The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1.00pm, Thursday 4 April 2019
Sovereign Suite, Shrewsbury Town Football Club, Shrewsbury

PUBLIC SESSION MINUTES

Present:	Mr B Reid	Chair
	Mr T Allen	Non-Executive Director (NED)
	Mr A Bristlin	Non-Executive Director (NED)
	Mr C Deadman	Non-Executive Director (NED)
	Ms A Edwards	Non-Executive Director (NED)
	Dr D Lee	Non-Executive Director (NED)
	Mr B Newman	Non-Executive Director (NED)
	Mr S Wright	Chief Executive Officer (CEO)
	Dr E Borman	Medical Director (MD)
	Mrs H Jenkinson	Act. Director of Nursing & Quality (DNQ)
	Mr N Lee	Chief Operating Officer (COO)
	Mr N Nisbet	Finance Director (FD)
In Attendance	Mr A Carroll	Associate Non-Executive Director (A.NED)
	Mr H Darbhanga	Associate Non-Executive Director (A.NED)
	Dr C Weiner	Associate Non-Executive Director (A.NED)
	Mrs V Rankin	Workforce Director (WD)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary (DCG)
Meeting Secretary	Mrs S Mattey	Committee Secretary (CS)
Apologies:	None	

2019.2/30 **WELCOME & APOLOGIES:**

The Chair welcomed all to the Trust Board meeting.

2019.2/31 **PATIENT STORY – USE OF THE DATA PROTECTION ACT 2018**

The Board received a Patient Story by way of a short film in relation to the husband of a patient attending an appointment within the Trust.

The husband drove his wife to hospital, dropping her off at the main entrance to enable his wife to attend her appointment whilst he parked the car. When the relative attended the department where he understood his wife had an appointment, unfortunately he experienced difficulty in finding her as the member of staff behind the desk was unable to disclose information due to the Data Protection Act 2018. This led to a formal complaint being sent to the Trust in November 2018.

The investigation followed the Trust Complaints Policy, and opportunities for learning have been identified which include:

- If a patient arrives in a department alone, they will be asked if there is a likelihood a relative is likely to join them – if so, would they be happy for Trust staff to disclose information, if they would want them to join them for tests or if they would be happy for their relative to wait for them
- Patients are reminded that Trust staff are required to observe patient confidentiality which is paramount at all times, but relatives are guided to the appropriate areas without divulging too much information
- The story will be shared wider within the Trust to raise awareness and subsequent learning with the current and future workforce

…….. Chair
30 May 2019

Ms Roz Samuel, Data Protection Officer for the Trust, was in attendance and assured the Board that guidance is available via the Intranet; also Information Governance fact sheets have been issued to all front-line staff as a method of learning, and education and training continues by way of E-learning and face to face conversations.

The Chair thanked Ms Samuel for attending. The Board were very disappointed at the inflexible attitude that the patient's husband had experienced and took some assurance that actions have been introduced to improve such processes, and agreed that individuals should be treated with kindness and compassion and in the way they themselves would like to be treated.

2019.2/32 BOARD MEMBERS' DECLARATION OF INTERESTS

The Board RECEIVED and NOTED the Declarations of Interest.

2019.2/33 DRAFT MINUTES OF MEETING HELD IN PUBLIC - 7 FEBRUARY 2019

The Minutes were APPROVED as a true record.

2019.2/34 ACTIONS / MATTERS ARISING OF MEETINGS HELD 7 FEBRUARY 2019

2019.2/03 – Board Members Declarations
T Carroll to confirm declarations / conflicts of interest.
Completed. Action closed.

NEDs to contact DCG to arrange for photographs to be taken and displayed on noticeboards at RSH and PRH.
Completed. Action closed.

2019.2/05 - Actions/Matters Arising

2018.2/265 – Workforce Committee Summary
WD to present full Organisational Development Strategy to April 2019 Trust Board
See Minute 2019.2/39. Completed. Action closed.

2018.2/267 – Annual Equality & Diversity Report / 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.
See Minute 2019.2/49. Completed. Action closed.

2018.2/285 - Q3ii – CQC Report – Safety of Patient Records
MD to provide regular updates to future Trust Board meetings
Action: MD - Ongoing.

2019.2/06 – CEO Overview – Winter
COO to provide a 'lessons learnt' report back to April Board
Deferred to 30 May Public Board.
Action: COO Due: 30 May Public Trust Board

2019.2/19 – 7-day Service Board Assurance Briefing
MD / Medical Performance Manager to provide update to future Trust Board
Action outstanding.
Action: MD Due: June 2019

2019.2/21 – Performance Committee Report
Performance Committee Chair to add level of assurance to future Performance Committee summaries to Board.
Completed. Action closed.

…….. Chair
30 May 2019

MONTHLY OVERVIEW

2019.2/35 CHIEF EXECUTIVE OVERVIEW

i) Strategy

3P Event
The Trust has undertaken a 3P Event with colleagues from Virginia Mason; this saw 50 of SaTH's clinicians spending a week with patients looking at the clinical service proposals within Future Fit. It was very successful and is bringing the clinical model a step closer to realisation.

STP Stocktake
With the advent of discussions around Integrated Care Systems (ICS), this is bringing health and social care closer together in terms of the way that care is provided, so as a system we're looking at joined up care, one single estate; and in terms of Procurement, a number of areas are being explored where partners can work together more closely to be able to get more value for the system from the NHS pound.

Digital Strategy
SaTH is in the process of moving towards a digitisation system which will see the reduction of paper, and most importantly will improve the consistency of care patients receive within the Trust and the wider system.

ii) People

Welfare, Engagement and Quality
The CEO reported that the Board would discuss the Engagement Champions Programme which has started; also the expansion of the Freedom to Speak Up (FTSU) Guardians which is a crucial part of the approach in the organisation to ensure staff are able to express any concerns they may have; as well as Think On Coaches who are supporting by engaging and empowering staff through purposeful conversations.

Capacity and Demand
The Board had been discussing the Annual Operating Plan, looking at capacity and demand and looking at working to reduce the pressures as a system, but also to remove the pressures in the A&E Department, and how this improvement can be supported over the next year.

New Appointments
The CEO reported that Arne Rose has been appointed as Medical Director; he will join the Trust from 3 June 2019 which will enable Dr Edwin Borman to take up post as the new Director of Clinical Effectiveness & Innovation and will allow the Quality agenda to be brought into one place.
Other interviews will take place shortly for the Director of Nursing post and the Head of Midwifery post.

iii) Quality and Learning

Flu Vaccination
Over 75% of Trust staff received the flu vaccination; a great deal of work has been undertaken to achieve this and work will continue to increase this percentage throughout the year to move into next winter.

Quality Improvement Plan
The Board will discuss and hear the progress that has been made, and the process which is being taken forward, including the Exemplar Programme and the Rapid Improvement Weeks, releasing staff to engage in change positively; the use of audit, face to face discussions and information received from patients, and the introduction of Focus Groups to make positive improvements for patients and the population.

…….. Chair
30 May 2019

Quality Investments
The Operating Plan will be reviewed looking at the investments we will make to address capacity and quality improvements for the year ahead.

Learning with Partners / Length of Stay and Discharge
The Trust has recently been recognised nationally for the work the organisation has been doing around length of stay, stranded patients and the work with the local authority and the wider system around delayed transfers of care, which is encouraging.
The STP update will also discuss the need for the Trust to move towards demand management on scale and at pace.

iv) Performance

Medical & Nursing Positions
The Trust has offered and secured positions for an additional 17 doctors and 9 nurses, with a further 12 nursing offers in progress; work will continue. Interviews will also be held shortly for additional A&E Consultants as SaTH is continuing to attract interest following the announcement of the Future Fit decision.

v) Patients

Listening Events
A number of Events have recently been held to obtain a better understanding of the anxieties being felt by the populations in the more rural communities; also to ensure their voices are being heard and concerns are being acknowledged.

2019.2/36 SUSTAINABLE TRANSFORMATION PLAN UPDATE

The CEO reported that the Board recently met with the new Shropshire, Telford & Wrekin STP independent Chair, Sir Neil McKay.

He presented a paper which provided an extract from the recent Draft System Operational Plan narrative submitted on 19 February 2019:

- As part of this year's planning process, system partners are working closely together to further develop collaborative working as we work towards being an Integrated Care System (ICS)
- This involves alignment of activity, finance and workforce across commissioners and providers with an accompanying narrative that describes our priorities and plans for system improvement
- The draft was submitted on 19 February 2019 and is being further developed with additional detail for next iteration for submission on 11 April 2019.
- Following that, there are planned engagement and communication activities with all system delivery and enablement programmes to refresh system ambitions and deliverables. This will be combined with system data understanding of activity, finance and workforce to collectively agree priorities and shared resources to support delivery.

As we move into a different phase for the future of our hospitals, the CEO felt it is important that the STP pick up the battle in terms of what is happening in the communities – the Board raised this directly with Sir McKay and how SaTH can be assured that the work is happening and the outcomes of it, so it is supporting the whole system's changes in order that we can manage the demands and needs of patients.

Overall, the CEO felt with the introduction of Integrated Care Systems (ICS), we are seeing a move towards system conversations in a way we began to do 18 months ago, but it now beginning to take a level of maturity; it is positive to hear people talking of the services through the lens of the patient rather than organisations, which needs to be encouraged.

…….. Chair
30 May 2019

2019.2/37 FUTURE FIT UPDATE

The CEO provided an update on a number of issues since the last Future Fit Programme Board meeting.

He reported that the Trust is currently working towards the Outline Business Case (OBC); there is an IPR submission – the outcome of that is currently awaited from the Independent Panel during May 2019. That will allow us to consider the process going forward which will either be to timetable, or any amendments/adaptations or recommendations which may need to be made.

The 3P Event is part of that process; this was very successful and created a lot of energy; it saw a lot of people coming together to look for common solutions as our organisational teams start to come together in new configurations. This was a very positive introduction to the work being undertaken for the OBC.

The Chair reported that he attended the feedback of the 3P Event and informed the Board of the public's (mis)understanding of A&E and the Urgent Care Centre in Telford. It was reiterated that the existing service will continue to be provided in Telford; the Chair requested that this important message be clearly communicated with regard to the Urgent Care Centre service.

The COO reported that it is extremely helpful to receive patient feedback; the CEO agreed and highlighted the importance of involving and engaging with patients in the change process.

2019.2/38 TRANSFORMING CARE INSTITUTE (VMI) UPDATE

The CEO presented a paper which provided an update on the alignment between the work of the KPO Team to embed and progress the Transforming Care Production System work, and help deliver the organisational strategy.

The ongoing programme of work is a combination of 8 value streams; the coaching of our Lean Leaders to maximise their knowledge to maintain and develop their improvements. Further training of those responsible for daily management to ensure that the TCPS methodology is a fundamental element of the way we manage, lead and improve our work at SaTH.

The planned 3P (production, preparation and process) workshop was held in March 2019, and included 50 of our staff participating for the week, and an additional 40 staff contributing over the 2 open door sessions, and 300 of our staff attending to hear the report out from the team. The VMI, KPO and SSP teams all concluded that this was a most successful event, increasing the engagement of our staff, and creating new ideas to help produce a plan for the configuration of our sites post FutureFit.

The outputs from the 3P event will now be included into the programme of work for the SSP team and will be shared at the Sustainability Committee to ensure appropriate consideration of our colleagues views continue to be incorporated into the outline business case and the full business case. There is an opportunity for further support from VMI to apply lean thinking to the next phase of the Full Business Case (FBC) development.

The report provided an update of the continued work of the Standard Work Value Stream; the next focus of their work includes increasing the capability of those producing Production boards and Peoplelink boards in order to maintain the focus of the improvements, including a 2-day reduced length of stay, pre-12 discharge drive and nurse support on ward rounds.

Also of note this month is the sensei visit from Melissa Lin (Transformational Sensei) who had the opportunity to look how TCPS was being used in improvement work to address concerns of the CQC. A kaizen (improvement) plan is being developed to ensure alignment with value stream work, kaizen work and improvement work to address CQC concerns. Her feedback suggests that there is additional opportunity for our Lean for Leaders to coach others to use the methodology to explore root causes, implement improvements and measure the impact. The Chair highlighted that the resource we have through the KPO Team is a real advantage to us.

…….. Chair
30 May 2019

The Chair informed the members that the KPO Lead, Cathy Smith, has left the organisation to join the STP on a part time basis, following her appointment to the new Programme Manager (improvement) role within the STP. Mrs Smith has made a significant contribution to the progress that has been made in the organisation, and the Board wished her well for the future.

Recruitment is underway to appoint a new KPO Lead to take forward this important work; there will be a period of reduced capacity within the KPO Team.

Mr Newman (NED) highlighted that a National Sharing Event will be hosted by SaTH on 26 June 2019 where the other four Trusts who are working with the Virginia Mason Institute will come to SaTH; all of the Board are encouraged to attend to gain further insight of the work.

Finally, the CEO reported that the SaTH Procurement Team have been working as vanguards in the improvement process since the teams were set up three years ago; as a result, the Procurement Team has made a financial benefit from being more efficient, saving the Trust £2m. The Team is being recognised, in terms of the work undertaken, and are being put forward for a National Award.

