

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1.30pm, Thursday 25 October 2018
Telford Whitehouse Hotel, Wellington, Telford, TF1 2NJ

PUBLIC SESSION MINUTES

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

2018.2/221 WELCOME & APOLOGIES:

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

2018.2/222 CHKS TOP HOSPITALS AWARD

The CEO welcomed Laura Payne, Senior Consultant from CHKS, to the meeting to award the Trust with the 2018 CHKS Top Hospitals Award; for the sixth year in a row.

Recognising and rewarding the best performing Trusts across the UK, the CHKS Top Hospitals Awards are based on the evaluation of 22 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

The Top Hospitals awards are based on national data and this year the award represents a performance compared to all hospitals throughout England, Wales and Northern Ireland.

2018.2/223 MONTHLY VIP AWARD PRESENTATION

The members were informed that no members were awarded the monthly VIP Award during September 2018 due to the annual VIP Awards being held during that month; a video of 'highlights' of the award winners would be shown during the Annual General Meeting and be uploaded to the website.

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PATIENT STORY

The DNMQ welcomed the Trust's Dementia Clinical Nurse Specialist, Karen Breese, to the meeting. Karen attended to demonstrate the proven impact that therapy aids can have on patients living with dementia, to alleviate tension and stress.

Karen provided examples of a number of initiatives introduced within clinical areas across SaTH to support and engage patients with dementia:

- Therapy aids such as dolls, soft toys and snoozing pets
- Reminiscence tools
- Dementia cafes
- Finger foods and beakers to improve hydration
- Twiddlemuffs
- 'This is me' Patient Passport

Karen informed the Board of a very distressed patient who had been on a ward; the patient had a dog which was allowed to visit him on the ward, however to alleviate his stress at other times, the staff introduced a "snoozing pet" which really helped to calm the patient. . The patient's family then purchased a snoozing pet as it is incredibly comforting and the therapeutic benefits are enormous. The cost of a snoozing pet is approx. £10 and they are becoming increasingly popular for patients with dementia.

The "snoozing pet" Karen demonstrated had been donated to the Trust by kind carers but as it has had such a positive impact, the concept will be rolled out across SaTH wards.

Karen also reported that another male patient recently became calmed by the baby doll as he related the doll to his younger sibling during his childhood.

The aids bring back memories and emotions of happy memories for patients, resulting in distressed patients becoming more relaxed.

The CEO enquired how many dementia inpatients SaTH currently has; Karen reported that there were 308 people with a diagnosis of dementia across both sites, with probably a further quarter of the numbers of patients in hospital with confusion/disorientation. Karen advised that when she started in post two years ago, there was approx. 108 – 112 patients so numbers have significantly increased in that short amount of time. Karen also reported that the youngest patient she has seen come into hospital is 32 with Alzheimer's; generally the number of patients under 65 years is increasing and there is also better early diagnosis.

The DNMQ highlighted that the number of patients in the organisation is reflective of the number of patients living within the community; it is everybody's responsibility to be aware of the vulnerability attached to dementia and how significant it is to support patients in SaTH's care to have a better experience.

The Chair and members of the Board thanked Karen and the Dementia Team for their passion and leadership.

2018.2/225

MATERNITY LEARNING – *Presentation attached to Minutes.*

(NB - Minute to be read in conjunction with [Presentation](#))

The Chair welcomed Mr Adam Gornall, Consultant Obstetrician, to the meeting to provide a presentation in relation to Maternity Learning.

Mr Gornall reported that he has been a Consultant in Obstetrics since 2003 and Clinical Director in Maternity since 2014, and has seen a number of changes throughout the years. He provided an update with regard to learning, development and changes that have taken place in Maternity over the last few years.

(The presentation is available on the website)

The presentation provided detail of what the service has been doing benchmarked against national directives. Mr Gornall advised he would be covering all aspects of clinical outcomes, with a focus on mortality and morbidity.

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Perinatal mortality (babies who are still born or die after delivery)

Mr Gornall reported that the organisation responsible for monitoring deaths across the county are an organisation called MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) They have produced reports since 2013 which are benchmarked to identify any trends or outliers.

The data within the presentation to the Board is that which has been published from 2013 to 2016. Mr Gornall explained that data is published two years after collection so the 2017 data, which has just been submitted, will be published in 2019.

Stillbirths

Published data shows that the stillbirth rate at SaTH in 2013 was higher than the national rate for comparable units; 2014 again higher than the national rate for comparable units; 2015 at the national rate for comparable units and 2016 above the national rate for comparable units. This is similar for perinatal mortality rates where stillbirth rates and neonatal death rates are combined. Mr Gornall explained that there is a national designation of Neonatal Units based on complexity of cases (with more complex cases having higher rates of mortality or morbidity). SaTH has been designated Level 2, which would normally provide basic care, but also provide care to infants who are moderately ill with problems that are expected to resolve rapidly or who are recovering from serious illness treated in a Level 3 Unit. A Level 3 Unit is a neonatal intensive care unit (NICU) that is capable of caring for very small or very sick newborn babies. Level 3 NICUs have a wide variety of staff on site, including neonatologists, neonatal nurses, and respiratory therapists who are available 24 hours a day. However up until 2016 SaTH had been operating as a Level 3 Unit (dealing with more seriously ill babies) until the capacity issues in Stoke and Wolverhampton had been improved. SaTH's stabilised and adjusted figures are generally the same as the national rate over the four years.

Neonatal Deaths

Again, these were higher than expected as up to 2016 the Neonatal Unit was operating as a Level 3 Unit (accepting more complex cases) as there was no capacity at nearby Level 3 Units This skewed the figures as SaTH was designated as Level 2 but operating as Level 3.

The graphs in the presentation also show regional variation with a marked north-south divide; the south-east of England are primarily yellow dots (performing 10% better than the average) and the midlands and the north are orange dots (performing 10% worse than the average) at 2016. There is also one red dot in central Birmingham (representing a Trust more than 10% above the average).

Mr Gornall reported that there have been many national initiatives aiming to reduce the stillbirth levels; as a country we are higher than we should be and should be aiming towards Scandinavia who has the lowest rate.

1) One of the initiatives relates to the 2016 'Saving Babies Lives' report where all Trusts are expected to deliver four High Impact changes (a Care Bundle with all four aspects to be completed and to be fully implemented by 2019):

- Reducing smoking in pregnancy
- Risk assessment for small babies
- Looking for reduced foetal movements
- Monitoring during labour

All Trusts should have implemented this initiative by 2019; Sath implemented the complete bundle by May 2018 and is amongst the 31% of Trusts across the country who have fully implemented it.

a) Smoking in Pregnancy – 2016/17 figures

Mr Gornall presented a graph which showed Telford & Wrekin as the worst in the West Midlands at 22% of women smoking at time of delivery. Shropshire is the fifth worst on the graph at 16%, with the national average at 12% which shows that as a county, Shropshire and Telford & Wrekin has a real problem as smoking at time of delivery results in small babies and small babies are more likely to be stillborn and having other complications.

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SaTH was aware of the problems with smoking and has therefore appointed a Public Health Midwife who has been in post for 12 months – she supports pregnant women across the county to stop smoking and we hope that we should see a reduction in smoking rates for both parts of the county.

All women are now screened for carbon monoxide; this enables an accurate clinical picture to be obtained of actual smoking levels, as this can be under-reported.

Money boxes have also been introduced to show mothers how much money they can save from quitting smoking by putting the equivalent amount in the money box.

From the work being undertaken, it has already produced a reduction in the smoking rates t:

- Telford & Wrekin – 22% has reduced to 18.4%
- Shropshire – 16% to 13.6%
- Overall Trust-wide rate – 15.6% against a national rate of 12% - therefore all systems and departments need to continue to focus on this key issue to improve birth outcomes

b) Risk Assessment for Small Babies

Mr Gornall advised that SaTH does have more small babies than average, which is likely to be a consequence of smoking during pregnancy; to further respond to this the Trust has appointed an additional 2WTE (whole time equivalent) sonographers to ensure the number of scans being undertaken is increased to identify small babies earlier, which should lead to a reduction in stillbirths. Staff have also been trained to ensure this is a key focus during clinic assessments

c) Foetal Movements

Mr Gornall advised that there has been a lot of work and innovation around improving this. All staff have been trained to recognise and refer to this. There is a system in place to assess mothers in the MLUs so that it is convenient for them without having to travel to the Consultant Unit.

SaTH has also introduced a bracelet for women to wear to remind them keep an eye on movements and has stressed this on the front cover of women's hand-held records folder to improve awareness so that early action can be taken

d) CTG Monitoring (monitoring of women in labour)

The Trust has the latest CTG machines and although they are not infallible they can identify early problems to allow for more effective intervention. During 2014, SaTH were aware that CTGs and staff training were a problem across the NHS and nationwide. The Trust therefore developed a bid in 2015 for additional funding for training; SaTH were successful in the bid and received £186k from NHSLA which was invested in a number of areas around CTG training – better monitors, software, advanced training for midwives, human factors training to improve team-working, and the key co-ordinators on Labour Ward attended a CTG masterclass in London. There is also a built-in QA of CTG traces using a separate Quality Assurance process that the Trust has invested in - the Dawes Redman computerised CTG for normality which is based on over 100,000 CTG traces linked to outcomes and can be used for antenatal traces where the foetal gestation is between 26 weeks and term and is associated with a significant reduction in perinatal mortality compared with clinical CTG interpretation alone

2) RCOG (Each Baby Counts)

Each Baby Counts is the RCOG's national quality improvement programme to reduce the number of babies who die, or are left with severe disability, as a result of incidents occurring during term labour. Each Baby Counts has an ambitious aim to reduce by 50% the incidence of stillbirth, neonatal death and severe brain injury as a result of incidents during term labour by 2020.

Stillbirths, neonatal deaths and brain injuries occurring due to incidents in labour are initially investigated at a local level. The Each Baby Counts programme brings together the results of these local investigations to understand the bigger picture and share the lessons learned. The results presented are based on analysis of the data submitted along with in-depth thematic analysis of several key topics.

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During 2017 RCOG Report 'Each Baby Counts' was published– which looked at 1,136 babies across the whole country and found that there was a substantial number where the outcome could have been different.

They found four key areas which could have been improved:

- Risk assessment
- CTG training
- Human factors (working as a team)
- Education and training

SaTH was already aware that these areas were fundamental to improved outcomes and had therefore invested in all these areas years earlier to strengthen outcomes and improve safety in these aspects of care which have such significant benefits.

The handover process at SaTH has also been further improved and strengthened; and staff huddles are held twice a day as well as management huddles, to be proactive.

