

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1.30pm, Thursday 7 February 2019
Lecture Theatre, Education Centre, Princess Royal Hospital, Telford

PUBLIC SESSION MINUTES

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

2019.2/01

WELCOME & APOLOGIES:

The Chair welcomed all to the Trust Board meeting.

2019.2/02

PATIENT STORY – END OF LIFE CARE TEAM

The Board welcomed Jules Lewis, End of Life Lead Nurse, and Julie Lock, End of Life Lead Volunteer, to the meeting. Ms Lock proudly informed the members that she has volunteered for 4½ years and feels a very valued member of the team.

The members were informed that the End of Life Team approach families/friends to identify if they would like them to sit with their loved ones who are at end of life to allow the family member a little time for themselves, or for those who have no family members/friends, to ensure patients aren't alone during this time.

Ms Lock informed the Board of a particular time when she was caring for an end of life patient and noticed 'nil by mouth' written above the bed alongside the patient's preferred name. Ms Lock thought of using an alternative expression 'taste for pleasure' which would open up the conversation about what that means, how it would be achieved, and most importantly of all what is important to that patient, i.e. blackcurrant squash for mouth care etc.

Ms Lock highlighted that the dignity and respect shown to that particular patient throughout that week was exemplary; the way the staff spoke to the patient every time they approached her, even if she was unresponsive, and the way the staff also looked after the volunteers.

..... Chair
4 April 2019

Ms Lock informed the members that the new sign has been rolled out across all wards/departments stating 'Please consider taste for pleasure and regular mouth care' and has been very successful. Ms Lewis reported that families are bringing in their loved one's preferences, and it is encouraging staff and families to undertake mouth care, which is an important aspect that can be neglected at end of life.

The Board were advised that the Swan Fund (for End of Life Care) has raised approx. £23k and has enabled 20 Swan Rooms to be created across the hospital, as well as Swan Memory Boxes and Swan bags have been introduced on every Ward for expected and unexpected deaths.

Mr Darbhanga (NED) enquired if support is provided to the End of Life Care Team and volunteers; Ms Lewis reported that they do not have clinical supervision, which the CQC have commented on, but the Team do support the Wards and also fully support each other. Ms Lock highlighted the importance of safeguarding, not only the patients and their families, but also the staff and volunteers.

Ms Lewis reported that she has introduced a battery operated candle outside the office and it is used as a means to reflect/take time out. She also informed the Board that she is a Coach and also a Sage & Time Facilitator for the Trust.

The DCG reported that the volunteers spend up to a maximum of four hours / two sessions with an end of life patient. She also reported that she has discussed with the Governance and Membership Manager, Hannah Roy, regarding the Hamar Centre providing counselling support to volunteers.

The CEO enquired if there are enough volunteers to support any request; Ms Lewis reported that SaTH currently has 15 End of Life care volunteers, with an additional five being trained next month, which is as much as the End of Life Team can manage at this time; although she felt the Team would benefit from an administrator.

Ms Lewis informed the Board that she attended the Volunteering Innovators Programme in London during January 2019 with the Director of Corporate Governance and Governance and Membership Manager; SaTH got down from 300 Trusts to 12 but sadly just missed out on funding which could have been used for a project manager to lead on this.

The MD highlighted that Ms Jules Lewis has been recognised as one of the Top 100 nurses in the country due to her enthusiasm, commitment and innovation.

Ms Lewis informed the Board that the Team is working really hard to roll out the End of Life Care Plan which was introduced during December 2018; this is their focus for the year ahead.

The Chair thanked both members for attending the meeting to remind everyone of the tremendous work being undertaken, and for driving the improvements.

2019.2/03

BOARD MEMBERS' DECLARATION OF INTERESTS

Mr Newman (NED) highlighted that the recently appointed NEDs/Associate NEDs remained 'TBC'.

Mr Allen (NED) and Mr Bristlin (NED) confirmed they had no conflicts of interest to be declared; will await confirmation from Mr Carroll (A.NED).

Action: Mr T Carroll

The Board RECEIVED and NOTED the remaining Declarations of Interest.

Mr Newman (NED) also highlighted that the photographs of the Board members situated on boards throughout the Trust are outdated; the DCG requested the new NEDs to contact her to arrange for their photographs to be taken to be displayed.

Action: Non-Executive Directors

..... Chair
4 April 2019

2019.2/04

DRAFT MINUTES OF MEETING HELD IN PUBLIC on 29 NOVEMBER 2019

The Minutes were APPROVED as a true record.

2019.2/05

ACTIONS / MATTERS ARISING OF MEETINGS HELD 29 NOVEMBER 2018

2018.2/183 – Workforce Performance Report – Appraisals

WD to take Deep Dive of appraisals and SSU training through Workforce Committee and report back to February 2019 Trust Board.

The WD informed the Board that the Workforce Committee agreed to add to the education paper a view around appraisals to cover off the link between education and appraisals.

Completed. Action closed.

2018.2/256 – CQC Report – Questions from the Floor – Q7

Chair to liaise with Ms Holden, NHSI Director of Improvement, to provide a report/critique to future public Board meetings to provide openness and transparency around issues raised in CQC report

See Minute 2019.2/17. Completed. Action closed.

2018.2/256 – CQC Report – Questions from the Floor – Q12

DNMQ to provide a first draft Improvement Plan to February 2019 Trust Board.

See Minute 2019.2/17. Completed. Action closed.

2018.2/263 – MLU Update

WD to present copy of the Maternity Organisational Development Plan through Workforce Committee.

Completed. Action closed.

2018.2/265 – Workforce Committee Summary

WD to present full Organisational Development Strategy to February 2019 Trust Board

Deferred to April 2019 Trust Board. Action: WD

WD to present a paper to February 2019 meeting to reassure Board of steps being taken to reinforce the workforce

See Minute 2019.2/11. Completed. Action closed.

2018.2/267 – Annual Equality & Diversity Report and Action Plan

WD 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.

Action: WD/DNMQ Due: April 2019

2018.2/269 – Quality & Safety Committee Summary – 21 November 2018

DCG to discuss Board Assurance Framework at a future Board Development Session to simplify it to ensure Board understands all risks

Completed. Action closed.

2018.2/271 – Trust Mortality Dashboard

MD to present further report to February 2019 Trust Board following detailed review undertaken in Emergency Department

See Minute 2019.2/18. Completed. Action closed.

2019.2/273 – Maternity Clinical Dashboard

DNMQ 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

Completed. Action closed.

..... Chair
4 April 2019

DNMQ to discuss high percentage of babies born at less than 2500gms with Obstetricians and report back through Quality & Safety Committee

Completed. Action closed.

2018.2/277.1 – Trust Performance Report – M7 (Financial Performance)

D.FD to provide positive reassurance to February 2019 Board regarding the cash shortfall and overspend

See Minute 2019.2/22. Completed. Action closed

2018.2/280 – Services under the Spotlight – Neurology

COO to provide CEO with updated position

See Minute 2019.2/24. Completed. Action closed.

2018.2/285 – Questions from the Floor

Q2ii – Phlebotomy

DCG to obtain results of engagement from Pathology Service Manager and forward on

Completed. Action closed.

Q2iii – Maternity

DNMQ to liaise with Women & Children's Care Group to provide further evidence in relation to results of engagement on the MLU closures

Completed. Action closed.

Q3i – CQC Report – Staff training figures

WD to produce plan to move this forward

Ongoing. Board action closed.

Q3ii – CQC Report – Safety of Patient Records

MD to provide regular updates to future Trust Board meetings

Action: MD - Ongoing.

MONTHLY OVERVIEW

2019.2/06

CHIEF EXECUTIVE OVERVIEW

i)

Listening Event for our Community

The CEO reflected on how some of our services have a significant impact on the communities we serve and that that he has committed to further support the Trust's community engagement programme and to spend more time in the community to listen to concerns and anxieties.

The CEO also reported that he had the opportunity to attend a community session held in Telford & Wrekin with the DCG, Community Engagement Facilitator and the Governance and Membership Manager; the questions were very clear from the public and the themes are being explored in more detail. As a Board, the CEO highlighted the need to continue to commit time to this.

ii)

New Oversight Group

The CEO reported that additional governance has been introduced around the Trust Maternity Service and the improvements to be made in advance of our regulators re-visiting the Trust. The Trust Chair, Ben Reid, will oversee the group and bring assurance/evidence back to the Board.

Mr Newman (NED) enquired if the Quality & Safety Committee will continue to receive *all* Maternity information or if this will be handed over to the new Oversight Group. The Chair confirmed that the Oversight Group will receive the detail and the Chair will provide an update to the Board on behalf of the Committee.

iii)

Winter

SaTH has seen more patients this winter than last winter. There has been a 30% increase in ambulances coming to SaTH's A&E Departments which introduces pressures on the teams.

..... Chair
4 April 2019

It continues to be a challenging time and there is a lot of work ongoing to strengthen the workforce. SaTH now has its seventh substantive A&E Consultant which takes the A&E Consultant workforce to 8.3 WTE. There remains a need to continue to increase staffing; trips abroad are planned with a view to appointing further doctors; there will also be additional Band 7 nurses in A&Es to improve coordination and flow and the Trust is exploring the appointment of paramedics into A&E which is a new development.

Dr Weiner (A.NED) highlighted the dramatic rise in ambulances attending the A&E departments and suggested this may relate to changes in healthcare services in the community. He enquired if SaTH is looking into this and whether there are changes in the system that has led to this increased position.

The CEO reported that this has been discussed at the A&E Delivery Board; it transpires that SaTH was one of the last to move on to the central 111 number as ShropDoc has previously provided a service out of hours. The transfer rate for ShropDoc was around 3% whereas the national average for 111 is 11%. The CEO reported that SaTH is now aligned to the national average which means more patients are being sent into the hospital, via ambulance. The A&E Delivery Board has agreed to undertake a piece of work, once winter is over to better understand this significant shift.

The COO reported that there has been a number of high impact changes (key workstreams) to which ambulance has been added. There is now an Ambulance Group which is led by the CCG; it includes the Community Trust, the Ambulance Service as well as SaTH. Two meetings have been held so far. He highlighted that it needs to be a whole system approach, not just SaTH.

Dr Weiner (NED) raised next winter. The COO highlighted the importance of the lessons learned process; a session has been arranged for March to capture issues from this winter. He highlighted that SaTH needs to be clear with the ambulance service, primary care and the community about the trends/drivers. Getting physical extra capacity will be a help, but the COO highlighted the need to protect ourselves and give contingency options going forward into next year.

The Chair requested the COO to provide a 'lessons learnt' report back to April 2019 Trust Board.

Action: COO Due: 4 April 2019 Trust Board

iv)

Quality Improvement Plan

The focus has been to construct the Quality Improvement Plan through the staff; it has been developed through SaTH groups to explore actions and themes following the CQC visit and changing the way we operate so we can be confident that the quality of care our patients are receiving is consistent.

v)

NHS Long Term Plan

There are references in the long-term plan that resonates with the Future Fit submission; it also talks about the investment in ambulatory care. The Board are aware that this improves outcomes, reduces the amount of frequency of admissions to hospital and eases some of the immediate pressures on the Emergency Centres.

The Plan also talks about technology – this will be discussed at future Board meetings.

vi)

Ward 35, RSH

The CEO reported that the new Ward 35 has opened at RSH; this is an important recognition of the growth in demand that it being seen at both RSH and PRH sites. The Trust is currently considering options to establish an additional ward at PRH to recognise that demand also.

vii)

Performance – Length of Stay in Hospital

A year ago work started with regard to patient's length of stay in hospital. In terms of performance, this time last year the organisation had approx. 350 patients who had a length of stay over 7 days however this has reduced to approx. 250 patients. For those patients with a length of stay over 21 days, last year this was approx. 100 patients but this has reduced to 50 patients.

The CEO reported that the Council recently won a Gold Award for its work on delayed transfers of care and the improvements they have made; SaTH is also working really hard to manage the needs of our communities to admit patients when needed, but also to get patients home as early as possible as home is clearly the best outcome once discharged from hospital.

..... Chair
4 April 2019

2019.2/07

SUSTAINABLE TRANSFORMATION PLAN UPDATE – *Presentation attached to Minutes*

The Board welcomed Mr Phil Evans, Sustainable Transformation Director, who provided a report and presentation which informed the members of the NHS 10 Year Plan, published by NHS England during January 2019.

Mr Evans explained that NHS Long Term Plan is a new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years. Similar to the Shropshire Health and Wellbeing Strategy, the plan focusses on the life course approach, supporting people to start well, live well and age well.

The following are key areas from the plan:

1. Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. Backing our workforce: we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly used products for cheaper, and reduce spend on administration.
6. To ensure the delivery of this plan the Shropshire/ T&W STP will be working hard to draw together strategic plans and support the implementation of transformative ways of working.

Mr Evans advised that the next steps for Shropshire, Telford & Wrekin STP are:

- Develop Shropshire, Telford & Wrekin Integrated Care System (ICS) Roadmap
 - Clear system Governance and programme management support
 - Aligned to system priorities
 - Further develop System Strategic Commissioning
 - Identify System Redesign Requirements
 - Clinically Led, building on the work of the STP Clinical Strategy Group
 - Understand WHAT enablement requirements are needed and HOW they will be delivered and by WHEN
 - Financial alignment
 - Estates
 - Digital
 - Workforce
 - Back Office functions
 - Be clear how as a system we will continually improve and sustain those improvements

..... Chair
4 April 2019

Mr Evans informed the members that all STPs are required to be Integrated Care Systems (ICS) by 2021 and they are to include an ICS Partnership Board with a Non-Executive Chair, an Independent STP Chair (currently Sir Neil McKay), Clinical and management capacity, Clinical Director and Clinical leadership. The team is looking at an ICS Shadow Board to run alongside the STP Board. The STP receives support from regulators; and is on the way forward commissioning capability programme and an ICS development programme, partnered with Staffordshire and Derbyshire.

Mr Evans reported that a meeting was held the previous day with the senior leadership group; NHS and Social Care were in attendance. The NHS and local authority narrative has been produced between now – autumn 2019.

The presentation provided an update in relation to the timeline; draft operational plans are required by 12 February (SaTH's plan is well underway) and a system narrative is required by 19 February 2019.

NHSE has coordinated the production of a quantitative deep dive of all key analytical data and matrix:

- Right Care (2017/18)
- Model Hospital Programme
- Getting it Right First Time (GIRFT)
- Benchmarking from Social Care
- Benchmarking from CHC

Following discussion, the Chair thanked Mr Evans for attending to provide the above update which is an important development for all concerned.

At this point the Chair opened the meeting to Questions from the Board members and members of the public:

Q1	<i>Mr Deadman (NED) queried the figures to be included in the plan from a SaTH perspective.</i>
A1	Mr Evans reported that he had met with SaTH's Finance Director and all other Directors of Finance the previous day in relation to what is required. He reported that he looks at system figures rather than organisational figures as we need to understand what is required as a system over the next 12-18 months. Looking at the bigger picture and each organisation's contribution as an overall total will be required.
Q2	<i>The CEO reported that the SaTH Board is particularly interested in the NHS Long-Term Plan and access to the funding to ensure the population are able to access a number of services, i.e. ambulatory care seven days per week on both sites, services using technology, etc.</i>
A2	Mr Evans reported that all submissions would go through the STP Group in the first instance. Also, the ICS Shadow Board would have a Delivery Group where all programmes would work through.
Q3	<i>Ms Sylvia Jones questioned what patient involvement is included in this and if patient's will have genuine involvement; and if data/information will be available to the public</i>
A3	Mr Evans confirmed that conversations have been held regarding the ICS Shadow Board holding a Public Board; sitting alongside that will be a Stakeholder Group which will have genuine system/public involvement and representation.

The members were informed that a copy of the presentation would be uploaded to the Intranet, alongside the Board paper.

2019.2/08

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, and provided the following examples of material changes undertaken to improve the outlook for patients:

..... Chair
4 April 2019

Value Stream #1 - Standard Work Care Group owned (formerly Corporate Respiratory Discharge Value Stream)

The work undertaken by the Respiratory Value Stream over an 18 month period has resulted in a 30% reduction in length of stay for elderly patients; as a consequence, more patients are now going directly home after a visit into the hospital which is a significant improvement.

