The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1.00pm, Thursday 1 August 2019
Lecture Theatre, Education Centre, Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr B Reid	Chair
	Mr T Allen	Non-Executive Director (NED)
	Mrs B Beal	Director of Nursing, Quality & Midwifery (DNQM)
	Mr A Bristlin	Non-Executive Director (NED)
	Mr A Carroll	Non-Executive Director (NED)
	Mrs P Clark	Chief Executive Officer (CEO)
	Mr C Deadman	Non-Executive Director (NED)
	Mr J Drury	Finance Director (FD)
	Dr D Lee	Non-Executive Director (NED)
	Mr N Lee	Chief Operating Officer (COO)
	Mr B Newman	Non-Executive Director (NED)
In Attendance:	Dr E Borman	Director of Clinical Effectiveness (DCE)
	Ms R Boyode	Deputy Workforce Director (DWD)
	Ms E Burrowes	Associate Non-Executive Director (A.NED)
	Mrs J Clarke	Director of Corporate Governance / Company Secretary (DCG)
	Ms B Tabernacle	Deputy Chief Executive Officer (DCEO)
Apologies:	Dr A Rose	Medical Director
	Mrs V Rankin	Workforce Director
Meeting Secretary:	Mrs B Barnes	Trust Board Secretary

2019.1/98 **WELCOME & APOLOGIES**

The Chair welcomed all to the Trust Board meeting; extending a particular welcome to their first meeting of the Board to Mrs P Clark (CEO), Mr J Drury (FD), Ms E Burrowes (A.NED); and Ms R Boyode (DWD) who was deputising for the WD.

Apologies were noted, as listed above.

2019.1/99 **PATIENT STORY – COMMUNICATION AND ORGANISATIONAL CULTURE**

The Board received a Patient Story by way of a short film shared by a patient's son, Mr Hughes, following the hospital admission and subsequent death of his mother earlier in the year.

The story was shared from Mr Hughes' perspective using his own words to describe his experience. Whilst some aspects of the treatment and care his mother received were good, there were areas where the family felt let down due to their experience of poor communication and organisational culture. The patient's son had shared his experience and observations with the Trust to enable his feedback to be used positively in the support of organisational change.

Ms P Dabbs, Head of Organisational Development and Workforce Transformation, was in attendance for this item. She acknowledged that staff need to be empowered and supported in challenging poor attitudes and behaviours which do not reflect the Trust values, and understand and recognise when behaviour should be rewarded, to ensure that observations of positive actions and kindness are also acknowledged and celebrated. She also highlighted that the establishment of a new senior leadership team offers the opportunity both to revisit and set new expectations on behavioural standards.

…….. Chair
3 October 2019

Ms Dabbs informed the Board of some of the current work already taking place which supports some of the suggestions within the patient story:

Recognition
- Annual Values in Practice (VIP) ceremony with 300 celebrants across a number of different categories
- Monthly VIP winners, with the Trust Chairman visiting celebrants within their workplace and taking time to understand and learn from their nomination success
- Learning from Excellence
- 'Blowing your Trumpet' – communication celebrating staff achievements

Culture of Openness
- The number of Freedom to Speak Up Guardians has been increased to enhance cover at PRH. These are supported by a network of 20 advocates
- The peer to peer volunteer service is a listening service for staff who need a confidential ear. They act as a sounding bar or a point of triage for staff to access
- Talk Safe – 'Just saying for safety' pilot in Scheduled Care
- Bi-monthly pulse surveys to all staff

Leadership Development
- Refocussed offer on getting our basics right
- Emotional intelligence days
- Resilience – building resilience as individuals and teams, including a master class with 200 attendees
- Team based working
- Coaching skills
- ThinKoN – solution focused thinking

Our Values
- Values based conversations
- Purposeful conversations
- Coaching and mentoring

Wellbeing
- Increased focus on mental wellbeing, through mental health first aid and champions
- Implementation of an Employee Assistance Programme from September 2019

Next Steps
- The Trust's revised People and Organisational Development Strategy will be presented to Workforce Committee, and then Board in October 2019. This will clearly articulate our broader people offer
- The Patient Story will be shared wider within the Trust to raise awareness and subsequent learning with our workforce

The CEO advised that she had spoken to Mr Hughes that morning, and he has offered to spend time within the Trust and contribute the benefit of his experience in education and learning.

The DNQM stated that nine weeks into her new role she feels that the work required has been articulated to staff, and leaders are listening to those who are trying to find solutions to problems. She also highlighted that a fundamental quality review is underway of our nursing and midwifery standards.

The COO noted that the focus on cultural change extends across the organisation, and not just to clinicians.

The Chair thanked Mr Hughes for sharing the account of his experience within the Trust, and Ms Dabbs for her attendance. He affirmed that the Board is incredibly mindful that the biggest challenge for the Trust is achieving a

change in culture in the organisation, and whilst we are not yet where we should be, it is evident that we are starting to gain momentum.

The Board NOTED the work being undertaken and endorsed the continued investment in providing our workforce with the skills they need to deliver this change.

In the spirit of recognising excellence, the Chair was very pleased to take the opportunity to draw members' attention to Trainee Nursing Associate, Jade Myatt. As recently covered in the local press, Jade had recently reacted without hesitation to a medical emergency when outside of work, and given CPR to a member of the public, which resulted in a positive outcome.

The Chair advised that he was pleased to formally recognise her instinctive and caring actions with the award of a Special Recognition Certificate from the Board.