WORKFORCE (PEOPLE)

2019.2/39 **WORKFORCE COMMITTEE SUMMARIES**

2019.2/39.1 Ms Edwards (NED) presented the Workforce Committee summary of the meeting held on 18 February 2019:

Board Assurance Framework (BAF)
The committee received the BAF and reviewed the following two risks for Workforce Committee:

- 423 - We need positive staff engagement to create a culture of continuous improvement
- 859 - We need a recruitment strategy for key clinical staff to ensure the sustainability of services

The Committee recognised improvements have been seen in risk 423 following the work with Moorhouse. The Committee raised concerns regarding recent changes in staffing. This will be picked up as a separate risk.
The Committee requested a single recruitment strategy that detailed the actual staff in post, budgeted posts, recommended staffing levels, issues, risks and planned actions to address covering all areas / specialities. This will be developed and presented to the April Workforce Committee.
The Committee agreed that risk 423 would remain as Medium (Amber) and 859 remains High (Red).
Assurance: Moderate

Emergency Department Workforce Flash Report
The Committee received the ED flash report and were informed that the Trust are going out to Dubai and India with the aim to recruit 20 middle grade doctors for the Emergency Department and Medicine in March. The Committee were informed that enhanced payments for bank staff for February had been offered to increase the fill rate for shifts; this included the Emergency Department.
The Committee were disappointed with the lack of progress on the Medical Task and Finish Group which impacts on the assurance level and feeds in to the weekly ED Resourcing meeting.
Assurance: Low

Organisational Development (OD) Plan
The Committee received a presentation on the OD Plan which has been developed through an extensive diagnostic including Staff Survey, Cultural Assessment Tool, feedback from the Freedom to Speak Up Guardians together with the Deloitte Well Led Assessment. The Committee reviewed the strategic aims and recognised that this was an honest starting point. The committee were keen to see a more developed plan in March.
Assurance: Moderate

…….. Chair
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Workforce Assurance Report

The Committee received the Workforce Assurance Report. The Committee discussed the importance of compliance with SSU training. The Committee were advised that the Quality Improvement Plan will support a focus with improved compliance.

Assurance: Moderate

Update From Director of Nursing

The Director of Nursing circulated a Safer Staffing paper which shows the planned nursing fill rates compared to the actual fill rates. This was following a request from the January Committee to provide assurance regarding staffing numbers. The Committee recognised that patient acuity impacts on staff numbers and in turn potential risks to quality of care. The Committee have requested a tailored report specifically around staffing issues and the process for addressing these to be brought back.

Assurance: Low

Staff Survey

The Committee discussed the Staff Survey results (which are still under embargo) focusing on the themes emerging. The results show a decline in staff experience together with concerns: Health and Wellbeing, Safety Culture and Staff Engagement. Staff conversations are already taking place to better understand the results. The Workforce Committee will receive a full response plan in March, and acknowledged that the results are disappointing; however the focus needs to be responding and improvement.

Assurance: Low

Update from Staff Side Chair, Freedom To Speak Up Guardian, Guardian of Safe Working

The Staff Side Chair, Freedom to Speak Up Guardian (FTSU) and Guardian of Safe Working (GOSW) joined the Committee for their quarterly update to share how it is feeling in the organisation. The GOSW said that she is receiving exception reports mainly from Foundation Year 1 doctors and predominantly in Surgery. The GOSW said that some of the junior doctors have anxieties about exception reporting in case this reflects back on them as not being able to fulfil their role in the time given. The GOSW also asked the Committee to consider purchasing an E-Leave system for doctors; the current system is a paper based one which is outdated. The Committee agreed to support the development of a business case for this. The GOSW also asked for consideration to increase her hours for this role and this will be discussed by the Executive team.

The Staff Side Chair shared that the Trade Union representatives are busy with case work and policy progression work. In addition there are issues they are being made aware of regarding behaviours but the individuals are reluctant to progress this, therefore Staff Side will work together with the FTSU Guardian to support these individuals.

The FTSU Guardian provided a report to the Committee and highlighted a particular case where a member of staff was attacked by a patient; this was shared to highlight learning. Following this staff experience, a guide is being produced for managers on how to raise issues with the police in such circumstances. The Committee were assured that the cases are all reviewed and escalated depending on the area the issues are raised in.

The Chair informed the members that the FTSU Guardian (Kate Adney) currently reports directly to him as a direct line to the Board; this will transfer to the new Medical Director once he has settled in post. Two further FTSU Guardians have recently been appointed (one is an additional post); and a senior post will be created to help strengthen the FTSU function. Positions for Freedom to Speak Up Advocates have also recently been advertised across the Trust to have a network of people across all disciplines, to help provide a further channel for issues to be raised in a safe manner.

2019.2/39.2 The Workforce Committee Chair, Dr Weiner (A.NED), presented the following summary of the Workforce Committee meeting held on 18 March 2019:

Gender Pay Gap Report (GPGR)

The Committee received the Gender Pay Gap Report and noted it is required to be published on 31 March 2019. The NEDs asked for clarity that individuals are paid the same rates for the same job roles.

…….. Chair
30 May 2019

The Committee was advised that this is the case for staff working in Agenda for Change roles but there are variations with the medical workforce based on Clinical Excellence Awards.
The Committee has requested a benchmarking exercise to be presented to the Equality and Diversity Committee with recommendations on how to further improve gender associated pay gaps.
Assurance: Moderate

Policies
The Committee received and endorsed the amended Freedom to Speak up Policy which only contained minor amendments.
The Committee received the Fixed Term Contracts and Temporary Workers policy and endorsed this. The Board RATIFIED this policy.
Assurance: Not Applicable

DBS Assurance Statement
The Committee received the DBS Assurance Statement and noted that this is an excellent report.
Assurance: High

EU Exit Update
The Committee received the EU Exit report. It was recognised that planning is progressing in the face of significant uncertainty in the national policy arena. However, the Committee noted that the organisation is supporting staff in line with the steer from the NHS nationally. The Committee will continue to monitor the position.
Assurance: Moderate

Board Assurance Framework (Baf)
The committee received the BAF and reviewed the two risks for Workforce Committee:

- 423 - We need positive staff engagement to create a culture of continuous improvement
- 859 - We need a recruitment strategy for key clinical staff to ensure the sustainability of services

The Committee agreed to expand the risks regarding Acute Medicine and Urology
The Committee discussed the Risk Register and raised concerns around the active management of the Register and have requested a summary following each Operational Risk Group.
The Committee agreed that risk 423 would remain as Medium (Amber) and 859 remains High (Red).
Assurance: Moderate

Emergency Department (ED) Workforce Flash Report
The Committee received the ED flash report and noted that the service remains fragile.
The Committee recognised the risks to the smooth operation of the service if the organisation is unable to recruit sufficient middle grade doctors during the planned recruitment trip to India.
The Committee were informed that the Nursing Business Case is progressing well and will be presented at April Workforce Committee.
The NEDs expressed concerns around the graph that shows a high number of unfilled shifts at the end of the month especially at ED in PRH. The Committee asked for more information on this prior to the next meeting.
Assurance: Moderate

Dr Weiner informed the Board of the positive news in relation to the middle grade recruitment which is looking good for the future; however he highlighted the issue of nursing staff recruitment which the Committee would like to see progressed in the near future.

Update on Urology
The Committee received a verbal update on the Urology service. The University Hospital of North Midlands (UHNM) is currently working with SaTH to mitigate risks to the effective service provision.
The Committee asked the Care Group to continue to try and recruit to posts in Urology. The Committee encouraged the Care Group to work with regulators, local partner organisations and other providers to control the risks of service provision for our community.

…….. Chair
30 May 2019

The Care Group were also encouraged to look at joint working with other organisations experiencing similar challenges with the provision of their Urology services.
Assurance: Low

Staff Survey
The Committee received the Staff Survey update and agreed the two priority themes for focus this year as being Safety Culture and Staff Engagement. The Committee supported the action plan for the Women's & Children Services. It was agreed that a similar organisational development approach would be helpful for all care groups.
Assurance: Low

Organisational Development Plan
The Committee received the OD Plan and held a full discussion around this paper.
The opinion of the NEDS was that whilst the Trust has a high continued reliance on a temporary workforce, then there will remain significant challenge to embed improvements through this plan.
The Committee noted the significant amount of work that has been done in developing the plan with engagement from frontline staff. The NEDs expressed concerns around capacity, capability and leadership for implementation of this plan. The Committee wants further assurance that this plan is owned by the Executive and Senior Leadership Teams (SLT) and not just the workforce team.
The Committee agreed to progress the 6-month plan of delivery and the OD plan for Women and Children's to Trust Board in April (see agenda item 2019.2/41)
Assurance: Low

Dr Weiner highlighted that the above two are of huge importance to the organisation; both have been picked up by the CQC Inspection in terms of the need to focus on those areas to deliver high quality care and safe services for our patients.

The Workforce Committee gave Low assurances for both; Dr Weiner highlighted that the delivery of change needs to reach out beyond the workforce team as it is a whole leadership team issue.
The Chair enquired how the level of assurance will be achieved. Dr Weiner reported that the Committee want to see an engagement programme with the SLT across the organisation which they are signed up to and own. The WD reported that engagement sessions have been held with the SLT and Executive Team; one of the key elements in relation to staff engagement being taken forward this year is the 'Think On' conversations – an SLT session will be held specifically around that and the outcome of that meeting will be reported back through the Workforce Committee. The WD also felt the Executive have a role to play in terms of the assurance that they provide to the Committee and how they contribute to discussions.

The Chair enquired if the OD Plan describes the types of cultures and behaviours. The WD confirmed the OD Plan describes the culture that the Trust currently has and through conversations with staff it includes cultural descriptors and the culture the staff want to have, such as confidence to speak out, having an open and transparent organisation, having consistent leadership behaviours, and a culture of respect and where everyone counts.

Dr Weiner reported that a lot of good work has already been undertaken in relation to the OD Plan; although concerns have been raised in relation to capacity to deliver the Plan. The WD informed the Board that greater capacity is required within the OD Team to deliver the Plan, as well as greater support around staff engagement.
The Chair enquired how the change will happen if this has not been built into the Plan for this year; the WD reported that positive discussions have been held with Health Education England around a level of support this year for additional capacity.

The Board RECEIVED the Workforce Committee summaries.

2019.2/40.1 WORKFORCE PERFORMANCE REPORT

The WD presented the Month 10 performance report in relation to:

Sickness / Absence / Unavailability – 4.90%
The WD reported a slight decrease in sickness absence during February. The two top reasons for absence remain mental health and musculoskeletal. A number of interventions are in place for both of these but not seeing an impact from those interventions; this will therefore be refreshed.

Appraisals – 86.64%
The WD reported the Appraisal rate at 86.64% against a target of 90% (with a stretch target of 100%). It was reported that Doctors appraisals are currently at 99% which is a great achievement.

Dr Lee (NED) highlighted that the appraisal rates of the Corporate Services (46.43%) and CEO (44.44%) functions are less than half of the required target which is not acceptable. The CEO reported that the appraisal results do not reflect the Executives on the Board; it relates to a function of other services that sit in those groups, which are being addressed by the manager in that area.
The Chair requested a report, broken down into those responsible areas, be presented through Workforce Committee.
Action: WD

Statutory Safety Update (SSU) Training – 80.68%
Overall compliance rate has increased from 78.66% to 80.68% against a target of 90% (stretch target of 100%).
The WD reported that training is a key aspect of the Quality Improvement Plan. This month saw a step change of the delivery of actions which is positive, but efforts must continue throughout the organisations in terms of the release of staff.
Discussion was held around SSU training for the Non-Executive Directors; they were informed that dates will be offered, possibly to hold a joint session following the Special Trust Board meeting on 24 May or during the morning of the 30 May when the NEDs are already on the hospital site.
Action: WD to liaise with M Beales

Staff Turnover (exc. Junior doctors) - Recruitment rate 9.96% of the turnover of the full workforce, Retention rate 89.30%.

Following discussion, the Board RECEIVED the Workforce Committee update.

2019.2/40.2 FLU VACCINATION CAMPAIGN UPDATE

The WD presented a paper which reported the Flu Campaign for 2018/19 has achieved its target of vaccinating 75% of frontline health care workers. 75.37% of frontline healthcare workers were vaccinated this year with 12% of the total sample opting out. The main reason for opting out this year was that staff were concerned about the possible side effects of the vaccine, followed by needle phobia. The flu vaccination campaign for 2018/19 has now closed.

It has been agreed that the Workforce Team prepares to hand over the campaign to the Infection Prevention Control (IPC) Team. A clear handover is in place.

Mr Newman (NED) reported that another District General Hospital's final flu count was 91%; he reported he would like a process/plan in place for the autumn to increase vaccinations from this year's 75%.

Dr Weiner (A.NED) highlighted the 12% of staff who opted out of receiving the vaccine; he also raised the high-risk areas where staff chose to opt out (ITU/Critical Care, Neonatal, Haematology, Oncology). He stated he would like to see work starting now to address some of the concerns around the side effects of the immunisations themselves. The Chair agreed for a piece of work to be undertaken and for the Acting DNQ to report back to the next Board meeting.
Action: DNQ

2019.2/41 ORGANISATIONAL DEVELOPMENT 6-MONTH DELIVERY PLAN

A draft of the Organisational Development (OD) Plan was presented to Workforce Committee in March 2019. The Committee recognised the work that had gone into producing the plan and that it had the ability to improve the organisation for both staff and patients; however the Committee requested further assurance that the plan is owned by the full Executive and Leadership Team to ensure delivery.

The Committee agreed that it was critical that development work continues and achieves greater pace, therefore the Committee agreed the need to approve and support the delivery of a 6-month OD delivery plan.

