and its staff for their hard work and felt proud of all staff in the NHS.

The Board agreed to take the card on a journey around the Wards of both hospitals, and to disseminate a message to all staff via the Trust Communications team.

..... Chair
30 August 2018

QUALITY & LEARNING (SAFEST & KINDEST)

2018.2/151

QUALITY & SAFETY COMMITTEE SUMMARY – 19 JUNE 2018

On behalf of the Chair of the Quality & Safety Committee, Mr Newman presented the following summary of the Quality & Safety Committee meeting held on 19 June 2018, drawing particular attention to the following in relation to A&E staffing:

Accident and Emergency Services (BAF 1134)

The committee visited the accident and emergency department at Royal Shrewsbury Hospital prior to the meeting. During the formal meeting the Unscheduled Care Group presented to the committee as part of the quarterly, more detailed engagement with care groups. Whilst progress is reported with respect to the recruitment of Accident and Emergency Consultants, *it is clear that there are considerable strains on the nursing and middle grade doctor elements of the staffing. The two A&E departments are surviving on the extreme commitment of SATH staff and their impressive resilience. There have, however, been recent resignations from the nursing staff and reports that on many nights there has not been a Registrar Doctor working to support nursing staff and more junior doctors. The committee were not assured that this is a sustainable position.*

Mr Newman highlighted this extremely serious statement. The Chair recognised that the fragility of the A&E departments had been discussed earlier in both the CEO overview report and the Workforce Committee summary; and reinforces the need to pull together our position and resources. The Board has committed to undertaking this by the next Board meeting.

The CEO agreed and reported that a series of discussions have been held with clinical colleagues in Emergency Medicine and Medicine as a Care Group, and the reliance on the goodwill of the staff has been acknowledged in terms of the additional shifts they are providing. That is not an assured model to move out of the summer and into the winter period. The Business Continuity model will therefore be refreshed over the next four weeks, particularly looking at the heightened risk of the middle grade doctor cover. In addition, a meeting has been arranged for the CEO to meet with the CEOs of local Trusts, alongside the MD, DNMQ and WD, to express the challenges that SaTH is facing and to seek additional support.

The MD expressed his thanks and gratitude for the considerable work undertaken by the nursing and medical colleagues in the A&E departments who have gone above and beyond their contracted hours, returning to work after their shifts to help out during the busiest of times. The COO confirmed from an operational perspective, and working with the DNMQ, MD and the WD, this is monitored on a day to day basis.

Whilst this is recognised and appreciated, the MD reported that it cannot be sustained and maintained and therefore needs to be scrutinised in greater depth by the Board over the coming weeks and months.

The Chair thanked the MD for raising his concerns and highlighted the importance of completing this review. The position will be discussed further at the next Board meeting and the CEO intends to revisit the Business Continuity Plan, have the risks associated with the gaps in middle grade medical cover and nursing cover, and take that information through the sub-Committees.

The amalgamation of those discussions will be presented as an update to the 30 August Board.

Action: CEO to provide update to 30 August 2018 Trust Board

The remainder of the Quality & Committee summary was presented:

Breast Screening

The committee heard that there were about 2,500 women affected by the national breast screening programme's error with respect to recalling women. Of these around 400 are considered urgent as they are under 72 years. Women over 72 years are encouraged to self-refer to the service.

In supporting the remedial programme required, the committee was impressed to hear that SATH are ahead of NHS

..... Chair
30 August 2018

timescales and confident of delivering the requirements by the end of July (for women in the urgent category) and the end of October for the less urgent cohort. Both targets are ahead of those nationally.

Never Event

Unfortunately, there has been a further “Never Event” within the operating theatre at the Princess Royal Hospital. This involved a retained swab during an ENT procedure. The problem was identified rapidly within the recovery room. There is no reported harm to the patient. The investigation is being led by an independent clinical safety expert with support from SATH’s experts in Human Factors.

Since November 2015, the Trust has had five cases of retention of swabs/foreign bodies following surgery; which was a concern to the Q&S Committee.

As reported during the CEO Overview, the MD reiterated that a conference was being held for all Theatre staff to talk through the Never Events and take the learning from those to ensure this does not reoccur.

The Chair suggested approaching the Internal Audit team to undertake a review of the actions that we have taken to ensure the changes have been made; and for this to be reported back to the Q&S Committee.

Action: DCG to organise

Maternity Services (BAF1204)

The Committee met with the Women and Children Care Group within a specific segment of the agenda. We discussed the findings of the Royal College of Obstetricians and Gynaecologists (RCOG) report and noted that there is clear progress against its recommendations and that this progress has been recognised by the RCOG. One area that is not resolved is the lack of full consultant anaesthetic cover for the consultant obstetric unit, although the unit does have round the clock senior anaesthetic cover.

Mr Newman felt the first RCOG report was hard-hitting of our services; the Chair highlighted that the report should be read in conjunction with the second addendum report.

The Chair picked up on the concern raised by the Q&S Committee in regard to the lack of full consultant anaesthetic cover for the consultant obstetric unit. The MD reported that interviews are on the horizon for consultant anaesthetists but will need to recruit further to achieve this, and will require specific job plan changes to provide this. The Chair asked if the Trust has the budget to achieve this. The MD agreed to investigate further.

Action: MD

The Chair highlighted that a ‘Task & Finish’ Group have been tasked to review both RCOG reports to complete this exercise, and to take the learning and report progress back to Board with confidence.

The Trust Chair will chair the Task & Finish Group and it will report through the Q&S Committee, prior to Board. The DNMQ reported that the Maternity department is very welcoming of it.

The Q&S Committee were also briefed about the programme to contact families who may have experienced care problems in the past. This piece of work is highly sensitive; 31 letters have been sent out of which 3 were returned and one is awaiting collection from the post office. A number of families have given consent for further investigation of cases. Senior staff from the Women & Children’s Care Group are meeting with families to discuss cases.

The Board RECEIVED and NOTED the Quality & Safety Committee meeting summary

Additionally, the Chair reported that he would like to formally add a review relating to Sepsis performance and End of Life Care to the agenda of the Q&S Committee.

Action: DNMQ / Quality & Safety Committee

2018.2/152

QUALITY & SAFETY PERFORMANCE REPORT – MONTH 2

The MD presented the following VTE and Mortality sections of performance report for Month 2:

..... Chair
30 August 2018

VTE

The MD reported that SaTH's performance as a Trust continues to be very good at 95.9% against the national VTE target of 95% for this potentially avoidable risk in either harm or death for patients.

Trust Mortality

SaTH has seen an improvement in our performance regarding mortality over the last four years, and this has been maintained over the last year. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than our peer comparators:

January 2017 – February 2018

Mortality rate - SaTH 1.36% vs Peer 1.64%

Risk Adjusted Mortality Index (RAMI) – SaTH 85.45 vs Peer 104.98

Hospital Standardised Mortality Ratio (HSMR) – SaTH 86.01 vs Peer 107.7

Summary Hospital Level Mortality Indicator (SHMI) – SaTH 67.29 vs Peer 83.76

Dr Weiner enquired if the peer comparators relates to a single peer or a peer group; the MD confirmed that in relation to the Trust-wide mortality, SaTH has a peer group of like-sized Trusts with whom SaTH is compared. That is provided by CHKS whom undertakes the data analysis.

The DNMQ reported on the following sections of performance for May 2018:

Escalation

The Board were informed that the Trust had 8 patients waiting on the corridors at RSH on that particular day; zero at PRH, although escalation beds are open. She highlighted that it is imperative to implement a safe and efficient process to get patients to their normal place of residence.

Sepsis

The DNMQ reported that she has become aware through the CQC insight report that a lot of work is required to be undertaken in relation to the Sepsis 6 bundle compliance, and also issues regarding deteriorating patient audit compliance. This has been fed through the Care Groups – and she expects to see immediate actions in the Care Groups; they will be monitored through the governance process and feed in through the Clinical Governance Executive and the Q&S Committee, before reporting back to Trust Board.

The Chair highlighted a change to the clinical governance process and reported that a modification will be made to the presently agreed Quality Strategy that will base greater emphasis on the Care Groups through the Clinical Governance Strategy, to ensure the Care Groups have a dedicated line for them to raise their issues which can then be reported through to the Q&S Committee. The Board agreed this amendment.

Infection Prevention Control

During June the Trust had a cluster of bugs which triggered an NHSI inspection; unfortunately it raised issues that the organisation is sub-standard regarding general cleanliness and standards. Work is ongoing to implement the expected standards. A remedial action plan has been produced and will be monitored through the Infection Prevention Control Committee and also the Q&S Committee.

A follow up inspection visit will be undertaken by NHSI on 21 August.

MRSA Bacteraemia

Following the MRSA Bacteraemia that was reported last month, the paper reported that the investigation into this incident has now been completed. The investigation found that there were no specific lapses in care that could definitively have contributed to this bacteraemia. The patient lived in a care home and had multiple admissions to hospital and it was felt more likely that the recent strain was acquired in hospital so this incident will be apportioned to the Trust.

Work continues in reducing MRSA bacteraemia and less severe infections from MRSA including improving compliance with screening of emergency admission patients, continued emphasis on isolation and clearance of colonised patients, and continued improvement in compliance with hand hygiene and prevention of line associated infections. The organisation also monitors less severe infections and colonisations with MRSA and investigates any clusters which occur.

..... Chair
30 August 2018

The CEO requested assurance regarding the management of bacteraemias, following two years of having no bacteraemia cases. The DNMQ reported that all clinical teams were incredibly disappointed to have a bacteraemia case following 600 days of have none; however she reported that SaTH is recognised regionally as having very strict standards and low prevalence.

Clostridium Difficile

In May 2018 we reported two cases of C Diff in the Trust. These will be investigated and the findings considered by the Clinical Commissioning Group panel as to whether they are attributable to a lapse in care in the Trust.

Serious Incidents (SI)

Four SIs were reported during May; one relating to delayed diagnosis, one an information governance breach, one wrong site surgery (Never Event) and one a delay in treatment.

Pressure Ulcers

In May 2018, there were zero grade three pressure ulcers reported as developing in-service but there was one grade four pressure ulcer reported. This incident did not meet the criteria for reporting as a SI and is in the process of being managed as a high risk case review.

104 day cancer waits

In May there were six reviews carried out into the care of patients that had waited more than 104 days for cancer treatment to start. Four were considered to have caused no harm and two could have potentially caused harm. The FD queried the level of delay and if there are common themes. The MD assured the Board that there is a process by which each of the cases of a patient with cancer who has had a delay in treatment which goes beyond 104 days is reviewed. This is performed by a senior member of the cancer team and either one of the Deputy Medical Directors or the Trust MD. There are some themes, but some of the times patients themselves choose to delay treatment. Other factors may be due to patients with complex medical needs are required to be fit, also for some patients SaTH are unable to provide the cancer treatment for them e.g. patients with lung cancer/neurological cancers who are transferred elsewhere and pathways may be extended due to capacity delays. Therefore, when examining the common themes; they are not essentially associated with practices within the Trust – they are patient choice or outside of the organisation.

Mixed Sex Accommodation (MSA)

SaTH is not compliant with MSA requirements due to the number of patients that wait for more than 12 hours to be transferred from the critical care units.

Maternity - Hypoxic Ischaemic Encephalopathy (HIE)

During May, the Trust reported zero neonatal HIEs (brain injuries).

Maternity – Induction of Labour Rate

The DNMQ reported that during May, SaTH reported a higher than normal rate of induction of labour at 37% against an expected rate of 28.5%. The education of women around reduced foetal movements has played a part in this increase, but it will be monitored going forward and will be reported back through the Q&S Committee.

Complaints & PALS

There were 55 formal complaints received May 2018 in line with expected figures. Twenty five related to RSH, and 31 to PRH and one to Princess House. The main themes continue to be staff attitude and clinical treatment.

There were 163 PALS contacts received which is higher than previous months. Main issues raised relate to appointments and communication. A piece of work is being undertaken, looking at PALS contacts relating specifically to appointment problems.

Friends and Family Test

The overall percentage of patients who would recommend the ward they were treated on to friends and family, if they needed similar care and treatment, was 96.6%. This was a slight decrease compared to last month's rate of 97.3%.

..... Chair
30 August 2018

Individually, inpatients and Maternity saw an increase in the percentage of patients who would recommend compared to April. The overall response rate was 17.7% which was a decline since April's 19.9%.

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

2018.2/153

6-MONTHLY NURSE STAFFING REVIEW – *Presentation attached to Minutes*

The DNMQ provided a presentation in relation to the six-monthly review of nurse staffing, which is a national quality Board mandate. The review excludes the emergency department and midwifery (as it uses a different acuity tool – Birthrate Plus), and also excludes paediatrics.

The DNMQ provided a background into how nurse staffing is calculated. A service model is used re: nurse to patient ratio; a productivity model known as Care Hours Per Patient Day (CHPPD). There is no agreed standard of what the correct CHPPD is. For the last two years this has been monitored by the Model Hospital; this will become published data from September 2018.

SaTH also uses an acuity model known as Safer Nursing Care, as well as a variety of professional judgement indicators based on patient factors, increased risk of clinical deterioration, ward factors, and nursing factors.

The DNMQ reported that SaTH is in the second quartile in terms of CHPPD which indicates how many nurses and health care assistants SaTH has, divided by the number of patients on the ward at 12 midnight. It does not include 'boarded' patients as SemaHelix does not allow. The CHPPD is budgeted on SaTH's bed base.

The Chair enquired if this could be identified with the inclusion of boarded patients; the DNMQ reported that it could be calculated manually under point prevalence. The Board felt that it would be a useful exercise as this risk appears on the BAF and risk register.