2019.1/100 BOARD MEMBERS' DECLARATION OF INTERESTS

The DCEO declared the following interests:

- Board Director for the Quality Review Service UK
- Trustee for the Oswestry Orthopaedic Institute

Ms Burrowes (A.NED) declared the following interests:

- Employee and sole shareholder of Dateb Ltd (she confirmed that Dateb Ltd does not transact business with the NHS)

The Board RECEIVED and NOTED the Declarations of Interest.

2019.1/101 DRAFT MINUTES OF MEETING HELD IN PUBLIC – 30 MAY 2019

A minor amendment was noted to Item 2019.2/78, Maternity Taskforce Oversight Committee Summary. The committee meeting had been chaired, and summary presented, by the Chair and not Mr Newman (NED), as stated in the draft minutes.

Subject to the above amendment, the minutes were APPROVED as a true record.

2019.1/102 ACTIONS/MATTERS ARISING FROM MEETING HELD 30 MAY 2019

2019.2/73 – Workforce Performance Report
WD to compare Staff Survey results with Exit Questionnaires and high turnover areas.
To be reported back to the Board by 13/9/19. Carried Forward

2019/2/85 – Sustainability Committee Summary
Medical Director to advise Chief Pharmacist of Board support for bid submission via Sustainability Committee.
Action Completed

MONTHLY OVERVIEW

2019.1/103 CHIEF EXECUTIVE OVERVIEW

The CEO provided the following overview:

1. Senior Leadership Team

The following key items were discussed at the Senior Leadership Team Meeting of 24 July:

a. Update from Executive Team

The CEO advised that she has introduced a weekly 'Monday Message' to go to all staff and on the Staff App. Also the latest position on the IRP visits, which had been largely positive especially about clinical engagement and sign up to the clinical model. There was also discussion about the Cost Improvement Programme with scoping being

undertaken initially by Deloitte. The fragility of the rota in anaesthetics was discussed and the importance of clinical professional standards. Concerns around the IT digital strategy were discussed.

b. Update from Care Group Leadership Teams

People

- There was an update from Freedom to Speak Up Guardian (FTSU) Kate Adney. She updated on the role of the FTSU Guardians and FTSU Advocates and how they could support the work of the Senior Leadership Team. The top three concerns related to Datix unresponsiveness, inconsistency of line managers with HR Policies, and treating each other with respect.
- There was an update on the current meeting structure from Richard Stephens (KPO Specialist). He outlined good practice and the umbrella goal of more effective meetings. Care Groups were challenged to reduce meetings by 1/3 and all Terms of Reference to be reviewed.
- The DWD gave an update on the NHS Staff Survey. The SLT was disappointed that there had not been greater improvement. Work is in progress to improve staff engagement and communication.
- Members of SLT were handed Thank You letters – received in June/July – for them to personally deliver to wards and departments to thank teams and contribute towards greater visibility.

Performance

- Cancer achieved 71% for 62 day target at end of June and July currently at 74%. Focusing on colorectal, lung, upper GI and urology. West Midlands Cancer Alliance have funded £500k for nursing and pathway roles.
- ED – it was noted that weekly urgent care meetings are still in place and that minors and GP streaming was generally good, although there were differences between sites.
- RTT – noted performance was 87% at end of June but trajectory of 92% for end of July would not be achieved, although benchmarking data showed SaTH performing above average. Discussions about maintaining day surgery performance.

Service Decisions

- Wendy Southall updated on Stroke Services which focused on four key priorities, and joint work with local health partners to deliver seven day services and other actions arising from NHSE clinical networks meeting.
- Dianne Lloyd gave a Therapies Service Update which looked at Community Stroke Pathway, Orthopaedic Rehab Pathway, Therapy-led Ward and Therapy Assistant/HCA blended roles.

Sustainability

- The COO updated on the Internal Audit Plan 2019/20 with Complaints, Datix, Ward to Board Assurance and Recruitment as non-core audits. The meeting also noted the latest Board Assurance Framework and new high risks reported.
- Stuart Mason (Emergency Planning Officer) gave a Business Continuity Policy Update and asked Care Groups to identify leads to attend bi-monthly emergency planning meetings.
- Dave Thomas (Estates) advised that a Space Utilisation Review was in progress and the results would be fed back to Execs/SLT when returns completed and analysis/recommendations agreed.
- Dave Thomas advised that the latest Fire Update covered the action plan agreed with the Fire Service for Copthorne Building and inspection of arrangements in RSH ITU/HDU/Theatres, which will be followed by same at PRH.

2. NHSI Improvement Provider News

Each week we receive a bulletin from our regulators at NHSI which provides us with an overview of national policy developments, key events and details of actions that we are required to take forward. Some key highlights from July's news include:

- This year's NHS staff flu vaccination campaign materials will be published this month to help us communicate the importance of staff vaccination. This has been shared with Workforce so they can register for campaign materials