Monthly training sessions are also held, and the neonatal training which was developed in-house at SaTH is now being rolled out nationally.

a) Neonatal Cooling

For a baby with suspected brain-damage, the modern treatment is to cool the baby down to a temperature of 34° for a period of three days to protect the brain and reduce the damage. In terms of cooling rates, SaTH would expect between 1-1.5 per 1,000 babies who require cooling. Between 2013-2015, SaTH was running at that rate, however during 2016 and 2017 this reduced (as illustrated on the chart) and during 2018 the rate reduced to below the national expected rate; Mr Gornall felt this is a direct result of CTG training which has had a significant positive effect on outcomes.

b) Mortality - Crude Data

In 2017, stillbirths at SaTH increased to higher than expected; however the neonatal death rate reduced significantly.

The neonatal death rate has stayed low during 2018 and the stillbirth rate has reduced again. The current rate to end September 2018 is the lowest it has ever been. SaTH's rate is back at the national rate for units of a similar size, following the work being undertaken to drive the figures down.

Mr Gornall stressed that despite what is being portrayed in the press, SaTH is not an outlier in terms of mortality and is performing at better than the overall national average, but is striving to perform better still.

c) Full-Term Admissions

A National Programme - Avoiding Term Admissions into Neonatal units (ATAIN) was developed to look at stopping term-babies being admitted to the Neonatal Unit unnecessarily (due to problems with breathing, cold, blood sugar levels, jaundice, oxygen etc). NHS Improvement identified that over 20% of admissions of full term babies to neonatal units could be avoided. Providing services and staffing models that keep mother and baby together can reduce the harm caused by separation.

There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reason, an essential practice in maternity services and an ethical responsibility for healthcare professionals. A lot of work has been undertaken in SaTH including the 'red hat' initiative to act as a very visual prompt to identify those babies most at risk who needed additional monitoring to safely avoid admissions to the Neonatal Unit.

The national rate is approx. 8% and the national target is 6%. During January 2018, SaTH achieved 6% however following all the initiatives over the last 9 months this has reduced to 3.5%.

d) Investigations into Incidents

The department has undertaken a lot of work, alongside the Trust, to improve its investigation process. The Trust has appointed an external company to provide external investigation training to a number of members of staff to ensure objective and thorough investigations are undertaken. The Secretary of State Review (Ockenden review) is looking at this aspect of historic investigations

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A Risk Midwife has also been appointed; she has been in post for over a year and introduced a number of improvements; and an experienced Consultant with risk experience has also been appointed and will commence in the next month.

The Trust is also using a lot more external investigators and experts to provide external scrutiny. Weekly risk meetings are being held and are extremely proactive to resolve any risks identified. The national perinatal mortality review tool has also been launched (MBRRACE tool) to help perform investigations in a structured manner. The national Healthcare Special Investigation Branch (HSIB) has been established to go into Trusts to provide support during investigations - SaTH received an introductory visit two weeks ago.

Mr Gornall reported on the following two papers that have been published this year that looked at outcomes and the harm being created:

- National Audit – GIRFT (Getting it Right First Time)
- 2018 CQC Maternity Survey –all points in the survey show that SaTH performs ‘about the same’ as the rest of the country, apart from six where SaTH performs ‘better than average’. This is very positive feedback from mums who use the service

In summary:

- SaTH has challenges in the community with smoking and small babies
- SaTH’s mortality is about the same as the rest of the West Midlands
- SaTH’s Cooling rates and Term Admission rates to Neonatal Unit are performing very well
- Lots of actions in place which meet national drivers and requirements
- Evidence that interventions are appropriate
- Overall harm at SaTH is lower than average
- High satisfaction rates from mothers
- SaTH does recognise when issues occur but owns them from the outset and ensures timely and thorough investigations and will ask for external assistance
- SaTH recognises the importance of demonstrating learning and aware that nationally the maternity system needs to continue to improve.

The Chair thanked Mr Gornall for attending to provide the above presentation. Mr Gornall agreed to accept the following questions from the floor.

QUESTIONS FROM THE FLOOR

- Q1** *Chair of T&W Health & Wellbeing Board highlighted that Telford & Wrekin have some of the highest numbers of deprivation and higher level of mortality and morbidity in birth, however when the Women & Children’s Unit was built at Telford this started to fall. What is the expectation when moving the Women & Children’s Unit away from the areas of need? Will the rate increase again?*
- A1** Mr Gornall felt the fall in the rate was not related to the W&C building; He stressed the need for good and accessible antenatal care which is delivered in lots of areas in the county. One of the areas targeted for small babies is the Woodside/Sutton Hill area – a scan machine and additional midwifery care has been introduced to improve antenatal care. With the local maternity system working with the CCG, it will push the antenatal care out into the community and therefore improve, taking the service out into the communities to perform more scans. Good outcomes are linked to services in the community not the bricks and mortar of the Consultant Unit, where mums may only be there to deliver for less than a day. Around 99% of antenatal services would still be provided at PRH regardless of where the Consultant Unit was based
- Q2** *What happens if Telford loses the W&C Unit at Telford and mothers giving birth between Telford – Shrewsbury, and out of their community where family can’t be with them?*
- A2** Mr Gornall reported that the BBA (Born Before Arrival) rate is low; it is about preparation before birth. It does not relate to a building; it relates to antenatal care. In any new build provision would be made for partners to be with

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mums.

- Q3i)** *Gill George raised the MBRRACE data (2016 data and 2015 data) – for both, the published outcomes showed SaTH as being the fourth worst performing Trust for extended perinatal mortality (over 4,000 births per year – without a level 3 neonatal unit). Gill reported that she has not heard before that perhaps SaTH was wrongly categorised by MBRRACE and suggested it may be appropriate to share an analysis of the numbers of high risk births who came to SaTH as a result, how long the situation went on for and the impact on data.*
Mr Gornall reported that the Level 2/Level 3 was regulated in conjunction with the West Midlands neonatal network; traditionally SaTH has always had a neonatal intensive care unit (NICU) and therefore agreed to carry on with this until they were able to adapt. He reported that this is very well documented.
- ii)** *Raised the Ockenden Review which is investigating 100+ deaths and adverse incidents to babies and four maternal deaths; as well as the CQC current concerns around safety in the maternity service. Is certainty of service as justified as the impression given?*
Mr Gornall clarified that the Ockenden Review is investigating the investigations – they are not investigating the deaths. In terms of the 100 deaths – Mr Gornall clarified that it is 100 cases, not 100 deaths; that has been mis-reported. There have already been reviews into some of the historic cases undertaken by SaTH which have demonstrated no harm has occurred. Mr Gornall reported that he welcomes all questions/investigations as they form part of the learning.
- iii)** *Is it appropriate that currently around 90% of births are take place at the Consultant Unit, given the context of the Better Births recommendations to shift as many as possible to Midwife Led care?*
Mr Gornall felt the Head of Midwifery was best placed to answer this as part of her rural MLU presentation
- iv)** *On the CQC Maternity Survey – the score around ‘choice’ of where to give birth given the closure of rural midwife led units may have influenced that score?*
Again, Mr Gornall felt the Head of Midwifery was best placed to answer this as part of her rural MLU presentation.
- Q4**
A4 *During 2017 there was a rise in stillbirths?*
Mr Gornall reported that there are variations in years - the figures relate to a rate, not large numbers. He reported that 2017 was a year not as good as anticipated. Stillbirths are a lot more challenging to identify. If baby is small or if mum smokes, it increases the risk, so need to turn the tide with the funding this year to prevent more and more stillbirths.
- Q5**
A5 *David Sandbach suggested i) Mr Gornall’s presentation be shared with the Shropshire CCG, and ii) For Mr Gornall and members of the Board to meet with representatives of the civic community to look at what happens in societies that have good maternity services, to identify what could be rolled out into the social care system and maternity system in the county.*
The Chair reported that the presentation would be shared wider as the Board understand the public’s concerns; to rebuild confidence in the current Maternity Service and the women we serve. It would also be available on the website, with a narrative to accompany it

The Chair wished Mr Gornall and the team luck in the continuing improvement.

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EMERGENCY DEPARTMENT UPDATE

The COO presented a progress update paper regarding the continuing work to address the significant challenges faced by the Accident and Emergency Department at Shrewsbury & Telford Hospital NHS Trust (SaTH).

The paper described the programme governance structure that has been put in place to deliver the changes required for safe implementation of the decision made at Trust Board on 27th September regarding reducing the hours at Princess Royal Hospital.

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In addition, the paper described the risks and issues that have been identified to date, along with the additional requirements identified by the independent Clinical Senate that was held on 17th October 2018. The COO highlighted the following key points:

- The preferred option remains to keep both Emergency Departments open. A number of work streams continue with regard to recruitment, alongside work being undertaken by the Chair and CEO and the MD and WD and teams
- A governance framework/operating delivery group has been introduced to deal with all contingency plans and protocols
- Communication and engagement work continues, led by the DCG
- Clinical pathways – Whilst a number of pathways have been signed off, there continues to be areas with risk and these are being worked on significantly by the clinical teams, with the help of external colleagues
- Support and involvement required from the Ambulance Service and other Trusts to ensure changes are delivered with safety at the forefront
- Understanding the financial information and data – this will be reported to an Implementation Steering Group, chaired by the COO, and reported through to the Quality & Safety Committee and up to Trust Board. This is alongside external scrutiny from NHSI, regulators, CCGs and others.

The COO reported that he attended a West Midlands Clinical Senate panel on 17 October 2018, alongside the MD and colleagues, joined by Accountable Officers of the Shropshire and Telford & Wrekin CCGs, as well as a range of clinical colleagues from other organisations and social care; it also included other organisations who have encountered similar challenges. Initial verbal feedback has been received; and the COO reported that he feels confident that the points raised by the Senate are part of the work already being undertaken by SaTH.

Timescales

The COO reported that SaTH is working through all of the risks and points of mitigation and are clear of the steps to be taken before recommending any changes to take place. It is important to work through assessment of relative risk, which will be discussed and reviewed by the Quality & Safety Committee.

The Chair highlighted that the fuller detail is available from the Board paper; and reported that no change to the status of the A&E Department at PRH will be taken until the Board is assured around the safety and governance of the proposed change which will be informed by the clinicians from all organisations currently involved in the clinical pathways work. The Board needed to balance the risk of keeping the department open against the clinical risk of closing it overnight and make the best decision for the safety of patients. The Chair asked that this aspect be explicitly entered onto the Programme's Risk log

Action: COO to update ED overnight closure Risk Log

He informed the members that a great deal of input has been received since this was raised at the 27 September 2018 Trust Board meeting; and SaTH continues to address the points raised by the Clinical Senate. Work will continue in parallel with the whole system to try to prevent this decision.