The CEO reported that SaTH is now in the top five Trusts in terms of the lowest level of readmission into hospital.

Value Stream #2 - Sepsis Pathway

Key achievements include:

- Staff engagement in providing more timely and appropriate interventions when patients present with possible signs and symptoms of sepsis.
- The creation of an e-learning workbook and education programme, supported by the critical care outreach team.
- The ownership seen from our nursing colleagues including regular Genba walks with the KPO Team, Matron and Medical Director.
- Downward trend in mortality associated with Sepsis.
- Achievement of 90% in the RSH and PRH A&E Departments of identification of sepsis and administration of antibiotics – evidence is provided to CQC each week.

Value Stream #3 - Recruitment

Staffing is one of the top three risks to the organisation; the Value Stream has looked at the time it takes to recruit staff. The reduction in lead time from when a vacancy is advertised to when the applicants starts within the Trust has reduced from 135 days to 67 days; this is one of the shortest recruitment periods within the NHS and SaTH is being invited to share that learning with other hospitals.

Value Stream #4 - Outpatients Ophthalmology

Work has produced some significant improvements to one of our most challenged services, including a reduction in the wait for the first outpatient appointment.

The Value Stream Sponsor Team is now considering the best way to celebrate and spread these outcomes. Further work continues to support reducing the cancelled appointments by SaTH due to the non-availability of medical staff. This work will be shared at this year's Leadership Conference.

Value Stream #5 - Patient Safety Incident Reporting

Improvements have been introduced to SaTH's DATIX system to ensure staff feel confident in recording incidents or near misses in the hospital. The Team have already made significant progress, reducing the time from when an incident occurs to when an incident is identified by 73%. Importantly, as a patient, from when an incident is identified to an outcome, this period of time has been reduced from 191 days to 49 days, significantly reducing the wait for feedback.

The test Genba has been within the Women and Children's Care Group focusing in particular in maternity services. The engagement from the Women and Children's Care Group has enabled the roll out of improvements across the Care Group.

Also, the time from a DATIX date has been reviewed to final approval has been reduced from 131 days to just 1 day in the last quarter of measurement.

Value Stream #6 - Emergency Department

The ED pathway has achieved a reduction in ED lead time (arrival time in ED to transfer to next destination). There has also been a significant reduction in ambulance handover time, achieved through the implementation of rapid assessment, known locally as the 'pit stop' process. Reasons for inconsistent provision of pit stop are being addressed by the Value Stream and operational teams. The significant achievement that consistently patients are being assessed and made ready for transfer to their next destination within three hours on both sites during the winter months of the quarter (October 2018 – December 2018).

CT

The CEO reported that an increasing number of patients require CT investigations for a range of conditions. Whilst SaTH doesn't have a problem in terms of accessing imaging within the Trust, a 65% improvement has been made and performance against the national target for access to diagnostics in less than 6 weeks is over 99% - one of the best in the country.

Theatres

The initial Rapid Improvement Week (RPIW) in Theatres has reduced the DNAs in Theatres by 94% which is a significant improvement.

A national sharing event will be held on 26 June 2019 which is an opportunity for everyone to hear of the hard work that has been undertaken; the CEO invited all to attend to support the staff in this.

The CEO also referred to Lean for Leaders which is a six month programme which helps to educate people to deliver change; the Trust now has 130 individuals who have this skill. Emphasis will be placed on the CQC Improvement Plan to ensure the Virginia Mason work is embedded into those groups over the next 12+ months.

Mr Allen (NED) highlighted that the paper talks of improvements in the seven value streams; he enquired if they are value streams that are part of the methodology or if they are identified and then worked on specifically. The CEO reported that the programme started by identifying the highest risks on the risk register and a value stream was constructed based on that risk, i.e. internal flow, theatres, etc. However, the value streams are now mainstreamed into the normal care provided in the Care Groups, and the Care Groups are now invited to identify the next value stream.

Mr Darbhanga (A.NED) referred to the achievement of reduction in length of stay and enquired if one site (RSH or PRH) is achieving more so than the other; the CEO reported that it is marginally better in terms of length of stay at RSH.

Also in terms of care closer to home, Mr Darbhanga enquired if SaTH has a specific strategy that the staff refers to. The CEO reported that a value stream (RPIW) was undertaken with the whole system looking at how it could be improved – it has come out with a range of solid improvements that have been put in place, which has made a difference.

Following discussion, the Board:

- Received an update on the progress of the work of the value streams.
- Noted the work of the value streams and the Value Stream Sponsor Teams, each led by an Executive.
- Noted the increased work and remit of the KPO Team to support the quality issues raised by the CQC Report.
- Noted the 3P event planned for 4-8 March 2019.
- Noted the current system constraints through bed capacity and workforce vacancies on the achievement of National ED admitted targets and the acceleration of this work.

PATIENT & FAMILY
2019.2/09
COMMUNITY ENGAGEMENT UPDATE – *Presentation attached to Minutes*

The DCG provided an update in relation to Community Engagement; she reported that SaTH has a legal duty to involve and engage our communities because listening to people helps us to deliver the best care we can. This is part of SaTH's programme and one of the changes we want to happen.

Our first 12 months:

- The first pilot Academy was held in January 2018 and the final course held in November; they have been a great success and further People's Academies and Young People's Academies are planned for 2019.

..... Chair
4 April 2019

Working Together:

- Between July and December 2018 we had 11 requests for public representatives to support work within our Trust, and 11 Academy graduates have come forward to work with us; some on more than one project

Volunteering:

There are currently 948 active volunteers working across both hospital sites. The Trust has a number of volunteers in certain roles, i.e. Dementia buddy, Mealtime Buddy etc. In addition, SaTH has 23 members on the age 18+ volunteers scheme, and 35 on the age 16-18 scheme. Over 90% of the young volunteers scheme go on to a health related degree in medicine / nursing. Every volunteer attends the Trust Induction and training schemes, and have role descriptions.

Engagement across the region:

A number of events have been held across the county. The CEO and DCG held an open invitation event in Telford earlier in the week to which a diverse group of people attended. A range of interesting a fresh feedback was received.

A number of community working together meetings and community listening events are upcoming around the county.

Section 242 duties:

The Team has supported the following in Q3:

- Potential overnight closure of one Emergency Department – a number of meetings were held in Telford around this, involved stakeholders, local authority etc.
- Ophthalmology – patient involvement on on-going basis
- Phlebotomy – as previously discussed through Board
- Shropshire Anticoagulation Service – also previously discussed through Board

Public Engagement

The Engagement Team attends Community Connector meetings in Whitchurch, Oswestry, Bridgnorth, and Market Drayton. These have generated additional requests to attend community meetings and events.

The Engagement Team hosted Councillor Raj Mehta, Mayor of Telford & Wrekin, during his visit to PRH to meet some of the staff and to provide mince pies during the festive period.

Kraft Foods donated a box of plush dinosaurs at an engagement event which the SaTH Community Engagement Facilitator delivered to both A&E departments and to the Children's Ward.

Community Fundraising

The Swan Fund (end of life care) and the Butterfly Fund (dementia care) already exist, and a number of staff are also raising funds for our own charities to bring greater comfort to patients and their families.

Corporate Fundraising

- The award winning brand, Child's Farm, have donated baby toiletries for new mums at SaTH.
- Ableworld contacted the SaTH Charity Office and wanted to support by providing shoe boxes filled with gifts for elderly patients
- Halls, an independent firm of estate agents, chartered surveyors, auctioneers and valuers donated £4,000 to the Dementia Team to roll out its Droplet Scheme
- Bevan Bear was commissioned for the Trust by Merrythought as a gift for the 70th Anniversary of the NHS. Up until December 2018, Bevan has raised £2,500 for SaTH Charity.

Doctors Houses at PRH

A joint community project with Telford & Wrekin Council and the local community was held for the doctors accommodation at PRH; an open day was held during mid-February 2019. As local companies donated their time, labour and materials, there was no cost to the Trust (a saving of approx. £120k). The accommodation will be offered free to junior doctors to encourage employment.

..... Chair
4 April 2019

- Engagement Plans for Q4: A session with the Senior Leadership Team will be held during March 2019 regarding the section 242 duties
- People's Academy will be held at PRH during February and at RSH during March
- A Young People's Academy will also be held on both sites
- A bespoke Young People's Academy will also be held in February as part of SaTH's relationship with Shrewsbury College
- Continuing support for public engagement around service re-design in Ophthalmology, Phlebotomy, Cancer Information and Anticoagulation Services.
- Community Working Together events in Telford and Shrewsbury
- Attending community meetings across Shropshire, Telford & Wrekin and Mid-Wales

Priorities for 2019

- The People's Forum – Plans are being finalised for the People's Forum, similar to a Board of Governors in a Foundation Trust; hope to start recruitment in the spring.
- Specialised Academy sessions – Sessions in development for adults with learning difficulties and primary school age children

The Chair thanked the DCG for the positive presentation.

WORKFORCE (PEOPLE)

2019.2/10

WORKFORCE COMMITTEE SUMMARY

The Workforce Committee Chair Dr Weiner (A.NED) presented the key summary points of the Workforce Committee meeting held on 25 January 2019, in the new style format which includes the Committee's view on the state of assurance for the subjects discussed:

1. Workforce Committee Terms of Reference – the Committee approved the ToR.
2. Board Assurance Framework. Assurance – Moderate
3. Emergency Department Workforce Flash Report. Assurance – Moderate
4. Emergency Department Recruitment Strategy. Assurance – Low
5. Education and Training. Assurance – Insufficient.
6. CQC Report and Response Plan. Assurance – Moderate
7. People Priorities. To be reconsidered in light of the improvement plan. Assurance – Not applicable
8. Workforce Assurance Report. Assurance – Moderate
9. DBS Assurance Report and 2019/20 Work Programme. Assurance – High. Dr Weiner drew the Board's attention to this high level of assurance; the team have made a significant amount of progress.
10. Staff Survey Update. Report to be presented to February Workforce Cttee. Assurance – Not Applicable
11. Brexit Update. Assurance – Moderate
12. Audit Reports Update. Assurance – Moderate
13. Facility Time Report. This is required for the Trust to publish annually under the Trade Union Act, Assurance – Not applicable
14. Time Shifting Policy. Assurance – Insufficient
15. Board Assurance Briefing for 7-day Services. Assurance – Low
16. Any Other Business
 - a. Staffing challenges in Urology Services – Plan to mitigate risks to be developed
 - b. Risk in Unscheduled Care with two recent Acute Physician resignations – Plan to mitigate risks to be developed

The following are particular areas for improvement:

- The education and training development work which is critical to the future of the organisation, to the needs of the staff and to ensure we deliver safe and effective care for the community. The Workforce

..... Chair
4 April 2019

Committee have requested the Executive Team to further support this work and to move with pace to develop a high quality education and training strategy for the organisation

- The future of the Emergency Department – requires improvement in the approach to recruitment. ,
- Time shifting policy – there has been little progress in the development of this policy. The MD to look for an alternative approach to producing this policy that separates it from the development of the Job Planning Policy.

The Chair provided an update in relation to recruitment; he reported that he met with Telford & Wrekin Council and the Consulate General of India who is very keen to help the organisation source applicants from India. The Workforce team and Medical team are also arranging a visit to India.

The Chair thanked Dr Weiner for providing the level of assurance which is a big improvement compared to the Workforce Committee summary received 12 months ago.

The Board RECEIVED the Workforce Committee summary.

2019.2/11

WORKFORCE PERFORMANCE REPORT – MONTH 9

The WD presented the Month 9 performance report in relation to:

Sickness / Absence / Unavailability – 4.99%

The WD reported a slight increase in sickness absence during December. Work continues through the Workforce Committee.

Appraisals – 87.34%

The WD reported a slight decrease in the Appraisal rate from 87.73% to 87.34% 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 –78.66%

Overall compliance rate has increased from 76.81% to 78.66% against a target of 100%. Work continues through the Workforce Committee.

Staff Turnover (exc. Junior doctors) - Recruitment rate 9.40% of the turnover of the full workforce, Retention rate 89.57%.

SaTH's turnover rates compared to the national average/model hospital, SaTH is in the top quartile in a favourable way. Overall the position for the Trust is good however there are areas where further support is required.

The WD reported that the Workforce Committee is looking at education and training in great deal to become a true learning organisation. She also reported that within the CQC feedback report there were clear concerns raised with regard to training and compliance; this is a key element of the Quality Improvement Plan. Both are linked and will be reported to Workforce Committee.

The CEO raised the health and wellbeing of staff and asked the WD to share with the Board how the sickness levels will be reduced going into the new financial year as it is still higher than the national average. The WD reported that the top two reasons for absence remain musculoskeletal (MSK) and mental health. For MSK a fast-track physio service was introduced but it hasn't had the impact that it has in other organisations – this is being explored; and in terms of mental health, there is a need of ensuring a level of knowledge and understanding in the organisation. Therefore SaTH is currently training mental health first aiders in the organisation; have increased access to counselling and are in the process of reviewing an employee assistance programme to give 24/7 help for all staff for all issues. Also through the Leadership Academy more work will be done around up-skilling managers and how they support the health and wellbeing of the workforce.

Also, it is recognised that the operational pressures that staff are experiencing does have an impact on their health and wellbeing; whilst the Trust has a loyal and dedicated workforce, there is a need to ensure we are not reliant on their extra effort as it is not sustainable.

..... Chair
4 April 2019

Mr Newman (NED) highlighted that the Influenza Policy includes detail in relation to a duty of care of all staff to protect themselves and patients by having the flu vaccine every year. He enquired if the inoculation sessions are offered to staff across both sites. The WD confirmed that there has been clear distribution of flu clinics at both PRH and RSH sites. In addition to the clinics, there has also been 'walkabouts' to vaccinate staff in the moment, also throughout different times to capture different shifts, etc. The Trust is currently at 72%.

Mr Bristlin (NED) raised Brexit and enquired how many staff are signed up to settlement schemes, and given the challenges currently facing with nurses is this an area of concern. The WD reported that two are signed up to settlement status which is overall a small number; she advised this is similar to other organisations.

Following feedback from EU national colleagues, the WD reported that there is an overall nervousness about signing up to the settlement agreement. The Workforce Committee is looking into this. The predominant staff group sits within Medical and Dental in Scheduled Care and there is also a high proportion of Pharmacists. Nursing is relatively low numbers.

Following discussion, the Board RECEIVED the Workforce Committee update.

2019.2/12

WORKPLACE TRAVEL PLAN

The DCG presented a paper which reported the Trust is committed to achieving a number of goals with regards to travel planning; these have been described in the Travel and Transport Strategy (2012) and the Good Corporate Citizen and five year Sustainable Development Management Plan (2014-2019). The NICE Public Health Programme QS84 – 'Physical activity: encouraging activity in all people in contact with the NHS' also complements this approach.

The Workplace Travel Plan which includes short, medium and long term measures that have been designed to influence a modal shift from single occupancy vehicle (SOV) trips to our hospitals to more sustainable forms of transport. These include measures to encourage active and sustainable modes such as walking, cycling, public transport use and car sharing.

The Workplace Travel Plan has initially been extended for a further two years to cover the period anticipated prior to significant site and service redevelopment. The impact of the service reconfiguration on parking at both sites is being addressed through the Trust's Sustainable Services and Estates Teams. Monitoring of the Travel Plan will take place regularly and an assessment of effectiveness reported to the Trust's Good Corporate Citizen Group, Workforce Committee and up to Trust Board.

All monitoring will follow Department of Transport and Local Authority guidance. Results of travel surveys will be submitted to Local Authority partners and include a progress update on the implementation of the Travel Plan measures.

The DCG thanked Tony Holt, Compliance & Sustainability Manager, and teams for the large amount of work undertaken to improve facilities on-site including cycling shelters and changing/showering facilities; also working with local organisations to improve walking and cycling access to the hospital sites, off-site car-parking facilities, creating a Lift Share Policy, etc.