…….. Chair
3 October 2019

- The first national NHS Patient Safety Strategy has been launched. It sets a vision for continuous safety improvement, underpinned by a safety culture and effective safety systems. The strategy emphasises the need to support staff and look at systems rather than blaming individuals when incidents occur. This has been shared with the Director of Nursing, Midwifery & Quality, the Director of Clinical Effectiveness and the Medical Director
- A new guide in using statistical process control (SPC) charts has been issued to help Trusts make the very best use of data. The Board received an update earlier in the year and this approach is being extended across reporting
- New e-learning programme supporting mums-to-be to have a smoke-free pregnancy. Midwives and teams will benefit from using the e-learning resources to ask the right questions and help ensure mums-to-be have safe pregnancies, reducing stillbirths and increasing full-term pregnancies. This has been shared with our Maternity team
- Helpforce Champions Awards 2019 - a charity improving the lives of NHS staff and patients through volunteering, have opened their 2019 Helpforce Champions Awards. Their national awards provide recognition for the fantastic contribution volunteers make to the NHS. SaTH Community Engagement Team will be nominating a number of individuals and teams.
- Health and Care Innovation Expo 2019 - Wednesday 4 September and Thursday 5 September 2019, Manchester. There's still time to sign up to Expo. Join us to get inspired, bring the NHS Long Term Plan to life and to meet the people leading transformation across the NHS. Over 2,300 people have already signed up.
- Upcoming changes to the Friends and Family Test (FFT) - NHSI have listened to views on how the FFT could work better in maternity services, emergency departments and inpatients services, so they will be changing the standard questions to improve the tool for enabling continuous improvement in healthcare. They are expecting to publish revised FFT guidance in September for implementation from April 2020.

3. Chief Executive's highlight report

This section of the CEO's report covered the following highlights:

- Launch of 'My SaTH' – a new staff app, to improve communication and engagement with staff. Nearly 1500 members of staff have currently downloaded the app and it is hopeful that this numbers will continue to grow as it will feature some exclusive content in the future
- The Wear Red for Sepsis Day was held recently, to raise awareness of this vital issue. Activities were publicised with pictures on the Trust website and social media, and the CEO congratulated all who had taken part
- The CEO congratulated one of our volunteers, Jules Lock, who had been shortlisted in the Volunteer of the Year category in the Shropshire Start's Great Big Thank You Awards. Jules has worked tremendously hard to help improve end of life care at SaTH and the CEO encouraged all to vote for her on the Shropshire Star website.
- The following changes within the Executive Team were highlighted
    - Dr Arne Rose – new Medical Director
    - Barbara Beal – new Interim Director of Nursing, Midwifery and Quality. Barbara is also Director for Infection Prevention and Control
    - Bev Tabernacle – new Interim Deputy Chief Executive
    - James Drury – New Interim Finance Director
    - Dr Edwin Borman – has taken up the role of Director of Clinical Effectiveness
- Quality Improvement Plan (QIP) – Of the 79 'must do' actions found as a result of the most recent CQC inspection, 23 have been signed off with evidence. A further three are complete but require sign off, while 39 are on track. Investigations revealed 266 root causes relating to the 79 'must do' findings, with the majority having multiple root causes to address. Of these, 136 (51%) are either signed off with evidence or complete and awaiting sign off.
- Another root cause identified from the CQC actions was that there was no consistent awareness in our Women and Children's Department regarding which clinical events should be reported. A number of measures have been put in place to ensure incidents are accurately graded to reflect level of harm
- Freedom to Speak Up – we now have three Freedom to Speak Up Guardians, and 24 Freedom to Speak Up Advocates

…….. Chair
3 October 2019

- Start of Change Weeks – Two Acute Medicine Start of Change Weeks at RSH and PRH have been carried out to improve our urgent and emergency care. The CEO congratulated everyone involved in this work.
- ThinkON – More than 80 people took part in a new programme during July aimed at providing staff with skills and tools to enhance their thinking.
- Getting It Right First Time (GIRFT) – As part of our quality improvement work, the GIRFT programme has been a big focus over the last 12 months. The programme looks at unwarranted variation in the way services are delivered and the outcomes they achieve. The GIRFT team visits have highlighted a number of areas of good practice
- Transforming Care – the five Trusts in partnership with NHS and the Virginia Mason Institute came together at SaTH in July for the annual Sharing Event, to share their experiences of how they are developing a lean culture of continuous improvement which puts patients first.
- Reducing length of stay – a new model of care has been launched at SaTH to improve outcomes and reduce the length of stay in hospital for patients undergoing hip and knee replacements from an average of 6.3 days to 3 days.. The COO has reported that this is a real success story for SaTH
- Maternity Movement Bracelets – Funded and supported by The Local Maternity System (LMS) in Shropshire and Telford & Wrekin, a new Maternity Movement Bracelet has been launched to help pregnant women track the movements of their unborn baby. The bracelet will be given to expectant mothers of 24 weeks of pregnancy under our care.

The Board RECEIVED and NOTED the overview report.

2019.1/104 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE

Martin Harris, Programme Director, was in attendance for this item, which covered the following key points:

Revised Governance Framework

- The new framework concentrates on developing the culture around a more concise collaborative group approach
- People, Estates, Comms & Engagement, Finance, Digital, BI & Pop Health Management are linked into the Mental Health, Acute Care Development, Supporting Services and ICS Development clusters to manage a number of programmes
- There are plans to introduce Shropshire and Telford & Wrekin Care Groups

Workstreams and Key Programmes

The existing major initiatives underway under Prevention & Place Based Care are as follows:

- Care Closer to Home
- Integrated Place
- Prevention & Early Help (Primary & Secondary Care)
- Primary Care
- Frailty
- Long Term Conditions / Diabetes
- End of Life
- Meds Optimisation
- MSK

The following new initiatives have been identified under Support Services:

- Clinical Support
- Non-Clinical Support – Back Office
- Transport
- Green Sustainability Agenda

Developing the Long Term Plan

Draft content for the Long Term Plan is as follows:

- Chapter 1: Our System Structure and Governance to support delivery of change

- Chapter 2: What underpins our ambitions
- Chapter 3: Delivering a new service model for Prevention and Place based integrated care
- Chapter 4: Delivery of world class Mental Health services
- Chapter 5: Acute Care Development
- Chapter 6: Support Services
- Chapter 7: A comprehensive new Workforce plan
- Chapter 8: Digital Enabled Care
- Chapter 9: Estates
- Chapter 10: Financial Sustainability & Productivity
- Chapter 11: Next Steps – New Ways of Working

The draft content takes on board the NHS' advisory framework for the long term plan and aligns well with the areas the Trust needs to address. A further update will be provided in a few months time.