The CEO reported that the involvement of the Clinical Senate is a normal process for this. Also the relationship between the Trust and Health Education England (HEE) is very positive, constructive and supportive. SaTH has been working with HEE and other regulators for over 12 months, with a number of risk meetings, risk summits, CEO forums with others from the county and the midlands, including the local and regional workforce groups. The CEO also reported that he has forwarded letters from himself to HEE confirming the numbers of trainees required in advance of the templates being submitted out to the Educational Teams in April. HEE are supporting SaTH to increase the numbers of doctors in the Trust; there is a clear evidence base of this.

The CEO stressed that SaTH is still working closely with the two local MPS and local authority to try to secure the workforce to avoid the decision of the overnight closure, which includes upgrading accommodation and providing it for free, and providing bursaries for the development for doctors and development of fellowship posts, as well as nurse roadshows. A series of adverts will be submitted again targeting individuals to encourage them to join the Trust. Overall, a huge amount of work is ongoing to maintain the opening of the two

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Emergency Departments.

The members were informed that SaTH has advertised six times for A&E Consultants in the last 12 months; securing three Consultants, although it can take up to six months for them to join the organisation. A further 22 Consultants have been appointed into other areas of the Trust this year which is twice the amount of last year; in addition by the end of November there will be 23 additional clinicians working in Medicine to support that area over winter; and SaTH has appointed 32 nurses with a further 23 offers – overall 100 nurses have been employed this year. A 'Golden Ticket' job guarantee approach has also been introduced for nurses in training which has been adopted by other Trusts.

The CEO assured the members that every conceivable action has been undertaken to avoid the scenario of the overnight closure and will continue to take place over the weeks ahead.

QUESTIONS FROM THE FLOOR

- Q1** *Query with regard to the CEO stating he has been in contact with Health Education England and if the CEO had received a letter from HEE to provide sufficient staff to allow the Princess Royal Hospital to retain its A&E department overnight*
- A1** The CEO reported that he has not received a letter from HEE. A template was circulated as an email to Doctors in training – that template gives the opportunity to record what numbers of staff you wish to have if there were additional training posts available. This is a criterion-based bid so you have to have the Consultants in post to provide the training to meet the criteria for specific junior doctor training posts. More widely the CEO reported that he wrote formally to the HEE expressing all the training needs and posts for SaTH and HEE are aware of that and there has been constant and ongoing dialogue around that
- Q2** *Also understand SaTH was offered a Fellowship Scheme with Wolverhampton Hospital two years ago which was rejected – that could have given access to over 100 health staff.*
- A2** The MD reported that this has been area being explored for some time. He met with the Head of the Programme from Wolverhampton University. Unfortunately, not through lack of effort from SaTH, we were unable to take this forward at the first attempt. SaTH therefore attempted other means of advertising Fellowship Programmes and is now have Fellows working in Anaesthetics, linked with Keele University. In the case of the Emergency Department, the advertised Fellowship posts did not attract any at that stage. On a third attempt, SaTH has gone direct to the Head of the Programme at the University of Wolverhampton and now have an agreement of working together to establish our own Fellowship Programme rather than a joint one which will give us far greater influence over the programme. The Chair reported that he is Vice-Chair of the University of Wolverhampton and endorsed the MD comments. He reported that full effort is taking place with Telford & Wrekin Council to develop training capacity in Telford to attract local people for local job opportunities.
- Q3** *If SaTH does succeed in obtaining the adequate staff to keep PRH A&E overnight, does it fatally undermine the Future Fit premise that there is no possibility to have two A&E departments working 24/7?*
- A3** The CEO reported that the Future Fit Programme is being run by the CCGs, not the Trust and the clinical issues have been well articulated by them. The Board would want to see both A&Es open and fully functional until there is a strategic solution, and this is supported by the clinicians in both A&Es.
- Q4** *David Sandbach enquired if SaTH's offer of 'free accommodation' for junior doctors is included on job adverts / SaTH website as it hasn't previously. He highlighted the public's frustrations of the speed at which SaTH moves on such issues.*
- A4** The WD confirmed that all adverts are in the process of being updated. Free accommodation has been offered to overseas doctors for a number of years with a level of support and this is utilised well. The Chair reported that SaTH has been working with the local authority to put the package together; unfortunately there was a delay in adding this to the website but this will be addressed by the WD.
- Q5** *Will the level of deprivation in Telford not put a strain on families to get to Shrewsbury to visit relatives?*
- A5** The Chair reported that the only reason to close the A&E at PRH overnight is down to the level of risk; all issues will be presented in the final report, which will need to balance all the risks of all the options and will also need to

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be clear on repatriation arrangements.

- Q6** *Gill George highlighted page 9 in relation to the communications and engagement piece regarding 'patient groups forming part of the communications and engagement group' – she enquired who and on what basis? Is it part of statutory duty that the Trust has?*
- A6** The DCG reported that the Communications & Engagement Group meets every Tuesday and has widespread representation which includes Telford & Wrekin and Shropshire Healthwatch, Shropshire Patient Group and Telford First Patient Group. There are also Staff Side representatives, CCGs, local authorities, and other local hospitals included in the group. The Group has agreed a list of groups particularly with protected characteristics and there is a plan to arrange meetings in November to hear their views and views from a Childrens' Group in Telford has been fed into the Paediatric Clinical Pathway. An offer has been received from Telford First and T&W Healthwatch for SaTH to join into groups they are already meeting with. The Group has also considered the EQIA.
- Q7** *Gill George referred to Risk 22 on Appendix 1 regarding 'Reputational damage as SaTH has stated that it will not permanently close PRH ED overnight' and the 'continued non-availability of doctors could change service proposition'. She highlighted it was the first time she had seen this reflected as more of a 'permanent' change than the two-weeks in the initial business continuity policy and the later proposed six-months.*
- A7** The CEO reported that there has been a level of support and attention from partners to try to resolve this; a lot of work is taking place to attract doctors and nurses into the Trust. This is about a short-term pressure until staff are appointed into the organisation.
In the event that SaTH did have to close the PRH A&E department overnight, the CEO reported that he would like to believe that it would be re-opened in the six month period should staffing become available to remove the clinical safety risk.
- Q8** *Gill George reported that the paper presented to 27 September Trust Board highlighted the separation of Head and Neck and A&E services and risk to critically ill patients with compromised airways – the mitigation was that emergency ambulance would transfer those patients to another hospital. Compromised airways with children was one of the reasons Head and Neck and Women & Children's was put on the same site at PRH – this is not referenced in the revised ED paper.*
- A8** Dr Lee (NED) reported that this is under the review of the Quality & Safety Committee.
The MD confirmed that a lot of progress has been made on this; although further work has been identified. The MD confirmed he is supporting the clinicians in this work.
- Q9** *A gentleman reported that whilst progress is being made in relation to partnership working, he asked the Board to remove dates (i.e. re-opening the PRH A&E within a six month period) and to work hard to obtain the numbers of doctors and nurses so that the PRH A&E department would not have to close.*
- A9** The CEO reported that the Board and organisation is completely committed to employ doctors and nurses, working alongside a range of stakeholders and partners to avoid that circumstance.
- Q10** *A Councillor referred to the contingency plan and enquired where patients will go at midnight?*
- A10** The Chair reported that at this moment in time the A&E departments will continue to work as they are. The Board will continue to work on contingency plans. The CEO reported that a further paper will be presented to the November Board meeting. The decision will be made on the balance of risk, going into the winter and the increased pressures.
- Q11** *Why were the Board not aware of how the staff were feeling?*
- A11** The CEO reported that the Board were aware; but this risk relates to the national shortage of middle-grade doctors in emergency medicine. Adverts have been placed. It is very difficult to secure doctors in rural settings which is a challenge for SaTH.
- Q12** Parish Councillor highlighted his concerns with regards to:
- *The diversion of ambulances/paramedics and the effect this may have for 'golden hour' stroke victims.*
The CEO reported that the Ambulance Service has been party to all discussions/meetings that have been held over a number of months; part of any solution introduced would include an expansion of

ambulances and paramedics to support this. This has been underwritten by commissioners.

- *If PRH A&E is moving/closing, are the doctors wanting to work in Telford or Shrewsbury?* The CEO reported that there is no distinction between the two sites; the medical workforce (and all staff) work across both RSH and PRH sites.
- *Urged the Board to hold the November 2018 Board meeting at a Telford venue once again if the PRH A&E decision is to be made.* The Chair agreed to this if a suitable venue could be found at such short notice.

Q13 *If the PRH A&E department closure is enacted, this could cost in the region of £4-6m paying other Trusts to accept SaTH patients. The Board talk of 'no choices' – there are choices, i.e. using locums/agency staff. Need to stop this closure while we still have time to work hard to get the permanent staff in post.*

A13 The CEO reported that SaTH has used locums for many years however many locums refuse to work nights and they also become very irregular in terms of the shifts they are willing to cover. Also, the CQC don't want a disproportionate amount of locums within a department as they are less familiar with the local policies and processes and training regimes of the department. Ideally, SaTH would need to have sufficient long-term locums that would routinely provide the shifts required, including nights while a more sustainable solution was put in place

Q14 *Graham Shepherd highlighted that the suggested 'six month' closure should be clarified.*

A14 The CEO reported that the 'six months' referred to a point, with winter in mind. The PRH A&E service would re-open as soon as the number of doctors and nurses were safely in place, alongside safe pathways.

Q15 *A member of the public requested the Board to be quicker in placing adverts etc as the Trust is being exploited by locums.*

A15 The CEO reported that adverts have been placed for Consultants six times in the last 12 months; and nine times for middle-grade doctors. The package and offer has been improved, alongside improvements in training, equipment and the environment.

2018.2/227 RURAL MLU ENGAGEMENT UPDATE – Presentation attached to Minutes

The Head of Midwifery, Sarah Jamieson, attended to provide a presentation which provided feedback on the engagement carried out as part of suspensions of some services in the MLUs.

Following a period of many temporary suspensions, a decision was taken to suspend some services at night in the smaller MLUs at Bridgnorth, Ludlow and Oswestry between June – December 2017 as consistency was required for women and their families. The services were re-opened during January 2018 and full service was attempted to be provided at those units but unfortunately escalation continued resulting in the services being suspended again.

A period of engagement was undertaken from 3 July 2018 – 13 August 2018 resulting in 422 responses overall, predominantly from the west of the county and the south-west of the county where the MLUs are located.

The Head of Midwifery discussed the questions asked as part of the engagement survey, and highlighted that it relates to having the right staff in the right place at the right time.

