

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 2.00pm, Thursday 27 September 2018
Seminar Rooms 1&2, Shropshire Conference Centre, RSH

PUBLIC SESSION MINUTES

Present:	Mr B Reid Mr T Allen Mr A Bristlin Mr A Carroll Mr H Darbhanga Mr C Deadman Ms A Edwards Dr D Lee 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) Associate Non-Executive Director (A.NED) Associate Non-Executive Director (A.NED) Non-Executive Director (NED) Associate Non-Executive Director (A.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 B Newman	Non-Executive Director (NED)

2018.2/200

WELCOME & APOLOGIES:

The Chair welcomed all to the Trust Board meeting as well as the recently appointed Non-Executive Directors Mr Tony Allen and Mr Tony Bristlin and Associate Non-Executive Directors Ms Amanda Edwards and Mr Anthony Carroll.

Apologies were noted for Non-Executive Director, Mr Newman.

The Chair highlighted a number of agenda items would bring forward a debate; he reminded visitors to the meeting to observe this was a meeting in public not a public meeting and there would be an opportunity for them to ask questions at the end of the meeting or at the appropriate time.

2018.2/201

BOARD MEMBERS' DECLARATION OF INTERESTS

Mr Deadman (NED) reported that he has retired as Director of Metropolitan Housing Trust and as Director of MML Ltd. The list will be updated to reflect the changes.

Action: CS

The Board RECEIVED and NOTED the remaining Declarations of Interest

2018.2/202

DRAFT MINUTES OF SPECIAL MEETING HELD IN PUBLIC on 30 AUGUST 2018

The Minutes were APPROVED as a true record.

..... Chair
25 October 2018

2018.2/203

ACTIONS / MATTERS ARISING OF MEETINGS HELD 30 AUGUST 2018

2018.2/172 – Board members declarations of interest
CS to update declarations for Chair, B Newman and DCG.

Completed. Action closed.

2018.2/174 - 6-monthly nurse staffing update to November Board.
To provide update to November Trust Board

Action: DNMQ Due: November Trust Board

2018.2/177 – Maternity Engagement Plan Update
DNMQ to present summary and recommendations to September Trust Board

See Minute 2018.2/211 Action closed.

2018.2/182 – Workforce Committee Report
WD to present evaluation of weekly pay/impacts to September Trust Board

See Minute 2018.2/206.2 Action closed.

2018.2/183 – Workforce Performance Report – Appraisals
WD to take Deep Dive of appraisals and SSU training through Workforce Committee and report back to Board

Action: WD Update due: November 2018 Board

2018.2/184 – Annual Report for Revalidation of Doctors
Workforce Committee to have oversight and monitor further work required in relation to involvement and engagement of individuals

Trust Board action closed.

2018.2/185 – Hospital Full Protocol – Winter Plan 2018/19
COO to present paper to September Trust Board to reflect SaTH's bed strategy for winter

See Minute 2018.2/210 Action closed.

2018.2/185 – Hospital Full Protocol
COO to update protocol to reflect the removal of patient boarding; and re-submit through Quality & Safety Committee.

Trust Board action closed.

2018.2/189 – Safest & Kindest Update
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 the Board

Trust Board action closed.

2018.2/191 – ED Staffing Review Update
COO/MD to present high level detail with QIA for decision at September Trust Board

See Minute 2018.2/217 Action closed

2018.2/192 – Performance Committee Report
Performance Committee to investigate the recovery plan further it it's felt the control total cannot be achieved

Trust Board action closed.

2018.2/193.1 – Trust Performance Report – Financial Performance
Performance Committee to look at Care Group Income & Expenditure deviation from budget as part of overall review of CIP plan

Trust Board action closed.

..... Chair
 25 October 2018

2018.2/193.2 – Trust Performance Report – Operational Performance

COO to provide information to the Performance Committee in relation to Cancer figures (upper GI and Haematology in May, and Lung in June)

Trust Board action closed.

2018.2/193.2 – Trust Performance Report – Operational Performance

COO to provide information in relation to the Ambulance Service (what are the options?) through the A&E Delivery Board

Trust Board action closed.

2018.2/194 – Winter Plan 2018/19

COO/DNMQ to progress Winter Plan through Quality & Safety Committee / Transformational element to be considered and how staff be supported in preparation of a challenging winter

Trust Board action closed.

2018.2/196 – Board Assurance Framework & Trust Operational Risk Register

Chair to identify BAF risk(s) to be delegated to new Sustainability Committee

Trust Board action closed.

2018.2/198 – Questions from the Floor

COO to ensure correct version of Hospital Full Protocol is uploaded to SaTH website

Completed. Action closed.

MONTHLY OVERVIEW

2018.2/204

CHIEF EXECUTIVE OVERVIEW

Maternity Services

The CEO wished to recognise and make clear the Trust's offered its sincere apologies to any family member who has lost a baby or experienced any harm in the care that they have received at the Trust.

Media Interest

He reported that there has been a lot of media interest in relation to the Trust's maternity service to which the Trust is fully cooperating with regard to any investigations or enquiries to any outstanding cases that span the 19 year period in question. The Trust will continue to cooperate in an open and transparent way, ensuring the material is placed on the Trust website and reported at the public Board meetings.

CQC

The CQC process closed on Friday 21 September 2018; the Trust is continuing to provide assurance to the CQC with regard to items identified during their visit. The CEO assured the members that patient boarding has ceased across the organisation and SaTH continues to look at other decisive actions to ensure the ongoing safety of patients.

A&E

The CEO reported that SaTH has been going through a process over the last 12 months seeking to secure support for the staff gaps in A&E. He thanked the staff, particularly those in the Medicine division and the A&E departments for the huge efforts they have been making throughout the period to maintain the service which has been extremely difficult; however, having exhausted every avenue, it has been recognised that this cannot continue, especially going into the winter period.

Future Fit

The public consultation process has come to a close; the CEO thanked doctors, nurses and other clinical leaders who have been involved in the various sessions throughout communities to share the understanding of the models of care, and to listen to the concerns raised by members of the public.

There has been a very high response rate to the consultation.

..... Chair
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2018.2/205

FUTURE FIT UPDATE

The CEO presented an update which had been provided by the Clinical Commissioners who are overseeing the process.

Mrs Vogler, Future Fit Programme Director, was in attendance and confirmed that the consultation closed on 11th September 2018. She informed the members that a total of 18,701 survey responses have been received; over 54% were hard copy freepost responses.

It is anticipated that a first draft analysis will be available during mid-November for the CCG Boards to consider with a final decision making process to conclude, best case, by February 2019. A series of meetings and events will be held over the next two months.

The Chair enquired if there was an indication of the population response between the Shrewsbury and Telford areas. Mrs Vogler reported that they don't currently have that level of detail, but anticipated that a large level of response has been received from the Telford population.

The MD enquired how this compares with similar consultations elsewhere in the country. Mrs Vogler reported that this is one of the highest responses nationally; and concludes that the Programme Board has taken every effort to reach as many of the population as possible to receive and consider their views.

The Board members noted the update.

WORKFORCE (PEOPLE)

2018.2/206

WORKFORCE COMMITTEE SUMMARIES

The Workforce Committee Chair presented the key summary points of the Workforce Committee meetings held on 20 August and 17 September 2018:

2018.2/206.1

COMMITTEE MEETING HELD 20 AUGUST 2018Board Assurance Framework

The Committee received the Board Assurance Framework (BAF). Dermatology was highlighted as an area of concern and a review of the risk scores will be carried out by the Care Group. The Committee recognised the impact that this would have on the Care Groups Cancer performance targets and were provided with assurance that the Care Group will recalculate the risk and are taking actions to mitigate the risk. The Committee agreed the risk remained the same.

Workforce Report

The Committee received the Workforce Assurance Report and gave a focus to the use of agency staff and issues regarding stranded patients. The financial pressures as a result of the increased use of agency staff were discussed and the Committee requested more information to come to October meeting on these figures. The operational teams are reviewing actions to support the delivery of the savings required and reduce reliance.

Freedom to Speak Up Policy

The Committee received the Freedom to Speak Up policy which has been based on the national policy and was approved by the JNCC group. The Committee were keen to capture the positive impact that the Freedom to Speak up Guardians are having at the Trust and it was agreed to add this to the Friends and Family Test. The Committee approved the Freedom to Speak Up policy.

Emergency Department

The Committee received a detailed update on the Emergency Department from the Medical Director and received assurance that both clinicians and members of the workforce team are meeting weekly to focus on these issues and a daily review of safety levels in the department are being carried out. The Committee was

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informed that the area of greatest challenge is cover at night and there is a continuity plan in place which would involve closing the Emergency Department at PRH overnight if safe staffing could not be provided. There is a national shortage of ED middle grade doctors and the service is being maintained due to the commitment of the medical and nursing teams but this cannot be sustained indefinitely.

Update of Doctor Revalidation

The Committee received this report which provided an update on Doctor Revalidation for the last five years. The report shows that we are achieving well nationally. The Committee was assured that some delays in revalidation were as a result of new doctors joining the Trust and a delay obtaining information from their previous employer and that the GMC were aware of this position. The Committee noted the report.

Education Audit

The Committee received the Education Audit and were informed that the recommendations are monitored through the Education Committee and reported to the Workforce Committee. A summary will be provided for the Board and further updates presented to the Workforce Committee in six months. This report was positively received.

Staff Survey and Cultural Assessment Tool (CAT)

The Committee received the Staff Survey and CAT updates and noted that the CAT reinforces the staff survey results and helps to define these. The Committee recognised the short timeframe between the release of the survey results and the circulation of the next year's survey and acknowledged that to make significant changes more time would be needed to see impact. The Committee were reminded that the two key findings of focus are around reducing bullying and harassment and staff recommending the Trust as a place to work or receive care. The Committee noted the reports.

Agenda 4 Change Pay Deal

The Committee received a paper on the Agenda for Change pay deal and were notified that band 1 roles are being closed and staff will be supported to progress to band 2 roles. The Committee noted the report and asked for a further update.

People Priorities

The Committee received the People Priorities along with an exception report. The Committee discussed the recent Rapid Progress Improvement Week which had positive impact on staff engagement and recognised some significant areas for change including combining job roles. The Leadership Academy is being presented at the Senior Leadership Team meeting by Peter Latchford who is the Professorial Chair of the Academy and a new project plan is being developed. The Committee noted the paper.

2018.2/206.2

COMMITTEE MEETING HELD 17 SEPTEMBER 2018

People Priority

The Committee discussed the People Priorities monthly update and the exception report. The Committee reviewed the exception report and focused on the Ward Model following the recent Rapid Process Improvement Week (RPIW). Some positive innovations have been delivered following the RPIW however there is still more to do to achieve workforce sustainability. An example was highlighted to the Committee which was a 5s process carried out for drug trolleys which has reduced the drug rounds by 40 minutes. The Committee recognised the wider impact of an extra 40 minutes for each drug round, on each ward, if this was implemented across the Trust. A further update will come to Workforce Committee in October. The Committee noted the report. The Board will now receive each month the People Priorities and exception report.

Board Assurance Framework (BAF)

The Committee received the Board Assurance Framework. The Committee discussed the need to recognise Bullying and Harassment as a risk to employment experience; this will be included in the BAF. The Committee was also informed that a new risk would be added concerning the potential impact on recruitment following the recent press surrounding the organisation.

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DBS

The Committee received the quarterly progress report on the DBS checks, which are ahead of plan, and expressed thanks to the team for their positive progress ahead of plan on these checks.

Equality and Diversity including WRES update

The Committee approved the Workforce Race Equality Scorecard (WRES) and asked the Board to endorse this approval. The WRES will be published on 28th September 2018. The Committee agreed to establish an Equality, Diversity and Inclusivity Committee and for this to report in to the Workforce Committee with a note presented to the Quality and Safety Committee. The Committee received and approved the position. It was confirmed that Chris Weiner would be the Non-Executive Director responsible for Equality and Diversity.

Weekly Pay Update

The Committee considered the quarterly update following the re-introduction of weekly pay and it was noted that the application of two pay systems for Bank staff (monthly and weekly) and the approach to tax has created a level of confusion, and the benefits of the introduction of weekly pay are not being achieved. The Committee asked that this was reviewed and a further update presented in quarter 3/4.

