The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1.30pm, Thursday 29 November 2018
Juniper Suite, Conference Centre, University of Wolverhampton (Telford campus), Telford

PUBLIC SESSION MINUTES

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

2018.2/250 WELCOME & APOLOGIES:

The Chair welcomed all to the Trust Board meeting. He apologised for the issues with parking at the venue. He reported that it had been agreed to hold the meeting in Telford at the October Trust Board where it was thought that a decision was to be made regarding the overnight closure of PRH A&E, however, the Chair was happy to report that the closure has been avoided.

2018.2/251 MONTHLY VIP AWARD PRESENTATION

The Chair reported that there would not be a VIP Award presentation this month due to the number of agenda items and their content, such as CQC report which had been published in the morning.

2018.2/252 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, Harmesh Darbhanga, which has been added to the list of Declarations:

- Non-Executive Director of Shropshire Community Health NHS Trust

2018.2/253 DRAFT MINUTES OF MEETING HELD IN PUBLIC on 25 OCTOBER 2018

The Minutes were APPROVED as a true record.

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2018.2/254 ACTIONS / MATTERS ARISING OF MEETINGS HELD 27 SEPTEMBER 2018

2018.2/226 – Emergency Department Update
COO to add ED overnight closure on Programme risk log
Completed. Action closed.

2018.2/227 – Rural MLU Engagement Update
DNMQ to provide decision paper to November 2018 Trust Board
See Minute 2018.2/263 Completed. Action closed.

2018.2/228 – Board members declarations
CS to update with A Edwards addition.
Completed. Action closed.

2018.2/229 – Matters Arising:
2018.2/174 – 6-monthly nurse staffing update
DNMQ to present update to November Trust Board
See Minute 2018.2/274 Completed. Action closed.

2018.2/183 – Workforce Performance Report – Appraisals
WD to take Deep Dive of appraisals and SSU training through Workforce Committee and report back to November Trust Board.
Deferred to 7 February 2019. Action: WD

2018.2/236 – Phlebotomy Service Engagement
COO to present revised paper to November 2018 Trust Board
The COO provided a brief update, informing the members that there is no clear preferred option at present. Engagement will continue with patient groups and GPs.
The GP and practice managers from Riverside practice and Claremont practice in Shrewsbury town centre have been visited; discussions also held with both primary care and the Community Trust.
There is a need to look at provision on a broader footprint looking at capacity and demand. The amount of activity has continued to increase significantly; therefore SaTH needs to work together with primary care, CCGs and other partners, taking access and other patient needs into account. It was noted that the overwhelming majority of patients are in fact primary care patients, not SaTH's.
The Riverside GP practice has a building plan in progress and may be able to accommodate their own patients in due course (initial timescales with Riverside practice are September 2019).
Broader work will continue with commissioning colleagues; changes possibly won't come into play until the new financial year, but the CCG will need to lead this work of service delivery.

2018.2/240 – Quality & Safety Performance Report – M6
DNMQ to forward detail to CEO in relation to lung cancer, upper GI and urology patients to expedite.
Completed. Action closed.

DNMQ 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)
Completed. Action closed.

2018.2/248 – Questions from the Floor
COO to involve local authorities in table-top exercise in relation to emergency planning
Completed. Action closed.

DCG to arrange for condensed version of Maternity Learning presentation to be available and shared
Completed. Action closed.

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2018.2/255 **CQC REPORT**

The Chair reported that the CQC visited the Trust earlier this year where they identified issues with A&E and Maternity; work had already started to rectify some of those issues.
The final CQC Report was published at 00.01 on the day of Board. The Board are extremely disappointed with the content of the report and are determined to pull together a comprehensive action plan to turn the Trust around from its present position.
The Board were aware of a number of the points in the CQC report which they thought had been progressed, but further work is required to ensure these are truly embedded.
The report considers the leadership of the Trust, which the Board takes very seriously. The Chair reported that he has been addressing this since he commenced in post. Four new Non-Executive members of the Board have been appointed to strengthen the Board; and ongoing conversations have been held with the CEO with regard to strengthening the management team. Senior posts are being advertised to provide additional capacity.

The CEO reflected on the report, stating that nobody can be unaffected by its content. He reported that he was sorry and disappointed that the Trust has not made the progress it wished to make. He felt the report could be used positively to move forward, building a better organisation that addresses the concerns outlined.
He commended the 6,000 staff who work incredibly hard every day to deliver the best care that they can.

The CEO reported that the Senior CQC Inspector, Victoria Watkins, has stated that "we are not saying that patients should be concerned about accessing services" which the CEO felt is important as patients should not worry about accessing the services whilst the organisation goes through a period of change and improvement. The improvement plan will be a collective staff-led plan, and the Board is committed to ensuring the improvements are achieved.

At this point, the Chair halted the meeting to take questions from the floor.

2018.2/256 **QUESTIONS FROM THE FLOOR**

The Chair asked the public to maintain respect whilst asking questions of the Board:

Q1 ***Why aren't the Board thinking of resigning and re-booting the management of SaTH?***
A1 The Chair reported that the responsibility sits with him as Chair of the organisation to ensure the correct Board members are in post. He reported that the Board has been strengthened by the appointment of four new Non-Executive Directors, and added that two new Executives will also be appointed to the Board to move forward.
It is the Board's responsibility to make the required improvements; too much change of the Board during this period of time could hinder developments to drive improvement.

Q2 ***The CQC report clearly states that the Board is inadequate – this is the Board that is going forward to manage the Future Fit Programme. The Board are not listening or learning. How will they manage the Future Fit programme? It is time the Board stood down.***
A2 The Chair said that he recognises the challenges ahead and is absolutely clear that additional management resource is required; the team will therefore be strengthened moving forward into Future Fit. A dedicated resource will be required to work alongside the current management team to help deliver a project of such a scale. NHSI will expect the correct level of resources to deliver this.
Regarding Future Fit; the consultation has finished. It is being referred to Future Fit Board meeting after Christmas and the final decision will be made..
The Chair reiterated that the SaTH Board is not responsible for the decision on Future Fit. Any points are to be directed to those responsible for the Future Fit Programme.

Q3 ***When could the Board expect to come out of 'special measures'?***
A3 The CEO reported that the CQC have agreed to carry out an earlier inspection, if SaTH are ready to have an assessment at an earlier point.

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The Chair highlighted that coming out of special measures will be the end of the exercise, but SaTH must ensure we are on this journey with a tight focus. The governance processes are being strengthened and Committee structures are being reviewed. Progress will be reported back through the Board.

Q4 ***The CEO is earning £165k per annum, and two new Executives are being appointed – how much will they cost and how effective will they be?***

A4 The CEO reported that the salaries will be included on the job adverts and these are published in the Annual Report

The Executive team will be strengthened to ensure sufficient time is spent with staff listening to their concerns and working with them to resolve the issues. There is a level of complexity in delivering modern healthcare that requires a level of aptitude and ability across an executive; if delivering large schemes such as Future Fit or the introduction of a new Electronic Patient Record, need to have individuals with experience/those skills.

Q5 ***Is a far more radical approach to managing the Trust needed so that the people in the county receive the services that they deserve and need?***

A5 The Chair assured the public that the Executive and their wider teams are required to deliver the improvement plan; if it is not achieved and the individuals do not perform, the necessary changes will be made.

Q6 ***The Director of Improvement has come from a hospital that 'requires improvement'. How will that improve SaTH's management skills?***

A6 The Chair reported that the NHSI Director of Improvement (Sue Holden) is supporting the Trust working alongside the CEO to guide the organisation. Ms Holden is an expert in turning Trusts around, and SaTH is delighted to have her experience as she has been involved in a number of Trust's in a similar position to SaTH.

Q7 ***How will the Director of Improvement report back through to the Board for the public to pick up on issues, for openness and transparency?***

A7 The Chair agreed that this would be good idea; he reported that he would liaise with Ms Holden to build in a report/critique to future agenda's for the public to see external verification going forward.

Action: Director of Improvement to provide update Due: 7 February 2019 Trust Board

Q8 ***How can new Executive Directors on the Board change the culture? How can this be achieved without replacing the existing management with a new team and new ideas/vision?***

A8 The Chair reported that the Trust has previously had a Director of Strategy but had not replaced that post; an advert has now been placed for the role of Director of Strategy and Transformation which is required. Also, the current Medical Director is moving into a specific role of Director of Clinical Effectiveness to drive through improvements in clinical practice, promoting innovation and supporting the transformation of clinical pathways. This will bring a new Medical Director into the Trust.

The Chair felt bringing the two new Directors into the Trust can add to the existing capacity whilst working to improve the existing culture.

Q9i) ***Given the findings of Maternity in the recent CQC Report, is it appropriate for the Trust to continue to roll-out Mr Adam Gornall's 'good news' presentation?***

A9i) The Chair reported that the presentation was prepared at a point in time; there are some facts within the presentation that should be in the public domain.

Karen Calder, Chair of Joint Health Overview Scrutiny Committee (HOSC), reported that Mr Gornall's presentation was being presented to the Joint HOSC in January 2019 for all to hear and make their own opinions/judgement.

Q9ii) ***Regarding the CQC summary of findings which highlights the behaviours of the Trust leadership/Executive; the culture is not in relation to a legacy issue but reflects current problems. The CEO was asked if he accepts responsibility for the Trust getting worse year on year.***

A9ii) The CEO reported that he would not walk away from responsibilities to address the issues raised. He informed the members that his family accesses the hospitals as well as all members of the public and he will continue to work hard, alongside the teams, to make differences.