She reported that there are currently a number of additional pressures on the Maternity Service and SaTH is under a great deal of scrutiny, resulting in an increase in sickness levels with a large percentage of the workforce who are away from work due to mental health issues, as well as midwives who don't want to be out in the community. The Head of Midwifery reported that she is extremely proud of the midwives and teams who are currently under such duress.

The Head of Midwifery reported that SaTH awaits the outcome of the Midwifery Review, which is ongoing, before reaching a decision. SaTH continues to work with the local maternity service (LMS), and the MLU Programme Board regarding the review. Her recommendation is to remain suspended in those MLUs, maintain the safety and security of women and babies, and consistency for midwives and mums.

..... Chair
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The Chair clarified that the Board was receiving an update and any decision that it was being asked to make would need to be by way of a written paper

ACTION: DNMQ to provide decision paper to November 2018 Trust Board

QUESTIONS FROM THE FLOOR (Statements not recorded)

- Q1** *Gill George highlighted that the survey related to 'women being offered choice'. She reported that Maternity campaigners and 'Defend our NHS' carried out a survey last year of 500 women in the Ludlow, Oswestry and Bridgnorth areas asking how many had chosen to use the Consultant Led Unit – the response was 2% and welcomed comments as she felt this does not represent choice.*
- A1** The DNMQ reported that a full range of choice is offered as outlined in Better Births, although the Head of Midwifery has acknowledged that more can be done around women's perception of where they give birth. The DNMQ reported that the reason the midwives were moved into the Obstetric Unit was around maintaining the safety of mothers and babies where the highest risk and the highest volume of mothers were presenting.
- Q2** *Gill George enquired if Born Before Arrival (BBAs) and neonatal deaths are analysed by postcode?*
- A2** The Head of Midwifery felt this was a good suggestion and could be undertaken.
- Q3** *Gill George enquired if the MLUs will remain closed until the CCGs complete their own consultation which will commence May 2019?*
- A3** The Head of Midwifery reported that this is the decision of the Board and a paper will need to be brought in order that a decision can be made
- Q4** *Vanessa Barratt from Healthwatch Shropshire reported that she has taken a great interest in the review; most interested in the level of risk which appears to have changed with much older first babies and some increasing signs in diabetes in pregnancy but that doesn't appear to have come across in the debates about 'choices'. She felt 77% of people are not feeling that they know why they are giving birth in the CLU seems high.*
- A4** The Head of Midwifery agreed that it appears staff are not explaining adequately enough to women and agreed that this should be done. She also agreed that there has been an increase in complexity in our population, not just nationwide.

2018.2/228

BOARD MEMBERS' DECLARATION OF INTERESTS

The Board RECEIVED and NOTED the Declarations of Interest

The DCG reported the following Declaration of Interest for Associate Non-Executive Director, Mandy Edwards which will be added to the list of Declarations:

- Director of Edwards Healthcare Consultancy Ltd – a management consultancy company which provides services to the healthcare industry, including NHS. For clarity, the company has never provided services to SaTH and is currently not trading.

2018.2/229

DRAFT MINUTES OF SPECIAL MEETING HELD IN PUBLIC on 27 SEPTEMBER 2018

The DCG reported the following requested amends:

Mr Deadman (NED) requested Minute 2018.2/206.2 (page 6) be amended to:

- Mr Deadman questioned if the Workforce Committee regularly looks at the availability of Salaried and Bank staff as delivering our planned levels of staff availability (which we are doing) is an underlying issue of quality and care and value for money in every respect. Dr Weiner confirmed that the Committee scrutinises this routinely, looking at data on a monthly basis.

Mr Newman (NED) requested minute 2018.2/217 (page 27) be amended to:

- Voting members of the Board present (11 of 12) unanimously SUPPORTED the above resolution. The non-voting members of the Board also indicated their support.

..... Chair
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The remainder of the Minutes were APPROVED as a true record.

2018.2/229

ACTIONS / MATTERS ARISING OF MEETINGS HELD 27 SEPTEMBER 2018

2018.2/201 – *Board members Declarations*

CS to update Mr Deadman's declarations.

Completed. Action closed.

2018.2/203 – *Matters Arising*

2018.2/174 – *6-monthly nurse staffing update*

DNMQ to present update to November Trust Board

Action: DNMQ Due: 29 November 2018

2018.2/183 – *Workforce Performance Report – Appraisals*

WD to take Deep Dive of appraisals and SSU training through Workforce Committee and report back to November Trust Board.

Action: WD Due: 29 November 2018

MONTHLY OVERVIEW

2018.2/230

CHIEF EXECUTIVE OVERVIEW

Supporting Safety

- Maternity – Delighted to have received £780k following a bid for the perinatal service
- Winter – The Trust Board remains steadfast in its decision not to 'board' patients over winter; as a consequence, the organisation is looking to the system to manage the risk more equitably, which is challenging. Positive news has been received regarding additional funding coming into local authorities from the government - £2m coming into our two local authorities.
- Flu – The Board members have received flu jabs and the workforce is being encouraged to also have their jab. This currently sits at 36% of the workforce which is an improvement on this time last year. Mr Newman (NED) highlighted that the NHS regulators have reported on doctors and nurses 'refusing to have a flu jab this winter and could be banned from working with patients'. The CEO reported that SaTH has adopted a philosophy of encouragement; and the teams providing the jab are being made as available as possible to the busy frontline staff.
- New Ward at RSH – A new ward is being constructed at the RSH site – working hard with consultants to reduce length of stay for stranded and super-stranded patients.
- Patient Transport – Work continues with the CCGs regarding improvements to patient transport

Workforce

- VIP Awards – An evening was held at RAF Cosford on 28 September to celebrate the achievements of staff over the course of the year. The Chair highlighted that the final award was given to the A&E team which provided a sense of solidarity.
- Long Service Awards – This was also held on 28 September to celebrate the service of staff who have worked for the organisation for 25+ years.
- Achievers Awards – This has been introduced with regards to the importance of training

2018.2/231

FUTURE FIT UPDATE – *Presentation attached to Minutes*

The CEO presented an update which had been provided by the Clinical Commissioners who are overseeing the process. The CEO focused on the Indicative Timeline:

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Milestones	Date
Receipt of Participate Consultation Report	9 November
Joint CCG Board Workshop with Independent facilitation	14 November
Extended Programme Board to receive Participate and Joint Board Workshop report. To receive EIA, IIA mitigation priority plans including, Ambulance Modelling, Travel and Transport Plan, Out of Hospital Care model and other NHSE assurance.	22 November
Joint HOSC receives update on consultation findings and next steps	TBA November
Telford and Wrekin CCG Board receive first draft DMBC (Private session)	11 December
Shropshire CCG Board receive first draft DMBC (Private session)	12 December
Joint HOSC receives Consultation Findings Report	TBA early December
Programme Board receive JHOSC feedback, any further progress reports on follow up action or analysis to finalise draft DMBC	17 December
NHSE Assurance check point	TBA
Telford and Wrekin CCG Board receive Final Draft DMBC	8 January
Shropshire CCG receive Final draft DMBC	9 January
Joint HOSC Meeting	TBA January
Joint Committee Decision Making in public to receive and consider DMBC and recommendations from Programme Board	TBA January

The intention is to achieve a position for the CCG Board to make a decision in January 2019 which will be followed by an Outline Business Case, and a Full Business Case at the end of the year to then commence building work. This will be a great opportunity for clinical teams to operate out of state of the art facilities at which ever base is deemed the most appropriate.

The Board members noted the update.

2018.2/232

SUSTAINABLE TRANSFORMATION PLAN UPDATE – Presentation attached to Minutes

The CEO presented the STP Update - Items of note:

- Shropshire, Telford & Wrekin STP will be undertaking an Integrated Care System (ICS) 12 week Development Programme with all system partners The Transformation Delivery & Transformation Enablement Programme updates are continuously being updated by system colleagues and are up to date at time of report publication only

The CEO reported that the presentation would be uploaded to the SaTH website, alongside all other presentations.

The Board members noted the update.

2018.2/233

TRANSFORMING CARE INSTITUTE (VMI) UPDATE

The CEO presented the monthly update of the progress of the Transforming Care Production System in partnership with Virginia Mason Institute. Patient experience and safety remains the fundamental reason for the application of this methodology whilst we also recognise the opportunity for better utilisation of our resources.

The CEO highlighted that although the organisation is extremely busy, staff continue to choose to undertake improvement exercises.

The update is a great example of the organisation trying to establish itself as a learning organisation that looks at continuous improvement routinely.

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The Board noted:

- The Transforming Care Institute's commitment to supporting the Sustainable Services Team to apply the Transforming Care Production System methodology in their future work.
- The support to use the 3P (method looking at areas for re-development) event in Spring 2019 needed to help model future function of SaTH services.
- Continued engagement of our staff in the application of 5S across the Trust
- Emergence of several improvements in patient experience following the application of the methodology
- New cohorts of lean for leaders bringing up to 200 leaders applying the methodology
- SaTH's Guiding Team commitment to holding the National Sharing Event in June 2019
- The recently appointed Consultants have dedicated time within their job plans to undertake continuous improvement against the methodology

The CEO encouraged the Board and members of the public to attend a 'Report Out' session which are held every Friday at 12.30hrs at both sites, to hear the work being undertaken by the staff to deliver change across the organisation.

Mr Carroll (A.NED) enquired how much of the RPIW work is bespoke and how much needs to be tailored to specific wards; the CEO reported that approx. 70% is common and the remaining 30% is bespoke. Having a Lean for Leader on the Ward that would be receiving the work, they would be able to engage with the team and understand/have the freedom to make the adjustments for change.

In relation to finance, Mr Newman (NED) reported that the central team that supports those out in the field has been strengthened due to demand but that has been done due to the efficiencies elsewhere; therefore increased the resource without increasing the overhead of the Trust. Also, Mr Newman assured the Board, as a member of Guiding Team, he continually encourages the FD to focus on delivering t better care at a lower cost.

EMERGENCY DEPARTMENT CONTINGENCY PLAN

2018.2/234

EMERGENCY DEPARTMENT CONTINGENCY PLAN UPDATE

Further to the COO's presentation provided (see Minute 2018.2/226), the Chair invited the Board members comments.

Mr Deadman (NED) highlighted that he felt sceptical of the option of the department staying open until 22.00hrs; he also felt the context of decisions is missing from the documentation, although the consequence of doing nothing at all comes a point where the current service becomes unsafe. He therefore requested that the context be included.

The COO confirmed that this has been undertaken; the judgement and detailed assessment of relative risk will be articulated and will be discussed through the Quality & Safety Committee before being presented to the November 2018 Board.