The work has been recognised and in recent years, the Trust has received national recognition for its sustainable efforts. SaTH was awarded an NHS Sustainability Award for Travel & Transport in 2016 and has also earned a Green Apple Gold Award for Built Environment for the work undertaken to improve impacts on the environment.

The members were informed that SaTH will be going out to tender for the car park service and will ask if 'pay as you park' can be included.

Mr Darbhanga (A.NED) enquired if there will be greater uptake and queried the financial implications. The DCG reported that there will be a financial implication however the key objective is to improve the carbon footprint and develop more patient car parking spaces.

..... Chair
4 April 2019

The Board RECEIVED and APPROVED the Workplace Travel Plan and the associated actions.

QUALITY & LEARNING (SAFEST & KINDEST)

2019.2/13

QUALITY & SAFETY COMMITTEE SUMMARY – DECEMBER 2018 & 23 JANUARY 2019

2019.2/13.1

In the absence of the Chair of the Quality & Safety Committee, Mr Newman (NED) presented the summary of the Quality & Safety Committee meeting held during December 2018, drawing particular attention to:

Winter Planning (BAF 1134)

The Q&S committee were not assured with respect to winter pressures. Concerns can be summarised as:

- The plan as presented looks to be very tight in terms of contingencies; we were told that the nursing fill would reduce to 85% of rota as the available establishment is spread across increased beds. This will lead to increased patient harm (falls, catheter associated infection, pressure ulcers); and
- There was little suggestion that the wider system plan is likely to contribute with, in particular, no assurances with respect to realistic step up or step-down capacity.
- The system needs assurance with respect to the coverage of out of hours GP services with an expectation that, should coverage be poor, there will be knock on effects on hospital services (BAF 951 & 1134); and
- There appears to be some external NHS pressure to consider the use of additional beds (boarding) despite well-articulated staff and CQC concerns. The subcommittee is strongly opposed to this.
- The subcommittee remains concerned with respect to the attention on flow through the available bed base. More needs to be done to improve the flow through correctly staffed beds rather than moving to an increased number of beds that are staffed at a lower level. (BAF 51 & 1185)

In terms of SaTH's part in the Winter Plan, the COO reported that SaTH was required to provide a set of escalation beds which has been undertaken. Over the past four weeks, SaTH has provided planned escalation and the Hospital Full Protocol; this has been discussed as part of the Oversight Committee which is chaired by NHSI, and includes CQC and others.

The COO confirmed that SaTH has not boarded patients in terms of inappropriate locations/areas. Any areas used for escalation have been risk assessed by clinical experts to ensure they are suitably appraised.

The COO reported a 13.2% increase in attendances in January, whilst ambulances have been 17% higher, although SaTH's 4 hour performance has been over 1.5% better than this time last year, even with the additional volume.

The COO therefore confirmed that SaTH has delivered its obligations and demand is being managed as well as possibly can.

The DNMQ raised that at a recent Board meeting, the Chair requested the Executive to triangulate performance indicators with how staff are feeling. She highlighted that staff are under enormous pressure but the staff have been responsive to the revised Hospital Full Policy which gives clear indicators.

Clinical Governance Executive

The sub-committee were impressed with a substantially improved report from the Clinical Governance Executive. A particular concern of the CGE was the absence of an expert Nutritional support team. This is an area in which the Trust previously excelled but, in the absence of a current team, SATH is an outlier within an NHS in which 99% of Trusts have teams in place.

Whilst the sub-committee gave wholehearted support to the proposal, this highlighted a wider concern in that the funding gap between identified funds and the total funds required was very small (£15k) with the prospect of a team rapidly realising savings through the introduction of better care.

The subcommittee's strongly held view was that matters like this should be resolved without needing escalation.

Accident and Emergency

The Unscheduled Care Group gave a detailed presentation of their work. In particular, the subcommittee sought

..... Chair
4 April 2019

an update with respect to the Accident and Emergency Services. These services are still in a transitional phase between a position where services were unsustainable across 2 sites at times to a point where the new medical appointments at consultant and middle grade are fully in post. There remains a significant reliance on agency staff.

As a Trust, SATH is still performing poorly against its 4-hour target. There has also been an increased number of complaints although it is important to note that there has been a decrease in the number of patient related incidents since September.

The situation warrants ongoing scrutiny from both the Q&S Committee and the Trust Board.

Nurse Staffing

Papers on safer staffing levels, staffing levels in paediatrics and winter pressures all highlighted issues with respect to the need to recruit to substantive nursing roles. Evidence has long shown that nurse staffing levels on wards and the presence of experienced nurses is associated with better patient outcomes. The Director of Nursing told the committee that this is now clear within SATH's own incident reporting with wards that have poorer staffing seeing more incidents such as catheter acquired infection, falls and pressure ulcers.

Sufficient substantive staff are also vital in ensuring that "best practice" pathways are followed, particularly when these are time critical. An example of this is the stroke pathway where rapid action is required at the point of arrival to ensure that appropriate treatment can be delivered within the specified time window.

Support Services /Information Technology

The subcommittee met with the Support Services Care Group. There has been some excellent work with respect to enabling access to investigations and improving reporting times. Members were delighted to hear that necessary capital to procure an additional CT scanner at PRH has been agreed. There has been substantial progress with respect to achieving 7 day working.

Members have asked the chair (who declared an interest in this discussion) to raise concerns with respect to the Trust's approach to Information Technology. Recognising that there is a process in train to procure an Electronic Patient Record system, it is important that there is a wider IT strategy that covers the multiple other systems deployed within the Trust. This is important as such a strategy may enable additional funding to be secured to support, for example, electronic prescribing and medicines administration (ePMA). It will also help identify the scope and case for key roles such as a Chief Clinical Information Officer.

2019.2/13.2

QUALITY & SAFETY COMMITTEE MEETING HELD ON 23 JANUARY 2019:

Cancer Treatment

The committee was encouraged by SaTH's improved performance in the NHSE National Cancer Patient Experience Survey, the Trust's best results to date. In 62% of the questions SaTH scored higher than the national average, on 19% scored average. It was agreed that in a number of areas we should still strive to improve further. However, whilst up until now SaTH's treatment time-lines for cancer have met targets, the committee was concerned to learn that this performance is likely to deteriorate, particularly in urology, because of winter pressures as well as an increase in demand and a lack of medical manpower.

Review of internal audit report on actions and learning arising from recent Never Events

The Trust's internal auditor Deloitte has reviewed SaTH's investigations into the four most recent Never Events, to determine if actions to address causal factors are specific, measurable, achievable, relevant and timely (SMART), whether actions have been implemented, embedded and sustained and if learning has been shared and implemented across SaTH. It identified shortcomings in all aspects, with a number of very specific actions, in three cases requiring immediate action. Going forwards, the committee will require assurance that the recommendations have been acted upon appropriately.

..... Chair
4 April 2019

Missed clinical test results

A number of Serious Incidents (SIs) in recent years have occurred because of inaction after abnormal radiology and specimen results, resulting in sub-optimal care, harm or even death. This matter scores 20 on the operational risk register. Whilst this is undoubtedly a complex issue, it nevertheless requires urgent attention by the CGE working with the Safety team. The committee will require assurance that this issue is being addressed with the appropriate degree of priority and pace.

Sepsis

Given the seriousness of sepsis and the attention paid to this during the recent CQC audit, the committee was concerned to learn that there will be no resource for training in Sepsis procedures beyond February 2019. Furthermore about 25% of wards/departments still have no nominated sepsis champion. The committee will require assurance at its next meeting that provision for ongoing training is in place and that all wards / departments have sepsis champions.

The Trust Chair highlighted that this was raised by the CQC. There has been debate regarding the need for a designated Sepsis Nurse. The Chair requested this debate to proceed through the Quality & Safety Committee to action.

Scheduled Care Group report and visit to RSH Day Surgery / Endoscopy

The Care Group Head of Nursing and Operations Manager (the Medical Director was in theatres) presented what was going well, in particular strengthening theatres leadership, ophthalmology reconfiguration, EOL integration (a CQC action), Ward 4 Gold exemplar, GIRFT report for surgery and the installation of the 7-bedded vanguard unit to maintain day surgery during winter. Mrs Edwards (NED) and Mr Newman (NED) visited Day Surgery / Endoscopy and were impressed by a well-organised, calm service manned by long service staff who were coping well also with some 'Winter' in-patient load. Challenged specialties are being managed – gastro and anaesthetics by recruitment, intensivists cover by cross-site working (ref CQC), some urology by UHNM collaboration, but RTT/diagnostic target performance is now seriously threatened by consultant capacity shortages, particularly gastro and urology and reduced capacity for Day Surgery cases because of Winter pressures. Lack of medical engagement (re: Criteria Led Discharge) and clunky IT systems still hinder improvement in patient flow.

Board Assurance Framework

There was lively debate around the proposed new wording and amalgamation and simplification of BAF risks delegated to Q&S committee, also taking on the new BAF risk concerning implementation of the CQC action plan. There remains the outstanding issue of whether, given the committee's obligation for oversight, the sepsis risk should be a BAF risk rather than an operational risk.

Actions arising from the CQC audit.

The Board has tasked the committee with assurance of the actions arising from the recent CQC audit. Two months in from the publication of the report the methodology for handling the 81 actions has been agreed and the various task groups are now constructing the action list – what is to be done, by whom, by when. We anticipate being able to see this before the Q&S meeting on 20th February.

Information Technology (IT) strategy and implementation plan

IT inadequacies and frailties were recurring themes: e.g. patient discharges being delayed, poor filing, storage and availability when needed, of masses of paper records, and hardware and software pending obsolescence with inadequate protection e.g. from cyber-attack. An Electronic Patient Record is an important foundation for much of this but it is only the tip of a much larger iceberg. Insofar as it will increasingly underpin our ability to be 'the safest and kindest' the committee would be assured by understanding what is the long-term IT strategy and its implementation programme. The committee felt that familiarity with best practice elsewhere, even purchasing their fully-developed IT systems, could be a means of expediting this crucial activity.

The Trust Chair highlighted the importance of the IT infrastructure.

..... Chair
4 April 2019

The CEO reported that the Board will be invited to a session to explore the long-term plan for a digital strategy. SaTH's current Patient Administration System (PAS) is 17 years old and there are 400 separate systems in the organisation; there are therefore a number of challenges which are historic in their nature. The solution to this is to develop a digital strategy which will move us on to an enterprise footprint with a robust electronic solution for both caseload management and connectivity between departments and partners. This will feed into the Outline Business Case (OBC).

Mr Newman (NED) enquired if the Trust has both the seniority and intellectual capacity to undertake this work. The CEO reported that technical experts, PA Consulting, have been working with the Trust to provide support; this is not a criticism of existing Trust staff, but the Trust has a sizeable journey ahead.

The Chair thanked Mr Newman for the excellent report which the Board RECEIVED & NOTED.

2019.2/14

QUALITY & SAFETY PERFORMANCE REPORT – MONTH 9

The DNMQ raised the following key points from the Month 9 Quality & Safety Performance report:

- In December 2018 there was no avoidable grade 3 or 4 pressure ulcers recorded.
- In December 2018, three serious incidents (SI) were reported. One of these incidents has been designated as a Never Event after seeking clarity from the central NHSI Safety Team. The number of serious incidents reported was similar to the same period in 2017/18.
- In December there were eleven adult and six children's referrals made to local authority Safeguarding Teams.
- During December one >12 hour ED wait breach was recorded and had a serious harm review undertaken which concluded that no harm had been caused.
- 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 97.4% which was slightly lower than November's figure of 97.6%.
- An increased number of >12 hours discharge breaches from ITU were recorded in December 2018 totalling 42 compared to a figure of 30 in November 2018.

With regard to Infection Prevention Control, the DNMQ reported that SaTH continues to show as low prevalence for indicators; however there have been five hospital on-set MRSA this year in comparison to zero last year. This will be kept under review.

Cdifficile cases equate to 14, in comparison to 24 last year, with 7 proving to be lapses in care. Whilst this is an improvement, this also needs to be closely monitored by the Infection Prevention Control Committee and Quality & Safety Committee.

E-Coli bacteraemia infections equate to 45 this year in comparison to 29 last year; the DNMQ reported she will ask the Infection Control team and microbiology team to undertake a deep dive to identify if it relates to increased activity. Any common themes/trends will be reported back through the Q&S Committee.

The CEO raised the Grade 2 Avoidable pressure ulcer cases and requested further information. The DNMQ reported that the Trust has a zero tolerance, however there have been 14 cases reported to date. There have been gaps in the Tissue Viability team with just 1.0 wte. A new leader has commenced in the team and has requested a deep dive into the reporting; also requested external assurances.

VTE

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

Trust Mortality

SaTH has seen an improvement in its performance regarding mortality over the last four years; this has been maintained over the last 12 months. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than peer comparators (October 2017 – October 2018 SaTH 0.79% v Peer 1.12%).

The Trust Board RECEIVED the Quality Governance Report.

..... Chair
4 April 2019

2019.2/15

MATERNITY DASHBOARD UPDATE

The Head of Midwifery attended to provide an update on the Maternity Dashboard.

Following feedback from the November 2018 Trust Board meeting, the Women & Children's Care Group were asked to provide the maternity dashboard in a more straight forward way to provide clear assurance to the Board. There was a joint meeting planned between provider and the CCG's for 19 January 2019 to discuss, evaluate and update the maternity dashboard, however the meeting did not proceed and the Care Group is working with the CCG's to identify a future date.

In the meantime the Care Group has provided a simplified and more straightforward version of the dashboard; this will be updated and improved once the meeting between CCG's and provider has taken place.

What has gone well?

- The stillbirth rate for 2018 is the lowest it has ever been at SaTH.
- Clinical Quality Improvement Metrics (CQIM) demonstrate that SaTH has performed consistently well in our management of postpartum haemorrhage, caesarean section rates, episiotomy rates and skin to skin contact at birth within 1 hour.
- Bookings and birth numbers are consistent with last year and do not demonstrate any reduction in numbers.
- The Head of Midwifery reported that after many years, an agreement has been reached to recruit scrub nurses to provide 24/7 cover in maternity theatres.

What hasn't gone so well?

- The Unicef Baby Friendly re-accreditation assessment due to be undertaken during December has been deferred following early indicators that we would not be compliant. The Head of Midwifery suggested that the improvements in staffing will hopefully help to achieve this later this year.
- The Care Group has workforce off sick with work-related stress; however this has recently reduced by 4%. Further work is required to reduce further.

How will we improve?

- Smoking at Time of Delivery - a Public Health Midwife has been seconded for four years (financed by Telford and Wrekin Council and CCG) who continues to concentrate on the Telford and Wrekin pregnant smoking population to change habits and drive down this figure. The CCG has increased their funding to support an additional Band 3 support worker and increase the Midwife's hour to full time.
- The Care Group is looking at ways to improve the induction of labour pathway. Learning from other organisations, exploring the option of outpatient induction of labour and also offering a 24/7 induction of labour service which would improve flow, enhance patient experience and reduce unnecessary delays in inductions.
- The Care Group aims to improve staffing levels across its maternity service; recently gone out for 10 posts and received ten successful applicants. This will hopefully achieve re-accreditation of Baby Friendly status with Unicef; provide one to one care in every woman's labour, reduce sickness levels in staff, ensure compliance with training and increase safeguarding supervision and training.
- Completed a business case for provision of scrub cover for maternity theatres.
- Working with teams to finalise and implement response to the CQC findings and continue with aspirations to be a 'Good' service; this includes attention to strengthening an open and inclusive culture.

The maternity service continues to provide the monthly dashboard to the newly formed Maternity Oversight Committee and CQRM meetings; however the Head of Midwifery requested the Board's view in regard to presenting the dashboard/data in the public domain.

The Chair confirmed that he will remit the above query to the Maternity Oversight Committee to understand the background/options and bring back to a future Board.