Action: DNMQ

Nurse staffing ratios is an important way of judging whether the right amount of nurses are on duty or not. The DNMQ reported that there is a misconception that the nurse to patient ratio is 1:8 which is not so; NICE guidance states there is no single nurse to patient ratio that can be applied across all acute adult inpatient wards, however, there is evidence of increased risk of harm associated with a registered nurse caring for more than 8 patients.

During the month of May, SaTH sat at:

Scheduled Care & Unscheduled Care

- Daytime hours ratio - 1:6
- Night time hours ratio – 1:8

Women's Services

- Daytime hours ratio – 1:5
- Night time hours ratio – 1:6

There are some areas within the organisation where this is higher, but the DNMQ assured the Board that she is aware of where they are.

With regard to acuity, the DNMQ informed the members of a piece of software which was rolled out across the Trust by November 2017. The presentation showed that in accordance with the Safer Care software, and using an acuity and dependency model, during May we had the right amount of staff in Scheduled Care predominantly across the month to meet the needs of our patients, which is a really good news story. Unfortunately it was not such good news for Unscheduled Care as they had a deficit. The solution to that is working in alternative and creative ways, looking at the Transforming Care methodology.

The DNMQ reported that each of the Trust's Heads of Nursing and Matrons will be undertaking a Deep Dive on each of the Wards, using this data, and an RPIW will be undertaken on 30 July looking at the future state to ensure we provide safe and timely care in an alternative way.

..... Chair
30 August 2018

The DNMQ also reported that she works alongside the COO and the WD on a daily basis to mitigate this risk and redeploy staff; and the Capacity team are responsible for moving nursing staff, out of hours, to mitigate the risk.

The Chair asked the DNMQ if she felt content that SaTH is operating a safe nursing environment, in her professional opinion. She confirmed she is content, although it has to be monitored on a daily basis.

Mr Newman enquired how the Board could be assured that the nursing on the paediatrics, midwifery and emergency departments is also satisfactory. The DNMQ reported that she has asked the paediatric department to undertake a piece of work using an acuity tool for paediatrics; this will be reported to Q&S Committee during September. Also, in the knowledge that the consultation for the MLU will take some time, the DNMQ has asked the Head of Midwifery to undertake a table top exercise and also report back to Q&S Committee; and with regards to ED, the DNMQ reported that she feels less assured of this department and this triangulates to earlier ED discussions. She feels a further piece of work is required regarding ED.

The CEO asked if the DNMQ felt assured that the staffing levels in the A&E department are safe. The DNMQ reported that she does not feel content that the staffing levels are safe; the department is currently reliant on 47% locum staffing. The Care Group is working to evaluate what is required, based upon what their usage has been until this point.

In the meantime, the CEO enquired how the Board could be assured that a safe service is being provided to patients whilst awaiting clarity of the work being undertaken. The DNMQ assured the Board of the high level of scrutiny in that area alongside focused nurse leadership, and the continuation of nursing locum workforce

Dr Weiner suggested it may be worth considering the detail being presented to the Workforce Committee in terms of what is considered safe staffing levels across the organisation.

Action: DNMQ / WD

Dr Weiner reported that the Workforce Committee has held a discussion around the recruitment of an additional 56 newly qualified nurses to the organisation, alongside the growth of the internal workforce of an additional 30; he enquired if this will be sufficient to alleviate the use of Agency. The DNMQ stated it would not be sufficient; it would go part way. Focus is required where there are gaps in the workforce and the possibility of using alternative roles such as paramedics, alongside working creatively. We must continue to recruit; the first cohort of Nursing Associates qualify in January 2019, and must continue to working alongside Wolverhampton and Staffordshire to grow our own workforce.

The COO confirmed that a daily discussion is held around the ED staffing and also forecasting of key issues; also if there are issues which are not forecast, there is an escalation process which escalates through the site management team to either the COO or Deputy COO. He reported there are 8 newly qualified staff for the Emergency Department; and finally, they are looking at a whole range of roles such as Emergency Clinical Practitioners (ECPs) and as they become qualified and competent, they will add to the overall clinical staffing within the departments.

The DNMQ reported that the nursing review is required to be undertaken and reported to Board on a six-monthly basis; it will therefore be reported again during November 2018. She agreed to circulate a copy of the presentation to the Board members and to liaise with Mr Deadman to provide further detail in relation to the acuity tool.

Action: DNMQ Due: November 2018 Trust Board

2018.2/154

ROYAL COLLEGE of OBSTETRICIANS & GYNAECOLOGISTS (RCOG) REPORT

The DNMQ presented a paper which reported that the Royal College of Obstetricians & Gynaecologists (RCOG) undertook an initial review of maternity services at the Trust during July 2017. The review was commissioned by the Trust Board to evaluate the culture within the service and to assess the safety and effectiveness of maternity and neonatal services. Part 1 (initial paper) made for uncomfortable reading; it validated some of the areas that the organisation and maternity department were already aware of, but it did help to give some pace and focus to those areas of improvement.

..... Chair
30 August 2018

The paper provided an update on the progress of actions against the recommendations of the RCOG review; including the addendum to the report (Part 2) received during June 2018, which must be read in conjunction with the original paper.

Some material progress has been made in delivering the recommendations in the first report; however three of the areas that are delayed in progressing relate to:

- Implementation of the local maternity strategic (LMS) plan, led by commissioners
- Implementation of the MLU reviews, led by commissioners
- Consultant anaesthetic cover of the labour ward, requiring investment and is on the Care Group risk register

The key findings below are summarised from the addendum report and relate directly to the RCOG review terms of reference.

1. The Care Group presented a clear update of the work done to date on the models of care for maternity services.
2. The Care Group presented a joint vision for the service which focused on safety and learning.
3. The senior management team have benefited from the teamwork and leadership programmes, with team members working constructively with each other. Leadership and team-working programmes appear to have benefited senior managers with the development of learning and improving culture among staff.
4. Staff engagement in service developments has improved and the blame culture has shifted to a culture of learning and improving.
5. The Care Group has strengthened its risk management structure and governance processes.
6. The Care Group has strengthened the way it investigates clinical incidents and utilises external investigators.
7. The maternity quality performance dashboard has been amended to reflect national quality measures found within guidance.
8. The members of the Women and Children's Care Group conveyed a genuine commitment to improving patient safety and this commitment is reflected in their achievements.
9. The Care Group has clearly worked hard on tackling the concerns raised by the assessors following their site visit in July 2017.
10. The Head of Midwifery should be commended on their current leadership style.
11. All recommendations have been addressed and the majority are now implemented.
12. Despite the continued uncertainty on the maternity model of care and site for the consultant-led maternity and neonatal services, the Care Group remains focused in improving the provision of care within the maternity and neonatal services.

The CEO asked how the process has been led by the W&C Group and the level of ownership to the actions and changes identified in the report. The DNMQ reported that following the initial RCOG review, a composite safety plan was produced by the maternity team for which most of the actions have been signed off, as discussed above.

They also undertook an engagement initiative with the support of the Freedom to Speak Up Guardians and the HR team, which reaped dividends in the engagement score demonstrated in that area.

The DNMQ reported that the department is confident that it has a level of scrutiny from mothers in terms of the service and the changes being made; and the governance framework has been really strengthened.

There is a lot of evidence relating to the learning and positive patient safety focus to being transparent is well embedded in the department, and will be monitored through the Quality & Safety Committee.

The CEO questioned the learning from the initial paper, and what evidence is available in relation to the stillbirth rate. The DNMQ reported that at the time of the initial RCOG review, the management team had been in place less than six months and had inherited a lot of issues which they are now putting right, i.e. lack of a review midwife and a lack of CTG training. She reported that CTG training is now well evidenced, and there has been a reduction in neonatal deaths and neonatal harm which can be directly correlated to the improvements made around women in labour, ante-natally and peri-natally. There has not been as much progress in relation to the stillbirth rate which is due to a number of factors. The Care Group has some clear actions and one of the projects they will be working on

..... Chair
30 August 2018

relates to smoking in pregnancy and reduced foetal movements.

As additional assurance, the DNMQ reported that the Board signed off through the Q&S Committee last month the ten key standards that we need to evidence the NHS Maternity Incentivisation Scheme which is a scheme to demonstrate high standards for saving babies lives. We were able to evidence that the scheme was in play.

The Board NOTED the ongoing work to address the actions that the RCOG identified which the Women & Children's Care Group is on track to deliver; and REVIEWED, NOTED and APPROVED the report on improvements made by the Care Group in response to the RCOG review.

2018.2/155

MLU UPDATE

The DNMQ provided an update paper on current progress on the Midwifery Led Units (MLU):

- 98% of births are at Telford or Shrewsbury and 2% births are at Oswestry, Bridgnorth and Ludlow
- On-going suspensions due to inability to staff units safely
- Midwifery sickness rates are rising with some areas as high as 20%
- Midwifery staff have been deployed to ensure safe midwifery staffing levels at the obstetric unit and to meet the quality standards set out by NHSR incentivisation scheme
- Engagement originally delayed due to operational pressures
- Engagement then halted by NHSE and NHSI
- NHSE and NHSI recommended (following legal advice) that the Trust and CCG decide collectively on one action/option in light of the safety issues facing the units and need to avoid predetermining the outcome of the CCG MLU Review
- Engagement now planned for 3rd July 2018 – 14th August 2018
- We will be engaging with the public on the action required to maintain safety until the new model proposed by the CCG Led MLU Review is implemented
- The action required will be to continue with the suspension of inpatient services at the 3 smaller MLU's – Bridgnorth, Oswestry and Ludlow
- Communication and engagement plan published on website

The members were informed that the suspension of births and inpatient post-natal care at the three rural MLUs has continued. Engagement has commenced with the public and will continue for the next six weeks; to obtain views and an understanding regarding that position. Initially this engagement was unfortunately delayed due to operational pressures, and further compounded by concerns from NHSE and NHSI that to engage with the public may pre-determine the outcome of the CCG MLU.

Our ability to open the three MLUs has been hindered by the uncertainty of ad-hoc escalations, and increasing maternity sickness, but essentially there are not enough births occurring in the three MLUs to enable the midwifery staff to be spread safely across the three units. SaTH is continuing to support maternal choice through the obstetric unit, Wrekin and Shrewsbury, through the range of antenatal activity and obstetric outreach activity that is occurring during daytime hours in the three MLUs and through the support for home births.

Mr Newman raised that the figures show 98% of the births at Telford or Shrewsbury and 2% at Oswestry, Bridgnorth and Ludlow (he suggested that the 2% will be small due to the closure the units) and 3% at home during May which total 103% of births. Also, from a governance perspective, Mr Newman highlighted that the 29 March Trust Board meeting, which he chaired, discussed that SaTH would engage on four safe options for the service, of which three were regarded as viable, and one not viable. However, it is now proposed that there only be one option and that engagement has already commenced. He reported that the Board unanimously agreed a course of action during March and were assured at the 3 May Board meeting that the process was underway and that an update would be provided at the 30 May meeting; therefore why was this not carried out; and why is there now only one viable option. Mr Newman also asked why should it be SaTH and not the CCG that is being asked to engage on the removal of this service from the public.

..... Chair
30 August 2018

The DNMQ reported that the MLUs have not been reopened as SaTH is unable to staff them safely at this moment in time. Conversations have been held with the public, later than originally planned; however, the engagement was originally delayed to operational pressures and also due to the intervention from NHSE and NHSI. The DNMQ discussed the original four options and reported that an update was not presented to 31 May Trust Board due to working collaboratively with our commissioners.

The CEO understood the Board's frustration with regard to the delay in engagement; there has been clear external clarification that has been required to enable SaTH to enact its duty and engage with the public which has introduced the delay.

With regard to engagement with the public, it allows SaTH to talk about a range of circumstances on the model of service provided, going forward, based on the rationale around safety. It needs to be driven by what is clinically safe for the service.

The DCG highlighted that the important point to note is that this is a temporary position; SaTH is not pre-judging the outcome of the CCG consultation, which they have been unable to undertake due to Future Fit as they have been advised that two consultations cannot run at the same time. The current option is a temporary solution. The DCG reported that a meeting took place in early June with our commissioners and regulators to discuss their concerns about the options that had been originally proposed, and it was on that basis that we are going ahead with the engagement for the temporary solution. This has been through the Trust Solicitors who feel the timescale of six weeks is appropriate for a temporary change of this nature, and there is an opportunity in the survey for mothers to propose any further options for consideration.

Mr Newman enquired once again if this should be undertaken by the CCG or SaTH; the DCG reported that the commissioners commission and determine the service and they will be doing that as part of their formal consultation later in the year.

The DCG feels the decision made at 29 March Trust Board was based on the information that was then available, however this has moved on since but the underlying position of the Board was the involvement with the public around the options at that time.

The Chair requested that the thread since the 29 March Trust Board is not as clear as it should be; he asked the Board if they are now content and understand the current position. Mr Newman reported his disappointment, as well as Mr Deadman, although Mr Deadman was pleased that progress is now being made.

The CEO suggested conversations have been held at the Quality & Safety sub-Committee and therefore that information should have been available to the Board through the governance route.

Next steps - Once the engagement process has concluded it allows us to have a clear position from the service in terms of how we will be providing a safe maternity service until the formal consultation process is concluded by the CCG.

2018.2/156

LEGACY REVIEW UPDATE – WOMEN & CHILDREN'S

The DNMQ presented a paper which reported that the Legacy Resolution Group commenced to provide oversight and assurance that the Trust takes appropriate action in relation to questions raised within a number of cases that have been brought to the Trusts attention; as a result of the Secretary of State (SoS) review of maternity services.