Mr Deadman (NED) questioned if the Workforce Committee regularly looks at the work and scrutiny over availability of Bank staff as it is an underlying issue of quality and care and value for money in every aspect; Dr Weiner confirmed that the Committee scrutinises this routinely, looking at data on a monthly basis.

Guardian of Safe Working report.

The Committee received the Guardian of Safe Working (GSW) Quarterly Report which covered the period of 1st May – 31st July 2018. The Committee were informed that additional administrative support is being funded by the Workforce budget to support this role and asked for a benchmarking exercise to be carried out to compare time provided for GSW.

Medical Education Committee (MEC)

The Committee reviewed the draft Medical Education Committee minutes from June 2018. A focus was given around the Junior Doctor's mess at PRH and an improved space is being considered. The achievement of University status was discussed and further information including timelines have been requested from the Medical Director.

Organisational Development (OD) - January 2019

The Committee received a high level Organisation Development Plan and a more detailed plan is scheduled for November. The Committee agreed that the key plan is to see an improvement and recognised that cultural change can take some time and it may be 18 months before we see an improvement. The Committee was informed that the Friends and Family Test is being used to monitor some of the issues and Director-led engagement sessions have been held. An OD update was brought to the Committee to share the progress being made on this agenda. To further inform the plan both the Deloitte Well Led Assessment and CQC inspection will be utilized to ensure the plan is responsible to the needs of the Trust. In addition discussions are taking place regarding utilising the NHSI cultural tool. The Committee was pleased to see that the agenda was moving forward and isn't waiting. The Committee are keen that a finalized plan is produced for the Board to approve.

Staff Survey

The Committee received the Staff Survey update and was informed that the response rate was 44% last year and a target of 54% is being set for this year which means 500 more voices. A clear approach will be used to support staff and managers and weekly monitoring of the response rates will be carried out. The Committee supported the increased target but acknowledged that once it is achieved the target will need to be further increased. The Committee asked for monthly feedback on response rates by area.

Mr Darbhanga (NED) enquired what action is being taken to ensure more staff participate in Staff Surveys to obtain a better understanding of their views. Dr Weiner reported that whilst this year's target is 54%, aspirations are much higher using an active management approach in engagement.

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The WD highlighted that the Committee felt the 10% increase from 44% to 54%, which represents a further 500 staff voices across the organisation, felt the right ambition. A range of mechanisms have been introduced following feedback received from last year's Staff Survey and more resources from the Workforce team have been introduced to support staff.

Mr Deadman suggested a Pulse Survey may be a useful tool; the WD reported that the Trust currently runs a quarterly Friends and Family Test which asks two key questions. She reported that additional questions will be introduced. She reported that emphasis has been placed on the Staff Survey until Christmas; following which a Pulse survey will be completed in the New Year.

The Board RECEIVED the Workforce Committee summary.

2018.2/207

WORKFORCE PERFORMANCE REPORT – MONTH 5

The WD presented the Month 5 performance report in relation to:

Sickness / Absence / Unavailability – 4.35%

The WD reported a slight increase in sickness absence during August; the two main reasons relate to Musculoskeletal and Mental Health issues. Work continues through the Workforce Committee with the Trust's Occupational Health providers and other providers in terms of support. The Committee is undertaking deep dives to obtain a level of understanding.

Mr Darbhanga highlighted the high level of staff sickness in the Sustainable Services team and enquired if that level was removed from the assessment if it would bring the level to below 4.35%; the WD reported that it is a small team so would not make a significant difference to the overall absence rate for the organisation. A decrease in the areas with a greater head count would see an overall improvement.

Mr Darbhanga also queried the level of support for staff with Mental Health issues. The WD reported there is access to staff counselling over a 24 hour period 7 days per week; as well as the investment of an App named 'shift your stress' which is a six week programme for staff to work through; investment of physical activity for health and wellbeing, as well as help in relation to finances. The WD also informed the members of a piece of work through the management development programme around ensuring managers understand and support Mental Health.

Appraisals – 88.32%

The WD reported a slight increase in the Appraisal rate at 88.32% against a target of 90% with an aspiration of 100% through confirm and challenge. Further work continues through values based conversations to ensure appraisals are engaging and meaningful for staff, and the Committee has asked for a deep dive around staff appraisals.

Statutory Safety Update (SSU) Training – 76.72%

Overall compliance rate has increased to 76.72% against a target of 100%. The Workforce Committee continues to undertake regular deep dives into this. Whilst a high number of areas in the Trust are above 90%, effort is required for areas where completion is lower.

Staff Turnover (exc. Junior doctors) - Recruitment rate 10.47%, Retention rate 90.16%

The Board RECEIVED the Workforce Committee update.

QUALITY & LEARNING (SAFEST & KINDEST)

2018.2/208

QUALITY & SAFETY COMMITTEE SUMMARY –19 SEPTEMBER 2018

The Chair of the Quality & Safety Committee, Dr Lee, presented the summary of the Quality & Safety Committee meeting held on 22 August 2018, drawing particular attention to:

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QUALITY & SAFETY COMMITTEE SUMMARY — 19 SEPTEMBER 2018Never Events - No change to risk

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 on-going 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. At the August meeting the Trust Medical Director indicated that he still could not be assured that the necessary cultural and behavioural changes have been made. Key elements of the surgical never events have been characterised by the procedure being minor and known safety checks having been bypassed.

Dr Lee assured the Board that this will continue to be a high priority of the Committee and he will continue to keep the Board informed.

Sepsis

At the July meeting, the Committee reported that, the recognition and management of sepsis is both a national and local priority. Improving sepsis management has been the focus of transforming care work streams. The committee were pleased that it has been agreed that the Critical Care Outreach Sisters will now have a mandate to support improvements in sepsis care. This change was associated with a “launch” by the team to raise sepsis awareness. This showed commitment, innovation and pace in a campaign to raise awareness of sepsis and of the team’s contribution.

Sepsis recognition and management needs to retain a high profile within the Trust. CQC findings suggested that sepsis was not necessarily being identified, this is despite quality improvement work undertaken and tangible evidence of improved sepsis management provision on ward visits.

The Quality & Safety Committee will continue to keep this under review and keep the Board informed.

Maternity Services (BAF1204)

Since the August 2018 meeting the maternity service has been subject to a further CQC visit. This culminated in the issue of a Section 31 Notice requiring action by the Trust and weekly reporting of actions to the CQC. The Committee reviewed the CQC findings:

- That, where mums were concerned about a reduction in their baby’s movements, the required monitoring of the foetal heart (CTG monitoring) was being performed in midwife led units. This recognises the rurality of the county and attempts to provide accessible services. Dr Lee assured the Board that whilst the function of CTG can be provided, the CQC were concerned about the way in which the process had been risk assessed, implemented and quality assured. He assured the Board that work is ongoing to ensure those are in place.
- CQC also expressed concern around the management of high-risk mum’s on the Obstetric Unit at the Princess Royal Hospital; this was around the overview of the cases by consultant obstetricians. SaTH is running a model of care where consultants are called in by a senior midwife who has overall view of activity on the labour ward; this approach has been recognised as good practice in other Trusts so SaTH is therefore working with CQC so they understand the rationale behind this service model, the checks and balances in place and to ensure there is an understanding of the provision of high-quality care during labour.

As a result of the adverse publicity linked to the Section 31 letter and additional media attention, the Committee recommend that the risk in BAF1204 is shown as increasing..

The Committee note that the MBRRACE data for 2016 shows that SATH is in a band that is 10% higher than similar Trusts for “stabilised and adjusted” stillbirth rates. Dr Lee highlighted that the Trust needs to work with the overall system to look at how maternity risks can be reduced; looking at smoking cessation, reducing obesity and better management of diabetes within the community. This is a whole system challenge, not just a SaTH challenge.

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Mr Deadman (NED) enquired how can the Board be sure that smoking, diabetes and obesity are causing the difference; and to what extent can be changed locally rather than regionally or nationally. Dr Lee reported that they are factors and whilst there is a track record of improvements in smoking cessation (Telford & Wrekin have seen a reduction from 21% to 15%); with regard to obesity and diabetes, they pre-date pregnancy by some considerable time. There is therefore a need to work as part of a system, looking to reduce risk factors.

Patient Flow

Since the CQC Section 31 Notice with respect to the boarding of patients, the Trust has opened additional bed capacity (Ward 27 and Ward 8); the wards are currently being staffed by redeployment from other wards but this is not sustainable. Whilst this is a temporary solution, it is important to recognise that boarding is a symptom, not of insufficient beds, but of inadequate patient flow.

Dr Lee highlighted that significant progress has been made with respect to managing patients who have stayed in hospital for longer than a week, and for longer than three weeks (stranded and super-stranded patients). There has been good system working of achieving discharges in a more timely way, but the whole flow of patients through the system needs to be refined. At present only 15% of planned discharges are achieved before 12 noon (the NHS target is 33% which seems low); he therefore highlighted that SaTH should be aspiring to achieve many more discharges.

Dr Lee reported that the NEDs had undertaken a pre-Board Ward visit to Ward 27 and felt when there is a clear focus on achieving those discharges, it is very achievable.

Dr Weiner reported that from the pre-Board Ward visit he heard of the staff's frustration at not being able to discharge patients early enough in the day; he therefore queried if the correct processes and impetus are in place. Dr Lee reported that this is work in progress from a quality and safety point of view to ensure it is undertaken throughout the patient flow pathway. He requested a focus from the Executive Directors and senior managers on the whole process to optimise the number of beds available to continue with the practice of not boarding patients, and optimise the correct number of beds so they are properly staffed to achieve the best outcomes for patients.

The MD reported that this issue is also related to a Virginia Mason Institute Value Stream where a number of points have been learnt of how to improve the discharge process; having completed that work, medical colleagues are taking that learning and applying it in other clinical specialties. Some of the tangible improvements can be seen in terms of patient's length of stay and reductions in stranded and super-stranded patients. Work is being undertaken on criterion-led discharge whereby doctors set the determinants for when patients can go home and ensure all preparations are made (drugs, discharge letters etc) so that nursing colleagues on the wards can oversee the discharge of the patient from the ward.

The COO highlighted that discharge is an overall system-approach, underpinned by the integrated discharge team which meets daily (virtually) which includes acute colleagues, CCGs, community, local authorities.

With regard to the improvements seen in stranded and super-stranded patients, the MD reported that SaTH is now in the top quartile of Trust's throughout the country, although he recognised that there are further improvements to be made.

The CEO made reference to the work that has been undertaken over the last two years with colleagues from the social care teams at both the Telford & Wrekin Council and Shropshire Council. He reported that the delayed transfers of care as a system were previously amongst the worst in NHS England and they are now amongst the best. He therefore recognised that the close working relationship is improving the care for patients and resulting in less patients going into long-term care.

Following discussion, the Board RECEIVED and NOTED the Quality & Safety Committee meeting summaries.

2018.2/209

QUALITY & SAFETY PERFORMANCE REPORT – MONTH 5

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

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VTE

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

Trust Mortality

SaTH has seen an improvement in its performance regarding mortality over the last four years; this has been maintained over the last 12 months.

The DNMQ reported on the following sections of performance:

Feedback from the Care Quality Commission (CQC)

The CQC visited the Trust in August 2018 and raised concerns which relate to the care of patients in our Emergency Departments (ED). The concerns were specifically about the management and escalation of concerns relating to patients with sepsis or a deteriorating medical condition.

Since the visit the Trust has enhanced the processes already in place to identify, escalate and manage patients who may present with sepsis or deteriorating condition. Monitoring has shown that there has been much improved compliance with both observation and escalation.

Additionally the CQC stated their concerns about the placement of additional patients on the wards at times of escalation. Since 22 August, SaTH has not had any such incidences. Escalation areas have been opened in line with Trust escalation plans, when required.

Regulation 28

The Trust has received a Regulation 28 Prevention of Future Death Report from the Coroner's office. The Trust has responded to the concerns raised which related to a delay in the treatment of a patient with sepsis.