Dr Lee (NED) reported that the Quality & Safety Committee have worked with the team regarding assurance and received some of the early outputs from the Clinical Senate. He congratulated the COO, MD and the teams for achieving a detailed level of work at pace, and for being responsive to constructive comments. There are levels of the individual pathways which require careful and diligent thought to ensure patients aren't being put at significant risk.

Dr Lee reported that two procedures have been developed – one regarding what happens if it closes and how to manage the backlog; and the second is if it closes and patients move elsewhere a piece of work looking at repatriation will be needed.

As Chair of the Q&S Committee, Dr Lee confirmed that he is content that he has been sufficiently involved, and is working closely with the COO and MD and other members in relation to timings, etc.

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Mr Newman (NED) enquired if the CEO has held conversations with ShropDoc as a 'halfway house' for minor injuries. The CEO reported that SaTH is seeking to shift the closing time of the Urgent Care Centre to midnight – but would need ShropDoc to support that with a small adjustment to their current contractual terms.

Dr Weiner (NED) thanked the teams for the huge amount of work that has been undertaken to date; he stated that he would look for evidence that the assessment of risk is a shared understanding of risk and not an individual's decision and would welcome this in future reports; secondly, if the Board do decide to implement a change to A&E services, he would like to see the detail of how the risks will be monitored going forward.

The Chair thanked the team for the efforts taken to this point.

PATIENT & FAMILY

2018.2/235

COMMUNITY ENGAGEMENT UPDATE – *Presentation attached to Minutes*

The DCG provided an update in relation to community engagement throughout 2018:

- People's Academy – SATH is now in the fourth cohort. This is a four week course where members of the public, Healthwatch representatives, patient representatives, etc, are invited into the Trust to complete the course. There are currently 68 graduates from the Academy and they have gone on to support areas of the Trust, such as ED, Ophthalmology and Radiology through Kaizen work. The first graduate from the Young People's Academy joined the Transforming Care team for an RPIW during September. Dates have been confirmed for 2019 for the SaTH People's and Young People's Academy and these will be held in collaboration with staff from across the Trust and local Colleges. Planning is also underway for a bespoke Academy for adults with learning difficulties. SaTH's Community Engagement work has recently been presented to colleagues from the North and Midlands at the Membership Engagement Services (MES) network event in Birmingham which received very positive feedback. Health Education England have also been in contact with regard to work being undertaken as it is unique and is creating a lot of interest.
- Engagement events continue across the region
- Section 242 requirements – SaTH's small engagement team are supporting work around the temporary suspension of overnight A&E services at PRH, as well as working with potential changes in the Ophthalmology service, the Phlebotomy Service change and the Anticoagulation service, and the Equality and Diversity Stakeholder Event during December.
- Events during the Summer – The NHS70 Event and Fun Day was a fantastic success; and over £7000 was raised for SaTH Charity and Dementia Charity
- You Said, We Did – Following feedback from the local Colostomy UK Group, work has been undertaken to provide stoma friendly toilets across the Trust.
- Volunteers – The Trust currently has just over 900 volunteers across both hospital sites. Currently applying for an NHS England/Helpforce £75k grant to develop our End of Life Care Volunteer Scheme
- Young Volunteer Scheme – This is open to any individual aged 16-18 who is interested in a career within health. Over 120 students took part in 2018/19, with approx. 97% going on to undertake a health related degree.
- Engagement Plans for Quarter 3 – A number of events will continue, supporting public engagement and attending local community events

The Chair thanked the DCG for providing the 'good news' update.

Mr Darbhanga (A.NED) enquired if the DCG has a breakdown of the age group, diversity, culture etc of the 900 volunteers. The DCG confirmed that monitoring information is available and reported that every volunteer attends induction and has a role description. The DCG would welcome the assistance from the Non-Executive Directors to reach out to communities.

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Mr Deadman (NED) highlighted that whilst a number of questions from the public are negative and challenging at times; he felt the presentation demonstrated the positive involvement of the public/volunteers. The DCG agreed that whilst there has been a lot of negative national press, SaTH has received a positive reaction on social media; she felt the population values the Trust and its staff and recognises the work being undertaken to improve historic issues.

Ms Edwards (A.NED) reported that she felt particularly impressed by the Young People's Academy; and in terms of the young volunteers scheme and those carrying on to healthcare training, she enquired if there is a way of maintaining contact and nurturing those individuals with a view to their future employment. The WD agreed to work alongside the DCG to bring together the agendas of the young volunteers scheme with the college apprenticeship schemes/internships etc.

2018.2/236

PHLEBOTOMY SERVICE ENGAGEMENT

The COO presented a paper which informed the members that SaTH ceased to provide a phlebotomy service from Princess House (PH) in Shrewsbury town centre from April 2018 as the Trust was not in a position to absorb a cost pressure of £32K per annum charged by the Community Health Trust (CHT) in order to continue to provide the service from this location.

An additional clinic room was opened in Elizabeth House (EH) RSH, which enabled the transfer of the service to this venue. The relocation of this service away from the town centre was initially unpopular with some patients and in May 2018 the SaTH CEO asked Pathology to investigate options for an alternative community location and to engage with the public to establish their views on their preferred location for the future provision of phlebotomy services.

Patient surveys were handed to patients attending Elizabeth House (EH) between May and July; 530 responses were received. Early indications supported a return of the service to Princess House, but by the end of the engagement period, the popularity of PH had diminished with only 34% of patients overall wanting to see a return of the service to PH and 66% wanting an alternative. The survey gave no clear sense of direction with 21% patients wanting the service in their own GP practice, 26% wanting the service at EH and 15% patients wanting the service located somewhere in the town centre. A further round of patient engagement activities was undertaken which concluded in September; 422 responses were received.

The outcome of this further round of engagement supported the earlier findings with only 36% of patients wanting a service in the town centre, 25% patients wanting the service in their own GP practice, 39% wanting the service at EH.

Shropshire CCG has stated that they are unwilling to contribute to the cost of providing a town centre phlebotomy service because it is only available to certain Shropshire patients and therefore raises questions of inequality within the county. In T&W, several GP practices host a phlebotomy clinic and there is a walk-in service at PRH. There is no other community service comparable with that previously provided at PH.

The COO reported that the recommendation is to maintain the phlebotomy service at Elizabeth House and continue to work with Primary Care to co-locate it in due course.

Dr Lee (NED) felt there were issues with the paper presented to the Board as it does not properly reflect the feedback received from the engagement. He felt Princess House was difficult for some patients and problematic from a staff perspective, and it had a cost against it. He suggested the conclusion in terms of recommendations should be that it is an active recommendation, and that the Trust will continue to seek a suitable environment which may involve primary care. The DCG reported that one of the key messages from the service users was they would prefer to have the phlebotomy service co-located with GP practices (this issue relates to two Shrewsbury town practices – Riverside and Claremont Bank).

The CEO felt a decision on a suitable location is required to be made within the next three months.

The Chair welcomed the following comment from a member of the public:

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Dr Mary Eardley, GP from Claremont Bank Surgery in Shrewsbury, informed the members that she was representing 8,000 patients of the surgery. She believes the transfer of the phlebotomy service in the town centre has had a negative impact on patients who live in the central, north and east of Shrewsbury. She believes the change in the service has disadvantaged those in the most deprived areas of Shrewsbury.

Dr Eardley reported that the survey response showed 26% of patients were happy to attend the service being provided at Elizabeth House (she believes a number are Copthorne residents who would not have issues with accessing the service) whilst 74% preferred the service to be offered in the town centre. She therefore enquired what measures have been taken to identify other town centre premises.

Dr Eardley reported that she has also heard that Claremont Bank Surgery may be able to accommodate the service. She reported that they would not be able to be accommodate due to lack of space.

The COO reported that he would contact Claremont Bank Surgery directly to meet and talk with them. He assured the Board that a range of options were considered within the town centre.

Following discussion, the Chair requested the COO to withdraw the paper in its current form, take account of all points to identify a solution, and provide a revised paper to the November 2018 Trust Board.

Action: COO Due: 29 November 2018

WORKFORCE (PEOPLE)

2018.2/237

WORKFORCE COMMITTEE SUMMARY

The Workforce Committee Chair presented the key summary points of the Workforce Committee meeting held on 15 October 2018:

1. Education and Training Update

The Head of Education presented the Education and Training paper to the Committee. The Committee recognised when compared to other NHS Trusts we spend less with regard to training. The Committee agreed that training impacts on staff retention and referenced the staff survey feedback comments. The Committee agreed that a development plan built in to the annual business planning process would be helpful and this will be added to the paper together with a link between training and culture. The Committee asked the workforce team to challenge them further regarding training and its investment. A prioritised approach to training was suggested which would even out the financial impact and this will be incorporated in to the paper.

2. Statutory Training and E Learning

The Committee received the Statutory Training and e-Learning paper and this is an area that needs improvement. The Committee was informed that the increase in e-learning is estimated to give us a 5% increased compliance rate and supported the increased use of e-learning for refresher training.

3. Update on Time Shifting Policy Jan 19

The Medical Performance Manager provided a verbal update regarding the policy. The job planning systems allows for time shifting but this is not within the job planning policy. The Committee were informed that this was for consultants and provides some flexibility within their job plans. Following an audit by Deloitte it was felt that this policy needed implementing to provide clarity and the Committee were informed that the policy would be presented in January 2019.

4. External audit on DBS

The Trust is undertaking a retrospective DBS check exercise. In the last 18 months over 800 staff have completed their DBS checks. The progress is positive. The Committee asked to receive external assurance regarding the process, with a focus on risk assessment. A colleague from Midlands Partnership Foundation Trust (MPFT) completed the review. The conclusion was that this was a robust process that provided assurance.

5. Staff Survey

An update on Staff Survey was received which demonstrated in week two of the survey the response rate at 18%. The WD reported that this is now at 31%.

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The Committee received information regarding care group and centre responses. A more visual approach is being used this year to support the survey by focusing support on areas of low response rates along with a walking the floor and incentives like prizes for the teams with the highest response rates. The Committee noted the report and asked for an update next month.

6. Model Ward

An update on the Model Ward was received; the programme looks to achieve sustainable staffing on each ward area. The Committee will receive further updates and an update to Board will take place in November. An innovation day will take place in November to support 6 wards to consider new approaches to their care team.

The Board RECEIVED the Workforce Committee summary.

2018.2/238

WORKFORCE PERFORMANCE REPORT – MONTH 6

The WD presented the Month 6 performance report in relation to:

Sickness / Absence / Unavailability – 4.57%

The WD reported a slight increase in sickness absence during September; 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.