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The Chair confirmed that the Board have read the CQC Report and understand the challenges ahead. They will form part of an Improvement Programme and conversations will be held as the report also relates to members of the wider leadership teams in the organisation.

Q10 ***It was highlighted that some members of the public have knowledge in areas and it was asked whether in the future the public could work together constructively with the Board to provide a safe service.***

A10 The Chair agreed and stated he made an observation when he commenced in post that some work has not been embedded and there are lessons to be learnt, as highlighted in the CQC Report. It is imperative now to find a way to change.
The Chair reported that the Board Walks have been introduced, where the Chair and NEDs attend wards and areas of the hospital on a monthly basis to hold conversations with small groups of staff so they feel able to raise concerns if required.
The Chair reported that he has spoken with the DCG regarding engaging with the users of the hospital and with communities as he would like to have patient experts who can help guide and design services is the way forward. The Chair confirmed he would take responsibility for this, alongside the DCG, taking it forward in the New Year.

Q11 ***The Chair was asked if he has personally met with the families who have lost a child as result of avoidable errors in the Trust***

A11 The Chair reported that he would be happy to meet with any of the families if they wished to do so.
He reported that he met with one of the families in a different forum the previous day; the mother was very clear about what she requires of the Trust, that nobody else goes through what she and her family went through. The Chair stated that best practice will be implemented and any recommendations from the Secretary of State Review.

Q12 ***What are the practices that will be implemented?***

A12 The Chair reported that a detailed Improvement Plan will be devised and a first draft will be presented to the February 2019 Trust Board. Engaging with the staff is paramount.
Action: DNMQ Due: 7 February 2019 Trust Board

The Chair thanked the public for their questions and assured them, on behalf of the Board that the Board remains focused and will report back openly. He then resumes the Board meeting.

2018.2/257 **PATIENT STORY – PRESENTATION RE: STROKE SWALLOW ASSESSMENT KIT**

The Chair welcomed Dr Meena Srinivasan, Clinical Lead for Stroke, to the meeting who attended to provide a presentation in relation to the Stroke swallow assessment kit; a small Kaizen improvement project introduced and implemented by frontline staff to make a big difference to patient care.

Dr Srinivasan reported that a stroke patient who has had a brain attack come up against gruelling experiences, from arriving in hospital via an ambulance to maybe being unable to speak, move or swallow and being attended to by doctors, nurses, therapists, for scans etc.

When stroke patients arrives in the A&E Department they are nil by mouth as brain attack patients often have loss of swallow; this needs to be assessed by a specialist to ensure it is safe for the patient to swallow, otherwise they could aspirate which could lead to infection or pneumonia. It is therefore essential that patients are assessed early.

Dr Srinivasan informed the members that she has trained and worked in SaTH since 2003; she feels that every member of staff wants to improve the patient experience.

The swallow assessment kit was introduced following a three day Kaizen event; Kaizen refers to continuous improvement and looks at simple steps in a patients' journey that could be implemented quickly and make a big difference.

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The old process prior to the Kaizen event – patient would arrive in the Emergency Department, be assessed by Stroke specialist nurse and have a CT scan prior to waiting for a bed on the Stroke Ward. The national target is for a patient to be on the Stroke Ward within 4 hours, but in reality this does not happen consistently. There is an issue as a patient could present and not have the swallow test completed for up to 8 hours.
The outcome of the project was to have all resources in the 'Stroke Box' with all equipment for the early assessment of swallow in the Emergency Department.
Prior to this project, the time of a patient waiting varied from 3 – 7.5 hours; however following the 'Stroke Box' project the time reduced down to 66 minutes. Dr Srinivasan reported once again that the idea came from the frontline staff and was entirely for patient care and safety. She also reported that the team were nominated for a Health Service Journal Award during July 2018.

The MD reported that three key points came through from the project:

- Staff themselves are coming up with great ideas
- How we create the environment and the support for them to make the changes
- When implement change, see initial enthusiasm but the challenge it to ensure it is sustained and becomes established practice.

Dr Srinivasan reported that the improvement is not a one-step event; the work is re-assessed in 30 days' time and again three months' time to ensure the improvements continue to happen. The projects are audited.

The Chair and members of the Board thanked Dr Srinivasan for attending to provide the excellent presentation.

MONTHLY OVERVIEW

2018.2/258 **CHIEF EXECUTIVE OVERVIEW**

i) The CEO wished Telford a very Happy 50th Birthday – there is a large amount of celebration and a number of events going on throughout Telford. He wished the best to those undertaking the wide range of events.

ii) SaTH has received a visit to the Maternity Service from the Shadow Secretary of State in the last two weeks; as well as a visit from Ruth May, NHS Improvement Director of Nursing, and from MP Phillip Dunne.

iii) The official opening of the IVF service has taken place. For many years, the service has operated out of very poor accommodation; however it has moved to a wonderful state of the art facility. The CEO reported that the performance of the IVF service is remarkable; they have supported families to have 200 babies this year. It is a service to be proud of.

2018.2/259 **FUTURE FIT UPDATE**

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:

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	3 December
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

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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 CEO reported that the decisions are overseen by the Clinical Commissioning Groups; we await those decisions and outcome of those discussions.

The Board members NOTED the update.

2018.2/260 SUSTAINABLE TRANSFORMATION PLAN UPDATE

The CEO presented the STP Update, reporting that monthly update relates to October (as last month's update to Board) as the minutes of the November update have not yet being finalised.

The Board members NOTED the update, with no particular action to be taken.

2018.2/261 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.

The update provided detail around the value stream work to support challenged areas of the Trust including:

- Respiratory Medicine – reduced length of stay by 29%
- Discharge Pathway
- Emergency Department
- Ophthalmology
- Patient Safety (reporting of incidents)
- Radiology (colorectal CT)
- Recruitment
- Sepsis Pathway – roll-out of Sepsis boxes
- Surgical Pathway (outpatients to theatre)

- The plan to support Sustainable Services Team through Transforming Care Production System (TCPS) methodology and 3P
- The roll out of Sepsis boxes/trolleys across all inpatient wards
- The increase in patient safety incident reporting
- The first multi-agency RPIW focussed on improving relationships and the complex discharge pathway

The CEO reported that this work has been taken beyond SaTH as a piece of work was undertaken with health partners and social care partners, looking at complex care and how we could improve how we manage that interface. This was well received and was a good indication of improvement work as an entire system.

Dr Weiner (NED) reported that SaTH has been accused as being a top-down organisation previously and part of the reason where there may not have been engagement and continued use of new ideas is due to that approach – he therefore enquired how the Sepsis boxes are being received by those suggesting it as a way forward.
The MD reported that in order for this to be fully implemented is for the staff on the Wards to own the process – they have been invited to nominate a Sepsis Champion on each Ward; and the Critical Care Outreach Team have carried the message and met with Ward Teams, linking with the Sepsis Champion, to talk through the

identification of patients with sepsis, diagnosis, laboratory tests and rapid treatment. Building on learning and encouraging.
Dr Weiner suggested rolling out this learning approach in other fields across the organisation to improve quality of care for patients.

Dr Lee (NED) agreed that he has seen the tangible approach of VMI across the wards and departments when out visiting as part of the Board or as part of the Quality and Safety Committee; it emphasises the importance of this methodology becoming part of SaTH's DNA.

Mr Deadman (NED) raised the group discharge piece of work which included criteria-led discharge which is important for patient flow – given that it is working well in a small number of places, Mr Deadman enquired how effective that piece of work has been.
The MD reported that he is working in liaison with the DNMQ as it involves multiple members of clinical teams to ensure the most effective way for patient discharge. As part of the regular education programme for doctors, the MD reported that he has highlighted the importance of ensuring patients are not delayed any longer than is absolutely necessary, and to ensure progress is made. The MD is expecting to see considerable improvement in Unscheduled Care and Scheduled Care has also been challenged to demonstrate this.
The DNMQ highlighted this requires considerable effort to change culture and she is working alongside the MD, COO and WD to make improvements due to the impact this has on patient flow. From a governance perspective, the DNMQ reported that Thursday morning's will be devoted once again to a programme relating to improving patient flow.
The COO reported that the complex discharge week involved a number of patients and relatives; a back to basics video was developed during the week with patients and carers. Co-production will be another element to make it a success.
Mr Bristlin (NED) highlighted that the paper reported that by April 2019, 4,000 staff will be trained to deliver TCPS training with a further 1,000 staff with the ability to coach others – he enquired how will that resource focus on the key priorities. The CEO felt this has not been sufficiently clear in the past; the teams will look at the three significant improvement goals for next year.

EMERGENCY DEPARTMENT CONTINGENCY PLAN

2018.2/262 **PRH EMERGENCY DEPARTMENT OVERNIGHT CLOSURE UPDATE**

The Chair reported that since the October 2018 Trust Board meeting, a considerable amount of work has been undertaken to ensure and understand the risks to mitigate the closure of the PRH Emergency Department; this has been reviewed at all levels.

As a result of the efforts made, the Board felt confident that the staffing levels would be sufficient. The Chair reported that he was presented with robust information which had been tested by NHSI, etc; he therefore took Chairs 'Action' to suspend the decision to close PRH ED overnight.

The COO reiterated the actions taken to achieve this position, as presented above by the Chair. He reported that recruitment and getting people in place was always one of the key workstreams. The COO confirmed that two of the nine appointed middle-grades have commenced in post; also key was to make medium-term appointments whilst substantive recruitment continues, therefore an extended induction period has been conducted for those staff to ensure they are fully inducted and are made to feel welcome.
The Consultant numbers are on track and will support initial training and future training requirements, and focus continues on the nursing workforce as well as the medical workforce.