The plan has been developed using the diagnostic analysis including Staff Survey 2018 results, CQC report, Deloitte Well-Led Report, Freedom to Speak Up Guardian data and a series of staff focus groups have been undertaken to gain feedback over the detail of the plan.

The plan will be monitored monthly through Workforce Committee, with the full plan proposed for 30 May 2019 Board.

The aim of the strategy is to improve staff morale and therefore positive patient experience. The plan focuses on the following five key areas:

1. Staff engagement
2. Psychological safety
3. Leadership development
4. Innovation and change
5. Behaviours and respect

The plan cannot be viewed in isolation as it is cross-cutting with priorities within the Staff Survey Response Plan.

The WD reported that the Workforce Committee agreed not to stall the 6-month delivery plan, and agreed for it to begin with a level of pace.

The Board NOTED the 6-month OD Delivery Plan update.

2019.2/42 NATIONAL STAFF SURVEY RESULTS 2018

The WD presented the organisational level results for the 2018 Staff Survey, including comparisons to the 38 Acute Trusts working with the Staff Survey provider Quality Health.

The WD informed the Board that the survey results do not represent the employment experience we would want for our people within the organisation; also, there has been some deterioration across a number of areas.

The national reporting style has been changed from 32 key findings to 10 themes; Equality, Diversity and Inclusion, Health and Wellbeing, Immediate Managers, Morale, Quality of Appraisals, Quality of Care, Safe Environment (Harrassment and Bullying), Safe Environment (Violence), Safety Culture and Staff Engagement.

Overall the results of the 2018 Staff Survey identify a number of areas that requires improvement. The Trust scored average against 4 of the 10 themes, these are:

1. Equality, Diversity and Inclusion
2. Quality of Appraisals
3. Bullying and Harrassment
4. Violence

…….. Chair
30 May 2019

Three of the 10 overall themes are significantly worse than the sector and national average scores. These themes are:

1. Health and wellbeing
2. Safety Culture – scored the worst nationally
3. Staff Engagement

The overall 2018 staff engagement score the Trust (6.57 out of 10) is both significantly lower than the Trust 2017 score and is significantly lower than the sector score of 6.93 out of 10 and national score of 7.0. The scores for all three sub-sections (advocacy, motivation and involvement) have decreased since last year and all are below the sector score. Advocacy is significantly worse than the sector score and all questions have declined since 2017 and most of them are in the bottom 20% of similar Trusts.

The WD reported the results have been discussed in a level of detail at Workforce Committee. Staff focus groups have been held, prior to the survey being published, to understand how staff are feeling and to get feedback from them.

A proposal has been taken to Workforce Committee to focus on Staff Engagement, also on Safety Culture.

To respond to the Staff Survey, the WD reported the largest area to focus a lot of energy and commitment and resource on is sharing with staff what has been done as a result of their feedback. The Workforce Committee have challenged the team on this.

The Care Groups are looking through their individual Care Group results to ensure they have plans to focus their efforts where improvements are required.

This year's response plan is incorporated into the 6-month Organisational Development (OD) Plan, agreed at the March 2019 Workforce Committee. When comparing the staff survey priorities identified within the Staff Survey Results paper and the four strategic aims of the OD Plan, the two cannot be split / read in isolation. The key areas of focus are:

- Behaviours and respect
- Leadership development
- Psychological safety
- Innovation and change with a cross-cutting theme of staff engagement

The Chair enquired what significant issues are going to change in the year ahead, so as not to find ourselves in the same position as last year (2017) and this year (2018), and to ensure the changes get traction.

From talking to the staff, the WD felt closing the loop in regards to feedback to staff via conversations is essential; in addition she reported that time will be spent with People Managers, and temperature checks (x3) will be undertaken prior to the next survey.

The Chair enquired if the teams have sufficient resource to turn the results around; the WD felt there is not sufficient staff engagement resource but plans are in place to obtain this in the year ahead.

The CEO highlighted the impact this has on every member of the Board. He felt thinking about each other is equally as important as looking after patients, and enquired how a better balance can be achieved. The WD asked each member of the Board to take that approach and role model it; also to create a balance in the Senior Leadership discussions and a change in appraisal documentation. The WD also referred to the 'Think On' conversations; and within the OD Plan, there are elements which refer to i) the respect agenda, and ii) recognising every single role in the organisation counts.

Mr Deadman (NED) reported he was pleased to hear the organisation is undertaking pulse surveys and will wait to hear/see the trends in the coming months. The WD agreed to present to Workforce Committee and in turn to Trust Board.

Action: WD

…….. Chair
30 May 2019

In order to improve staff engagement and to improve safety culture, Dr Weiner highlighted the need to ensure the correct numbers of staff across the organisation as there is currently a significant discrepancy against where we want to be with nursing staff and where we are today; he also highlighted the need to address recruitment and retention and increase our permanent WTE staff across the organisation.

Mr Bristlin (NED) referred to the survey results and the low score of staff saying 'care of patients is the organisation's top priority '; he stated the CQC report rated the Service's Care as 'Good'.
The WD suggested the variance relates to the CQC rating as the care they have seen our staff deliver as 'Good'; however our staff feel as an organisation that we do not place care as our number one priority.
Mr Bristlin enquired how the information is being shared with staff. The WD reported that a piece of comms has been shared with staff (this was circulated on the day the staff survey was published) as well as a letter; the WD also recorded a video message for staff, as well as holding Focus Groups and staff engagement sessions between now – September.

The MD highlighted there is a clear discrepancy between how people feel and some of the objective reality, particularly in the area of patient safety, where there is a perception (gaps in staffing is the fundamental element affecting this) people have expressed that they feel unsafe if they do not have sufficient colleagues working with them. However, looking logically and balanced against a range of metrics, the care being provided to our patients is remarkably safe compared with other Trusts.
The MD confirmed that all are committed to ensuring this is addressed more fundamentally.

Mr Newman (NED) highlighted that it was the first time he had seen the results of the Staff Survey, as unfortunately the NEDs do not have access to the Intranet/videos/presentations, etc, so it was in the public domain before NEDs had received it. He requested it be circulated to the Board at the same time/beforehand. The WD apologised and assured the Board that she would note this for next year.
Action: WD

The WD recognised the importance of getting the staffing levels right as it affects how staff feel; but also highlighted the need to improve and balance the culture, as discussed through the Workforce Committee.

Following discussion, the Board NOTED the 2018 Staff Survey results.

2019.2/43 **POLICY FOR APPROVAL – FIXED TERM CONTRACTS & TEMPORARY WORKERS**

The WD presented the Fixed Term Contracts and Temporary Workers Policy which has been reviewed and updated with staff side colleagues. The Policy recognises employment law and terms and conditions changes and reflects best practice and local operational practice.

The Board RATIFIED the Policy.

QUALITY & LEARNING (SAFEST & KINDEST)

2019.2/44 **QUALITY & SAFETY COMMITTEE SUMMARY HELD 20 MARCH 2019**

2019.2/44.1 The Chair of the Quality & Safety Committee, Dr Lee (NED), presented the following summary of the meeting held on 19 February 2019:

Clinical Site Visit
Members visited the Discharge Lounge at PRH. The current facility, combined with offering Medical Day Case activity, is small (around 8 chairs at a time) but does have the merit of not being suitable for escalation beds. Managers and staff were focused on delivering a good patient experience. Three delays in the discharge process were described:

1. Doctors doing the discharge letter
2. Pharmacy providing the discharge medications
3. Transport (either relatives collecting the patient or Patient Transport services)

When a patient's discharge is slow, the unit is unable to take additional patients from wards and the ward beds are blocked. Of the three delays, the Committee heard that it is the Doctors preparing the discharge letter that is consistently to the most significant problem. The Q&S Committee and the Trust Board have visited the problems of discharge and patient flow on a number of occasions. It is now imperative that action is taken to prioritise activities that facilitate discharge and support patient flow. This requires engagement with the Medical Workforce to ensure that appropriate activities to support discharge are completed in a timely fashion.

Sepsis

The Q&S Committee has applauded a number of initiatives to try and improve the recognition and prompt treatment of sepsis. These have included work under the Virginia Mason programme, the use of critical care nurses and the appointment of sepsis champions. We are, however, cognisant that the Trust was criticised by CQC with respect to the management. The conclusion is that, despite a number of promising initiatives, measures to improve the management of sepsis are failing to gain traction across the Trust. The Trust's own senior clinicians strongly advocate the appointment of dedicated Sepsis Nurses to provide leadership and support. The appointment of Sepsis nurses is common practice within NHS Trusts. The decision making process with respect to taking action on this seems tortuous and is not helping to ensure that very unwell patients are appropriately treated. It will also be difficult to assure external bodies such as CQC that appropriate measures are in place within our remedial action plans. This requires urgent Executive action. It was noted that this post had been approved in the 2019/20 prioritisation list.

Information Governance & Information Technology

In the absence of an electronic patient record, the Trust's paper based records are the "system of record". The Q&S Committee heard that there are significant challenges maintaining these records with respect to filing results and letters in a timely fashion. Whilst clinicians can access information through IT systems, this means that the fundamental record of care is inaccurate in many instances. There are a number of important processes, such as the management of abnormal results which need urgent attention to ensure that patients receive appropriate care and to support clinicians in their work.

The Committee were also concerned that the current IT support capacity for systems that are used in the Trust is insufficient to address urgent upgrade work that is essential to ensure that systems remain functional and secure. It is important that the Trust has a clear workforce plan to address the requirements of IT support from now, through the implementation of an EPR and beyond. This cannot wait until the EPR is procured if our systems are to remain functional.

Accident & Emergency / Unscheduled Care

The Unscheduled Care Group attended the Q&S Committee and gave a detailed presentation with respect to their performance during a challenging winter. It is clear that there remain significant workforce challenges although the additional consultant presence on both sites has improved leadership. The Care Group says that things feel better. There are wards within Unscheduled Care that are very reliant on agency staff and there is a significant nurse vacancy rate in PRH Accident and Emergency Department. Positively, the Care Group felt that the expanded SaTH to Home initiative has been helpful in supporting patient flow. There was a detailed discussion with respect to the limitations on Ward 35 but positive reports with respect to its functioning.

Infection Control

The Committee were dismayed to discover that NHS Improvement had criticised the infection control function within the Trust following a visit. This followed a previous Q&S Board escalation that complemented the action plan developed in response to NHS Improvement concerns. SaTH Executives must ensure that action plans are appropriately monitored to provide assurance that key measures are delivered in line with commitments. The Committee heard that the Infection Control Policy was in line with NHS best practice but that the operational approaches deviated from the policy with respect to the timing of key meetings and the terminology used. It is essential that Trust governance processes ensure appropriate oversight with individuals and standing committees being held accountable for delivery.

The Chair picked up that Dr Lee had reported that the Q&S Committee were ‘dismayed’ to discover that NHSI had criticised the IPC function within the Trust following a visit. He enquired what the Committee would like to see change and how it will be achieved.

…….. Chair
30 May 2019

Dr Lee reported that it is unacceptable where external review mechanisms are picking up problems that SaTH are blind to at governance committee level. He highlighted the need to ensure the structures within the organisation are taken seriously with attendance at appropriate meetings, that the agenda's are appropriate and that they mesh together to provide the Q&S Committee and the Board with the assurance it needs.
The Chair asked where this sits in our processes. Dr Lee felt IPC need to be accountable and there needs to be ongoing improvement in the Clinical Governance Executive (CGE) role and the way in which it meshes with Q&S. It was agreed that this be remitted back to the CGE to review and provide assurance through the Q&S Committee.
Action: MD to take back through CGE

The CEO reported that the performance in Infection Control over the last year have been very good; it raises the question if something different has happened.
The Act. DNQ provided a progress update; she reported that there have been some problems with the leadership of the Infection Prevention Control Team. Another NHS Trust is currently providing support to move this forward. She reported the visit from NHSI has been extremely helpful; they have given a lot of advice to drive improvements.
The Act. DNQ highlighted that Infection Control is central to safety across the whole organisation. The organisation holds ten IPC meetings per year; the content and robustness and the governance around the IPC meetings needed to be improved which it has been.
The Director of Infection Prevention Control (DIPC) is now responsible to the Director of Nursing.

Ward Exemplar
The Deputy Director of Nursing gave a presentation with respect to the Exemplar Programme that has been implemented by SaTH. This has now received national attention and recognition. In addition to celebrating the achievements of wards achieving exemplar status, work has been underway to bring other wards up to a level where they can be considered by the programme. This requires agreed time limited action plans to move through a preparatory programme of work over a period of months. The Q&S Committee strongly commend this work and SaTH should ensure that there is the leadership and capacity in place to support its evolution.

2019.2/44.2 In Dr Lee's absence, Mr Newman (NED) chaired the Quality & Safety Committee meeting held on 21 March 2019, and presented the following summary:

A Never Event
There was a never event on Ward 17 at PRH during March. A nasogastric tube for the administration of medications was inappropriately placed into the patient's bronchus. Initial investigation indicates that the correct procedure was followed in checking aspirate pH, and the error was discovered only by x-ray, which had been requested for other reasons. A full investigation is currently underway.