Appraisals – 87.65%

The WD reported a slight increase in the Appraisal rate at 87.65% 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 –76.48%

Overall compliance rate has increased to 76.48% 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 10.25%, Retention rate 90.04%

The Board RECEIVED the Workforce Committee update.

QUALITY & LEARNING (SAFEST & KINDEST)

2018.2/239

QUALITY & SAFETY COMMITTEE SUMMARY –17 OCTOBER 2018

The Chair of the Quality & Safety Committee, Dr Lee, presented the summary of the Quality & Safety Committee meeting held on 17 October 2018, drawing particular attention to:

Accident and Emergency Planning

The Q&S Committee is tasked to review planning arrangements for the potential closure of PRH A&E department during the overnight period. At the October meeting the COO presented the work undertaken thus far and reported on the Clinical Senate Review that had taken place earlier in the day. Following the meeting, the Chair visited the Accident and Emergency Department at PRH:

- There is considerable system recognition of the problems faced by SATH in operating two A&E departments and the need to act. The Clinical Senate had asked for some further assurances but were broadly supportive, their approach was constructive and added value to the process
- The governance structure underpinning the work is now well articulated
- There is work required to clarify plans for paediatrics as there remains some uncertainty at system level

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with respect to these plans.

- There is concern about the management of children who have day case tonsillectomies. Post-operative bleeding is a recognised and serious complication of these procedures and it will be difficult if a child operated on as a day case at PRH then requires admission to a more distant unit for emergency treatment. This concern may lead to a move away from day case procedures with an overnight stay postoperatively- an unintended consequence
- There are some concerns about adults undergoing head and neck surgery
- The end of day process still requires a huge amount of work to understand required staffing levels and operating procedures. When visiting the A&E department there were around 70 patients receiving assessment or treatment. This equates to around 5 hours of work. A closure at 8.00pm following an equivalent day would have the department working until 1.00 a.m. and, beyond this time, still providing care for patients awaiting admission
- We must not deviate from the core reason for proposing overnight closure as being an inability to provide safe sustainable clinical staffing that will underpin a safe clinical service. We need to constantly check plans, proposals and counter proposals against this reason
- We need to ensure that we are effectively engaging with frontline staff and recognise that staff wellbeing remains a significant predictor of the effectiveness of our service. It is clear that some staff are sceptical with respect to the proposals and they must be engaged to ensure that their concerns are addressed. There needs to be effective communication as the programme of work progresses to ensure that staff are receiving timely, reliable information from SATH and have opportunities to voice concerns. We should track staff wellbeing closely using objective measure to ensure that the changes demonstrably improve this and that we support staff through challenging times when services come under pressure.

There is likely to be a further additional meeting of the Quality and Safety Committee in the week commencing 5th November by which time further detail will have been added to the plans.

The visit to A&E also afforded the opportunity to discuss recent CQC concerns with senior nursing staff. Whilst a number of patients were being managed on trolleys in a corridor, two nurses had been allocated to monitor and ensure that observations had been appropriately taken.

Maternity Services (BAF1204)

The Trust's maternity services remain under significant external scrutiny. The impact on staff morale, recruitment and retention linked to adverse publicity is significant and must be recognised. Despite this considerable evidence was provided to support a view that maternity services are currently offering high standards of care with an excellent workforce. The investigation of historic cases is progressing and the summary of numbers of cases within streams of investigation is being presented at this board meeting.

The current Care Group leadership are displaying a real focus on supporting families openly and candidly.

The Midwife Led Unit at Royal Shrewsbury Hospital has been re-furbished and will open shortly. Care Group senior staff were delighted with the environment that has been created.

Scheduled Care Group

The meeting received a presentation from the Scheduled Care Group. The Q&S Committee was delighted to receive reports of good performance with respect to referral to treatment times, high patient satisfaction with services and the achievement of scheduled care wards in achieving exemplar status. The Care Group have reduced the numbers of patients with long lengths of stay (stranded and super stranded patients) and have established a good track record in avoiding falls and pressure ulcers on their wards.

There remain issues where surgical beds are used for unscheduled medical patients. This is particularly an issue where the Surgical Assessment Unit is affected (disruption to flow) and where medical patients are managed on the Day Case Unit (an issue previously raised to the Board by Q&S).

Criteria led discharge remains an aspiration but a challenge for the Care Group. Q&S have previously raised the desirability of implementing criteria led discharge across the trust as a means of improving patient flow and effecting discharges earlier in the day.

Infection Control

The Committee considered the annual Infection Prevention report and received minutes from the Infection Prevention Committee (IPC). Quality and Safety note that there are:

- Concerns raised regarding the new Urgent Care Centre at PRH and that Facilities have been informed that there is no financial provision for the additional cleaning to cover this.
- There is also a need to increase the cleaning requirements/frequencies in the Emergency Departments; however again, Facilities have been told that there is no financial capacity for this.

This is a concern for the IPC Committee as PRH ED is the only area that in the IPC Quality Ward Walks Programme that has not managed to make an improvement in their enhanced monitoring. All other areas that have been placed on the enhanced monitoring have always made improvements.

The IPC have also identified significant risks linked to

- The lack of adequate isolation facilities within the Trust
- The lack of an Automated Surveillance System
- The lack of funding for a second Hydrogen Peroxide Vapour Machine to allow for one at each site

Concerns have been raised at the Q&S Committee with regards to attitudes of senior medical staff in complying with Trust Infection Prevention Control practices such as being bare below the elbows and hand hygiene procedures.

Dr Weiner (NED) raised concerns in relation to flu and norovirus, going in to winter. The DNMQ reported that the right cleaning mechanisms must be in place. The IPC Committee has been charged by the Q&S Committee to identify an option that explores the funding to provide the required Hydrogen Peroxide machine.

With regard to hand-washing, the MD assured the Board that new doctors are completing a training programme and this is part of the programme. He agreed that the staff and teams must continue to be challenged.

The CEO enquired how the Quality & Safety Committee is assuring itself with regard to the management of sepsis in the A&E Department. Dr Lee reported that the Committee actively works with the Care Groups and will hold a deep dive. He also reported that there has been an increase in monitoring from front of house in the ED. The DNMQ reported that there has been a significant impact; the increase in sepsis screening has increased from circa 60% to 97% and this is being maintained. The CEO suggested increasing the level of auditing; the DCG agreed.

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

2018.2/240

QUALITY & SAFETY PERFORMANCE REPORT – MONTH 6

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

VTE

The MD reported that SaTH's performance as a Trust continues to be very good at 95.6% 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. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than peer comparators (June 2017 – June 2018 SaTH 0.86% v Peer 1.10%).

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The DNMQ highlighted the following key points:

- Fifty eight complaints were received in September in relation to Trust services. The Booking Centre and Outpatients have had a high number related to problems with appointments. The number of complaints closed within timescales continues to improve although there are still a number of late responses. Two complaints were re-opened in September – in both cases the complainants were disputing what was recorded in the patient notes.
- The percentage of patients that would recommend the ward or area in which they received care was 97.1% in September – an improvement from August but the response was reduced from 21.1% to 16.5%. The reduction in responses was seen in ED and inpatient areas.
- In September we saw 31 patients wait over 12 hours to be transferred from ITU once their condition had improved (28 had been waiting 24 hours when they were fit to transfer). In PRH, 8 patients waited over 24 hours and 2 patients waited over 24 hours. This constitutes a mixed sex accommodation breach – the team do all they can to maintain privacy and dignity.
- In September we reported no avoidable pressure ulcers of category three or four – it is now eight months since we have done so for category three and the last avoidable grade four we reported was in September 2016. In the year to date we have reported six avoidable category two ulcers which is an improving picture compared to last year when we reported 47 in total.
- There were no falls resulting in moderate or severe harm in September and the total for the Qtr was three.
- There are still high numbers of incidents that are awaiting review by the handlers – these are the low or no harm incidents but it is important that we understand the themes and trends indicated by these incidents. This is one of the priorities within our Quality Account for 2018/19.
- The Executive Rapid Review meeting identifies and reports the trends noted in the moderate and above incidents and complaints to the Clinical Governance Executive (CGE). These include appointment issues, delays in radiology reporting and transport issues.
- Five patients received their first definitive treatment for cancer after 104 days in August 2018 (the target for referral to treatment being 62 days) which is an increase of the three that were reported for July. Two related to patients who were being treated for lung cancer, two to upper gastrointestinal and one urology. In accordance with the Trust's procedure, a harm proforma and an RCA is requested from the clinician / operational team responsible for each individual patient. The Lead Cancer Nurse will carry out a clinical incident review for any patient graded as 1B (potential harm) or 1C (harm caused) following completion of the harm proforma. In relation to the lung cancer, upper GI and urology patients; the DNMQ agreed to share which specialist site with the CEO to expedite this. **Action: DNMQ**

With regard to the urology pathway, Dr Lee (NED) felt it should be a system-wide pathway. He agreed to discuss further through the Q&S Committee and for them to have oversight.

With regard to the 62 day cancer target, the COO reported that there have been challenges in breast services with radiology and dermatology; a significant amount of work has been undertaken and maintained performance; however, the area of most concern relates to urology due to a significant increase in demand, specialist resource is limited and availability of capacity with neighbouring Trusts is limited. A set of plans, including seeking additional locum capacity, as well as working closely with UHNM Stoke.

- In Qtr Two 2018-2019 there were 32 safeguarding concerns raised that involved the Trust. Of these, 25 were raised by the Trust against other agencies and seven were raised against the Trust. None of the latter met the criteria for a Section 42 enquiry.
- There were no safeguarding concerns raised by external agencies against Trust services in September. The Trust raised ten adult concerns, one internally.
- Safeguarding training is a mandatory requirement under the Children Act 2004 for staff in the public sector. This is also a mandatory requirement for Adult Safeguarding under the Care Act 2014 and now more recently with the Intercollegiate document 2018. The requirement for training set by CQC is 80%. At present we are not achieving the compliance levels for Level Two training which is at 61% for adults and 64% for children. A recovery plan is in place and additional training sessions arranged. Additionally we have low levels of compliance with MCA and DOLS training which is now mandatory for all relevant staff. The Trust has purchased training from the Local Authority to provide training for as many staff as possible in the next few months and longer term the provision of on line training is also being explored. Dr Lee suggested greater involvement with on-line training; the WD reported that the Workforce Committee received a paper regarding expanding E-learning in the training function (a national tool is available); she

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highlighted that support will be required in achieving this.

