

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 2.00pm, Thursday 30 August 2018
Seminar Rooms 1&2, Shropshire Conference Centre, RSH

PUBLIC SESSION MINUTES

Present:	Mr B Reid Mr C Deadman Dr D Lee 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) 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	Associate Non-Executive Director (NED)

2018.2/169

WELCOME & APOLOGIES:

The Chair welcomed all to the Trust Board meeting. Apologies were noted for Associate Non-Executive Director, Mr Darbhanga.

The Chair reported that four additional Non-Executive Directors have been appointed (two substantives and two associates) and will commence from 3 September 2018. A total of 37 applications were received, which was encouraging.

2018.2/170

VALUES IN PRACTICE (VIP) AWARD

The WD welcomed and introduced the following teams to the meeting to accept their VIP Awards. A video was shown for each of the teams to inform the meeting why they had been chosen to receive the Awards:

June 2018 Winners - Wellbeing Team – Rebecca Nock and Jenny Probert

In relation to mental health issues, Rebecca and Jenny have been in liaison with charities such as MIND and Our Blue Light to make their ward a safe environment for staff to talk about their life and worries, and create a ward where healthy minds are a priority. They have set up six-weekly wellbeing clinics which staff can attend to have a cup of tea and cake and talk about life in a comfortable way.

The team have arranged craft themes, afternoon tea themes and have designed 'pick me up' jars to give out to staff as a little jar of goodness, especially going into the busy winter period. They have also invited MIND in to the Trust to understand the work they have undertaken and obtain tools and techniques to further promote staff wellbeing.

Both Rebecca and Jenny have understood mental health and how it can present at all levels of severity; they understand its impact on our service, on teams and colleagues and how we have a responsibility to maintain mental health in the same way we do physical health.

..... Chair
27 September 2018

July 2018 Winner - Procurement Team

The Executive Team nominated the Procurement team for their outstanding work. The team are ranked second in Midlands and East for the quality of their service and hold a high position nationally. They have a 'make it happen' attitude and work relentlessly to improve the service for the Trust. Every year without fail they deliver significant waste reduction schemes. They have embraced the Transforming Care Production System (TCPS) methodology leading to major improvements in stores and stock management. They are recognised as focused, supportive and caring, making a real difference to patients and their families.

For the second year running the team hosted an 'It's a knock out' event to raise money for local charities, including the hospital's own Charity. They do this in their own time. During this event they build positive relationships with teams across the Trust.

All members of the Procurement Team are fantastic ambassadors of the Trust Values and are truly a great team.

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

2018.2/171

PATIENT STORY

The DNMQ introduced Julie Southcombe to the meeting. Julie is a Patient Representative who became involved with the Trust approximately four years ago. She has been involved in co-design in the organisation and has become particularly passionate about the Transforming Care Production System (TCPS) following her involvement in the Ophthalmology Value Stream and the following three Rapid Process Improvement Workshops (RPIW)s:

- Involvement in the design of services and the transformation of Ophthalmology waiting room at PRH
- Engagement with the TCI team Value Stream 4 in Ophthalmology and improvements to the clinical areas when patients attend for ophthalmic injections at RSH
- Sponsorship of an Ophthalmology RPIW

Julie highlighted that to make a difference for sustainable change, any change must be undertaken in conjunction between staff and patients

Julie reported she had read that the VMI methodology has resulted in a saving of £1.8m; and was pleased to report that she is also noticing continued improvements as an outcome of the VMI work being undertaken within the Trust. She thanked the Board for the opportunity and privilege of being involved in the work to date.

The COO highlighted that the Board shouldn't underestimate the influence Julie has had on other Value Streams. He reported that he has taken on the role of Sponsor for Theatres Value Stream and members of the Theatre team have asked how they can get a patient representative like Julie on their team.

The CEO also reported that improved outcomes have been seen following Julie's continued involvement.

The Chair thanked Julie for attending the Board to provide a positive and uplifting update from a patient perspective, which reinforces the work of VMI in the organisation.

2018.2/172

BOARD MEMBERS' DECLARATION OF INTERESTS

The Chair reported that he has retired as Group CEO of the Mid-counties Co-operative and also resigned as Regional Council member of the CBI.

The DCG reported that she has declared that her son works for Modo Sustainable LED Consultancy which works with the NHS.

Mr Newman (NED) also declared that his son works for Abbott Laboratories who supply the NHS.

Action: CS to update

..... Chair
27 September 2018

The Board RECEIVED and NOTED the remaining Declarations of Interest

2018.2/173

DRAFT MINUTES OF SPECIAL MEETING HELD IN PUBLIC on 5 JULY 2018

The Minutes were APPROVED as a true record.

2018.2/174

ACTIONS / MATTERS ARISING OF MEETINGS HELD 5 JULY 2018

2018.2/140 – Declarations of Interest

CS to add declaration of SaTH Vice Chair to B Newman's declarations.

Completed. Action closed.

2018.2/141.2 – Draft Minutes of 31 May 2018 Trust Board

CS to amend minute 2018.2/128 'cash' pressure to 'cost' pressure.

Completed. Action closed.

2018.2/145 – CEO Overview – Learning – Phlebotomy Service

CEO to report public feedback/outcome to 30 August Trust Board.

See Minute 2018.2/176. Action closed.

2018.2/149 – Workforce Performance Report

WD to investigate trend in reduction of recruitment over recent months and present illustration to the August Board

See Minute 2018.2/183. Action closed.

2018.2/151 – Quality & Safety Summary – A&E Services

CEO to present update of position to 30 August Trust Board

See Minute 2018.2/187.1. Action closed.

2018.2/151 – Quality & Safety Summary – Never Event

DCG to liaise with Internal Audit to review the actions taken to ensure changes have been made in Theatres.

The DCG reported that this has been included on the September Audit Committee agenda.

Completed. Action closed.

2018.2/151 – Quality & Safety Summary – Maternity Services (Consultant Anaesthetic cover for Obstetric Unit)

MD to identify if the Trust has the budget to recruit additional consultant anaesthetists

Completed. Action closed.

2018.2/151 – Quality & Safety Summary – Sepsis/End of Life Care Review

DNMQ to add to future Quality & Safety Committee agenda

Completed. Action closed.

2018.2/153 – 6-Monthly Nurse Staffing Review

DNMQ to calculate care hours per patient day (CHPPD) including Boarded patients

Completed. Action closed.

DNMQ to present to the Workforce Committee in terms of what is considered safe staffing levels across the organisation

Completed. Action closed.

DNMQ to circulate presentation of nurse staffing review to Board members

Completed. Action closed.

DNMQ to liaise with Mr Deadman regarding the acuity tool.

Completed. Action closed.

..... Chair
27 September 2018

DNMQ to provide 6-monthly nurse staffing update to November Board.

Action: DNMQ Due: November Trust Board

2018.2/158 – Performance Committee Report

MD to find space for clinical leadership to support some of the initiatives

In progress. Action closed.

FD to focus on the CIP in the coming weeks in preparation of providing assurances to the Centre

Completed. Action closed.

2018.2/164 – Tier 2 Committee Self -Assessment Template

DCG to update SaTH Committee structure to reflect that the TCI Value Stream includes a NED member

Completed. Action closed.

2018.2/167 – Questions from the Floor

Q6 – CEO to liaise with the Head of Midwifery to obtain further information/clarification regarding antenatal scanning capacity

In progress. Action closed

PATIENT & FAMILY

2018.2/175

GOOD CORPORATE CITIZEN ANNUAL REPORT - *Presentation attached to Minutes*

The DCG provided a presentation which updated on the work over 2017/18 and has been reported through the Workforce Committee.

It was noted that the Trust has a strong reputation for its sustainability programme and has received national recognition for our initiatives over the last five years. In addition to the responsibility we take for the safety and health of our patients, visitors and staff, we are committed to the protection of the environment and improving the quality of life of the population we serve.

The Good Corporate Citizen Annual Report describes how we aim to create sustainable value with everything we do, and highlights our achievements over 2017/18:

Energy

- 5.3% reduction in emissions since 2008 (despite increased footprint)
- 7% reduction in energy for the year ending July '17 - reducing CO2 emissions by 1112 tonnes
- Produce low-carbon electric at our sites using Combined Heat and Power plant
- LED replacement scheme now 75% complete

Travel and Transport

- 1.5% reduction in demand for staff parking, reducing CO2 emissions by around 300 tonnes per annum
- Liftshare – 300+ members
- Online permit system launched together with 1 mile exclusion zone
- Active travel - cycle salary sacrifice scheme runs year round. Bespoke travel planning service for staff
- Working with LAs and to improve access and transport infrastructure
- Staff discounts for public transport, better access
- Development of video conferencing infrastructure

Reuse

- Warp-it system now has over 600 SaTH users
- Reducing CO2 emissions at rate of 1 tonne per month
- Total savings in year around £25k
- Successful partnerships established with public sector partners such as Ministry of Justice

..... Chair
27 September 2018

The Chair thanked the DCG for the excellent report. The members were informed that the sustainability agenda is included in the Trust's workforce induction programme, and both the Annual Report and copy of the Presentation are both available on the Trust website.

2018.2/176

PHLEBOTOMY SERVICE UPDATE

The CEO reported that the Board had agreed to collect feedback from patients in terms of their view with regards to the delivery of the phlebotomy service; previously located in Princess House in the Shrewsbury town centre.

He reported that this work is about to close, and further detail should be available for Trust Board in September

Action: CEO Due: 27 September 2018

2018.2/177

MATERNITY ENGAGEMENT PLAN UPDATE

The DNMQ presented a paper which reported that the engagement period was launched on Tuesday 3 July and concluded at midnight on Monday 13 August 2018. During this period of engagement, the service asked to hear from local people, particularly women and families using its maternity service, to understand how we can best meet their needs at this time. Views have also been sought and obtained via an electronic questionnaire accessed on the maternity services section of the SaTH website, and is also contained within the Engagement Document.

There were a total of 15 events for the public/users and 15 events for staff to attend throughout the six weeks across the county. Posters were advertised widely internally throughout community teams to their GP surgeries and MLU's, on the Trusts internet page and in addition were sent to stakeholders for dissemination.

Attendance to date:

Service users/mothers to be = 9

Staff = 12

E-mail contact:

Contact details were provided within the engagement document and on the internet at the following: sth-tr.maternity@nhs.net. To date no e-mails have been received; the account was checked daily.

The outcome of the engagement period is in the process of analysis and will be summarised with recommendations in a report presented to the Trust Board on 27th September 2018; which will be held in public.

Action: DNMQ Due: 27 Sept 2018

Dr Weiner (NED) was surprised at the total number of attendance to date and requested clarification if these were the total number of people who have engaged in the discussions; he also asked if people were given the opportunity to engage at the right times of the day. The DNMQ confirmed that the above figures are the total number who attended meetings, and evidence was available within the public engagement paper in relation to the dates, times and venues. She informed the members that the public events were supplemented by an on-line survey, although she is currently awaiting the outcome of those responses.

The DNMQ agreed that Dr Weiner's point was valid and agreed to liaise with the Women & Children's Care Group and report back to Board on their assurances in relation to the low attendance.

The Chair enquired if there is a threshold that SaTH needs to achieve; the DNMQ advised there was no specific threshold; however it is important that SaTH is meaningfully engaging. .

..... Chair
27 September 2018

MONTHLY OVERVIEW

2018.2/178

CHIEF EXECUTIVE OVERVIEW

The CEO welcomed guests who were in attendance from the Care Quality Commission (CQC) who have been in the hospital for the second week of unannounced visits, and reminded the meeting that over recent months, and particularly over the last 12 months, SaTH has held frequent Board conversations around the safety of its A&E service, linked to the fragility of the workforce. Discussions have been held in relation to the introduction of corridor care as a result of the volume increases in the system and the difficulties SaTH have found in terms of balancing that.

As a consequence of the CQC visit, he highlighted the importance that the Board be sighted on the fact that SaTH has received a letter in regards to concerns around the safety of care. The CEO reported that the Board has responded in full with a detailed series of actions in terms of addressing all those concerns in the immediate, the intermediate and the longer term.

An emergency meeting will be held with system partners within the next week to discuss managing the wider demands that exist in terms of emergency care and the result in levels of risk occurring within the organisation as a consequence of the volume, particularly when in a position of vulnerability in terms of staffing.

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

Patients and FamilyQueen's Award

SaTH successfully nominated the volunteers team in Church Stretton for their good nature in supporting the elderly population by bringing patients to the hospital for appointments, taking meals to their homes, etc. The team have received a Queen's Award which is a fantastic achievement for this fabulous work.

Engagement

Improvement work continues alongside the Virginia Mason team in Seattle, as well as through volunteers, patients and family.

WorkforceAppointments

SaTH's biggest risk remains the workforce and it's fragility in terms of nursing and doctors, although some improvements have been made in terms of the appointments of 63 nurses who have accepted posts within the Trust; as well as two further Gastroenterology Consultants, taking the number of Consultant appointments up to 18 this year, in comparison to 11 in the whole of last year.

In regards to staff appointments, Mr Newman (NED) enquired if there are any areas of Medicine where SaTH continues to have concerns. The CEO reported that whilst a number of appointments have been made into the Emergency Department at Consultant level, and further interviews are planned, it is envisaged that SaTH will have 7 or 8 substantive Consultants in post by February 2019; whilst this is a pleasing improvement, the department would ideally like to have 12 Consultants in post.

The CEO reported that Neurology continues to be a significant area of concern as it is difficult to appoint into such specialist roles; SaTH is therefore looking to build partnerships with a number of Centres to provide support.

Acute Medicine is also an area of concern and is a challenge nationally. SaTH is making some slow progress, and is looking to develop roles to support these individuals.

The Chair reported that he has been involved in many of the new appointments, and SaTH has appointed some very high calibre individuals who want to be part of SaTH's new developments.

Speaking Up

The CEO reported that the Board received a presentation from Tom Grimes, NHSI Lead for Speak Up Guardians and for Whistleblowing.

..... Chair
27 September 2018

Flexible Roles

The Trust will continue to develop different roles

Performance

Accident & Emergency Department

The CEO drew attention to the risks pertaining particularly to the Princess Royal Hospital and the pressures on the staff which is beginning to tell on both them and the service which needs to be fully addressed in order to provide a safe service going forward.

Corridor Care

The CEO reiterated that the Trust has made a decision to move away from corridor care and introduce solutions which will need to be supported by system partners in terms of escalating and managing activity to ensure patients are in the correct setting.

Quality

HSJ Patient Safety Awards

One of the improvements identified from the improvement work in A&E at the Princess Royal Hospital relates to the introduction of improvements in the swallow test process; the team have reduced the access time to less than 60 minutes in terms of response for the swallow tests. This has been recognised and is one of the finalists in the National Patient Safety Awards for the Health Service Journal, as well as the Cancer App work being undertaken within the Trust. The DCG reported that both teams have been invited to attend the Trust Annual General Meeting taking place directly after the October Trust Board meeting.

Proud to Care Boards

This has been an opportunity for the Ward teams to consider what they are proud of, in terms of the work they do, and display this on a board which the Executive took the opportunity to celebrate those with the staff.

Performance

A&E

The CEO reiterated the challenges in terms of performance with A&E; the low levels of middle-grade doctors does result in delays in decision making which can result in poorer 4-hour performance in A&E. Work continues with the Value Streams and teams within the A&E departments to look at alternative staff to provide support and ensure delays are minimised.

Over the next month, the organisation is looking to open the new Urgent Care environment at the Princess Royal Hospital which will help manage demands going through the department.

System

Annual Values In Practice (VIP) Awards

This will be held on Friday 28 September 2018 at RAF Cosford to celebrate staff and volunteer achievements over the last year.

Governance

The CEO reflected on the Trust risk register. At the start of August, there were 50 risks on the register; over the year 20 have been closed and 9 have decreased in score. There have been 29 new risks added over the year and three further risks have increased in score. This shows the live nature of the risk register throughout the Trust, which is linked to the Board Assurance Framework.