Mr Deadman (NED) stated that this was a helpful summary, but asked when Pathways of Care will be finalised, noting that a large amount of the work is in the planning stage. Mr Harris confirmed that plans are being put together now, involving a system-wide approach, but he is unable to provide a firm date at this point.

Dr Lee (NED) highlighted the importance of the working projects delivering innovate levels of care.

The Board RECEIVED and NOTED the update.

2019.1/105 TRANSFORMING CARE INSTITUTE (VMI) UPDATE

The CEO presented a paper which described how the Transforming Care Production System (TCPS) continues to support the implementation of the organisational strategy, improving the experience of patients, their families and our staff. The following key points were covered:

<u>Kaizen Promotion Office (KPO) involvement in the improvement plan to address concerns highlighted in the CQC report</u>

- SaTH Guiding Team (Executives/Non Executives/KPO Lead/Virginia Mason Institute Executive Transformation Sensei) have adjusted their focus to ensure the alignment of SaTH's improvement methodology (TCPS) underpins all of the activity to resolve the 92 CQC 'should dos' and 'must dos'.
- The SaTH Guiding Team agenda now includes a standard agenda item to discuss and explore continuous improvement, to move the Trust out of special measures, through Good to Outstanding.
- The KPO Team continues to support the Improvement Steering Groups (ISG) and the Enablement and Engagement Group.
- The TCPS methodology is being used to address root causes, and events have been held, or are being planned. The KPO Team have also been providing information and metrics to support the development of key performance indicators.

<u>Kaizen Promotion Office (KPO) Structure and Capacity</u>
The KPO Lead position remains vacant, which has created a potential delay and risk to the progress of the TCPS spread in SaTH.

<u>Trust Value Stream Update and Progress</u>
SaTH's Guiding Team are keen to align the organisational priorities and goals to the next value stream. The current value streams are being reviewed by the Value Stream Sponsor Teams, with a plan to transition VS#2 Sepsis, VS#3 Non-Medical Recruitment, VS#4 OIPD Opthalmology and VS#7 Radiology value streams back to the appropriate support groups.

The DCE emphasised the importance of this project, and sought assurance from the Board that it will continue to commit its support to this work. He noted that the Virginia Mason Institute have been emphatic that culture change does take time to deliver and embed into an organisation.

…….. Chair
3 October 2019

The DCG endorsed the above comments, and stated that the key issue that had come through from her three recent Gemba Walks was around leadership.

The Board RECEIVED and NOTED the report.

WORKFORCE (PEOPLE)

2019.1/106 **WORKFORCE COMMITTEE CHAIR REPORT**

The Workforce Committee Chair, Mr A Carroll (NED), presented the following summary of the Workforce Committee meeting held on 15 July 2019:

NHSI Oversight of Workforce
The Committee discussed the oversight from the NHSI of the Trust regarding workforce issues. NHSI have raised concerns regarding staff shortages in the Emergency Department and the high use of bank and agency staff, and have asked for increased assurances around our workforce data. The Committee were informed that a lot of work is ongoing to improve the governance that will support a robust workforce plan. The Committee were also assured that the DNMQ, MD and WD will be working together to make progress regarding the workforce challenges.

Staff Survey
The Committee received the results of the latest pulse Staff Survey results, together with the free text responses. The Committee recognised the importance of feedback to staff that action is being taken following their responses, and confirmed that this would go to Executive Directors for a discussion and further consideration. The Committee have scheduled two Extraordinary Workforce Committee meetings to hear from the Care Groups, to provide assurance on actions they are taking in response to the Staff Survey particularly in relation to staff engagement and the OD plan.

Medical Revalidation Report
The Committee received the annual medical revalidation report which is a requirement of NHSE on revalidation of doctors. The Committee received assurance that a robust system has been implemented at SaTH and after 7 years this is well embedded and compliance is 99%. The Committee asked for a regular audit to be scheduled to monitor medical statutory safety updates for medical staff.

Workforce Assurance Report
The Committee received the Workforce Assurance Report and highlighted recruitment challenges. The Trust have been offered support by HEE in speciality areas that we are struggling to recruit to. The Committee were informed that a business case is being developed to ensure the infrastructure is in place to support this work. The Workforce Committee will receive the Unify report in future which provides accurate data regarding filled shifts. The Committee also requested more supporting narrative for the graphs presented in the report.

The Committee received the Workforce Plan for 19/20 and a focus was given to Ward 35 which will form part of the wider winter plan.

The Committee discussed the Emergency Department Flash Report which highlighted continuing challenges with middle grade doctors and a particular issue with night shifts. The Committee recognised the continual fragility of the locum workforce in ED. Particular concern was raised regarding the significant gaps in the staffing schedules for July and how assurance could be gained that these would be filled.

People and OD Strategy
The Committee received the update on the People and OD Strategy and recognised that a lot of work is needed. The Committee also received the People First report that was produced in response to a letter from the Chair of NHSI. It was agreed that further discussion was needed and it was suggested that consideration be given to combining People and OD strategy with People First.