Next Steps:

- Important to have a full lessons-learnt process – obtain feedback from a range of stakeholders, both internally and externally.
- To ensure changes are implemented using pathways and actions
- Business continuity will remain for staffing or for other challenges – a lot of learning in terms of assessment of risk which will be incorporated into the existing business continuity

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- To ensure daily and weekly monitoring of workforce going forward, looking at immediate staffing and looking ahead at substantive staffing numbers to balance accordingly

The Chair thanked the COO, CEO and the wider teams for their efforts in securing the position.

The CEO echoed the Chairs thanks to the teams, but also reminded the Board that in the last 18 months, six other hospitals have closed their A&E Departments, either overnight or completely. The actions from staff within SaTH and partner organisations in the community have helped to come together to ensure this circumstance hasn't happened. He reported that a huge amount of learning has come from the work undertaken.
The CEO highlighted the importance of moving forward to ensure there is resilience in the staffing and SaTH is not vulnerable to locum staff who could leave the organisation. Regular sessions will continue to be held to ensure the departments have the correct nursing and medical staff.
The DNMQ confirmed that work continues to obtain the required level of nursing staff also.

Once again, the Chair thanked the CEO and the wider teams, and also wished to thank the Telford & Wrekin Council Leader, Mr Shaun Davies, who had raised funding to help refurbish a number of properties which will be used to accommodate the doctors joining the Trust.

Mr Darbhanga (NED) enquired what level of support is being provided to the overseas doctors to settle into their new surroundings.
The WD confirmed that a number of overseas doctors will be joining SaTH within the next few months; the offer to support them with their transition is free accommodation for a period of time, support with their Visa application, attendance at English language lessons, a dedicated member of the Workforce team assists in obtaining bank accounts, national insurance numbers, etc.
Mr Darbhanga reported that he would happy to provide support to them.

Following discussion, the Trust Board unanimously **AGREED** to:

- Suspend the temporary reduction in hours of PRH ED; and
- Cease the implementation of the contingency plan that was due to commence on 5th December.

PATIENT & FAMILY

2018.2/263 **MIDWIFERY LED UNITS UPDATE**

The DNMQ reported that the three smaller MLUs in Oswestry, Bridgnorth and Ludlow, have been suspended since the 20th June 2018. It was anticipated that this would be a short to mid-term suspension whilst awaiting the outcome of the CCG and LMS consultation and remodelling of the service, however there has been a considerable delay in the process to implement the CCG led MLU review and Public Consultation.

The DNMQ reported that a request for clarification of the timeline for which that will be completed within has been sought but a response has not yet been received from the CCG or NHSE formally.

Challenges continue with midwifery staffing; sickness has increased throughout the last six months, and 13 midwives also remain off on maternity leave. Actions have been taken, to include over-recruiting on a fixed-term contract, also looking at essential tasks that a midwife could be relieved of, i.e. scrubbing in theatre, also developing midwifery support workers. However, in the meantime to maintain public safety, the Women & Children's Care Group has asked the Board to take the decision to continue with the suspension of the three smaller MLUs.

Ms Edwards (A.NED) enquired what actions are being taken to support the staff currently on sick leave, particularly those suffering with mental health issues, and also to support the remaining staff to continue with their duties.
The WD reported that Maternity has a dedicated Organisational Development Plan which is specifically tailored to supporting the staff. Feedback was received from the staff regarding the types of support they wanted - an

element of resilience training and emotional intelligence is included to enable them to execute their duty of candour; alongside an element of support. Training is also being provided to train up Mental Health First Aiders to spot signs of an impact on staff's mental health and well-being and are able to give a level of support.
The WD agreed to provide a copy of the OD Plan through the Workforce Committee. **Action: WD**

The Chair reported that it would not be safe to re-open the three MLUs (Oswestry, Bridgnorth and Ludlow). The Board SUPPORTED the recommendation to continue the suspension until the CCG-led consultation is complete.

2018.2/264 MATERNITY SERVICES LEGACY UPDATE

The DNMQ reminded the members that the numbers in the report relate to real families with real concerns. For context, the DNMQ reported that some of the families are contacting the Trust for reassurance in the light of publicity and not just 'questions' about care.

The Chair complemented the author of the report for the succinct style of update. He enquired if feedback has been received from the Chair of the Enquiry.
The DNMQ reported that the NHSI Review Team has increased in number to expedite the Review; SaTH is working collaboratively with the Review Team, and the Terms of Reference have recently been revised by NHSI and will be shared with SaTH shortly, but unfortunately the DNMQ was not aware of a definitive timescale.

The Chair requested the team demonstrates it has taken action in advance of receiving the Report. The DNMQ reported that a lot of the findings at the moment relate to reassuring parents. She highlighted that customs and practice is very different now to 20-30 years previous. Overall, the DNMQ reported that there is tangible learning that can be fed back through governance processes.

Dr Weiner (NED) reported that he struggled with the numbers in the report to Board against the wider figures in the press and suggested these be reconciled in future reports.

Dr Weiner also felt it is absolutely essential to be wholly transparent with the process of the Secretary of State Review, and enquired if evidence is available that could be shared with the Board.
The DNMQ confirmed that the Women & Children's Care Group are in regular contact with the Chair of the Review and with NHSI who are providing intense overview and scrutiny; the Care Group is also supported by an Improvement Director specifically for Maternity, who is overseeing that process. The resources in the Governance Team have also been increased to share detail with the Review Team.
Whilst this level of detail can be shared more transparently with the Board, the DNMQ reminded the members that SaTH is independent of the Review. It is an NHSI Review and SaTH's part in that is to supply them with the information.

The Chair requested a level of detail be provided in future Board reports to evidence that SaTH is providing the level of detail required and that SaTH is not delaying the process.

WORKFORCE (PEOPLE)

2018.2/265 WORKFORCE COMMITTEE SUMMARY

The Workforce Committee Chair, Dr Weiner (ND), presented the key summary points of the Workforce Committee meeting held on 19 November 2018:

1. EDS2 Report

The Committee received the Equality Delivery System (EDS2) Report which is a legal requirement as a public sector organisation. An annual report is published to demonstrate compliance with the Public Sector Duty as defined by the Equality Act 2010. A number of key developments have been made including a stakeholder event involving Yvonne Coghill, National Lead for Workforce Equality and Professor of Primary Care and Head of Child Health at Imperial College London. An Equality and Diversity Sub Committee will be set up and

chaired by Chris Weiner, Non-Executive Director and will report in to the Workforce Committee. The Workforce Committee approved the report.

2. Organisation Development Plan update

The Committee received an update on the Organisation Development Plan (OD) which will be finalised next month. The Committee noted the diagnostic work and priorities. This will then be presented at Workforce Committee in December and Trust Board in January.

3. Update on Junior Doctors

The Committee received an update on the Eight High Impact actions to improve the working environment for Junior Doctors. One of the key areas of focus has been the availability of hot food on a 24/7 basis for junior doctors. An interim measure will be put in place offering hot food in the doctor's mess. The Committee recognised the importance of availability of hot food for all staff groups and further discussions with the catering department are scheduled. The Committee were pleased to see improvements in a number of areas. The Committee were informed that improvements have also been made to the Doctor's messes at both sites.

4. Workforce Travel Plan

The Workforce Committee received the Workforce Travel Plan which is aimed at supporting the Trust to ensure travel throughout the Trust is sustainable. There was a recognition that there are lots of objectives that will need to come together to achieve sustainable travel throughout the Trust. The Future Fit outcome will influence this plan but an annual plan is part of the planning requirements with Telford and Wrekin Council. This plan was being presented at JNCC on Wednesday for noting by Staff Side colleagues and will then progress to Trust Board in November.

5. Update from Guardian of Safe Working, Freedom to Speak Up Guardians, Director of Medical Education

The Committee received a quarterly update from the Guardian of Safe working (GOSW), Freedom to Speak Up Guardians (FTSU) and the Director of Medical Education, Jenni Rowlands. The FTSU Guardians shared that they have received 33 cases; behaviours remain a key theme. They believe there are correlations between challenged staffing areas and behaviours.

The Guardians informed the Committee that FTSU Champions will be recruited into for medical staff and expressions of interest have already been received.

The Director of Medical Education provided some feedback following the national survey to Job Evaluation Survey Tool (JEST). There are a high number of positives in the report however there are challenges in areas such as Surgery. The Committee were assured that the Medical Director and Deputy Medical Directors will be reviewing the report and addressing concerns raised. This report will also feed in to the Clinical Governance Executive (CGE) to provide assurance to the Board.

Work is progressing on the Doctors Mess at PRH and accommodation work with Telford and Wrekin Council along with the completion of the Simulation Suite last week in Copthorne Building.

The GOSW provided an update and some background to this role and confirmed that of 214 doctors in training 13 reports were received. Issues have been highlighted around trainees working over their hours that have not opted out and the medical staffing team will resolve this. The GOSW raised the time limitations of the role which is being addressed through the Medical Director.

6. Staff Survey

The Committee discussed the current response rate for the staff survey. The Committee are keen to achieve the highest rate possible and asked that all efforts were made.

The WD felt the Workforce Committee received very helpful updates in terms of the Eight High Impact actions to improve the working environment for Junior Doctors. She also reported that Dr Weiner has increased the frequency of attendance of the FTSU Guardians, the GOSW, Staff Side Chair and Director of Education which enhances the level of staff feedback to the Committee.

The members were informed that the Staff Survey was due to close the following day; the organisation has seen an increase in the response rate – currently 44% which is over 2,400 staff who have engaged in the survey. This will frame the work plan for the year ahead.