2018.2/179

SUSTAINABLE SERVICES UPDATE

The CEO provided a verbal update in relation to the new Sustainability Committee which has been introduced. The Terms of Reference have been approved although some small adjustments will be made to the Performance Committee in terms of shifts in activity.

Sustainable Services Programme / Future Fit

The CEO reported that the meeting agreed the importance of the QIAs on the clinical models being signed off by the Director of Nursing, Midwifery & Quality and the Medical Director; and this should not be delegated.

..... Chair
27 September 2018

The Programme risk register was updated, and the meeting discussed the IT position in terms of the PA Consulting work with the Trust around the introduction of a new Patient Administration System (PAS) and the move towards a paper-light solution for the organisation. This is a significant step in terms of enhancing the governance and safety for our patients, and will remove a great deal of duplication whilst integrating systems in a unified way for both the hospital and the wider system.

The STP has secured over £3million of innovation funding which will be used to support changes, particularly referencing technology for the rural communities.

2018.2/180

FUTURE FIT UPDATE – *Presentation attached to Minutes*

Debbie Vogler, Associate Director of NHS Future Fit, attended to provide a presentation of the latest updates in relation to the Future Fit Programme; although she reported that the presentation does not include detail following the mid-point review, and highlighted there has been further progression during the last six weeks.

The Future Fit public consultation started on 30 May 2018 for a period of 15 weeks until midnight on 11 September 2018; it was extended by one week due to additional events held, at the request of the public and stakeholders, but also additional material was included (Northumbria comparator report).

A mid-point review was held week commencing 9 July 2018, reporting to the CCG Boards, the Joint Health Overview and Scrutiny Committee (JHOSC) and the Programme Board to examine terms of engagement and consider any gaps, particularly around the protected characteristics.

At that point, 1,515 surveys had been received; however Ms Vogler reported that over 13,000 surveys have been received to date. Participate will analyse the responses which will pose a challenge as 60% are paper responses which will take longer to analyse; a meeting will be held with Participate in relation to managing that workload. It was originally envisaged that a report would be produced within an 8-week period; Ms Vogler reported that they will need to check if the timescale continues to be deliverable given the high number.

Ms Vogler highlighted the top themes that have come out of the public events:

Telford:

- Women & Children's services
- Travel & transport
- Community – critical inter-dependency
- Urgent/Emergency Care

Shropshire:

- Women & Children's services
- Travel & transport
- Community

Powys:

- Travel & transport
- Planned Care
- Urgent/Emergency Care

Next Steps:

- Targeted engagement continues in the latter stage of the consultation which will close on 11 September; a Programme Board meeting will be held on 18 September 2018
- Consider process and timeline for decision making
- Best case Joint Committee to be held during February 2019
- Engagement with Participate to agree timescales and consolidation of work
- Continue to progress reports from interdependent programmes to feed into the Programme Board:

..... Chair
27 September 2018

- Travel and transport
- Quality Impact Assessment (QIA)
- Local Maternity Service (LMS)
- Equality Impact Assessment (EQIA)
- Workforce Transformation Plan
- Out of Hospital Care
- Urgent and Emergency Care
- CCG to write a Decision Making Business Case – December 2018

The CEO highlighted that the public have been very engaged in the consultation process; he suggested that it would be helpful, at the end of the process, for the public to receive feedback in terms of the material whilst it translates into a decision making process. Ms Vogler reported that the Programme Board's expectation is that it will take 8 weeks before receiving the outcome of the report which will be reported back to the JHOSC, but assured the Board that all information will become fully public in the meantime.

He also reported an expression of nervousness that the Board has felt around any slippage, and therefore encouraged the Programme Board to look at resourcing the increase in the paperwork to achieve the timeline to prevent any further impacts if there are delays. Ms Vogler confirmed that the Programme Board has set a timeline which was reported to the JHOSC during July; she also reported that she will hold conversations with Participate regarding resourcing the significant response rate. It was highlighted that any slippage would move the programme into considerable delay because of the Telford election process, which was also described to the HOSC.

Going back five years to the original call to action, the MD reported that the issue from members of the public related to access to clinical services; he highlighted that travel and transport is fundamental and whilst timescales are going to be challenging, he urged the Programme Board to ensure patients and families have appropriate transport available to attend the hospital site they need to. Ms Vogler assured the Board that there is a separate Travel & Transport Group which sits under the STP umbrella which includes all stakeholder organisations – Ambulance Services, Council, public transport, all providers, etc. She reported that a Travel and Transport activity plan will be presented to the Programme Board to support the decision making.

Mr Deadman (NED) enquired who is responsible of achieving the deadlines (February 2019); Ms Vogler reported that she is responsible as Programme Director, alongside the two senior accountable officers of Shropshire and Telford & Wrekin CCGs. Ms Vogler highlighted a decision making Committee would be required before purdah at end March 2019 due to local elections in Telford & Wrekin; the DCG suggested obtaining clarity around the exact date of Purdah would be helpful so all parties were clear.

The Chair thanked Ms Vogler for attending to provide the update.

2018.2/181

TRANSFORMING CARE INSTITUTE (TCI) UPDATE

The CEO presented the TCI update paper. Following the above discussions in relation to transport, he reported that Ward 21 has introduced a Transport App; the consequence since the introduction to the Ward is that they have seen no patients experiencing delays or cancellations, which is an extremely positive impact for the patients.

The CEO highlighted the positive improvements in length of stay and the roll-out of the Respiratory pathway across all wards; he also reported on the new intake of 90 doctors who will join the Trust in August. Transforming Care undertook a session with all 90 doctors around becoming involved in the organisation's continuous improvement process. In addition, every new Consultant joining the Trust has a fixed session in their job plan for continuous improvement. SaTH is therefore committing to a process to see an establishment of leaders across the organisation.

There have been significant improvements in the roll-out of the Recruitment pathway; the pathway has been reduced by 60 days, and the organisation is getting staff into their roles much more swiftly.

..... Chair
27 September 2018

It is an extremely effective process which has been identified by candidates applying for roles within the Trust.

There are currently eight Value Streams underway releasing Trust staff to identify and implement the changes necessary to improve care. These Value Streams are looking at the areas of highest risk facing the Trust, and the improvements that can be achieved and sustained with relentless application of the TCPS methodology. The CEO reported that 5S has been introduced into 80 clinical areas across the Trust; stock rooms and store rooms are reaping the benefits and staff are able to access the streamlined products effectively.

The CEO reported that over 1,000 have received training on the E-learning module for Sepsis to raise awareness and understanding; and are in the process of using the Outreach Team to promote the roll-out of the Sepsis trolleys and boxes to ensure staff feel confident that screening and antibiotics are prescribed in under an hour. The Chair enquired if SaTH has engaged with the Sepsis Trust; the MD reported that he invited the CEO of the Sepsis Trust to SaTH to talk about the work they have undertaken. Both SaTH and the Sepsis Trust work closely and regularly share information.

There have been positive improvements in the Patient Safety Genba on the Women & Children's Unit following the review of Datix reports; these have improved significantly, alongside reducing the reporting times for incidents. This will be further rolled-out throughout the organisation.

RPIWs are being held in the A&E Departments which has been challenging due to the challenges of staffing and releasing staff to undertake improvement work; however the decision to undertake this was made with the staff who unanimously confirmed they want to be part of this work and make changes and improve patient care. The staff must therefore be supported in this.

The 'Stop-the-Line' event has been undertaken in Theatres as well as the Human Factors training which will be combined with the COO's Value Stream work to ensure changes are delivered with the right language and approach to ensure the organisation is abiding by its Values.

The CEO reported that the Trust is almost three years into the process; nearly 3,000 members of staff have been trained in the methodology, with over 100 Lean for Leaders. The Trust's TCPS work has saved over 3,770 miles a year of clinical staff walking, which equates to approximately 944 hours of time released back for patient care each year, alongside 57,000 safer patient journeys. This illustrates the shift in the way the Board is promoting staff to work differently in order to make changes.

WORKFORCE (PEOPLE)

2018.2/182

WORKFORCE COMMITTEE REPORT

The Workforce Committee Chair presented the key summary points of the Workforce Committee meeting held on 16 July 2018:

Emergency Department – Workforce Fragility

The WD presented a paper on the fragility and risk of the Emergency Department as part of the Board Assurance Framework (BAF). The paper has been presented to NHS Provider partners to seek support across the system. The Committee discussed the staffing challenges in ED and the significant fragility and overspend with regard to medical and nursing staffing; and asked for assurance that the staffing in the department is safe. The Committee were also informed that exit questionnaires are being sent to all recent leavers. The Committee heard that currently reliance on agency staffing has led to last minute fills. An incredible commitment of the ED team to keep the service safe was noted.

The WD informed the Committee that we are looking at different ideas to encourage middle grade recruitment and have grown the consultant workforce in ED by 50% following the announcement of the £312m capital for the new clinical model. The Committee will be closely monitoring employment in ED.

..... Chair
27 September 2018

Workforce Assurance

The Workforce Assurance Report highlighted the increase in bank and agency usage to support the vacancy and bed position. The biggest challenges are in Unscheduled and Scheduled Care and the workforce team are developing recruitment and retention strategies to support the Care Groups. The Recruitment and Retention sub group are focusing on this area; the People Priorities have included these issues within the workforce plan. An increase in work related stress as a reason for absence has been seen and the committee was advised that this is being monitored by the HR team. The Committee discussed the Statutory Safety Updates (SSU) compliance rates and will receive a full report in September following the new methodology of recording compliance training.

Sustainability Annual Report 17/18

The Committee received the Sustainability Annual Report for 2017 / 2018. A multi-disciplinary group meet to progress the agenda and the activity is reported on a six monthly basis to Trust Board.

Non Consultant Grade Medical Workforce Plan

The committee received a progress report regarding the Medicine Workforce Plan as requested by the Board. The plan includes increasing the number in the medical team from 97 to 127 over a three year period supported by a dedicated recruitment plan for this. An intention to Increase the number of Advanced Clinical Practitioners (ACP) and Physician Associates (PA) is included in the plan and further work will be carried out to attract and develop staff.

Medical Staffing Job Planning

The Medical Staffing Job Planning Policy was presented to the Workforce Committee confirming that this had already been presented and approved by the Local Negotiating Committee (LNC) and the Policy Approval Group (PAG). The Workforce Committee ratified the policy.

Freedom to Speak Up (FTSU), Staff Side Chair and Guardian of safe working for Junior Doctors

The Chair of Workforce Committee invited the Freedom to Speak up Guardians (FTSU), Staff Side Chair and Guardian of Safer Working to join the Committee on a quarterly basis to provide updates on how it is feeling in the organisation.

The FTSU Guardians shared with the committee that they are seeing recurring themes reported to them. The FTSU Guardians said that bullying and harassment is the biggest theme.

The Staff Side Chair reported that staff feel comfortable to approach the FTSU. There is an increasing demand for support to teams from the FTSU and as a result their hours have been increased. In addition the Freedom to Speak up Policy has been updated to include their role.

The Guardian of Safe Working for Junior Doctors explained her role which was brought in to support the new junior doctor's contract implemented in the UK during 2016. There is an electronic process for doctors to report variations in their contract and the exception reporting tool was implemented. The Guardians' role is to assure the Trust Board that the doctors are working safe hours and getting appropriate breaks and provided the Board with a quarterly report. The Committee were informed that the Guardian of Safe Working has not received any exception reports that doctors had not had their breaks and the only reports received were around vacancies.

The members also received a brief verbal update of the Workforce Committee meeting held on 20 August 2018 in relation to the following. A written update will be provided to 27 September Trust Board:

- Dermatology Services which may impact on Cancer Services
- Use of Agency staff and the cost implications
- Staff Survey response plan, looking at new models of working for Wards. This may be different to what was originally expected, however there has been good engagement from the initial 'test ward' and planned changes as a result. That work will be reviewed with regard to how it will be rolled out to the rest of the organisation
- Closure of Band 1 level of employment which will have implications for the organisation. It will close to new applicants from December 2018 and the Trust has two years to make the transition.
- Staffing in Accident & Emergency

..... Chair
27 September 2018

The Chair highlighted that Dr Weiner has been Chair of the Workforce Committee for several months, and enquired if he is happy with its progress. Dr Weiner felt that there could be further improvements as the Committee develops, particularly around the delivery of project planning and holding the Executive Team to account; also further improvements in terms of data being reported through to the Workforce Committee, to be able to track progress over time.

Dr Weiner welcomed the appointment of the four new NEDs who will join the organisation in September; two will join the Workforce Committee to increase the focus on the workforce and provide the WD with a level of support. Dr Weiner agreed that increased diversity and opinion will be valued.

From a Performance perspective, Mr Deadman (NED) enquired if the Committee could continue to scrutinise the availability and unavailability of staff through sickness, absence, training etc. The WD confirmed that the component parts of unavailability are reviewed through the workforce assurance report on a monthly basis which could be tracked month by month.

Mr Deadman also reported that work has recently been undertaken to make changes to weekly bank payments; he asked if a review could be undertaken to identify any benefits. The WD confirmed that an evaluation of weekly pay and its impact will be provided to the September Trust Board.

Action: WD Due: September 2018 Trust Board

The Board RECEIVED the Workforce Committee summary.

2018.2/183

WORKFORCE PERFORMANCE REPORT

The WD presented the Month 4 performance report in relation to:

Sickness / Absence / Unavailability – 4.10%

The WD reported a slight increase in sickness absence during July; the two main reasons relate to Musculoskeletal and Mental Health issues. Work continues through the Workforce Committee, particularly around Mental Health. Continuing to provide support to the areas where absence is high.

Appraisals – 87.42%

The WD reported Appraisal rate at 87.42 % against a target of 90%. There needs to be a change to improve the appraisal rate and see it sustained. The WD therefore suggested taking appraisals as well as SSU training as a Deep Dive through the Workforce Committee and report back to the Board.

Action: WD / Workforce Committee Due: November 2018

Statutory Safety Update (SSU) Training – 76.04%

Overall compliance rate has increased to % against a target of 100%

Staff Turnover (exc. Junior doctors) - Recruitment rate 10.06%, Retention rate 90.27%

There has been improvements in recruitment

The Chair thanked the WD for the report which gives a sense of the situation within the workforce.

The Board RECEIVED the Workforce Committee update.

2018.2/184

ANNUAL REPORT FOR REVALIDATION OF DOCTORS

As Medical Director and Responsible Officer for the Trust, the MD presented the Annual Report for Revalidation of Doctors at SaTH; of which the Statement of Compliance was required to be signed off by the Chief Executive.

The MD confirmed that the Trust has embedded robust processes to support appraisal and revalidation for all senior doctors; junior doctors are covered by their links with the Deanery.

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The Trust has completed its fifth revalidation of the five year cycle; the MD was pleased to report that for the third year in a row he did not have to report non-engagement of any doctors with the General Medical Council (GMC). Doctors now accept that this is part of their standard work which is reflected in SaTH's appraisal figures; however the Trust does continue to experience challenges with temporary and locum doctors.

With regard to the Severn Hospice Statement of Compliance, the MD reported that because SaTH provides the contract of employment through a Service Level Agreement, they are part of SaTH's appraisal and revalidation system.

The MD thanked Sam Hooper, Medical Performance Manager, and other members of her team, as well as the 60 appraisers within the Trust, for achieving these levels.

Mr Newman (NED) enquired about the appraisal process. The MD reported that the Medical Management Team is remarkably small; he assured the members that the process of appraisal is separate from an individual performance review. Appraisal is a formative process and is a review of their performance and job plan and is not undertaken by their Clinical Director; it is undertaken by a designated appraiser who is quality assured.

The Chair enquired if Personal Development Plans (PDP) are created following staff appraisals, and if they include the Virginia Mason work. The MD confirmed that a PDP is one of the key outcomes and certain components are linked to Trust Objectives – the MD would like to include quality improvement and anticipates towards the end of the financial year being in a position of knowing what the impact would be and how much should be designated for that.

Dr Lee (NED) congratulated the MD on this good level of coverage; however he sought clarity from the Responsible Officer that the RO function has the resources available to deliver it. As RO, the MD assured the Board that whilst the team is small, they do have appropriate resources.