The DNMQ reported that following a clinical review process involving legacy cases identified during 2017; the Women & Children's Care Group contacted 31 families by way of a letter at the beginning of June 2018. The paper reported that three letters have been returned (no longer lives at address) although the Care Group was diligent to check this with the relevant GP and NHSE.

Of the 31 letters sent, 12 were sent to families to say there were potential signs of omissions of care and to seek permission for the case to be reviewed by independent clinical experts. Of the 12 families contacted; 9 have responded (to date) to provide consent for external review. It is estimated that once consent is received, the

..... Chair
30 August 2018

external review process will take up to 6 months; depending on the complexity of the issues concerned.

The Care Group wrote to 19 families to say there were no signs of care delivery omissions, and offered to discuss the case further with the family. Of the 19 families contacted; three have responded to discuss the review process with the Care Group Director. Two of the three families will meet the Head of Midwifery and/or the Clinical Director for Obstetrics to discuss the review process and the care they received. One family has currently not responded to initial contact from the Care Group Director.

Following the media and communication disseminated regarding the legacy case review; a further four families have contacted the Care Group (outside the legacy review) enquiring about their previous care. The Care Group Director will meet all of the families to understand their concerns.

Overall, a total of 12 of the 31 families have responded to the W&C Care Group in response to the letter received, and the anticipated timescale for the external reviews completion is a further six months.

The DNMQ reported that she has not yet received a date for the Secretary of State Report.

2018.2/157

COMPLAINTS & PALS ANNUAL REPORT 2017/18

The DCG provided the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during 2017/18; she assured the Board that the Trust is handling complaints in line with national regulations.

In terms of headlines, the DCG reported that in the previous year, timescales have increased within the complaint resolution from 20% to over 70% currently. Action plans were introduced in June 2017 and completed action plans have raised from 50% to 87%; the number of re-opened complaints has also decreased.

A questionnaire which is issued at six weeks - 89% stated they would be happy to use the complaints service again, and the CQC also found it to be compassionate and caring.

The DCG reported that a change has been introduced under the new W&C team in that complaints relating to the W&C Care Group are now managed through the Trust's central complaints management process; therefore it is completely independent.

The Board RECEIVED the Complaints & PALS Annual Report and congratulated the team on the improvements made.

PERFORMANCE (SUSTAINABILITY)

2018.2/158

PERFORMANCE COMMITTEE REPORT

The Board welcomed the FD back to work from a recent period of sick leave.

Key summary points for the board from the meeting of the Performance Committee held on 26th June 2018 are:

Performance Report - Operational

An update on the Trust's performance against RTT, A&E, Cancer and Diagnostic targets was provided to the Committee; the RTT, Cancer and Diagnostic targets were achieved. Staff involved are to be congratulated. Workforce constraints, in the Emergency Department, particularly middle grade, continue to be an issue. A discussion about 'minors' activity to take place at the next meeting.

The committee discussed the amount of additional money (estimated £1m p.a.) being spent and the valuable clinical resources being consumed and the related safety issues on supporting A&E in its current configuration.

Financial Performance Month 2

In the first two months of the new financial year the Trust is reporting a year to date pre-Provider Sustainability Fund (PSF) deficit of £5.001 million, £0.353 million better than plan. Income over-performed due to increased non elective activity and there were underspends in Pay and Non Pay.

..... Chair
30 August 2018

In noting the underspend position, it was noted that the Waste Reduction Programme is currently expecting to deliver £150k per month and from July this would sharply increase to £700k per month. The importance of managing this position so as not to affect the cash position was noted.

Waste Reduction Programme

A detailed review of the Waste Reduction trajectory took place. The total value of green and amber rated schemes amounts to £5.4 million (an improvement of £1m from last month) of the overall waste reduction target of £8.198 million. This improvement was welcomed, however until further schemes are put in place and more progress is made with the CIP schemes in the plan there was little confidence the CIP target would be achieved. There was recognition within the committee of the level of risk which still exists, particularly in Women & Children's Service schemes and the significant work still to do to be in a position to deliver the programme. Alternative schemes need to be explored, more progress on existing schemes needs to be made and support from medical staff and Board members in accelerating some of these will be required.

Board Assurance Framework - The committee reviewed the following 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).	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 – No change

Operational Plan 2018/19

An update on performance against the Operational Plan 2018/19 was received and noted. The top five key schemes and how these link to the Waste Reduction Programme were highlighted in the report.

Deep Dives

The Performance Committee was satisfied with Trust's approach to prioritise its limited capital resources in areas of high risk and to hold a significant level of contingency funds because of the scale of backlog issues, to enable the Trust to respond to unpredictable capital problems. Furthermore, alternative sources of funding were being explored for the replacement of high value diagnostic equipment.

The committee was assured by the commitment and ownership shown by Care Group Manager/Chief Pharmacist to deliver the Waste Reduction drug spend scheme of £180k.

Other items discussed included:

- Services under the Spotlight – Update received on the fragile clinical services of Emergency Department, Neurology, Dermatology, Urology, and Breast.
- The committee received an update on Ophthalmology which was once a challenged service, and was impressed by the excellent work undertaken to transform this service.
- Sustainable Services Programme Update – consultation underway. Public events held in Shrewsbury and Telford. Workshop on workforce plans has taken place. A sub-committee of Board known as the Sustainability Committee has been established to scrutinise the sustainable services programme. There will therefore be no further updates to the Performance Committee.
- Internal Audit Reports – The committee received and noted the recommendations arising from the internal audit reports relating to Budgetary Control and Financial Reporting, Outpatient Appointment Process, General IT Controls Review and Business Continuity and IT Disaster Recovery Planning.

..... Chair
30 August 2018

Mr Deadman requested the assistance of the MD in finding space for clinical leadership to support some of the initiatives.

Action: MD

The Chair reported that the Trust will be required to provide assurances to the Centre over the next few weeks in relation to the CIP and therefore requested the FD to focus on this in the coming weeks.

Action: FD

The Board NOTED the Performance Committee Report.

2018.2/159

TRUST PERFORMANCE REPORT – M2

2018.2/159.1

OPERATIONAL PERFORMANCE

RTT Performance

May's RTT performance was 93.1% against a trajectory of 92%.

Cancer

The COO reported that the May performance was 85.15% against a trajectory of 85%

Cancer 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
- Cancer Lead Nurse is reviewing all patient pathways with the CNS teams; action is being taken based on the findings of the review
- During May there were two reported 104 day breaches which is a reduction on previous months

Diagnostics

Diagnostic waiting times (% patients waited under 6 weeks for diagnostic test) for May sat at 99.63% against a 99% target.

2018.2/159.2

FINANCIAL PERFORMANCE

The paper reported:

Income & Expenditure – M2

In the first two months of the new financial year the Trust is reporting a year to date pre provider sustainability fund (PSF) deficit of £5.001m, £0.353m better than plan. Inclusion of the PSF reduces the deficit to £4.019m.

Income is over performing by £0.091m due to increased non elective activity, pay is underspent by £0.146m due to the earlier than anticipated closure of escalation spaces and the impact on agency and non pay is under by £0.056m.

In the month of May, an in-month deficit of £2.006m has been recorded against a plan of £2.311m, £0.305m better than plan.

Pay

To date the pay spend amounted to £41.741m against a plan of £41.887m resulting in an underspend of £0.146m. 15% of the Trust's pay costs in month 2 are attributable to temporary staffing.

..... Chair
30 August 2018

Agency

The Trust continues to rely heavily on temporary staffing to support its fragile workforce and as a consequence remains above the agency ceiling as set by NHSI.

Month 2 run rate up by £0.303m compared to month 1 2018/19, 65% of which in medical staffing and consultants.

Non Pay

To date non pay spend amounted to £18.858m against a plan of £18.914m resulting in an underspend of £0.056m.

Waste Reduction Performance

In month there is an over performance against plan of £0.210m due to the earlier than anticipated delivery within schemes. Year to date there is an over performance of £0.375m.

Trust Cash Position

The cashflow meets the required minimum cash balance of £1.700m to be held on the balance sheet and assumes that the Trust will perform in line with its Income and Expenditure plan, including Waste Reduction Schemes.

If performance is worse than plan, this will impact on the availability of cash and the Trust will need to look at ways of reducing cash outflow including increasing creditor payment terms.

The FD provided a verbal update, reporting that he met with NHSI earlier in the week and his message was that SaTH's first two months of data is interesting, and whilst it is difficult to draw a conclusion in the first two months of where the Trust is going to be, he reported that a piece of work is being undertaken on the outturn, based upon the first quarter performance.

The FD reported that the organisation is required to achieve the targeted position; whatever we feel we are unable to achieve in the existing plan, an alternative will be required, and more energy and drive will be required to ensure they are delivered.

The FD reported that there are three potential areas of the CIP plan that are largely defined around one serious piece of work, which relates to Stranded patients due to the sums of money associated with agency savings, maintaining bed position, and totality of agency spending which is broader than nursing staff.

The FD reported that there is some evidence that Stranded patients have reduced (reduced from 340 to 260); however in achieving the reduction of 80 patients, we are not currently seeing the level of saving that we should be. He assured the Board that the financial team is working with the Care Groups on this.

The FD reported that he was unable to provide assurance at this point in time; however he will have a view by the end of the first quarter. He reported that there is an amount of risk associated with the CIP and NHSI recognise that. The Chair accepted the FD's statement on the current position and the course of action to take stock at the end of the first quarter.

The FD reported that in agreeing a deficit of £8.6m the Centre underwrites that; in circumstances where SaTH doesn't deliver that poses a challenge as our ability to be able to secure the cash that underwrites a deficit greater than £8.6m is really difficult. He highlighted that SaTH is not an organisation sitting with high cash balances to support this.

The Chair highlighted that a flex in the payment terms to creditors would only happen as a result of a specific Board agreement as a short-term issue. Agreed.

The DNMQ reminded the Board that any difficult decisions being made must be underpinned by a QIA. Agreed.

The members RECEIVED and APPROVED the Month 2 Trust Performance Report.

The FD presented a paper which reported:

- In line with previous years, the Trust will be able to access loan facility in the form of Uncommitted Single Currency Interim Revenue Support from the Department of Health and Social Care.
- This loan facility will be required to cover the Trust's agreed Control Total deficit of £8.615 million.
- This loan facility will also be utilised to cover any cash shortfall resulting from the timing of receipt of Provider Sustainability Funding (PSF). Any loan drawn in lieu of this funding will be repayable on receipt of income due.
- The loan facility carries an interest charge of 1.5%.
- In June, the Trust drew £1.531 million loan to support its Income and Expenditure deficit.
- In July, the Trust will receive a loan draw of £2.129 million in lieu of PSF due.
- It is a requirement that the Department receives a current signed Board Resolution from the Trust

The Board AUTHORISED the Trust's use of Uncommitted Single Currency Interim Revenue Support Facility.

2018.2/161

SERVICES UNDER THE SPOTLIGHT UPDATE

The COO reported that updates had been provided throughout the Board meeting in relation to the Emergency Department and Ophthalmology; he therefore provided an update in relation to the Breast Service which continues to have pressures, particularly following the additional pressure due to the recent national issue

The service continues to be under significant pressure, and whilst this has been highlighted in the Services in the Spotlight update and Fragile Services update to the CCGs, they have recruited one locum who has already commenced in post, and a further locum has been appointed (awaiting final checks). Alongside that, a weekly meeting is held with a representative from the CCG, which has looked at different models of care and has also worked with primary care about the categorisation of referrals; those with urgent suspected cancer are prioritised as opposed to others. By doing that, they have agreed a plan of action, and the waiting times have now reduced down to three weeks from five weeks. Overall, a significant amount of work has been undertaken over a short period of time.

The Board RECEIVED the Services in the Spotlight update.

2018.2/162

OPHTHALMOLOGY SERVICE UPDATE – *Presentation attached to Minutes*

The COO welcomed Mr Tony Fox, Deputy Medical Director, Mr Prasad Rao, Ophthalmology Clinical Director and Consultant Ophthalmologist and Mr Andrew Evans, Operational Manager, to the meeting to provide a presentation in relation to the improvements to the Ophthalmology Service and its accommodation.

Mr Rao reported that the last two years has been pleasing in comparison to the previous 20 years of the service being provided across three sites. He thanked the Trust for the investment in Ophthalmology, which has made an enormous difference to patient care and has also assisted in the recruitment of three middle-grades, as well as the re-establishment of glaucoma and squint referrals. The national Referral to Treatment (RTT) waiting times have been achieved since January 2018 which is a major improvement, and additional capacity insourced increasing from 300 to 500 slots a month. All of the above has resulted in less incidents, and complaints.

Mr Fox reported that the Transforming Care Institute (TCI) production system has complemented the ophthalmology work; a Value Stream and RPIWs have been undertaken in Ophthalmology resulting in:

- An improvement in patient bookings and appointments – a referral for the eye clinic was 56 days but this has now decreased to 4 days and is continuing to improve.
- Had approx. 2,000 patients on transport attending the wrong venue for the eye clinic – a simple software fix within the patient transport allows them to visualise the outpatient venue, and this has been eradicated, not only for ophthalmology but also for all other specialties in the Trust
- RTT (time between referral and consultation/completion of treatment that should be achieved) which is around 8 weeks. The time limit has been reduced to 6 weeks for outpatients, 6 weeks for investigations, and 6 weeks for treatment options. In many areas within ophthalmology, this initial 6 week period will be

..... Chair
30 August 2018

extended (known as 'horizon') which has eradicated so much work that the Trust was having to do to rearrange appointments for patients, which has allowed much more patient choice.