…….. Chair
7 February 2019

Mr Deadman (NED) raised issues such as sickness, staff morale, visibility of managers and senior leaders, training and finding ways of inspiring the frontline staff and enquired of the plans for such issues.
The WD reported that programmes have continued throughout the year and engaged with staff regarding their needs; when launching the Leadership Academy it was agreed that it would respond to the needs of the organisation. It has been identified a need to support leaders with a stronger element of management development – the team have developed a new competency framework for managers with support in terms of development and learning to meet the current challenges of the organisation as well as opportunities for the future. This forms part of the full Organisational Development Strategy which will be presented to Board in February 2019.
Action: WD Due: 7 February 2019

The CEO reported that following discussions held in relation to A&E, one of the lessons taken has been the ability to use Advanced Nurse Practitioners (ANPs) to support medical rotas, which has taken 18 months to develop. Such developments are being undertaken to create a more resilient workforce for the future. He requested the WD to produce a short paper for the Board to reassure them of the steps being taken to reinforce the workforce.
Action: WD Due: 7 February 2019

The Board RECEIVED the Workforce Committee summary**.**

2018.2/266 WORKFORCE PERFORMANCE REPORT – MONTH 7

The WD presented the Month 7 performance report in relation to:

Sickness / Absence / Unavailability – 4.89%
The WD reported a slight increase in sickness absence during October. Work continues through the Workforce Committee with the Trust's Occupational Health providers and other providers in terms of support. The Committee continues to undertake deep dives to obtain a level of understanding.

Appraisals – 87.73%
The WD reported a slight increase in the Appraisal rate from 87.65% to 87.73% against a target of 90% with an aspiration of 100% through confirm and challenge. Further work continues through values based conversations and deep dives.

Statutory Safety Update (SSU) Training –76.81%
Overall compliance rate has increased from 76.48% to 76.81 against a target of 100%. The Workforce Committee continues to undertake regular deep dives into this.

An update will be provided to February 2019 Trust Board following the deep dive around staff appraisals and statutory training.
Action: WD Due: 7 February 2019 Trust Board

Staff Turnover (exc. Junior doctors) - Recruitment rate 9.86%, Retention rate 89.76%

The Board RECEIVED the Workforce Committee update.

2018.2/267 ANNUAL EQUALITY AND DIVERSITY REPORT AND ACTION PLAN

Dr Weiner (NED) presented an Annual Report for Workforce aspects of Equality and Diversity (E&D). The paper reported that a separate report will be made for Service Delivery once the Stakeholder consultation has concluded.

The paper contained detail of the Quality Objectives and an Action Plan for 2017/18; the following remain outstanding and will be concluded in the months ahead following the Consultation day being held on 6 December 2018:

…….. Chair
7 February 2019

- Identify data sets that need to be collected for 2017/18 for evaluation and monitoring
- Complete EDS2 self-assessment and external assessments related to patient experience, identifying three priority areas for action
- Form appropriate forums for patient engagement with focus groups to identify issues and record experiences and implement priority actions, including consideration for hard to reach areas
- Revise E&D Policy and guidance throughout the Trust consultation and approval process
- E&D training compliance to reach 90% (currently sits at 85%)
- Trust Board to undertake Equality, Diversity & Inclusivity training by April 2019

Dr Weiner reported that he intends to form a new Committee which he will chair to look at Equality & Diversity going forward. The above outstanding actions will be closely monitored by the new Committee to ensure they are delivered and drive change.

The WD informed the members that it is key to recognise that there is more that can be done as an employer and as a service provider to be more inclusive. She reported that this level of transparency has not previously been on the E&D agenda; it is now a focus and will be reported through the new Committee and through the Workforce Committee reports in terms of assurance to the Board.

Mr Darbhanga (NED) queried the agenda gap between male and female and enquired if there is an understanding between the consultants and other medical staff. The WD agreed to obtain this information, and information in relation to the option to record as 'gender neutral' and feedback to Board.
Action: WD

The Board RECEIVED the Annual Equality and Diversity Report for 2018, APPROVED the Objectives and Action Plan relating to Workforce and NOTED that a further Update Report will be made in February 2019 to include Service Delivery Objectives and Action Plan.
Action: WD Due: 7 February 2019 Trust Board

2018.2/268 FREEDOM TO SPEAK UP GUARDIANS UPDATE

The WD presented the six-monthly update report in relation to the activity of the Freedom to Speak Up Guardians. During the period April 2018 to November 2018 the Guardians have handled 33 cases which have fallen into the following categories:

- Behaviours, Bullying and Harassment 36%
- Concerns relating to Managers 51%
- Patient Safety 13%

The Guardians have been working with individuals, teams and departments to listen to concerns and sign post or escalate accordingly.

Seven 'Round the Kitchen Table' events have been held; four at PRH, two at RSH and one at the Shrewsbury Business Park. Managers are encouraged to release as many staff as possible and open conversations are held in a safe space with the opportunity for private conversations. The feedback is collected and followed up with the Manager with a 1:1 meeting.

The number of FTSU Champions is in the process of being increased at SaTH. They will have the opportunity to be trained in FTSU and support the process of raising concerns to the Guardians.

The paper reported:

- The FTSU Guardians hours have been increased from 10 hpw to 15 hpw and now report and raise concerns directly with the Chair for transparency.
- The Guardians attend the Workforce Committee meetings as well as the Regional Freedom to Speak Up meetings. The Guardians also attend monthly meetings with the Chair.
- The FTSU Guardians were interviewed by the CQC.

…….. Chair
7 February 2019

- The Freedom to Speak Up Policy was updated in August 2018.
- The National Guardian came to SaTH on the 12 October as part of Freedom to Speak Up month to see the work being undertaken. The CEO reported that this would be a platform for the organisation to build strength from moving forward.

Following the last Leadership event, the Chair reported that he was approached by a group of medics who requested a similar facility whereby they would be able to raise concerns. This is being looked into, and two Consultants have come forward to act as 'Champions' / 'Guardians'.

Dr Weiner enquired if the Consultants will act as 'Champions' or 'Medical FTSU Guardians' as he suggested this needs to be considered and recognised, particularly for junior medical staff, due to the medical hierarchical element. The Chair acknowledged this and agreed to discuss with the MD, but highlighted the importance of having this facility.

The MD confirmed that there are systems and mechanisms in place for junior doctors; there is a JEST survey (a national survey which provides helpful information); there is a Guardian of Safe Working , also there is a Trainee Forum where trainees are able to raise matters with the Post-Graduate Tutors. In addition, trainees have occasionally previously reported directly to the MD The MD felt content with the existing mechanisms in place but reported that he would be happy to consider additional methods.

Mr Darbhanga (A.NED) queried the next steps and follow up process once a concern has been raised. The Chair reported that the Guardians refer through the most appropriate process, i.e. a personnel issue would follow the HR policy/procedure, etc. He assured the members that he has also followed up issues through to resolution.

Following discussion the Board APPROVED the actions and processes in place.

QUALITY & LEARNING (SAFEST & KINDEST)

2018.2/269 **QUALITY & SAFETY COMMITTEE SUMMARY – 21 NOVEMBER 2018**

The Chair of the Quality & Safety Committee, Dr Lee (NED), presented the summary of the Quality & Safety Committee meeting held on 21 November 2018, drawing particular attention to:

<u>Plans to Implement and Overnight Closure of the Accident and Emergency Department at Princess Royal Hospital (links to BAF Risk 951, 1134, 1185)</u>
The committee discussed the contingency plans around the A&E Department. Dr Lee reported that he was delighted that the proposed closure was not necessary, and that the required staffing has been secured.
He acknowledged the detail of the work programme and the assurance that sat around it and the good practice that will stand SaTH in good stead as an organisation. There was a great deal of learning around the pathways which will be useful in improving the status quo.

<u>Stroke Pathway</u>
This pathway was under scrutiny with respect to potential changes in service. He highlighted that the Q&S Committee has in the past raised issues around the viability of running a Stroke Service with a single CT scanner which can suffer downtime. Also the requirement to address 7 day working for therapy staff as well as to work with partners to improve access to community therapy input. Dr Lee requested action now be taken to address these issues.
The CEO reported that a Business Case will be presented during January 2019 in respect of a second CT scanner as part of the fragility at PRH is due to having only one CT scanner.
There is also a requirement to spend c. £6m to undertake work in the fluoroscopy rooms in Radiology in the next few years to upgrade them.
Mr Deadman (NED) felt the investment which needed to be done in the x-ray rooms and numerous other projects illustrated there was an underlying and much larger problem of underinvestment into medical equipment. He reported that he has worked with the FD and the Estates Department, asking them to try and

quantify the scale of the risk. He raised concerns about our ability to survive the existing state until Future Fit could deliver.
The CEO reported that Future Fit does include the provision for replacement of equipment; he reported that the equipment could be procured as the rooms become ready. He also reported that the team is looking at alternative ways of replacing the equipment to spread the funding.
The CEO reported that SaTH has invested more in equipment in the past three years than at any other point in its history – we have replaced two MRI scanners with three; equipment in Cancer services, etc.

The COO reported that the Therapy Team have moved to 7-day working following a change of practice through HR; an increase in 7-day provision was due to commence with immediate effect.
The COO also reported that a meeting was due to be held during early December with therapies and nursing and medical staff to look at the Stroke pathways in more detail. Mr Newman enquired if this would involve the Community Trust; the COO confirmed that it will involve the Shropshire Community Trust and will be led by SaTH's Clinical Director for Support Services.