Mr Deadman (NED) requested clarification regarding measuring the softer issues such as the involvement and engagement of these individuals. The MD reported that he presented a paper to the December 2017 Board meeting in relation to engagement, which was an open and honest assessment, and he intends to provide further updates to the Board. There are elements where consultants feel they don't have their voice heard and meaningful change being implemented as a result; and it is recognised that further work is required in that area.

The Chair asked the Workforce Committee to have oversight; Dr Weiner agreed to monitor.

Action: Workforce Committee

Following discussion, the members NOTED the contents of the Report and APPROVED the SaTH Statement of Compliance.

2018.2/185

HOSPITAL FULL PROTOCOL

The COO reported that this protocol has been in place for some time however it has recently been reviewed in view of winter planning. It has been updated to reflect the focus on safe escalation and patient boarding, supported by the appropriate risk assessment process.

The protocol is designed to support safety and quality across all areas, including wards when the hospital is full, and clarifies the escalation plan in consultation with clinical teams and the Executive team. It is a live document and has an inter-relationship with other Trust policies around escalation and major incident; it also forms SaTH's actions which sit as part of an overall system escalation plan.

The Chair requested clarification that the policy has removed the ability to board patients, as a result of the CQC visit; the COO confirmed that this option has been removed. The Chair highlighted that this change will inevitably affect SaTH's winter bed planning; the CEO confirmed that it is a very immediate change and time is required to embed it. Part of that embedding process will take place in the emergency meeting being held with local health partners to look at future approaches needed to provide capacity, which will emphasise patients

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being in the correct setting rather than SaTH seeking to create capacity. The CEO reported that last winter SaTH had a daily average of 20 patients receiving intermediate stroke rehabilitation in the organisation which could be provided in the community setting; SaTH also had a daily average of 18 patients awaiting packages of care from the Powys Local Authority; therefore there were two wards worth of patients who did not need to be in hospital. SaTH is working hard with system partners around delayed transfers of care, which needs to be brought forward quickly to ensure patients receive their care in the best setting.

The FD reported that the Operating Plan described a position where SaTH would escalate into 30 beds that were needed to be put in place over the winter; SaTH then made a bid for £3m associated with a new ward facility which has been granted. As it stands that does not change SaTH's plans to cope with winter; the organisation must continue to make really good progress around ensuring 'stranded' patients are discharged as if we do not, there will be a problem.

The Chair requested a paper be presented to the next Board meeting to reflect SaTH's bed strategy for winter. The COO confirmed to provide that information.

Action: COO / FD Due: 27 September

The WD agreed that the development of the protocol is absolutely correct for our patients however she suggested the Board should remind themselves of the feedback received from staff in the Staff Survey in relation to the impact patient boarding had on them in terms of their pride and the care they were able to deliver. The protocol now supports the organisation's staff as much as it does patients.

Dr Weiner (NED) requested page 8 of the Hospital Full Protocol be updated to remove "The nurse in charge will need to consider moving a patient out of a bed space into the additional bed space to accommodate the extra patient". The COO agreed to update the document to reflect the removal of patient boarding throughout. The DNMQ suggested the review of the wording be presented through the Quality & Safety Committee.

Action: COO to update protocol and present through Q&S Committee

The Hospital Full Protocol was otherwise APPROVED.

2018.2/186

TRUST POLICIES

The Board members RATIFIED the following Trust Policies:

- W21 - Smoking
- W7 - Disciplinary
- HR37 - Employee Investigations
- HR71 - Medical Staff Job Planning
- HR05 – Freedom to Speak Up: Raising Concerns (Whistleblowing) – Dr Weiner highlighted that this work is of great importance to our organisation and to the staff; improving the culture and environment. The Policy has been through the Workforce Committee and other groups within the organisation, and is fully supported as it currently stands.

QUALITY & LEARNING (SAFEST & KINDEST)

2018.2/187

QUALITY & SAFETY COMMITTEE SUMMARY – 18 JULY 2018

The Chair of the Quality & Safety Committee presented the summary of the Quality & Safety Committee meeting held on 18 July 2018, drawing particular attention to:

Stroke Services

The pre-meeting clinical site visit was to Therapy Services and was undertaken by Brian Newman. The Stroke Unit based at PRH is the second largest in the region. Whilst achieving "average" to "good" outcomes, it is evident that the current therapy workforce is insufficient to provide a full seven-day service or to offer the intensity of therapy recommended by best practice. The committee have commented before on visits to the

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stroke wards and the committed clinicians who provide the care to patients. The key areas for consideration are:

- Does the stroke service become a standalone service that accepts direct admissions?
- How can the Trust secure reliable access to CT scanning, a vital step in the stroke pathway?
- Can the system find investment to expand the access to therapy services both within the hospital and, equally important, within the community? And
- How can the system begin to address specialist shortages including neurology and the provision of neuro-rehabilitation?

Mr Newman reported that during the clinical site visit, staff reported that they felt patients left the Stroke Unit confused as to whether they were going to receive therapy from the Trust or the community, particularly if they'd seen a neurologist outside of the Trust. It is felt there is inadequate coordination between the SaTH and the Community Trust. On behalf of clinical colleagues of the Trust, the MD supported the case for an integrated care service with the Community Trust to provide appropriate rehabilitation for our patients.

Dr Weiner was surprised to learn that PRH has the second largest Stroke Unit in the region and enquired if SaTH is doing enough on the preventative side. The CEO agreed that greater public health involvement was required to ensure a more proactive and preventative approach was being taken.

Never Event

The committee are tracking the action plans linked to recent never events. Despite significant work to understand and address the problems within the operating theatres that have contributed to recent never events, there remains much to do. The committee is not yet assured that appropriate changes in culture and process have been achieved and will continue to seek evidence of ongoing actions and improvement. The committee was clear that, where there are behavioural issues that mitigate against the implementation of safe practice, these must be addressed.

Sepsis

The recognition and management of sepsis is both a national and local priority. Improving sepsis management has been the focus of transforming care workstreams. The committee were pleased to hear that it has been agreed that the Critical Care Outreach Sisters will now have a mandate to support improvements in sepsis care.

End of Life Care

The Trust is currently rated as "requires improvement" by the CQC with respect to End of Life care. Dr Elin Roddy attended the Q&S meeting and outlined some key requirements to support the improvement in care although noted that "Good" end of life care is symptomatic of good care in general. Key aspirations for the End of Life Team are:

- To increase the numbers of facilitators (with especial focus on the PRH site);
- To extend the Swan scheme to PRH;
- To improve the use of End of Life plans within the Trust;
- To increase the training and supervision of staff; and
- Agreeing a formal service level agreement with the Hospice to secure support.

Current staffing challenges with significant numbers of agency and locum staff tend to mitigate against end of life care at its best.

It was noted that there are some positives. The Trust has a low rate of death in hospital for end of life patients with a significant number of patients being able to die in their preferred place of death. Supporting this often requires social care input and the move by local authorities to using brokerage to secure packages of care creates some challenges to arranging rapid social support

2018.2/187.1

QUALITY & SAFETY COMMITTEE SUMMARY – 22 AUGUST 2018

The Quality and Safety Committee's August meeting coincided with the CQC unannounced visit. A number of committee members were called out of the meeting to service the requirements of the CQC visiting team and to

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address immediate concerns.

During the meeting, members were briefed regarding CQC concerns linked to their visits to the PRH A&E Department and to the issue of additional patients on wards. The committee also considered a range of indicators incorporated into the Trust's Insight data held by the CQC. There needs to be clear action plans to address CQC Insight data in areas of weaker performance and SATH needs to ensure that where the data held is old, that the current position is known.

Maternity Services (BAF1204)

The Committee met with the Women's and Children's Care Group. Whilst there is still a significant focus on historic issues relating to Maternity, it is clear that the Care Group and its leadership have made a very strong and proactive response; that included making changes at a cultural, clinical practice, structural and procedural levels. They clearly understand where there are any outstanding issues and have plans to address them.

Committee members had visited the PRH Midwife Led Unit and had attended the maternity safety huddle prior to the formal meeting. It is clear that the Maternity Service Review needs not only to consider the geographical elements of service provision but also to consider fast changing best practice within maternity care, for example, the development of transitional care for babies with on-going support needs who do not require neonatal unit support.

Mr Newman suggested the co-location of the Telford MLU with the PRH Obstetric Unit as they are currently located at opposite ends of the hospital. This would enable the rapid transfer of 'low risk' mothers in labour between the Units, without being wheeled 400 yards through a main hospital corridor. This, in turn, would hopefully encourage more mothers classified as low risk to elect to begin their labour on the MLU as medical advice would instantly be accessible, rather than booking onto the consultant unit. This could help reduce the workload pressure currently being experienced.

The MD reported that where expectant mothers have been appropriately risk assessed and chosen to have MLU provided led care; the current model of care is absolutely appropriate and perfectly safe.

Accident and Emergency Services (BAF 1134)

The Committee received updates with respect to the recent A&E risk review and a paper detailing key safety considerations with respect to the current two site provision of A&E services. It is clear that the two-site model is fragile and relies heavily on the goodwill and resilience of staff. It is evident that the alternative models of provision that may be offered on a temporary basis are not without safety risks. The committee supported the Medical Director's view that sustaining the current model represents the lowest risk option although this needs to be monitored carefully and contingencies fully worked up in terms of logistics, communication and understanding clinical safety risk.

Infection Control

The Committee received a presentation from the Infection Prevention Control team following a recent cluster of infections at PRH that triggered an NHSI visit. There is an impressive and comprehensive action plan in place to address concerns raised by NHSI. The Trust enjoys a good reputation for antibiotic stewardship and generally performs well against infection control standards.

The Board RECEIVED and NOTED the Quality & Safety Committee meeting summaries.

Dr Lee (NED) reported that the Quality & Safety Committee have welcomed the end to patient boarding and corridor care; although he felt the Board should reflect on why it has taken the CQC to cease this practice when the Q&S Committee has consistently highlighted these issues.

The MD presented the following VTE and Mortality sections of performance report for Month 3:

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

The MD reported that whilst it is reassuring to see that the SaTH curve is below the national peer curve, the real focus is on the learning of the mortality reviews. The MD assured the Board that focus will be placed on an identified area of patient mortality each quarter to undertake detailed case reviews to seek to improve the care for that particular group of patients. The MD reported on the mortality reviews identified in the paper and flagged the next phase of engagement. He agreed to provide a report to the Quality & Safety Committee at the end of each quarter.

Dr Weiner (NED) felt surprised by those outlined in the Peer Group and enquired if they are nationally or locally defined groups. The MD reported that SaTH subscribes to CHKS; the metrics (Risk Adjusted Mortality Index) are from Dr Foster. SaTH has no influence on the wider peer groups; they are a mix of Trusts, generally based on medium sized District General Hospitals, providing a large enough meaningful statistic comparison.

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

MRSA Bacteraemia

One further case was reported during July bringing the total for 2018/19 to three following a long period of no such incidents. Two of the three relate to contamination at the point of collection rather than a bacteraemia. Both incidents occurred in the PRH Emergency Department. The findings will be reported through the Quality & Safety Committee.

Clostridium Difficile

SaTH did not report any C Diff infections in July which is the first time in over 12 months.

Serious Incidents (SI)

One SI was reported during July that was classified as a Never Event due to being related to the wrong administration route of medication. The Board were assured that the patient is well. The findings will be reported through the Quality & Safety Committee.

Pressure Ulcers

SaTH has not reported any avoidable grade three or four pressure ulcers in 2018/19 to date – the last avoidable grade three was reported in March 2018.

Patient Falls

Zero falls were reported as Serious Incidents during July; however there was an unusual number of falls during June resulting in moderate harm. The outcomes of the reviews will demonstrate any trends/themes and learning which will be reported through the Quality & Safety Committee.

104 day cancer waits

Two patients waited more than 104 days to start cancer treatment in July. A robust harm review was undertaken, led by the clinical lead for oncology, which identified that the patients did not come to harm as a result of the wait. Their cases (lung and upper GI) were complex cases. The detail will become available in the harm reviews.

The MD assured the Board that he or the Deputy Medical Director (T Fox) review cases of 104+ days; the challenge we have with patients with lung cancer is that our provider of lung surgery (UHNM) have had capacity problems. The CEO reported that it is unacceptable for the patients waiting, and whilst the MD reported that discussions have been held with the UHNM Medical Director, he agreed to escalate this further to formalise SaTH's concern.

Mixed Sex Accommodation (MSA)

One episode of mixed sex accommodation was reported during July in an area outside of clinical areas (ITU); this was linked to operational challenges.

Complaints & PALS

There were 60 formal complaints received during July 2018; main themes continue to be staff attitude, communication and clinical treatment.

Friends and Family Test

Feedback continues to indicate high levels of satisfaction with Trust services.

Maternity Report –

The DNMQ presented the full Maternity Report, specifically highlighting the following clinical quality improvement metrics / national maternity indicators. She assured the Board that the data is diligently reviewed through a number of forums including the Quality & Safety Committee:

Vaginal Birth after Caesarean Section (VBAC) - The expected NMPA rate for this descriptor is 57.7%. The maternity rate in July 2018 for VBAC was 28.6%. This rate will be observed going forward.

Percentage of babies born at less than 2500gms – The expected GIRFT rate for this descriptor is 2.3%. The local data for July was 8.2%. This will be monitored closely going forward.

Stillbirth – The MBBRACE expected rate was 0.38% (2015). The local data for July was 0% (zero cases). The first quarter figure 2018 is 0.3%. This data has been tracked through the Quality & Safety Committee.

The CEO enquired what is being done to reduce the rate of stillbirths. The DNMQ assured the Board that a safety improvement plan has been produced and monitored through the Quality & Safety Committee, focusing on the aspect of antenatal care and reduced foetal movements related to smoking and lifestyle behaviour. The members were also informed that two sonographers have been appointed to support this. The DNMQ felt the impact of these improvements will not be seen for 9-10 months but the first quarter figure for 2018 is very pleasing.

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

2018.2/189

SAFEST & KINDEST UPDATE

The DNMQ reported that the Safest & Kindest Quality Improvement Plan is a composite of the Trust's actions to achieve 'Good' and beyond. Key points to note on Trust overarching CQC action plan:

Strengths:

- Mortuary - Overall works in Mortuary area, including revised cleaning schedules, have improved environment significantly, including the reduction in the risk of infections.
- Incidents/Complaints – Revised and strengthened governance and processes in place for reporting, reviewing and learning from incidents.
- End of Life Care – Swan rooms, EoLC training now included at induction
- WHO checklist – Revised and implemented into theatre documentation – area for improvement.
- Appraisals – Annual appraisal – improved compliance
- Quality boards – Updated boards rolled out across all areas to include dashboard, RaTE and patient experience data. Exemplar programme demonstrates improved and sustained improvement in areas implemented

Areas of opportunity for further improvement::

- Mental Capacity Assessment/Deprivation of Liberty Training – The roll-out training programme is not due to be completed until August 2019
- Patient records – Lockable secure notes trollies not in all areas, procurement underway

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- Fluid balance – Audit figures show low compliance, action plan in place
- Medicines management – General audit compliance hasn't improved. Rolling audits, brilliant basics, and Exemplar ward programme in place
- Staffing – Reliance on Tier 5 and agency use ceased, improved bank usage and utilisation of existing staff. Substantial nursing vacancies remain in some areas.

Risks:

- Medical workforce – Care Groups have undergone significant planning and alignment with recruitment but workforce vacancies remain a risk in particular areas (i.e. ED), and usage of locums remains high.
- Emergency Department – Delivery of DoH's target of discharging/admitted or transferring 95% of patients within 4 hours
- Stroke – Achieving the requirement of receiving CT scans within 1 hour of arrival – access to CT scanner. Risk to delivery due to frequent CT scanner downtime at PRH. On risk register.
- Boarding/Patient Flow – documented

Both Dr Weiner and the Chair highlighted the weaknesses and risks and felt it unacceptable that some areas identified by the CQC during 2017 are yet to be actioned. The CEO assured the Board that further content and detail can be provided.