- Developments in clinic flow
- Clinic preparation is key – prior to improvement work, clinic prep would take approx. 10½ hours, this has now reduced to 2½ hours. Seen an 86% improvement in setting up clinics with the notes.
- Grading of referrals – This was taking 14 days for every referral; and has now reduced down to 24 hours. Slowly rolling the process out electronically without printing which has cost efficiencies
- A lot of the VMI improvement work relates to governance and there is now a very open culture of reporting

Overall:

- This is a journey and work continues in all areas in order to ensure continuous improvement and safe culture.
- Ophthalmology has made progress in all the areas identified as challenges.
- Continuation of Transforming Care Production System (TCPS) work / Patient involvement

Mr Fox highlighted leadership and giving staff 'head space' is absolutely key; he felt ophthalmology should be used as an example for introducing improvement in a timely manner which is patient focused and involves patients throughout the development.

Mr Fox complimented the team and also patient representative Julie Southcombe for her contribution, and felt the learning from ophthalmology should be used across other areas/services in the Trust. The CEO reported that this is certainly a project that he wishes to emulate across the organisation. He reported that it is also important to recognise the connection between this work and the Model Hospital.

The Board recognised the cultural journey that the ophthalmology service have been on in such a short period of time, and thanked the team for attending to share with the Trust Board the progress and actions being taken towards delivering the safest and kindest eye care.

GOVERNANCE (LEADERSHIP)

2018.2/163

BOARD ASSURANCE FRAMEWORK & TRUST OPERATIONAL RISK REGISTER

The CEO reported that development sessions were held earlier in the year to refresh the Trust's Corporate Objectives; these have been revised and the risks mapped to the revised objectives on the Board Assurance Framework.

- One new risk has been added in relation to reduction in bed occupancy (RR1369), and two have been removed in relation to RR951 – delayed transfers of care and RR1185 – removal of medical outliers.
- Risk 1186 (community engagement) was new in 2017 and although amber is improving which is a significant factor when considering the complexities of managing urgent and emergency care
- Risk 1204 (maternity service) has improved from Red to Amber due to the positive assurances received
- Risk 668 (clinical service vision) has improved from Red to Amber with the start of the consultation on Future Fit

Operational Risk Register

At the start of July 2018, there were 45 risks on the register, compared to 50 in July 2017. Over the year, 21 risks have been closed and 9 have decreased in score so no longer appear on the Operational Risk Register.

There have been 25 new risks over the year; and four further risks have increased in score. 16 risks have not changed their risk score although actions have been taking place to mitigate the risks.

The CEO highlighted that the above illustrates that the BAF is being used actively in the approach to managing risks and taking leadership decisions.

..... Chair
30 August 2018

Dr Weiner informed the members that he is in receipt of data in relation to delayed transfers of care and reported that Shropshire is looking astonishingly good; he congratulated the team for the work undertaken on this. The CEO reported that SaTH was one of the worst in the country two years ago; and therefore credited the team and the wider system for working together to achieve this.

Following discussion, the Board acknowledged the REVIEWED and APPROVED the Board Assurance Framework and Operational Risk Register.

2018.2/164

TIER 2 COMMITTEE SELF-ASSESSMENT TEMPLATE

The DCG presented a paper which reported that it is stated within the Audit Committee's terms of reference that in addition to producing an annual report, a self-assessment of the Committee's effectiveness should take place annually.

The annual self-assessment questionnaire is completed by the committee members; their responses allow issues to be raised and debated for clarity and to determine where action is needed.

The questionnaire is based upon checklists within the HFMA NHS Audit Committee Handbook, designed to help NHS governing bodies to review and continually re-assess systems of governance. Committee members are asked to consider the effectiveness and 'fitness for purpose' of the committee's functions.

It is proposed that this best practice approach is adopted as a standard across all Tier 2 committees to the Trust Board and is based on the Audit Committee self-assessment.

The DCG reported that the recent Audit Committee went through the self-assessment during the meeting with all of the members which was very productive rather than completing it in isolation; she therefore recommended that the other Tier 2 Committees use it as a template for their self-assessments.

The Board ADOPTED the Tier 2 self-assessment used by Audit Committee to carry out an annual review.

The members also received an updated version of the SaTH Committee structure. Brian Newman requested that the TCI Value Stream be updated to reflect that it includes a NED member.

Action: DCG

LEARNING

2018.2/165

TRANSFORMING CARE INSTITUTE (TCI) UPDATE

The CEO reported that several more significant steps have been achieved :

- The CEO reported that he has been asked to share his learning nationally to encourage wider use of the lean approach across the NHS.
- A new value stream to focus on the patient pathway from being told that surgery is necessary until discharge following that operation has been agreed
- The Unscheduled Care Group have held an event to launch the roll out of TCPS improvement across all their wards

The CEO reported that the Value Streams were chosen from the items that were on the BAF and the risk register; areas with significant challenges for the organisation.

- Respiratory Value Stream – reduced two days off length of stay
- Workforce and ability to recruit effectively – started process at 135 days, it now takes 72 days
- Safety huddles – held on a regular basis
- Transport Apps – introduction of an App will revolutionise the current delays in the transport service
- Patient safety and reporting of incidents/concerns – reduced from 8 minutes to 4 minutes for a busy nurse/midwife to enter data
- A&E/Emergency / Theatres – these are the next Value Streams and will take the learning from ophthalmology

..... Chair
30 August 2018

- Kaizen Events – Staff now undertaking improvement activities of their own accord in their areas of work, i.e. Stroke service solutions
- Lung cancer pathway – Looking at this pathway to remove the waste and duplication for the patient so they can receive the quickest intervention we can give
- Domestic team – the team have been undertaking a 5S to remove unnecessary stock which is a cost saving
- 165 areas in the organisation have received a 5S which has made an enormous difference
- 15 Trust staff have undertaken advanced Lean training and will be able to support the improvements
- 2,798 staff have been educated in this approach, of which 758 are fully engaged in this work
- 133 are trained in Lean for Leaders

The Board RECEIVED the Transforming Care Institute monthly update.

2018.2/166

ANY OTHER BUSINESS

No further business raised.

2018.2/167

THE MEETING CLOSED at 6.15pm AND THE BOARD TOOK QUESTIONS FROM THE FLOOR :

Q1

An issue was raised in relation to page 15 of the original RCOG report "Midwives were reluctant to book women for delivery on a MLU and would try to find risk factors to avoid this choice". Does the Board consider that that, combined with the reality of the rural MLUs being closed for an overwhelming proportion of the last 12 months, may be what lies behind only 2% of births taking place at those rural units over the last 12 months?.

A1

The DNMQ confirmed that this was part of the initial RCOG report in 2017; the Secretary of State review was announced May/June and the RCOG review took place between July – September. The Board were aware that that was a period of high anxiety and it was a period of very high anxiety amongst midwives who were both working in the MLUs and the Obstetric Unit as a result of some very tragic incidents that had happened historically. The midwives told us that they were reluctant to book in the MLUs because they were concerned about working in isolated practice. Equally, they were concerned about keeping up their competency and skills. The DNMQ reported that there is a national move of women from standalone MLUs into co-located and obstetric units – it will take time and effort in a social movement to raise the profile of the suitability of MLUs and home births for women.

Overall, the DNMQ confirmed that historically staff were moved to cover gaps in the obstetric unit but there was a clear and tangible safety reason behind that. SaTH demonstrated responsiveness in maintaining that safety.

The CEO reported that over the last 5-6 years there has been a decline in the number of births in the MLUs – Ms George disagreed and informed the Board that from surveys undertaken women are choosing to give birth at rural MLUs but they are unable to do so; SaTH is therefore disregarding women's choice.

The CEO highlighted that he was referring to 5 year data, looking at actual births rather than the views of women. He highlighted that many patients may have a plan to birth in an MLU but due to complications may have to change which is a common factor throughout the country.

Q2

What happened at the June meeting with NHSI, NHSE and the CCGs and is the Board prepared to release the papers of that meeting, minutes or outcomes.

A2

The CEO reported that he was invited to attend a meeting by another party and could therefore not respond on their behalf; he did not recall there being any paperwork for the meeting but informed Ms George that he would check.

Q3

The DNMQ had reported during the Board meeting that at least one of the four options had been dropped as it was not in the LMS paperwork – could the DNMQ provide clarification on that

A3

The DNMQ reported that yes, the on-call option was deemed by our regulators and commissioners to pre-determine the outcome of the consultation which we would not want.

Ms George requested SaTH to share written documentation regarding the decision making process on this. The Chair confirmed that no decision has been made, and SaTH is waiting for the completion of the engagement. All papers been made available and are in the public domain.

Q4 *The Board had mentioned a call from Julian Povey saying ‘don’t add another option’ – would welcome feedback as this thread is losing transparency on decision making. It is not clear how the current decision has been reached and what happened to the four options.*

A4 The Chair confirmed that he had received the phone call but did not act upon it.

Q5 *CEO to outline the steps that SaTH has taken to satisfy SaTH’s statutory duty to involve on the MLU closure prior to the decision two days ago to maintain that closure until the conclusion of the CCG review.*

A5 The CEO confirmed that the position has not changed at all; SaTH is constantly reviewing its position in terms of our ability to deliver safe care.

The DCG confirmed that section 2.4.2 does apply which was why the involvement campaign was launched on 3 July. Although patient safety is at the crux of this issue, SaTH is involving mothers, key stakeholders and including the users of the service as well as key groups such as HOSC, CHC and Healthwatch.

The engagement plan has been reviewed by the organisation’s legal experts on section 2.4.2. requirements and they feel it does discharge that obligation.

Q6 *Is the Board confident that the service currently has the capacity to deal with the number of women giving birth locally, as feedback received in Defend our NHS is that there is currently huge pressure on ante-natal scanning and that women needing a scan in Shrewsbury are being told that capacity is not available in Shrewsbury or Telford and are being directed to Newtown.*

A6 The CEO reported that it has not been raised at the Governance Committee meetings that there is an issue with capacity in either of the birthing units, but he agreed to liaise with the Head of Midwifery to obtain this information.

Action: CEO

Q7 *With regard to Phlebotomy, what steps did SaTH take to ensure the statutory duty to involve with the public before the closure of the town centre phlebotomy service; and also the CEO made a commitment on 3 May 2018 that the town centre service would be re-opened if alternative accommodation was found.*

A7 The CEO reported that he did make reference to the town’s Darwin Centre following the offer from Karen Calder on behalf of the local authority. He also reported that SaTH was in dialogue with the public about what was their preference. He is awaiting answers from the public and that process will conclude in four weeks’ time; there are currently three options that the public are providing feedback upon – these include the hospital site, Princess House or a town centre option.

The DCG also confirmed that engagement was in progress but the process was not a referendum. She acknowledged that SaTH didn’t take sufficient steps to engage with the public originally, but confirmed that they are now putting this into place so are fulfilling any remedy that might have otherwise been required through the legal route.

Mr Sandbach congratulated the Board and wider NHS on NHS70 day – 70 years of the NHS 5 July 1948.

2018.2/168 DATE OF NEXT PUBLIC TRUST BOARD MEETING –

Thursday 30 August 2018, 2.00pm, Seminar Rooms 1&2, SECC at RSH

The meeting closed at 6.40pm

..... Chair
30 August 2018

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 5 JULY 2018

Item	Issue	Action Owner	Due Date
2018.2/140	Declarations of Interest <i>To add declaration of SaTH Vice Chair to B Newman's declarations</i>	CS	July 2018 COMPLETED
2018.2/141.2	Draft Minutes of 31 May 2018 Trust Board <i>To amend minute 2018.2/128 'cash' pressure to 'cost' pressure</i>	CS	July 2018 COMPLETED
2018.2/145	CEO Overview – Learning – Phlebotomy Service <i>To report public feedback/outcome to 30 August Trust Board</i>	CEO	30 Aug 2018 AGENDA ITEM
2018.2/149	Workforce Performance Report – <i>To investigate trend in reduction of recruitment over recent months and present illustration to the August Board</i>	WD	30 Aug 2018 AGENDA ITEM
2018.2/151	Quality & Safety Summary A&E Services - <i>To present update of position to 30 August Trust Board</i> Never Event - <i>To liaise with Internal Audit to review the actions taken to ensure changes have been made in Theatres</i> Maternity Services – Consultant Anaesthetic Cover for Obstetric Unit <i>To identify if the Trust has the budget to recruit additional consultant anaesthetists</i> Sepsis/End of Life Care Review <i>To add to future Quality & Safety Committee meeting agenda</i>	CEO DCG MD DNMQ	30 Aug 2018 AGENDA ITEM August 2018 August 2018 July 2018 COMPLETED
2018.2/153	6-Monthly Nurse Staffing Review <i>To calculate CHPPD, including boarded patients</i> <i>To present to the Workforce Committee in terms of what is considered safe staffing levels across the organisation.</i> <i>To circulate presentation of nurse staffing review to Board members, and liaise with Mr Deadman regarding the acuity tool</i> <i>& provide 6-monthly update to November Trust Board</i>	DNMQ DNMQ DNMQ DNMQ	August 2018 August 2018 July 2018 29 Nov 2018
2018.2/158	Performance Committee Report <i>To find space for clinical leadership to support some of the initiatives.</i> <i>To focus on the CIP in the coming weeks in preparation of providing assurances to the Centre</i>	MD FD	August 2018 August 2018

..... Chair
30 August 2018

2018.2/164	Tier 2 Committee Self-Assessment Template <i>To update SaTH Committee structure to reflect that the TCI Value Stream includes a NED member</i>	DCG	July 2018 COMPLETED
2018.2/167	Questions from the Floor Q6) <i>To liaise with the Head of Midwifery to obtain further information/clarification regarding ante-natal scanning capacity</i>	CEO	August 2018

DRAFT

Community Engagement

Julia Clarke

Director of Corporate Governance

July 2018



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

The People's Academy

- Regular People's Academy courses running at both sites
- July Academy fully booked!
- Feedback received very positive from participants and staff
- **Young People's Academy** being held on both sites in July
- Promotion of Academy across the region at community engagement events and specific engagement with schools and colleges



ARE YOU 16-25?