Dr Weiner (NED) reported that the detail within the paper in relation to the Regulation 28 Notice reported that 'too few doctors were on duty in general to cover patient needs and there did not seem to be a programme in place to trying to get a third doctor to cover sickness absence'. The MD assured the Board that this has been investigated in more detail; some of the factors identified were delays in responding to the patient's clinical condition and making sure they were appropriately identified, diagnosed and addressed; and sadly staffing difficulties contributed to this case.

Dr Weiner also asked how the organisation will learn from this unfortunate incident as the Trust will be required to report back to the Coroner. The MD reminded the Board of the difficulties the organisation is facing in relation to staffing in key specialties; he highlighted the importance of addressing staffing gaps as rapidly as possible through the recruitment method to ensure they are substantive members of staff; however there are difficulties in recruiting doctors in specific specialties. The CEO agreed that SaTH would like to see more staff employed by the organisation and be confident of the numbers of staff to care for patients. This year SaTH has made 20 consultant appointments compared to a little over half that number for the whole of last year; the organisation is therefore seeing an increase in the number of consultant appointments which is welcome. SaTH is also looking to extend the roles of paramedics in the organisation with a view to taking on some of the roles undertaken by doctors, to provide support. SaTH is also exploring the development of a Fellowship programme with Wolverhampton University on the Telford campus which would allow the roll-out of more Fellowship Doctors as nationally there is a challenge of middle grade doctors in the NHS.

Pressure Ulcers

In August the Trust reported zero avoidable pressure ulcers of any grade; it is now five months since an avoidable grade three or four pressure ulcer has been reported. In the year to date, SaTH has reported four grade two avoidable pressure ulcers.

The DNMQ reported that there has recently been a change in the way pressure ulcers are categorised which may see an increase in the reporting of pressure ulcers in future Quality and Safety reports. This will be monitored in depth through the Quality & Safety Committee.

WHO Safer Surgery Checklist

The monthly audit continues to show 100% compliance with the WHO Safer Surgery checklist. However, the DNMQ reported that the qualitative aspect of the completion of the checklist is being strengthened to ensure it is not a transactional checklist. Work to improve this culture is being overseen by VMI Value Stream 8.

MRSA Bacteraemia

There were zero MRSA Bacteraemia cases during August 2018

Clostridium Difficile

Two cases of C Diff were reported in August 2018 taking the total number reported in year to 8 compared to 12 at the same point last year.

All cases are reviewed to assess whether there was a "lapse in care". Cases where the Trust does not feel there was a lapse in care are sent for appeal to be reviewed by an external panel comprising members of the Clinical Commissioning Groups for Shropshire County and Telford and Wrekin, Public Health England, and NHSI.

Serious Incidents (SI)

There were two Serious Incidents (SIs) during August taking the 2018/19 year to date total to 18; one resulted in a fracture and the other was an issue with the organisation's electronic patient information system. All incidents are investigated using the Trust processes and reports submitted to the commissioners when complete.

Trends for the serious incidents in the year to date show that we have had four Never Events compared to none in the same period last year and three incidents related to a delay in treatment and two to delayed diagnosis which is broadly similar to 2017-2018. In both periods there was one fall that resulted in a serious incident being reported. In 2017-2018 there was one maternity incident reported in the period compared to none in 2018-2019.

Patient Falls

In August 2018 SaTH reported one fall resulting in a fracture as a Serious Incident and two falls which resulted in fractures which were determined to be suitable to manage as High Risk Case Reviews (HRCR).

SaTH remains below the national benchmark for falls per 1000 bed days to July 2018. In both December 2016 and December 2017 there were increases in the number of falls but since January 2018 there has been a consistent level of reporting well below the national benchmark.

The FD referenced the Falls data identified in the graphs which show that SaTH is below the national benchmark of Falls per 1000 bed days; and are at half the rate of the national picture in relation to Falls resulting in moderate harm. He highlighted that it is important to highlight areas of concern, but also to reference areas where the organisation is performing well.

104 day cancer waits

During August there were two reviews of patients that had waited for more than 104 days before receiving the treatment required for their condition. In both instances the patients were found not to have experienced status deterioration or stage progression as a result of the time it took to carry out the requisite tests and gather the opinions required. Both related to patients on the lung cancer pathway.

In accordance with the Trust's procedure, a harm proforma and an investigation report was completed from the clinician / operational team responsible for each individual patient. On completion, both the harm proforma and report were reviewed and signed off by the lead Cancer clinician prior to sharing with the CCG (in line with NHS England Guidelines).

It is an aspiration to eradicate any 104 day breach linked to capacity at SaTH. We will also ensure that any action plans generated as a result of case reviews are reviewed by the Cancer Board and any learning points and actions are followed up to ensure compliance with the action plan in the relevant clinical operational area.

Mixed Sex Accommodation (MSA)

In August the number of patients that were waiting more than 12 hours to be transferred from the ITU to a ward remained the same as in July (36), although the total number of patients being transferred has dropped slightly. In August 2018 there were 18 mixed sex breaches due to patients waiting over 12 hours to be transferred out of the ITU and HDU areas into a ward environment. Seventeen of these breaches were at RSH and one at PRH.

The DNMQ assured the Board that the Quality & Safety Committee have been overseeing the dignity and privacy of these patients as part of their work plan.

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Safeguarding Adults at Risk and Children and Young People

There were no safeguarding concerns raised by external agencies against Trust services in August either for adults or children and young people. The Trust raised ten adult concerns, one of which was against one of the Wards that did not ensure a safe transfer home for a patient resulting in re-admission.

Safeguarding training figures for Level Two training are low at 60% for Adults and 62% for Children, as are those for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS). A recovery plan is in place and additional training sessions purchased in order to increase the training compliance levels; this will be monitored by the Quality & Safety Committee.

Workshop for Raising Awareness of Prevent (WRAP) continues to be provided and at present compliance is 62% of applicable staff who have attended over the last three years.

Complaints & PALS

A total of 54 formal complaints were received in August 2018, in line with expected figures. Of these, 29 complaints related to RSH, and 25 complaints related to PRH. There was a significant decrease in complaints relating to Unscheduled Care, but a significant increase in complaints relating to Scheduled Care, particularly in relation to problems with appointments. In addition, there has been an increase in complaints relating to SAU which has been shared with the ward manager and matron for further review.

A total of 148 PALS contacts were received in August 2018. A lot of the concerns relate to appointments, particularly within ENT and Ophthalmology.

Friends and Family Test

The overall percentage of patients that said they would recommend the ward they were treated on to friends and family if they needed similar care and treatment was 93.3% which was lower than in July 2018. The overall response rate was 20.8%. Maternity, Birth and Inpatients all individually saw improved response rates compared to July and A&E was just 0.2% lower than July.

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

2018.2/210

A&E WINTER PLAN

The COO presented a paper, reporting that it remains a live document. Whilst the paper relates to the main actions for SaTH, it is absolutely part of the wider system.

The paper reported that a weekly winter planning group has been held 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).

The AEDG was tasked by the A&E Delivery Board to produce the system winter plan for 2018/19. This year there has been a greater focus on a whole-system plan together with working on the six high impact changes which will improve patient flow and ED performance. The following schemes will be in place to support the system through winter and also to manage surges in demand, which was experienced in winter 2017/18:

Admission avoidance:

- Increase community step up resources
- Caters in a car
- Care home multi-disciplinary team

Improve complex discharges:

- Optimise pathway 2 & 3 beds
- Additional pathway 2 & 3 beds including EMI
- Appointment of Trusted Assessors in Care Homes
- Additional social work capacity at weekends
- Additional domiciliary care packages

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SaTH Operational Plan 2018/19

In order to maintain high quality, kind and safe care within the context of:

- National targets and standards
- Workforce constraints
- The financial control total; and
- Infrastructure challenges

The Operational Plan for 2018/19 addresses three key ambitions which will support winter resilience:

- Improving patient care and experience
- Reducing our reliance on temporary staffing
- Improving efficiencies and reducing waste

Within the ambitions there are three high impact changes which are monitored through the A&E Delivery Group (AEDG):

- SAFER
- Stranded patient programme
- ED systems and processes

The COO reported that the Trust requires a number of the schemes to be delivered; such as the work with community colleagues on admission avoidance, the joint work on frailty on the RSH site, standard work with the Value Streams on the wards and also stranded patients. All factors continue to be important.

The COO highlighted that there remains a small shortfall regarding the maximum capacity and demand expectations; SaTH is therefore working with community colleagues on how best to mitigate those, as well as the risks in relation to the workforce challenges. The COO also reported that it is planned to introduce new capacity. There is a follow up at the A&E Delivery Board to look at the next phase of the Winter Plan.

The DNMQ highlighted her concerns in relation to new capacity as SaTH currently has a 20% shortfall in registered nursing workforce; it will therefore be a huge challenge to supply the workforce for the additional capacity. The COO reported that one of the main challenges in terms of introducing new capacity is how to make it optimum to support those patients through A&E and for assessment. He reported that SaTH is working very closely as a set of clinical teams with other colleagues on how best we can use this new capacity – it is as important to look at ambulatory areas or other areas working hand in glove with community partners/voluntary sector to look at a range of different options / range of different staff models / range of different capabilities across the system.

Mr Darbhanga highlighted that the winter funding for 2018/19 is £2.3m and enquired how SaTH would best manage that in terms of escalation in the event of a severe winter. The COO reported that the overall system has a set amount of winter funding. He reported that the system has worked together and the local CCGs have looked to provide additional residential and care home capacity in the immediate local area as this was identified as a shortfall last winter. SaTH is aware that it is working to a funding envelope; and have prioritised the schemes within SATH and the system.

Dr Lee highlighted that the Board has made the commitment not to board patients; he enquired how this will be avoided during high pressured times. The COO reported that he wouldn't underestimate the difficulty that SaTH may experience at certain times. He highlighted the importance of having a clear Hospital Full Protocol, as approved at the August 2018 Trust Board, which describes a series of escalated steps that would be taken within the hospital. The COO reported that work continues to refresh the triggers and actions across different parts of the system in relation to escalation (level 2, level 3, level 4), as well as using technology to ensure that is clear to all parts of the system. It is about a whole system response 24/7.

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Dr Weiner suggested RSH has been predominantly at Level 3 over the past 12 months; and PRH has been at Level 2 / Level 3 - he enquired what will be different this winter. The COO reported there was a much more joined up approach / integrated system which looks at an admission avoidance approach.

The CEO reported that there was a particular challenge last winter for the local authority in Powys who struggled with their social care provision. SaTH has therefore been in liaison with the Powys team throughout the summer to establish an alternative way if they come into difficulty again this winter. SaTH at Home has also been introduced and SaTH is looking to widen the catchment of this model of care from 20 patients per week to 40 per week through the winter period. The CEO also reported that the COO is in discussion with community colleagues to look to introducing intermediate stroke therapies in communities which would enable SaTH to move patients into a different setting earlier in their pathway, whilst continuing to receive the right level of care. Finally the CEO reported that SaTH has been working closely with commissioners in Shropshire to introduce a frailty service in the hospital; throughout the winter that achieved 15 admission avoidances, particularly for elderly patients. SaTH is currently working closely with Telford & Wrekin commissioners to introduce a similar model on the PRH site.

The Trust Board noted the contents of the winter plan paper, and the key risks associated with the plan and the interrelationships/interdependencies of the system schemes.

2018.2/211

MATERNITY SERVICES UPDATE

The Chair informed the members of the public that he would take questions at the end of the section but would not address any personal or personnel issues as it was a public Board meeting. He informed the public that he would be happy to receive comments through direct communication.

2018.2/211.1

LEGACY CASE REVIEW UPDATE

The DNMQ presented this report to update the Trust Board on the progress of cases following a clinical review involving legacy families identified during 2017.

The DNMQ wished to remind the Board that numbers in the report represent the loss of a baby; and the need to be mindful of the families who have suffered such a terrible loss.

The DNMQ reported that the numbers were correct at the time of writing the paper. She reminded the members of the independent Secretary of State (SoS) review which is looking into cases circa 23 at the time of writing the paper; they were historic cases covering a 20 year period.