…….. Chair
3 October 2019

Recruitment Update
The Committee received an update from the first Recruitment and Retention Sub Committee. The Group had reviewed its Terms of Reference and the draft Recruitment and Retention strategy for approval in July. A lot of work is ongoing regarding recruitment and work is being carried out to ensure the business views align to the service needs. The Committee recognised the challenges of operating in a rural setting but were encouraged by the growing relationships with universities in the region to improve opportunities.

Equality, Diversity and Inclusivity Committee Update
The Committee received the update from the Equality, Diversity and Inclusivity Committee and were asked to note their forward plan and to recognise the need for a full time ED lead on this matter. A brief discussion supported the importance of this Committee and stressed that success in this area was vital.

GMC Survey
The Committee received an update from Dr Jenni Rowland following a GMC survey carried out. There are themes arising from the data submitted by Junior Doctors, one of which indicates that trainees are unhappy in some areas and particularly in regard to staffing and supervision. Acute medicine is the most challenged area together with geriatrics. Stroke at PRH is another challenging area and exception reports have also been received for working excess hours or working alone. The Medical Education Governance Committee will be reviewing and report back to the Workforce Committee.

Advanced Clinical Practitioner Roles
The Committee received a paper proposing an approach to the development, deployment and governance of ACPs within the Trust. The Committee were supportive of the proposal, but unable to approve it as it had not received prior executive approval and also required a financial appraisal. The Board noted, however, that this had since received executive team approval.

The Board RECEIVED and NOTED the report.

2019.1/107 **WORKFORCE PERFORMANCE REPORT**

The DWD presented the Month 3 performance report in relation to:

Sickness / Absence / Unavailability – 4.42%
The DWD reported a slight increase in sickness absence during June. Workforce are working closely with the areas/individuals where there are higher than average absence levels.

Appraisals – 86.64%
The DWD reported the Appraisal rate at 88.95%, which is a slight increase against a target of 90% (with a stretch target of 100%). It was noted that appraisals are a key metric for all our leaders.

Staff Turnover (exc. Junior doctors) - Recruitment rate 10.70% of the turnover of the full workforce, Retention rate 89.36%. It was noted that the Recruitment & Retention Committee are ensuring that we are focusing on the key areas from a recruitment and retention perspective.

Mr Bristlin (NED) requested that numbers as well as percentages be included in future reports, to provide greater context to the data, and the DWD confirmed that both will be included from the next report.

The Board RECEIVED and NOTED the report.

In response to a query from the Chair, the DWD confirmed that preparations are underway for flu vaccinations, and Workforce are working closely with Occupational Health on launch plans. The aim is to achieve more than last year's take up rate of 75%. The DNMQ noted that our Trust performs well on flu performance compared to other Trusts across the country. The Board will be updated as plans progress.

…….. Chair
3 October 2019

2019.1/108 **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 delivery plan is monitored monthly through Workforce Committee, with the full plan proposed for Board in October 2019 as part of the broader People and OD Strategy.

The 6 month plan encompasses five key areas:

1. Leadership Development
2. Values and Behaviours
3. Psychological Safety
4. Innovation and change
5. Staff Engagement

It was noted that we remain on track for the majority of the first six-month delivery plan. The SaTH conversation timeline has moved, and CEO Breakfast Sessions are postponed indefinitely. Human factors has become a 90 day goal for a Trust ThinkOn Mastercoach and work is ongoing.

In response to a query from the Chair on the outstanding status of Item 3.2 of the first six-month delivery plan, relating to Psychological Safety, the DWD clarified that the original May 2019 deadline had been missed due to the need to concentrate on other priorities, in particular around staff engagement. It was agreed that a revised realistic date should be set. **Action: DWD**

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

PATIENT & FAMILY

2019.1/109 **COMMUNITY ENGAGEMENT UPDATE – Q1**

The DCG delivered a presentation on the Trust's Community Engagement Activities throughout Q1. The following key points were covered:

- In accordance with our obligations under the NHS Act 2006 we have a legal duty to involve our service users, whether directly or through representatives, in:
  - the planning of the provision of services
  - the development and consideration of proposals for changes in the way those services are provided
  - decisions to be made by that body affecting the operation of those services

SaTH does however, continue to go above and beyond our legal obligations, and we engage with our communities because we recognise that listening to our communities helps us to deliver the best care we can. The following are highlights from the last quarter:

<u>Summer Young People's Academies</u>
This opportunity was offered to young people from the age of 14, with 25 young people attending our Young People's Academy at PRH. They took part in new behind-the-scenes tours to Pharmacy and Medical Engineering as well as Pathology and Radiology. The course at RSH is fully booked and courses running in September and October are also filling up fast.

…….. Chair
3 October 2019

Academy for Adults with Learning Disabilities

The first workshop was held in July with:

- SaTH staff: Community Engagement
  Dementia Team
  Patient Experience Team
  KPO Team
  Cleanliness Team
- Telford & Wrekin Council
- Derwen College

Outcomes from the first workshop were:

- Pilot Academy September 2019
- Support from T&W
- Focus on visit to RSH Outpatients
- Collaborative working across SaTH departments

Working Together

Between April and June 2019 we received four requests for public representatives to support work within our Trust, and 13 Academy graduates have come forwarded to work with us. Opportunities included:

- RPIW Surgical Consent
- HEE Patient Leaders training, hosted at RSH
- TCI National Sharing Event
- Stakeholder panel for Head of Communications

The Engagement Team continue to support Ophthalmology, Upper GI, and the STP Engagement and Communications work stream.