Dr Lee (NED) felt a large element of the report links in to staff training; he suggested moving away from traditional classroom training sessions and the provision of further online training to enable staff to access it from their areas of work/home.

The Chair suggested holding a further conversation with the CEO/DNMQ with a view to taking the CQC action plan back through the Quality & Safety Committee.

Action: DNMQ / Quality & Safety Committee

2018.2/190

COMPLAINTS & PALS 2018/19 Q1 UPDATE

The DCG presented this report which provided the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during Q1 2018/19.

A total of 164 formal complaints and 389 PALS contacts were received during Q1 of 2018/19; a sustained increase in meeting the timescales from 22% to 70%.

Actions and learning from complaints:

The Trust recognises the importance of learning from complaints and using the valuable feedback obtained to reflect on the care we provide and take steps to improve services for future patients. The DCG reported that a system has been introduced where a summary of the main issues is agreed with the complainant and sent to the individual clinicians; when the response is compiled an action plan is developed and monitored until completion.

Mr Newman enquired if action plans are in place for the largest of complaints arising from concerns in relation to appointments/communication. The DCG reported that this is a historic problem; work is taking place around appointments and outpatients which is being overseen by a Working Group. However this is not a simple problem and a number of major changes need to occur to deliver sustained improvement.

Parliamentary & Health Service Ombudsman (PHSO) Reports:

The PHSO has not fully upheld a complaint since April 2015.

Patient Advice and Liaison Service (PALS)

PALS are available to assist and support patients, service users and relatives and can be the first point of contact for any concerns about their care.

The DCG reported that PALS work very closely with the End of Life Care Team. SaTH now has a Registrar of Births, Deaths and Marriages on site at RSH (a similar service was offered at PRH but they are happy with their

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current arrangement) to enable deaths to be registered and a death certificate provided at the same time; the PALS team support families throughout that process.

2018.2/191

EMERGENCY DEPARTMENT STAFFING REVIEW UPDATE – *Presentation attached to Minutes*

The COO and MD provided a presentation which highlighted:

- Since 2014 the Trust Board has been updated regarding the working challenges within the Emergency Department at both PRH and RSH (updates provided to Board during December 2015, March 2016, March 2017 and February 2018).
- Risks associated with ED workforce have been a regular feature for the Trust Board, with both formal updates, updates as part of Services under the Spotlight, and as part of the review of the Board Assurance Framework and Risk Register.
- Concerns have been formally escalated:
 - Locally with CCGs and partners
 - Regionally with NHSI and NHSE
- Discussed as part of public engagement sessions, as part of the development of the potential options for Business Continuity

Medical workforce challenge:

It was highlighted that the Board have been informed on numerous occasions that SaTH currently has four substantive consultants; one will retire at end September 2018 and whilst one further consultant has been appointed, additional challenges in the workforce relate to the middle grade workforce (senior decision makers in the department):

- The main challenge currently is in the recruitment of the middle grade workforce
- The absolute minimum of middle grades should be 20 (ideally 24), however the Trust currently has 9.6wte (11 people) substantive middle grades working across both sites; of these there are 5 substantive staff that are unable to work on the night rota which impacts on the ability to sustainably rota middle grade staff for both sites overnight
- This is substituted with locum middle grades or consultant staff working at middle grade level (some of the agency consultant and middle grade staff have now been long-standing members of the team)
- Additional recruitment has taken place and appointments are being offered, however the middle grade staffing position continues to be the most vulnerable for the sustainability of maintaining both EDs overnight
- The impact of a reduced middle grade workforce is the flow through the department, an increased wait to be seen and assessed and a wait for suitable plans for patients that means they stay in the department for longer

Nursing workforce challenge:

- The main challenge is in the recruitment of competent Band 5 staff and retaining Band 6 nurses who have stated that they feel vulnerable in leading the department, particularly at night on the PRH site
- New roles have been created within ED, including Emergency Care Practitioner (ECP) and Advanced Care Practitioner (ACP) positions
- Additional ECPs have been recruited (April 2018) increasing the numbers from 5 to 11wte. ECP trainees are currently completing their competencies with an expectation that they will be fully trained and working independently as ECPs by January 2019
- Further investigation is taking place with regard to the role of the paramedic in an ED
- A recruitment event is taking place on 5 September and rotational roles are being developed between ED and AMU
- Following recent Band 6 recruitment, RSH appointed one substantive Band 6, one secondment Band 6 and two registered nurses currently working outside of the organisation accepted Band 5 positions
- Some agency nursing staff have been long-standing members of the team
- Some staff currently on maternity leave return in the autumn
- Practice Educator roles have been introduced on both sites

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Business Continuity:

The COO assured the Board that a range of meetings are held on a daily, weekly and monthly basis with a range of system partners. He further provided an outline of the options:

- Option 1 – Maintain existing dual site ED service
- Option 2 – Close PRH ED from 20.00 - 8.00
- Option 3 – Close RSH ED from 20.00 – 08.00

Site Configuration Challenges:

- Potential impact of change in hours of operation – PRH ED
 - Stroke
 - Paediatrics
 - Head & Neck Services
 - Musculoskeletal
 - Theatres & Anaesthetics
- Potential impact of change in hours of operation – RSH ED
 - General surgery
 - Vascular surgery
 - Urology
 - SAU
 - Orthopaedics
 - Trauma activity
 - Impact of a fragile CT scanner at PRH

The Chair highlighted that this is the largest decision the Board will make in terms of the impact it will have on patients. He emphasised that this piece of work continues to be work in progress.

The members were informed that discussions have been held and continue to be held with other local Trusts and NHSI in relation to the provision of a small number of doctors (x6) to provide support to SaTH in the interim; however this has not been supported thus far.

Work will continue on the options which have been reviewed and considered with NHSE and NHSI as well as local commissioners. This high level detail will be brought together with a high level quality impact assessment (QIA) for a decision at 27 September 2018 Trust Board.

Action: COO / MD Due: 27 September 2018 Trust Board

However, the Chair highlighted that the Board must continue to be clear that the ED is safe (not unsafe) until a time when the problem is solved / a decision is made. If issues change in the meantime, the CEO agreed to advise the Board.

PERFORMANCE (SUSTAINABILITY)

2018.2/192

PERFORMANCE COMMITTEE REPORT

Key summary points for the Board from the meeting of the Performance Committee held on 24 July 2018:

Charitable Funds

Investments and funds activity for period 1st April – 30th June 2018 were received and noted. The committee asked for consideration to be given as to how substantial donations can be recognised. A set of rules to be developed and included in the policy and procedure on the receipt and use of Charitable Funds and resubmitted to the committee for approval.

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Performance Report – Operational

The committee was updated on the Trust's performance against RTT, A&E, Cancer and Diagnostic targets. Despite RTT performance being achieved in June, there are a number of challenged specialties and therefore the RTT position requires close monitoring.

Emergency Department performance in June was 79.36% against a target of 88%. Major challenges continue within workforce, particularly overnight, which is having a significant impact on performance. The committee agreed to spend time at the next meeting discussing the issues and performance in ED.

Cancer – performance in May 2018 was 85.7% against a trajectory of 85%. This performance was welcomed but concern was expressed about the Trust's ability to achieve the target in June.

The committee congratulated the Diagnostics team on their continued success achieving 100% Diagnostic Waiting Times target, despite the increase in demand.

Financial Performance Month 3

There was a slight deterioration in the position in Month 3 as compared to the previous two months. At the end of Q1 the Trust achieved the targeted position with a year to date (pre-PSF) deficit of £7.175 million, £0.008 million better than plan. Income over performed by £0.274 million, pay overspent by £0.758 million and non pay underspent by £0.367 million against the plan.

The Trust is presently forecasting an outturn pre-PSF position of £25.810 million against its control total of £18.439 million, £7.371 million away from plan. The most significant area contributing towards the failure to deliver the control total is the non delivery of the waste reduction programme, currently £3.7 million gap. There are also significant additional costs (£2.4 million) required to support the ED. The Chair highlighted that whilst this is a view of colleagues within the organisation, he did not feel this has been approved. He reported that SaTH is tasked with achieving its control total; he therefore asked the Performance Committee to investigate the recovery plan further if it is felt the control total cannot be achieved.

Action: Performance Committee

Board Assurance Framework - The committee reviewed the following BAF 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

Post implementation Review of the Path Lab Managed Service Contract

The findings of a post project evaluation of the Path Lab Managed Service contract to provide the Trust with laboratory equipment, consumables, maintenance and support was received. Overall the project had been a success; the procurement process went smoothly, was completed in time and within the existing budget.

The committee commended the Pathology Service and Procurement Department for their ownership and success of the project.

Deep Dives

The committee received Deep Dive presentations on the Bed Reduction Plan and Waste Reduction Schemes relating to recovering income in Radiology and Women and Children's Care Group. Progress made regarding stranded patient reduction, frailty and SaTH2Home was noted with further actions planned. More focus on Safer and Stranded patients was required and the need to seek greater medical leadership.

Plans to recover income in Radiology and Women & Children's Care Group were outlined. Radiology was on

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track to achieve their waste reduction target and possibly even exceed this, however the Women & Children's Care Group had only identified approximately a third of their target and were exploring alternative opportunities.

The Board NOTED the Performance Committee Report.

2018.2/193

TRUST PERFORMANCE REPORT – M4

2018.2/193.1

FINANCIAL PERFORMANCE

The FD reported that of the £7m deficit as discussed in the above Performance Committee report that relates to a level of understanding we have, but that's not saying there aren't activities that can be achieved to be able to recover that position; however, there is a requirement to deliver on the agency spending reductions. The Chair requested the need of clear understanding and the correct language against the original plan.

The paper reported:

Income & Expenditure

In the month of July 2018, an in month pre-PSF deficit of £1,582m has been recorded against a plan of £1.192m, £0.390m worse than plan. The FD reported that what was presented at Month 3 as a forecast outturn is starting to reflect itself in Month 4; although it is not the full scale. The CIP moves up further in terms of its expected delivery as we progress into the later parts of the year.

The control associated with Agency is a real issue. By comparison to the beginning of the year, there has been a reduction in the nursing staff working in A&E; they are being covered through expensive agency staffing. There was an increase in medical staffing agency spend during the last few months of 2017/18 which has continued into 2018/19. A stranded patient reduction is also highly significant in terms of the organisation's ability to deliver the CIP for agency; good progress has been made but the level expected in July has not been delivered.

The FD feels astonishing progress has been made but the challenge is to look further at the CIP schemes and construct an alternative way forward; agreed by the Chair and CEO. The CEO also highlighted a further understanding is required in relation to the use of resources.

Mr Newman enquired if the Executives are content that the Care Group Directors own their Income & Expenditure statement; and the deviation from budget. The Chair requested the Performance Committee to take as part of the overall review of the CIP plan.

Action: Performance Committee

Pay

To date the pay spend amounted to £82.914m against a plan of £83.770m resulting in an overspend of £0.856m. 15% of the Trust's pay costs in month 4 are attributable to temporary staffing.

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.

Non Pay

To date non pay spend amounted to £37.718m against a plan of £37.643m resulting in an underspend of £0.075m.

Waste Reduction Performance

In month there is an under performance against plan of £0.194m. Against the YTD plan of £1.189m, £1.587m has been delivered; an over performance of £0.398m

2018.2/193.2

OPERATIONAL PERFORMANCE

..... Chair
27 September 2018

RTT Performance

June's RTT performance was 92.41% against a trajectory of 92%. The COO highlighted that Trauma & Orthopaedics has achieved 18-weeks which is a significant achievement, as they had significant backlogs.

Cancer – an area of continued significant focus

The COO reported that the June performance was 82.6% against a trajectory of 85.4%. July's performance was 86.21%

The CEO requested clarification in relation to the upper GI cancer in May as it was unusually low in terms of numbers; as well as Haematology in May and Lung in June. The COO reported that this is a continued area of focus and agreed to provide further information through the Performance Committee.

Action: COO

Ambulance Service – The CEO suggested the ambulance service be asked to share what steps they are taking to manage demand as over the last two years there has been a 20% increase in ambulances; he suggested those patients could be managed in an alternative setting.

The COO reported that he has set up a Group working with the ambulance service, supported by the two CCGs. He has requested they look at where we have conveyance but non-admission (what are the options?), the options in relation to bringing patients into ED and how the system could help with that, and how best do we use the community areas and minor injury units. The COO agreed to provide the information through the A&E Delivery Board.

Action: COO

Diagnostics

Diagnostic waiting times (% patients waited under 6 weeks for diagnostic test) for June sat at 99.75% against a 99% target.

Urgent Care Update – A&E

The COO reported that this continues to be under the 4-hour target. There are a detailed set of actions on ED processes, as well as looking a patient flow to support.

The COO highlighted that he had added a report in relation to A&E Minor performance which continues to be an area of focus nationally. Approx 60% of Minors at PRH and 40% at RSH - will look to see how this is impacting following the introduction of the Emergency Care Practitioners.

Stranded Patients

The COO informed the members that the report shows a large number of bed days are taken up with those longer stay patients. The CEO highlighted that the spikes in performance correspond with October half-term and the Christmas/New Year period; up until those points performance remained static, although the CEO highlighted a material shift in performance during January, February and March 2018. He suggested this relates to the system slowing down; and enquired how the system will respond with SaTH taking the decision to no longer board patients, as it has in previous years.

2018.2/194

WINTER PLAN 2018/19

The COO provided a summary of the winter planning process, and the main actions for SATH. He assured the Board that there is a further detailed SaTH Plan and a further detailed System Plan behind the Winter Plan. The Winter Plan itself is already part of SaTH's Operational Plan. The CEO suggested the Winter Plan be connected to the Hospital Full Protocol and elevated into the system discussions.

It has been developed, taking in part learning from 2017/18, and has been informed by capacity and demand work undertaken as part of the system. There are a number of key risks which have been identified which will impact on winter:

- Workforce availability (including sickness increase)
- Activity exceeding planned capacity
- Unprecedented impact on flu

..... Chair
27 September 2018

- Higher levels of infection resulting from closed wards
- Adverse weather

There has been a weekly winter planning group at SATH, in order to ensure a whole Trust agreement on priorities, risk and objectives. The broader process has been managed system-wide, through the A&E Delivery Group (AEDG) and System A&E Delivery Board (SAEDB).

Dr Lee (NED) requested that the Winter Plan progresses through the Quality & Safety Committee. The DNMQ highlighted that whilst the Winter Plan has been shared operationally, it is transactional. She therefore suggested the transformational element be considered and how staff be supported in preparation of a challenging winter.

Action: COO / DNMQ to feed through Q&S Committee

2018.2/195

SERVICES UNDER THE SPOTLIGHT UPDATE

The COO provided an updated position regarding key services that have particular workforce challenges.

Neurology – Continues to be an area of concern. Discussions have progressed with the Walton Centre which has resulted in a draft contract to provide activity in the north of the county.

Mr Deadman (NED) enquired if the Walton Centre contract was the contract that the Performance Committee did not approve; the COO confirmed that he has not yet addressed their concerns, and agreed to provide that information.

Action: COO

Dermatology – SaTH's current substantive consultant is on long-term sickness; the Care Group is therefore working with internal and external partners to look at different contingencies, one of which is the potential extension of a current locum.

Mr Newman (NED) enquired how the St Michael's Street Dermatology Clinic are able to attract medical staff and unfortunately SaTH can't. The WD reported that the Terms & Conditions of Employment in the private sector aren't as readily available as within the public sector; her assumption is that there are more favourable terms being offered in relation to remuneration that SaTH would be unable to offer.

Urology – The COO reported that it is key to gain additional staff and additional sessions. Potentially looking at the use of an in-source, if cost effective.

Breast Services – This remains a fragile service and will continue to be monitored. The service needs to have all part-time additional radiologists in post to support the radiographer.

The Breast Service has had the additional pressure of the national issue; although the COO was pleased to report that SaTH is currently 3-4 weeks ahead of the national timescales to complete sending out the appointments and scanning those patients, therefore forecast to deliver by end September.