Interested in the **NHS**

INTERESTED IN WORKING IN
HEALTH OR SOCIAL CARE

Looking for something
to do this Summer?

JOIN


THE YOUNG PEOPLE'S
ACADEMY

Course Details:

Monday 23 July 09:00 - 17:00 Shrewsbury Conference Centre,
Royal Shrewsbury Hospital
Thursday 26 July 09:00 - 17:00 Education Centre,
Princess Royal Hospital

CONTACT: members@stath.nhs.uk 01933 268473

Developments



We are meeting Health Education England to discuss how our People's Academy model might be used to establish a Patient Leader Academy for the West Midlands



We are in communication with LPFT, who are keen to learn from our success



Future Plans

Alongside the regular courses on site, we are looking at new ideas for 2019:

- Academy Roadshow – a one day event that we can deliver in schools and colleges across the region in collaboration with West Midlands Ambulance Service.
- Specialist Academy for people with learning difficulties, to be developed with support from Darwin College and My Options at Telford & Wrekin Council.



Public Engagement

We are going out into our communities to engage with the public across Shropshire, Telford & Wrekin and Powys.



See Hear Shropshire



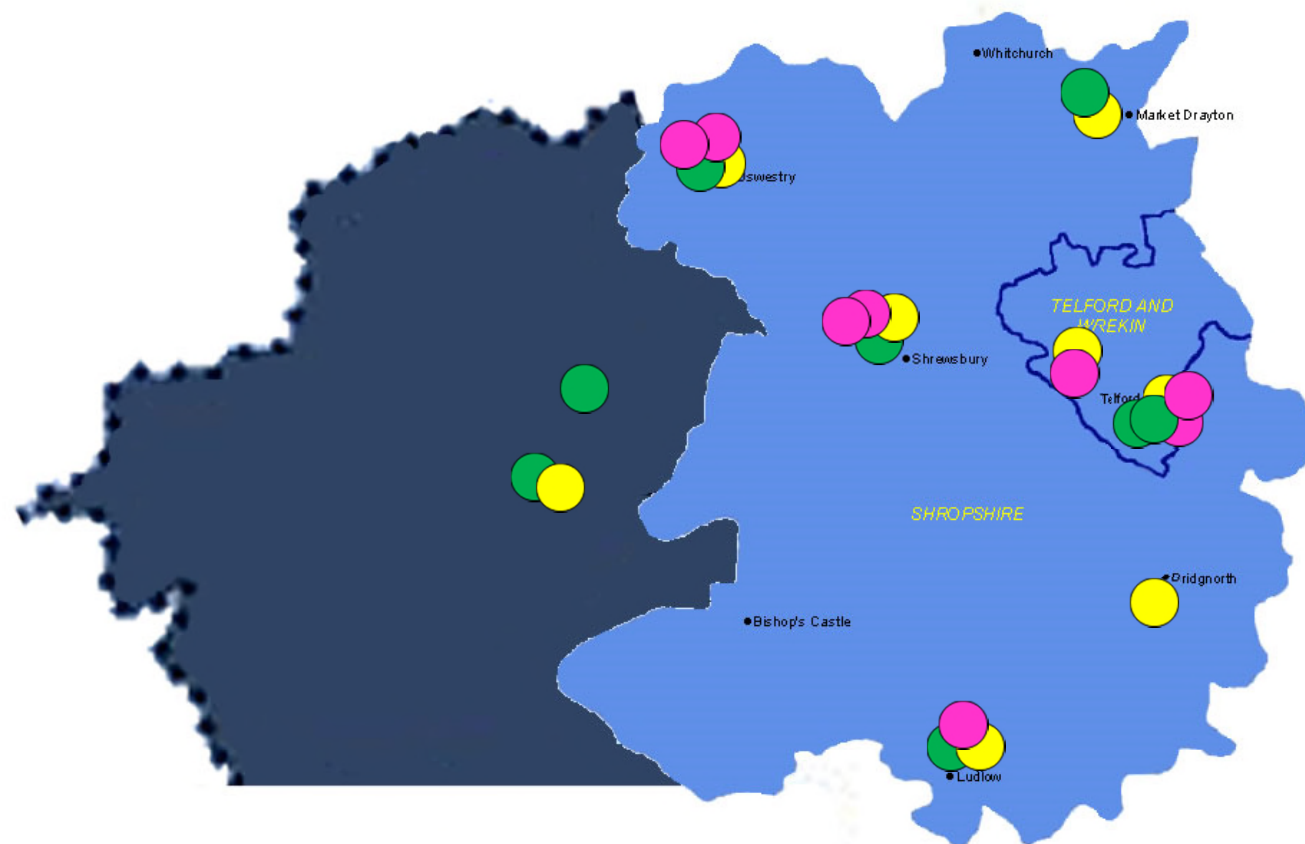
Happy Birthday NHS, Southwater, Telford & Wrekin

International Children's Day Festival
organised by the
Shrewsbury Polish
Centre



Health Information Day,
Ludlow Library

Engagement across the region



Key

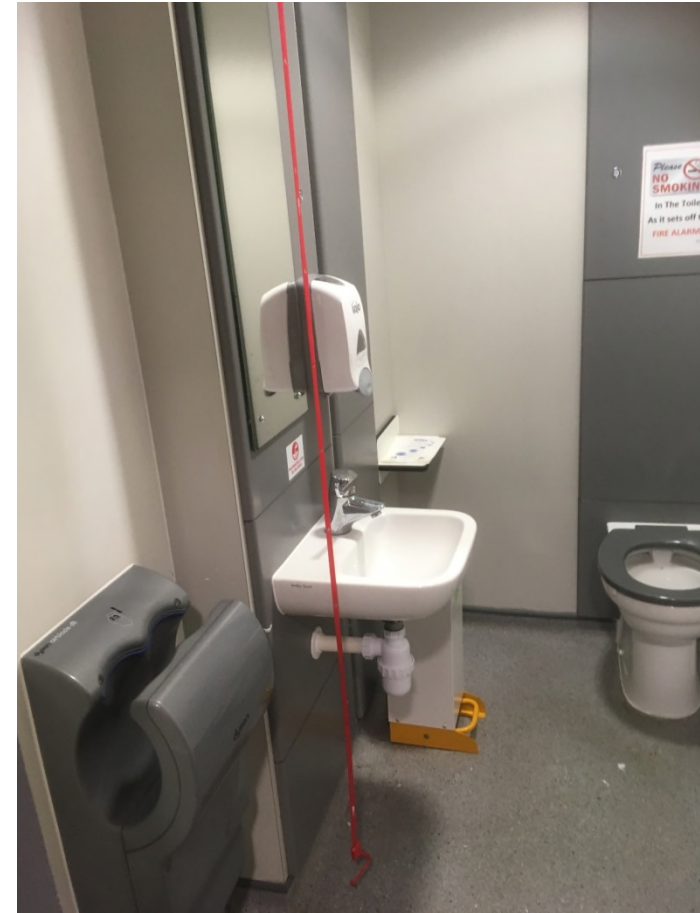
- Complete
- Planned
- Future Fit support

Projects

Stoma Friendly Toilets

We have facilitated meetings between Estates and representatives of Colostomy UK and the Urostomy Association, looking at toilet provision across both sites in order to ensure we are as accessible as possible.

A programme of improvements has been agreed and we look forward to receiving Stoma Friendly certification in due course.



Public Members



- The Trust currently has 10,286 public members
- The Trust provides all members with a quarterly newsletter 'Safest and Kindest' either by email or post.

All Trust members are invited to a series of health lectures. Recent lectures include:

- Sepsis – Dr Edwin Borman, 30th April 2018
- End of Life Care – Dr Roddy, Jules Lewis and Jules Lock, 15th May 2018

Forthcoming lecture includes:

- **Could it be cancer? –Dr Bruce Eden, 3rd September 2018**



Volunteering

During National Volunteer's Week we celebrated hosting our annual volunteer tea parties at both sites



Volunteering

We reported last quarter that a volunteer role was being developed for A&E.

" Thoroughly enjoying my A&E volunteer role, lots of Patient Engagement in regards to their Care, and suggestions on how we could improve it. This is all via the patient friends & family cards, although some like to have a chat too. The youngest filling in a card was 8 years old, oldest 96 ! "

Lynda, A&E Volunteer

The White Garden



The White Garden

The White Garden has been opened today, and we look forward to it providing a safe and tranquil space for years to come.

Thanks to everyone involved in this project, particularly Mike and the gardening team, and staff and children at Crowmoor School



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Working with our partners



Shropshire
Wildlife Trust



Meres & Mosses
Business
Environment
Network

- Trust speaker at a Conference:
Healthier, happier staff: improving the wellbeing of your workforce
- Working in Partnership with Woods for Wellbeing to support patients through our outdoor environment.
- The trust hosted a 'Woods for Wellbeing', Social Forestry conference, which supported us building links with our local community



NHS70 – this weekend



Saturday 7 July 2018 SaTH Fun Day/Fun Run, RSH

Travel through 70 years of our NHS with music, demonstrations, interactive displays, activities and food stalls

Thank you!

Staff from across the Trust have gone the extra mile to ensure that our celebrations are a success – all we need now is sunshine!



Upcoming events



Sunday 8 July 2018

Lions Day on Wheels, Wellington
Taking our NHS70 Roadshow to engage with
the people of Telford and East Shropshire



10 & 11 August 2018

The Shrewsbury Flower Show
Our NHS70 Roadshow will be at the Flower
Show, whose theme is “Through the Ages”
this year

Future Fit Programme Board communications and engagement update

Pam Schreier



- Three successful Public Exhibition events in Telford, Shrewsbury and Newtown
- Pop up displays at a variety of locations
- Meetings with seldom heard groups delivered by the 'Future Fit' team, CCGs and SaTH
- Involving Patient Groups, GPs and practice managers engagement encompassing CCGs, locality meetings and practice roadshows
- Two combined Local Joint Committee meetings (Shropshire only) with a further five planned
- Liaising with the business community
- Involving Councillors, MPs, AMs
- Ongoing staff engagement
- Liaising with media

Key activities to date

- To date we have held three successful Public Exhibition events in **Telford, Shrewsbury** and **Newtown**, with five further events currently planned
- These were attended by **138, 148** and **111** (tbc) people respectively
- At each event, there are five 'stalls' for people to visit, talk to clinicians and ask questions – **emergency care, planned care, urgent care, women and children's and outpatients & tests** plus an additional stall for general enquiries
- Healthwatch has a stall at events in England, and Community Health Council (CHC) had a stall at the Newtown event
- All comments and feedback are captured. These are referenced, scanned and provided for analysis post event
- People are encouraged to fill in a survey at the event and leave in a secure postbox



Public Exhibition events

- To date we have hosted **22 pop-up displays** at public and community spaces across Shropshire (8), Telford & Wrekin (9) and mid Wales (5)
- Additional pop ups also underway driven by CCGs and PTHB
- Venues have included town centres, supermarkets, shopping centres, libraries, health centres, leisure centres and events such as Oakengates Carnival
- To date we have engaged with **377** people across the 22 Future Fit team organised pop up displays
- The aim of these is to raise awareness of the consultation, signpost people to our public events and encourage people to fill out the survey
- All comments and feedback are being captured and will form part of the consultation
- A further 50 or so events are taking place
- Locations have attracted varying attendances
- A review meeting is booked for 2 July to review locations and approach following one minor incident at an early pop up display



Pop-up displays

Commissioned focus groups and 1:1 conversations underway:

Disability, carers groups, hearing impaired, sight impaired, new migrants, BAME, older people, younger people, LGBT, homeless, mental health, criminal justice – all in progress

Seldom Heard Groups

Networks (Future Fit info and link to website/survey):

- VCSA – 400 + members - Shropshire
- All state schools - Shropshire
- SPIC – 400 + members – T&W and Shropshire
- Sight impairment – 2000 members
- Health and Wellbeing Newsletter – 1800+
- Energize Newsletter & Social Media – T&W & Shrop
- Age UK and Alzheimer's Society News/Social Media
- Autism network
- Maternity voices (planned)
- Carers network – T&W
- Community Connectors – Oswestry and Market Drayton

Nine protected characteristics

1. Age
2. Sex/ gender
3. Disability
4. Gender reassignment/ gender identity
5. Race
6. Religion or belief
7. Sexual orientation
8. Pregnancy and maternity
9. Marriage and civil partnership

Four additional characteristics:

- Carers
- Welsh Language
- Rurality
- Deprivation

Some of the meetings held:

- Learning Disability Partnership Board (Shropshire)
- Making it Real Board (Shropshire)

Some of the additional groups we have engaged with to date:

- Rheumatoid Arthritis Support Group
- Shropshire Deaf and Hard of Hearing Group
- A Life Outside Caring Group, Oakengates
- Sheltered Living Coffee Morning, Dawley
- Telford Breathe Easy Support Group
- Singing for the Brain – 34 people Gains Park
- Dementia support group – Shrewsbury
- Telford Young Mums Group
- Juniper Training (16-18yr olds outside mainstream college)
- Telford Diabetics
- Shropshire Disability Network

**Seldom Heard
Groups**

Some of the activity to date:

- PPGs for both CCGs
- Healthwatch roadshow at Woodside GP Surgery
- Telford Patient First Group stall at Lawley Morrisons
- Healthwatch PPG Week at Donnington Medical Practice
- Telford Patients First Open meeting at Dawley Town Hall
- Healthwatch Roadshow at Oakengates Medical Practice
- Local pop-up event in Llanrhaeadr-ym-Mochnant organised with Llanfyllin Practice Participation Group, joined by local MP Glyn Davies and Deputy Leader of Powys County Council Aled Davies
- Shrewsbury & Atcham Locality Meeting – 25 GPs and practice managers
- Updates to Local Medical Council



**Patient groups
/ GPs**

- The 23 Shropshire LJs were asked to come together in groups to reduce the number of meetings while ensuring we could reach all members.
- Attended so far:
 - Whitchurch – 20 June 2018
Presenters: Julie Davies and Debbie Vogler
Attendees: 30
 - Cleobury, Kinlet and Highley – 26 June 2018
Presenters: Claire Skidmore, Andrew Tapp and Pam Schreier
Attendees: 58
- We have five more LJs confirmed and two further to be confirmed
- Attendance by CCG staff at Telford & Wrekin Parish and Town Council Conference
- The Welsh Government's Cabinet Secretary for Health and Social Services, Vaughan Gething AM received an update in Welshpool
- Foyer awareness session at Powys County Council with local councillors
- NHS Future Fit Pop-Up Event in Machynlleth, joined by Powys Community Connectors and Powys County Councillor for Machynlleth, Mike Williams
- Drop-in event in Machynlleth joined by Powys County Councillor for Glantwymyn Elwyn Vaughan and Mari Grug from BBC Wales
- Local pop-up event organised by Welshpool Town Council in Welshpool Town Hall, joined by Powys CHC

**Reaching
councillors/
MPs/AMs**

- T&WCCG staff weekly huddle, NHS FF update and electronic staff newsletter
- SCCG staff newsletter, face to face briefings
- SaTH ongoing fortnightly briefings at RSH and PRH
- SaTH CEO roadshows and additional SSG presentations
- SaTH department specific team meetings:
 - Pathology
 - Radiology
 - Respiratory
 - Renal
 - Domestics
 - Finance
 - Facilities
 - Estates



**Staff
engagement**

- **Workforce cuts** – claims that there will be 330 fewer nurses and 842 fewer hospital staff
- **Accusations** of NHS Staff not feeling able to have their say
- **Excess travel and patient safety** – Claims that how you get to hospital or, in fact, if you get to hospital in time doesn't seem to figure in this consultation. 'An extra 18 miles could be a matter of life and death for some patients'
- **Increased pressure on ambulance services**
- **Concerns around the urgent care centres** – who will run and staff them, especially as there is a shortage of doctors and nurses
- **Consultation process** – disappointment expressed that there are no open public meetings being held where the proposals can be questioned and debated
- **Affordability concerns** - Calls for Future Fit to be open and transparent about borrowing. Fears that the vast majority of the funding will be a very expensive loan which will have to be paid back by a local NHS which is already in significant debt
- **Perception of wasting public money** recently spent on the brand new women and children's centre at Princess Royal Hospital and reopening a new block at Shrewsbury



Key issues raised

- Around 400 people attended our first two Public Exhibition events in Telford, Shrewsbury and Newtown
- We have engaged with more than 300 people at the Future Fit led pop-up displays in community venues, public spaces and at events, such as Oakengates Carnival
- More than 1050 surveys received – online, Freepost and three public events
- Adverts in seven local newspapers, three days of adverts on shropshirestar.com
- Numerous radio and newspaper interviews with clinicians, CCGs, SaTH, PTHB, The Consultation Institute and patients and the public
- More than 3,400 visitors to www.nhsfuturefit.org
- More than 110,000 impressions on Twitter
- Two successful Twitter chats with a SaTH clinician – with more to come
- Media in attendance at all Public Exhibition events, including BBC Radio Shropshire and Shropshire Star at all to date, BBC Wales (TV) – Welsh and English interviews and Powys County Times at Newtown – resulting in extensive coverage on the day and the following day

**Reach of
activity**

Future Fit: First public exhibition being held in Telford

By Lisa O'Brien | Telford | Health | Published: Jun 6, 2018

The first Future Fit public exhibition will be held in Telford tonight.



Have your say on Future Fit as consultation launches

By Lisa O'Brien | Telford | Health | Published: May 29, 2018

The future of Shropshire's hospital services will be placed in the hands of the public tomorrow when a 14-week consultation on Future Fit finally launches.

The first two @NHSFutureFit public events will take place in #Telford and #Shrewsbury this Wednesday and Thursday. Find out more: [ow.ly/5SXi30kif6p](https://www.ow.ly/5SXi30kif6p) or twitter.com/V6sDH86LQC

- 11 July Methodist Church, New Street, Wellington, Telford TF1 1LU
- 25 July Bridgnorth Leisure Centre, Northgate, Bridgnorth WV16 4ER
- August The Festival Drayton Centre, Frogmore Rd, Market Drayton TF9 3AX
- August Cabin Lane Church, Cabin Lane, Oswestry SY11 2LQ



Surgeon to answer Future Fit questions over Twitter

Health | Published: Jun 4, 2018

Top Tweet earned 5,365 impressions

Throughout the 14-week consultation, there will be a series of events - where doctors, nurses, and other healthcare professionals as well as the public will be able to discuss the future of NHS Shropshire and mid Wales.

- 7 June
- 28 June
- 4 July
- 11 July
- 25 July

Media and social media



Hi my name is @MarkCheetham. I'm a surgeon @sathNHS and I'm hosting our Twitter Chat tonight between 7 and 8pm.

'Complete' A&E more important than location

Report by Rob Smith

Questions and answers of the public have been asked to see the long-term Future Fit consultation. It is a matter of public interest.



Tommy Wood, Andrew Tapp, Subramanian Kumar, Mark Cheetham

There will be a series of events and a public consultation on the future of NHS Shropshire and mid Wales. The public will be asked to provide their views on the future of NHS Shropshire and mid Wales.

Shropshire's health services, which use local services, are the county's "most important ever", is finally under way, which is a relief for the public. The public will be asked to provide their views on the future of NHS Shropshire and mid Wales.

Future Fit reforms vital for Shropshire's hospital services, says surgeon

By Lisa O'Brien | Shrewsbury | Health | Published: Jun 20, 2018

A surgeon has argued that Shropshire's hospital services must change to make them fit for the future.

- A mid point review will take place to analyse consultation data, including equalities data to assess and inform future engagement activities in the remaining weeks of the consultation
- Other activity to date reports will form part of the review
 - Seldom Heard groups activity to date and planned
 - Public events reach and planned activity
- Timings:
 - w/c 9 July – download and analysis of data and compilation of activity reports
 - w/c 16 July – The Consultation Institute Review and assessment
 - w/c 23 July – Future Fit Programme Board (tbc)
 - w/c 30 July – Joint Health Overview and Scrutiny Committee

Mid point review



6 Monthly Nurse Staffing Review

July 2018

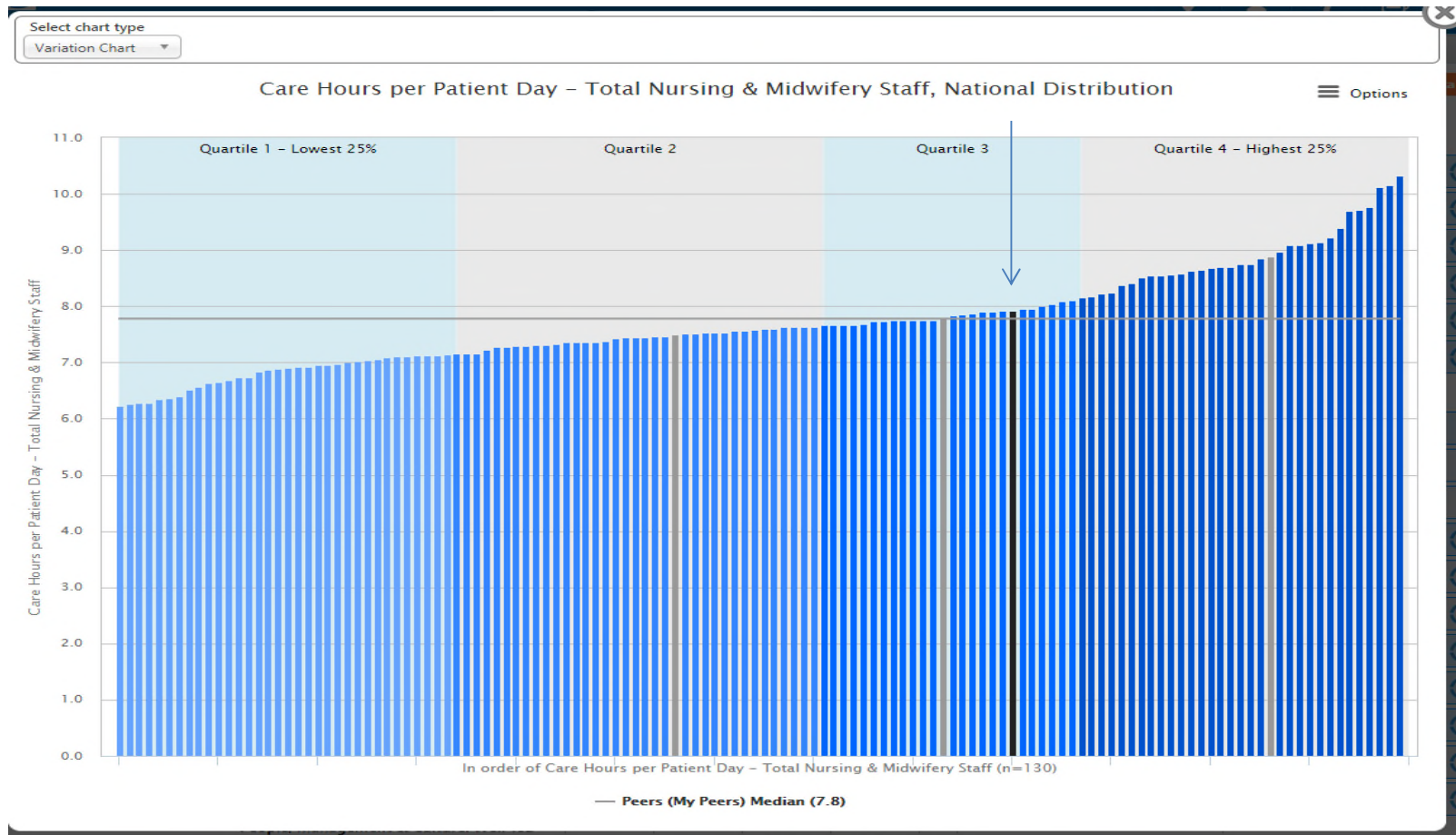


Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Nurse staffing review

- **RN : patient ratio – (service model)**
- **CHPPD – (productivity model)**
average number of patients in a bed at 23:59hrs to the average number of care hours worked by RN/HCA's no agreed national standard
- **Acuity model - SCNT**

Model hospital dataset



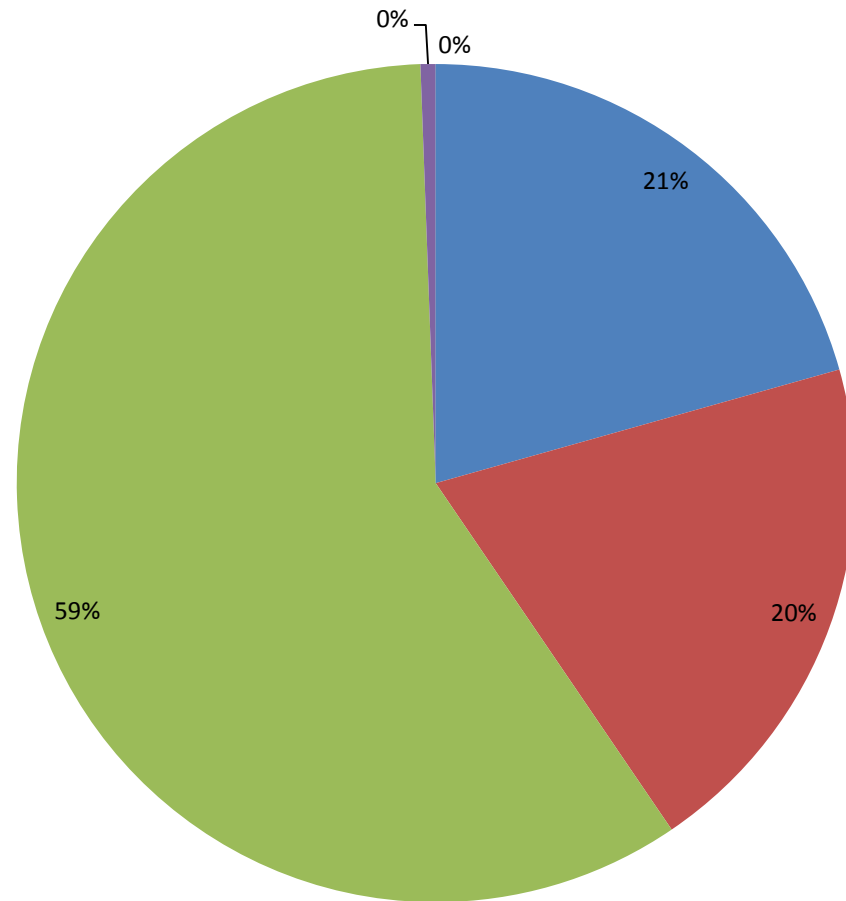
RN to patient ratio

Care Group	RN to patient ratio	
	Day	Night
Scheduled Care	1: 6	1: 8
Unscheduled Care	1: 6	1:8
Ward 14 Women's services	1: 5	1:6