The Chair thanked the Head of Midwifery and team for the much improved report. He requested clarification in relation to the following:

..... Chair
4 April 2019

- Proportion of babies born at term with an Apgar score <7 at 5 minutes. The national figure is 3.5% and SaTH year to date is 0.7%. The Chair enquired if this could be identified with RAG ratings as the public might not be able to judge whether SaTH's figure was good/bad. Mr Gornall confirmed that babies born with a lower Apgar score the better. Induction of labour rate. SATH is showing a significantly higher level of induction at 39.8% against a national figure of 28.5%. The Head of Midwifery stated this may be due to recognition of the need to intervene, i.e. smaller babies or the need to deliver baby earlier. Mr Gornall reported that SaTH has more small babies than other Units. . SaTH's rate is comparable with an inner-city population. Mr Gornall informed the Board of the need to intervene in terms of small babies to ensure they don't result in stillbirths; this also increases the induction rate. The Chair requested that this be added to the agenda of the Maternity Oversight Group for a clearer understanding.
- Smoking rate at booking

In regard to smoking in pregnancy and time of delivery, Dr Weiner (A.NED) recognised the contribution that Telford & Wrekin CCG have given to the health of the population by allowing a secondment of a smoking cessation midwife for four years, which is a huge commitment.

Dr Weiner also raised 24/7 induction of labour and concerns and enquired if this is undertaken on an evidence-based approach relating to safety, rather than process and flow of patients. Mr Gornall reported that new processes and new devices are coming in to play in regard to induction. Ideally the aim is to get mums to deliver in the daytime, but SaTH is running a 24/7 delivery service.

Dr Weiner also highlighted that he is keen to have transparency in relation to the Secretary of State Review; the DNMQ assured the Board that the Executive and the Care Group is making every effort to expedite and comply with what is required by the SoS and is 100% supportive of all requests. As the figures change so regularly and progress is received on a daily basis, the DNMQ agreed to forward a most recent update to the Board members.

Action: DNMQ

Mr Newman (NED) raised the Q3 figures in relation to smoking which seem to have increased. Mr Gornall reported that this relates to mothers who have stopped smoking at booking but then return to smoking during their pregnancy.

The CEO reported that he understands the dashboard is a mandated set of statistics required by the NHS, however he challenged if they are the correct markers. He suggested this be discussed through the Maternity Oversight Group to ensure the service is safe, mums are receiving good care, staff are happy etc. Mr Gornall felt it would be good to feed this in against the CQC survey undertaken last year to achieve improvements year on year. The CEO suggested where there are annual markers, to collect them monthly to avoid waiting a year to find out some of the important factors.

The Chair opened the meeting to questions from the floor:

2019.2/16

QUESTIONS FROM THE FLOOR

Q1

Gill George raised concerns in relation the apparent over-representation in 2016 and 2017 in neonatal mortality. She reported the 2017 data shows 3.9 deaths per 1,000 cases in Shropshire and 2.9 deaths for Telford & Wrekin; she felt it is surprising to see the over-representation for Shropshire when there is relatively higher deprivation in Telford & Wrekin. Ms George suggested this be looked into; perhaps looking at the post-code of residents, also looking to see if there are issues around distance and seeing if it plays a part.

A1

Mr Gornall reported that the number of neonatal deaths is less than 10 per year; numbers are unable to be quoted as they can become identifiable which is therefore why rates are quoted. He reported the year 2016 was very unusual with a high number of neonatal deaths, of which a lot came from Shropshire. The year 2017 had a low number of neonatal deaths and advised that there is no specific trend between Shropshire and Telford & Wrekin.

The Chair confirmed that he is keen to hold such conversations in public and is happy to take on the challenge of undertaking an analysis of data/individuals.

..... Chair
4 April 2019

The DNMQ highlighted that whilst the reports refer to statistics and rates, it is important to remember the human aspect of the figures and the impact on families. In regard to the idea of looking at post-codes, the DNMQ agreed for the Head of Midwifery to take this forward when undertaking root cause analysis. The DNMQ also reported that smoking is a common theme for Shropshire which is something to investigate further.

Q2 *Sylvia Jones requested assurance that the high number of inductions is not related to the distances that women are travelling due to the closure of rural MLUs*

A2 Mr Gornall confirmed that it is not.

Q3 *David Sandbach felt a corner has been turned in terms of honesty and openness towards the public. There are members of the Health & Wellbeing Board and HOSC who have been appreciative of the Maternity presentations which have been shared in the public domain. He suggested having a 'talking head' for the newly formed Maternity Oversight Group.*

A3 The Chair agreed that the organisation is learning and the presentation which was shared at the November Trust Board has been debated, however some of the families that have been affected have been upset by just the presentation which was split from the minute of the discussion held at Board. He apologised for any incensitivity around the presentation and confirmed that it has since been linked to the minute to provide context and an overall picture.

The Chair confirmed that the Board are determined to continue to share information in the public domain.

The Chair thanked the Head of Midwifery, Sarah Jamieson, and Consultant Obstetrician, Mr Adam Gornall, for attending to provide the Board with the update.

2019.2/17

QUALITY IMPROVEMENT PLAN

At the November 2018 Board, it was agreed that the NHSI Improvement Director would provide the Board with an independent critique of the approach and progress the Trust has made to address the concerns highlighted by the CQC following their inspection last year.

The report was presented, outlining the particular challenges which the Trust has to address and the level of change that this will require. The paper also outlined the approach now being taken by the Trust and progress made since November 2018.

Improvement Director's Report

Summary Observations

The Trust was poorly prepared for the inspection by CQC last year.

There is no doubting that the organisation did not anticipate the level of concerns described by CQC. Some of the issues highlighted related to fundamental failings in basic standards of care and maintenance of dignity.

Following the inspection, the Improvement Director has worked with the Board and Executive to look at an alternative approach to addressing CQC concerns which has resulted in the Board adopting a 'bottom up' strategy. This has required engaging with staff at all levels and facilitating workshops to help them to own the issues and work out for themselves the measures which would provide confidence that patients are being cared for to the standard required.

The Trust lacked capacity, capability and experience to support the development of an 'integrated improvement plan' at pace. Existing capacity has been supplemented through special measures funding with the provision of additional capability and support to ensure that the Trust takes a consistent and comprehensive approach to develop and deliver a sustainable improvement plan.

Progress made

Since the November 2018 Board the Trust has:

..... Chair
4 April 2019

- embraced an approach to development of the improvement plan based on comprehensive staff engagement and the detailed unpacking of underlying causes;
- identified named individuals to support the ongoing monitoring and development of the improvement plan;
- implemented confirm and challenge ' sessions with care groups to ensure that the measures of improvement are tracked;
- submitted on time their response to the initial report (28-day response);
- established a 'maternity committee' to provide additional independent oversight of maternity issues;
- implemented NHSI chaired system oversight meetings;
- commenced the development of metrics to ensure trajectories are timely and appropriate; and
- attended a Board to Board with NHSI.

Key challenges

The key challenges the Trust must continue to address are:

- release and leverage the capacity and capability of the senior leadership team to drive improvement;
- increase Trust capability to actively manage the oversight required to deliver a comprehensive plan requiring the development of a PMO;
- refine governance processes to ensure the Board are fully sighted on emergent issues; and
- manage and prioritise significant operational pressures to create the space for quality improvements to be delivered at pace.

Conclusion

The NHS Improvement Director believes that the Trust has accepted the concerns highlighted by CQC and developed an approach which will enable them to demonstrate to patients and their wider stakeholders' improvements to standards of care which will be sustainable.

The approach outlined requires a higher level of commitment from individual members of the Trust to address poor care, by taking personal responsibility to work towards improved system, process and delivery. The Improvement Director will continue to support the organisation to develop clear evidence of improvement and a sustainable approach which will enable the Trust to regain the confidence of the residents of Telford and Shrewsbury.

Approach and Progress

Formal response to CQC

There is a statutory requirement for providers to respond to a CQC Inspection Report within 28-working days of the publication of the report. The Trust provided its response on 11 January 2019, within the required timeframe. The 28-day response provided a detailed plan of action that included:

- a timeline of action taken in the 28 working days since publication;
- a schedule of planned activities that were underway to both address findings and develop and implement detailed plans to drive improvement;
- the approach being taken to unpack and address underlying cause to the inspection findings and to ensure staff engagement; and
- the governance framework that has been developed and put in place to ensure and monitor delivery.

An undertaking was made in the response to have plans in place to address the 79 'Must Do' findings identified in the report by Safety Oversight and Assurance Group (SOAG) meeting on 19 February 2019.

An overview of the approach detailed in the 28-day response was additionally provided to the CQC, NHSI, CCGs and partners at the SOAG meeting on 17 January 2019.

In parallel the Trust continues its delivery against the action plan and reporting requirements set out in the Section 29A notice letter issued by the CQC on 17 October 2018 and Section 31 notice letters issued on 5 and 12 September 2018. These were findings identified by the CQC where immediate action was required. In particular the Trust met its requirement to provide, by 17 January 2019, a formal update to the CQC providing demonstrable improvement against the sub-set of issues identified in the Section 29A letter.

..... Chair
4 April 2019

Approach

The Trust's approach is centred around developing a comprehensive improvement plan using the SBAR approach with clear actions, accountabilities and trajectories agreed. The SBAR approach has been adapted, as this is a communication tool that front-line staff will be familiar with:

Situation: What was the CQC inspection finding?

Background: What were the underlying causes of the CQC inspection finding?

Assessment: What does success look like? What actions should we take? Who owns these actions? When will these actions be completed by?

Recommendation: How will know if we have succeeded?

The resulting improvement plan will be a vehicle for engagement with all staff as well for evidencing our commitment to continuous improvement. The approach taken will require effort across the teams to take responsibility for and delivery of the improvements. However it is clear that this will provide the organisation with the best possible opportunity to embed improvements and sustain them in to the future.

The overall approach adopted by the Trust will robustly address the CQC actions as well as put in place the structure for continuous quality improvement. Above all it will set the Trust on a solid foundation so that it can rebuild the confidence of regulators, staff and patients in the quality and safety of care it provides.

Success is recognised as being dependent upon three factors:

1. Engagement and ownership from ward to board
2. Development and delivery of a plan that will address root causes
3. Parallel action to deliver improvements across the Well-Led domain

The agreed governance arrangements to manage the approach and support effective engagement have now been designed and implemented. The approach and detailed plans are detailed fully within the Trust's 28-day response.

Next Steps

- Sign-off of final draft improvement plans for all 79 'Must Do' findings and 4 priority 'Should Do' findings
- Confirm and Challenge session
- Share detailed draft improvement plans and trajectories with NHSI and CQC
- Detailed draft improvement plans and trajectories considered by Quality & Safety Committee
- Fortnightly delivery monitoring and governance cycle commences
- Presentation of draft plans to Trust Board for review and sign-off

The CEO reported that the process taken is absolutely not a tick-box exercise; the approach that has been taken has been to work with clinical staff through the Care Groups, establishing a core Steering Group for each of the areas which has an Executive Director with accountability and ownership for that area. They are looking for a level of understanding and making connections between the pieces of work to identify themes and understand what needs to be done whilst providing a range of evidence on a regular basis to show the changes being made. He reported that the Oversight Committee is receiving the Improvement Plan. The Trust met the obligation of submitting the 28-day return to CQC; on 19 February the Oversight Committee will receive the first set of actions. He highlighted that this is not about moving out of special measures; it is about a journey to becoming an outstanding organisation, establishing a way of working with our people to deliver demonstrable improvements.

The Board welcomed Mr Christian Adams from Moorhouse Consulting who provided an update, reporting that the Trust is in a good place in relation to the development of the plans; engagement has been good. He highlighted that it is about people on the front-line buying into the plan and supporting it; continuing with the level of engagement.

Ongoing work has been undertaken through an Engagement Working Group. Each of the four Steering Groups has overseen the delivery of the agreed actions. He reported that there is still considerable challenge to maintain the increased level of engagement to ensure it is sustainable and is used as a foundation of continued improvement.

The CEO reported that he and the DNMQ recently met with Amanda Stanford, Deputy Chief Inspector of Hospitals at CQC, and Victoria Watkins, Regional Lead, to inform them of SaTH's plans and progress, and the information we are providing.

The CEO also reported that Peter Wyman, Chair of CQC, will be visiting the Trust. Mr Wyman is particularly interested in the Virginia Mason; whilst there are some great examples of the work, the CEO highlighted that this should be spread across the entire organisation. Mr Wyman will have the opportunity to see the work and meet with staff, particularly in the A&E and Maternity departments, to see the improvements that have been put in place. This is welcomed.

Mr Allen (NED) felt encouraged by the date and the milestones in the Plan; however he would welcome additional commentary in relation to how the improvements will be sustained.

Mr Deadman (NED) requested confirmation that the scope of the Quality Improvement Plan includes the Operating Plan and other business improvement activities.

Mr Adams confirmed that the Improvement Plan is being taken and reviewed as part of the Operational Plan process to ensure there is alignment. In that respect, Mr Deadman highlighted concerns that there appears to be two plans. The CEO reported that the slight disconnect is because the improvement plan work will commence before the operational plan work. As the Operating Plan develops, over the 19 February submission date and the planned submission on 4 April, that narrative will be clearly aligned with the work being undertaken through the improvement plan. A draft of the Operating Plan will be presented to the Board to ensure it is consistent.

Dr Weiner (A.NED) informed the members of his interest in the continuous improvement PMO and the quality and skills base for the PMO; he enquired if this is effectively able to deliver. The CEO reported that the time has been extended with Moorhouse Consulting to ensure there is a period of time to work with the PMO to ensure those processes will be followed.

The Board were informed that a further update would be provided to the next Trust Board.

The Board REVIEWED and NOTED the Quality Improvement Plan Report.

2019.2/18

TRUST MORTALITY DASHBOARD – Q3 UPDATE

The MD presented the following reviews, highlighting the importance of learning from mortality:

2019.2/18.1

Trust Mortality Casenote Review Dashboard

A paper was presented reporting the normal seasonal variation on the Trust mortality dashboard for Quarter 3; the number of deaths reported is lower than the same period in 2017.

There was one CESDI 3 death identified at PRH ED. This is being investigated via the Serious Incident investigation process.

Mr Deadman (NED) pointed out the seasonal variation and enquired if the data from December 2018 is reliable. The MD reported that there is a time lag in terms of the collation of the figures and there are variations between different organisations such as CHKS and Dr Foster. Therefore, the need for the long-view; and to wait until winter has passed to identify how mortality was affected for this winter.

The MD highlighted a death within this year of a patient with learning difficulties; this case has been subject to a detailed review and a Coroner's Inquest during November 2018 where it was identified that this death was potentially avoidable. Much learning has been derived from this case and an action plan has been developed. This includes changes to nursing assessment of pain and soft signs of patient 'unwellness'.

..... Chair
4 April 2019

Discussions are underway with the CCG into the Acute Learning Disability service.

The Chair enquired how confident are we that we go back in six months to ensure staff have received training and practice has been changed to ensure this does not happen again. He also raised Sepsis.

The MD reported that these areas will be a focus in his new role; more work is required to ensure actions are applied from the learning. The MD also reported that Dr David Lee, NED and Chair of the Quality & Safety Committee, has been involved in the national learning from mortality initiative. It is a challenge to the NHS as a whole.

2019.2/18.2

Review of Mortality in the Emergency Departments

The MD presented a paper regarding the number of deaths recorded in the Emergency Departments. He highlighted that he does not rely on one month or one year's worth of information as he feels mortality can only be understood from a long-view. The following information provides detail from three years' worth of a high level of scrutiny. Conclusions:

- From the indicators available (there are no clearly defined national figures), 'ED Mortality' at SATH is within the expected or average range.
- 'Pre-hospital' cardiac arrests - More patients are brought by ambulance crews to PRH than RSH. The patients tend to be younger, with potential socio-economic factors.
- There more patient deaths after arrival in ED at RSH than PRH, this may be due to RSH being the trauma unit. This will be kept under review.
- 'Post-ED Mortality' of in-patients admitted via ED is within the expected range.
- There is seasonal variation in the number of deaths and attendances; sadly more patients die in winter.
- There is no evidence of out of hours and weekend bias.
- There is an effective system of mortality review, and reporting of sub-optimal care, with plans to improve the reporting of themes and trends in 'no sub-optimal care deaths' in 2019.