Following media coverage in June 2018, a number of cases contacted both NHSI and SaTH as an organisation which amounted to a further 31 cases. Of the 31, there were 12 families who needed further investigation and SaTH had made contact with those 12 families to apologise and advise that there were potential signs of omissions of care and to seek permission for their case to be reviewed by independent clinical experts (a neonatologist, an obstetrician, a gynaecologist and a midwife independent to the Trust). Of those 12, ten have consented, and further contact has been made with the final two families to expedite the receipt of consent.

The W&C Care Group Director wrote to the remaining 19 families to advise that there were no signs of care delivery omissions and also offered to meet with the families to discuss the cases further. Of the 19 families contacted, the W&C Care Group Director has spoken to three families who responded to their letters and discussed the review process; they have been offered a meeting to discuss the review process and the care received between 2009 – 2012.

Current activity

Following media and communication disseminated regarding the legacy case review in June 2018, a further six families have contacted the W&C Care Group, outside of the legacy review terms of reference, with queries regarding the SoS review, the legacy case review and questions regarding their care between 1996 – 2012.

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The W&C Care Group Director has spoken to all six families and will be meeting with them all in order to understand their concerns prior to agreeing with the families' further actions and steps.

Following the media coverage in August 2018, a further 14 families have contacted the W&C Care Group outside the legacy review terms of reference with queries regarding the SoS review, the legacy case review and questions regarding their care between 1990 – 2009. The W&C Care Group Director has spoken to all 14 families and will be meeting with them all in order to understand their concerns prior to agreeing with the families' any further actions and steps.

The DNMQ confirmed that there are now 51 cases known to SaTH that will be included in the Legacy case review; she highlighted that it is a changing process but the team commits to be open and honest and transparent with the families.

The DNMQ advised the Board that the independent Secretary of State (SoS) review, otherwise referred to as the Ockenden review is completely independent of SaTH's legacy review.

Dr Weiner asked how the Board can be assured that the organisation is being as open and transparent as it needs to be, and what is the reporting route through to the Board. The DNMQ and Dr Lee confirmed that the reporting route is through the Quality & Safety Committee. Dr Lee reported that the Committee has been tracking the progress of the investigation in terms of the numbers; the strong indication has been that those families who have been approached under the current initiative have been highly appreciative of the candour and sensitivity, and the way in which they have been approached and supported. As the independent responses come through, they will identify the lessons to be learned and ensure they are learned as part of the ongoing scrutiny of the maternity services. Work continues with the W&C Care Group to ensure the service offered is the best that can be offered for the residents of Shropshire.

The Chair confirmed that this will remain a standing item on the Board agenda every month until it has been resolved.

2018.2/211.2

MATERNITY CLINICAL INDICATORS REPORT

The DNMQ presented an analysis of data within the maternity clinical dashboard for August 2018.

Percentage of Babies born at less than 2500gms. This is a National Maternity Indicator. The expected Getting it Right first Time (GIRFT) rate for this descriptor is 2.3%. The Trust data for August 2018 was 6.4%; there is no change to the Trust on-going trends of between 6-8% of babies born at low birth weight. This was raised with commissioning colleagues where it has been agreed to look into this in further detail to understand the causeology. The Local Maternity Service (LMS) has agreed to work with SaTH to identify demographics to break the births down by postcode, etc, to target any interventions to improve this appropriately.

Babies Breast Feeding at Discharge from Midwife to Health Visitor. The NMPA rate is 68.1% SaTH rates have been measured at 46.4% for August 2018. This has been brought to the attention of the Infant feeding coordinator and a plan to bring this back in line will be made.

Induction of Labour Rate. This is a maternity metric. The NMPA expected rate is 28.5%. The Trust Maternity rate in August was 38%. This has reduced from the previous month of 43%. The education of women around reduced foetal movements has influenced this increase. This rate will be observed going forward to identify any further increases and trends.

Maternal Outcomes –Caesarean section rate. This overall rate set by the NMPA is 25%. The Trust rate of 20.6% for August 2018 is below the national average.

Stillbirth – The MBRRACE expected rate was 0.38% (2015). The local rate for August 2018 was 0.3% (one case). There have been a total of eleven stillbirths in the 2018 (calendar year).

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Hypoxic Ischemic Encephalopathy – (HIE). This data is collected on the neonatal IT system “Badger net” and is now a feature on the Clinical Maternity Dashboard from June 2018. There was one reported HIE during August 2018 demonstrating 0.3% (one baby). This related to a significant placental abruption admitted from home; leading to a Category 1 caesarean section requiring swift delivery.

2018.2/211.3

QUESTIONS FROM MR RICHARD STANTON

The Chair agreed to receive the following two questions from Mr Richard Stanton:

Q1

In November 2012 following an 8-day inquest attended by the former Head of Midwifery and Head of Obstetrics, the inquest delivered a verdict that Mr Stanton’s daughter Kate’s death was avoidable. In light of this and a detailed investigation surrounding Rhiannon Davies’ pregnancy Mr Stanton ASKED WHY after six years has the Maternity department failed to learn the lessons identified at Kate’s inquest.

Mr Stanton reported that the CQC issued a Condition Notice on 12 September 2018 regarding unsafe care within SaTH’s maternity services, specifically referencing the potential failure to correctly risk assess mothers to be. He again highlighted that he felt no learning has been made after six years.

A1

The DNMQ thanked Mr Stanton for raising the question. She reported that the CQC raised concerns about the appropriateness of the application of guidelines, specifically regarding electronic foetal monitoring, in the midwifery led units (MLUs). A decision had been made some time ago that due to the rurality of the region, to ensure mothers effectively had foetal movements screened that they would continue to be monitored in the MLUs. Risk mitigation was in place in the form of a piece of software (Dawes Redman) which helps to interpret the movements, but SaTH’s guidelines did not make that explicit. Traces showing any abnormality would then result in the mother being referred to the Obstetric Unit for further investigation. The CQC has challenged the organisation to explain why this was not explicit in the guidelines.

Additionally, the CQC raised concerns about the review of women on the Labour Ward in a timely fashion; again the Trust is in the process of communication with the CQC to send them evidence assuring them that women are seen in an appropriate manner.

The MD confirmed that a considerable amount of learning has been undertaken in the six year period; the Dawes Redman software is one element of that, training in CTG monitoring and the provision of four CTG machines, as well as the learning from cases; overall there have been many improvements.

The MD reported that the CQC have highlighted that processes needed to be formally documented and taken through the appropriate governance method in terms of the way the Trust have implemented CTG analysis within the MLUs.

With regard to the CQC Notice, the Chair confirmed that it is clear from the MD description that the processes in the MLUs needed to be strengthened; this has moved forward and the organisation has responded to this element.

With regard to senior medical review, the Chair reported a discussion is ongoing with the CQC as SaTH had adopted a practice from Birmingham Women’s Hospital which was thought by the CQC to be best practice.

He reported that the CQC letter would normally have come in to the organisation in a draft/advisory capacity with an opportunity for discussion and then a final letter would have been issued, but this has been impossible due to the initial CQC letter being leaked. The Chair reported that the first draft CQC letter which was leaked contained 7 concerns; however, the final version contained two. He therefore highlighted that the Trust needs to ensure a response is made so the final definitive version would help the organisation improve its service. He assured the members and the public that improvements will be made to the MLU, and the debate around best practice with regard to medical supervision will be undertaken and adopted; these will be undertaken within the next few weeks.

Q2

Mr Stanton reported that the CEO and DNMQ had attended the Shropshire Council Joint HOSC (Health Overview Scrutiny Committee) on Thursday 13 September 2018. Bearing in mind that Mr Wright had received notification of the CQC Condition Notice on Wednesday 12 September, Mr Stanton felt he clearly failed to inform the HOSC of the Notice at the meeting, leading Mr Stanton to think either Mr Wright was not aware of the Notice which is inexcusable for a CEO of a healthcare Trust, or he deliberately withheld the information. Mr Stanton welcomed answers from Mr Wright.

A2

The CEO reported that the CQC Notice had not deliberately been withheld; he had been on annual leave and away from the Trust when it arrived. The paper that he and the DNMQ had been asked to present related to the numbers and enquiries into the issues and concerns being expressed by mums around their own circumstances. The Trust is currently seeking clarification with the CQC about the content of the Notice; he was therefore not in a position to talk about it as the Trust was not clear of all factors with regard to the other points raised.

The CEO confirmed that he spoke freely about all issues that he was aware of at that time; he reported that the moment the Trust receives clarification from the CQC, he will be happy to speak publicly at the joint HOSC. Mr Wright confirmed that it was not deliberately withheld in the way that Mr Stanton was describing. Again, he reported that the Trust is in dialogue with the CQC clarifying some points; it is a normal circumstance, usually through a Letter of Intent, to clarify the points before discussing them in a wider forum, which is consistent with what occurred with the A&E position.

The Board thanked Mr Stanton for his questions and for attending the meeting to ask them. It then returned to the main agenda.

PERFORMANCE (SUSTAINABILITY)

2018.2/212

PERFORMANCE COMMITTEE REPORT – 25 SEPTEMBER 2018

The Chair of the Performance Committee presented the summary of the Performance Committee meeting held on 25 September 2018, drawing particular attention to:

Charitable Funds

Following an amendment to ensure the future needs of the service are taken into consideration, the Policy and Procedure on the Receipt and Use of Charitable Funds was approved by the committee.

Julia Clarke, Director of Corporate Governance, updated the committee on progress to develop SaTH Charity and linkages with the community and local businesses.

Future discussions about charitable funds matters will in future take place at the new Charitable Funds Committee, chaired by Tony Allen, Non-Executive Director.

Operational Performance Report

RTT continues to perform above the 92% trajectory and it was noted that not all Trusts are achieving this. Some areas require more careful monitoring.

The Trust continues to achieve the Diagnostic Waiting Times target and has been for some considerable time, despite a significant increase in activity.

Cancer – the Trust marginally failed the 85% 62 day target in quarter 1, but has achieved this in July. The reasons for the deteriorating performance in some specialties was outlined and actions being taken to address this. The performance the Trust is delivering is to be commended.

Emergency Department performance discussed as part of the 'Deep Dive' exercise.

Financial Performance - Month 5

The Trust is reporting a year to date pre provider sustainability fund deficit of £10.417 million, £0.961 million worse than plan.

The discussion focused on the outturn position and three scenarios, best, worst and most likely were presented. The Trust is presently forecasting a most likely variance to control total of £5.731 million; whilst this is extremely disappointing from a financial perspective, Mr Deadman highlighted that that is much more complex, such as the

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provision of expensive agency staff which also affects quality of care, etc.

The position is also due to underachievement of Waste Reduction Programme, creating a shortfall of £2.799 million, and a range of additional expenditures introduced across the care groups amounting to £6.773 million. A review of spending commitments is presently being undertaken to determine the opportunity to reduce the scale of the commitment and consequences associated with any decisions taken. The committee discussed the importance of delivering the control total agreed with NHSI and every effort should be made to do so. The consequences of not achieving this were discussed including the impact on the cash position. Meetings were being arranged with care groups to review their financial position and to discuss actions needed to gain control of their budget. The committee asked for proposals to be presented at the next meeting on the Waste Reduction Programme for 2019/20.

The Chair highlighted that the Committee is charged with addressing the £5.7m recovery plan to achieve the control total; further updates to be provided to future Trust Board meetings.

Outcome of Dermatology Tender

The committee received a proposal to secure additional dermatology and skin cancer service provision to ensure SaTHs service is sustainable and able to meet demand. The outcome of the tendering process was presented to the committee and the recommendation presented in the papers was approved by the Committee. The committee requested the care group to return to a future meeting in 9 months time to provide an update on the outcome of this.

Deep Dive

Carol McInnes delivered a presentation which provided an oversight of A&E performance and the challenges facing the Trust, including workforce. The care group was commended on the stranded patients work, but acknowledged that the benefits of this had not been fully realised.