Acuity Levels

1st May - 31st May 2018

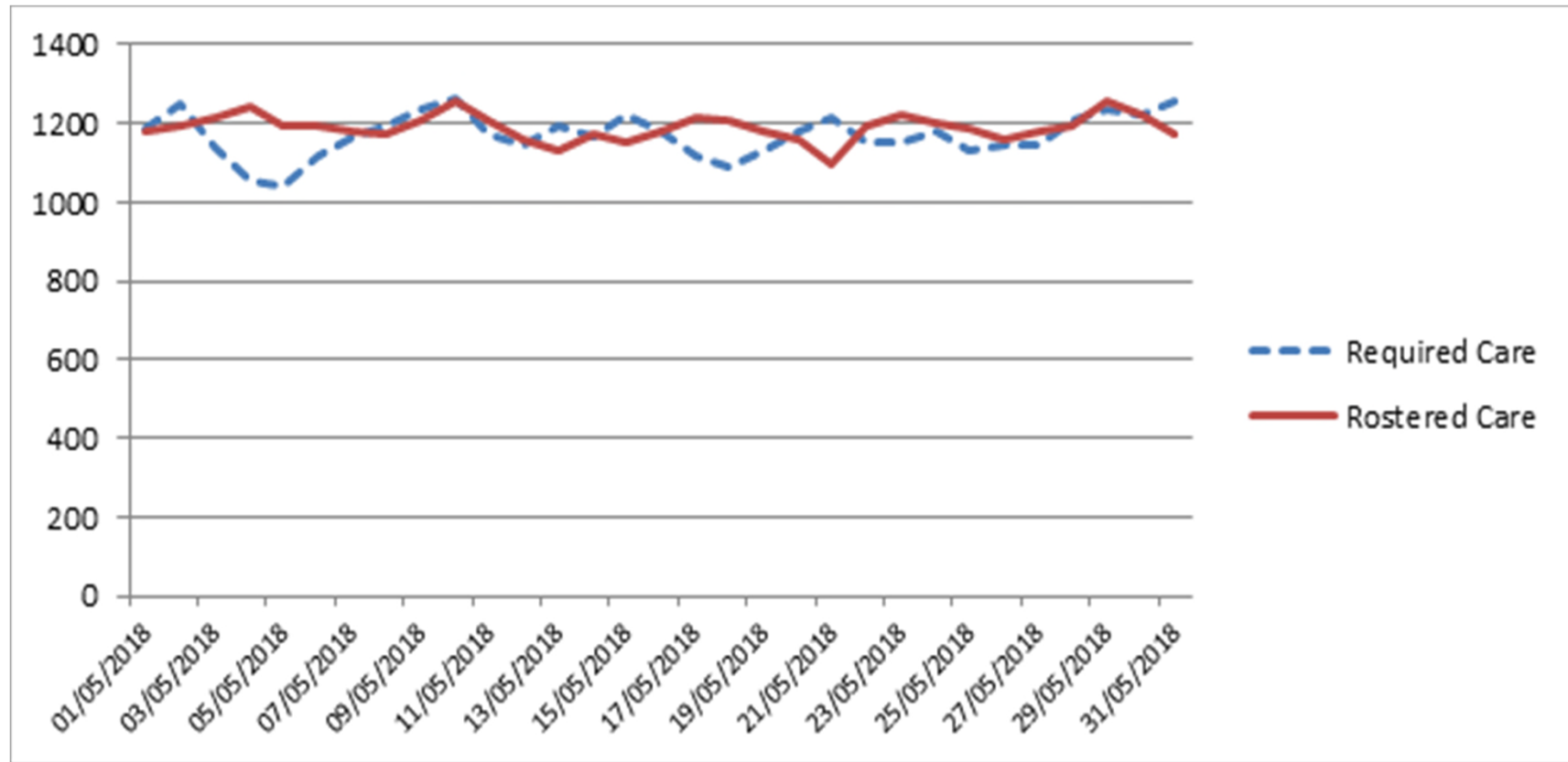
All Wards



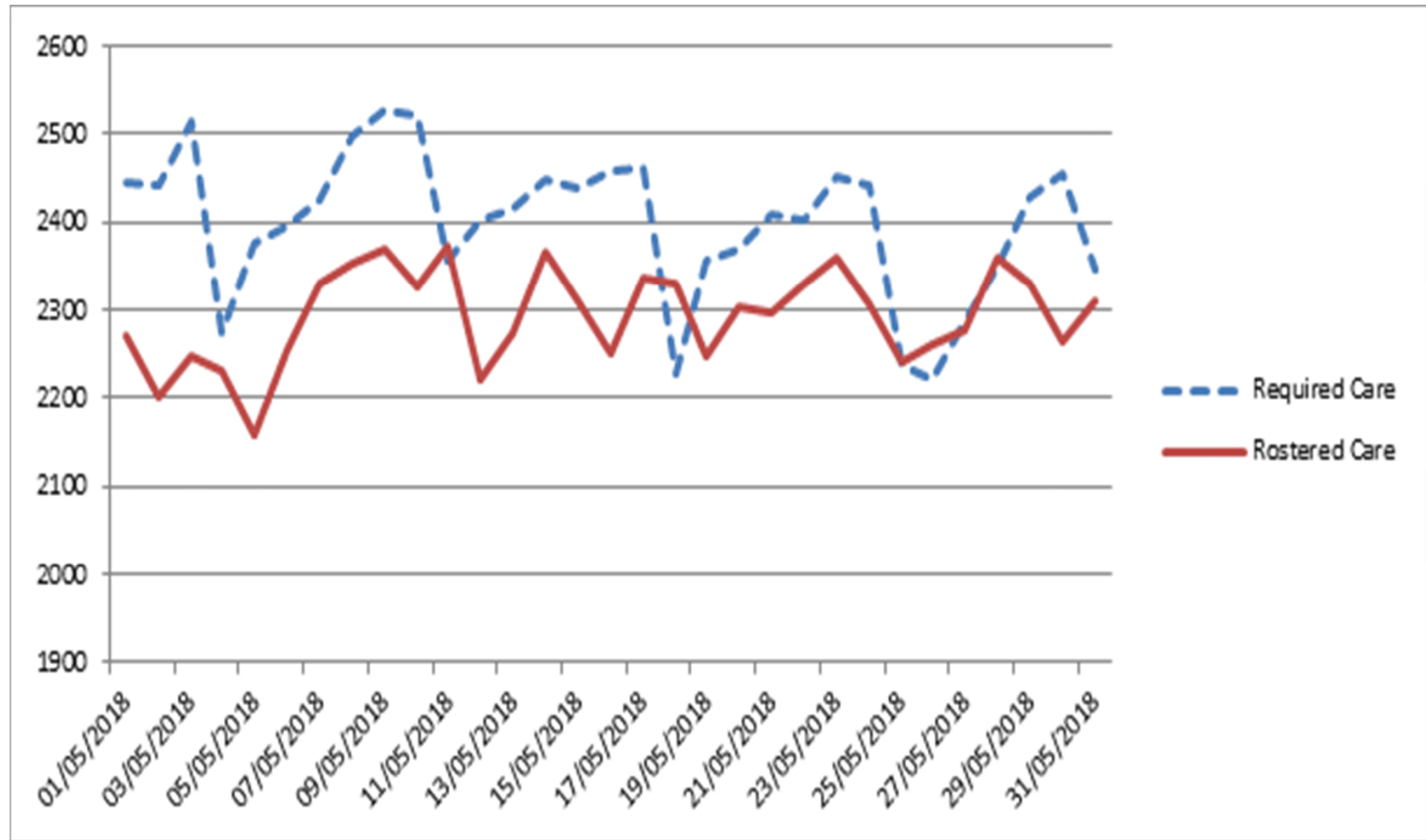
- Level 0
- Level 1a
- Level 1b
- Level 2
- Level 3

Care Group	Fill Rate		Available CHPPD – NHSi data	Actual hours - SafeCare	Required hours - SafeCare
Scheduled	RN: 95.7%	HCA: 117.6%	6.3	6.53	6.49
Unscheduled	RN: 98%	HCA: 105.3%	7.3	6.87	7.11
Ward 14 WS	RN: 112.9%	HCA: 98.6%	7.1	6.15	6.02