The MD reported that the paper has been reviewed by the Quality & Safety and the Safety Oversight and Assurance Group (SOAG) due to the level of scrutiny of the Emergency Departments and NHSI. No further concerns have been received from this detailed review.

The Board NOTED the content of the report, and the MD highlighted recognition should go to Tracey Lloyd, Patient Safety Advisor, for work undertaken to produce the report.

2019.2/19

7-DAY SERVICE BOARD ASSURANCE BRIEFING

The MD welcomed Sam Hooper, Medical Performance Manager, to the meeting to present a paper summarising progress to date of delivery of the NHS England requirement of the four priority standards for 7 day working being delivered by 2020.

The Medical Performance Manager informed the Board that previously NHS England have requested two audits per year for SaTH to demonstrate progress in relation to 7-day standards; however they have changed the way in which they receive the information. NHSE now wish to receive it as a Board assurance briefing paper and are leaving it to Trusts to decide how they wish to monitor progress. The Medical Performance Manager reported that she is in liaison with Clinical Audit to decide the best way forward.

The paper reported SaTH were identified by NHSI as having the capabilities to meet the four clinical standards, 2, 5, 6 and 8 by March 2018:

- Standard 2: Time to Consultant Review
- Standard 5: Access to Diagnostics
- Standard 6: Access to Consultant-directed Interventions
- Standard 8: On-going Review

A 7-day Services Working Group was re-established in November 2016. This is chaired by Mr Mark Cheetham, Care Group Medical Director, on behalf of the Medical Director with representation from each Care Group.

..... Chair
4 April 2019

The purpose of this working group is to plan, identify workforce gaps, financial implications and develop business plans for each area to enable implementation of these four key standards. The working group is also keeping sight of the additional six standards and working up plans to identify the gaps in resources and workforce to enable implementation.

Progress has been made in assessing and improving current provision of 7 day services standards, however:

- There are ongoing problems delivering clinical standard 2. This is a national challenge.
- Largely delivered standard 5 except for weekend ultrasound and MRI where there is ongoing work.
- Largely delivered standard 6 except for interventional radiology; informal cover is provided over the weekend and out of hours. Currently pursuing potential partnership arrangements with an adjacent Trust to address this.
- Not met Standard 8 at an organisational level; however audits have demonstrated the organisation is close to achieving this standard.

Whilst SaTH is partially compliant on some of the standards, the organisation will not be able to be fully compliant until Future Fit has been implemented due to configuration and workforce gaps. This is likely to be after the national requirement of delivery by 2020.

This issue is currently on the risk register (risk ref. 1541) with a provisional risk score of 15 and will be discussed at the February Operational Risk Group meeting.

The Medical Performance Manager reported that she is required to submit the briefing paper to NHS England. She reported that it is a pilot; and she will be required to submit it again during the year (June).

The Chair questioned next steps. The Medical Performance Manager reported that not as much progress has been made as the team would have liked in the last year; this is due to focus being taken away in October and November due to the Emergency Department clinical pathway work. Focus will be placed on Medicine in the next 12 months, and also what enablers can be put in place. It is proposed that this will be reported to the Senior Leadership Team (SLT) to progress a business case for Pharmacy and Therapies.

The MD highlighted that as long as SaTH continues to have two sites, 7-day working will continue to be a challenge due to duplication of services and separated workforces. If this could be brought together, the Trust would clearly be in a much better position for patients to be seen within accordance of the standards.

SaTH has been successful in recruiting consultants and senior doctors than previous years, but more are required.

The CEO felt it should be clear how standards 2, 5, 6 and 8 can be turned around, such as changing the traditional model of rotas to release clinical time, etc.

The Medical Performance Manager reported that the Care Group Medical Director, Mr Cheetham, plans to look at the workforce weekend discharges and triangulate with ED performance, and also look at the job planning of the medics, however this is difficult whilst the configuration is on two sites.

The CEO suggested including in the submission the narrative which describes how the standards will be converted to comply with the standards; also providing context around other successes.

Whilst the Chair felt uncomfortable to approve a document which has Red markers, the Board agreed a **CONDITIONAL APPROVAL** and for the document to be brought back to the Board on progress in six months.

Action: Medical Performance Manager Due: June 2019

2019.2/20

NATIONAL CANCER SURVEY

The DNMQ presented a paper in relation to the National Cancer Patient Experience Survey (NCPES) 2017; this is the seventh survey carried out. The survey is commissioned and managed by NHS England. The results show how our Trust performed compared to the national average so that we can understand our performance and identify areas for local improvement.

..... Chair
4 April 2019

The results are very positive with 32 out of the 52 questions scoring higher than the national average score. Ten questions were the same as the national average score and ten questions were lower than the national average score. Of these 52 questions, five were statistically significantly higher than the SaTH 2016 scores and a further two questions saw significant change overall (2015, 2016, 2017).

In addition, three of the 52 questions scored higher than the expected range: These were questions relating to supports groups, being told patient can get free prescriptions and right length of time for attending clinics and appointments.

The results achieved are the Trusts' highest to date and show sustained improvement in areas of previous poor performance. The DNMQ reported that the team is committed to continued improvements.

The CEO suggested it would be helpful to understand through the Quality & Safety Committee how we are taking this significant progress and learning into other departments/services to improve their patient feedback/survey results. Agreed.

The Board NOTED the contents of the National Cancer Survey 2017.

PERFORMANCE (SUSTAINABILITY)

2019.2/21

PERFORMANCE COMMITTEE REPORT – 29 JANUARY 2019

The Chair of the Performance Committee presented the summary of the Performance Committee meeting held on 29 January 2019, drawing particular attention to:

Operational Performance Report

The Trust achieved the 92% RTT target in December 2018 however it is unlikely that this will be achieved in January 2019 due to the demand in emergency activity and increase in non-elective activity. Currently exploring how quickly this position can be recovered.

Concern expressed regarding the fragility of the elective pathway and the pressure on day surgery. Position not expected to recover until April/May 2019.

The Trust failed to achieve the national cancer target of 85% in November; however it was achieved in December. Urology remains an area of pressure in terms of demand and workforce.

The committee noted the great progress that has been made during the year in relation to Diagnostics and Stranded Patients, and the improving performance in Minors treatment in ED.

The extremely poor ED performance was noted. The Executive gave assurances that the safety of patients waiting for admission from ambulances was being protected. A detailed presentation on the ED performance recovery action plan was discussed. Whilst acknowledging the issues regarding ambulance arrivals the committee asked for the Trust to focus its efforts on matters within its control. The committee was encouraged by the strengthening of the workforce and the improvements during the day; however this needed to be replicated during the evening. After months of declining performance, the Executive is confident some improved ED performance will be reported in January with further improvements in February.

Financial Performance Month 9

The Trust is forecasting an overspend against the Trust's control total of £5.543 million. This includes the part year impact of retaining PRH ED overnight (£2m) and therefore represents a marginal improvement in underlying performance since Month 8. Potential risk to this is the increase in agency expenditure. This position is being closely monitored.

Waste Reduction Programme 2019/20

The committee received an update from the Care Groups on plans to deliver the 2019/20 Waste Reduction Programme. A provisional target of £11 million had been identified as a starting point, however it was acknowledged that the challenge could be much greater than this. At present the proposals lack detail: only £2m is planned in detail, £4m is allocated to potential opportunities and £4.5m is un-allocated. The Care Groups

..... Chair
4 April 2019

presented their proposals with encouraging levels of optimism and some confidence, however, on the basis of the proposals presented in the meeting the committee was extremely skeptical the £11m of improvements and savings targeted would be realised in 2019/20. Further work is being undertaken to identify schemes and develop plans to provide greater assurance.

Mr Deadman reported that the Care Groups will be encouraged to take greater ownership for parts of the Waste Reduction Plan; not all initiatives fall between the Care Groups, but this will be trialled.

Operational Plan

An update on progress against the Operational Plan 2018/19 was received and a presentation was delivered outlining the progress to date in constructing the 2019/20 Operational Plan with details of how the teams are working to produce a succinct, owned and deliverable plan.

At present all members of the Executive teams have not been consulted/ involved in all details and this needs to be completed.

The draft Operational Plan is to be submitted to NHSI on 12th February 2019 with a final version due for submission on 4th April 2019. Regular updates on progress to be provided to the committee.

As the Trust has only had partial success in delivering its Operational Plan in the last two years, the committee encouraged the development of a plan with a realistic and achievable number of objectives linked to the Quality Improvement Plan and Waste Reduction Programme. It was agreed some parts of the plan were local/tactical in nature and others were important and transformational and future proposals must focus on the important/large/transformational items. Care Groups to be invited to showcase progress against their objectives at future Performance Committee meetings.

Mr Deadman highlighted his concerns in relation to the STP discussion and the Improvement Plan discussion, due to SaTH's poor historic plan delivery track record.

Board Assurance Framework

A revised version of the Board Assurance Framework was presented to the committee. There are now two risks for monitoring by the Performance Committee. These are:

We need to live within our financial means so we can modernise our aging estate and equipment (670).
--

We need to have system-wide effective capacity and demand processes in place to ensure we achieve national performance standards (561).

Other items discussed included:

- Services under the Spotlight – latest position noted.
- Pathology Managed Service Contract – The contract has not delivered all the benefits targeting: however, it was clear the team were working hard to recover and manage the issues and the latest position and lessons learned were noted. The team were congratulated for their personal commitment and industry.
- Replacement of Antimicrobial Susceptibility Testing System. The committee considered options to replace the Antibiotic Susceptibility Testing system in the Microbiology Department and APPROVED the recommended Option 2.
- Radiotherapy Varian Linac Contract Review. Following a review of the maintenance contract and options available, the committee APPROVED the preferred option to bring the current Varian Linac contracts in-house. The committee asked the departmental representatives to undertake a post project evaluation and return to the meeting in 18 months' time to present the findings of this.
- Contract Award Recommendation Report for provision of postal services – the committee re-confirmed their APPROVAL to award the contract to the recommended supplier.
- Policy Update. The committee received and APPROVED the Data Protection, GDPR and Confidentiality Policy and the Access to Health Records Policy.

..... Chair
4 April 2019

The Chair asked Mr Deadman to include the level of assurance to future Performance Committee summaries.
Action: Performance Committee Chair

The Board NOTED the Performance Committee Report.

2019.2/22

TRUST PERFORMANCE REPORT – M9

2019.2/22.1

FINANCIAL PERFORMANCE

The FD reported that at the end of December, nine months into the 2018/19 financial year, the Trust is reporting a year to date pre provider sustainability fund (PSF) deficit of £17.097m - £2.233m worse than plan

Income & Expenditure – Key headlines:

- Scheduled care is overspent by £2.898m – this is due to increased costs associated with DSU and SAU clinic, waiting list payments particularly within Urology and Gastroenterology, agency ward cover (ward 11) and nursing unavailability. Non pay expenditure is within blood products and drugs.
- Unscheduled care is overspent by £2.733m – this is namely due to an increase in ED staffing and an increase in nursing volumes and agency and non-delivery of waste reduction plan.
- Women & Children's is overspent by £0.595m which is due to under delivery within waste reduction.
- Support Services is overspent by £0.684m – this is mainly within non pay and is due to an increase in pathology contracts offset partially by income and under delivery within waste reduction.
- Corporate areas and reserves are underspent by £2.958m – this is mainly due to a level of inflation reserves.

Pay:

- To date the pay spend has amounted to £190.231m against a plan of £188.418m resulting in an overspend of £1.813m.
- 16% of the Trust's pay costs in month 9 are attributable to temporary staffing.

Temporary Staffing Spend:

To date the temporary staffing (Bank, WLI, Agency and Locums) pay spend amounted to £27.133m. The three month moving average was decreasing, although overall the October – December average has increased.

Agency Spend:

- 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 9 run rate up by £0.427m compared to month 8 2018/19 predominantly due to the impact of PRH ED.

Non-Pay:

- To date the non-pay spend amounted to £87.145m against a plan of £84.848m resulting in an overspend of £2.297m

Waste Reduction Performance:

- Against the year to date plan of £5.332m, £3.618m has been delivered, with an adverse variance of £1.714m. This most notably exists within the following schemes:
 - Unavailability
 - Womens & Children's

Forecast Outturn Scenarios:

The revised forecast outturn deficit position against control total moves to £3.527m under the most likely position pre the impact of PRH ED. This moves the total deficit as a percentage of income to 6.1% against a plan of 5.1%. The decision to keep PRH ED open overnight results in a revised variance of £5.543m.

..... Chair
 4 April 2019

Cash:

The D.FD reported that the Board have signed an assurance statement and have therefore been able to draw down the additional cash needed to cover the overspend/control total. The Trust will receive £5.408m loan in February in respect of non-receipt of PSF.

The D.FD raised her concerns in relation to the next two months and the need to deliver the £5.5m. The CEO felt this should be raised through the finance and performance route as that is where the detail should sit. He suggested having a level of detailed discussion over the next 7 days and agreed to brief the Chair and share with Board members of any difficulties; however, in the meantime he felt the Executive should be preparing to deliver the commitment.

It is forecast that the Trust will require the remaining £2.531m in respect of non-receipt of PSF and agreed additional cash support of £5.543m (in respect of forecast deficit over agreed control total) in March 2019. The minimum cash balance required of £1.700m will only be achieved if the outturn of £23.982m is realised. The D.FD suggested this is a concern going into next year.

The Chair highlighted that SaTH's deficit is just less than £24m; he queried the running rate of this over the next four years. The D.FD reported that the figure hasn't been finalised but is looking in excess of £30m against SaTH's settlement of £24m. This should be realised in the Operational Plan.

The CEO suggested the majority relates to A&E; it is therefore important to recognise that in keeping both A&E Departments open, there is a significant cost attached.

Income

The D.FD reported that the Income is now set, she felt confident in the forecast. Financial settlements have been achieved with both Shropshire and Telford & Wrekin CCGs and therefore guaranteed that level of funding. Whilst the contract has been signed with Powys, there may be some issues; also with specialised services, but they are not of any significance. The D.FD reported 98% of income is secured.

Service Line Reporting (SLR):

- To date at month 6 the overall profitability for the Trust was (7.07%).
- The service line reporting position is reported in care group boards each month and is used to explore opportunities to reduce costs in conjunction with the model hospital and GIRFT.

2019.2/22.2

OPERATIONAL PERFORMANCEReferral to Treatment (RTT) Performance

December's RTT performance was 92.3% against a national target of 92.0%. The Trust has sustained the RTT national target since April 2018, however due to the demand in emergency activity this has resulted in the Trust enacting its hospital full policy which has impacted the RTT waiting list.

Throughout Q3, aimed to continue to build up some resilience going into winter; however with the volume of Unscheduled Care demand and the increase in ambulances, etc, this has seen admissions rise by 8% at end December and into January 2019. This has resulted in both Day Surgery Units being used for overnight bedded capacity which has had an impact in January on RTT performance. The COO reported that he asked the Scheduled Care team to look at all other possible options, including the Vanguard Unit, however that remains a risk.

Cancer

The Trust has been unable to meet the national target of 85.0% for November 2018 (81.5%), however in December SaTH did achieve above the 85% target.

From end January, SaTH will receive three days per week support from NHSI to review MDT processes, demand and capacity modelling and PTL management. Work is being undertaken with Lung MDT lead on improving the lung pathway using the Transforming Care Production System (TCPS) methodology.

A deep dive into 2 Week Wait performance / management etc. will be led by the Deputy COO. Findings will be reported back to the February 2019 Cancer Board.

..... Chair
4 April 2019

The COO informed the members that he chairs the Cancer Board and reported that a copy of the updated cancer action plan will be presented to the next Performance Committee.

Urology

The COO reported that Urology is an extremely fragile service. It was aimed for a locum to join to add to the capacity, however the locum has withdrawn. The demand has increased by 40%.

Work is ongoing with regard to a partnership with UHNM but they too are fragile due to one of their surgeons shortly leaving. This remains a key area of concern.