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

Other items discussed included:

- Neurology – future service provision – In the absence of a revised paper, the committee was unable to make a decision regarding this. It was agreed that an extra-ordinary meeting of the Performance Committee would be arranged at the earliest opportunity to discuss the contract. Paper to be revised as requested previously and circulated in advance of the meeting.
- Fertility Services Relocation – the care group attended the meeting as requested by the committee to provide an update on the recent successful relocation of the service from RSH to Severn Fields Health Village, Sundorne, Shrewsbury.
- Managed Print Service Contract – An update on the performance of the new managed print service contract awarded in 2016 was received. The contract delivered a CIP of circa £200k in 2017/18 and a further £19k in 2018/19. The committee commended the Procurement Department on their control of this emotive issue.
- Operational Plan – latest update received.
- Secure Data Handling Policy – ratified by committee.

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The Board NOTED the Performance Committee Report.

2018.2/213

TRUST PERFORMANCE REPORT – M5

2018.2/213.1

FINANCIAL PERFORMANCE

The FD reported that at the end of August, five months into the 2018/19 financial year, the Trust is reporting a year to date pre provider sustainability fund (PSF) deficit of £10.417m, £0.961m worse than plan.

Income & Expenditure

In the month of August 2018, an in month pre PSF deficit of £2.051m has been recorded against a plan of £1.471m, £0.579m worse than plan.

At the end of August 2018 the Trust had planned to receive income amounting to £149.142m excluding provider transformation funding (PSF) and had generated income amounting to £149.446m, an over performance of £0.304m.

Pay

To date the pay spend amounted to £105.521m against a plan of £104.338m resulting in an overspend of £1.183m. 13% of the Trust's pay costs in month 5 are attributable to temporary staffing.

Temporary Staffing Spend

To date the temporary staffing (Bank, WLI, Agency and Locums) pay spend amounted to £15.203m.

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

Month 5 run rate down by £0.357m compared to month 4 2018/19.

Non Pay

To date non pay spend amounted to £47.220m against a plan of £47.439m resulting in an underspend of £0.219m.

Waste Reduction Performance

In month there is an under performance against plan of £0.378m.

Against the YTD plan of £1.902m, £1.922m has been delivered, an over performance of £0.020m.

Overall, the Trust is presently forecasting a most likely variance against its pre PSF control total of £5.731m. This assumes recovery of income in the last half of the year associated with private patients and increased urology activity (£0.500m), successful marginal rate emergency threshold negotiations with the two local CCG's (£1.380m) and further cost savings associated with weekly bank (£0.400m).

2018.2/213.2

OPERATIONAL PERFORMANCE

RTT Performance

August's RTT performance was 92.51% against a trajectory of 92.0%.

Cancer

The August prediction was 82.77%, validation ongoing. This is in comparison to Informatics forecast of 85%.

The COO reported that whilst SaTH's performance is better than other's; the organisation does not strive to maintain a position which is not 85% or more; actions are being taken to address some areas.

The COO reported it is pleasing to see that Dermatology (one of the services in the spotlight areas) has maintained their position which is credit to the teams involved.

The COO reported that he and the senior team is working closely with Lung, Upper GI and Urology – to revise action plans and look at opportunities to increase the specialist support, as well as working with partner Trusts.

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The FD reported that the Urology team is an extremely small department in the Trust, and the number of referrals coming into the Trust is extremely high. They are achieving performance of approx. 82% which is amazing given the scale of resource that exists in that department and the volume of activity being presented to it.

Diagnostics

Diagnostic waiting times (99.66% patients waited under 6 weeks for diagnostic test) – the COO highlighted the increase in demand in the key areas.

The FD reinforced the message around high performance in particular areas such as diagnostics and cancer services. He highlighted the substantial increase in the volume of referrals in diagnostics – a 20%-30% increase in referrals coming into the service in the last 18 months, however the service has continued to achieve the challenging target in that time. The FD highlighted that SaTH is recognised by regulators as one of the small number of Trusts consistently achieving the target; as well as the cancer targets.

ED Performance

This remains below trajectory at 79.37% against 87.78%. Whilst a number of days display very good performance, there are challenges at night-time. The teams have been clear on mapping performance against availability of staff required and often lose 10%-15% overnight where the clinical teams focus on the clinically urgent patients, which can mean the less urgent patients/minors are not seen and discharged within the four hour period.

There has been a focus on minors performance and with the additional roles of Emergency Care Practitioners has meant the minors numbers have increased.

The COO reported that SaTH has worked closely with regulators and a national team (the Emergency Care Intensive Support Team) came in at the Trust's request, and met with the clinical teams, emergency departments, the ward team and clinicians, and agreed to offer practical help which will be valuable, and is important to the teams which have been working extremely hard.

2018.2/214

FINANCIAL RECOVERY PLAN

The FD reported that the forecast deficit for the end of the year, variance from plan, is £5.7m if the Trust continues to spend as at present. As SaTH was assuming the delivery of a savings programme towards the end of the year, it has been revisited and re-considered and concluded upon - there is a real challenge on whether the savings programmes will be delivered; the team will therefore look at the nature of the spending commitments and identify actions that can be taken.

The FD reported that the Care Groups can help move this forward. Meetings have been arranged with the Care Groups to review performance on a monthly basis, and look at opportunities to make further savings between now and the end of the year, without compromising on the quality of care being delivered.

The CEO reported that the Senior Leadership Team (SLT) will also explore a range of actions, ensuring all senior officers and clinicians are involved, to ensure the plan is going to protect patients whilst delivering sustainability.

GOVERNANCE (LEADERSHIP)

2018.2/215

AUDIT COMMITTEE REPORT – 14 SEPTEMBER 2018

Mr Deadman (NED) presented the summary of the Audit Committee meeting held on 14 September 2018:

The Audit Committee welcomed new Chair Tony Bristlin and thanked Clive Deadman and Clare Jowett for their time on the Committee. They also welcomed Harmesh Dharbanga back to the meeting.

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Internal Audit

Internal Audit Programme

- Noted the CIP Audit was in progress and the draft report should be completed October in order for the organisation to meet any recommendations that are made. Agreed that finalised report would be circulated to Audit Committee Non-Executive Directors but added as soon as finalised to the next Performance Committee agenda prior to the next Audit Committee meeting in December.
- Never Events Internal Audit – has been required by Chair and Terms of Reference/Scope discussed. Agreed that Internal Audit would circulate Scope of Review to Audit Committee who asked that scope include transparency and shared learning. This will be reported back to Trust Board in due course.

Care Group Governance Audit Report

The report gave moderate assurance with two high priority recommendations.

- a) Unplanned expenditure in Unscheduled Care Group – Audit Chair felt this was a key issue for the Board to support the Executives in delivery.
- b) Quality of meetings needs to be more consistent and include approval and follow up processes.

This report will be presented to the Senior Leadership Team Meeting to ensure shared understanding of the issues and the solutions. Internal Audit have been asked to review both recommendations following implementation and report back to Audit Committee on outcomes. It was felt both issues reflected a governance issue in the Care Groups.

Counter Fraud Work Plan

Noted the progress to date and in particular the importance of introducing a time shifting Policy and that a sample policy had been shared with the HRD and MD. Audit Committee felt that this was an important issue and have asked the Workforce Committee to oversee its development.

KPMG Annual Audit Letter

Noted this again summarised key issues from 2017/18 Audit.

- Issued unqualified opinion on Trusts accounts.
- Confirmed they had no issues to report as result of their work on the financial statements.
- Confirmed that the Trust complied with DOH requests.
- Noted that Trust breaches its financial duties to break even and therefore this has been referred to SOS.

Audit Recommendation Tracking

Noted the current position and discussed at some length as the Committee were uncertain how effective and complete the process has been previously; the Executive have improved the quality and rigour with which audit recommendations are completed.

Audit Committee will be asking Safety and Workforce Committees to review risks in light of later CQC reports.

Board Assurance Framework

The Committee considered the Board Assurance Framework and agreed that Quality & Safety Committee and Workforce Committee should be asked to look at the issues raised specifically by the CQC inspection and workforce culture issues.

Recommendation Tracking

The Committee was pleased to note that there were no outstanding recommendations. It was agreed to extend the implementation date of 23 recommendations, but noted that 17 only needed a short extension of a few weeks. These were agreed. There were longer extensions requested for six IT actions and it was agreed that further explanation would be sought from the Deputy Director of Finance. A further 21 recommendations had been closed.

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BOARD ASSURANCE FRAMEWORK & TRUST OPERATIONAL RISK REGISTER

The CEO presented the Board Assurance Framework, reporting that the text highlighted in purple reflects the changes made over the month.

At the start of September 2018 there were 57 risks on the register, which is four more compared with September 2017. Over the year, 15 of these risks have been closed and 12 have decreased in score so no longer appear on the Operational Risk Register. There have been 20 new risks added over the year and 7 further risks have increased in score. A total of 17 risks have not changed their risk score, although actions have been taking place to mitigate the risks.

The Board had no further questions and therefore REVIEWED and APPROVED the Board Assurance Framework and Operational Risk Register and agreed the current status recommended by the Tier 2 Committee's review

EMERGENCY DEPARTMENT CONTINGENCY PLAN ENACTMENT

2018.2/217

**DECISION REGARDING ENACTMENT OF EMERGENCY DEPARTMENT CONTINGENCY PLAN –
*Presentation attached to Minutes***

The MD reminded the Board that he and the COO had reported an 'interim' step at the August 2018 Trust Board which set the position at that point, the options being explored and the further work to be undertaken.

A presentation 'Delivering Safe and Effective Emergency Care' was given, as well as a paper for the Board to consider the risks relating to the inability of the current workforce to continue their current working patterns in order to maintain the status quo and keep the two Emergency Departments open 24 hours a day.

The staffing challenge has been the prime initiator of addressing this issue, as well as the potential implications for the care of patients. The MD highlighted the importance of recognising the considerable efforts being made by the staff to provide the best possible care in the Emergency Departments at RSH and PRH, notwithstanding the existing challenges.

The problem :

- Despite the continued efforts to maintain Emergency Department safe services at both sites, particularly over the last four years, SaTH can no longer guarantee safe services simultaneously on both sites overnight for both patients and staff.
- The ED staff have continued to work over and above expectation, including consultants acting down, to maintain services to this point, and this is no longer tolerable for their health and wellbeing.
- The impact of workforce challenges is in the delivery of timely assessment, treatment and monitoring of patients in the ED's, potentially compromising patient safety and quality.
- Support has been requested from the wider acute provider network which hasn't resulted in any additional capacity being available to SaTH.

Risks:

Three separate ED staffing risks have been on the Trust Corporate Risk Register for some time:

- Insufficient consultant capacity in ED – current risk score 20, identified August 2012 (SaTH has been trying to recruit for this length of time).
- Lack of middle grade cover for the two EDs – current risk score 20, identified August 2016
- Insufficient nurse staffing level in the two EDs – current risk score 20, identified November 2017

The MD reported that the risks have been shared repeatedly at Trust Board, with commissioners and regulators, with appeals for assistance.

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Nurse Staffing position:

- 30% of nursing shifts require agency nurses to fill the rota gaps
- Nursing staff at PRH have reported that they feel vulnerable in leading the team, particularly at night time due to the skillmix of the whole team
- Seven Band 5 nurses and three Band 6 nurses have resigned from their ED posts in the past two months
- Some additional staff have been recruited but the substantive ED nursing workforce remains fragile

Medical workforce:

- SaTH has worked hard, in the UK and beyond, to recruit staff for both EDs (PRH and RSH)
- Consultants – although net increase from 4 to 7 (by January 2019) the gaps is still significant
- Middle Tier – Net reduction from 14 to 10.5 – gap is more significant

The MD reported that it is clearly evident at night, due to reduced staffing cover, that patients wait longer which is more than an inconvenience or failing to meet a target; it potentially can affect the quality and safety of care provided. It has therefore been recognised it is important to act, monitor the risk and seek ways to address/mitigate this.

The Board were informed that the options have been considered and discussed widely:

Option 1 – Maintain status quo- 'is there sufficient evidence to support implementation of reduced operating hours of one of the EDs between 20:00 and 08:00'.