The Board RECEIVED the Services in the Spotlight update.

GOVERNANCE (LEADERSHIP)

2018.2/196

BOARD ASSURANCE FRAMEWORK & TRUST OPERATIONAL RISK REGISTER

The Chair requested the Committee Chair's to each continue to ensure their Committee reviews the BAF risks on a regular basis. The Committee Chair's assured the Chair that they review the BAF routinely as part of their Committee meeting.

Mr Deadman (NED) suggested one of the BAF risks be delegated to the new Sustainability Committee.

Action: Chair

..... Chair
27 September 2018

Following discussion, the Board acknowledged the REVIEWED and APPROVED the Board Assurance Framework and Operational Risk Register and agreed the current status recommended by the Tier 2 Committee's review

2018.2/197

ANY OTHER BUSINESS

No further business raised.

2018.2/198

QUESTIONS FROM THE FLOOR

Q1

Mr Shepherd drew attention to the recruitment of medical staff and enquired if any existing members of staff will be leaving the organisation.

A1

The CEO reported that the Trust has been carrying some older consultants in the A&E Department for a number of years who had retired and returned to work to support the service; inevitably that came to an end. Had SaTH not been in a position with the Capital decision, which has enhanced the reason why people have now applied to work at the Trust, the A&E Department would have found itself with two of those consultants leaving which would have resulted in an immediately untenable position. The Trust is now seeing a refreshing of the consultant body in a younger cohort as the Trust moves forward.

Q2

Mr Shepherd referred to the Business Continuity Plan and highlighted that he sat on a Working Group two years ago which met a number of times, but he does not feel the Plan has changed; once the organisation reaches tipping point it would take six months to implement change. He also raised the Urgent Care Centres (UCC) and enquired why they were not previously taken into account but are now; and how we envisage getting them in place in time and what times will they operate.

A2

The CEO reported that six months would be required if we were providing an in-house solution and would be very complex; however, we are clearly saying that we cannot deliver that option as there is not the capacity to do that due to i) increase in demand; ii) the frailty of the workforce and the imperative that we maintain safe levels; and iii) not having the flexibility to use areas as in previous years.

The UCC is a different configuration; it refers to the development of our future strategy so that whilst we are building new facilities to ease the issues, the availability of staff continues to be the principle piece of this. The appointment of ECPs is a support to that structure, but it's the ability to manage the acutely unwell and the need for senior decision makers that is the concern.

Q3

Mr Shepherd also highlighted that in previous years he has sat on a number of Patient Groups; however it appears departments no longer include patients. Ms George echoed Mr Shepherd's point in regard to public involvement.

A3

The COO reported that a risk review was held on 14 August and Healthwatch were in attendance; we therefore have patient representation; however the COO agreed to liaise with colleagues if it is felt we haven't sufficient as the Board agreed that it is always helpful to have a broad group of engagement and patient views.

Q4

Ms George requested clarification from the CEO regarding the Phlebotomy Service being reinstated in Shrewsbury's town centre in relation to equity and equality.

A4

The CEO reported that SaTH have been in dialogue with the public to obtain their views on the three options (hospital site, Princess House or a Shrewsbury town centre option); currently awaiting the outcome and the CEO confirmed that he will bring the decision back to the Board.

Q5

With regard to the Business Continuity Plan; Ms George questioned if the CEO is confident that SaTH has the capacity to see Shropshire patients.

- A5** The CEO reported that he has been explicitly clear that this is about patients and not about SaTH. The entire discussion held earlier related to ensuring the delivery of safe care to our patients.
The CEO reported that SaTH has met with the other organisations a number of times and held conversations with the CEOs who had suggested sending the patients to them; but clearly as we move through the process there would have to be a more formal assessment undertaken by those organisations to ensure they were able to take those patients.
The CEO stressed that the opportunity for us not having to do this exists if other organisations could provide SaTH with the medical team to be able to support the current service which would be the desire of the Board and the staff. The CEO reported that he feels confident that the level of interface with NHSI and NHSE means that those questions are being asked on a more formal footing with those other organisations.
The CEO reported that the first priority is that SaTH is able to provide a safe environment and a safe solution to our patients.
- Q6** *Ms George raised staffing and feels there aren't any solutions to sorting this issue, including centralisation of services; and enquired if part of the issues around staff shortages relate to the staffing culture; issues such as bullying, staff feeling under-valued, unheard etc.*
- A6** The WD reported that when talking about staffing, it relates to both recruitment and retention and the full employment experience in general (culture, leadership, training, appraisals etc). The Board takes the feedback received from the Staff Survey very seriously and has a programme of work around that.
The CEO added that SaTH has three A&E consultants who have chosen to come to work at SaTH; they have not been put off coming to join the Trust.
- Q7** *In relation to the Future Fit consultation; a gentleman asked for clarification of a document in relation to acute reconfiguration; that it has been thought through with the Community Health Trust and that all parties have signed up to, to ensure the system remains complete.*
- A7** The CEO reported that Simon Freeman, Chair of the Future Fit Programme, would be able to provide the documentation / evidence, but all parties have been involved as key stakeholders.
- Q8i)** *With regard to the Winter Planning update; a gentleman enquired if the five key risks will be added to the risk register with mitigations*
- A8i)** He was assured that the risks will progress through the presentation to the Quality & Safety Committee.
- Q8ii)** *The gentleman referred to the M4 Finance Report and enquired if the figure for Pay is the desired establishment*
- A8ii)** The FD reported that the figure incorporates the budgeted establishment but also the rate of agency premiums.
- Q9i)** *Cathy Briggs referred to the Hospital Full Protocol and highlighted that the document continues to report on patient boarding.*
Action: COO to ensure correct version is uploaded to Trust website.
- Q9ii)** *Cathy also raised Appendix 1 of the Hospital Full Protocol as it refers to two annexe beds on Ward 32; she reported that they are not escalation beds.*
- A9ii)** The COO agreed and reported that it was to differentiate between where we have funded established beds to ensure we don't have additional escalation capacity open where it is not needed.

2018.2/199

DATE OF NEXT PUBLIC TRUST BOARD MEETING –

Thursday 27 September 2018, 1.30 pm, Seminar 1&2, **Shropshire Conference Centre, Royal Shrewsbury Hospital**

The meeting closed at 7.00pm

..... Chair
27 September 2018

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 30 AUGUST 2018

Item	Issue	Action Owner	Due Date
2018.2/172	Board Members Declaration of Interests <i>To update declarations for Chair, NED B Newman and DCG J Clarke</i>	CS	Sept 2018 Completed
2018.2/174	Matters Arising - 2018.2/153 – 6-Monthly Nurse Staffing Review <i>To provide update to November Board</i>	DNMQ	29 Nov 2018 Added to Board Schedule
2018.2/177	Maternity Engagement Plan Update <i>To present summary and recommendations to September Trust Board</i>	DNMQ	27 Sept 2018 Agenda item
2018.2/182	Workforce Committee Report <i>To present evaluation of weekly pay/impacts to September Trust Board</i>	WD	27 Sept 2018 Agenda item
2018.2/183	Workforce Performance Report - Appraisals <i>To take Deep Dive of appraisals and SSU training through Workforce Cttee and report back to Board</i>	WD	29 Nov 2018 Added to Board Schedule
2018.2/184	Annual Report for Revalidation of Doctors <i>Workforce to have oversight and monitor further work required in relation to involvement and engagement of these individuals</i>	Workforce Cttee	Ongoing
2018.2/185	Hospital Full Protocol <i>To present paper to September Trust Board to reflect SaTH's bed strategy for winter</i>	COO	27 Sept 2018 Agenda item
	<i>To update protocol to reflect the removal of patient boarding; and re-submit through the Quality & Safety Committee</i>	COO	Sept 2018
2018.2/189	Safest & Kindest Update <i>Chair to hold further conversations with CEO & DNMQ in relation to the weaknesses and risks. CQC action plan to be taken back through Quality & Safety Committee to provide assurance to Board</i>	CEO/ DNMQ/ Q&S	Sept 2018
2018.2/191	ED Staffing Review Update <i>To present high level detail with QIA for decision at September Trust Board</i>	COO/ MD	27 Sept 2018 Agenda item
2018.2/192	Performance Committee Report <i>To investigate the recovery plan further if it's felt the control total cannot be achieved</i>	Perf. Cttee	Oct 2018
2018.2/193.1	Trust Performance Report – Financial Performance <i>To look at Care Group I&E expenditure deviation from budget as part of overall review of CIP plan</i>	Perf. Cttee	Oct 2018
2018.2/193.2	Trust Performance Report – Operational Performance <i>To provide information to the Performance Committee in relation to Cancer figures (upper GI & Haematology in May and Lung in June)</i>	COO	Oct 2018

..... Chair
27 September 2018

	<i>Trust Performance Report – Operational Performance To provide information in relation to the Ambulance Service (what are the options) through the A&E Delivery Board</i>	COO	Oct 2018
2018.2/194	<i>Winter Plan 2018/19 To progress Winter Plan through Quality & Safety Committee / Transformational element to be considered and how staff be supported in preparation of a challenging winter</i>	COO / DNMQ	Oct 2018
2018.2/196	<i>Board Assurance Framework & Trust Operational Risk Register One of BAF risks to be delegated to new Sustainability Committee</i>	Chair	Oct 2018
2018.2/198	<i>Questions from the Floor To ensure correct version of Hospital Full Protocol is uploaded to website</i>	COO	Sept 2018 Completed

DRAFT

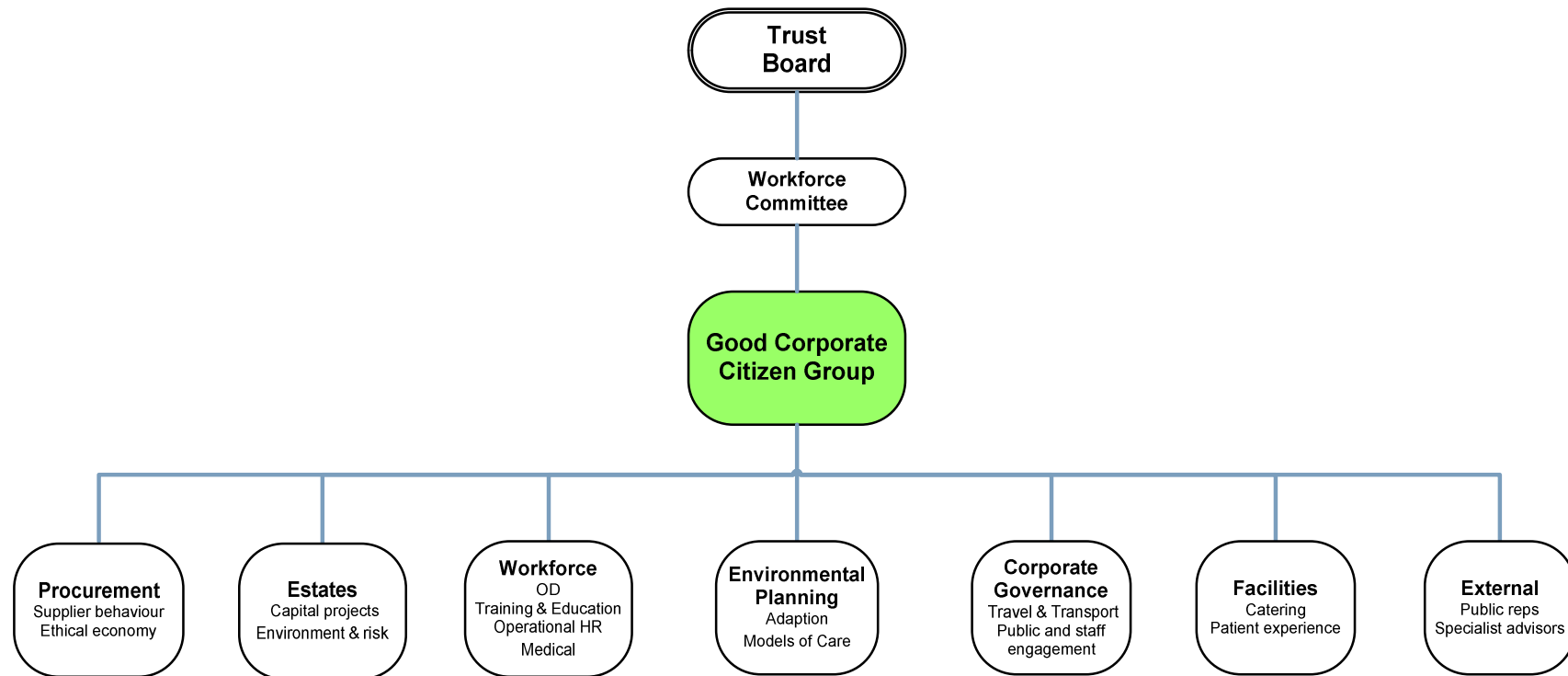


Good Corporate Citizen Annual Report 2017/18

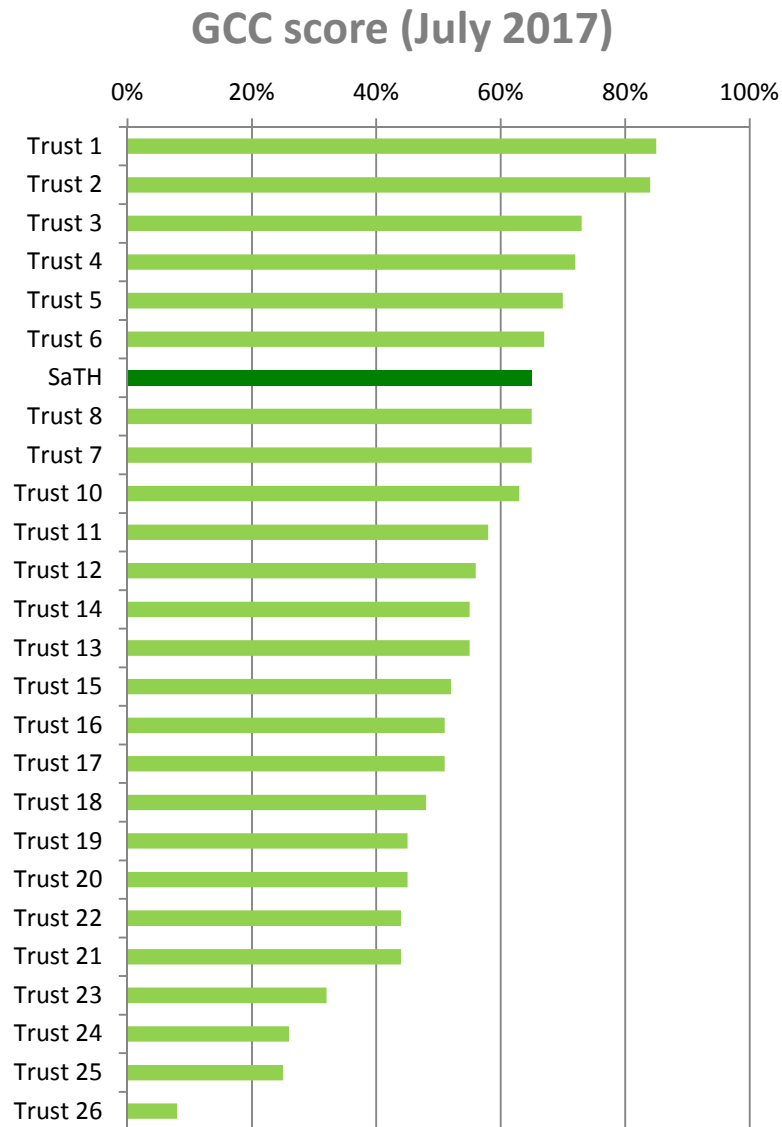
Julia Clarke
Summary presentation
July 2018