Report from Clinical Governance Executive (CGE) meeting 19th March

Attendance
The medical director reported that attendance at this meeting had been poor. Indeed, he himself had been unable to chair the meeting as, at short notice, he had to attend an undiarised meeting with NHSI representatives. The committee felt that there was clearly still work to be done by EA's to protect 2nd and 3rd tier meetings from diary clashes. The MD said he would again be contacting the senior clinicians who should attend to reemphasise the importance of the meeting.
Assurance: Moderate

Discharge Summaries
It is clear that discharge summaries are still not being completed on time in order to support safe, timely and considerate discharges from SaTH. The COO and MD agreed to revisit the work that had been done in Value Stream 1 – Respiratory Discharge – to ensure timely production of the discharge paperwork, although it was acknowledged that the important interface between this and the pharmacy instructions is still very clumsy on account of the suboptimal IT system.
Assurance: Low

…….. Chair
30 May 2019

Patients being admitted under the incorrect consultant.
There are ongoing concerns regarding patients, mainly in unscheduled care /acute medicine, being admitted under the incorrect consultant. There is an associated risk of diagnostic results not being received/acted upon by the correct consultant. This concern has been escalated to the Unscheduled Care Group for a response/solution, but no assurance has yet been received.
Assurance: Insufficient

GI Bleeds
There are serious concerns regarding PRH's ability to manage serious GI bleeds, made more acute as a GI consultant is currently on sick leave. The Trust is non-compliant with NCEPOD recommendations relating to the pathway for serious GI bleeds requiring surgical intervention. There is an urgent need for additional consultants to ensure adequate supervision on the Wards and to be sure that gastro-consultants are freed up from other non-gastro duties. Medium term the Gastroenterology service needs to be centralised to maximise safety, effectiveness and efficiency.
Assurance: Low

Learning Disabilities Provision in the Trust
This service is jointly commissioned by the two CCGs from The Midland Partnership Foundation Trust, and comprises 2 WTS Acute Liaison nurses (ALNs) to provide advice and support in both Acute and Community settings; Powys patients are, however, not covered. Not all learning disability patients admitted to SaTH are being reviewed by the ALNs on account of a vacancy and staff absence. The DNMQ is recommending the appointment of a Mental Health / Learning Disabilities Clinical specialist to manage this work and the Committee would be more assured by such an appointment.
Assurance: Low

Brexit
There remains considerable uncertainty surrounding any impact from Brexit. Specifically, the committee heard from the Chief Pharmacist that SaTH is complying strictly with NHS instructions in not stockpiling drugs or medical consumables or appliances; NHS is giving us assurance that it will be holding sufficient buffer stocks for the whole of England centrally. However, it was pointed out to the committee that 75% of all drugs used by NHS in England are imported through a single port – Dover.
Assurance: Moderate

Dr Weiner reported that he has received assurance externally that there are robust mechanisms in place to ensure continuous flow into the country.

Nursing staffing review
The committee was concerned to learn that, particularly in ED and unscheduled care, substantive RN staffing levels remain well below where they should be, as does training. Whilst the overall RN fill rate appears satisfactory, there are wards where RN staffing continues to be fragile and fill rate low. There is a recognition that heavy reliance on agency staff does not offer the benefits of substantive nurses, e.g. continuity of care and familiarity with our policies and protocols. The committee would be more assured by roll out of models already developed and recommended for better staffing of acute wards, more education and training and implementation of strategies for retaining staff.
Assurance: Low

Infection Prevention and Control (IPC)
Following a recent NHSI IPC audit, SaTH remains at "Enhanced Monitoring" status. NHSI specifically noted our lack of IPC tactical capability, that the existing team needs further development, and a lack of IPC leadership (which will get worse with the imminent move or retirement of key clinicians). Within the PRH-ED there was a lack of cleanliness of medical equipment and poor blood culture disciplines. The report from SaTHs own IPC Committee has highlighted concerns around review of antibiotic prescriptions within 72 hours (such that we will fail an agreed CQUIN target) and below target MRSA screening in EDs. Remedial action is in hand by the Care Groups. Hand hygiene overall has improved.

…….. Chair
30 May 2019

Mr Newman informed the Board that the DIPC (also a Consultant Microbiologist) was very diligent; he highlighted that she is about to retire; therefore this does need review and assurance is currently graded 'Insufficient'
Assurance: Insufficient

Report of Learning from Never Events in Surgery
Following the Committee's review of the Never Events report from Deloitte (internal auditor) in January, the Q&S Committee received a thought-provoking presentation by consultant surgeon Mr. Jon Lacy-Colson on his findings relating to Never Events in Theatres. He broke issues in theatres into 4 themes:

1. Hierarchy within theatres
2. 5 safer steps (WHO checklist – comparable to aviation disciplines)
3. Documentation
4. Obtaining patients' consent

Mr Lacy-Colson highlighted significant shortcomings in each of these areas together with remedial action plans. The committee was concerned that after so many initiatives in theatres, including a complete day's training for all staff and a number of "clip-board" style external consultancies, that there had been only limited improvement. It was agreed that Mr. Lacy-Colson and the COO should liaise to merge the proposed actions with the current Value Stream work in Theatres so further confusion is avoided. The COO confirmed this has been completed.
Assurance: Moderate

Visit to Therapies Unit (South Site)
Mr Carroll (A.NED) and Mr Newman (NED) visited the Therapies Unit which provides day-care and some community therapies as well as coordinating inpatient work. The building is owned by NHS Estates and is in poor shape e.g. roof leaks, some carpets completely worn through, although the therapists appear unclear who is responsible for rectifying any problems.
Whilst there was some confusion, it appears that there should be a headcount of 78 physiotherapists and there are only 50 WTEs (and, apparently, that was all that was in the budget). This shortfall notwithstanding the department has been reorganised to give 7-day availability for patients, where this is needed. However, the department is clearly under stress through headcount shortages and this reflected adversely in the recent staff survey.
Assurance: Moderate

The COO reported that a lot of work is ongoing in terms of integration with the Community Trust. He discussed the income we receive and the need to understand what is within tariff and what is bundled.
The CEO assured the members that the Therapies building is maintained by NHS Estates. He asked the COO to clarify the discrepancy in terms of the Therapies vacancies (50 physiotherapists against a headcount of 78) – the COO confirmed it is not a vacancy rate - one figure is actual and one is aspirational.

Major Risks in the Q&S Territory
The Committee agrees that there should be a regular, if not for everything frequent, review of all risks in the Quality and Safety territory on the SaTH risk register, in order that the Committee may be assured that actions are in hand to reduce risk severity where possible. The Associate Director for Quality Governance Risk will liaise with the appropriate members of staff and bring a modus operandi to the next Q&S Committee meeting.
Assurance: Not applicable

The Chair thanked Dr Lee and Mr Newman for the reports which the Board RECEIVED & NOTED**.**

2019.2/45 **MATERNITY OVERSIGHT MEETING REPORT**

Ms Edwards (NED) chaired the Maternity Oversight meeting on 11 March 2019 on behalf of the Trust Chair Ben Reid. She provided the following update:

Attendance
The Chair raised concerns regarding the lack of attendance at the meeting and noted that the group wasn't quorate therefore any formal decisions to be made would be escalated for ratification by Trust Board. It was

also noted that a number of papers had not been circulated prior to the meeting. Members were reminded of the importance of the meeting as a Tier 2 committee and the requirement to provide papers to administration support six working days prior to future meetings. It was noted that future meeting times have been rescheduled and the meetings moved to PRH to facilitate improved attendance.
Assurance Level: N/A

Imagined Future
The first vision building meeting 'Your vision – the Future of Maternity Services' was held with a wide range of staff members on 26 February 2019. Two further similar meetings are planned. Within the Quality Improvement Plan the timescale for delivery of a final 'Imagined Future' has been cited as September 2019 with a draft proposal provided to this group in May 2019.
Assurance Level: Low

Maternity 3 year plan
The three year business case for additional staffing to ensure minimum safe staffing levels in line with Birthrate Plus remains in draft format awaiting finalisation of financial assumptions and has not yet been submitted for consideration as part of the 2019/20 planning round. Although the recruitment of 10 additional midwifes is in progress with successful appointment to a number of the posts (six appointments made and back out to advert for the remaining four), low staff morale and further vacancies mean that staffing levels have been escalated as a high risk.
Assurance Level: Low

Additionally, the Chair confirmed that funded has been provided to move ourselves to Birthrate Plus.

MLU Culture
The Care Group have been taking action to improve the culture within Wrekin MLU, which is being well received and it is planned that the cultural improvement measures will go on to be rolled out across the whole of Maternity Services. Following a recent Trust Board walkabout, two meetings have been held with staff on Wrekin MLU to address issues raised, the majority of which have now been resolved fully. The visibility of Head of Midwifery and Director of Nursing, Midwifery & Quality has improved and regular staff engagement meetings are being scheduled.
Assurance Level: Moderate

Head of Midwifery
The committee wished to highlight the high level of risk to Maternity services in relation to senior nursing leadership. Sarah Jamieson, Head of Midwifery will be leaving the Trust with plans regarding interim cover yet to be finalised. In addition the Director of Nursing, Midwifery & Quality and Deputy Director of Nursing will also be leaving the Trust within the coming months.
Assurance Level: Insufficient

Dr Weiner reported that in the minutes of the last meeting, he requested to receive information to ensure the Board are fully engaged in the Secretary of State Review of Maternity Services; although this was circulated outside of the Board meeting, he felt there is a low level of assurance in relation to engagement with the Review. Dr Weiner enquired if the Maternity Oversight Group will monitor the SoS Review in the future – the Chair gave absolute assurance that the Maternity Oversight Group will receive this and hold a full debate and will provide assurance to the Board.

2019.2/46 **QUALITY & SAFETY PERFORMANCE REPORT – MONTH 10**

The Acting DNQ raised the following key points from the Month 10 Quality & Safety Performance report:

- Although not within the reporting period covered by the Quality Governance report the Trust has declared a never event relating to a misplaced NG tube on the 12th March 2019. There will be an update relating to this incident at committee where Mr Lacy-Colson (Clinical Director for Patient Safety and Governance Scheduled Care) will also be in attendance and able to offer further information.

…….. Chair
30 May 2019

- There were no cases of MRSA bacteraemia reported in February but the Trust is below its target level of 0 cases with 5 cases reported year to date. 2 cases of C-Diff were attributed to the Trust in February.
- There were 14 > 12 hour ED breaches recorded in January 2019. The Associate Director of Quality Governance and Risk has escalated an issue of harm proformas not being received by the Patient Safety team to the Director of Nursing, Midwifery and Quality and Chief Operating Officer. Checks by the Patient Safety Team form an additional level of assurance that patients who have experienced a > 12 hour ED wait have not suffered avoidable harm.
- There has been an increase in device related injuries (which had been almost eliminated) relating to a different type of oxygen masks and tubing being procured. The Lead Tissue Viability Nurse Specialist is completing a thematic review in relation to the above which will be discussed at CGE in April and escalated to Q&S Committee if appropriate.
- In January 2019 we reported one serious incident which related maternity. This incident did not strictly meet NRLS/SI criteria but was raised as an SI for openness and transparency on the request of the Director of Nursing, Midwifery and Quality. The incident is covered by Every Baby Counts criteria so will be investigated by the Health Services Investigation Branch (HSIB)
- A lower number of patients recommending maternity in the Friends and Family Test in February compared to the previous month (96.5% in February compared to 98.9% in January)

The Trust Board RECEIVED the Quality Governance Report.

2019.2/47 **EXEMPLAR UPDATE – *Presentation attached to Minutes***

The Acting DNQ provided a presentation regarding the Exemplar Programme which was set up in 2016; it was a ward accreditation framework to look at the position of the Wards – those that were 'shining stars' and those that required areas of improvement, and to provide a governance process for the quality indicators that needed to be improved upon.

The Wards voluntarily put themselves forward to become part of the programme to show they had ward accreditation and improvement from 2016 – present. It soon became apparent that in-depth work was required to look at the quality standards. Key stakeholders were required to set the standards, such as the medicine management standard, the cleaning standard and the nursing standard and the metrics. 190 key lines of enquiry were developed to make those improvements, and 30 members of staff from ground floor to specialist nurses were engaged with to pull their knowledge and awareness. Twenty Ward Managers were involved in the process, as well as patients, families and patient representatives.

When this programme was first considered, the staff looked at Silver, Gold and Diamond Awards – we are now moving successfully to get those standards in place.

The Trust currently has 8 wards that are outstanding to be done; they will be visited unannounced, both in and out of hours.

The Acting DNQ informed the Board that the Diamond Ward has had a direct impact on staff sickness rates which have reduced and staff morale is good. Staff are heavily involved and become Exemplar Champions, and all are awarded with a Silver, Gold or Diamond badge to show they have completed the Programme.

The Trust has been nationally recognised for the Exemplar Programme and an outstanding article will be placed in the Nursing Times; also talked to the Nursing Standard, and three Trusts from both the Public sector and Private sector have contacted the Trust to come to work with us to improve their standards on their wards.

The Chair reported that he has visited the Wards that are involved and is very impressed. As the Act. DNQ will be leaving the Trust, the Chair enquired who will be responsible for the Programme; the Act. DNQ assured him that she will hand it over to her successor. It is an embedded process which will continue over the next 3-5 years.

…….. Chair
30 May 2019

The CEO reported that he has visited all of the Wards involved in the Programme where you can see the pride in the staff; he enquired if this has been cross-referenced back to the Staff Survey to provide evidence. The Act. DNQ felt it could be cross-referenced and suggested the results would be good news.

Mr Deadman (NED) enquired to what extent is it possible to extend the measures for nurses to trust and allow for criteria-led discharge. The Act. DNQ reported that the Exemplar Programme has changed since 2016 and the Executive Team continue to add to change it further. She felt elements could be built in, such as this, but it has to tie back to Quality. It could possibly be added in under training and education for nurses to ensure they are confident and competent in discharging patients against criteria.