- We continue to train relevant staff in PREVENT WRAP training and are progressing towards the 85% compliance with a total of 63% compliance at the end of September.
- We have reported two C Diff incidents in September – total for Qtr 2 2018-2019 is four compared to seven in the same period last year.
- We have seen an improvement in our performance regarding mortality over the last four years, and this has been maintained over the last year. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than our peer comparators. The paper contains an update of progress in this area, based on the most up to date information available.

Dr Weiner (NED) requested clarification in relation to a point of detail around a Serious Incident which occurred during April but was not reported until September 2018 (IT/Unscheduled Care – major incident/emergency preparedness). The DNMQ agreed to forward the detail to Dr Weiner.

Action: DNMQ

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

2018.2/241

TRUST MORTALITY DASHBOARD

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

The Quarter 1 2018-19 data was provided which showed the total number of deaths and total number of cases reviewed under the Trust Casenote Review Methodology. The number of casenote reviews fell in June due to annual leave. Returns are usually delayed at this time of year – the figures will be updated and reflected in the Quarter 2 data.

SaTH are now required to publish potentially avoidable CESDI 3 cases which are cases where there have been avoidable factors but likely contributed to the outcome. There were two CESDI 3 cases in Quarter 1 2018; both have been subject to significant review and reported as Serious Incidents and the families informed. One patient had Learning Disabilities and the investigation has been undertaken with an Independent reviewer from the LeDeR programme. This patient's death will be subject to Inquest in November 2018.

The Root Cause Analysis investigation is on-going for the second incident which concerned the delayed diagnosis of a patient with a sub-arachnoid haemorrhage.

In order to promote accurate grading of deaths, all deaths with a potential CESDI score of 2 or 3 after initial review will have a summary sent to the Senior Medical Leadership team for a final decision on grading, and escalation if appropriate.

The MD informed the members of the National Reporting and Learning System (NRLS) which is part of a CQC requirement for all Trusts to upload information to that system. SaTH have uploaded the number that we feel could potentially be a significant or serious incident and following further review some cases are downgraded. To ensure cases are captured appropriately, SaTH has introduced an additional safeguard whereby cases will be presented to the joint meeting of the Care Group Medical Directors, Deputy Medical Directors and the MD to take a collective view of the grading of the case.

Dr Weiner (NED) reported that UHNM reported 2-3 years ago that they investigated every death in their hospital; he enquired if SaTH have looked at their processes to obtain any learning. The MD reported that he has spoken with a number of MD's from a range of Trusts and most use a similar system to SaTH's; it is a standard approach.

Dr Weiner (NED) suggested if the Coroner identifies a potential death, we would have the opportunity to look back and pick up from the system. The MD reported that there have been occasional cases where teams have not picked up factors, but overall cases are covered by the system and individual specialties are required to

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provide reports to the Mortality Group, the Clinical Governance Executive and the Quality & Safety Committee.

The Trust Board noted the contents of the Trust Mortality Dashboard.

2018.2/242 MATERNITY SERVICES UPDATE

2018.2/242.1 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.

Following the legacy cases discussed publicly at the Trust Board in June 2018; further families have come forward with questions regarding the review process and also relating to their care. This was repeated following updates at the Trust Board in August 2018 and September 2018; coinciding with the Trust reports and active invitation for families to come forward if they had concerns regarding their care.

At the time of reporting, a total of 15 of the 31 legacy families have contacted the Women & Children's Care Group in response to the legacy letters received. One legacy case is now closed following resolution with the family. A further 50 families have contacted the Care Group following the media and communication disseminated regarding the legacy care review and the Trust inviting families to come forward. Four of the families have had access to their records, met with relevant clinicians and their care is now closed following resolution with the family.

As agreed at the September 2018 Trust Board, this will remain a standing item on the Board agenda every month until it has been resolved.

The Trust Board noted the Legacy Case Review update.

2018.2/242.2 MATERNITY CLINICAL DASHBOARD

The DNMQ presented this report to provide the Trust Board with an analysis of data within the maternity clinical dashboard for August 2018.

The report highlighted elements by exception and indicated a description for the indicators that are not aligned with local or national targets. The Board noted the content of the report.

PERFORMANCE (SUSTAINABILITY)

2018.2/243 PERFORMANCE COMMITTEE REPORT – 23 OCTOBER 2018

The Chair of the Performance Committee presented the summary of the Performance Committee meeting held on 23 October 2018, drawing particular attention to:

Operational Performance Report

RTT continues to perform well and above the 92% trajectory. Some areas continue to require more careful monitoring, including T&O who have a different sustainability issue. The Committee commended the team for receiving a national ranking of 21 out of 126 Trusts (upper-upper quartile) for RTT performance.

It was noted that SaTH was one of the most successful NHS trusts at managing and releasing stranded patients: a terrific achievement.

The Trust continues to achieve the Diagnostic Waiting Times target despite strong growth in levels of activity. Although the Trusts performance is above average for NHS Trusts, Cancer performance failed the national target by a very narrow margin in Quarter 1. September's position will be important in terms of determining whether the Trust achieves Quarter 2 position. The future looks challenging with particular concern regarding the Urology specialty.

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Severe challenges continue regarding Emergency Department performance. Details of work culture at PRH and work with Emergency Care Intensive Support Team was shared. The requirement for strong leadership and nursing staff engagement in these very difficult times was noted.

Financial Performance Month 6 and Deficit Reduction

Mr Deadman (NED) reported that a meeting will be held with NHSI in two weeks' time to discuss progress to date.

Half way through the financial year, the Trust is reporting a year to date pre-provider sustainability fund deficit of £11.357 million, £0.438 million worse than plan; however winter pressures and profiling of budgets means the underlying picture is much more challenging.

The Trust is currently presenting an under delivery in respect of the Waste Reduction Programme of £3.065 million which is a significant improvement on the September 2018 performance.

New spend issues amount to £7.111 million; part of these costs reflect emergency actions needed to prevent a collapse of A&E services and NHSI support for those costs may be forthcoming.

It was noted all four Care Groups and central services have failed to deliver their planned Waste Reduction Programme. These five organisational groups have also incurred significant unbudgeted additional expenditure. Given that similar issues occurred last year, planning and budgetary processes need to be reviewed.

The Care Groups presented their plans to improve the end of year position and details of savings that could be made (amounting to circa £1.2 million). The committee was pleased with the ownership and commitment shown by the care groups to reduce the variance from the control total, however, it was not assured of the delivery of this considering the risks associated with this, particularly in Unscheduled Care, and the unknown impact of winter.

As a result of the above, the Trust's most likely forecast position is currently to overspend against the Trust's control total by £4.246 million.

The Performance Committee reflected on a number of factors outside our control which were making efficient and effective care delivery hard. In addition, Carter Review work reveals SaTH has one of the most efficient (lowest) cost per unit of care delivered in the country. (Upper-upper quartile efficiency). However the committee also noted important areas (e.g. Criteria Led Discharge, Operating Theatre Usage, Consultant Work Scheduling, Private Practice Management & Marketing) where we are old fashioned, slow to change and performing very poorly compared to other trusts. In many of these areas we have, for many years, been failing to deliver plans and improvement work. We therefore need to very urgently find a way of empowering our clinicians, nurses and other leaders to make these changes where they are wholly under our control.

Additional 30 bedded ward

NHS Improvement has made £3 million available to the Trust to create a new ward at RSH to help ease winter pressures. The money will be used to refurbish part of the Copthorne Building to provide 30 extra beds. Work is underway and it is expected that the ward will be in use by January 2019 to help meet winter demands.

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

It was suggested that a review of the 'subsidiary' Risk Register takes place as some of the risks may need to be assigned to the Sustainability Committee.

Other items discussed included:

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- Costs associated with the proposed reconfiguration of A&E.
- Services under the Spotlight. The proposal to provide additional capacity for Neurology Services in Shropshire was not approved by the Performance Committee. A presentation on the issues affecting the Urology Service and next steps was delivered.
- Carter Review Update – latest position received.
- Operational Plan – latest update received.

For confirmation, the FD reported that the Performance Committee was projecting a deficit of £5.7m a month ago; however the Month 6 position enabled the profile of spending going forward to be reduced by £400k as expenditure dropped, and income also dropped. Work has also been undertaken over the last month with the Care Groups who have developed savings programmes which improves the variance from the control total to **£4.3m** (a best case scenario would reduce the figure down to £2m although this would require the Care Groups to deliver the full £2m savings identified). Discussions are ongoing.

The Board NOTED the Performance Committee Report.

2018.2/244

TRUST PERFORMANCE REPORT – M6

2018.2/244.1

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 £.11.357m - £0.438m worse than plan

Income & Expenditure

YTD - At the end of September, half way through the 2018/19 financial year, the Trust is reporting a year to date pre provider sustainability fund (PSF) deficit of £11.357m, £0.438m worse than plan.

In month - In the month of September 2018, an in month pre PSF deficit of £0.940m has been recorded against a plan of £1.463m, £0.523m better than plan.

Pay

To date the pay spend amounted to £126.128m against a plan of £125.481m resulting in an overspend of £0.647m. 13% of the Trust's pay costs in month 6 are attributable to temporary staffing.

Temporary Staffing Spend

To date the temporary staffing (Bank, WLI, Agency and Locums) pay spend amounted to £17.899m.

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 6 run rate down by £0.041m compared to month 5 2018/19.

Non Pay

To date non pay spend amounted to £56.744m against a plan of £56.694m resulting in an underspend of £0.049m.

Forecast Outturn Scenarios

The Trusts most likely forecast position is to overspend against the Trusts control total by £4.246m, work is however taking place to pursue further opportunities to improve the end of year position. If each of the opportunities were realised this would have the effect of reducing the level of overspend against the control total to £2.045m.

Forecast Outturn Variances

The waste reduction target of £8.198m has been under achieved by £0.496m. This level of under achievement has been made possible because in year:

- The Trust has been able to benefit from the full year effect of the rate revaluation exercise (£1.300m);

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and

- The Trust has realised savings associated with inflation amounting to £1.269m

After discounting these two opportunities the Trusts planned waste reduction schemes have under achieved by £3.065m.

During the year, new spending commitments have been entered into at a cost of £7.111m.

Waste Reduction Performance

The Trust is currently presenting an under delivery in respect of the Trusts planned waste reduction programme of £3.065m.

New Spend Issues

Discussions have been held with the Care Groups around the status of overspending. Whilst opportunities may exist to reduce the level of spending, significant reduction in run rate appears unlikely.

Further work is to be undertaken to establish the capability of achieving the levels of improvement.

Cash

Assuming the Trust only receives external support for the agreed Control Total deficit of £8.615m and the shortfall in achieving PSF of £8.792m, it is extremely likely that the Trust's variance from the control total is £4.246m (forecast deficit over agreed Control Total) will start materialising in February 2019.