Reporting and Governance

Sustainable Development Governance Framework



SDU 'Good Corporate Citizen' measurement tool



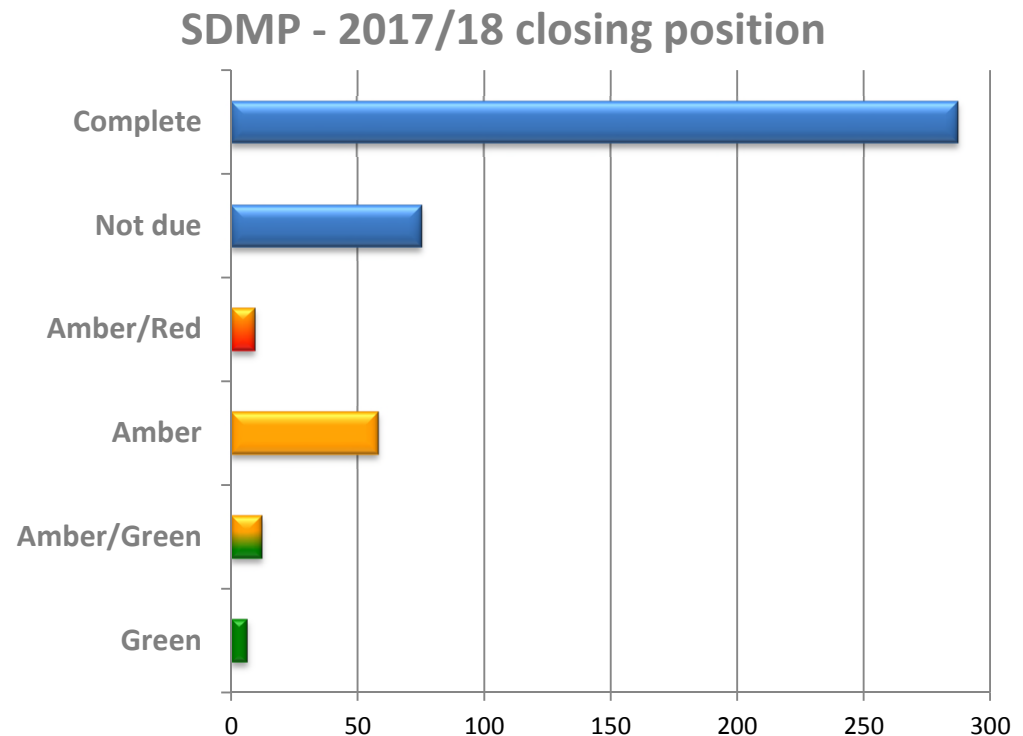
- 474 eligible NHS organisations
- only 26 submitted a return
- average GCC score was 54%.
- SaTH's score for this period was 65%

How we have performed

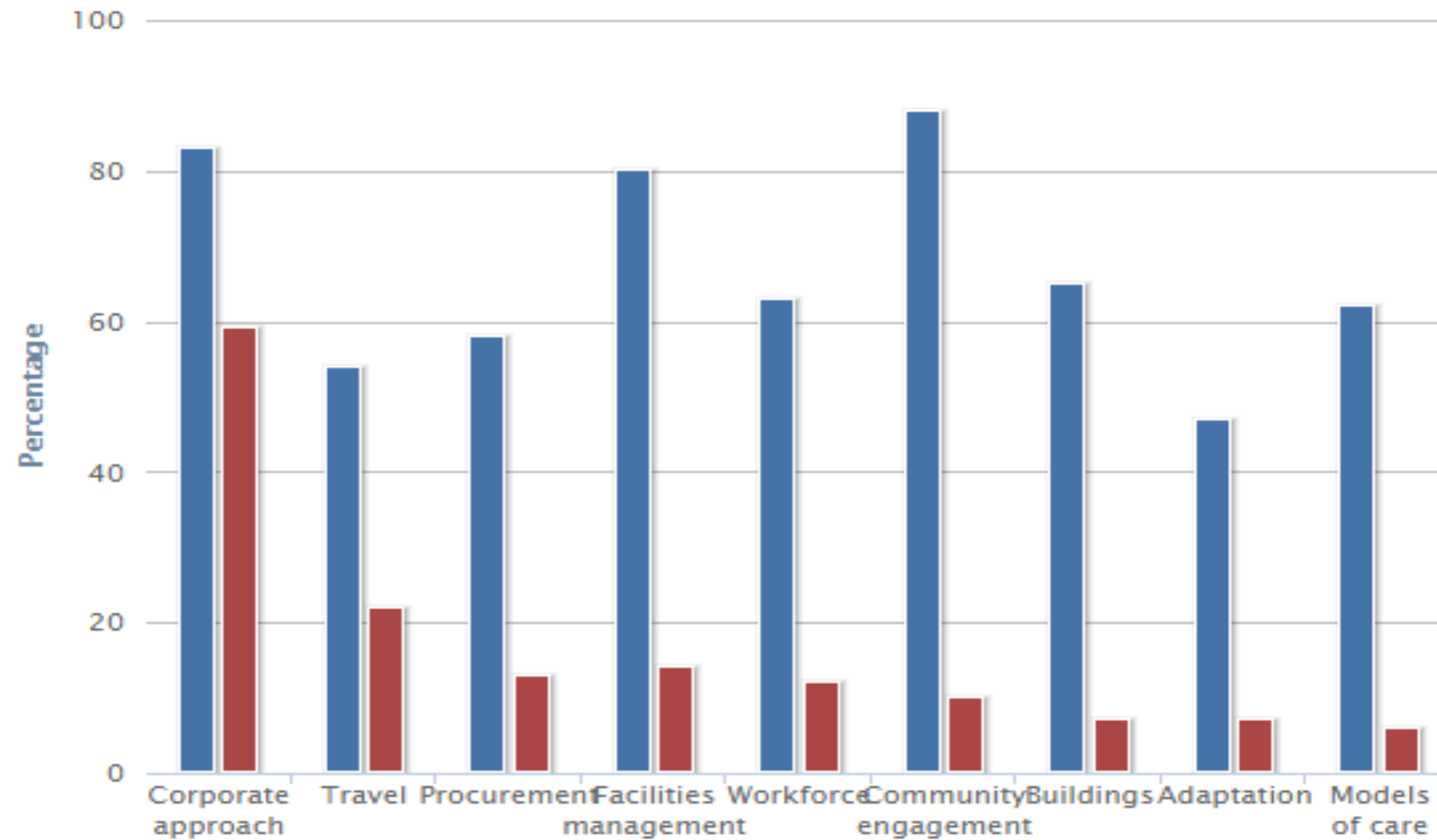
- Corporate Approach
- Travel
- Procurement
- Facilities Management
- Workforce
- Community Engagement
- Buildings
- Adaption
- Models of care

448 statements

- Delivered/complete - 65%
- Planned for year 5 - 17%
- In progress -18%

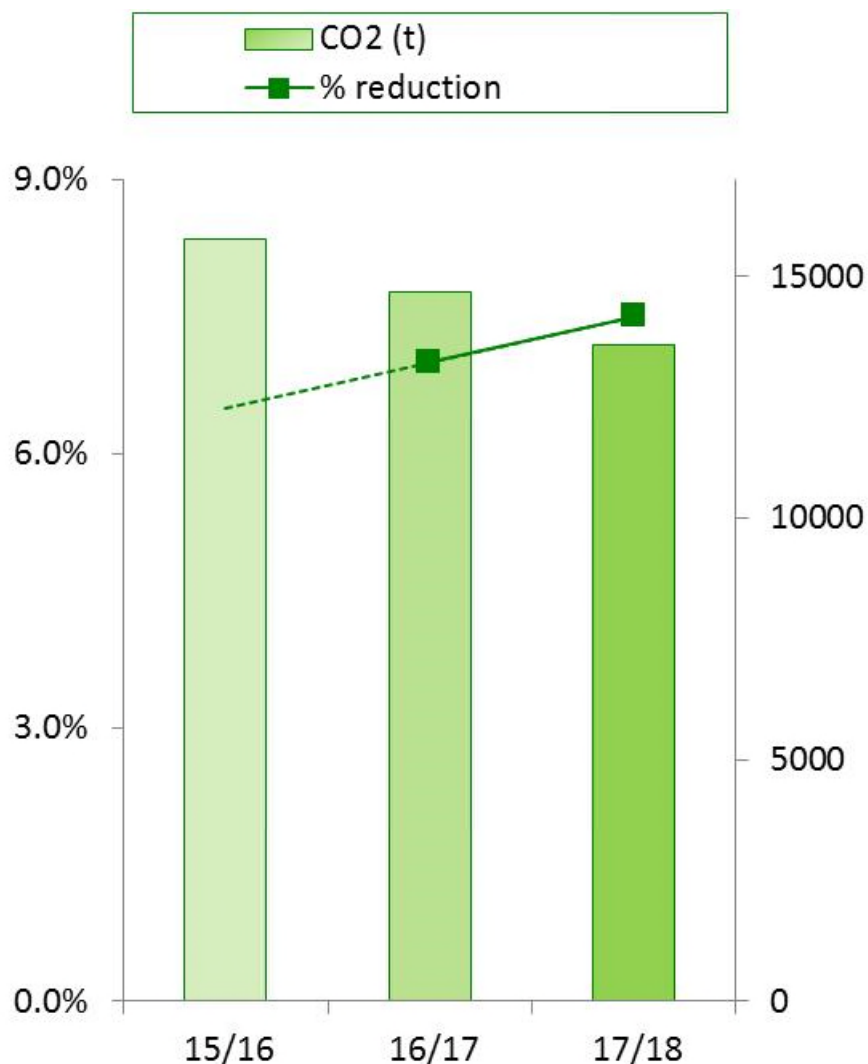


Benchmarked performance



Carbon reduction

SaTH participates in the national CRC Energy Efficiency Scheme (formerly known as the “Carbon Reduction Commitment”) - a levy for each tonne of CO₂ emitted by the organisation



- -1,107 tonnes CO₂ (approx. 7.5 %)
- -c.£12k Allowance costs
- Achieved with significantly reduced CHP* output, owing to major technical problems with the PRH unit
- Winter was c.5% colder than last year
- Overall energy usage (gas and electric) increased by only 1%:
 - LED lighting installation
 - steam trap repairs
 - waste food digesters (reducing hot water usage)
 - theatre ventilation controls (RSH)
 - adjustments to the heating control system
- The annual cost of the CRC was £240k (£252k last reporting year)

* CHP - combined heat and power unit



Think Globally, Act Locally
Healthcare with a kind touch and a small footprint

Procurement and supply - our value chain



Health and wellbeing



Safeguarding
biodiversity



Improving our
environment



The
prevention
agenda



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Staff Engagement



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Community Engagement



Reader Panel



Service
Development



TRANSFORMING
CARE
INSTITUTE



Staff Recruitment



Volunteering



Patient Experience



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Headline achievements



Energy

- 5.3% reduction in emissions since 2008 (despite increased footprint)
- 7% reduction in energy for the year ending July '17 - reducing CO₂ emissions by 1112 tonnes
- Produce low-carbon electric at our sites using Combined Heat and Power plant
- LED replacement scheme now 75% complete



Travel and transport

- 1.5% reduction in demand for staff parking, reducing CO₂ emissions by around 300 tonnes per annum
- Liftshare – 300+ members
- Online permit system launched together with 1 mile exclusion zone
- Active travel - cycle salary sacrifice scheme runs year round. Bespoke travel planning service for staff
- Working with LAs and to improve access and transport infrastructure
- Staff discounts for public transport, better access
- Development of video conferencing infrastructure



Reuse

- Warp-it system now has over 600 SaTH users
- Reducing CO₂ emissions at rate of 1 tonne per month
- Total savings in year around £25k
- Successful partnerships established with public sector partners such as Ministry of Justice



Think Globally, Act Locally
Healthcare with a kind touch and a small footprint

SaTH at a glance 2017/18



Nearly
£360m
Turnover

Nearly
£3m
Energy costs

Over
£350k
Water and sewerage costs

Around
£0.75m
Waste disposal, recycling, recovery
and preparing for re-use costs

Over
830,000
Business miles

9th best score nationally of
65%
in GCC self assessment

Reduction of
7%*
in energy usage from previous year
(*at July 17)

Reduction of
99%
in water used for food waste

Reduction of
11,127kg/CO₂
through equipment reuse

Reduction of
27%
in business miles since 13/14



NHS Sustainability Awards 2017



Category	Project title	Result
Travel and transport	Active travel	Winner
Leadership	Paperless Board	Highly Commended
Digital	Paperless Board	Highly Commended
Procurement	Developing Sustainable Procurement	Third
Water	Food waste modernisation - RSH	Third

Next steps - New SDU *Sustainable Development Assessment Tool* (SDAT) from March-18.

1. Core responsibilities

eg: Carbon/CHGs, Corporate Approach, Capital Projects

2. Governance and policy

eg: Travel and Logistics, Adaption

3. Procurement and supply chain

eg: Asset management and utilities, Sustainable use of resources

4. Working with staff, patients and communities

eg: Our People, Green Spaces and biodiversity, Sustainable Care Models

5. Shortlisted in five categories in National SDU Awards – November 2018

6. Strategic Plan 2018/19

Sustainability



New Hospitals

futurefit
Shaping healthcare together



Carbon Work

Green-fingered volunteers put down roots for NHS Sustainability Day



Purple reigns

Future Fit Update 30 August 2018



Debbie Vogler
Associate Director
NHS Future Fit



**Where we
are now**

- Department of Health & Social Care announced that Shropshire, Telford & Wrekin STP will receive £312m for the Future Fit programme
- The Future Fit public consultation started on 30 May and runs for 15 weeks until 11 September; extended by one week because of additional events and Northumbria comparator report.
- Mid point review w/c 9th July 2018. Report to Programme Board, JHOSC and CCG Boards. Breakdown on NHS future fit web site www.nhsfuturefit.org.
- Consultation materials and survey available in hard copies and via our new website www.nhsfuturefit.org; FAQs updated weekly and continuing to engage with people through our events, local media, social media and attending various meetings

- 1515 survey responses as at mid point review (over 100 retuned 'blank')
 - 611 Telford & Wrekin
 - 653 Shropshire
 - 251 mid Wales
- Majority of respondents responding as a member of the public rather than on behalf of an organisation or charity
- 84% of respondents white British and 5% Welsh
- 16% identified as carers
- 23% as parents of one or more children under the age of 16
- 15% identified as having a disability
- 57% of respondents identified Christianity as their religion and 33% declared no religion
- 84% of respondents heterosexual and 10% preferred not to say

**Mid Point
review
Survey data**

Total responses – 1641 (completed total was 1515 as over 100 ‘blank’) at mid point review. As at 23/07/18 this total has risen to 2445 – approx. 0.5% of the 500,000 population served by the two hospitals. Around 14% of the population served by the two hospitals lives in mid Wales. Approx. 15% of surveys received to date are from mid Wales postcodes.

Gender - 61% women and 34% men have responded. This compares to the combined area data of 50.5% and 49.5% respectively. Anecdotally, women are more likely to respond to health consultations on behalf of their families and the women and children’s element of the consultation may be prompting more women to respond.

Age - 45% of respondents to date are aged 59 and over. However we are seeing significant % of respondents in the working age brackets: 27-37 (11%); 38-47 (16%); 48-58 (20%).

Ethnicity

Combined area data shows White British as 93.7% compared to 84% of survey respondents. Other ethnicity data is currently in line with expectations from combined area data, however significant activity is planned for the second half of the consultation to reach various race and religion groups.