Diagnostics -

The December 2018 national diagnostic waiting times of 99% (for patients who have waited less than 6 weeks) was achieved by the Trust attaining 99.76%.

ED & Urgent Care Performance

This remains below trajectory at 65.5% against 95% target. January's performance was 72.8%

The overall A&E attendances have seen an increase, however the Type 1 A&E attendance have not changed significantly. Performance has been affected by workforce, bed capacity and variance in demand.

The COO reported that focus is required.

Stranded Patients

Stranded performance YTD is displaying a 14% improvement in comparison to the same period last year.

The 'Check Chase Challenge' process continues on both sites daily to continue to drive improvements.

Following discussion, the Board RECEIVED and NOTED the Trust Performance Report.

2019.2/23

IMPROVING EMERGENCY DEPARTMENT PERFORMANCE

The Chair reported that he had requested the COO to provide this paper, ensuring the detail on the current position is in one report.

The COO's paper reported the urgent care performance for SATH has remained well below national targets and the operational plan trajectory for 2018/19. There are a number of factors affecting the performance, not only in the Emergency Department (ED), but also in the wider Trust and indeed across the health and social care system.

A significant amount of work has been undertaken against a number of measures, such as the numbers of super-stranded patients (those patients with a length of stay over 21 days), show good performance. However, performance against the 4-hour ED measure is one of the lowest in England, and the Trust is committed to improving this performance, and in parallel improving the service to patients and families.

The paper described the background of the recent and current work programme of improvement, current performance and high level analysis, and the key themes and constraints which currently influence performance. The Trust is fully aware of these factors, which are both complex and interdependent, and considerable work is underway to address the issues.

Throughout FY2018/19, SATH has experienced significant challenges on urgent care performance, alongside existing and changing workforce pressures in the Emergency Department (ED) medical and nursing staff. In addition, other specialties have pressures which impact on ED, with Acute Medicine becoming a greater factor in Q3.

The Board is fully sighted on the challenges during 2018, with extensive whole region involvement, the Board decision in September 2018 to begin planning for reduction in hours of one ED, as well as the decision to maintain services in November 2018. Workforce constraints were at the heart of the concerns, but the programme of work also took up a great deal of managerial and clinical capacity. Leadership time has been released to focus on broader improvements on urgent care, and additional support has been brought in.

..... Chair
4 April 2019

During the year, under the system leadership of the A&E Delivery Board, SATH has worked on the six high impact change workstreams; these have been further translated and focused within SATH under the leadership of the Urgent Care Operational Group which is a multi-disciplinary group meeting weekly, and specifically manages the following workstreams:

- ED Systems and Processes
- SAFER/Red 2 Green (Standard work Value Stream)
- Stranded Patients

During Q3, the national Emergency Care Intensive Support Team (ECIST) has been allocated to support SATH on a variety of pathways; some to compliment the workstreams noted above, but also to advise on any further areas of concern and challenge. Two key additional projects added are: Ambulatory Emergency Care pathways and models, and weekend working. ECIST have supported the Trust with visits by clinical experts, and provided reports to highlight proposed areas of work. These additional areas of work have been reviewed and added to the programme of work, and are also managed by the Group.

The importance of the urgent care flow and performance challenges is also recognised by the inclusion of two key areas as Value Streams as part of the Transforming Care Institute's programme. The Standard Work value stream is the second stream that SATH undertook, and is now led and managed by the Care Groups; the ED value stream began in Q2 18/19 and has already taken on some key issues such as Minors and Ambulance handover.

As a result of internal and wider system work, SATH has a sound knowledge of the factors affecting urgent care performance, and a better understanding of the elements which the Trust will lead and those that require wider system action.

Themes and Constraints

- Workforce (clinical and nursing)
- Demand
- Physical Capacity
- Flow and Process
- Pathways
- Leadership & Culture
- IT

To achieve 80%

The Trust faces a number of challenges. In order to reach 80% and above consistently, which the Trust should set as the initial threshold for improvement, the main factors will be: sufficient key staff, including ED; a focus on performance management and analysis of breaches and trends, using the data to target actions; maintaining improvements in flow and ward processes; and sustaining the momentum on system-wide discharge processes and a lower acute length of stay.

It will be very difficult to achieve over 80% during the mid-winter phase with the higher levels of demand (especially for admitted pathways), but the objective must be to improve performance swiftly after winter pressures subside.

The COO highlighted that many of the above factors are inter-dependent. Key areas of focus will be included in 2019/20 operational plan.

The Chair highlighted that the Board need to own the target. The CEO agreed that the report is an honest assessment; he suggested thinking about some of the markers and routinely bringing them to future Board meetings so the Board are aware what the breaches are, what is impacting on performance on pathways etc. Agreed.

Following discussion the Trust Board:

- Noted the current programme of work on Urgent Care Improvement, including the role of the Value Streams
- Noted the complex and interdependent range of factors which influence ED performance
- Noted the requirement to prioritise key objectives within the operational plan for 2019/20.

The CEO thanked the COO, Executives and the operational teams for the work undertaken throughout the winter to keep patients safe.

2019.2/24

SERVICE DEEP DIVE

There are a number of services currently provided by the Trust that are considered challenged due to workforce constraints which impact on service delivery. Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCG's) have been aware of these longstanding capacity and workforce issues and have been working closely with the Trust to find suitable and safe alternative capacity, where appropriate. All these specialties are challenged nationally and SaTH's current service configuration increases the challenge of finding sustainable solutions to these challenged services. Each service risk is reviewed on an ongoing monthly basis.

Emergency Departments – Risk Register Numbers: 1122/626/817

Issues identified in above 'Improving Emergency Department Performance' report (Minute 2019.2/23)

Risk remains high.

Neurology Outpatient Service – Risk Register Number: 1154

SaTH has experienced long-standing capacity and workforce issues, similar to regional and national consultant workforce issues in this specialty. Following discussions with commissioners the service was closed to all new referrals from 27th March 2017. Commissioners sourced and secured additional capacity from The Royal Wolverhampton Hospital Trust during this period.

SaTH currently employs one full time consultant neurologist and one other who works for SaTH two days per week. A number of actions have been taken.

Dermatology Outpatient Service – Risk Register Number: 1216

The Trust has been operating as a single consultant-led service for a number of years and had been unable to recruit despite numerous attempts. In order to ensure sufficient capacity the service has relied on locum support over this time. In addition, the skin cancer element of service delivery has been supported via a sub-contract with St Michael's Clinic (SMC). This sub-contract ended in October 2018 with a new provider, Health Harmonie (HH), now supporting the service.

The substantive dermatology consultant had been off work long term due to ill-health and subsequently retired from the service at the end of November 2018. Following a successful recruitment campaign and a part time consultant commencing in the service on 8 January 2018, the previous substantive consultant has returned to work for the Trust and commenced in post on 7 January 2019. The Centre has also been approached by a further consultant who has expressed an interest in working at SaTH.

Across the health economy there are several providers of Dermatology commissioned.

A number of actions have been taken. Next steps include:

- To continue to monitor activity and service delivery to ensure SaTH and HH work seamlessly in delivering the service.
- To continue to monitor activity daily and flex capacity for 2ww patients, minor ops and follow ups.
- To advertise for a further part time Consultant Dermatologist to ensure a full complement of substantive consultant staff within the service.

Urology Service

The impact of the rising demand for Urology is well documented and known. The service is now facing a new workforce challenge with one consultant off as a consequence of long term sickness absence and a second has recently submitted his resignation and will be leaving in April 2019. These new events compound the current problem the service has in meeting both RTT and cancer waiting time standards.

..... Chair
4 April 2019

Summary of Key Risks

- Inability to meet increasing demand (RTT and cancer) due to workforce constraints
- Failure of 31day, 62 day and 2WW Cancer Waiting Time standards
- Increasing urology routine surgery backlog, currently 201 patients have waited in excess of 18/52
- Follow up 'past max wait' numbers have further increased since previous report
- Current situation is impacting on health and wellbeing of staff. It is collectively described in risk 1468 which now has score of 20 to be agreed at agreed at the Scheduled care board (25th January 2019) and then at Trust Operational Risk Group.
- Prostate cancer surgery provision is dependent on single handed surgeon; Next available slot for Prostate cancer surgery is February 2019, which is clearly outside of 62 day RTT and 31 day DTT / subsequent treatment standard.
- Further prostate awareness campaigns are ongoing.
- Surveillance cystoscopy waiting times are being extended beyond planned maximum wait time.

A number of actions have been undertaken.

Next Steps

- Update urology demand and capacity model, confirm expected workforce requirements to meet service demand, develop business case and submit for approval by end of March 2019.
- Further service strategy meeting scheduled with University Hospital North Midlands (UHNM) on 8th February 2018 to discuss transfer of appropriate cystectomy and prostatectomy work.
- Continue to prevent diagnostic delays in prostate pathway as much as possible so that, patients where treatment with hormones or commencement of watchful waiting are appropriate first definitive treatment options can progress to this within 62 days.
- Advertise NHS locum posts whilst substantive recruitment is progressed to replace resignation.
- Secure agency locum ASAP to cover sickness absence; the Chief Executive has approved above cap use if required.
- Consider closure of service to routine referrals within 4 weeks if workforce gaps cannot be mitigated within that timescale.
- Write formally to NHSI to inform of service pressures.

Breast Services at SATH – Imaging - Risk Register Number: 748

The Breast and Imaging teams are continuing to work hard together to implement remedial action to regain the 2 Week Wait standard due to recruitment challenges in the Imaging team.

During November and December, the average number of days from referral to first outpatient appointment fell from 16 days to 11 days as of 31 December at RSH and PRH. In order to maintain this, the service continues to be supported by locums.

Actions required:

A new consultant radiologist from overseas commenced work in December as planned and a further Breast Consultant Radiologist is expected to commence in February 2019 pending completion of visa paperwork and employment checks.

We will continue to monitor progress via the Task& Finish Group, which has recently reduced to two meetings per month; all escalations will be managed in line with the standard process.

Following discussion, the Board NOTED the Service Deep Dive update.

GOVERNANCE (LEADERSHIP)

..... Chair
4 April 2019

2019.2/25

AUDIT COMMITTEE CHAIR REPORT

The Chair of the Audit Committee, Mr Bristlin (NED), provided key summary points from the meeting held on Friday 7 December 2018:

Terms of Reference – annual review

The Committee approved the Audit Committee Terms of Reference. This included statement of overarching assurance to the Trust Board, in that it would review the work of other committees within the Trust which provide relevant assurance to the Audit Committee's own areas of responsibility – particularly Quality Committee, Workforce Committee, Performance Committee and Sustainability Committee.

Internal Audit Progress

Mr Bristlin reported that he had added an additional appendix in relation to the internal Audit Plan for 2018/19 and the assurance ratings from internal audit work delivered in the year 2017/18 (copy attached to minutes).

Mr Bristlin highlighted the Deloitte risk ratings which is associated with the importance of undertaking the review; the outcome will be the result of the report and will be shared.

The overall programme of work had been re-prioritised to include Never Events and Report Writing Workshop. It was noted that IA18/19PR003 Quality Indicators – A&E has been postponed until further notice to accommodate the Never Events review and confirmed that the work plan was on schedule.

Core Internal Audits

The following audits were submitted:

- Income & Debtors. Internal Audit opinion - Moderate
- Payments & Creditors. Internal Audit opinion – Substantial
- Payroll. Internal Audit opinion – Substantial.
- Cash & Treasury management. Internal Audit opinion – Limited
- Review of Never Events (Final Draft). Internal Audit opinion – Limited

The main theme of the financial reports was the risk to cash-flow emanating from the difficulties in recruiting permanent medical and nursing staff within A&E. The committee agreed that a balancing conversation was needed with respect to financial concerns, service quality and workforce recruitment.

Concern was raised as to the absence of rigour in implementing recommendations regarding Never Events as evidenced by the findings of the review. Mr Bristlin reported that at the time of presentation to the Audit Committee, the Never Events audit was in draft form. It has now been issued and reviewed by the Quality & Safety Committee. The Q&S Committee and the Audit Committee's recommendation tracking process will ensure this is followed through.

Cross-committee representation

The Committee Chair raised concern around the assurance that actions delegated from the Audit Committee were being satisfactorily followed through by other tier 2 committees. It was agreed that representation from Quality & Safety Committee should augment the current membership of tier 2 representatives, and report annually to the Audit Committee with a formal standing agenda item listing progress on all delegated actions. The Audit Committee Chair took an action to agree a process with other tier 2 committee chairs on ensuring assurance processes were robust in all such committees

Local Counter Fraud Report

The report highlighted:

- that disclosures and declarations are above average compared to other clients.
- the issue of locum employment regulations which was being progressed with the Workforce Director.

External Audit update

John Cornett from KPMG announced that this would be his final SaTH Audit Committee as he is leaving KPMG presently, and his successor would present the future external audit plan.

..... Chair
4 April 2019

Mr Bristlin reported that KPMG have flagged to him that they have not completed their work; they have a concern that there is a risk that their value-for-money conclusion for 2018/19 which looks at processes may worsen. The likely 'fully adverse' opinion is due to:

- Recent CQC Report/Rating
- Maternity review
- Unauthorised expenditure in excess of the control total
- Cash position

Mr Bristlin confirmed that he will keep the Board apprised of the situation.

Board Assurance Framework

The Director of Corporate Governance noted that the CQC had been critical of the Trust's BAF and would seek clarification on how it could be improved, noting that the current process had received substantial assurance from Internal Audit for the last six years. Improvements are to be developed by the Board at a forthcoming development session.

Recommendation Tracking

This relates to where an internal audit report is produced and each area is responsible for delivering the actions. Mr Bristlin reported this is not a box-ticking exercise; it is correctly controlled and followed-up by Internal Audit. The summary reported 15 requests for extension to target dates within Q4 18/19. Extensions were accepted with the caveat that the lead director must attend the next Audit Committee should there be any failure to deliver the action by its extended target date.

Actions relating to IT controls had extensions requested to Q1 19/20. During the Audit Committee, the Deputy Finance Director articulated the latter request which was due to significant resource issues. The Audit Committee Chair committed to escalating these issues with the CEO as a matter of urgency. Completed.

Mr Newman (NED) felt the work reported seems financially biased and suggested more operational work be undertaken by Deloitte. Mr Bristlin reported SaTH is mandated to complete core internal audits; the balance of the audits (operational audits) are chosen at level of risk and discussed with NEDs and management – this is undertaken within the budget allocated; if additional audits are required, the budget would need to change. The DCG reported that it is intended the Audit Committee will start to hold discussions with the internal auditors; and the views of the NEDs regarding audits for 2019/20 will be shared with the Executives for their input.

The Board NOTED the Audit Committee summary and the Chair reflected that it appears the Audit Committee has a grip on the processes; he encouraged the Committee to continue to provide the assurance.

2019.2/26

BOARD ASSURANCE FRAMEWORK & TRUST OPERATIONAL RISK REGISTER

The CEO presented the existing Board Assurance Framework; he reported that the new clearer version of the BAF would be presented to the Board during the private session for approval. It would then be presented to the internal auditors to ensure they are happy with it; and will then be rolled out to the next Board meeting.

The members were informed of the following suggested new risk that the Trust Board is asked to **APPROVE**:
 Risk 1533 *We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so we can evidence provision of outstanding care to our patients.*

The Board APPROVED the new risk.

Operational Risk Register. This information is reviewed by Sustainability, Quality and Safety and Workforce Committees each month together with the BAF. Attachment 4a gives more details on the capital costs of the items on the risk register

In January 2019 there were 83 risks on the register, which is **40** more than January 2018. Over the year, 10 of these risks have been closed and 10 have decreased in score (<15) so no longer appear on the Operational Risk Register. There have been 26 new risks over the year; and 14 further risks have increased in score (≥15). 23 risks have not changed their risk score although actions have been taking place to mitigate the risks. The

..... Chair
 4 April 2019

actions are outlined on the Operational Risk Register (available in Information Pack).