Option 2 – Close PRH ED from 20:00 – 08.00

- Last patient will be accepted at 20:00 - divert plan thereafter
- Urgent Care Centre (UCC) will accept patients via CCC until 20:00
- New UCC from 9th November
- Some remaining patients would potentially remain in ED into the night until their pathway for discharge or admission is available
- PRH will continue to accept GP referred admissions in those specialities, managed at PRH
- Ambulance divert to neighbouring Trusts as RSH not able to accommodate additional activity - on average 16 ambulances a night (3 children, 13 adults) will be diverted to neighbouring Trusts – New Cross Hospital, Wolverhampton, etc

Main services impacted would include Paediatrics, Head and Neck services, Cardiology, Stroke services and Gynaecology although a number of mitigations will be introduced i.e. direct access pathways developed for Stroke patients to access PRH via ambulance.

Patients who would normally self-present will be advised to go to RSH or to other neighbouring EDs.

Option 3 – Close RSH ED from 20.00 – 08.00

- Last patient accepted at 20:00 - divert plan thereafter
- UCC will accept patients via CCC until 20:00
- Some remaining patients potentially would remain in ED into the night until their pathway for discharge or admission is available
- RSH will continue to accept GP referred admissions in those specialities managed at RSH
- Ambulance divert to neighbouring Trusts as PRH not able to accommodate additional activity – on average 20 ambulances a night will be diverted to alternative EDs
- Trauma Unit status would require new application for PRH

Main services impacted would include Trauma, Acute surgical services (general surgery, vascular and urology), as well as Critical Care Unit, Theatres and Anaesthetics. Also access to appropriate diagnostic and interventional radiology. Some direct access pathways could be created e.g. fractured neck of femur.

Any patient who self-presents at PRH and requires a surgical admission would be required to transfer to RSH and direct admission to SAU as there is no surgical bed base at PRH.

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Theatre equipment and staff would need to transfer to PRH to provide appropriate theatre and anaesthetic cover for the surgical patient.

There is limited Radiology capacity at the PRH site. There is only one CT scanner at PRH which is extremely vital for any emergency pathway – if there was any challenge with that scanner, there would be zero emergency capacity. RSH has two CT scanners. Dr Lee (NED) reported that the Q&S Committee has previously raised issues in relation to the single CT scanner at the PRH site in terms of its potential disruption to the Stroke pathway, and feels this should not be further compounded by a single point of failure.

Patients who would normally self-present would be advised to go to PRH or other neighbouring EDs

Decision

The MD and COO highlighted that SaTH is unable to continue with maintaining the status quo (Option 1) and confirmed that this is the view of the teams and clinicians themselves; however, there is clearly risk associated with either remaining option and a great deal of planning will be required to ensure it is implemented safely.

On balance of the evidence and risks assessments undertaken by the clinical teams, the COO reported that the **recommended option is the closure of the PRH ED overnight (Option 2).**

The Chair thanked the MD and COO for their presentation of the Options. He requested if any members of the Board had any further points of clarification around Option 1 i.e. the decision as to whether both EDs could be kept open overnight. The CEO highlighted that in order to maintain both EDs, the risk clearly relates to the workforce; he therefore requested clarification as to whether the availability of middle-grades is likely to improve. The MD confirmed that a large amount of work has been undertaken to try to address the gap in the middle-grade tier and just one successful appointment to a relatively junior member of staff has been made, but during this time other doctors have gone elsewhere. The MD has engaged with the Regional Medical Director of NHSE and NHSI on a number of occasions and unfortunately they have also been unable to obtain support for the release of doctors from other Trusts to work with SaTH. The MD confirmed that every effort has been made.

The CEO highlighted that at the recent System A&E Delivery Board the question of the continued 24/7 provision of services on both sites was asked of other partners, including SaTH's two clinical commissioning groups, and they gave a clear position that they would not be able to support the ongoing continuation of service on both sites with the current workforce.

Dr Weiner (NED) questioned the risk assessment process and requested clarification if the risk is a consensus view or a majority opinion of what the system would have as it moves forward.

The COO reported that the risk assessment process has drawn together a range of clinical teams, including those with a range of different system partners, and it is absolutely a majority view of the clinicians involved, including partners across the system. The MD confirmed that he feels it is an appropriate assessment of the risks faced.

The WD reported that whilst huge efforts have been made around recruitment; new roles and different ways of working have also been introduced into the Emergency Department to provide workforce sustainability.

The DNMQ highlighted that the nursing staffing level is significantly inter-dependent on the consultant and middle-grade cover; whilst there are gaps, the senior nursing teams are carrying significant amounts of risk which is very stressful for them and adds to the pressures of an already demanding role.

Following discussion, the Chair reported that the MD has been reviewing the safety of the Emergency Department for an ongoing period of time; and whilst giving assurance to the Board that the service wasn't 'unsafe', has devised a review of the ongoing risks and consulted with a number of colleagues across the system. The Chair requested clarification as to whether any other organisation has suggested that going forward is a viable option in terms of the risk profile.

The MD confirmed that it was agreed that action should be taken *before* the risk is expressed in terms of an increase in harm for patients rather than after.

Dr Lee highlighted that this change would not be enacted immediately, and SaTH is continuing to be dependent on the ongoing heroics of the clinicians and nurses for a period of time until it is enacted. He also highlighted that an amount of operational work is required in terms of care pathways etc; therefore a level of due diligence is required which will be overseen by the Quality and Safety Committee.

Having observed the debate, the Chair reported that he felt very clear of his responsibilities to avoid additional risk to the treatment of patients; and having joined the Trust towards the end of last winter and seeing the pressure placed on the two EDs, he cannot envisage going into this winter relying on the goodwill of the workforce.

QUESTIONS FROM THE FLOOR IN RELATION TO ED CONTINGENCY PLAN

In view of the clinical evidence, the Chair opened the floor to **Questions** (statements were not recorded):

- Q1** *Gill George asked if there is an alternative of working with the two local councils/MPs to seek to sustain the current situation.*
- A1** The Chair reported that SaTH's medical workforce have made it clear to the Board that the existing situation cannot continue on the basis of using their goodwill to work long hours each day. He reported that all system partners have been aware of SaTH's situation, for at least three months, that the organisation is in desperate need of additional medical support. SaTH is therefore required to make a decision, with winter approaching.
- Q2** *A gentleman suggested a contradiction with regard to the finances / Future Fit, and suggested SaTH would be unable to afford middle grade doctors even if they were able to recruit them.*
- A2** The Chair confirmed that the ED decision is not a financial decision; the Chair has been assured by NHSI that funding is available if SaTH were able to recruit medical staff. He also highlighted that this is completely separate from the Future Fit Programme.
- Q3** *Shaun Davies reported that Telford & Wrekin Council would do anything it can to work together to help SaTH and offered to purchase an additional CT scanner for the PRH site.*
- Q4** *David Sandbach questioned the time of closure of the Urgent Care Centres in the evening and understood this would be at 8pm (20:00hrs). If so, he highlighted that for 50% of the week, there would be zero UCC cover and zero emergency cover.*
- A4** The COO reported that the Telford UCC would be running until 22:00hrs (10pm) but the last patient would be accepted at 20:00hrs (8pm).
The MD reported that there will be a reduction in the reliance on locum doctors, but SaTH will not reach a stage at which there are no locum doctors. The teams have worked hard to devise rotas for the safest care possible under this reconfiguration. The alternative is a further reduction in service. He reported that the team's view is to maintain care for patients for as much time as possible while at the same time recognise the staffing challenges. It does not 100% address the staffing challenge; but helps to stabilise it.
- Q5** *David Sandbach reported that it has been presented in the press as a 'temporary' closure and suggested the arrangement could continue for a considerable amount of time. How long is it likely to last – what is the minimum/maximum?*
- A5** The CEO reported that the minimum amount of time would be at least six months due to the complexity of the care pathways, winter, etc. In terms of the maximum, it would be determined by the availability of staff. SaTH is working closely with Health Education England and higher education institutes and also looking to work closely with Wolverhampton University in terms of Fellowship Doctors which would help to fill the middle-grade challenge.
The CEO confirmed that SaTH is working hard to obtain the staffing required; the moment they are on board, the organisation will be in a position to re-open both Emergency Departments.
- Q6** *A lady did not feel assured of the risk assessments undertaken and ambulances being available / insufficient ambulances, or if patients would be accepted at neighbouring hospitals, and how double the amount of patients could be treated in one department.*

- A6** The COO confirmed that the Welsh Ambulance Service and West Midlands Ambulance Service are fully involved. The Ambulance Service has written to SaTH and the CCGs confirming that they would be able to provide additional services. The Welsh Ambulance Service already has long journey times, and therefore has some concerns about a closure of either Emergency Department.
- Regarding the West Midlands Ambulance Service, the COO reported that he has received absolute assurance that they would be ready to immediately cope with the additional journey times. The Royal Wolverhampton NHS Trust would not be the destination for every single patient; it would be a likely destination for many. Extensive discussions have been held with colleagues at the Wolverhampton Trust and they have been involved in short-term contingency planning for some time; and have confirmed that they would be able to take the number of additional ambulances.
- The Chair and CEO reported that they have both been in discussions with the Chair and Chief Executive of the Royal Wolverhampton NHS Trust who have confirmed that they stand ready.
- The Chair reported, dependent on SaTH's decision, it will be remitted to the Quality & Safety Committee to resolve all issues. The decision would not be implemented until all areas of risk have been mitigated. He assured the public that this will continue to be reported through the SaTH Trust Board.
- Q7** *A lady reported that the Board had been very clear on the numbers of middle grades and consultants but sought clarification with regard to the nursing numbers.*
- A7** The WD and DNMQ reported that 24 whole time equivalent nurses are required.
- In terms of recruitment, the WD confirmed that SaTH looks outside of its own geographical patch to see what others are doing and to identify any learning. SaTH has introduced 'same day offers' following the interview process, also introduced 'golden ticket' for student nurses, and significant investment in terms of SaTH's 'Belong to Something' recruitment campaign. SaTH has also recruited both nationally and internationally (from Italy and Philippines) with support packages in place.
- Q8** *What has been the outcome of the model (closure of one A&E) in terms of additional patient deaths/poor outcomes which will be caused due to the additional travel time?*
- A8** The MD reported that there has been recent evidence published and the determining factor for improving outcomes for patients with life threatening or life critical conditions is the availability in one area of the relevant staff, in terms of numbers. An additional factor is the contribution of stabilising and supporting patients in ambulance during transfer; and the West Midlands Ambulance Service has confirmed that they will commit to that element.
- The Chair welcomed Dr Rysdale who has previously worked as an A&E Consultant at the Trust and will recommence at SaTH within the next week. Dr Rysdale reported that his only concern is patient safety and, whilst he would rather have two departments working overnight, this unfortunately is not possible due to the lack of staff.
- He also reported that his ED colleagues in the region, some who live in the county, have seen the pressures placed on SaTH staff to work a day followed by a night followed by a day and they have categorically said that they would not be willing to work at SaTH due to such pressures. He highlighted that this cannot continue.
- Dr Rysdale reported that if the decision is not made, and SaTH maintained the status quo, he felt he cannot guarantee, as a Consultant, that the department would be safe overnight if it is not staffed appropriately.
- The Chair introduced Consultant Physician and Unscheduled Care Group Medical Director, Dr Kevin Eardley, to the meeting.
- Dr Eardley reported that he has worked for the Trust for 13 years; he welcomed the open and engaging debate. He reported that he represents the A&E Consultants and the wider medical and nursing workforce who would also be assured by the discussion as the strength of evidence is growing that they cannot sustainably run two A&Es which is beginning to be heard.
- The staff have been working heroically whilst engaging and trying to recruit; engagement has been taking place with CCGs, NHS England, Health Education England, CEOs, as well as international recruitment, but the position continues to deteriorate. This has been widely known via Board meetings and through the press since 2014. This has become critical due to the difficulties in recruiting to the middle-grade tier; Dr Eardley reported that he has supported both medical and nursing colleagues over the last 12 months who are exhausted. Whilst the staff are passionately committed, they cannot be expected to continue with current pressures.

..... Chair
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Dr Eardley therefore requested recognition from the Board to support the first decision.