Maternity (BAF 1204)
The committee reflected hard on the ongoing external scrutiny on the service and the need to support the frontline staff. There is a substantial risk of low morale within staff who feel under pressure and potentially undervalued, which may be a factor in the levels of sickness increasing.
The committee noted excellent progress to address CQC's areas of concern with all bar two issues now signed off by the CQC.
The Maternity Unit has entered into a "buddy arrangement" with Princess Alexandre Hospital in Harlow (rated CQC outstanding).
It is likely that the various historic investigations will take time to conclude and we must support staff and assure Shropshire residents that the service provided is safe and responsive.
Dr Lee reported that the Non-Executive Board members and Executive team visited the Maternity Unit at PRH prior to the Trust Board.

Ophthalmology
This is a fragile service which has made considerable strides through the Virginia Mason approach, also through Getting it Right First Time (GIRFT) which is a national programme. This initially focused on Orthopaedics but extended to other surgical specialities. It is a pragmatic clinician led approach looking at how services could run more efficiently and effectively.
During the Q&S Committee, the MD reported that, after a GIRFT assessment of the ophthalmology service, the clinicians had developed an excellent GIRFT Ophthalmology action plan.

Sepsis
At the last Board meeting a new Board Assurance Framework risk was identified. This was risk 1426 and linked to the management of sepsis within the Trust. Whilst there has been positive work using the Transforming Care methodology and the Q&S Committee has previously reported favourably on the role of the High Dependency Nurse, further scrutiny is required after the CQC raised concerns. A review of sepsis progress and a deep dive will be included within the December Committee meeting.

The Chair reminded the Board that the CQC highlighted the need to simplify the BAF. He suggested discussing the BAF during a future Board Development Session to ensure the Board understand all risks.
Action: DCG Due: 28 February 2019 Board Development Session

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

2018.2/270 QUALITY & SAFETY PERFORMANCE REPORT – MONTH 7

The DNMQ raised the following key points:

- SaTH reported eight 12-hour breaches in ED in October; all cases have had harm reviews. The DNMQ reported that if any came to moderate or significant harm they will be reported as a Serious Incident (SI). She highlighted that this not only relates to harm; it also relates to poor patient experience. She

assured the members that this performance will be addressed through the Urgent Care and A&E Delivery Group.

- We reported one MRSA contaminant in October relating to a patient in ED in PRH. This is the third such incident this year. Additional training has been provided to the staff in the department and following this incident a one month trial will be carried out of only Trust staff taking blood cultures will take place which will bring them into line with the emergency department at the Royal Shrewsbury Hospital. The patient concerned was known to have MRSA at the time of admission.
- The Trust is now in the top quartile of incident reporters when benchmarked with similar sized trusts which is an improvement as previously we have been in the lowest quartile as measured by the NRLS.
- We did not report any avoidable grade three or four pressure ulcers in October but have reported one grade four in November – this has been raised as a safeguarding incident.
- In October 2018 we reported three serious incidents and overall reporting numbers are slightly lower in 2018/19 when compared to the same reporting period for 2017/18
- In October 2018 we recorded that 40 patients were delayed more than 12 hours once they were considered well enough to leave the ITU areas. In October 2018 there were 22 mixed sex breaches due to patients waiting over 12 hours to be transferred out of the ITU and HDU areas into a ward environment. Sixteen of these breaches were at RSH and six at PRH.
- In October there were seven referrals made to the local authorities Safeguarding Teams in relation to people with care and support needs. Five were made by the Trust against either other care providers (four) or family members (one). Two related to the care of patients in the Trust and both of these will be investigated under Section 42 of the Care Act.
- Fifty five formal complaints were received October 2018, in line with expected figures. Twenty nine complaints related to the Royal Shrewsbury Hospital, and 27 complaints related to the Princess Royal Hospital. There continue to be a number of complaints about problems relating to appointments, which have been raised with the relevant specialties.
- The overall percentage of respondents who would recommend the ward they were treated on to friends and family if they needed similar care and treatment was 97.2% which was slight improvement on September's overall figure.

The DNMQ reported that she intends to submit a paper to the Quality & Safety Committee in relation to learning from SIs, complaints, etc, in a variety of different ways. There has recently been an increase in capacity and expertise in the Quality Team; there is therefore an opportunity to undertake this.

Recognising the references to Quality throughout the CQC Report, the CEO enquired how the information being provided, in relation to learning, can assure the Board, e.g. comparisons. The DNMQ anticipated that this could be undertaken via the Improvement Plan. She also suggested the Board should be mindful of the different lenses of Quality such as the CQC Insight Report, Single Operating Framework etc. The DNMQ felt the Trust could be more simplistic in terms of representing the quality indicators; she reported that work is being undertaken in the Quality Team in terms of ways of reporting the quality metrics.
The CEO enquired if, alongside the hard metrics, if the Quality Team could incorporate the staff's comments as it is a key reference in the CQC Report. The DNMQ confirmed that both the Quality Team and the Workforce Team could triangulate patient experience with staff experience and link to the quality metrics.

With regard to the VTE and Mortality sections of the Quality Governance Report, the MD reported in his new role he intends to develop a range of the portfolios from a number of the current Directorates and unify them for a more coordinated focus on patient quality and safety. A key component will be bringing together patient experience and staff experience to inform that report.

<u>VTE</u>
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.

…….. Chair
7 February 2019

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 (July 2017 – July 2018 SaTH 0.88% v Peer 1.12%).

The Trust Board RECEIVED the Quality Governance Report.

2018.2/271 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'.

In terms of overall performance, the MD reported that across the usual metrics the Trust continues to be performing better than peer comparators.

He focused on patients with Fractured Neck of Femur where work is on-going to undertake a detailed review of cases that have led to concerns; similar work has been undertaken at RSH and this is now being undertaken at PRH. The learning between the two departments has focused on a multi-disciplinary team approach although this has not been fully implemented at PRH due to the lack of an Orthogeriatrician. Will need to invest in this but it will be a challenge due to a lack of Orthogeriatricians nationally.

The MD also reported that a detailed review is being undertaken of mortality in the Emergency Departments; the teams have been asked to track back to April 2016 to look at the cases and screening in further detail, specifically to look for linking themes that potentially would find elements that may not have been connected by individual case reviews. The MD anticipated that a report would be presented to February 2019 Trust Board.

Action: MD Due: 7 February 2019 Trust Board

The Chair enquired how the cancer waiting times could get back on track; the COO reported that he has been leading on work with colleagues. He informed the members that a report was received from the Lead Cancer Clinician at the recent Performance Committee; the areas of focus include:

- Lung and Upper GI – work ongoing with Tertiary Centre
- Urology – the rise in demand and referrals is exceeding capacity. Discussions have been held with regional providers (Stoke and Wolverhampton) however unfortunately they are currently not in a position to assist. Therefore looking to seek support from a wider geographical area (Liverpool). Work continues, but there is not currently an immediate solution.

  The CEO reported that he has held discussions with the CEO of Christy Hospitals to gain an understanding of the national issue. He also reported particular issues in relation to the training of Urologists using a Robot which costs £1.8m. .

  Mr Newman (NED) enquired if SaTH is attempting to recruit additional Urological Consultants and if so will there be an issue due to the organisation not having the robotic equipment. The COO assured the Board that additional Locum support has been secured. In regard to the Robot, the COO reported that SaTH needs to work towards the technology change.

  The Chair enquired if the Executive have explored renting the robotic equipment rather than purchasing it; the COO confirmed that work has been undertaken by the Assistant COO in Scheduled Care to seek alternatives; however, sometimes the machines aren't always available to hire.

  The COO assured the Board that the team works extremely hard to prioritise cases, and work continues on this.

  Whilst the CEO highlighted that SaTH should feel proud of its Cancer Service, Dr Lee recognised the pressures on existing services. It was suggested that there is a need for a greater piece of work to be undertaken in regard to the clinical management of some of the urological problems as some cases may not require a surgical route.

…….. Chair
7 February 2019

Mr Deadman (NED) felt the report was good on the whole, and on most measures SaTH appeared to be performing well. He very much welcomed this, but asked for assurance as selective measures has not been chosen to present an over-optimistic picture. The DNMQ informed the members that the report includes the metrics in the service specification from Commissioners which the organisation is obliged to report on, but equally has been benchmarked to include all metrics in the Single Operating Framework set by NHSI. On this basis Mr Deadman (NED) welcomed this report and encouraged the Executive to communicate this good news more broadly.

The Board paper reported one CESDI 3 death was identified; this was attributed to a patient who died in January 2018 – this case has been applied retrospectively to the figures for Quarter 4 2017/18.
The MD also drew the members' attention to a particular case which is being heard in the Coroner's Court in regard to a patient with learning disabilities, as presented within the report.

The Trust Board RECEIVED the report and NOTED the contents of the Trust Mortality Dashboard.

2018.2/272 Q2 COMPLAINTS & PALS REPORT

The DCG presented the Quarter 2 Complaints & PALS Report. There has been a total of 173 formal complaints and 397 PALS contacts received during Q2 of 2018/19

There have been continued improvements in timescales of dealing with complaints – now at 80% with a target to reach 100%. The Care Groups have undertaken a great deal of work to respond in a more compassionate and effective way to complaints, as reflected in the Complaints & PALS report.

The DCG reported that there have been zero Ombudsman findings where SaTH's responses have been inadequate since 2015.
The organisation now has 86% of complaints that have an action plan or confirmation that no action is needed.

The DCG highlighted a spike for November 2018 but this may be due to the announcement of Special Measures; this will manifest itself during Quarter 3.