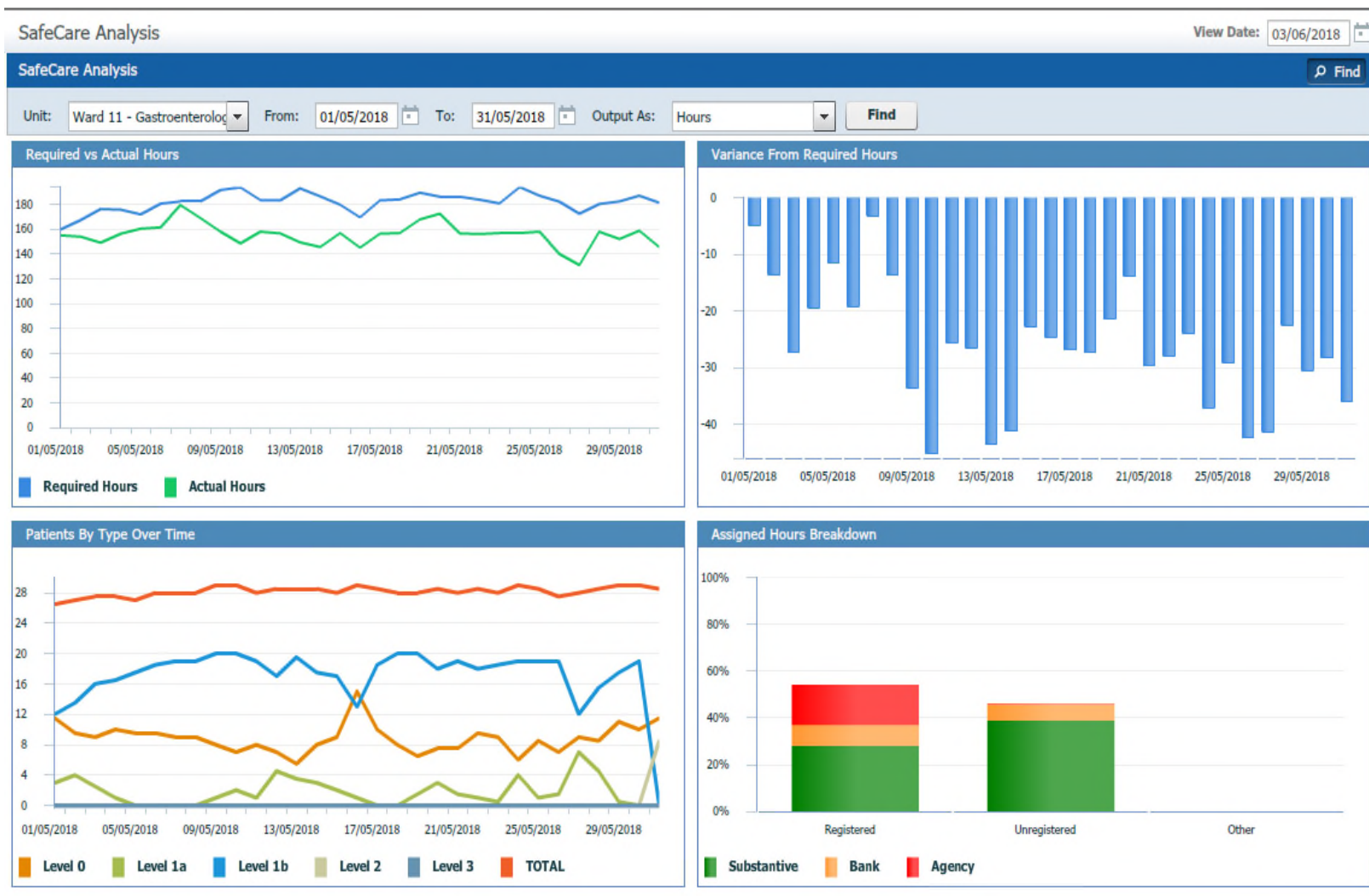
Scheduled care – May 2018



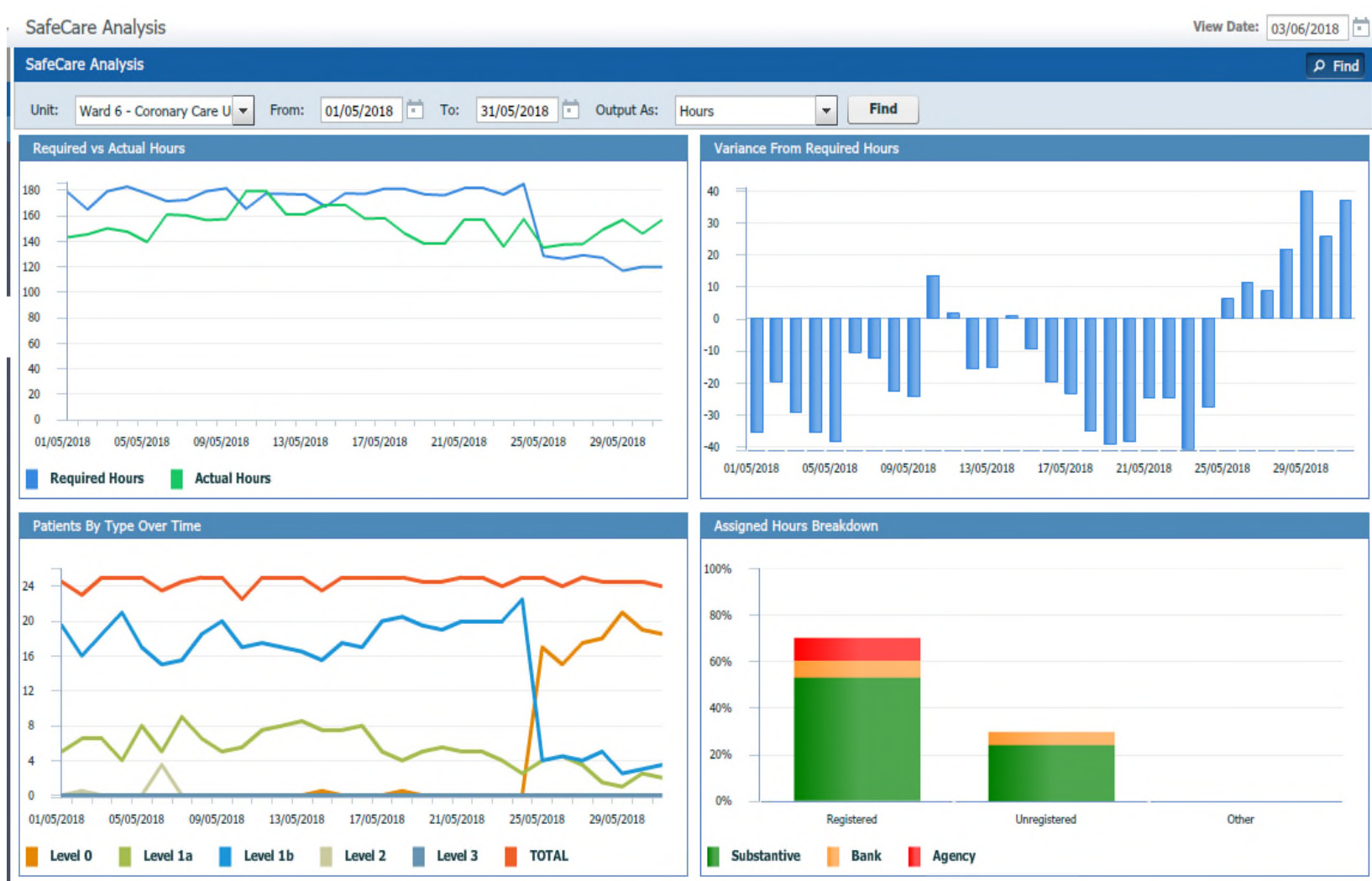
Unscheduled care – May 2018



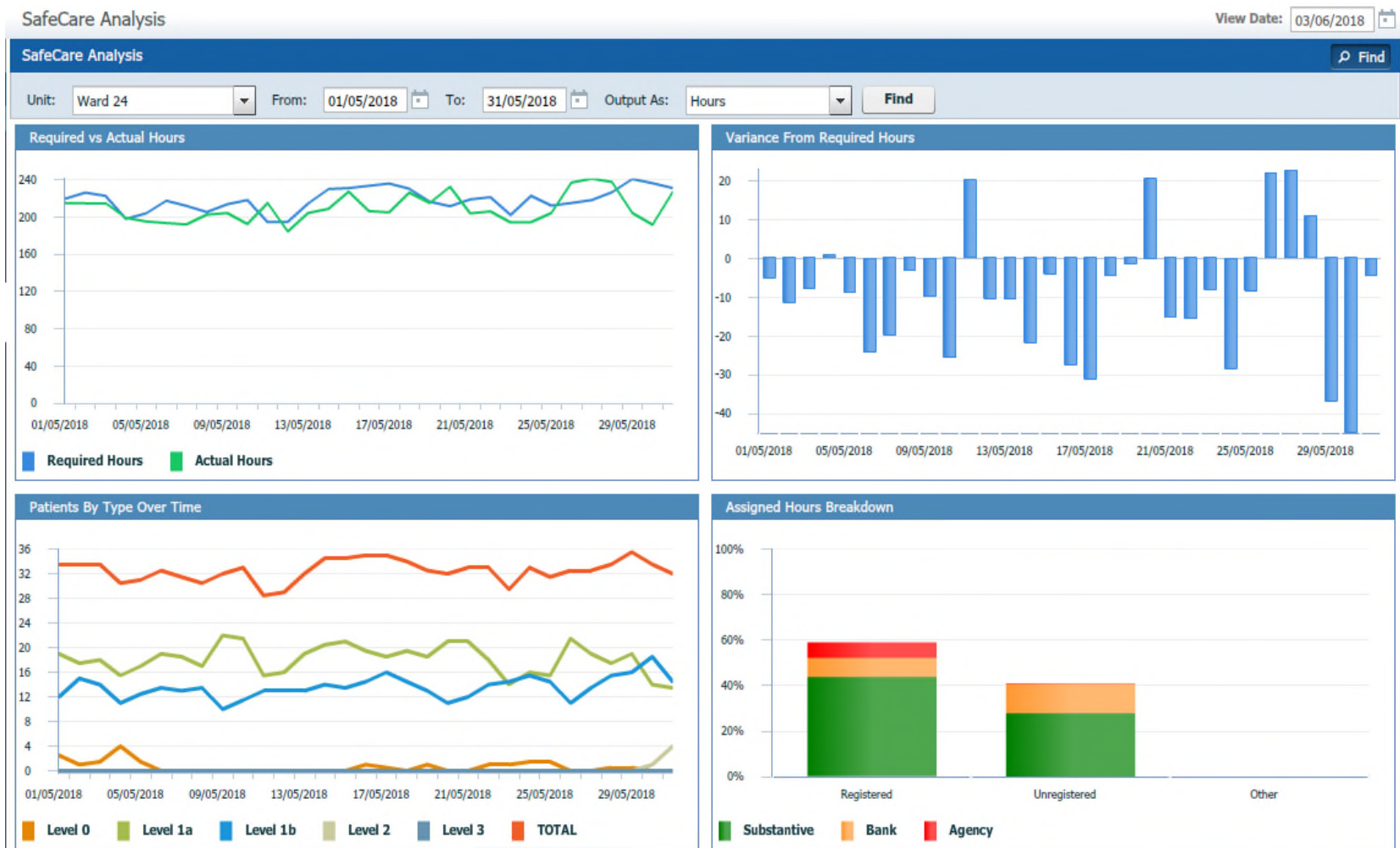
Ward 11 – Gastroenterology typically accommodates patients with a higher dependency. Average RN to patient ratio is 1:6 during the day and 1:10 at night. 7.6WTE vacancies (45%).



Ward 6 CCU- monitoring data input



Ward 24 / CCU - has experienced a high volume of sickness throughout May - 7.41%. The impact of short term sickness can be seen below. The ward manager is proactive in managing sickness with the HR team. There are 3.8 WTE vacancies



Recommendation from senior nurses within this organisation include:

- Continue to support consistent SafeCare data entry
- Develop process to utilise SafeCare sunburst to influence decisions regarding redeployment of staff
- Ensure ward managers work in a supervisory capacity on the ward to lead on quality, patient flow and safe staffing
- Nursing Associate roles to support registered nurses
- Band 4 assistant practitioner roles; combination of support worker with therapy worker
- Consider extending housekeeper/ward clerk hours to provide greater support on the wards
- Plan to increase rotation posts to target harder to recruit areas
- Consider apprentice scheme to support ward managers with administrative work to permit supervisory clinical opportunities for supervisor time and leadership
- Regular staffing establishment reviews to take place 6monthly to track seasonal trends with input from finance
- Establish a live feed from the PSAG screen to SafeCare – in times of high demand it is ever more likely census data with missing or not be updated in a timely manner.

Ophthalmology Update

Mr Prasad Rao

Clinical Director and Consultant Ophthalmologist

Mr Tony Fox

Deputy Medical Director



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Summary of Key Issues

In October 2016 NHS England chaired a Risk Review Meeting which was attended by members of the Trust Executive team, NHSI, the CQC and both CCG's.

The Trust presented the challenges:

- Substandard and fragmented accommodation;
- Workforce gaps;
- On-going serious untoward incidents;
- Demand exceeding capacity. (58 000 attendances)

Failure to address these issues leads to:

- Inability to see patients within defined timescales
- Implications for patient welfare and safety



Accommodation

Prior to June 2017

- **Substandard and fragmented accommodation**
- **Demand exceeds physical capacity**
- **External Bodies recommending improvements**
 - Royal College, Health Watch, Macular Society, CQC
- **Threat to training status**
- **Privacy & Dignity**
 - Patient experience/complaints
- **3 site working**
 - Team working/Culture
 - Clinical supervision and inability to train
 - Inefficiencies
- **Workforce- Recruitment and Retention**



Accommodation

New Adult Eye Department Opened 26th June 2017

£800,000 investment into relocating adult eye outpatient services from Clinic 10 (RSH) into a patient friendly outpatient facility at RSH.

New Paediatric Eye Department Opened 23rd October 2017

£140,000 investment into relocating paediatric eye outpatient services from Clinic 10 (RSH).

- Refurbished purposely with Ophthalmology patients in mind
- Guide-dog and Visually Impaired compliant
- Defined waiting areas
- Improved signage designed for visually impaired
- Privacy concerns eliminated
- Improved patient pathways and flow
- All diagnostic services available in one location



Accommodation

April 2017 Trust Board Approval for investment in Cataract Theatre

May 2018 Capital investment of £1.16m approved with anticipated completion December 2018

The local anaesthetic theatre has been designed by clinical and nursing teams' and has utilised flow methodology from Virginia Mason which will enable the number of cases per consultant list to increase from 6 patients to 8 patients per session.

3 site working to 2 site working- Euston House will close with outpatient services relocating to PRH and RSH. Cataract operations to RSH.



Workforce

Historical

- Fragile with regular turnover
- Supported by locums
- Insourced 3rd parties
- Ageing workforce
- Ability to train junior medical staff compromised

Actions taken

- Focused recruitment campaign using new facility to promote
- Nurses, Opticians and Orthoptists trained in extended roles
- Key positions recruited to

Vacancies

Vacancy (Whole Time Equivalents)	Consultants	Specialty Doctors
March 2017	3.5	2
April 2018	0	2

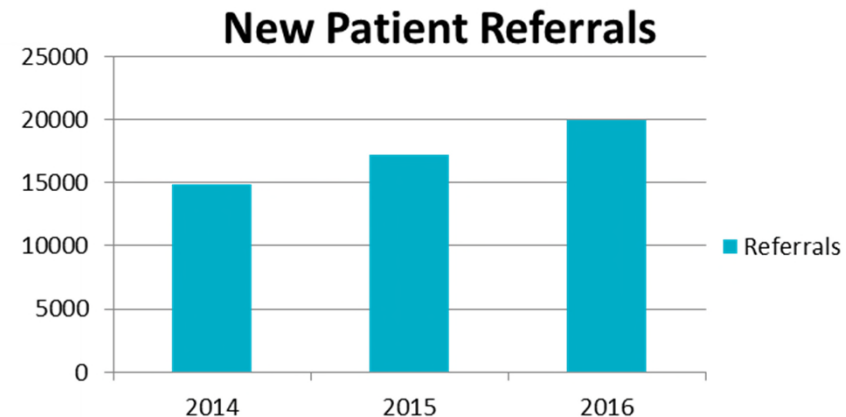
Further actions

- recruit to specialty doctors or consider alternative staffing arrangements
- Complete needs assessment for future demand



Inability to see patients within defined timescales

- **Demand**
 - 20,000 new referrals a year
 - Growing follow up demand
- **Capacity**
 - 58, 000 attendances a year
- Demand consistently exceeds capacity (IST models)



Actions taken

- Task and Finish Group working collaboratively.
- Suspension of new referrals for Glaucoma, General and Adult Squint Surgery (Winter 2017).
- Additional Capacity Insourced increasing from 300 to 500 slots a month.



Reducing Waiting Times

- National Referral To Treatment waiting times have been achieved since January 2018

	May	June	July	August	September	October	November	December	January	February	March	April
Measure												
RTT Performance – English	82%	78%	77%	81%	88%	89%	89%	90%	93%	92%	92%	94%

- Follow Up Waiting times are improving

Patients waiting longer than clinically determined for follow up appointments

January 2016 3182

April 2018 855

Further Action being taken:

- Expansion of One Stop services- e.g. Injection service implemented (waiting times reduced by 6 weeks)
- Pathway redesign work commenced using Virginia Mason and Lean principles



Patient welfare

Sustained reduction of Serious Incidents

- Delays in appointments/training/competency

Investment in people and time

- Dedicated Resource
- Failsafe Clerk to track and escalate
- Harm proforma review proces

Executive Support

- Deputy Medical Director
- New Clinical Director in post from August 2016
- Governance and Educational Consultant Leads
- Dedicated Operational Leaders

Value stream in Ophthalmology Outpatients



Patient Safety & Governance

Reporting

- Culture of open reporting (Royal College)
- All incidents referred to patient safety team, Director of Nursing & COO
- Monthly patient safety meeting
- Monthly departmental governance meeting
- Updates to Quality and Safety Committee
- Duty of Candour followed for every patient



Valuestream Virginia Mason Collaboration

Transforming Care Production System

- **RPIW**

- Patient Bookings
- Clinic Flow
- Clinic Preparation
- Grading
- Injections
- Cancellations

- **Benefits**

- Letters, horizons, ASIs
- My guide, information
- Process change
- Electronic, roll out
- One stop trial
- 20,000 calls, reduced duplication



Summary

Work continues in all areas in order to ensure continuous improvement and safe culture.

Ophthalmology has made progress in all the areas identified as challenges.

TCPS work/Patient involvement

The Trust Board are asked to note progress and support the actions being taken towards delivering the safest and kindest eye care.