Volunteering

There are nearly 1000 active volunteers working across both hospital sites. In addition, we have the following volunteers in progress:

- 18+ Scheme – 8
- 16-18 Scheme – 41

The next cohort of 20 Young Volunteers are processed (references, DBS checks etc) and ready to start in September 2019.

Public Engagement

In Q1 we attended 14 engagement events across the county which included:

- Telford Patients First and Shropshire Patient Group
- Polish Heritage Day in Donnington, Telford
- International Children's Day in Monkmoor, Shrewsbury with Maternity Voices

Community Fundraising

- The Priory School presented a cheque for £3,732 to SaTH for its Swan Fund
- The Mayor of Great Dawley presented a cheque for £1,355 for the benefit of patients on the Children's Ward

Fundraising Update

- SaTH has been successful in securing a charity place for the 2020 London Marathon, and applications have been invited from staff detailing why they want to participate and the cause for which would be raising funds.
- The Staff Lottery was launched on 3 May, and the first draw took place in July 2019
- The Charity Fun Day on 5 July was once again a very successful event, with many people giving up their time to ensure a good time was had by all.

…….. Chair
3 October 2019

The People's Forum

The People's Forum is currently in planning, and will be chaired by a NED, with the DCG as Lead Director. It will be comprised of Public Representatives and Care Group Representatives, and will be the 'voice' of our local community who will represent the interests of our different constituencies. Functioning similarly to a Council of Governors in a Foundation Trust, the representatives will provide a public voice to our organisation.

The People's Forum and its members may be involved by:

- Helping to set strategic direction
- Having an ambassadorial/connector role within the local community
- Representing the Trust at local events
- Involvement in recruitment processes including stakeholder panels
- Report to the Board quarterly as part of the wider Community Engagement Update.

Next steps will be to consolidate the Terms of Reference, and agree the recruitment process.

The Chair thanked the DCG for an interesting and comprehensive presentation, and the Board NOTED the contents.

QUALITY & LEARNING (SAFEST & KINDEST)

2019.1/110 QUALITY & SAFETY COMMITTEE CHAIR REPORT

The Chair of the Quality & Safety Committee, Dr Lee (NED), presented the following summary of the Committee meeting held on 24 July:

Clinical Site Visit

The Committee visited the x-ray department at RSH. Members were told about the development of reporting radiographer roles and heard about the successes in recruiting and retaining radiography staff. As in other services, the key elements to this success are to provide an excellent experience to students, to provide a formal preceptorship as staff start work within the department and to demonstrate opportunities for career progression. Members were pleased to see that there was evidence of investment in high specification monitors to facilitate reporting and to hear that refurbishment of the x-ray rooms with new equipment is imminent.

Medication Supply

The support services highlighted that the pharmacy is having difficulties in sourcing a range of medications that are commonly prescribed within our hospitals. This appears to be a "pre-Brexit" effect. The sense is that, as manufacturers experience problems in meeting the demand for specific drugs, the limited supplies available will be targeted at larger markets. This may be a harbinger for challenges that may be experienced after 31 October.

Accident and Emergency

As the Committee has previously commented, there remains concern with respect to the sustainability of the accident and emergency services as a result of staffing challenges, in particular the availability of clinicians. Actions are in place to improve rostering and to drive further recruitment. Existing staff are to be applauded for the commitment and resilience that they have demonstrated. Executive members of the Committee reported, however, that short term suspensions of service on the Princess Royal site were "highly likely" and that contingency planning along with the necessary stakeholder engagement was in progress. A key to managing short term closures will be to engage effectively with the Shropshire population.

Gastroenterology

The Trust is not currently able to provide a service for the management of acute upper gastrointestinal bleeding that meets prescribed standards. Current requirements are that units should be able to:

- Offer endoscopy to unstable patients with severe acute upper gastrointestinal bleeding immediately after resuscitation; and

- Offer endoscopy within 24 hours of admission to all other patients with upper gastrointestinal bleeding

SaTH is not currently able to comply with these requirements across its two sites.

Anaesthetics
At the Quality and Safety Committee meeting in June 2019 the Committee heard that there are problems with maintaining an adequate level of anaesthetic support at PRH. This situation has not been resolved. The Committee was therefore unable to gain assurance with respect to the sustainability of anaesthetic services to support obstetrics, intensive care activity, the resuscitation team as well as the anaesthetic service for surgical activities on the site.

CT Scanner at Princess Royal Hospital
The Quality and Safety Committee previously advised the Board of its concerns with respect to the reliance on an ageing CT scanner as a single point of failure within the stroke pathway (Q&S Board report July 2018). Following discussions later in 2018, the Committee set an expectation (see Board Report of November 2018) that action would be taken. It is therefore a matter of both concern and regret that an additional CT scanner is not yet functioning on the PRH site.

The FD provided assurance that a Purchase Order was raised the day following approval by the Board on 27 June 2019, the contract was signed on 23 July and the PO has now been issued to the equipment manufacturer.