The Board congratulated the Act. DNQ on the work undertaken.

2019.2/48 **QUALITY IMPROVEMENT PLAN UPDATE**

At the 7 February Trust Board an update was provided on the progress that was being made to develop the composite Quality Improvement Plan ("QIP"), to address the findings highlighted in the November 2018 Care Quality Commission ("CQC") Inspection Report. The approach adopted was detailed in the Trust's 28-day response to the CQC, previously shared with the Board.

The Trust has now developed the QIP in line with the approach and timeline advised to the CQC. The draft Must Do plans along with examples and evidence of delivery have been shared with the CQC, NHS Improvement ("NHSI"), Clinical Commissioning Group ("CCG") and other stakeholders through the February and March Safety Oversight and Assurance ("SOAG") meetings. Draft Should Do and Well-led plans have similarly been developed and are ready to share and enter into the delivery phase.

The CEO reported that this approach has enabled staff to look at the root causes of the Should Do and Must Do actions. He highlighted this is not a tick-box exercise; staff are getting underneath the actions to understand why these elements are inconsistent or absent in some cases.

A series of staff discussions have been held to help support the process. There are five Improvement Steering Groups (ISG) each led by a member of the Executive Team, with representation from members across the organisation. It is being approached using Situation, Background, Assessment, Recommendation (SBAR) to unpackage the issues. It is a multi-layered approach using the well led approach, the exemplar programme and an engagement group to pick up all elements. A lot of time has been invested to resonate with staff across the organisation.

The CEO reported that to date, the Trust is expecting to be 80% complete in terms of the Should Do and Must Do action plans by end-September 2019.

The CEO reported that a monthly IOG is held; this includes all partners from the system, regulators, CQC. SaTH presents material in terms of the improvements in the organisation and how we are building the confidence around the evidence of safe care, and there is an opportunity for partners to question. This is also being used to check in against other governance structures such CQRM, Quality & Safety Committee and Workforce Committee, so there is a triangulation piece also ongoing.

The CEO reported that the Trust has received support from Moorhouse Consultancy. SaTH has now appointed into its own PMO structure, who will continue to lead the process. He welcomed Christian Adams from Moorhouse to the meeting to provide his independent view.

Mr Adams reported that the organisation has now reached a position where Must Dos plans are in place; it has gone through several hundred root causes and feels like it has been a robust process. The Trust is now into Cycle 3 of delivery and the progress made has been really positive. It would normally take up to 8 cycles to complete the process but SaTH seems to be well ahead of the curve. The Well-Led aspect is key to delivery as it is through the change and continuous improvement – traction on this will move through to quality improvement.

…….. Chair
30 May 2019

Mr Bristlin questioned if the trajectories have been discussed at the SOAG and enquired if the members were satisfied. Mr Adams confirmed that the Must Dos have been shared at SOAG and the Should Dos will be shared at the next SOAG meeting. The trajectories will change over time.

Mr Adams reported that the paper references engagement and communication with external stakeholders – the monthly SOAG is the primary forum for engaging with the Trust's key external stakeholders. However it is recognised that there is a limit to the breadth and depth of engagement that can be achieved through this forum. It is therefore acknowledged that there is a need for the Trust to undertake greater proactive engagement on the QIP with its stakeholders, particularly the local CCGs. This will provide mutual benefits, through an opportunity for the parties to fully familiarise themselves with the QIP, challenges, gain experience and provide constructive feedback.

Mr Adams suggested the one SOAG meeting per month is not a great opportunity to share with stakeholders; he therefore reported that additional one-to-one engagement sessions will be held, particularly with CCGs so they understand.

Mr Deadman reported that in previous Audit Committee meetings discussions have been held in relation to actions being completed and sustained; he therefore enquired if there is a process at the end of this to ensure the actions are cemented into place.
Mr Adams reported there are two parts to closing off the actions – one relates to evidence; the other relates to KPIs – each root cause will have a KPI attached to it which looks at the impact the actions were supposed to have and if they are sustained. There is continuous monitoring of the KPI – this is not yet fully in place on the Must Dos. The SOAG and partners are keen to have assurance of this.

A full plan of activities leading up to re-inspection will be developed throughout May 2019. This will draw on the experiences of similar organisations that have recently been inspected, as well as the learning from the 2018 inspection. This will be overseen by the Executive Continuous Improvement Board.

The Board RECEIVED the Quality Improvement Plan and thanked Mr Adams for attending to provide the update.

2019.2/49 **EQUALITY & DIVERSITY UPDATE**

The Acting DNQ presented the Equality & Diversity Report (Service Delivery) for 2018 which covers the period 1 April 2017 to 31 March 2018. This has previously been considered by the Quality & Safety Committee.

Dr Weiner queried the governance route and enquired why it had not been presented to the Workforce Committee. The WD reported there are two key elements to the EDS; half is Workforce and the other half is Service Delivery. The Workforce element was presented to the Workforce Committee at end last year.
Moving forward, it will be presented to the Equality & Diversity Committee which is being established which links into both Committees.

Mr Newman raised Chaplaincy Services within the report and the questioned the availability of a Roman Catholic Priest for those near to death as it appears the organisation does not have a Roman Catholic priest on-call. The DCG reported that a Roman Catholic priest is contacted by the family and provided from their own parish. The Chair requested further detail as this would not suffice for patients who are outside of their parish.
Action: DCG [It was subsequently confirmed that there is a rota of Roman Catholic priests who switchboard contact for any out of hours requests]

The remainder of the report provided an overview of progress set out against the equality objectives set in 2017 and included the relevant information in order to meet compliance with the Equality Act 2010 which is for the Trust to publish and act on equality data for our patients, staff and the local communities which SaTH serves.

There is evidence to suggest there is a direct connection to equality and diversity being embedded within every level of the organisation to better outcomes for both patients and staff.

…….. Chair
30 May 2019

The Chair received a question from the floor in relation to patients with dementia. Mr Rook informed the Board that he received a letter from the Director of Nursing, Midwifery & Quality two months ago stating the Trust has signed up to the Dementia Friendly Hospital Charter. He stated he has been asking for SaTH to make progress on Dementia Care for many years but he felt progress is not being made. He therefore asked what the Board will do and what resource will be put in to implement the Charter.
The Chair reported the Act. DNQ would respond at the end of the meeting/pick up outside of the meeting.

Mr Darbhanga (A.NED) raised the Equality objective which remains outstanding from 2018 and enquired if a plan is in place to achieve this. The Act. DNQ reported that a new Patient Experience Lead Nurse is due to be appointed within the next week; a temporary member of staff has been in this vacancy for some time. That agenda will be picked up through this work.

The Board RECEIVED the report and APPROVED the objectives and action plan relating to Service Delivery.

2019.2/50 SAFER STAFFING 6-MONTHLY REVIEW

The Acting DNQ presented a paper which recognised that there are on-going pressures on the Trust to meet the NHS establishment recommendations. The challenge for the Board is to ensure a level of safe registered nurse staffing levels in line with national guidance, on wards and units within Shrewsbury and Telford Hospitals.

The overall fill rate at aggregate level looks good; however, there are examples of wards that are heavily reliant on agency staff and experience low fill rate. Examples from January data show some wards operating at less than 50% substantive RN fill rate. Additionally there are examples of wards with overall low fill rate for this month of less than 70% at RSH.

Mr Newman reported nurse staffing levels were discussed at the Quality & Safety Committee which he chaired on 20 March 2019; the Committee were low on assurance in relation to staffing the acute wards with substantive staff, further education and training for staff, and implementation of strategies for staff.

The Act. DNQ reported the following vacancy rates:

- Scheduled Care had 36.65 (Band 5 and 6 RN vacancies)
- Unscheduled Care had 103.23 (Band 5 and 6 RN vacancies)

The number of additional Midwives required (staffing review October 2018) is 29 WTE (in line with BirthRate Plus) - currently going through the Trust Governance Process.

The Act. DNQ assured the Board that the recruitment programme for registered nurses continues; a programme for Nurse Associates has commenced and they will support the registered nurses. There is a national shortage of registered nurses across the country. SaTH will therefore continue to work with Universities to increase our placements. SaTH has increased funding from Health Education England to have mentors in place across the wards to support newly qualified nurses when they join. Work continues with local colleges to recruit in to our Health Care Assistant roles who hopefully go on to become registered nurses.

The Act. DNQ reported there has been a direct impact in the recruitment and retention of registered nurses through the Bursary and the decision to change the way we fund our nurses; this has had an impact on the number wanting to become trainees.

Work continues on alternative methods of staffing the wards and work continues with the Leadership Team including Matrons to ensure resources are being used in the best way.

We are out to international and regional recruitment; with a recent visit to Dublin to recruit which was successful.

Given the current situation, the CEO enquired what else is being done. The Act. DNQ reported that the organisation is required to maintain a percentage of registered nurses on each ward (60/40 ratio meaning 60% of nurses are required to be registered and 40% HCA, this shifts to 80/20 in Intensive Care and 70/30 in ED).

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As there aren't enough RNs in the country, we are looking more effectively to alternative roles to support the registered nurse. This may need to be a reduction in the number of registered nurses on the wards but that must be supported nationally and by the NHS regulators.

Dr Weiner felt it was an important paper which provided the clarity he has been seeking; and he requested that it be presented through the Workforce Committee in the near future with a view to assisting in this work.
Action: WD / Workforce Committee Chair

The Act. DNQ reported that the paper is required on a 6-monthly basis but she agreed to provide to the Workforce Committee on a quarterly basis.
Action: Act. DNQ

The Board NOTED the 6-monthly Nurse Staffing update.

2019.2/51 GUARDIAN OF SAFE WORKING – Q3

The MD presented a paper which reported Dr Bridget Barrowclough was appointed the Guardian of Safe Working Hours (GoSW) for Shrewsbury and Telford NHS Trust (SaTH) in August 2016. The role should provide the Board with the assurance that doctors in training receive, and work to, work schedules that comply with the new safe limits for hours and rest under the Terms and Conditions of the Junior Doctor Contract 2016, ensuring doctor and patient safety.

Junior Doctors use the process of Exception Reporting to report variations from their work schedule with respect to hours, rest and service commitments. There is no other monitoring of hours and it is unknown whether rotas remain compliant once the doctors are in post unless reported otherwise.

The GoSW has oversight of all Exception Reports and escalates concerns to the appropriate Clinical Director and Medical Director. The GoSW reports to the Board and Local Negotiating Committee quarterly.

This report contained details of the Exception Reports by department, grade and type with outcomes reached for the past quarter – 1 November 2018 to 31 January 2019 – together with activities and issues arising during the reporting cycle.

- 43 episodes were cited in 22 reports with 83 hours compensated by either time off in lieu (TOIL) or financial reimbursement.
- The impact of the doctors receiving TOIL on remaining staff is unknown but it is generally agreed that, where this causes concern, financial reimbursement is made.
- There are reports of staffing levels being compromised by inconsistencies in the approval process for annual and study leave. The current system is not standardised and is managed by a paper method. The software programme E-leave would enable oversight of all doctors leave (annual, sick, study and professional) and would provide visibility of all rotas throughout the Trust in order to maintain safe levels of Junior staff at all times.
- Concerns regarding the on cover weekend shift in Surgery have not been resolved to date. The department continues to work towards extending the registrar shift beyond 1 pm to 5 pm. There are continued reports of high work intensity on this shift and also on the medicine weekend cover shift at PRH. The GoSW has been informed that Medical Assistants are soon to be introduced in medicine to ease the workload.

The MD highlighted the paper made two recommendations:
- To increase funded time allocated to Guardian from 1 to 2 PAs (increase of 4 hours per week). The MD reported he has agreed to increase this to 6 hours per week
- To request investment in a software system that provides visibility of all rotas throughout the Trust in order to maintain safe levels of junior staff at all times. The MD reported there is a potential E-Leave rota that could be purchased – he will ask the Care Groups to explore a Business Case for this.

The Board RECEIVED the update and APPROVED the recommendations.

2019.2/52 COMPLAINTS & PALS REPORT – Q3

The DCG presented the Complaints and PALS report which sets out details of the complaints and PALS activity during Quarter Three 2018/19, as well as details of the Bereavement Services, Freedom of Information and Letters of Thanks. It was noted that this had been presented at Quality & Safety Committee.

Complaints

In quarter three the Trust received a total of 177 formal complaints which equates to less than one in every 1000 patients complaining (0.75 complaints per 1000 patient; this is similar to previous quarters).

The Trust is required to acknowledge all responses within three working days. The Trust achieved 100% compliance with this requirement during quarter three, with 80% receiving an acknowledgement within two working days. Where possible, complainants are also telephoned by the Case Manager to confirm the issues identified for investigation, outline the process and timescales and provide a personal contact moving forward.

Of the 166 complaints closed during quarter three, 23% (39) were not upheld, 54% (89) were partly upheld and 23% (38) were fully upheld. A complaint is deemed to be partially upheld if any aspect of it is upheld in the response and fully upheld if the main aspects of the complaint are deemed to be upheld.

The main themes remain the same, with a slight increase again in complaints about appointments; this is in part due to a number of services experiencing problems with capacity. Complaints relating to staff attitude had been increasing, but this has now stabilised and started to reduce slightly.

There are ongoing improvements noted in completion of action plans, and complaint responses being sent out with agreed timescales. 90% of complaints closed in quarter three had an action plan completed or confirmation that no actions were required. Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum, Care Group Boards and specialty and department governance meetings.