- Over 200 people reached through attending Local Joint Committees in Shropshire
- Direct face to face activity with seldom heard groups has reached more than 500 people to date
- Around 1500 people have been reached through the pop-up displays including mid Wales additional activity
- More than 800 people have attended the drop-in Public Exhibition events
- We have received over 13,000 surveys to date
- We have placed adverts in seven local newspapers, had six days of adverts on shropshirestar.com, and held numerous radio, TV and newspaper interviews
- We have had more than 13,000 visitors to our website
- We have earned more than 220,000 impressions on Twitter and organised three tweetchats with clinicians, with another to follow

**Reach of
engagement
and media**

- Extensive direct face to face activity with seldom heard groups has reached more than 500 people to date
- Groups have included:
 - Disability networks, including parents of children with a disability
 - Mums and toddler groups
 - Race and religion groups, including Amish
 - Age specific groups, including older people
 - Mental health groups, Alzheimer's groups and their carers
- Additional four groups reached:
 - Welsh language, carers, rurality, areas of deprivation
- Further groups as a focus:
 - Military and their families, businesses, predominantly those reaching specific community groups
- General engagement activity, including public exhibitions have also reached seldom heard groups

**Reaching
seldom
heard
groups**

Comparing healthcare consultations

Information provided by the Consultation Institute notes the following:

- Consultations that achieve higher than a 1% response rate considered 'good'
- The average response rate for UK public consultations stands at 0.7%
- A consultation conducted by the NHS Calderdale Clinical Commissioning Group and the NHS Greater Huddersfield Clinical Commissioning Group, achieved a response rate of 0.1%
- Greater Manchester's *Healthier Together* consultation in 2014 attracted a response rate of 0.9% of the population and was commended as "the largest public response to a regional consultation about health services conducted in England, in the last decade."
- However, in Dorset's Community Services Review, 18,619 consultation questionnaires were completed and submitted. That is equivalent to about 2.4% of the total population of Dorset.

- Women's and Children
 - Cost of building it, moving it and now possibly moving it back
 - Telford is growing and has a younger population
- Travel and transport
 - Deprivation and rurality
 - Car park charges
 - Future proofing transport links
- Community
 - What is happening in community/primary care to support this
- Urgent/Emergency Care
 - Closure of A&E and concern over losing PRH completely in the future
 - Can't we pay more to get more staff?
- Consultation process
 - Why are we consulting in mid Wales?
 - Why can't we stay as we are now?
 - Isn't it a done deal?

**Themes
Telford
& Wrekin**

- Women and children
 - Ludlow would use A&E at Hereford
 - RSH Maternity needs huge improvements
 - Fear of travelling further in labour and risk to life
 - Please separate children's area in UCC
 - Positive about the mother and children's services possibly being back at RSH
- Travel and transport
 - Carers' concern over travel times
 - Ambulance waiting times
 - Deprivation and rurality
 - Car Park charges
 - Future proofing transport links
- Community
 - Want the community hospital to be better utilised

**Themes
Shropshire**



- Travel and transport
 - Deprivation and rurality, including cost of transport
 - Car park charges
 - Future proofing transport links
 - Use of Welsh travel passes past point of first transport change
 - Availability and time to arrival of ambulances
- Planned Care
 - Travel times for family and friends under option 1
 - Options for further planned care within Wales
 - Use of technology to enable more remote care, including GP and hospital appointments through Skype
- Urgent/Emergency Care
 - Concern over travel distances by ambulance to A&E under option 2

- Increase general promotion through use of videos
- Encourage more responses from men and younger people
- More targeted activity through Facebook advertising to reach young men and women and parents of young children
- More reach into diverse communities including race and religion
- Continued engagement with parents, young mums and pregnant women
- More engagement with the business community, including those employing large numbers of certain communities - pop ups in canteens, foyers etc
- Extend reach to younger working age people – pop-ups in train stations, lunchtime pop ups in business zones etc.
- Continued attendance at 'invited to' meetings for ongoing public Q&A
- Further staff engagement alongside partner organisations
- Stakeholder and GP letters issued to encourage formal feedback

**What else are
we now
doing?**



Next Steps

- Consultation closes 11th September 2018
- Programme Board Meeting on 18th September 2018
- Consider process and timeline for decision making.
- Best case Joint Committee February 2019
- Engagement with Participate to agree timescales
- Continue to progress reports from interdependent programmes:
 - Travel and Transport
 - QIAs
 - LMS
 - EQIA
 - Workforce Transformation Plan
 - Out of Hospital Care
 - Urgent and Emergency Care
- Draft Decision Making Business Case December 2018

ED Business Continuity Interim Update for Trust Board

30/08/2018



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

Purpose of the update

The purpose of this update is to provide Trust Board with:

- A summary of the current position regarding the Accident & Emergency Medical & nursing workforce position and the associated risks
- Summarise the work that has been undertaken, and is continuing, with regard to business continuity
- A summary of all options that are being considered to mitigate the risks
- A summary of the next steps and what will be presented at next Trust Board in September

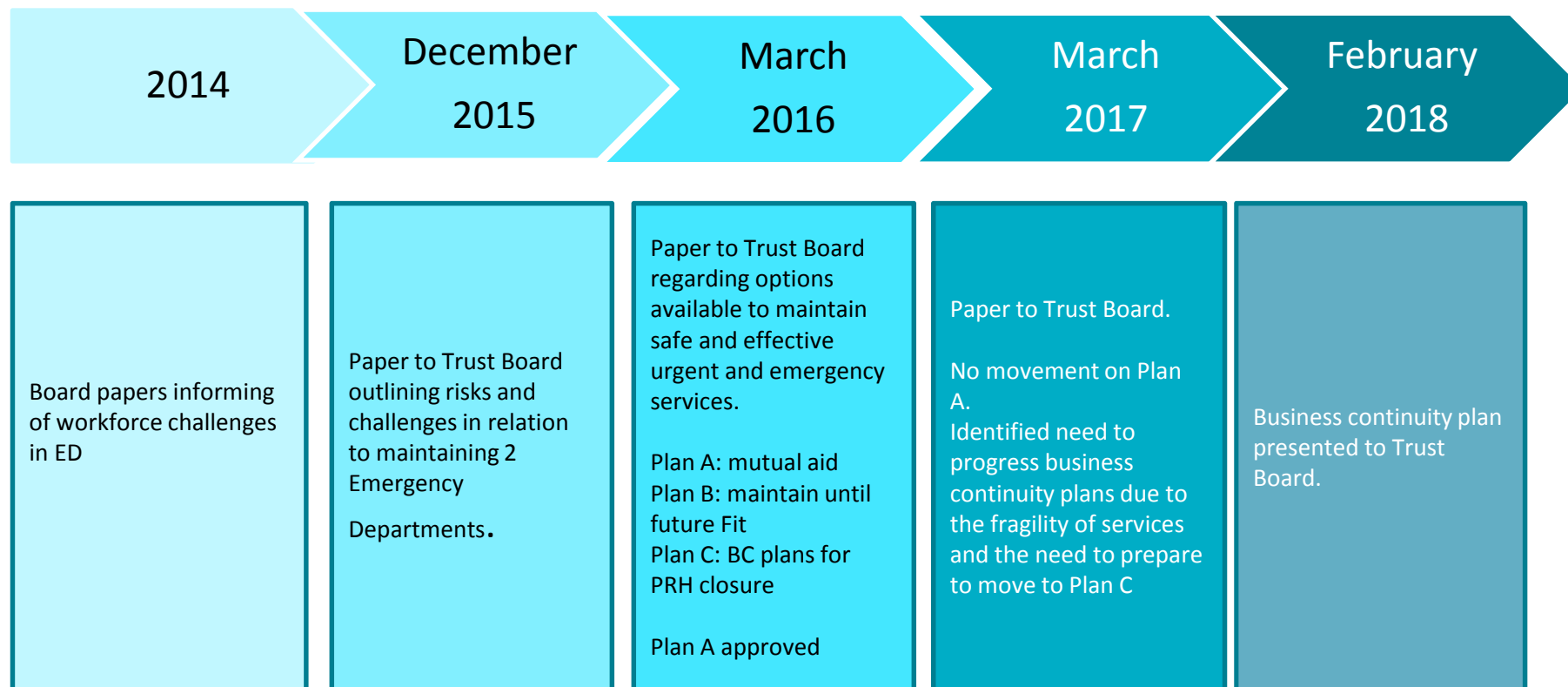
Context

- Since 2014 the Trust Board has been updated regarding the workforce challenges within ED at both PRH and RSH.
- Risks associated with ED workforce have been a regular feature for the Trust Board, with both formal updates, updates as part of Services Under the Spotlight, and as part of the review of the Board Assurance Framework and Risk Register
- Concerns have also been formally escalated
 - Locally with CCGs and partners
 - Regionally with NHSI (and NHSE)
- Discussed as part of public engagement sessions, as part of the development of the potential options for Business Continuity

Context - cont

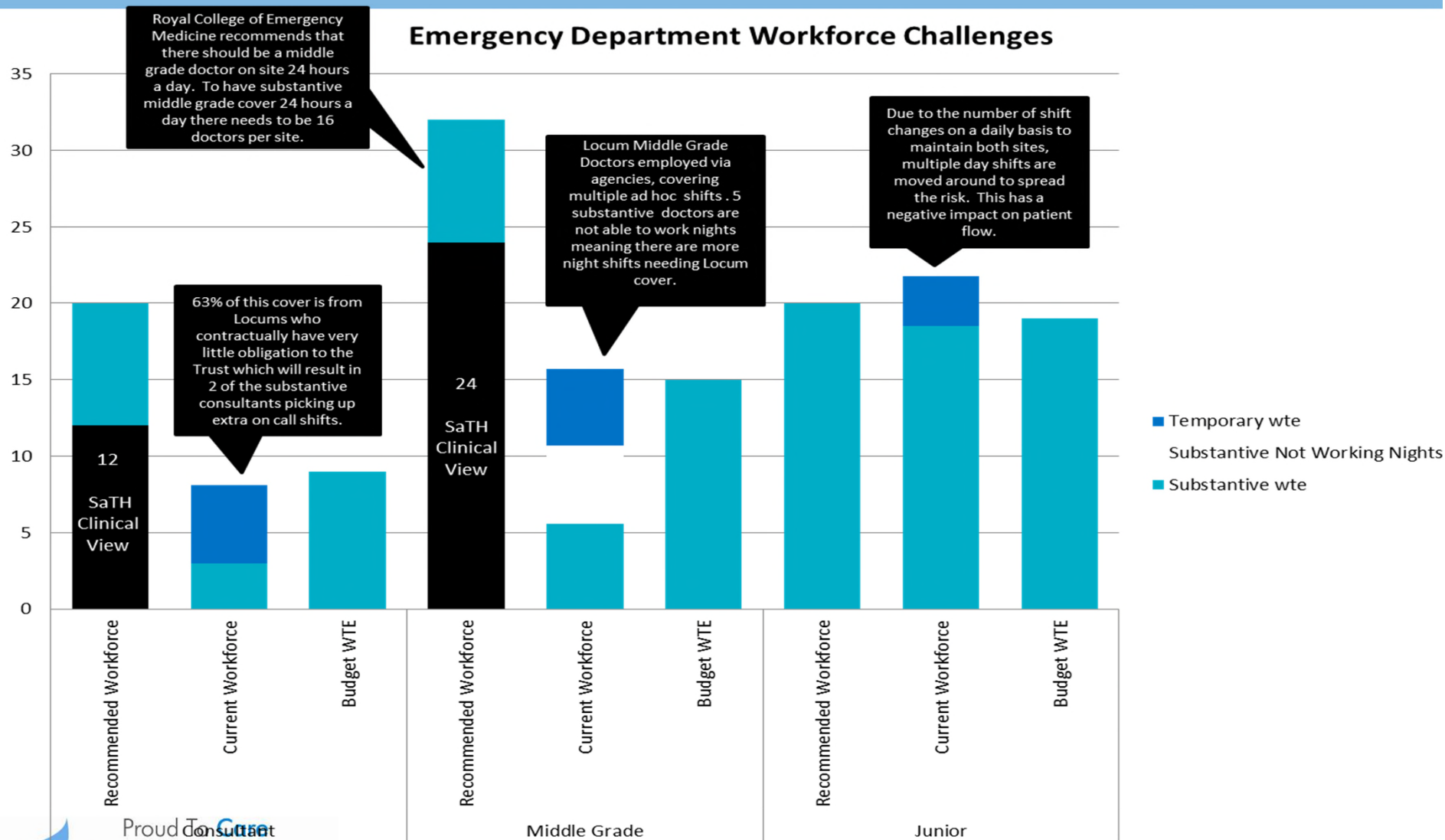
- December 2015 – paper to Trust Board outlining risks and challenges in relation to maintaining 2 Emergency Departments.
- March 2016 – paper to Trust Board regarding options available to maintain safe and effective urgent and emergency services.
 - **Plan A** – seek mutual aid from Trusts across the region to maintain adequate staffing levels to sustain two 24 hour A&E services;
 - **Plan B** – sustain services until agreement is reached on the NHS Future Fit Programme and agree an accelerated implementation of the agreed vision;
 - **Plan C** – maintain focus on recruitment whilst developing a detailed plan to implement an overnight closure of the PRH Emergency Department.
- Plan A was considered the preferred plan however no mutual aid has been provided
- March 2017 – paper to Trust Board identifying need to progress business continuity plans due to the fragility of services and the need to prepare to move to Plan C
- February 2018 – Business continuity plan presented to Trust Board

Trust Board – detailed updates



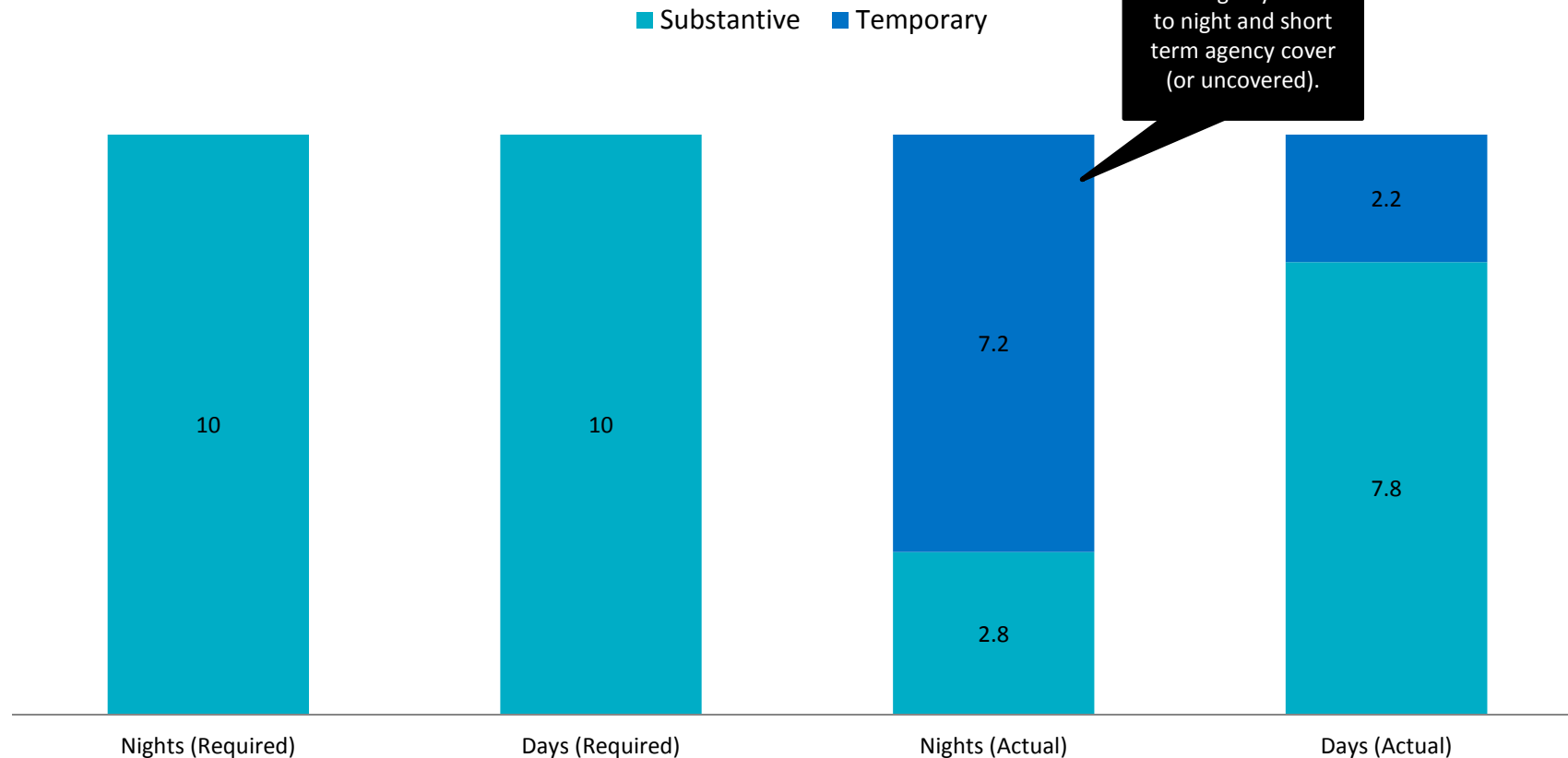
Current workforce position – medical staff