The Board RECEIVED and NOTED the report**.**

2019.1/111 QUALITY GOVERNANCE REPORT

The DNMQ presented this report, which covered performance against contractual and regulatory metrics related to quality and safety during June 2019. Key points to note by exception were as follows:

- There were seven IPC reported cases of C-Difficile in June 2019. The DNMQ clarified that there were no specific strains identified, and the cases were managed competently by the teams.
- Non-elective MRSA screening was just below the 95% target for June 2019 with compliance of 94.3% (this is the first time the 95% target has not been achieved since February 2018). The DNMQ noted that in Shropshire we screen every patient for MRSA, whereas other Trusts do not do so, which will be reflected in their performance data.
- In April 2019 (latest available validated data) VTE assessment was below the 95% target at 93.7%.
- The percentage of patients who would recommend the area where they were treated to friends and family (FFT) decreased in both outpatients (from 97.5% in May to 97.3% in June) and ED (from 95.7% in May to 92.1% in June).
- There were three serious incidents raised in June 2019. Two related to patient deaths (a delayed diagnosis of myocardial infarct in ED and an unexpected neonatal death) and one related to delayed diagnosis of a sub-dural haemorrhage in ED where the patient was transferred to the care of Neurosurgery in another regional provider.
- Four patients waited for >104 days for cancer treatment in May (latest validated figures)

Dr Lee (NED) reminded the Board that there are plans to redesign the report and introduce statistical shorts.

The Board RECEIVED and NOTED the report.

2019.1/112 QUALITY IMPROVEMENT PLAN (QIP) UPDATE

The CEO presented this update, and reported that the overall risk rating for the QIP remains Amber. The following key points were covered:

- Excellent progress has been made in SCG and W&Cs with transition into phase three around checking evidence of the outcomes through Gemba Walks and other transformational initiatives to confirm the CQC

finding has been addressed. A plan is being devised to use the mid-month cycle to focus on this piece of work.

- Improved leadership of Well Led has given improved direction and leadership review of all KLOES. USCG requires further improvement.
- The Executive Sponsor is actively working with corporate leads to engage support of the wider CQC findings linked to ED, Medicine and Hospital at night.
- Of the 79 CQC Must Do findings:
    - 29% are signed off with evidence
    - 3% are complete, pending validation of evidence
    - 49% are on track and making good progress
    - 1% has some issues, which means that risk has been identified which may impact completion of the action by the completion date
    - 15% are off track, which means the actions were not completed by the planned completion date and are now pending Executive review

- Of the 78 CQC Should Do findings:
    - 23% are signed off with evidence
    - 5% are complete, pending validation of evidence
    - 60% are on track and making good progress
    - 0% has some issues
    - 4% are off track, which means the actions were not completed by the planned completion date and are now pending Executive review

The DNMQ clarified that good progress is being made, and the Trust is now moving to the next stage, aligning to Well Led and how we share learning with Care Groups.

Mr Bristlin (NED) noted the helpful amount of detail in the report, but sought reassurances from the Executive around timely completion, and whether the QIP was still receiving an appropriate level of focus. The Deputy CEO provided assurance that positive feedback has been received from SOAG, and many off track findings are part of the Well Led work.

Mr Allen (NED) noted that some of the Workforce findings vary from 1-3 months behind schedule. The DWD provided assurance that these matters are on track, and once collaboration has been concluded with other areas of the organisation they will be closed off.

Mr Carroll (NED) noted that the Unscheduled Care Group seems to be most challenged, and sought reassurance as to whether more can be done to assist that Group. The COO, as Executive Lead, responded that actions to assist are being taken wherever identified, and the DCE added that opportunities have been identified within Scheduled Care which can feed across to Unscheduled Care.

The Board RECEIVED and NOTED the QIP Update.

2019.1/113 **MATERNITY OVERSIGHT MEETING REPORT**

The Chair presented the following summary of the meeting held on 8 July:

- The Maternity Services "Open Book" Data Mapping Review working document was presented to the Committee by Jo Banks, Care Group Director. The Committee requested that any recommendations within the document be triangulated, included and referenced in the Quality Improvement Plan developed within the Care Group.

- The Neonatal Nottingham Peer Review paper was received, and a detailed discussion and actions against recommendations were considered. The Committee will receive a monthly update on the progress against actions.

- A report was presented by Elizabeth Pearson, Risk Lead Midwife, providing assurance regarding cases of fetal losses. These are reviewed and reported externally using the national electronic online tool Perinatal Mortality Tool (PMRT). An overview of the cases reported to MBRRACE since December 2018 was also included in the report with a progress update on each case.

- The Committee received and considered information regarding the progress of three investigations being undertaken by the Healthcare Safety Investigation Branch (HSIB) within the Trust. HSIB commenced on the 1st April 2017 and conducts independent investigations of patient safety concerns in NHS. The HSIB maternity investigation programme is part of a national action plan to make maternity care safer. The committee will receive a bi-monthly update on HSIB progress against actions.

- Andrew Tapp, Care Group Medical Director, submitted a report setting out a plan to meet the obstetric requirements for 7 day clinical standards.. The Committee requested an update on the progress to meet the standards at the next meeting with the identified financial pressure this would have on the Trust.

The DNMQ reported that is currently unclear when we will receive the Secretary of State Report on the Open Book Data Mapping and Ockenden Review. The Chair noted that since the last Public Trust Board meeting an issue had been raised with an additional 300 cases, which are awaiting Executive clarification.

The DNMQ reported on the appointment of a Director of Midwifery (Dr Tracey Cooper), and advised that until she is able to start in post, an Interim DoM, Faye Bailey, will be providing overview support.

The Board RECEIVED and NOTED the report.