Complainants are advised to contact the Trust again if they are unhappy with the response to their complaint; the complaint will be reopened and a further investigation carried out. Nine complaints were reopened in quarter three, relating to complaints initially received in June, July, August, September and October 2019. Of these nine, it was acknowledged that the initial responses to two of these had not been sufficient to address the complaint. The number of complaints that are re-opened as a result of an inadequate initial response from the Trust remains very low.

There have been improvements in the timely completion of medical certificates of cause of death.

PALS

PALS received 92 concerns during Quarter 3 regarding issues with communication. This is an increase of 18 cases compared to what was received in Quarter 2. Concerns around appointments continue to feature in the top three categories with Quarter 3 receiving 88 concerns around appointments. This is however a significant reduction with Quarter 3 reporting 33 less cases than Quarter 2.

Other Patient Feedback

Whilst PALS receive concerns directly from patients and relatives, some service users turn to NHS Choices to share their experiences, whether it be positive or negative. Once a patient or carer publishes their comments, these are all acknowledged by the PALS Manager and forwarded to the relevant department so they are aware of the patient experience. The information posted on NHS Choices is anonymous and sometimes it is not possible to identify any further details such as the speciality involved or the location. Where a patient shares a negative experience they are invited to contact PALS to enable the team to investigate further.

During Quarter 24 comments were published on the NHS Choices website - 14 of these were for RSH and 10 for PRH. 19 of these comments shared a positive experience with only four being a negative experience and one had had a mixed experience.

In contrast to Quarter 2 report, A&E received eight positive comments about the care they provided, and Ophthalmology received some negative feedback regarding patients waiting too long in the waiting for their appointment.

Freedom of Information (FOI)
The number of FOI requests received by the Trust was 159 in Quarter 3 which is similar to previous quarters.

The Board members NOTED the content of the Q3 Report.

PERFORMANCE (SUSTAINABILITY)

2019.2/53 **PERFORMANCE COMMITTEE REPORT**

2019.2/53.1 The Chair of the Performance Committee presented the summary of the meeting held on 26 February 2019, drawing particular attention to:

Operational Performance Report

- RTT remains under severe stress with the backlog increasing. While delivery of Operational Plan would mitigate some of the issues the unpredictable level of demand would continue to cause problems. The committee asked for an update at the next meeting and a projection of RTT/backlog performance.
- The committee congratulated the team for maintaining their good performance in diagnostics despite the growth in activity, particularly the 2 week waits.
- Cancer target was achieved in December, however the Trust was not forecasting to achieve the 85% target in January which was disappointing. A recovery plan is in place.
- A&E performance against the 4 hour target for January was better than December but remained well below the target. The committee welcomed some improvement in performance after many successive months of decline. An analysis of ED performance highlighting days of week/time of day and a projection of A&E performance over the next 6 months to be presented to the next meeting.
- The committee discussed the unusual increase in ambulance arrivals. A group had been convened to look at the data and explore other options.
- SaTH remains in the top 5 Trusts in England for Stranded and Super Stranded Patient performance. This is an excellent achievement.

It was noted that much of the discussion of non-financial issues was reviewing historic and current performance. That was important but the Committee asked for more forward looking predictions (3-6 month horizon) of future performance.

Financial Performance Month 10

Year to date at the end of January 2019 the Trust reported a pre PSF deficit of £20.078 million, £3.538 million worse than the original control total of £16.5 million. The position was broadly in line with the revised outturn figure which was reported to NHSI in November 2018.
The Trust is on target to deliver the £23.982 million forecast end of year deficit which is £5.543 million worse than our control total of £18.439 million. These outturn figures were reported to NHSI in November 2018. However, there are some delivery risks as the recent decision to spend £700k on enhancing Bank pay has removed all contingency.

There had been a recent increase in agency expenditure. There were no issues to report with regard to income, cash or the Trust's Capital Programme.

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Waste Reduction Programme 2019/20

The Waste Reduction Programme and draft budget proposals for 2019/20 were reviewed.

The committee was encouraged by the level of work underway and the rigorous processes in place and the honesty of the care groups in presenting their updates. However we do not currently have a viable plan with appropriate contingency and the levels of detail we need. In particular the committee was therefore not assured that the:

- £5.2 million allowance for 2019/20 cost pressures would be sufficient or that the Trust would be able to respond to unexpected demands throughout the year.
- Programme of CIP measures was sufficient to allow the indicative £11m initial plan to be delivered.

Operational Plan

A summary of progress against the Operational Plan for 2018/19 was received and noted. Progress had been patchy, with success in some areas, e.g. SaTH2Home and Stranded Patients and less success in other areas. Some elements to be carried forward into 2019/20.

A presentation was delivered by the Care Groups on Operational Plan proposals for 2019/20. The committee welcomed the care group's perspective. It was noted that the operational plan was intrinsically part of our CIP proposals: accordingly we need to ensure proposals are realistic, had targets and milestones and were owned by care groups. This was not the case at present. Progress would be reviewed at the next meeting.

Board Assurance Framework

The committee reviewed the Board Assurance Framework and the rating of the following risks:

- We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity (RR 561) - LOW
- We need to live within our financial means so we can modernise our aging estate and equipment and invest in service development and innovation (RR 670) - HIGH

The committee asked for risk 1134 relating to "We need to deliver plans jointly agreed with the local health and care system so our admission and discharge processes ensure patients are receiving safe and effective care in the right place" to be monitored by Performance Committee in addition to Quality and Safety and Workforce Committees.

Other items discussed included:

- Update on contract negotiations for 2019/20 contracts. Initial model received by the Trust for consideration. Key risks relate to QIPP and securing the continued additional funding for the midwifery model of care.
- Services under the Spotlight – latest position noted with regard to ED and Neurology. Following some workforce success, it is recommended that Dermatology is no longer considered a fragile service.
- High Value Diagnostic Equipment - Due to the level of investment required by the Trust and in view of the anticipated introduction to the NHS of new Accounting Standard IFRS 16 – Leases in 2020/21, the Finance Department is seeking external advice regarding the financing options available. It is hoped that the business case will be presented to the Performance Committee meeting in March 2019.
- Gas Supply Contract - the committee approved a proposal to change its gas supplier.
- Proposal to implement New Food Service at RSH - the committee approved a proposal to provide the same food system at RSH which is currently in operation at PRH.
- Update on Pride and Joy - an update was provided on the findings of the Pride and Joy pilot project undertaken 12 months ago on the orthopaedic and rehab wards at RSH which resulted in a 16% increase in flow on the wards. The committee asked for a business case to be prepared.

Mr Carroll (A.NED) enquired how the Board could be better sighted on what is happening within the system. Mr Deadman reported there are a lot of important strategic issues which are being worked through, and a lot of housekeeping issues which are not being addressed as well as possible, i.e. a slight difference in demand forecast between the CCGs and SaTH. The COO suggested bringing an update to the Board, on behalf of the A&E Delivery Board which the CEO Chairs, so that the Board can understand the areas of joint working, to illustrate what the measures are and provide an update on progress. He suggested the update be presented

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through the Performance Committee which reports up to the Trust Board. The CEO agreed transparency is helpful, and agreed that the Board needs to be sighted on what our partners are doing and the progress. He suggested exploring this with the Independent Chair of STP.
Action: CEO / COO

2019.2/53.2 The Performance Committee Report of 26 March 2019 was also presented, key points from the meeting are:

Operational Performance Report
At this meeting and as planned and required papers were presented and discussions focused on performance improvement actions and predictions of predicted performance improvements.

- Current RTT performance remains fragile, with the Trust continuing to fail the 92% target. The forward looking projection of the RTT performance was provided which showed that the position was unlikely to improve until June 2019 when additional capacity becomes available at PRH through the acquisition of a Vanguard Unit. During the meeting the business case for the Vanguard Unit was approved: The committee supported this approach but given the executive had been developing the proposals for some time and the equipment was on order the approval process was not effective: The Committee required earlier notification of such requests in future.
- The Diagnostics team were congratulated maintaining their good performance in achieving the diagnostic target.
- In January we delivered a 67.2% cancer performance (85% target) with a further minor deterioration expected in February. This represents a substantial deterioration in performance (from upper quartile to lower quartile). This is most unwelcome but had been predicted in previous reports. At the committee's request a forward-looking projection of the Cancer performance was provided which forecast that recovery actions should deliver the 2 week wait target in July 2019 and the 62 day target in October 2019. The major risk is Workforce capacity to deliver diagnostic turnaround times and Urology activity.
- Urgent Care performance remains well below the target due to capacity challenges, however the committee was encouraged that this was now moving in the right direction and welcomed further improvements in minor performance.
- Ambulance handovers are a concern – the Trust is currently unable to provide the level of service to the Ambulance Service required. We are taking measures to address this. However we also need the Ambulance Service to be more co-operative if we are to develop shared solution to this problem.
- Stranded patients – broadly maintained, although we expect the recent outbreak of Norovirus to impact on this in next month's reports.

Assurance: We are assured we understand current and predicted performance levels however these levels of performance and care are poor.

In relation to Urology, Dr Lee (NED) suggested using this as an opportunity to obtain a system-wide approach along that particular pathway; it is important that we can galvanise that to ensure that it evolves in an up to date thinking and an appropriate pathway.

Financial Performance Month 11
Despite the additional pressure placed on the Trust as a result of the recent decision to pay RN and HCA bank at a 100% enhanced rate (cost to the Trust £1.3 million) the Trust is still expecting to deliver the £5.5 million deficit from its control total which was reported to NHSI in November 2018.
There were no issues to report regarding the Trust's cash position or Capital Programme.
The committee will discuss Service Line Reporting (SLR) data in conjunction with Model Hospital Data at the next meeting.
Assurance: Fair: We will deliver our predicted £5.5m deficit from our control total. However, the £1.3m cost shock in February 2019 shows we are not in control of events.

Mr Newman raised the £1.3m cost-shock for 100% enhanced rates for Bank staff during February; he highlighted this is a huge increase and enquired how this was deemed to be necessary and how was it authorised.

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The WD reported that a range of options were put forward for consideration to ensure there were appropriate staffing levels across both sites during February; it was agreed by a multi-disciplinary team that this was the best option. In the need to make a decision, the WD felt there was perhaps too much haste and not enough consideration which possibly led to not fully understanding the financial impact. In hindsight, that decision would probably not be taken again. The Workforce Committee were sighted on this but were not part of the decision making process.

Dr Weiner agreed that whilst the Workforce Committee were sighted on the above, it was after the event. He therefore enquired how the Trust has learnt from the above error.

The COO reported that there were urgent discussions about delivery of capacity with NHSI and others; this was followed by an Executive Team meeting (the CEO was on leave at the time) where the Executives discussed and considered a number of options regarding the delivery of capacity to maintain the services; a decision was then made. The learning is therefore for the Executive Team. The CEO assured the Board that the Executives will explore the process with the FD and a number of colleagues.

Mr Deadman highlighted that the above was not a single-event; there have been a number of events this financial year and last financial year that have arisen where financial costs have been incurred which weren't expected; the challenge this year is SaTH does not have a contingency for issues that arise that we're not aware of; we must therefore reflect on this as we go into budget planning.
The CEO suggested looking at it through the lens of the system as the Trust has felt some of the pain as a consequence of the systems actions.

Following discussion, the FD reported an end of year settlement with the two CCGs; therefore been able to secure a level of funding to the sum total of approx £1.7m; this is the basis upon which we feel confident we can get to year-end.

<u>Waste Reduction Programme 2019/20</u>
An update on the development of the Waste Reduction Programme for 2019/20 was received. Based on a national requirement of a 1.46%, the Trust needs to deliver a Waste Reduction Programme of £7.2 million. To date only £3.641 million has been identified as amber or green. More schemes were expected to be finalised in the coming week. The committee noted the challenge this would present particularly in the light of historical and 2018/19 performance with only 60% of the plan expected to be delivered. It was suggested that a programme to deliver £3.0 - £4.0 million would be more realistic. However the committee felt a £4.0 million waste reduction CIP on a business with £350 million cost base was disappointing and questioned if we are focusing on small transactional savings and missing large transformational and process change waste reduction ideas?

Although not on the agenda a proposal from Deloitte to assist the Trust identify Waste Reduction opportunities was received. The quality of the team was excellent, and it was focused on finding large scale change opportunities. However, it was unclear from the papers if it needed approval, parts of the proposal were not needed and in any event the value of the work was less than £100k. The Chair encouraged the executive to progress with the work if they felt it helpful provided it was in 2019/20 budget and/or funded in the 2019/20 'pressures list'.
Assurance: High (If we propose Waste Reduction Programme in 2019/20 of £4.0 million or less).
Low (If we propose a higher Waste Reduction Programme).

<u>Operational Plan</u>
A presentation on the Operational Strategic Business Planning 2019/20 was delivered. The committee acknowledged the amount of work involved in developing the plan and the engagement with care groups. We concluded the issues which will need to be addressed before Board review are:

- There has been a good process, with care groups involved, and a genuine focus to aim for truth with many iterations of the plan. Continue with this approach. (High Assurance)
- There is a plan which addresses 95% of the issues, but there are a few months where we are in minor (10-20) bed deficit. So little more work needed. (Medium Assurance)

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- The plan works on average assumptions, but a plan is broken by 1-2 bad days. This has happened in the last 2 years. (Low Assurance)
- There are risks, dependencies and assumptions, which in our discussion were often mentioned but unquantified. We understand a lot of work done but had not been reported to the committee in the papers. A discussion highlighted the following key risks:
    - Plan sensitive/depends on significant length of stay reductions, particularly at PRH.
    - Will we be able to ringfence Scheduled Care beds: never done it yet?
    - Are growth predictions right?
    - We need several organisations in the local health economy to work with us. (E.g.: community beds must be new beds and not just replacing existing social care, how can we get Ambulance Service to help us more, and prompt decision making to agreed timescales (Future Fit/MLU review, NHSI/E capital approvals, etc.).
    - Average 95% bed occupancy: 92% is recommended: Bed occupancy is a very sensitive assumption and a 95% figure makes plan very vulnerable to day surges (See (3) above.
    - Workforce: If money is plentiful (which it is not) the issue is manageable: Accordingly, the workforce issue is a complex financial risk: one that has repeatedly broken our financial plan in the last 2 years.