RECOMMENDATIONS

The Chair reported the paper's recommendation:

Decision 1

- The Trust Board is asked to agree that there is sufficient evidence to support implementation of reduced operating hours of one of the Emergency Departments between 20:00 and 08:00 (Decision 1).

Voting members of the Board (14 of 17) unanimously SUPPORTED the above resolution.

The Chair confirmed that SaTH will continue to lobby externally for additional support; the decision will not be implemented until early-mid November following completion of the decision-making / risk process, with a robust implementation plan. Progress will be reported to the 25 October 2018 Trust Board.

Decision 2 (based on the above agreement):

- Which option would best mitigate the risks to patients until a longer term strategic solution can be agreed and delivered?
 - A closure of PRH ED overnight 20:00 – 08:00
 - A closure of RSH ED overnight 20:00 – 08:00

Dr Weiner (NED) requested clarity around the two on-call consultants overnight (paediatric provision) – one for RSH and one for PRH; the MD clarified that this relates to consultant paediatricians. He reported that he has met with the consultant paediatricians for this pathway. It is the existing arrangement whereby the consultants provide on-call cover for both sites, separately, which would continue to be maintained irrespective of the decision.

Mr Darbhanga enquired if a patient was sent to the Royal Wolverhampton Trust, how long it would be until they were repatriated to SaTH. The COO reported that clinical advice has been sought and should be applied; firstly if a patient is admitted overnight and discharged in a short time, no repatriation would be required.

The initial assumption for repatriation is after 72 hours for adult; however paediatrics would aim for earlier than 72 hours - this requires to be finalised.

Q9 *A Staff Nurse from the PRH ED attended to enquire about paediatrics. She enquired what would happen to children in Shrewsbury and South Shropshire – would they be conveyed to Wolverhampton or to Shrewsbury; if Shrewsbury, what services will be available?*

A9 The MD confirmed that he has met with colleagues in PRH ED and also with colleagues in the Paediatric Unit in the Women & Childrens' Unit to discuss paediatric pathways; more work will need to be undertaken but the majority has been clearly laid out.

The plan/pathway would be that children from the east of the county from the T&W area would go from ambulances to Wolverhampton. Children from the west of the county would come to RSH with a strengthened paediatric service provision

Q10 *Sylvia Jones queried the cost implications of patients going out of county - would it be cheaper to close PRH or RSH overnight?*

A10 The FD reported that there is a financial impact on the Trust in either two of the options –

- To close PRH A&E overnight would have a financial pressure of £3.4m associated
- To close RSH A&E overnight would have a financial pressure of £3.3m associated

He reported that the Trust will lose income associated with the change. The discussions held have not been driven by a financial benefit – the decision will be made on the basis of quality and safety.

Following discussion, voting members of the Board (14 of 17) unanimously SUPPORTED Option 2: Close PRH ED from 20:00 – 08.00

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The Board also APPROVED that the clinically-led approach should continue with an expectation of bringing a paper back to the October Trust Board

The Board ASKED the Quality & Safety Committee to review the implementation plan and provide additional assurance to the Board for the October meeting

2018.2/218

ANY OTHER BUSINESS

No further business raised.

MEETING CLOSED AT 5.25pm

2018.2/219

QUESTIONS FROM THE FLOOR (Statements not recorded)

- Q1** With regard to the closure of PRH A&E at night, Mr Graham Shepherd raised concerns regarding the staff also being required to transfer to work at RSH and enquired if transport would be provided for staff from home to work, work to home etc
- A1** The WD reported that individual conversations will be held, as well as weekly briefings, to engage with staff to understand their personal circumstances, i.e. the hours they work, care responsibilities, access to transport etc to ensure we get it right for every member of staff.
- Q2** *Mr Shepherd also questioned the minimum of staff, at different grades, that need to be available for the A&E to be reopened at PRH.*
- A2** The CEO reported that it's a reverse of the staff that are not available that has resulted in a reduction in the service; a mirror of what is not in place now. The Chair reported that clarity is required. [Subsequently confirmed as 7 middle grades and 15 ED nurses]
- Q3** *Sylvia Jones raised the CEO's reason for not discussing the letter received from the CQC at the Joint HOSC, and enquired if the Board are in discussions with the CQC in relation to any other department where they have concerns about the safety of services at SaTH. Ms Jones felt there was a lack of transparency around the situation.*
- A3** The CEO apologised to the public if they felt there was a lack of transparency. He confirmed that as previously reported in the main Board meeting, he was on annual leave when the CQC letter arrived into the Trust; he also reported that the only details that the Board are in discussion with the CQC are those in the letter which cover A&E and Maternity. SaTH is in constant dialogue with regulators and SaTH can have unannounced visits at any time about any service at any point. The situation is fluid and dynamic.
The Chair confirmed that the CEO was on holiday whilst the CQC letter was received into the Trust. During that time there was a request for a release of the information; the Chair therefore took legal advice from NHSI who reported he was not authorised to release the letter.
- Q4** *Sylvia Jones raised the MBRRACE statistics and the Maternity Clinical Dashboard statistics and questioned why the increase in mortality in 2015 was not reported by the Board in real time.*
- A4** Regarding the outcome for mothers/babies in Shropshire, the DNMQ reported that these figures have been shared with commissioners and SaTH will be investigating them further with the Local Maternity System (LMS)
Regarding the Maternity Clinical Dashboard statistics, the DNMQ reported there had been a discrepancy in regard to the neonatal mortality rate in the May figures – a statement has been circulated regarding this discrepancy. The DNMQ reported that the 2015 report highlighted an increase in mortality due to a cluster of babies with congenital abnormalities that were not compatible with life; however the mortality rate has improved in more recent reports. SaTH will continue to investigate.
The MD assured the Board and the members of the public that the Board did discuss the increase in mortality in real time. With regard to the learning, the MD reported that SaTH's neonatologists work as a team to review all cases involving neonatal deaths to identify any learning from any case where we could have improved our systems to minimise the chance of a similar occurrence for another family.
With regard to stillbirths, SaTH has tailored the campaign that will be implemented to improve the service being

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provided; focusing on reducing smoking, making the public aware of reduced foetal movement. It is about learning lessons to improve the service.

Ms Jones also reported that the previous Trust Board Chair, Mr Latchford, assured the public that the learning from Kate Stanton-Davies case would be reported at each Trust Board – she requested assurance that this would be carried forward to each Trust Board.

The Chair reported that the DNMQ has held a Maternity Summit to pull together all outstanding items which has given a baseline to go forward. He assured the public that it will continue to be a standing item on the agenda.

Q5 *Counsellor Karen Calder referred to the stillbirth rates reported in the Quality & Safety Governance Report and felt it would be helpful to have sight of the report.*

A5 The DNMQ agreed to forward a copy to the Director of Public Health Shropshire.

Q6 *In relation to winter planning, Counsellor Calder questioned if domiciliary care packages are in place*
A6 The CEO confirmed that they are in place.

2018.2/220 DATE OF NEXT PUBLIC TRUST BOARD MEETING –

Thursday 25 October 2018, **1.30 pm, Venue TBC – Telford**

The meeting closed at 6.00pm

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 27 SEPTEMBER 2018

Item	Issue	Action Owner	Due Date
2018.2/201	<i>Board members declarations</i> To update Mr Deadman's declarations	CS	Oct 2018 Completed
2018.2/203	<i>Matters Arising</i> <i>2018.2/174 – 6-monthly nurse staffing update</i> To present update to November Trust Board <i>2018.2/183 – Workforce Performance Report – Appraisals</i> To take Deep Dive of appraisals and SSU training through Workforce Cttee and report back to November Trust Board	DNMQ WD	29 Nov 2018 Added to Schedule 29 Nov 2018 Added to Schedule

DRAFT

..... Chair
25 October 2018

Delivering Safe and Effective Emergency Care

Nigel Lee – Chief Operating Officer

Dr Edwin Borman – Medical Director



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

Some of the many things that we do well...

- We see over 124,000 patients each year
- Our staff work hard to provide the best care possible for them
- We are improving the care we provide and our ED processes
 - Streaming to most appropriate pathway
 - Improved Sepsis pathway
 - Clinical Decisions Unit
 - Introduced ENPs and ECPs
 - Rapid Assessment and Treatment pathway
- We have had recognition for the good quality training we provide
 - GMC green flags for training and induction
 - Positive Trainee surveys and range of educational opportunities
- Team SaTH represented the UK at the European Resuscitation Championships - Champions in 2016 and Runners up in 2017



The problem



- Despite the continued efforts to maintain Emergency Department safe services at both sites, particularly over the last 4 years, we can no longer guarantee safe services simultaneously on both sites overnight for both patients and our staff.
- Our ED staff have continued to work over and above expectation to maintain our services to this point, and this is no longer tolerable for their health and well being.
- The impact of workforce challenges is in the delivery of timely assessment, treatment and monitoring of patients in our Emergency Departments, potentially compromising patient safety and quality.
- We have requested support from the wider acute provider network which hasn't resulted in any additional capacity being available to us.



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We Value **Respect**
Together We **Achieve**

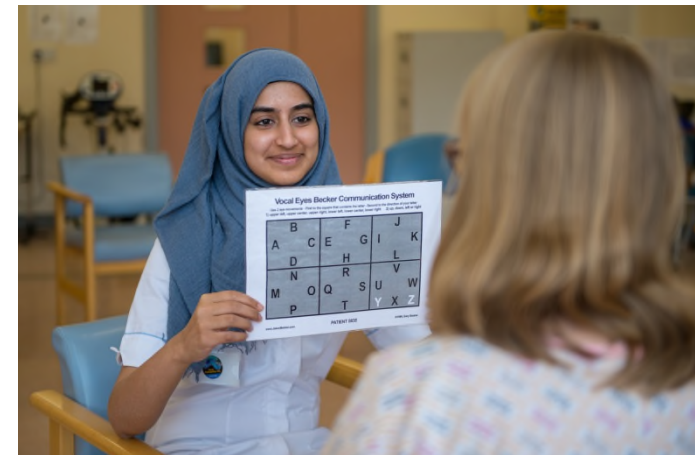
Risks on the Corporate Risk Register

Risk number	Risk description	Date identified	Date last reviewed	Risk score
626	Insufficient consultant capacity in Emergency Department which adversely affects patients safety and patient flow	20 August 2012	29 August 2018	20
1122	Lack of middle grade cover for the two EDs	22 August 2016	29 August 2018	20
1318	Insufficient nurse staffing levels in ED at PRH and RSH	1 November 2017	29 August 2018	20

These risks have been raised, repeatedly, at Trust Board, with our Commissioners and our Regulators

Quality and patient safety impact

- Patients wait too long in our department to be seen and treated before they are discharged or moved into a bed base.
- We closely monitor quality indicators for potential impact on patient care
 - Promoting incident reporting that has increased awareness of safety culture
 - Increased no and low harm reports
 - Reduction in medium to significant harm cases
 - Mortality reviews with emphasis on identifying causes and making improvements
- We have introduced daily system calls to monitor the position
- The CCGs have been undertaking unannounced visits into each Emergency Department to monitor patient care