Emergency Department Workforce Challenges



Current workforce position – middle grade

“Middle Grade” doctor Challenge (Based on 20 Substantive doctors)

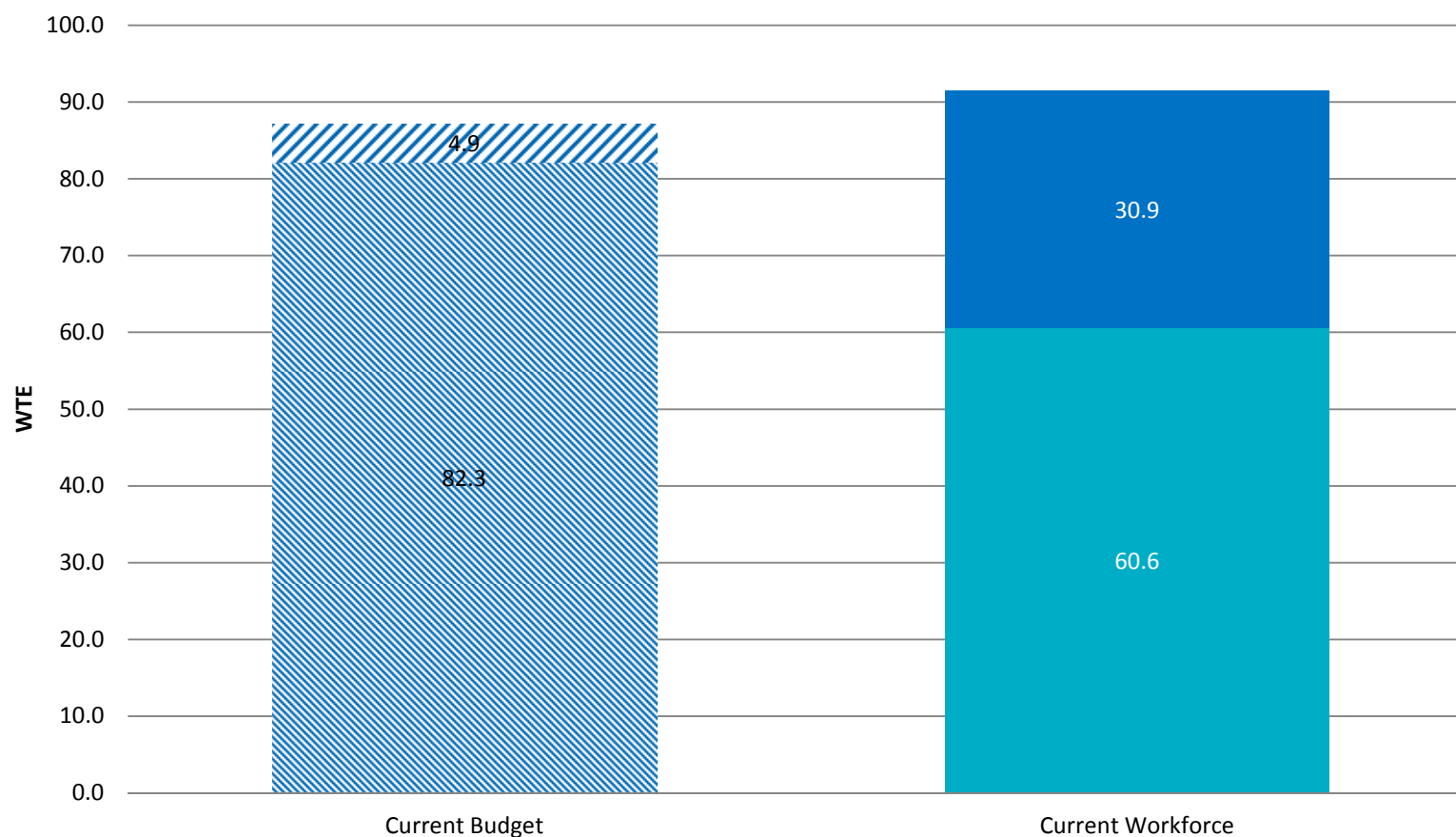


The medical workforce challenge

- The main challenge currently is in the recruitment of the middle grade workforce
- There are currently 11.1 wte substantive middle grades working across both sites; of these there are 5 substantive staff that are unable to work on the night rota, which impacts on our ability to sustainably rota middle grade staff for both sites overnight.
- This is then substituted with locum middle grades, or consultant staff working at middle grade level.
- Additional recruitment has taken place and appointments are being offered, however the middle grade staffing position continues to be our most vulnerable for the sustainability of maintaining both ED's overnight.
- The impact of a reduced middle grade workforce is the flow through the department, an increased wait to be seen and assessed and a wait for suitable plans for patients that means they stay in the department for longer.
- Note – some of the agency consultant and middle grade staff have now been long-standing members of the team

Current workforce position - nursing

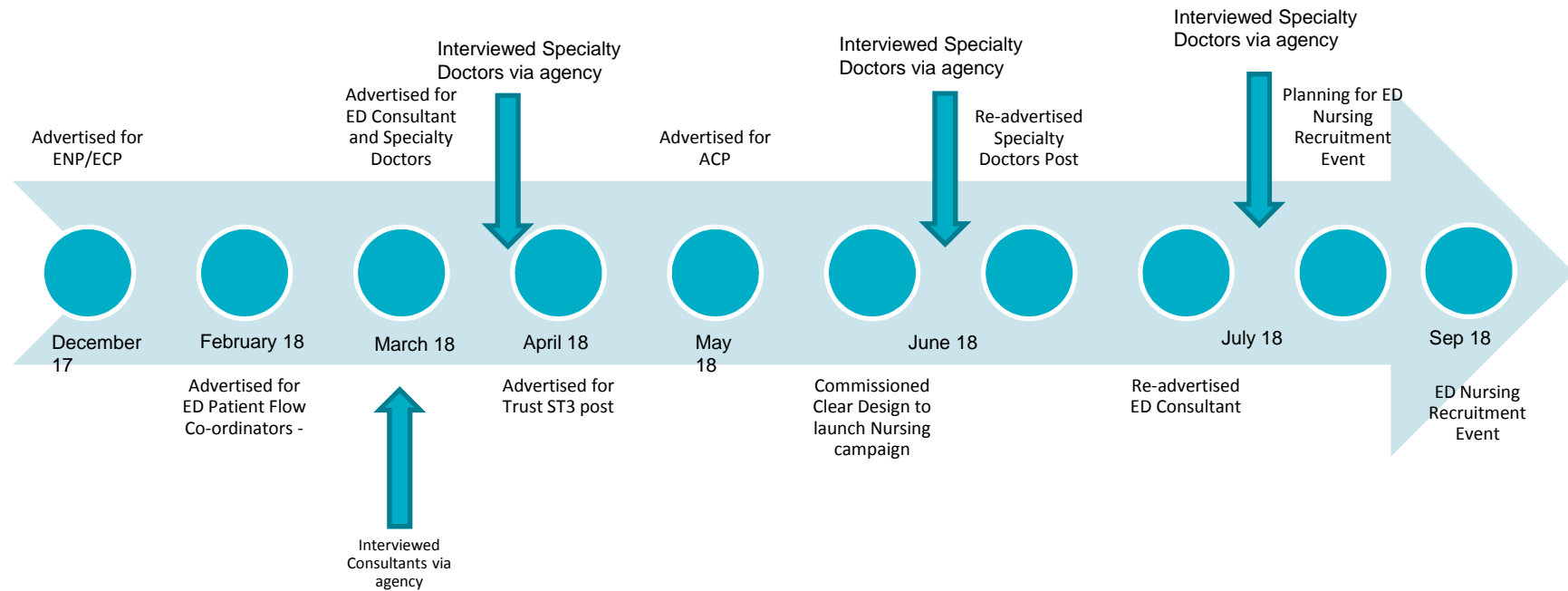
Nursing Workforce (Registered Nurses - including Ward Manager)



The nursing workforce challenge

- The main challenge is in the recruitment of competent band 5 staff and retaining our band 6 nurses who have stated that they feel vulnerable in leading the department, particularly at night on the PRH site.
- New roles have been created within the Department, including ECP & ACP positions.
- Additional ECPs have been recruited (April 2018), increasing numbers from 5 to 11 WTE. ECP trainees are currently completing their competencies with an expectation that they will be fully trained and working independently as ECP's by January 2019.
- Further investigation is taking place with regard to the role of the paramedic in an ED.
- A recruitment event is taking place on 5th September and rotational roles are being developed between ED and AMU.
- Following recent band 6 recruitment, RSH appointed 1 substantive band 6, 1 secondment band 6 and 2 registered nurses currently working outside of the organisation accepted band 5 positions
- Some agency nursing staff have been long-standing members of the team
- Some staff currently on maternity leave return in the autumn
- Practice Educator roles have been introduced on both sites

Recruitment activity



Current risk monitoring 1

Safe Today Calls

- A daily SaTH ED management huddle is held at 9:15 to provide the detail for the Safe Today call (covers both EDs)
- A daily system call is held at 10.30, chaired by CCG Nurse Director
- This is covered on the weekends during the 12:00 call
- Review of Staffing: medical and nursing
- Incidents in the previous 24 hours in ED
- Patient observations – Audit of compliance

Current risk monitoring 2

Weekly meetings

- ED clinical summit – chaired by MD, attended by SATH & CCGs

Monthly

- Safety report of themes = CQRM

NB – To date, workforce challenges have been mitigated by considerable efforts of the ED clinical staff

ED Business Continuity

Meeting governance structure



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Appraisal of all potential Options

A wide range of options have been explored, with wide range of partners and stakeholders

- A. Maintain both EDs overnight and maintain status quo
- B. Closure of one ED overnight and provide access to a UCC overnight at the closed site
- C. Closure of one ED fully overnight with no access to UCC at the closed site
- D. Close PRH ED overnight and divert ambulances to RSH
- E. Close PRH ED overnight and divert ambulances to neighbouring Trusts
- F. Close RSH ED overnight and divert ambulance to PRH
- G. Close RSH ED overnight and divert ambulances to neighbouring Trusts

ED Business Continuity - Outline of the options

Option 1 - Maintain existing dual site ED service

- Consultants maintain rota by acting down as Middle Grade support
- Measure and respond to risks on a shift by shift basis
- Continue to work up short and long term business continuity and service development plans
- Maintain workforce recruitment strategy

Option 2 - Close PRH ED from 20:00 – 08:00

- Last ambulance @ 20:00, walk-in patient accepted at 20:00 (divert plan thereafter)
- UCC will accept patients via CCC until 22:00
- Some remaining patients would remain in ED into the night until pathway for discharge or admission available
- PRH will continue to accept GP referred admissions in those specialities managed at PRH
- Ambulance divert to neighbouring Trusts so as to not over stretch RSH ED and create additional risk for emergency paediatric and ENT patients

Option 3 - Close RSH ED from 20:00 – 08:00

- Last ambulance @ 20:00, walk-in patient accepted at 20:00 (divert plan thereafter)
- UCC will accept patients via CCC until 22:00
- Some remaining patients would remain in ED into the night as currently admitted under ED until pathway for discharge or admission available
- Trauma Unit status would need to be revoked

Ambulance divert to neighbouring Trusts so as to not over stretch PRH ED and create additional risk for emergency surgical and trauma patients



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Site Configuration Challenges

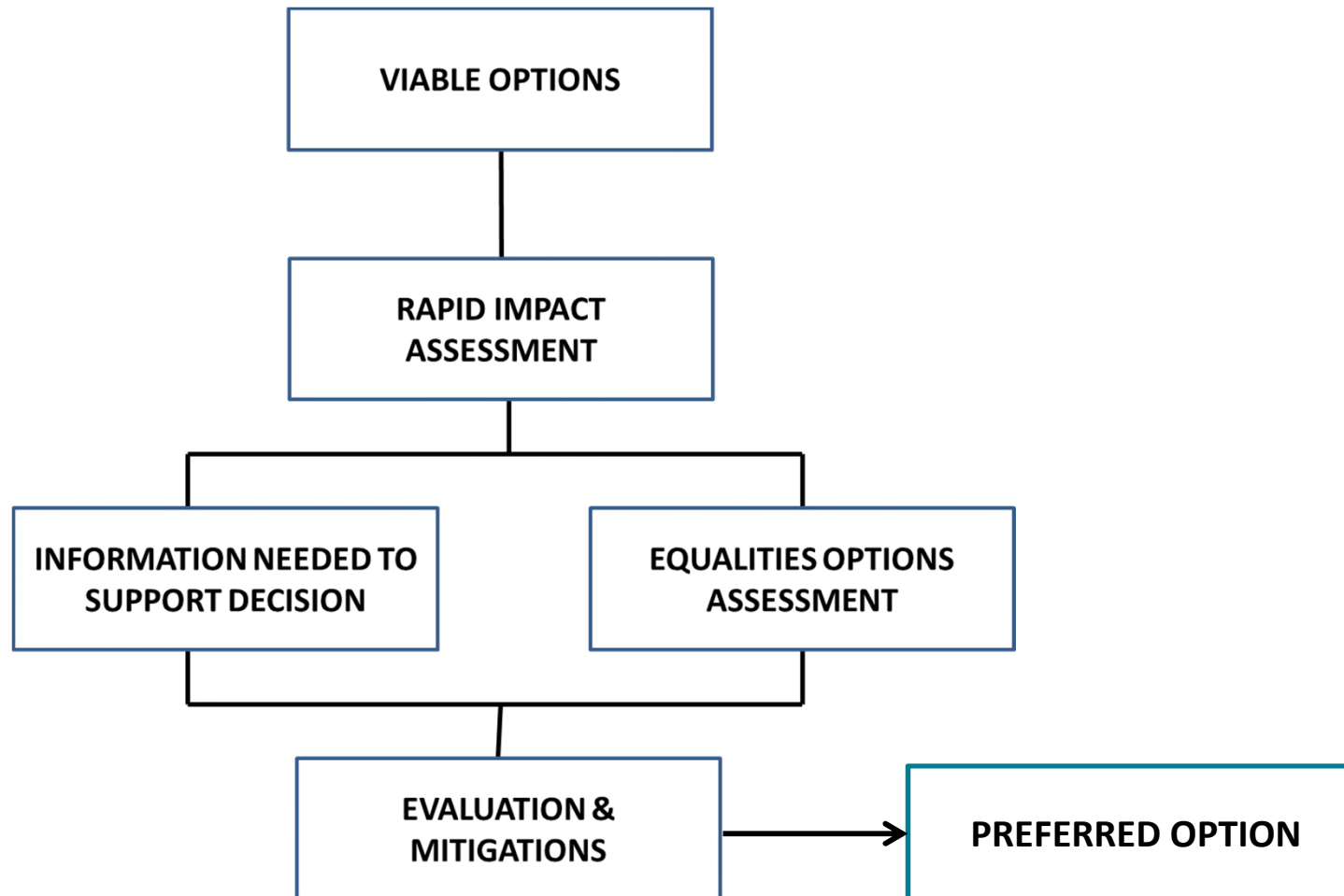
Potential impact of change of hours of operation - PRH ED

- Stroke
- Paediatrics
- Head and Neck Services
- MSK
- Theatres & Anaesthetics

Potential impact of change of hours of operation - RSH ED

- General surgery
- Vascular surgery
- Urology
- SAU
- Orthopaedics
- Trauma activity
- Impact of a fragile CT scanner at PRH

Process Summary



Decision making process across the system