The committee asked for these issues to be addressed in the Trust Board Papers.
Assurance: High (If these issues can be addressed).

Budget Options 2019/20

The Finance department now have a huge task, and little time, to turn our evolving plans and proposals into a financial plan. It was the Committee's view that realistic waste removal proposals, the need to incur costs to recover performance and the NHSI control total expectations of us are un-reconcilable.
The budget options for 2019/20 were presented to the committee for consideration, noting that there would be a significant growth in the Trust's recurrent deficit, which could potentially be increased by a further £20 million based upon pressures presented to the Senior Leadership Team. A potential budget (excluding residual pressures not yet categorised of £5.1 million) indicates a £15.0 million variance against the NHSI Control Total for 2019/20 of £24.2 million deficit. The committee noted the financial benefits the Trust would not receive as a result of failure to deliver its control total.
The Committee proposed that the Board should review an ambitious but sensible plan which delivered the performance and care improvements proposed with professional contingencies (time, beds, money, care). It should be ambitious but not in any way heroic.
Assurance: Uncertain

Board Assurance Framework

The committee reviewed the Board Assurance Framework and the rating of the following risks:

- We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity (RR 561) - LOW
- We need to live within our financial means so we can modernise our aging estate and equipment and invest in service development and innovation (RR 670) - HIGH

The committee suggested a review of the residual risk score relating to risk 561.
Assurance: Fair: One of the two risks did not seem to be updated.

Other items discussed included:

- Services under the Spotlight – latest position noted with regard to ED, Neurology, Dermatology, Urology and Breast Service.
- Gas Supply Contract - the committee approved a revised proposal to renew its gas supply contract commencing 1st April 2019. This would be for a period of 12 months and offered a greater saving than the previous proposal.

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- High Value Diagnostic Equipment – due to the level of investment (circa £7 million), the Trust has sought external advice regarding the finance options available. The committee was informed that currently this was not causing a delay to the purchase of the CT scanner. The Business case expected to be presented to the Performance Committee meeting in April 2019.
- Single Waivers over £100k – The findings of a review of the Trust's Conflict of Interest Register and Single Source Waivers over £100k for the period 1.4.18 – 15.3.19 was shared with the committee.

The Board NOTED the Performance Committee Reports.

2019.2/54 **TRUST PERFORMANCE REPORT – M11**

2019.2/54.1 **FINANCIALPERFORMANCE**

The FD reported that the Trust is reporting a year to date pre provider sustainability fund (PSF) deficit of £23.719m, £4.821m worse than plan.

Income & Expenditure Position

Original NHSI Plan
Year to date at the end of February the Trust is reporting an adverse variance of £4.821m against the pre PSF original NHSI plan deficit.

Forecast Outturn (£5.543m away from pre PSF Control Total)
The position is £0.311m away from the year to date forecast that delivers a £5.543m deficit against a pre PSF control total. The Trust does however remain confident in its ability to achieve a year end deficit of £5.543m.

Pay
To date the pay spend has amounted to £235.177m against a plan of £230.384m resulting in an overspend of £4.793m.
19% of the Trust's pay costs in month 11 are attributable to temporary staffing mainly driven by the decision to pay bank RN and HCAs at a 100% enhancement.

Bank
The impact of the decision to pay bank RN and HCAs at a 100% enhancement in the month of February has led to an increase in run rate of £1.178m.

Agency
Total agency spend in-month amounted to £1.746m, £0.504m above the NHSI agency plan trajectory.

Cash
The Trust will receive the remaining cash support of £8.074m in March 2019.
The minimum cash balance required of £1.700m will only be achieved if the outturn of £23.982m is realised.

Waste Reduction Performance
Against the year to date plan of £7.240m, £4.424m has been delivered against the original schemes, with an adverse variance of £2.294m. This most notably exists within the following schemes:

- Unavailability
- Womens & Children's

The Trust remains confident in its ability to deliver a position £5.543m away from the original control total.

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2019.2/54.2 **OPERATIONAL PERFORMANCE**

Elective Activity – RTT 2018/19 Trajectory

The Trust failed to hit the 92% RTT target again by achieving 89.7%. Due to the demand in emergency activity this has resulted in the Trust enacting its hospital full policy, using Day Surgery Units and both PRH and RSH for overnight bed capacity which has impacted the RTT waiting list for admitted pathways.

The RTT Waiting list has seen an increase in its overall size compared to the same period last year. Oral Surgery, Ophthalmology, Urology, have seen the greatest increases in the waiting list.

Going forward for 2019/20 the Trust is working towards the following to help improve the RTT performance:

- The DSU's to become operational for elective activity from May 2019.
- Ward moves to take place during quarter 1 at PRH to bring operational efficiency.
- In Quarter 1 of 2019/20 a Vanguard unit will be located at PRH.
- By Quarter 2 Surgical procedure units to open at RSH.
- The Trust is looking to recover its 92% performance by Quarter 2, along with reducing the overall waiting list.

Diagnostics

The February 2019 national diagnostic waiting times of 99% (for patients who have waited less than 6 weeks) was achieved by the Trust attaining 99.71%

Cancer

The Trust failed to achieve the national target of 85.0% with January 2019 being 67.2%; early indications predict Feb 2019 at 64.40%.

The Cancer Action Plan has been updated with specific work in Urology, Colorectal, Upper G.I. and Lung:

Urology:

- Work on-going to agree transfer of prostatectomy surgery to UHNM (additional treatments at SaTH in March 2019).
- SaTH Urology Surgeons to commence training with UHNM on robotic prostatectomy in April 2019.
- Plans in place to further revise the prostate cancer pathway to provide early access to MRI followed by most appropriate biopsy being led by Clinical Director for Surgery commencing May 2019.
- Additional regular Monday evening clinics introduced to provide additional capacity for patients discussed at Urology MDT on the previous Friday.

Skin:

- SaTH Urology Surgeons to commence training with UHNM on robotic prostatectomy in April 2019.
- Contract review with Health Harmonies as capacity not being realised. Plan to be sorted by 31.03.19.

Gynaecology:

- One stop clinics for 01.04.19 will bring forward the pathway and therefore improve and sustain 62 day.

Colorectal:

- Further work with MDT Lead to review MDT operational meeting and put plan in place for May 2019.

Head & Neck:

- Pathway redesign will improve 62 day from March 2019.

Cancer Alliance have allocated £100k to SaTH for improvements in 4 cancer pathways:-

- Urology
- Upper G.I.
- Lung
- Colorectal

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Urgent Care Update

Ambulance Handovers
There has been an increase in one- hour ambulance handover delays. The peak in the 1 hour handover times correlates with total arrivals

Stranded Patients
Stranded performance YTD is displaying a 15% improvement in comparison to the same period last year.
Check Chase Challenge continues on both sites daily to continue to drive improvements

Super-Stranded Patients
Super Stranded Performance is displaying a 29% improvement against the NHSE 21% improvement target.
All Super Stranded patients are case managed and discussed in a weekly escalation meeting

Following discussion, the Board RECEIVED and NOTED the Trust Performance Report and the Chair thanked the FD and his team for their efforts in securing the financial end-year position.

2019.2/55 ANNUAL OPERATING PLAN 2019/20

The COO reported that the Board has previously received updates in relation to the Annual Operating Plan for 2019./20; he reiterated that the following three key areas have been selected for the next financial year:

1. To move beyond Special Measures
2. To achieve agreed performance trajectories
3. To be a sustainable organisation

There are number of key enablers and metrics to monitor, and detailed plans underneath those. A plan on a page has been produced and this will be shared both internally and externally, once it has been endorsed by the Board, to understand what is made up within each of the different areas.

The COO highlighted the importance of a number of key enabling plans to allow delivery against the plan, i.e:

- The Quality Improvement Plan, including Critical Care, Maternity, Unscheduled Care, Well-Led
- The Workforce Plan – this includes all elements in terms of the workforce and culture
- The Urgent Care element – activity in urgent care has increased significantly; our ability to manage that will affect the demand through ED, performance and pressure on the teams
- The Financial Plan – need to ensure efficiency and removal of waste, and look at how we manage the cost of that with the pressures
- Work is required on the Estates and the Information Agenda; the IT Strategy is core

The COO assured the Board that the underpinning areas will report to their corresponding Committee's, i.e. workforce element will report through the Workforce Committee, the Finance and Performance Committee will monitor the performance elements, and the Quality & Safety Committee will monitor the Quality Improvement Plan. The overarching Plan will be monitored by the Performance Committee.
The Chair requested the COO to present the final 2019/20 Operating Plan to the 30 May Public Board meeting
Action: COO Due: 30 May 2019

2019.2/56 TRUST FINANCIAL PLAN, INCLUDING TRUST CAPITAL PROGRAMME

In the construction of the Operational Plan and the Financial Plan, the FD reported there are two significant parameters. The first relates to ensuring the organisation has sufficient capacity to respond to demand, looking for capacity to be delivered by the system and not only by the Trust. We want to ensure that the bed capacity is underpinned by the workforce that can deliver to that bed capacity; important conversations will be required in the system.

…….. Chair
30 May 2019

NHS Improvement have issued an expected control total for SaTH and we expect to be able to sign up to it; in doing so, a series of improvements will be made during the course of the year to address issues from the CQC inspection, and a number of key risks in the Trust. To be able to achieve that control total is the need to deliver a Cost Improvement/Waste Reduction Programme – this will be set at 3% or £12m. The detail will be worked up and shared with the Board.

2019.2/57 **EU EXIT UPDATE**

The COO provided a paper which reported that with a continued amount of uncertainty surrounding the impacts of an EU Exit, the necessity to keep oversight upon its potential disruption upon the NHS is paramount.

The paper described a summary of the latest EU Exit related actions currently being considered at SaTH, and within the NHS as a whole, and those actions that remain necessary for the Trust Board and our Commissioners to be assured of our state of resilience throughout this process.

The EU Exit Operational Guidance that has been issued by the Department of Health & Social Care (DOHSC) highlights a need to focus and address business continuity within the organisation based on seven key areas of activity:

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-medical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access

As part of the on-going work to support the potential impacts of an EU Exit upon the NHS, and in particular The Shrewsbury and Telford Hospital NHS Trust and our direct stakeholder partnerships, there has been a stream of assurances (reportable to NHS England/NHS Improvements) required to ensure that preparations are in line with national guidance and recommended actions.

The latest national request is that by using a pre-determined template of EU Exit related questions the members of the Trust Board, senior Executive team and clinical and non-clinical leads are sighted on internal preparations. This RAG rated assurance template has been shared with these officers and is fluid in its development in line with national and regional information and requests.

The COO reported that he met with the Senior Lead for Emergency Preparedness and an update was undertaken and template completed by EU Exit SRO and returned to Regional EU Exit mailbox on 25 March 2019 which showed:

- Operational communications – RAG rated Green
- Operational readiness – RAG rated Green
- Supply – RAG rated Green
- Workforce – RAG rated Green
- Clinical trials – RAG rated Green
- Data – RAG rated Green
- Finance – RAG rated Amber; this was due to lack of information at the time
- Health Demand – RAG rated Green

The COO reported that returns (of approx 50 questions) are provided on a daily basis. The Trust Board will be sighted as to progress by the COO who is the Trust's Senior Responsible Officer (SRO) for EU Exit.

From a Health System perspective, the COO reported a follow-up Local Health Resilience Group meeting will be held on 16 April. A follow up meeting will also be held within the next week relating to the key workstreams, Procurement, Medicines, People, etc.

…….. Chair
30 May 2019

The Board RECEIVED, NOTED and took assurance from the report.

GOVERNANCE (LEADERSHIP)

2019.2/58 AUDIT COMMITTEE CHAIR REPORT – 8 FEBRUARY 2019

The Chair of the Audit Committee, Mr Bristlin (NED), provided key summary points from the meeting:

Internal Audit Progress
The Head of Internal Audit noted that overall opinion is deteriorating although it was agreed that audits across non-core areas had been directed to focus on potential weakness in controls. This will be reflected in the Head of Internal Audit's Opinion.
Mr Bristlin assured the Board that the Committee will work hard with the teams to deliver the recommendations.

Internal Audits - Three audits were submitted:

Audit	Opinion
Complex Discharge Management (CDM) Review	Limited
Waste Reduction Programme (WRP) Review	Limited
General IT Controls	Moderate

Complex Discharge Management (CDM) High Priority issues:
- Develop and introduce Standard discharge plan
- Accelerate plans to implement criteria led discharge
- review the suitability of current transport provision (with CCG)
- Communications to Social Services reminding staff to update patient notes
- Undertake review of the PRH Integrated Discharge team's capacity and location
- Focus attention on consistent tracking of patients journey, using Red2Green and Patient Status at a Glance (PSAG) tool
- Introduce additional training on pathways, choice policy and the importance of updating the discharge plan (and associated actions)
- Review current management support and capacity of the discharge liaison teams
- Consider forming an operational forum to address handover/discharge concerns, improve from learning and produce mitigating action plans
- Ensure realistic setting of expected discharge dates (EDD) with instances of EDD >20% recorded, reported to the board and investigated.