PALS
The DCG reported that she was pleased to note the work being undertaken with the End of Life Care Team to improve the experience for families when dealing with bereavement in the hospital; in collaboration with the Friends of PRH, the Bereavement Service is about to launch a complimentary drinks voucher for bereaved families; this will entitle bereaved families to the same gesture being offered by the League of Friends at RSH.
There has been 100% satisfaction from a survey carried out with users of the PALS service in regard to issues raised.

The Board REVIEWED the Report and NOTED how feedback received is being used to improve services and encourage shared learning.

2018.2/273 MATERNITY CLINICAL DASHBOARD

The DNMQ presented this report to provide the Trust Board with an analysis of data within the maternity clinical dashboard for November 2018 with the following key points for information:-

The key risks
- Reduced number of MLU births due to suspensions; service awaiting the outcome of the CCG Led MLU review – delayed until June 2019
- Increased media scrutiny having an impact on staffing sickness and morale – sickness rate now 5.98% - may impact on outcomes
- Increased numbers of women reporting to PRH due to CQC Section 31 Notice – monitoring risks via incident reporting – modifications in place

…….. Chair
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The key strengths

- Number of babies with Hypoxic-ischemic encephalopathy (HIE) = 0
- Admissions of term babies to neonatal unit – 2.7% - way below the national target of 6%
- Caesarean section rate 19% - way below the national 25%

Any changes or learning to ensure safety and quality

- Implementation of 'red hats' to reduce admission of term babies to the Neonatal Unit
- Implementation of routine twice daily safety huddles to all areas of Maternity
- Learning from Maternity and Neonatal Health Safety Collaborative (MatNeo) to reduce smoking in pregnancy – to work towards national target

The CEO enquired how the content of the report provides confidence to members of the public; whilst the report provides a level of information, it could be provided in a more straightforward way. The Chair agreed and requested detail which shows the organisation is addressing the key issues and the differences being made.

The DNMQ confirmed that she would liaise with the Women & Children's Care Group to provide a report which provides clear assurance.
Action: DNMQ

Dr Weiner (NED) raised smoking in pregnancy. He recognised that T&W have put a lot of investment into this, but he felt less clear with regards to Shropshire residents.
The DNMQ reported that the Shropshire element was discussed at the recent local CQRM where the Commissioners agreed to follow this up.

From the report, Dr Weiner also raised the percentage of babies born at less than 2500gms which he felt is too high. He enquired if work has been undertaken to understand why it is at that level.
The DNMQ agreed to discuss further with Obstetricians and report back through the Q&S Committee.
Action: DNMQ

The Board NOTED the content of the report.

2018.2/274 **6-MONTHLY NURSE STAFFING REVIEW – *Presentation attached to Minutes***

The DNMQ reported that she is obliged to report to the Trust Board on a six-monthly basis regarding nurse staffing establishment and fill-rate.

The nursing establishment review was undertaken during September 2018 for all inpatient wards excluding escalation areas, Theatre staffing, Paediatrics and Maternity services (Maternity use Birth Rate +) – these reviews will be reported through the Q&S Committee during December and January.

The DNMQ described the staffing models used to collate the data. Data is obtained twice per year (February and September) of patients on the wards and how many nurses on duty throughout the month.

Skill Mix and Registered Nurse (RN) to Patient Ratio

Care Group	RN to Patient Ratio	
	Day	Night
Scheduled Care	1:6	1:9
Unscheduled Care	1:6	1:8

The above is an aggregate position but there will be areas that have higher ratios from time to time due to sickness, annual leave, study days, etc. That is actioned operationally on a daily basis through safer staffing huddles and using the escalation tool.

…….. Chair
7 February 2019

The RCN indicates that if nursing ratios are maintained on a 1:6 ratio, the outcome is predicted to be good however if the ratio exceeds 1:10 the outcomes are poor.

Average RN to Health Care Assistant (HCA)

Care Group	RN to HCA	
	Day	Night
Scheduled Care	53/47	52/48
Unscheduled Care	55/45	56/44

The skill mix is set by the RCN at 60/40. SaTH has invested in Healthcare support workers which influences the mix.

RN and HCA vacancies during September 2018

	Band 5 & 6 substantive variances			Bands 2-4 substantive variances		
	M6 substantive WTE budget	M6 substantive WTE contracted	Substantive variance budget v contracted WTE	M6 substantive WTE budget	M6 substantive WTE contracted	Substantive variance budget v contracted WTE
Scheduled Care	521.48	476.64	**44.84 Vacancies**	267.28	291.21	**-23.93** (over-established to compensate the vacancies)
Unscheduled Care	466.67	378.37	**88.3 Vacancies**	264.89	255.18	**9.71** (over-established to compensate the vacancies
Total	988.15	855.01	**133.14**	532.17	546.39	**-14.22**

Overall, the DNMQ reported that the Trust had 133 WTE RN vacancies and were over-established by 14 healthcare support workers at the time of review. The Trust compensates for nurse vacancies by using nurse agency workers.

The DNMQ reported the following recommendations which the Care Groups have been tasked to continue to work on detailed plans which will be monitored through the Workforce Committee:

- To continue to review new ways of working on acute wards
- Consider approaches to develop a Nurse Bank – this is being presented to Workforce Committee during December 2018
- Care Groups have been asked to consider utilising existing vacancies to develop Clinical Nurse Educators which will help retain and develop newly qualified staff
- Using SafeCare (workforce tool) to use functionality of the 'red flag' to demonstrate when nurse staffing levels have a direct impact on patient care (e.g. if patient delayed for >30 minutes in receiving pain relief)

The report shows that Scheduled Care has satisfactory levels of Registered Nurses in general, but Unscheduled Care remains a risk. Plans are being discussed through the Workforce Committee to address this.

Dr Weiner (NED) felt the report did not provide assurance that SaTH has safe staffing levels at all times. The DNMQ assured the Board that the organisation does have safe staffing levels but at the expense and high reliance on agency staff, as well as using healthcare support workers to support the RNs.
The Chair requested Dr Weiner to take this through the Workforce Committee and to provide a clear message to the Board to stop the reliance on agency staffing going forward.

…….. Chair
7 February 2019

Mr Newman (NED) highlighted the benefits of the VMI work; before work started only 30% of a nurses time was spent dealing with patients but following the work, this increased to 70-80%. He enquired if data is available following the VMI work undertaken on the respiratory wards of the before and after to identify if the organisation is able to care for patients with fewer RN staff.
The DNMQ informed the Board that SaTH is not in a position to reduce the RN workforce; the VMI work showed the added value that reducing waste can add for the nursing workforce and patients.

The Board RECEIVED the 6-monthly nurse staffing update.

2018.2/275 GUARDIAN OF SAFE WORKING

The MD presented the Guardian of Safe working report, produced by the Guardian of Safe Working (GoSW), Dr Bridget Barrowclough.

The MD reported that exception reports are being submitted and are picked up more rapidly than the JEST survey. Exception reports for quarter 2 include information on fines, locum bookings and unfilled shifts, locum work carried out by trainees and vacancies.
The MD reported that he meets with the GoSW regularly and talks through exception reports which are provided on a confidential basis. Whilst there has been a suggestion of under-reporting, both the MD and the GoSW encourage the trainees to submit exception reports. The MD also reported that the GoSW makes herself available to listen to the trainees/junior doctor colleagues; he also informed the members that he attends junior doctor forums to hear directly from trainees also.

The work being provided is a very healthy and important component, however the GoSW has raised her ability to cover all of the elements and has requested additional time / resource to expand the potential to hear from more colleagues.

The Chair reported that he attended the Workforce Committee where this report was discussed; he highlighted there was specific reference to F1 cover at weekends and requested confirmation that this is being looked into.
Dr Weiner confirmed that he has received feedback that this is being looked into and is awaiting a more detailed report.

The Board NOTED the contents of the Guardian of Safe Working report.

PERFORMANCE (SUSTAINABILITY)

2018.2/276 PERFORMANCE COMMITTEE REPORT – 27 NOVEMBER 2018

The Chair of the Performance Committee presented the summary of the Performance Committee meeting held on 27 November 2018, drawing particular attention to:

<u>Operational Performance Report</u>
The Trust continues to achieve 92% RTT target. Performance in October was 93.54%. This represents great performance. Congratulations to the teams for achieving this performance, although three specialties, namely Ophthalmology, ENT and Urology, are not currently meeting the standard.
Severe challenges continue regarding A&E performance. Concern was expressed regarding the forecasted position in January 2019 (a significant further deterioration in A&E performance) and the potential impact of this on patients. The recruitment proposals means it will be operated much more safely, however patient flow will worsen over the winter period.
99.69% of patients are receiving a diagnostic test within 6 weeks which means that the Trust is performing well above the average.

A presentation on cancer performance was provided in response to the deteriorating position and failure to achieve 62 day target. The committee asked for an action plan to improve this position to be presented to the committee in January 2019.

…….. Chair
7 February 2019

Although excellent performance had been achieved on addressing stranded patients, some slippage had been noticed in recent weeks. The committee discussed the need to maintain the exceptionally good progress made with regard to stranded and super stranded patients. The solution is to facilitate better flow and discharge of patients.
It was concluded the enormous and necessary focus on addressing A&E re-configuration issues in recent months has distracted teams from care delivery and improvement plans; this appears to be the root cause of many developing issues and some lost opportunities.