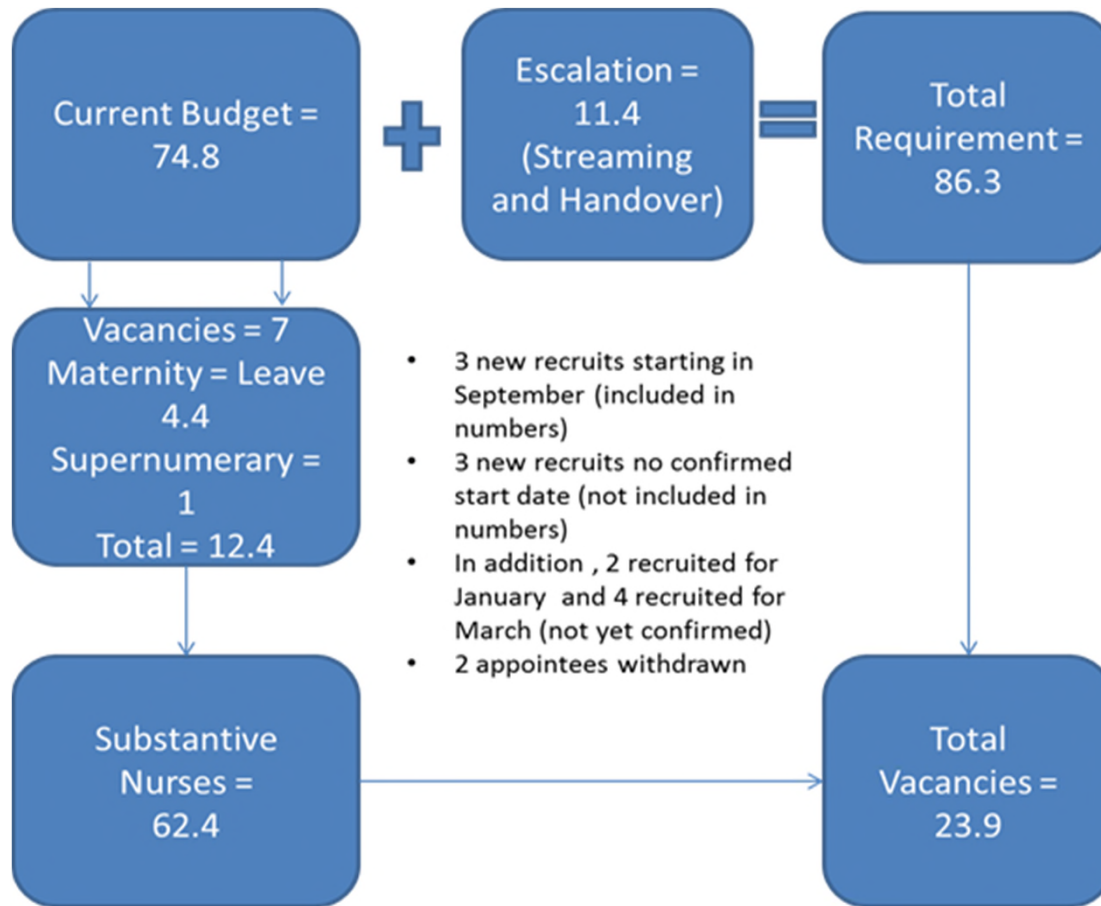


Quality and patient safety impact

- Our senior nurses are undertaking regular daily audits to provide assurance that patients are being cared for appropriately when in the department
- Complaints have increased throughout 2017 and have continued at the same level in 2018 – mainly related to clinical treatment, long waiting times, staff behaviour
- The recent CQC visit, in August 2018, highlighted some quality and safety concerns in relation to the identification, monitoring and treatment of patients
- This has highlighted the fragility of our service that has become increasingly reliant on the (unsustainably) heroic efforts of our staff



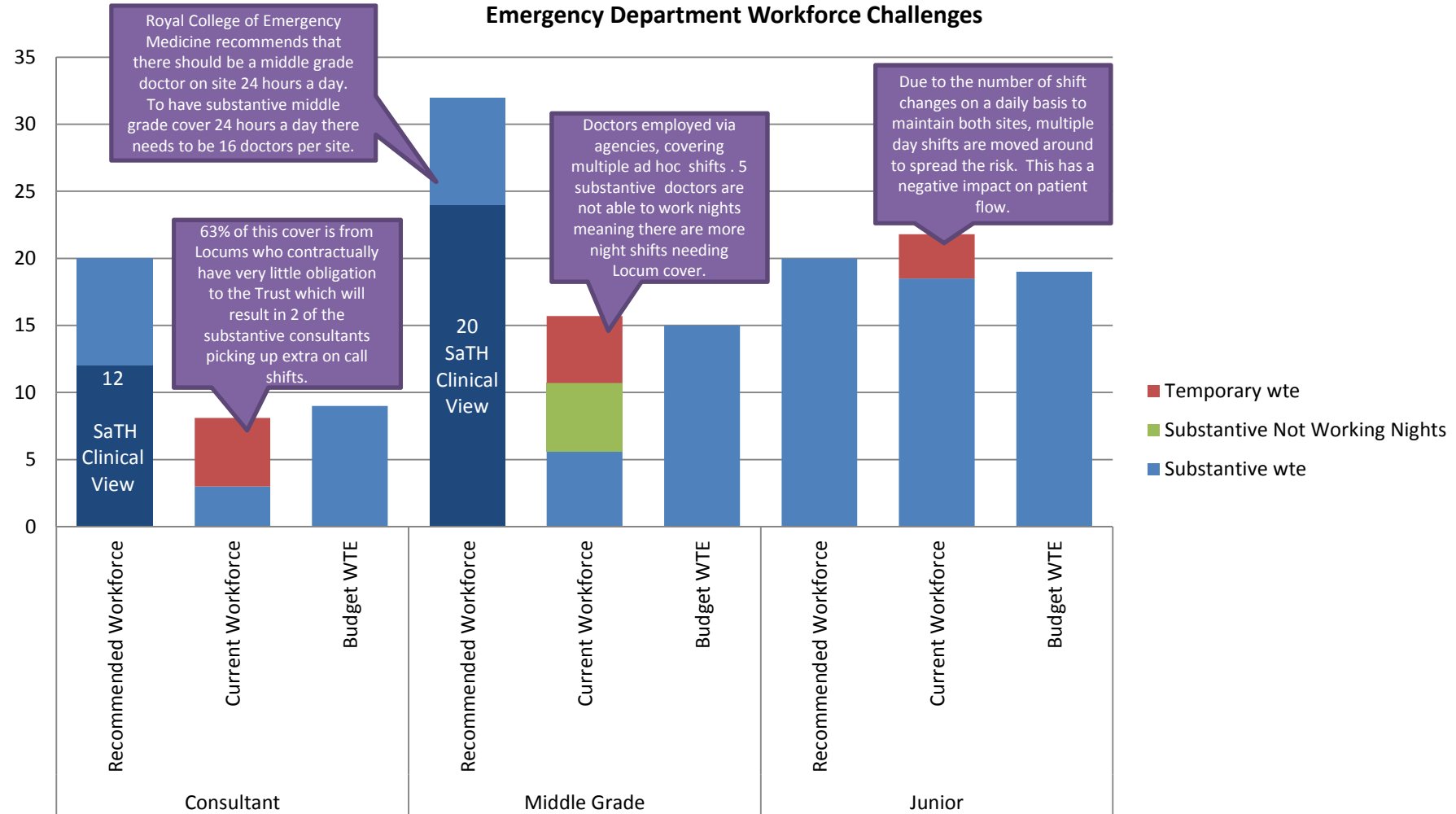
Nurse staffing position



- 30% of our nursing shifts require agency nurses to fill the rota gaps
- Nursing staff at PRH have told us they feel vulnerable in leading the team, particularly at night time, due to the skill mix of the whole team
- We have had 7 band 5 Nurses and 3 band 6 Nurses resigning from their ED posts in the past 2 months
- We have recruited some additional staff but the substantive ED nursing workforce remains fragile

Workforce – Medical

Emergency Department Workforce Challenges



Recruitment

- We have worked hard – in the UK and beyond – to recruit staff for our two EDs
- Consultants: *gap still significant*
 - net increase from 4 to 7 (by January 2019)
- Middle Tier: *gap more significant*
 - net reduction from 14 to 10.5
- Nurses: *gap still significant*



The options we have considered:

- Wide range of options considered, and discussed widely
- Focus on 3 options

Option 1

Maintain Status Quo

**Maintain dual site ED
services**

Option 2

**Close PRH ED
from 20:00 – 08:00**

Option 3

**Close RSH ED
from 20:00 – 08:00**

The options we have considered:

Option 1

Maintain Status Quo

**Maintain dual site ED
services**

- Combination of shortfall in medical and nursing staff – NOT SUSTAINABLE
- Requested system support for additional middle tier doctors – NOT AVAILABLE
- Consultants maintain rota by acting down as Middle Grade support – NOT SUSTAINABLE
- 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

THIS IS NOT A VIABLE OPTION ANY LONGER

Decision 1

Decision 1:

Is there sufficient evidence to support implementation of reduced operating hours of one of the Emergency Departments between 20:00 and 08:00?

The options we have considered:

Option 2

**Close PRH ED
from 20:00 – 08:00**

- Last patient will be accepted at 20:00
 - divert plan thereafter
- UCC will accept patients via CCC until 20:00
 - new UCC from 9th November
- Some remaining patients would potentially remain in ED into the night until their pathway for discharge or admission is available
- PRH will continue to accept GP referred admissions in those specialities, managed at PRH
- Ambulance divert to neighbouring Trusts as RSH not able to accommodate additional activity
 - e.g. New Cross Hospital, Wolverhampton

Main services impacted:

Paediatrics
Stroke services

Head and Neck services
Gynaecology

Cardiology

If PRH closes: 20:00-08:00

- On average 16 ambulances a night will be diverted to neighbouring Trusts eg. New Cross Hospital, Wolverhampton
 - 3 children
 - 13 adults
- Direct access pathways will be developed for Stroke patients to access PRH via ambulance
- Other direct access pathways are in development e.g. cardiology, patients with fractured neck of femur
- Patients who would normally self-present will be advised to go to RSH, or to other neighbouring Emergency Departments



Main risks and mitigation

- Paediatrics – there is no on-site paediatric senior doctor at RSH overnight
 - Ambulance diverts to New Cross, Wolverhampton/UHNM
 - Revised paediatric pathway agreed with paediatricians and ED staff for immediate support into ED if required
 - 2 On call consultants overnight: 1 for RSH and 1 for PRH
- Head & Neck – there is no speciality cover at RSH
 - Serious head and neck cases transferred by ambulance to New Cross, Wolverhampton
- Stroke – there is no Hyper-Acute Stroke Unit at RSH
 - Agreed direct admission via AMU to Stroke unit at PRH for ambulance FAST +ve patients



The options we have considered:

Option 3

Close RSH ED
from 20:00 – 08:00

- Last patient accepted at 20:00
 - divert plan thereafter
- UCC will accept patients via CCC until 20:00
- Some remaining patients potentially would remain in ED into the night until their pathway for discharge or admission is available
- RSH will continue to accept GP referred admissions in those specialities managed at RSH
- Ambulance divert to neighbouring Trusts as PRH not able to accommodate additional activity
 - e.g. New Cross Hospital, Wolverhampton
- Trauma Unit status would require new application for PRH

Main services impacted:

Trauma services

Acute Surgical services – general surgery, vascular surgery and urology

Critical Care, Theatres & Anaesthetics

Access to appropriate diagnostic and interventional radiology

If RSH closes: 20:00-08:00

- On average 20 ambulances a night will be diverted to alternative EDs
- Patients who would normally self-present will be advised to go to PRH or other neighbouring Emergency Departments
- Some direct access pathways could be created in the future e.g. neck of femur
- Any patient who self-presents at PRH and requires a surgical admission will require transfer to RSH and direct admission to SAU as there is no SAU at PRH
- Theatre equipment and staff would need to transfer to PRH to provide appropriate theatre and anaesthetic cover for the surgical patient
- There is limited radiology available at the PRH site



Main risks and mitigation

- **Radiology**
- There is only one CT scanner at PRH which would be the sole CT scanner available for the open Emergency Department overnight
 - Patients would have to be transferred to RSH from PRH for urgent CT scan
- **Surgical Assessment Unit**
- There is no SAU or surgical bed base at PRH to support additional capacity at the open site
 - Ambulance diverts to neighbouring Trusts
 - Patients would require a transfer to RSH following initial ED assessment
- **Limited estate options to increase bed base**
 - Ambulance diverts to neighbouring Trusts



Decision 2

If Decision 1 is agreed:

Decision 2:

Which option would best mitigate the risks to patients until a longer term strategic solution can be agreed and delivered?

- A closure of PRH ED overnight 20:00 – 08:00
- A closure of RSH ED overnight 20:00 – 08:00

Summary

- We cannot continue as we are (Option 1)
- There are risks involved in both remaining options (2 and 3)
- A significant amount of planning will be required to implement either option safely
- On balance of evidence, the recommended option is to close PRH ED overnight between 20:00 – 08:00

DISCUSSION