Waste Reduction Programme (WRP) High Priority issues:
- Timeliness of development of WRP Schemes
- Operational and clinical engagement
- Approval of project initiation documents (PIDs) and quality impact assessments (QIAs)
- WRP Trajectory
- Corrective action to address shortfalls

The COO was invited to the meeting and commented on the difficulties faced in implementing recommendations across organisational boundaries within the local health economy with regard to the Complex Discharge Management Audit. However, it was agreed that as a developing Integrated Care System (ICS), partnership working was imperative and the influence of the Senior Leaders is a critical part of integration.

…….. Chair
30 May 2019

Cross-Committee Representation
The Committee Chair gained positive assurance from the attendance of Executive Directors (ED) as issues were clarified in detail and actions put in place to address this going forward. Periodic ED attendance will therefore continue as and when requested going forward. There will also be work to ensure NED representation across the Tier 2 Committees is implemented

Local Counter Fraud Report
The final Disclosure UK report highlighted that although values were broadly similar, there had been just a 21% match between individuals recorded in the Trust's internal system and Association of British Pharmaceutical Industry (ABPI) data. This match is the highest of all the LCFS' NHS clients. The review of Consultant Job Planning has been postponed until 2019/2020 as only 16% of job plans have been uploaded, signed off and agreed by all relevant parties. Concern was expressed as, following recommendation from Audit Committee; an electronic system had been implemented to give much greater transparency, so it was disappointing that so little progress had been made.

External Audit update
Andrew Cardoza was welcomed as the new KPMG Director responsible for External Audit. Main points within the update were the potential significant impact of the new IFRS16 Accounting for Leases which is likely to apply from April 2019 and requires that all Leases have been identified and reviewed. It was noted that in the financial statements risks both Revenue Recognition and Management Override of Controls were considered to be at increased risk and all of the Value For Money risks - sustainable resource deployment, informed decision-making and working with partners & regulators had also increased

Board Assurance Framework
The DCG presented the BAF update to include a new risk relating to the delivery of an integrated improvement plan in response to CQC concerns. A new version of the BAF which has been developed following the CQC inspection was also presented; this had previously been discussed at all Tier 2 Committees and was approved by the Trust Board. This version formally replaces the previous version for 2019/20. The DCG advised that an Assurance Map would follow.

Recommendation Tracking
The report highlighted five requests for extension to target dates, one within 18/19 and the others within Q1 19/20. The lead director attended in person to explain reasons for the extension and the Committee was assured that the requests were reasonable and deliverable.

Learning
It was concluded that the right level of Executive Directors were in attendance and the Committee gained assurance from receiving their personal explanations. The Committee recognised the challenges facing the Trust and the Senior Leadership Team but the focus has to remain on delivering high quality services as efficiently and effectively as possible. Value for Money was at the forefront of discussions.

The CEO reported that he and Mr Bristlin have discussed the engagement of the SLT in the importance of this and, as a result, it will feature as a standing item on the SLT meeting.

The Board NOTED the Audit Committee summary.

2019.2/59 **CHARITABLE FUNDS COMMITTEE REPORT – 8 FEBRUARY 2019**

Chair of the Charitable Funds Committee, Mr Allen (NED) presented the following summary:

Investment and Funds Activity 1st April – 31st October 2018
The committee received an update of the Trust's charitable income and expenditure as well as the performance of its charitable investments during this period. Donations and legacies amounting to £260k had been received, whilst £338k had been spent on charitable activities.

…….. Chair
30 May 2019

Investment Performance
CCLA had been invited to the meeting to discuss the poor performing investments with the committee. The committee discussed this in detail and it was concluded that a clear investment strategy was needed and for the Trust to look at new investment opportunities.

New Restricted Fund: Staff Wellbeing
The committee approved the request for a new charitable restricted fund to be created, 'SaTH Staff Wellbeing Fund', subject to the agreement on the operating principles by the Executive Directors.
The DCG reported that a paper was due to be presented to the Executive Directors meeting.

SaTH Charity Policy
The committee received the draft SaTH Charity Policy which combined the Policy and Procedure on the Receipt and Use of Charitable Funds and the Charity Fundraising Policy. It was hoped that this would simplify procedures and provider clearer guidance for fundraisers and supporters.

Annual review of the Investment Policy and Reserves Policy took place. A review of the Investment Policy by CCLA is to be sought.

Consolidation of Charitable Funds
The committee considered the consolidation of the NHS Charity Accounts into its NHS Accounts and agreed to the recommendation that due to materiality the consolidation of the NHS Charity Accounts into its NHS Accounts is not required for 2018/19.

Expenditure Request
The committee received and approved a request to upgrade doctor's accommodation at PRH (Houses 12 and 13) from unrestricted charitable funds up to a maximum of £120,000.

Revised Board Assurance Framework
The committee received and noted the proposed new BAF summary, the suggested new risk appetite wording and the Charitable Funds risk.

The Board NOTED the Charitable Funds Committee report.

2019.2/60 BOARD ASSURANCE FRAMEWORK & TRUST OPERATIONAL RISK REGISTER

The CEO presented the existing Board Assurance Framework. The document brings together in one place all of the relevant information on the risks to the Board's strategic objectives. It is an essential tool for Boards, and provides a structure and process that enables focus on those risks that might compromise its principal objectives (Risk Registers are tools for managers and clinicians to anticipate and manage individual risks).

Board Assurance Framework

Proposed changes to the BAF:
We need to have sufficient, competent and capable Directors to deliver the Trust's agenda (BAF1558)

- New risk to be added to the BAF - this was raised by the Chair at the Trust meeting 20 Feb-19
- Overseen by Sustainability Committee
- CEO is risk owner

We need to deliver plans jointly agreed with the local health and care system so our admission and discharge processes ensure patients are receiving safe and effective care in the right place (BAF1134)

- This risk is currently overseen by Quality & Safety Committee and monitored at Workforce Committee. The COO has requested that this risk is also monitored at Performance Committee

…….. Chair
30 May 2019

Corporate Risk Register (CRR). This lists all operational risks ≥15 (high).
The CRR, with risks listed by priority, is reviewed by Sustainability, Quality & Safety, Performance and Workforce Committees each month together with the BAF.
In March 2019 there were 103 risks on the register, which is 58 more than March 2018. Over the year, 18 risks have been closed. There have been 41 new risks over the year; and 23 further risks have increased in score (≥15). 36 risks have not changed their risk score although actions have been taking place to mitigate the risks. The actions are outlined on the Operational Risk Register.

Date	No change	Increased score	New risks	Decreased score (amber or green)	Closed	Total risks at start of January
20/3/19	36	23	41	-		108
13/3/18				14	18	45

The Trust Board NOTED the updates with respect to the Operational Risk Register and APPROVED the changes to the Board Assurance Framework.

2019.2/61 **ANY OTHER BUSINESS**

No further business raised.

2019.2/62 **QUESTIONS FROM THE FLOOR**

Q1 Ms Gill George raised the case of a frail elderly woman who was recently discharged from SaTH's care – she was discharged late in the evening to a cold, empty house and the family members were not notified. The elderly patient was left in a vulnerable situation and her condition deteriorated, and she was readmitted to Hereford Hospital. What should have happened subsequent to her discharge, and what can go wrong?

A1 The CEO reported that the team is currently investigating this particular case and will provide feedback to the family; he therefore provided a more general response to such situations.
Where discharges occur late at night, teams should be clear that family members are alerted to their discharges. Often they may be elderly patients who are living alone; therefore should ensure they have food in the house, etc. For some patients, their discharge includes packages of care or support. For those who don't have packages of care, we may need to ask additional questions and take additional steps to overcome such issues. Learning will come from this and steps will be taken as a matter of urgency to ensure it does not happen in future.

The Act. DNQ reported it is never the intent to discharge patients late at night; the aim is to discharge patients in the light and never in the dark (an unwritten rule that we go against the summertime clocks). SaTH is bound by a transport system that take patients in sequence to their destination; it is unforgivable for the patient to have been taken home late at night but it may have been due to a delay in the transport system. This needs to be improved upon.

The Act. DNQ and DCG reported that the Red Cross provided help last year which was successful. It was suggested this be used again for next winter.

The Act. DNQ confirmed that checks are in place in the A&E Department and Emergency Department Portals; and she assured the members that the teams will do their level best to avoid this from happening.

Dr Lee highlighted the best practice around discharge is discharge planning to begin at point of admission.

Q2 Ms Gill George raised the Staff Survey and only 6% of midwives felt staffing levels were adequate to carry out their jobs properly. She felt relieved that plans are in place to resolve this; however she highlighted the collapse in percentage of midwives satisfied with the quality of care they currently provide – in 2015 over 82% but this fell

to 56% in 2018. This has been during a time of change in leadership.

Ms George reported she was pleased that the Maternity Oversight Committee has been set up; she asked if it is worth considering going back to look at the Better Births National Maternity view?

A2 The Chair reported that he is now chairing the Maternity Oversight Committee; it has been created as it appears previous work that has been undertaken has not had the right traction. A Board visit to the Maternity Service brought a lot of issues to the surface that the staff raised directly with the Board in relation to staffing, etc.
In relation to the Better Births model; the Chair reported that the Board previously made a commitment to move to it; this now has the funding and actions will be taken to drive this forward.

Q3 Ms George also raised a baby that was delivered in a Hereford car park recently – she suggested the baby could have been born at the Ludlow MLU in a safe environment had it not been closed down.
Ms George reported she has previously asked SaTH to take into account the engagement outcome of the closure of the rural maternity units; and asked for a copy of the minutes where this was discussed / taken into account.

A3 The Chair reported that SaTH is awaiting the decision of the CCGs; however, if the MLUs were to re-open imminently, we haven't got the staff for them. He highlighted that the two core units are to operate to the safest level in the first instance. SaTH is sighted on this, and the Board receive the minutes of the community task force; it will therefore be kept in the open.

It was reported that the Shrewsbury MLU has re-opened.

Q4 Ms Karen Calder raised flu vaccination and the sensitive / high risk areas where staff have refused to have the vaccination, i.e. Neonatal Unit; she reported that another Trust is looking to be proactive and move staff out of those areas who have not been vaccinated. She enquired if SaTH would consider this?

A4 The Chair reported that the Trust will continue to push this forward. The Act. DNQ highlighted that it is a difficult balance as specialist nurses (such as Neonates) must be close to the patient; SaTH must continue to be on the front-foot and the vaccinating staff must continue to be visible, providing the service out of hours, etc. Awareness around the risks must also be provided to all staff.

Q5 Ms Calder also raised the West Midlands Ambulance Service and enquired what we have asked of them and what they have asked of SaTH?

A5 The COO reported that he has asked the Director of Operations to be more engaged. As a service, the WMAS cover a wide geographic area. SaTH's demand for urgent care has increased, and the ambulance demand has increased by 15%+.
He reported he is working with CCGs and others to understand the demand, and the conditions and the drivers around it.

2019.2/63 **DATE OF NEXT PUBLIC TRUST BOARD MEETING –**

Friday 24 May 2019, 1.00pm, Seminar 1&2, Shropshire Conference Centre at Royal Shrewsbury Hospital to approve Annual Accounts, Annual Report

Thursday 30 May 2019, 1.00 pm, Seminar 1&2, Shropshire Conference at Royal Shrewsbury Hospital

The meeting closed at 5.20pm

…….. Chair
30 May 2019

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 4 APRIL 2019

Item	Issue	Action Owner	Due Date
2019.2/34	Actions/Matters Arising from 7 February 2019 2018.2/285 – Q3 – CQC Report – Safety of Patient Records To provide regular updates to future Trust Board meetings 2019.2/06 – CEO Overview – Winter To provide 'Lessons Learnt' report back to Board 2019.2/19 – 7-day Service Board Assurance Briefing To provide update to future Board	 MD COO MD/Med Perf Mgr	 May & Ongoing 30 May 2019 27 Jun 2019
2019.2/40.1	Workforce Performance Report Appraisal Rates To provide report, broken down to responsible areas, to Workforce Committee Statutory Safety Update To liaise with M Beales to provide dates for NEDs to undertake statutory training session (suggested 24 May or 30 May)	 WD WD	 June 2019 May 2019
2019.2/40.2	Flu Vaccination Campaign To undertake piece of work around staffing opting out and those who work in high risk areas – to report back to next Board	DNQ	May 2019
2019.2/42	National Staff Survey Results 2018 To undertake pulse surveys to identify trends, and present results to Workforce Committee	WD	June 2019
2019.2/44.1	Q&S Committee held 20 March 2019 IPC Function Ongoing improvement required through the Clinical Governance Executive role and the way in which it meshes with Q&S	 MD	 June 2019
2019.2/50	Safer Staffing 6-Monthly Review To present paper through Workforce Committee on a quarterly basis	DNQ/ WD	May 2019
2019.2/53.1	Performance Committee Report held 26 February 2019 To liaise with Independent Chair of STP in regard to the Board being sighted on what partners are doing / progress. Update to be provided to Performance Committee and in turn to Board	CEO/ COO	June 2019
2019.2/55	Annual Operating Plan 2019/20 To present final 2019/20 Operating Plan to 30 May Public Board	COO	30 May 2019

…….. Chair
30 May 2019