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

Mr Newman (NED) queried the revenue line as he felt it was unclear on the outturn scenarios and therefore asked the FD for his assumption. The FD reported the forecast is by position from the first six months of the year which is overlaid by the profile for the year, continuing to assume that the level of delivery through to year-end.

In terms of income, the FD reported a significant reduction in elective activity in orthopaedics as the activity is being diverted away from our service to the Nuffield. The CEO enquired if it is the same consultants that work in SaTH that are performing operations at the Nuffield; the FD believes that it is the case.

The FD reported that he has held conversations with Scheduled Care and T&W CCG regarding the above; the contract is administered by the Community Trust – conversations will therefore be held with the Community Trust.

The FD also reported that there is over-performance in non-elective activity. The tariff for next year has been changed and the emergency threshold has been abolished. Consequently SaTH won't experience such impacts going forward.

Mr Newman enquired if the model assumes any loss of revenue from the closure of PRH ED overnight; the FD reported that it won't at present as the pathways are being continually developed and it changes the extent of the activity.

Mr Deadman presumes SaTH will be presenting the £4.3m deviation from control total, although during the current month £2.5m good news has been received which has helped recover some of the expenditure; however, a number of transactions were performed during the last 60 days last year. It is therefore difficult to predict the outturn due to the unknown factor of supporting the ED activity, also the maternity services spend.

The CEO accepted the above explanation but felt there is clearly work to be undertaken, going forward, to continue to build on the engagement with clinical care groups to remove waste.

Mr Carroll (A.NED) queried the confidence of achieving future savings given the variance of £3m; the FD reported that the spending reflects the savings contained in the waste reduction programme. In terms of going forward, most is associated with further reductions in the stranded patient numbers. The plan we have assumes the stranded patient benefit achieved so far can be maintained, but going beyond that is a level that we feel can't be delivered. A lot of savings associated with agency spending has been removed and has been profiled

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into the end of the year.

The Chair questioned the Committee's view with regard to commencing next year's cost improvement programmes. The FD reported that discussions are currently taking place with Care Groups with regard to realistic savings programmes for 2019/20 and these will progress over the next two months, although there is a need to find a way of managing the risk profile. The Chair enquired how much the Care Groups are required to focus on; the FD reported it is circa £10m.

The CEO highlighted that it should be recognised that decisions have been taken which in year which were not budgeted for and, going forward, the decisions being taken must be articulated.

2018.2/244.2

OPERATIONAL PERFORMANCE

RTT Performance

September's RTT performance was 92.68% against a trajectory of 92.0%.

Cancer

August performance was 82.3% against a trajectory of 85%.

The September performance prediction was 85.2% against a trajectory of 85.0% - validation ongoing.

Diagnostics -

Diagnostic waiting times (99.81% patients waited under 6 weeks for diagnostic test).

ED Performance

This remains below trajectory at 75.47% against 90.68%.

2018.2/245

NATIONAL INPATIENT SURVEY 2017

The DNMQ reported that the national Inpatient Survey 2017 was carried out between September and December 2017 and included patients treated at the Trust during July 2017.

This year 631 completed usable surveys were received for SaTH, giving a response rate of 52% (53% for SaTH in 2016). This compares favourably to the national response rate of 41%.

Key Facts:

- The 2017 results showed improved scores for the 2 questions which saw a statistically significant decline in 2016 compared to 2015.
- SaTH saw statistically significant declines in 4 questions since 2016.
- SaTH performed "Worse" than other trusts in one question - this related to hospital staff discussing with patients whether they would need any further health or social care services after leaving hospital (Q66).; all other questions saw SaTH perform "About the Same" as other trusts.

Conclusions

The 2017 results indicate that patients at both the Royal Shrewsbury Hospital and the Princess Royal Hospital had confidence and trust in the nurses treating them and also felt well looked after by non-clinical staff such as cleaners, porters and catering staff.

There were 11 out of the 62 questions which SaTH scored 9 out of 10 or more and over half of the questions were scored at 8 out of 10 or more.

There were just four questions in which SaTH's score was judged to be statistically significantly worse than in 2016. In one question, about ward cleanliness, the Trust still scored more than 9 out of 10, while in another, relating to the purpose of medicines which the patient was being sent home with, SaTH scored 8 out of 10.

The Board noted the results of the National Inpatient Survey 2017.

The CEO highlighted that the national Inpatient Survey and the national Staff Survey are the two documents that

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are the most valuable to the organisation; he suggested looking at the areas through the Quality and Safety agenda to improve the outcomes. The DNMQ agreed reported that it will be a standard agenda item on the newly formed Patient Advocacy Group.

GOVERNANCE (LEADERSHIP)

2018.2/246

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.

Attachment 1 – Board Assurance Framework Summary. Since September 2017:

- Corporate objectives have been revised and the risks mapped to the revised objectives.
- Two new risks have been added (risk 1369, bed occupancy and 1492, Risk if we do not have up to date IT to clinical care), and two risks removed (risk 951, DTOC and risk 1185, medical outliers).
- Risk 1186 (community engagement) was new in 2017 and is improving
- Risk 1204 (maternity service) has improved from Red to Amber due to the positive assurances received
- Risk 668 (clinical service vision) has improved from Red to Amber with the start of the consultation on Future Fit

Attachment 2 - Board Assurance Framework - Tier 2 Committees review their risks each month. Changes since the last presentation are shown in purple text, specifically:

- Risk 1492 (Information Technology) – New Risk added by sustainability committee “If the Trust does not have a up-to-date IM&T strategy, then the Trust will not be able to benefit from live clinical and performance information to drive improvements”
- Risk 670 (Income and expenditure) – two additional gaps in assurance added
- Risk 1186 (Community engagement) – 2 additional positive assurances added
- Risk 1134 (winter planning) – 4 additional positive assurances and 2 additional negative assurances added
- Risk 1204 (maternity service) –additional positive assurances received from July 2018
- Risk 1369 (bed occupancy) – 2 additional controls added, 2 additional assurances added and one additional negative assurance
- Risk 561 (patient flow) – 2 additional assurances and 1 additional negative assurance added
- Risk 668 (sustainability of services) – 1 additional assurance added
- Risk 1187 (Waste reduction) – 1 additional Gap in control and 1 additional gap in assurance given.
- Risk 423 (staff engagement) – 1 Additional assurance added
- Risk 859 (Shortages in key staff) - 3 additional assurances added
- Risks 626, 1062, 817 and 949 (staffing) – Additional control added

Attachment 3 – Risk appetite statements by objective

Attachment 4 – Operational Risk Register. This information is reviewed by Sustainability, Quality and Safety and Workforce Tier 2 Committee meetings each month. This attachment provides further detail on the capital costs of the items on the risk register.

At the start of October 2018, there were 65 risks on the register, which is 14 more than October 2017. Over the year, 17 of these risks have been closed and 12 have decreased in score so no longer appear on the Operational Risk Register.

There have been 16 new risks over the year; and 11 further risks have increased in score. 17 risks have not changed their risk score although actions have been taking place to mitigate the risks. The actions are outlined on the register.

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.

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2018.2/247 ANY OTHER BUSINESS

No further business raised.

2018.2/248 QUESTIONS FROM THE FLOOR

Q1 Karen Calder felt assured that the Board are working through the contingency plans; although following an email received from David Sandbach, he highlighted from the table-top exercises that emergency planning is lacking (not in the clinical sense) but in the local authority and other planning sense. Karen therefore emailed Shropshire Council and has received a response which states they would be happy to participate; she felt Telford & Wrekin would be able to offer similar.

ACTION: COO to involve Local Authorities in table top exercise - November 2018

Q2 Karen Calder highlighted that the proposed PRH A&E closure not only affects Telford & Wrekin residents; it will also affect Shropshire and Powys residents. She therefore felt future SaTH Board meetings should not specifically be held at Telford. She reported that the Joint HOSC meetings are rotated deliberately between the two authorities irrespective of the agenda items.

Q3 Karen Calder requested a reduced/condensed version of the Maternity Learning presentation to share with the Joint HOSC, specifically in regard to smoking cessation.

ACTION: DCG to arrange

Q4 With regard to discussions in relation to the Phlebotomy Service, Karen Calder reported that the service should fit the needs of the community – she highlighted the need/responsibility of the GP service [i.e. this is a service by SaTH currently not commissioned by CCGs therefore there is no funding for SaTH attached to delivery].

Q5 Madge Shingleton highlighted the importance of co-ordinated care as it is very relevant for the smaller communities as it will take up to an hour to reach the A&E service from South Shropshire – it must therefore be bespoke for the residents of Shropshire and Telford & Wrekin. She asked for communication to be disseminated through the Shropshire Association of Local Councils which includes the Parish and Town Councils which covers both communities (Shropshire and T&W).

Q6 Gill George welcomed the informed discussion on Phlebotomy and urged a level of speed in identifying a solution, specifically for the frail, elderly, disabled.

Q7 In relation to the proposed closure of the A&E service at PRH; David Sandbach urged the Board to consider his proposal of an Urgent Care Centre.

2018.2/249 DATE OF NEXT PUBLIC TRUST BOARD MEETING –

Thursday 29 November 2018, 1.30 pm, Venue TBC – Telford

The meeting closed at 6.00pm

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ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 25 OCTOBER 2018

Item	Issue	Action Owner	Due Date
2018.2/226	<i>Emergency Department Update</i> To add ED overnight closure on Programme risk log	COO	Nov 2018
2018.2/227	<i>Rural MLU Engagement Update</i> To provide decision paper to November 2018 Trust Board	DNMQ	Nov 2018 Agenda item
2018.2/228	<i>Board members declarations</i> To update with Ms Edwards addition	CS	Nov 2018 Completed
2018.2/229	<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 Agenda item Deferred to 7 Feb 2019 Added to Schedule
2018.2/236	<i>Phlebotomy Service Engagement</i> To present revised paper to November 2018 Trust Board	COO	29 Nov 2018 Agenda item – Matters Arising
2018.2/240	<i>Quality & Safety Performance Report – M6</i> <ul style="list-style-type: none"> To forward detail to CEO in relation to lung cancer, upper GI and urology patients to expedite To forward detail to Dr Weiner regarding SI which occurred during April but not reported until September 2018 (IT/Unscheduled Care – major incident/emergency preparedness) 	DNMQ DNMQ	Nov 2018 Nov 2018
2018.2/248	<i>Questions from the Floor</i> <ul style="list-style-type: none"> To involve local authorities in table top exercise To arrange for a condensed version of Maternity Learning presentation to be available and shared (Joint HOSC etc) 	COO DCG	Nov 2018 Nov 2018 Completed