The CEO highlighted the importance of not losing sight of SaTH's operational performance and to recognise the teams who are working hard to achieve the following:

- SaTH's RTT performance is one of the highest rates in the country
- SaTH is the 20th highest performer in terms of access in the NHS for surgery
- Diagnostic performance is in the top 10 in the NHS in relation to performance

Financial Performance Month 7
The Trust maintains the prediction that the most likely forecast outturn position is to overspend against the control total by £4.246 million, assuming that benefits associated with the rectification opportunities of circa £1 million can be realised. Further opportunities to reduce this position continue to be explored.
This figure includes an allowance for the staffing of the new Ward 35 however it does not include any exceptional costs for the new ED staff at PRH which is estimated at £500k - £1m.
Mr Deadman reported that it also does not include funding for an emerging risk regarding day surgery.
The Executive were asked to press forward with discussions with NHSI and others to address the predicted cash shortfalls which would occur in Q4.

Waste Reduction Programme 2019/20
The committee received an update on progress made to date to develop a Waste Reduction Programme for 2019/20 which identified an aspirational £14.8 million programme of savings and improvements would need to be generated in order for the Trust to achieve the financial targets and afford its longer term sustainability programme. The difficulties being experienced and importance of engagement, particularly by clinical leaders, were noted. Mr Deadman reported that he has seen some fantastic clinical leadership however there are areas, such as criterion led discharge or operating theatre availability, where the Trust is not performing as well as other Trusts and falls short with bottom-up engagement and ownership. This must be achieved otherwise plans are merely aspirational. The MD felt SaTH has good clinical engagement across a wide range of areas; clinicians absolutely recognise the importance of it. He linked this through to the VMI work; where clinicians have been involved, the large majority have recognised how powerful the tool is and have engaged in it.
The committee did not approve a £14.8 million waste reduction programme and it was noted and agreed that proposals to NHSI and others for 2019/20 savings would not be made until the committee could review and scrutinise mature and developed waste removal/modernisation plans for delivery in 2019/20.
The Committee invited the Executive to present realistic proposals to the January 2019 meeting. Those proposals needed to be realistic and underpinned with plans which were owned and supported by clinicians, local leaders and front-line staff.

Additional 30 bedded ward
A Business Case for the creation of a 30 bedded ward at RSH (Ward 35) funded by NHSI to help ease winter pressures was received and noted. The committee discussed staffing of this and it was noted that a 'blended' approach to this would be adopted.

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**

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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**

Attention drawn to the risks relating to Radiology which have also been discussed by the Q&S Committee. Noted that a replacement programme is in place.
Other items discussed included:

- Services under the Spotlight – latest position noted
- Operational Plan – latest update received
- Performance Committee Annual Report 2017/18
- Theatre Productivity Programme – presentation received from Four Eyes Insight on the outcome of their work within the Trust to identify opportunities to improve theatre productivity. Given the slow progress in the last two years in addressing issues and exploiting significant opportunities the committee invited the Executive to consider all options, including appointing external support for this theatre modernisation/improvement work.
- Contract Award Recommendation Report for provision of postal services – received and noted the tendering exercise undertaken and approved the award of the contract to the recommended supplier. Pride and Joy - the committee requested a further update in January 2019.

The Board NOTED the Performance Committee Report.

2018.2/277 TRUST PERFORMANCE REPORT – M7

2018.2/277.1 FINANCIALPERFORMANCE

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 October, the Trust is reporting a year to date pre provider sustainability fund (PSF) deficit of £12.818m; £1.318m worse than plan.
Income is under performing by £0.083m, pay is overspent by £0.874m and non-pay is overspent by £0.761m
The D.FD reiterated Mr Deadman's comment that the Trust has stabilised during Month 7. She reported that M7 from an income point of view is generally a difficult month, and was pleased to note the levels of activity were delivered during October.

Temporary Staffing Agency Spend
To date the temporary staffing (Bank, WLI, Agency and Locums) pay spend amounted to £20.685m.
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 7 run rate up by £0.078m compared to month 6 2018/19.

Forecast Outturn Scenarios
Given the Trusts existing run-rate, the Trust's most likely forecast position is to overspend against the Trusts control total by £4.246m, assuming that the Trust can realise benefits associated with rectification opportunities of £1.081m. 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.

…….. Chair
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The D.FD reported that conversations are being held with both the Shropshire and T&W Commissioners in relation to contract challenges. She reported that she feels reasonably comfortable that the offers from the CCGs would illustrate and reflect the income we would expect.

Forecast Outturn – Cumulative Deficit
The cumulative deficit is expected to grow over the period November – March due to increased expenditure associated with winter and ED workforce which is further compounded by an expectation of reduced income.

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 with non achievement of required cash balance. The Trust will need to look at ways of reducing cash outflow and has a meeting with NHSI at beginning December to discuss options.

The Performance Committee has recognised the need to address the cash shortfall and the overspend and for this to be taken forward with NHSI. The Chair requested positive re-assurance be provided back to the February 2019 Board.
Action: D.FD / Performance Committee Due: 7 February 2019 Trust Board

2018.2/277.2 **OPERATIONAL PERFORMANCE**

RTT Performance
October's RTT performance was 93.54% against a national target of 92.0%.

Cancer
September performance was 84.1% against a national target of 85%.

- Performance across the majority of tumour sites has improved.
- Concerns exist in respect of Upper GI, Urology and Breast
- Focussed work on Breast (including Radiology) and Urology

Diagnostics -
Diagnostic waiting times - 99.69% patients waited under 6 weeks for diagnostic test.

ED Performance
This remains below trajectory at 75.71% against 87.58%.
The COO reported that focus is required. Wish to look at ambulance handover and embed some of the work undertaken with the Value Stream. Also want to look at ways of changes to Minor patients. Extended Care Practitioners are now qualified and in place.
Work is being undertaken with the system in relation to the Urgent Care Centre at PRH which is now fully operational, as well as looking a different ways of working with frailty.

Stranded / Super Stranded Patients
Stranded performance year to date is displaying a 14% improvement in comparison to the same period last year. Check Chase Challenge continues on both sites daily to continue to drive improvements.
Super Stranded performance is displaying a 27% improvement against the NHSE 21% improvement target.

The COO provided an extract of a complimentary letter received from a patient as an example of when the Trust gets it right. He also raised Theatres and reported that the theatre surgical pathway is a Value Stream of which he is the Executive Sponsor. The Theatre team, supported by the Care Group, are developing an improvement group to look at quality improvement as well as efficiency. The COO suggested this could report through the Performance route and Q&S route in due course.

The Board RECEIVED and NOTED the Trust Performance Report.

…….. Chair
7 February 2019

2018.2/278 CHARITABLE FUNDS COMMITTEE CHAIR REPORT

The Chair of the Charitable Funds Committee, Mr Allen (NED), presented the key points from the first meeting of the newly convened Charitable Funds Committee held on 20th November 2018. He reported that Charitable Funds previously reported through the Performance Committee, it has therefore been formed as a separate Committee:

Terms of Reference
The committee received and approved the Terms of Reference.

Investment and Funds Activity 1st April – 31st October 2018
The committee received an update of the Trust's charitable income and expenditure as well as the performance of its charitable investments during this period. This is managed by a company called CCLA who provided a report. The committee was disappointed with the performance of the investment funds and agreed to invite the organisation managing these to the next meeting to talk about the options available.

Charitable Funds Annual Report and Accounts 2017/18 and Management Representation Letter
The committee received and approved the draft Charitable Funds Annual Report and Accounts 2017/18 and Management Representation letter noting that KPMG had given a clean audit report with no issues.
The committee discussed future changes to the presentation and content of the Annual Report and this becoming more of a promotional document to publicise SaTH Charity.

SaTH Charity Development Update and Plan
An update was provided on the progress being made to raise the profile of SaTH Charity through the website, social media, leaflets, and posters and plans to develop closer links with local businesses. Examples of fundraising initiatives and details of how patients are benefiting from charitable donations was outlined.

The committee acknowledged the significant progress made over the last six months or so, with the support from Andrew James, Strategic Engagement Manager. However, it was recognised that there was room for improvement and it was agreed that the committee would explore the following with some energy as it has previously been buried:

- More visibility regarding availability of funds, including unrestricted funds, and how to access these.
- Capturing data relating to charitable funds expenditure requests not approved and the reasons for this.
- Review of authorisation levels to facilitate speedier processing of requests
- Publicity in respect of significant donations.

Requests for Expenditure
The committee received and approved a request for £28,053 to support the project with Telford and Wrekin Council and local companies to provide improved accommodation for junior doctors to present a more attractive and therefore sustainable offer to them.

It was reported that a meeting will be held with the League of Friends to build an improved relationship to strengthen this going forward.

The Chair informed the members that the Board are the Corporate Trustee of the Charitable Funds; the Board will delegate responsibility to the Committee and Mr Allen will work on the Board's behalf.

2018.2/279 CHARITABLE FUNDS ACCOUNTS ANNUAL REPORT & CHARITABLE FUNDS MANAGEMENT LETTER

The SaTH Trust Board is the Corporate Trustee of SaTH's Charitable Funds and is required to review and approve the attached Charitable Funds Annual Report and Accounts for 2017/18.
The Charitable Funds Committee has reviewed the Charitable Funds Annual Report and Accounts and the external auditors (KPMG) have completed their audit work.

…….. Chair
7 February 2019

Following discussion, the Corporate Trustee APPROVED the annual report and accounts and signed off the trustees' responsibilities in respect of the trustees' report and the financial statements, the balance sheet and the management representation letter which are required to be submitted to the Charities Commission together with the audit opinion before the deadline of 31 January 2019.