Date	No change	Increased score	New risks	Decreased score (amber or green)	Closed	Total risks at start of January
14/1/19	23	14	26	-		83
31/1/18				10	10	43

The paper reported Peter Jeffries, Associate Director of Quality, Governance and Risk, commenced as Chair of the Operational Risk Group from January 2019, and eight Risk Management training sessions were delivered through December and January, enabling more staff to manage their Operational Risk Registers more effectively.

The Trust Board NOTED the updates with respect to the Operational Risk Register and the Board Assurance Framework and APPROVED the additional risk 1533 - *We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so we can evidence provision of outstanding care to our patients.*

2019.2/27

ANY OTHER BUSINESS

No further business raised.

2019.2/28

QUESTIONS FROM THE FLOOR

Sylvia Jones thanked the CEO for his help in getting one of her neighbours out of hospital after spending 11 weeks at PRH, into a care home and back home again following a severe stroke. Ms Jones reported the CEO went above and beyond, and listened to all concerns of the quality of her clinical care. The patient spent five weeks in a care home in Shrewsbury but could not go home as carers were unable to look after her in South Shropshire. The patient did finally go home and she received her physio session in 16 weeks after the stroke. Ms Jones highlighted the importance of care in the hard to reach areas and was looking forward to being part of the listening event planned to be held in south Shropshire (Clun). Again, Ms Jones was very appreciative of the CEO's efforts in this situation and requested this be recorded publicly.

Q1

With regard to the Board reports, Ms Jones highlighted that it appears there is a steady rise in sickness; recruitment and retention is falling, and there are possibly risks due to the resignation of acute physicians. Ms Jones therefore enquired if this means that Future Fit is not the attraction for recruiting and retaining staff.

A1

The WD reported that SaTH as an organisation still believe the reconfiguration of services will support the recruitment and retention of staff; however that is a number of years away. Therefore, still need to work through a level of detail and planning.

In terms of where we are now, the organisation has a number of challenges all of which have an impact on how staff feel, and recruitment and retention, however significant opportunities come with that. Focusing on areas in the organisation such as training – that is being driven by the Board and the Workforce Committee to ensure every member of the workforce achieves their full potential. The Organisation Development Plan will be presented to the April Trust Board.

Q2

Ms Jones highlighted that the 2019 Board sessions are now being held every two months and enquired why this has been introduced when there are controversial changes in care.

A2

The Chair reported that the two-monthly cycle was needed so that the alternate month could be held as a Board Development session to spend more time focusing on some of the issues that required more in-depth discussion and exploration. He reported he would be happy to revert to a monthly cycle once SaTH is out of special measures and the larger issues have subsided.

Gill George felt it was refreshing to read the Quality & Safety Committee reports; she felt they were commendable in their clarity and honesty. As a member of the public it was good to see problems being acknowledged.

..... Chair
4 April 2019

Q3 *Ms George reported the two CCGs are undertaking a small piece of public engagement around the Urgent Care Centres as the existing contract comes to a close. It is proposed the Urgent Treatment Centres will be open from 9am to 9pm each day to support the busiest times in the ED. Gill raised a level of concern due to the pressures on the two A&E departments at present; also due to the direction of travel with Future Fit is that the two UCCs will be open 24/7. Gill enquired if SaTH were aware of this.*

A3 The CEO confirmed that SaTH was aware that the CCGs were looking at this tender; SaTH have asked to meet with them as we would not agree with the 9am – 9pm timings. The conversation around activity and the GP-led model at the front door needs to be 10am – 12 midnight which is the times of demand. Also they need to be clear about urgent care and what is being proposed to meet the needs of the population.

Mr Shepherd reported that he is sitting on the Group and they should be referred to as Urgent Treatment Centres; the contract exercise is mandated, has to be introduced by the end of this year and the plan is to introduce it onto the RSH and PRH sites by 1 October 2019. . The 9am – 9pm is largely based on when the two A&Es are at their busiest. The existing Urgent Care Centres currently run 8am - 8pm, but over the last year it appears 9am – 9pm would suit better.

Q4 *Ms George raised the increasing demand and pressure on beds and was pleased to hear of the 30 additional beds on the RSH site and would welcome similar at PRH. She raised her concern in relation to the Future Fit proposal of reducing the bed base by 110 beds on the assumption that there will be strong community services and better population health. She also reported that ShropDoc after midnight across Telford & Wrekin and Shropshire has one GP where there used to be 8 GPs approx two years ago; and Shropshire Council is likely to end all mandatory prevention services including smoking cessation. Shropshire CCG is also likely to reduce community hospital beds. The rhetoric is around integration and system solutions however the reality is feeling different – Ms George therefore asked if SaTH can safely implement its own cost-cutting arrangement at the same time.*

A4 The CEO highlighted that he is unable to speak for the system; in regard to SaTH he reported that we are recognising the changing circumstance. We need to ensure we create capacity to manage. 53% of patients are currently managed through a one day length of stay; there must be scope for those patients to be treated differently in the community so they don't need to come into the hospital which would free-up beds. There is an opportunity to make the bed reduction a reality but we need a contingency.

Q5 *Madge Shingleton raised complex discharge management and asked the Executive to include her and the team at the Shirehall in any documentation as it will affect them.*

A5 The COO assured Ms Shingleton that the team has been involved in the complex discharge work.

2019.2/29

DATE OF NEXT PUBLIC TRUST BOARD MEETING –

Thursday 4 April 2019, 1.00 pm, Sovereign Suite, Shrewsbury Town Football Club, Montgomery Waters Meadow, Oteley Road, Shrewsbury, Shropshire, SY2 6ST

The meeting closed at 5.45pm

..... Chair
4 April 2019

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 7 FEBRUARY 2019

Item	Issue	Action Owner	Due Date
2019.2/03	<i>Board Members Declarations</i> <ul style="list-style-type: none"> To confirm declarations/conflicts of interest To contact DCG to arrange for photographs to be taken and displayed on boards at RSH & PRH 	T Carroll NEDs	March 2019 March 2019
2019.2/05	<i>Actions/Matters Arising</i> 2018.2/265 – <i>Workforce Cttee Summary</i> To present full Organisational Development Plan to April Board 2018.2/267 – <i>Annual Equality & Diversity Report / Action Plan</i> To obtain information re: agenda gap, male & female, consultants/other medical staff, option to record as gender neutral, and report back to April Board 2018.2/285 – Q3ii – <i>CQC Report – Safety of Patient Records</i> To provide regular updates to future Board meetings	WD WD MD	April 2019 Agenda Item April 2019 Agenda Item April 2019
2019.2/06	<i>CEO Overview – Winter</i> To provide a 'lessons learnt' report back to April Board	COO	April 2019 Deferred to 30 May 2019
2019.2/19	<i>7-day Service Board Assurance Briefing</i> Update to be presented to June 2019 Trust Board	MD / Medical Perf Mgr	June 2019 Added to Board Schedule
2019.2/21	<i>Performance Cttee Report</i> To add level of assurance to future Performance Committee summaries (as per Workforce Cttee summary)	Perf. Cttee Chair	On-going

..... Chair
4 April 2019



Shropshire, Telford & Wrekin STP



Sustainability and Transformation Plan



Footprint Name and Number:
Shropshire and Telford & Wrekin (11)

Region:
Shropshire and Telford & Wrekin



STP Directors Update
February 2019



The [NHS Long Term Plan](#) is a new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years.

- The plan focuses on building a NHS fit for the future by:
 - enabling everyone to get the best start in life
 - helping communities to live well
 - helping people to age well
- Significant focus on population health and prevention and integrating services
- Working across the system with all partners will be a cornerstone to the success of the 10 year plan
- The STP guidance is clear about the crucial role of local government, highlighting that success requires the engagement of all partners across a local system. It encourages STPs to build on the work of health and wellbeing boards, and health and wellbeing strategies. Boards have a role to play in the development of STPs/ ICSs, as a system-wide forum with a democratic mandate from local communities



The NHS Long Term Plan – a summary

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

12 month operational system plan

LTP narrative

How do we involve local government in 12 month and 5 year planning cycles?

ICS by 2021

Integration

ICS Shadow Board

ICS Road Map

How do we make better use of the HWBB?

System control total

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.



NHS England are Providing a facilitated offer, delivered over a condensed time period:

- System support (Facilitated learning events)
 - Wave 4 Commissioning Capability Programme
 - Leadership
 - Provider alliance
 - Structural architecture
- System Opportunity Diagnostic programme
 - Hypothesis testing, Validation and priority setting
 - Identification of transformation programmes and priorities
 - Qualitative self assessment
- Development of ICS
 - ICS roadmap
 - Meeting the requirement of the ICS MOU



We expect all STPs to become ICSs by April 2021...

- Single set of commissioning decisions at system level, often with one CCG per ICS/STP.
- CCGs take on leaner, more strategic role.
- Providers partner with local government and community organisations on population health, service redesign and Long Term Plan implementation.
- ICS systems will earn greater authority as they continue to develop, and deliver system-wide objectives agreed with NHS England and NHS Improvement
- ICS accountability and performance framework will consistent set of performance measures, including a new 'integration index'.

We expect ICS systems to include...

- **Partnership board** representing commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners;
- **Non-executive chair** and arrangements for involving non-executive members of boards/ governing bodies;
- **Clinical and management capacity** drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- **Clinical Director** for each primary care network;
- **Clinical leadership**, with alignment to Cancer Alliances, Clinical Senates, as well as Health and Wellbeing Boards.



Integrated care models

- Expanded community multidisciplinary teams aligned to primary care networks
 - GPs, pharmacists, district nurses, community geriatricians, dementia workers, allied health professionals, joined by social care and the voluntary sector.
- Integrated models of care to prevent avoidable hospitalisation and tackle the wider determinants of mental and physical ill-health.
- Enhanced health in care homes (EHCH) model rolled out across England, supporting care homes with a team of healthcare professionals and named GP support
- Acute trust collaboration and Group models, supported by NHS Improvement

Enabling integration

- New primary care network contract (extension to current contract)
 - a single fund for network resources
 - new 'shared savings' scheme, to share gains from reduced avoidable A&E attendances, admissions and delayed discharge, avoidable outpatient visits and overmedication.
- Integrated Care Provider (ICP) contract available for use from 2019, to contractually integrate primary medical services with other services.
- Support for local approaches to blending health and social care budgets between CCGs and local authorities



Prevention and health inequalities

- Long Term Plan introduces national goals for narrowing health inequalities, and requires ICS/STP systems to set out in 2019 their plans to reduce health inequalities by 2023/24 and 2028/29
- ICS/STP systems expected to work with local government and voluntary sector partners to prevent illness and address health inequalities in communities, supported by care model redesign and the integration of NHS and social care services

Population health management

- National support available to ICS/STP systems to improve population health management capabilities
- Increasing sophistication of PHM approaches will support systems to identify areas of greatest health need and match NHS services to meet them, as well as understanding progress against health inequalities.



Financial objectives for the NHS

- All NHS (providers and commissioners) return to financial balance by 2023/24
- Efficiency measures
 - Cash-releasing productivity growth of at least 1.1% a year
 - Reduce variation to improve providers' financial and operational performance (utilising Model Hospital, Rightcare and GIRFT)
 - Demand moderation through better integration and prevention
 - Make better use of capital investment and its existing assets to drive transformation

Developing the NHS Financial Framework

- Control totals and associated PSF/CSF removed from 2020/21 onwards
- New Financial Recovery Fund from 2019/20 to support all providers to return to financial balance by 2023/24, with agreed multi-year recovery plans
- Accelerated turnaround support from NHSI for 30 trusts with most adverse financial performance
- Continued support for payment reform to incentivise proactive management of population health
- Earned autonomy over the use resources for systems, in return for strong financial performance

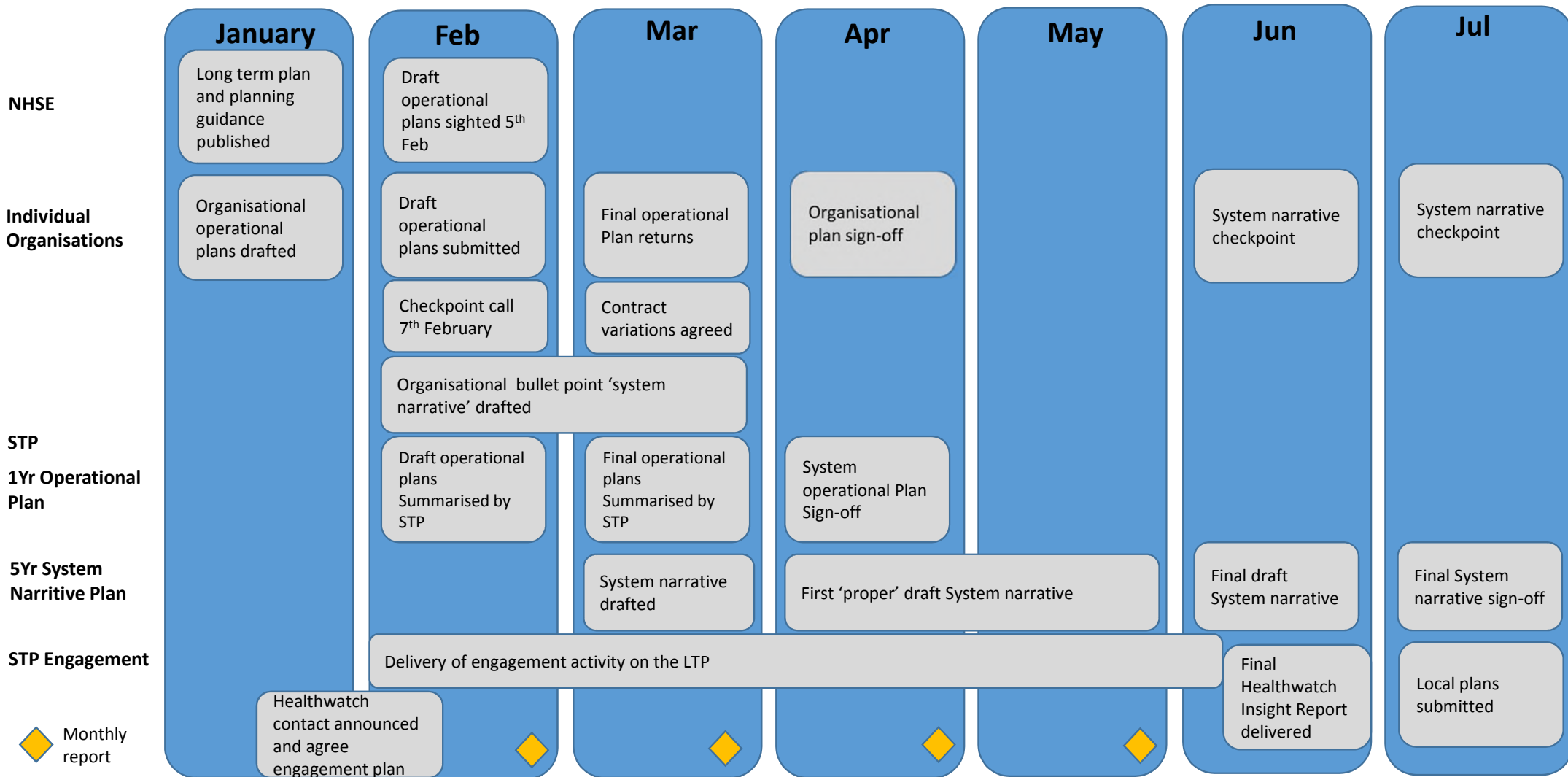


Next steps for STP/ICS systems...

- **2019/20 is a transition year for the NHS**
 - One-year contracting round, one-year operating plans for providers and commissioners, and one-year system operating plans for all STP/ICS systems
- **Refreshed five-year strategic plans**
 - STP/ICS systems will develop five-year strategic plans in summer 2019, based on five-year CCG allocations (2019/20 – 2023/24), including delivery of transformation objectives outlined in NHS Long Term Plan.
- **NHS E&I regional teams support ICS development**
 - Newly integrated NHS E&I regional teams will provide greater improvement support and resource to STP/ICS systems, and agree a development plan and timetable for all STPs to become ICSs by April 2021 at the latest.