2018.2/280 SERVICES UNDER THE SPOTLIGHT

The COO provided the Board with an updated position regarding the following key services that have particular workforce challenges and are therefore being kept under the spotlight:

- Emergency Department - as per minute 2018.2/262
- Neurology – discussions continue with the Walton Centre to have a more sustainable service going forward. Awaiting updated proposals from them. The CEO enquired if it is likely that the contract will be signed off within the coming weeks. The COO reported that the FD has been leading on this; he agreed to explore further and provide the CEO with an updated position. **Action:COO**
- Dermatology – updated contract in place with a different provider and also managed to secure a second consultant who is due to start in January 2019. Whilst the service meets the 62 day target, there has been some increase in the waiting time for 14 days, but should meet that target soon.
- Urology – this is key and work continues
- Breast – work is required to continue to support the wider Radiology team

The Board RECEIVED and NOTED the updated position.

2018.2/281 ANNUAL REPORTS

The Board members NOTED the following Annual Reports which have been reported through the appropriate Tier 2 Committees:

- Safeguarding
- Infection Prevention Control
- Performance Committee

GOVERNANCE (LEADERSHIP)

2018.2/282 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 November 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
- Risk 423 has been revised in November 2018 to include staff reporting increased experiences of bullying and harassment. This has added three additional impacts to the risk.

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"

…….. Chair
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- 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 November 2018, there were 68 risks on the register, which is 17 more than November 2017. Over the year, 11 of these risks have been closed and 10 have decreased in score so no longer appear on the Operational Risk Register.
There have been 16 new risks over the year; and 12 further risks have increased in score. 22 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.

2018.2/283 **MEETING DATES – 2019**

The Board NOTED the meeting dates for 2019.

2018.2/284 **ANY OTHER BUSINESS**

No further business raised.

2018.2/285 **QUESTIONS FROM THE FLOOR**

Q1 i) ***Safe staffing levels – would there be sufficient staff if stranded patients could be eradicated? It was strongly recommended the Board play a part to make this happen.***

ii) ***The work relating to integrating care systems was noted at a recent 'Report Out'. It was suggested that SaTH invites the Director of Social Services to attend the SaTH Board meeting twice per year to talk about integrated care to keep it on SaTH's agenda***

iii) ***Disappointment at the CQC Report was commented on.***
A recent visit to the PRH A&E Department highlighted the pressures on the service. An email had been sent to the Chair.

A1 The Chair recognised the email received in relation to A&E. He reported that he has visited the department and also witnessed the pressures.

…….. Chair
7 February 2019

Q2 i) ***Maternity Dashboard – it was noted that over 92% of women now give birth in the Consultant Led Unit which had been reported as a key strength. It was suggested that this creates risk for women with more complex risks as resources are spread more thinly, and puts Consultant Led Unit staff under a great deal of pressure.***

A2i) The Chair advised that the report will be looked at to ensure the wording is appropriate.
He also reported that the NEDs and Executive Directors had visited the on-site MLU at Telford prior to the Board meeting and he asked the Ward Manager the same question – she was very clear that she was supportive of pushing patients towards the MLU where it was safe. This will continue to be monitored.

Q2ii) **PHLEBOTOMY:**

- ***Has the Board satisfied the Section 242 duty to involve via the retrospective engagement on closure? Is the Board confident it has met the legal duties around equalities regarding the closures?***

A2ii) The DCG reported that the November Board paper explained that the first set of engagement was repeated due to the need to involve protected characteristics; the Service Manager has the full results and the first EQIA which could be shared. It has been updated in light of the engagement. The DCG confirmed that she is satisfied that the Trust has met the Section 242 requirements to involve in the consultation exercise. It was also noted that this largely involved CCG/primary care patients, not SaTH's. The DCG agreed to obtain the results from the Service Manager and forward on. **Action: DCG**

MATERNITY:

Q2iii)

- ***Has the Board taken into account the results of engagement on the MLU closures, and was the Board aware that it has effectively voted to extend the closure of the MLUs by a year as that is the timescale that the CCGs are now looking to complete their own review?***

A2iii) The DNMQ and Chair confirmed that the outcome of the consultation was reported back to the Public Board in September 2018 so the findings were taken into account. The DNMQ agreed to liaise with the Women & Children's Care Group to provide further evidence. **Action: DNMQ**
The DCG highlighted that involvement and engagement does not relate to the largest vote – it relates to listening to and taking into account any concerns raised.

FUTURE FIT:

It was noted that the Programme Board recently met and the conclusion was to push ahead with the preferred option. The Board was asked if it understands that the preferred option was accepted by only 7% of respondents in T&W, and by only 31% of respondents across the whole patch. The Board believed it is practical to push ahead with Future Fit in light of these results
The Chair reiterated that Future Fit is not SaTH's process; as providers the SaTH Board are awaiting the outcome and will then implement what it has requested.

Q3 ***The Chair was thanked for the way the meeting had been conducted and the drilling down into the reports and requesting they be devised in a more transparent way.***

CQC REPORT

i) ***Surprise was expressed at the staff training figures.***
The Chair agreed the importance of staff training and requested a plan be produced to move it forward.
Action: WD Due: 4 April 2019 Trust Board

ii) ***Safety of patient records - It was noted that this has previously been raised and regular updates requested to be provided to Board regarding record sharing in a safe way.***
The CEO agreed for a paper to be provided to the Board at regular intervals.
Action: MD Due: 30 May 2019 Trust Board

…….. Chair
7 February 2019

RECRUITMENT

Q3iii) ***It was noted there had been a drop in recruitment from March 2016. Has a policy / decision been taken not to recruit?***

A3iii) The CEO confirmed that no such decision had been taken. He referred to the MLU closures whereby the Trust has retained all of the staff and there has been no effort to reduce the staffing; the same is true in relation to the Consultant recruitment where SaTH has appointed more Consultants this year than in previous years.

PATIENT INVOLVEMENT

Q4i) ***It was reported that patient involvement and experience had reduced dramatically – all projects should involve external members as the wider picture isn't always considered by Trust staff.***
The issue of patient discharge was mentioned and the length of time it takes to receive medication and the discharge letter – from a patient perspective this can be very stressful.

A4i) The Chair agreed that it is a real issue which needs to be solved. It was suggested the work undertaken during the Pharmacy TCI value stream be revisited as patient discharge is absolutely vital to patient flow.

SEPSIS

Q4ii) ***It was felt SaTH was ahead of the game three years ago but now appears to be lagging.***

A4ii) The Chair reported that sepsis is very high on the agenda and there is increased focus to drive it forward.

2018.2/286 **DATE OF NEXT PUBLIC TRUST BOARD MEETING –**

Thursday 7 February 2019, 1.00 pm, Lecture Theatre, Education Centre, Princess Royal Hospital, Telford

The meeting closed at 6.00pm

…….. Chair
7 February 2019

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

Item	Issue	Action Owner	Due Date
2018.2/254	*2018.2/183 – Workforce Performance Report – Appraisals* To report back to February 2019 Trust Board following deep dive of appraisals and statutory training	WD	7 February 2019 Board Agenda Item
2018.2/256	*CQC Report - Questions from the Floor – Q7* Chair to liaise with Ms Holden to provide a report/critique to future public Board meetings to provide openness and transparency around issues raised in CQC Report *CQC Report - Questions from the Floor – Q12* To provide a first draft Improvement Plan to February 2019 Trust Board	Chair / Dir. of Improvement DNMQ	7 February 2019 Board Agenda Item 7 February 2019 Board Agenda Item
2018.2/263	*MLU Update* To present copy of the Maternity Organisational Development Plan through Workforce Committee	WD	January 2019 Workforce Cttee
2018.2/265	*Workforce Committee Summary* To present full Organisational Development Strategy to February 2019 Trust Board To present a paper to February 2019 meeting to reassure Board of steps being taken to reinforce the workforce	WD WD	7 February 2019 Board Agenda Item 7 February 2019 Board Agenda Item
2018.2/267	*Annual Equality & Diversity Report & Action Plan* To obtain information in relation to the agenda gap i) between male and female, ii) consultants/other medical staff and iii) option to record as 'gender neutral' and report back to Board	WD	7 February 2019 Board Agenda Item
2018.2/269	*Quality & Safety Committee Summary – 21 November 2018* To discuss BAF at a future Board Development Session to simplify it to ensure Board understand all risks	DCG	28 February 2019 Board Development Session
2018.2/271	*Trust Mortality Dashboard* To present further report to February 2019 Trust Board following detailed review undertaken in Emergency Department	MD	7 February 2019 Board Agenda Item
2018.2/273	*Maternity Clinical Dashboard* To liaise with Women & Children's Care Group to ask for report to be provided in a more straight forward way to provide clear assurance To discuss high percentage of babies born at less than 2500gms with Obstetricians and report back through Q&S Committee	DNMQ DNMQ	7 February 2019 Board Agenda Item January 2019 Q&S Committee
2018.2/277.1	*Trust Performance Report – M7 (Financial Performance)* To provide positive re-assurance to February 2019 Board regarding the cash shortfall and overspend	D.FD	7 February 2019 Board Agenda Item

…….. Chair
7 February 2019

2018.2/280	*Services under the Spotlight – Neurology* To provide CEO with updated position	COO	December 2018
2018.2/285	*Questions from the Floor* *Q2ii - Phlebotomy –* To obtain results of engagement from Pathology Service Manager and forward on	DCG	December 2018
	Q2iii Maternity – To liaise with Women & Children's Care Group to provide further evidence in relation to results of engagement on the MLU closures	DNMQ	December 2018
	Q3i – CQC Report – Staff training figures To produce plan to move this forward	WD	April 2019 Added to Plan
	Q3ii – CQC Report – Safety of Patient Records To provide regular updates to future Trust Board meetings	MD	30 May 2019 Added to Plan

…….. Chair
7 February 2019