What outputs are expected and by when





NHSE has coordinated the production of a quantitative deep dive of all key analytical data and matrix:

- Right Care (2017/18)
 - Model Hospital Programme
 - Getting it Right First Time (GIRFT)
 - Benchmarking from Social Care
 - Benchmarking from CHC
-
- Co-produced with NHSI, the information will be collated into a Hypothesis pack for Shropshire
-
- Ambition is to support the identify any quick wins and to fully inform the production of an agreed set of transformation priorities.



Regional Team Hypotheses

Day Case Surgery	Medicines Management	Musculoskeletal	CHC
<p>RightCare shows that the overall rate of day cases in 17/18 is above that of peers, however some areas are still open for improvement.</p> <p>Model Hospital suggests that the Shropshire and Telford Hospitals Trust could reduce their rate of bed days making better use of day case surgery. Model Hospital presents the following opportunities</p> <ul style="list-style-type: none"> • General surgery – 127 bed days per quarter • Gynaecology – 42 bed days per quarter • Breast surgery – 35 bed days per quarter • Orthopaedic surgery – 30 bed days per quarter 	<p>Respiratory prescribing has presented the largest prescribing opportunity in 16/17 and 17/18.</p> <p>16/17 data shows that within respiratory prescribing the STP spend considerably more than peers on Corticosteroids (£869k opportunity) and Andrenoceptor stimulants (£284k opportunity)</p> <p>RightCare data on pathways including prevalence, management and activity may help interpretation of these opportunities.</p>	<p>RightCare MSK opportunity £8.47m in 17/18. The STP are spending more than their peers on a number of MSK indicators . Slightly more specialised commissioning activity occurs than similar peers.</p> <p>CCGs spending above best 5 peers and the national average on elective admissions for osteoarthritis – Shropshire has one of the highest rates of spend in England in 17/18</p> <p>In 17/18 NHS Shropshire CCG had one of the highest rates of spend on Primary Hip replacements in the country. 10% of Primary Hip Replacements were cemented compared to an average of 80% among the best 5 peers. However, the CCG are achieving positive health gains from primary hip replacements</p>	<p>The CHC SIP programme estimates that based on 2016/17 expenditure levels, there are savings opportunities of £1.73m over the three years to 2020/21 in Shropshire</p> <p>This is an interesting contrast to neighbouring Telford, who have no opportunities. Could the CCGs share approaches?</p>
<p>Procedures where day surgery could be optimised include incision and draining of perianal abscess and incision and draining of skin abscess.</p> <p>Bed days could be reduced for these procedures by 27 days per quarter and 67 days per quarter respectively</p>	<p>Biosimilars</p> <p>Model Hospital has identified some areas where SATH could save money by increasing the uptake of biosimilar medications.</p>	<p>Other procedures which stand out include Cervical Spinal surgery with the STP spending 144% more than lowest 5 peers and Sub-acromial decompression with the STP spending 96% more than lowest 5 peers</p>	<p>Workforce</p> <p>Use of temporary staff within MPFT is the highest of all of its comparator hospitals .</p> <p>RJAH and SATH also use a high proportion of temporary staff compared to their comparator sites.</p>



Population Health Management Flatpack

A guide to starting Population
Health Management

Version 1.0 (September 2018)



Public Health
England





Work through the ICS 12 week Development Programme

- Develop Shropshire, Telford & Wrekin ICS Roadmap
 - Clear system Governance and programme management support
 - Aligned to system priorities
 - Further develop System Strategic Commissioning
 - Identify System Redesign Requirements
 - Clinically Led, building on the work of the STP Clinical Strategy Group
 - Understand **WHAT** enablement requirements are needed and **HOW** they will be delivered and by **WHEN**
 - Financial alignment
 - Estates
 - Digital
 - Workforce
 - Back Office functions
 - Be clear how as a system we will continually improve and sustain those improvements

Community Engagement

Julia Clarke

Director of Corporate Governance

February 2019



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

Why do we Engage?

We have a legal duty to involve:

National Health Service Act 2006

Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- (a) the planning of the provision of those services,
- (b) the development and consideration of proposals for changes in the way those services are provided, and
- (c) decisions to be made by that body affecting the operation of those services.

**We engage with our communities because
listening to people helps us to deliver the best
care we can**



The People's **Academy**

Our first 12 months



From our pilot Academy in January 2018, to the final course in November, the SaTH People's Academy has been a great success!

In 2019, we have 6 People's Academy courses and 5 Young People's Academies planned

We have welcomed people from across Shropshire, Telford & Wrekin and Mid Wales into our Trust to learn more about what we do, and find out about how they can become involved with us



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

In Numbers

Academy Courses	5
Young People's Academy Courses	2
People's Academy Attendees	62
People's Academy Graduates	40
Young People's Academy Attendees	41
Young People's Academy Graduates	41
Departments involved	10



Working Together

Between July and December 2018 we had **11** requests for public representatives to support work within our Trust, and **11** Academy graduates have come forward to work with us, some on more than one project.

Opportunities included:

- Observe and Act training, through the Patient Experience team
- An accessibility survey for the new Fertility clinic
- Support for the Transforming Care Institute with both RPIWs and Sponsor Teams
- Support for the Living with and Beyond Cancer team
- Support for the Phlebotomy scoping exercise

Volunteering

There are currently 948 active volunteers working across both hospital sites.

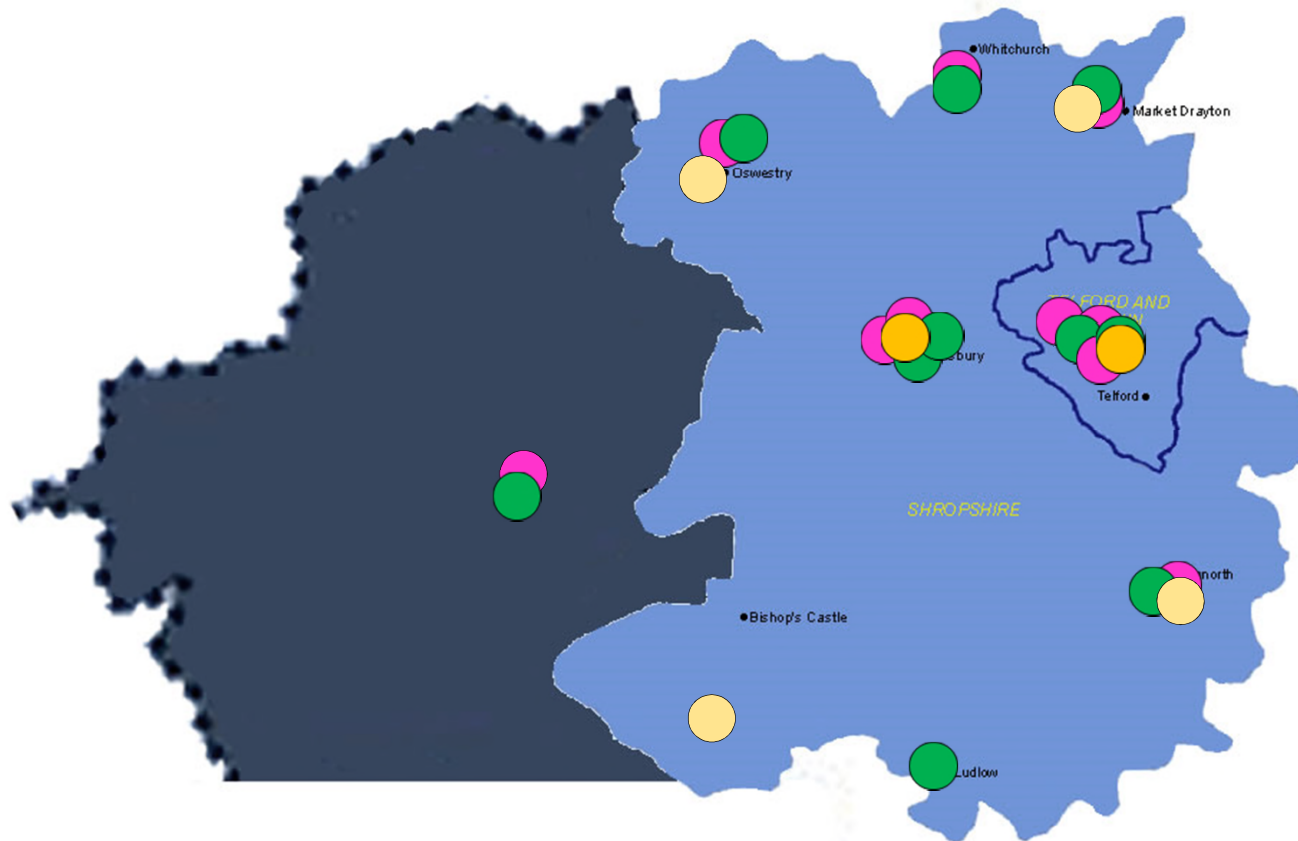
In addition, we have:

Volunteers in progress	
18+ Scheme	23
16 – 18 Scheme	35

The Trust receives an average of 20 applications/week from members of the public wanting to volunteer with us.

Engagement across the region

October – December 2018



- Events we have attended:**
 - Community Connectors, Oswestry, Market Drayton, Whitchurch and Bridgnorth
 - Shropshire Deaf and Hard of Hearing Forum
 - Shropshire Disability Network
 - TACT Service User Group
 - VCSA Board
 - Carers Health & Wellbeing Fayre
 - Powys Community Health Council

- Upcoming events**
 - Community Connectors, Oswestry, Market Drayton, Whitchurch and Bridgnorth
 - Life Outside Caring Group
 - VCSA Board
 - Maternity Voices
 - Shropshire Disability Network
 - Telford College
 - Powys Community Health Council

Community Working Together meetings

Community Listening Events

Section 242 duties

In Quarter 3, our team have provided support for:

- **Potential overnight closure of one ED**
 - Identification of affected populations
 - Support for planning meetings
 - Community meetings
- **Ophthalmology**
 - Support for engagement plan and patient survey
- **Phlebotomy**
 - Support for patient survey and EQIA
- **Shropshire Anticoagulation service**
 - Support for patient survey

Public Engagement



Community Events

The team attend Community Connector meetings in Whitchurch, Oswestry, Bridgnorth and Market Drayton. These have generated additional requests to attend community meetings and events.



Merry Christmas!

Our engagement team hosted Cllr Raj Mehta, the Mayor of Telford & Wrekin, when he came into Princess Royal Hospital to meet some of our staff and give them mince pies



Little things...



Kate, our Community Engagement Facilitator, was given a box of plush dinosaurs at an engagement event, and delivered them to both A&E departments and the Children's Ward
Thank you Kraft Foods!

Community Fundraising



Sarah Voice works as a specialist nurse in the Anticoagulation Team and is taking on a half marathon to raise money for a specialist piece of equipment which can avoid the need for a child to give a blood sample and avoid a trip to hospital.

“My initial aim was to raise enough money to buy one machine, but I am now hoping that I will be able to raise enough to buy two, which will be donated to children who need them and be able to improve the quality of life for both the child and their families.”

Corporate Fundraising



New mums at SaTH have been given an extra special treat thanks to a generous donation of baby toiletries from the award-winning brand Childs Farm.



ABLEWORLD contacted the SaTH Charity office and wanted to support by providing shoe boxes filled with gifts for our elderly patients.



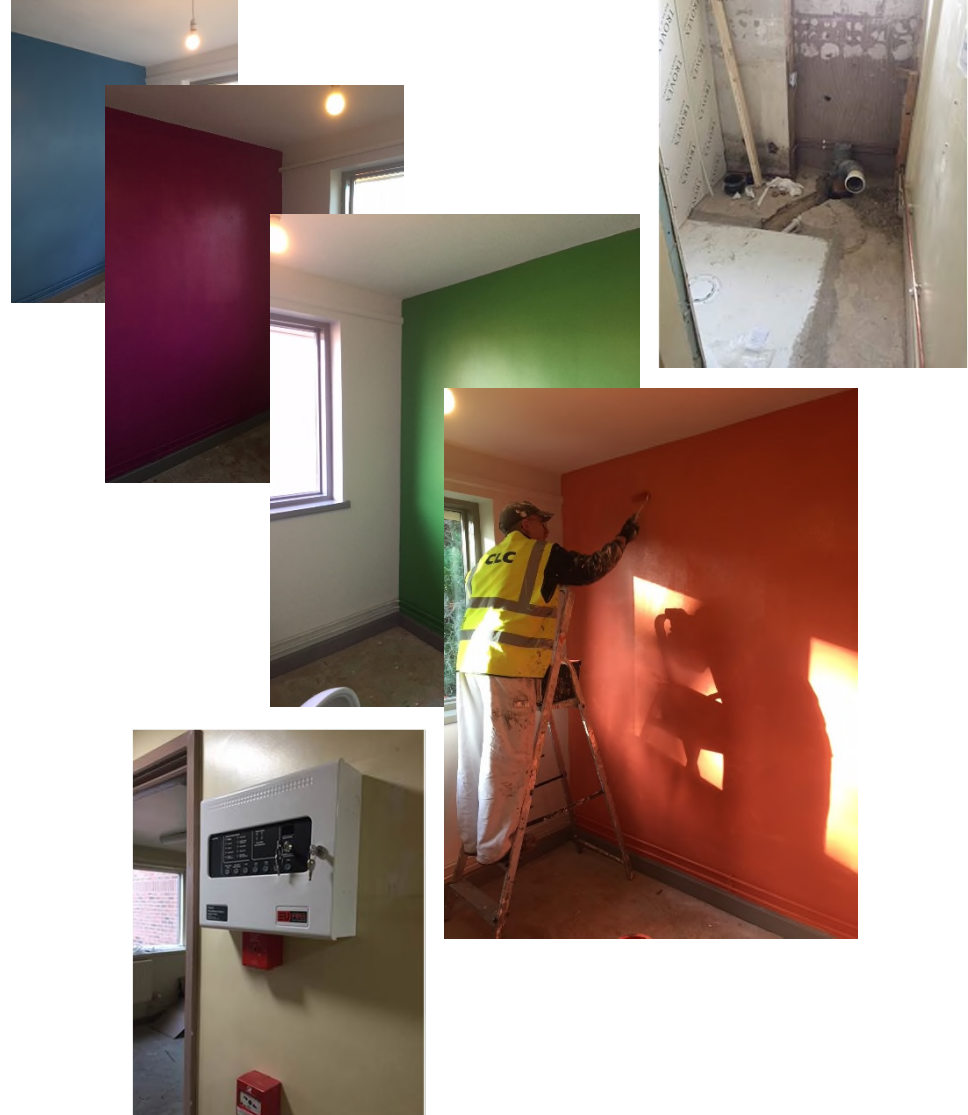
Halls, an independent firm of estate agents, chartered surveyors, auctioneers and valuers donated £4,000 to the Dementia Team to roll out its Droplet scheme.

Bevan was launched in the summer with a limited edition run of 1,948 to celebrate the year the NHS was formed. Up until December Bevan had raised £2,500 for SaTH Charity.

Doctor's Houses at PRH

A joint community project with Telford and Wrekin Council and the local community

An open house on 14th February 2019 2pm-4pm



Engagement Plans for Quarter 4

- SLT session on our Section 242 duties in March
- February People's Academy at Princess Royal Hospital
- March People's Academy at Royal Shrewsbury Hospital
- Young People's Academies on both sites
- Bespoke Young People's Academy in February as part of relationship with Shrewsbury College
- Continuing support for public engagement around service redesign in Ophthalmology, Phlebotomy, Cancer Information and Anticoagulation services.
- Community Working Together Events in Telford and Shrewsbury
- Attending community meetings across Shropshire, Telford & Wrekin and Mid Wales

Priorities for 2019

- **The People's Forum**

We are finalising plans for the People's Forum, similar to a Board of Governors in a Foundation Trust, and hope to start recruitment in the spring.



- **Specialised Academy sessions**

Sessions in development for Adults with Learning Difficulties and primary school age children.