2019.1/114 EMERGENCY DEPARTMENT OVERSIGHT GROUP REPORT

The Emergency Department Oversight Group Chair, Mr A Carroll (NED), presented the following summary of the first EDOG meeting held on 9 July 2019:

- The Board had asked for this Group to be set up to act as the assurance group for addressing improvement requirements highlighted by the CQC report (2018) in respect of an Emergency Department service and the rating of Inadequate overall. It is also intended to address other quality governance, staffing and performance issues in relation to the Emergency Department services. The Group will report directly to the Quality and Safety Committee and provide a summary of each monthly meeting's formal record and any agreed matters for escalation.
- The Chair recognised the pressure of another meeting on the Care Group's time but emphasised the importance of providing assurance to the Board and clarity around any mitigating actions where assurance gaps exist.
- The Care Group highlighted the heavy burden placed on the operation by the requirements of external reporting of CQC progress and the performance of the ED function, and expressed concern about the additional demand the EDOG might create. This was acknowledged, however it was stressed that better assurance reporting for the Trust Board was essential and that additional reports may not be necessary to provide assurance. It was agreed that work would be done to examine all the current reports to determine the best options to provide the assurance necessary whilst minimising the additional impact on the Care Group. It was also emphasised that the Care Group may be able to derive benefit from having a regular governance route to escalate quality and safety concerns.
- The meeting reviewed the draft Terms of Reference and, following some changes, they were approved.
- The meeting discussed the key risks and it was acknowledged that the Unscheduled Care Group is facing an increasing demand and under capacity challenge. The Care Group said that to mitigate this risk there are two options, the first to enhance the current Care Group providing additional capacity, which is their preferred option. The second would be a restructure of the ED function.
- The meeting discussed the key matters for escalation to Quality and Safety Committee and agreed to stress the ongoing demand/capacity issues, with particular concern around the availability of middle grade doctors and the resultant rota gaps. It was emphasised that the situation at PRH was close to the situation faced last year when the overnight closure of the PRH Emergency Department was considered.

…….. Chair
3 October 2019

- The next meeting has been scheduled for 13 August 2019.

The Board RECEIVED and NOTED the report.

2019.1/115 LEARNING FROM DEATHS REPORT Q1

The DCE presented this report, which covered the following key points:

- The Trust has well developed systems for reviewing mortality and has published corporate mortality data quarterly as a dashboard since 2017. Thematic analysis of deaths, with focused reviews, generating identified areas for improvement, have been undertaken each quarter, with action plans confirming delivery.
- For the year 2019/20, the local reporting requirements have changed. This report for Quarter 1 is based on available reports, prepared by the Care Groups, and has been triangulated by the author. Systems and processes to triangulate learning from the various quality measures will be further strengthened during 2019, and the Learning from Deaths report will be published quarterly.
- Due to the early submission of the paper after Quarter 1 end, the number of mortality reviews for the quarter is low.
- With the launch of the ME process at RSH in April 2019, some clinicians assumed that this replaced the structured mortality review process. It has been reiterated that this is not the case. A SOP has been developed to clarify the interaction between the ME, Serious Incident and mortality review processes.
- There have been no avoidable deaths reported in this quarter. There have been five serious incidents reported in which the patient died. The investigations have not yet all been completed, but at the time of this report it is believed they will be graded CESDI 1-2 (sub optimal care which might or might not have affected the outcome).
- Overall the mortality metrics for the Trust, including HSMR, are within the expected range. However the Trust is currently reported as an outlier for the CCS group 'Acute cerebrovascular disease', but only in HSMR. The reasons for this are likely to be multifactorial and are being investigated. This group includes not only stroke patients admitted to PRH, but also younger patients who suffer spontaneous catastrophic intra-cerebral haemorrhages, who are admitted to RSH.
- The appointment of the DCE will allow current structures and processes to be reviewed
- The appointment of an Unscheduled Care Group Governance Practitioner will support the processes needed to implement more effective and timely mortality case note review in this Care Group.
- Better co-ordination is required to triangulate Trust-wide learning from serious incidents, mortality and complaints. A weekly Executive review meeting has been proposed to complement the current Rapid Review meeting and to provide greater insight.

The Board RECEIVED and NOTED the report.

2019.1/116 COMPLAINTS & PALS ANNUAL REPORT

The DCG presented this report, providing an overview of complaints, PALS contacts and bereavement activity during 2018/19:

- During 2018/19 the Trust received 680 formal complaints. This represents just under one in every 1000 patients seen at this Trust making a formal complaint (0.71). This is in line with expected figures, with the exception of a breach of the UCL in November 2018, when an increase in negative publicity led to an increase in complaints over a two week period.
- The Trust received 1545 PALS contacts during 2018/19, with the majority relating to appointments and communication.
- The Trust has continued to develop bereavement services during 2018/19, with plans to introduce a Medical Examiner System during 2019/20
- Complaints and PALS contacts continue to be seen as an opportunity to learn and make improvements based on what patients and their relatives are telling us about their experiences. Data is shared with Care Groups on a monthly basis so that any problem areas identified can be addressed promptly, and learning is shared across all Care Groups.
- Improvements have been seen in response rates and action plans arising from complaints.

…….. Chair
3 October 2019

In addition, the DCG drew members' attention to the 2018/19 Ombudsman referrals. There were six cases referred to the Ombudsman and seven concluded, six of which were not upheld and one partially not upheld, but only in relation to communication with the family not the clinical care.

It was noted that from June 2019 the DCE would be the Lead Director for Complaints and PALS. The Chair congratulated the DCG on the work she has done in this area, and Board acknowledged the valuable contribution made by Julia Palmer, Head of PALS and Complaints.

The Board RECEIVED and NOTED the report.

2019.1/117 ANNUAL REPORT FOR APPRAISAL AND REVALIDATION OF DOCTORS

The DCE presented the Annual Report on the Revalidation of Doctors at SaTH and the Severn Hospice, noting that it is an NHS England/Improvement requirement that the paper is formally received and approved by the Trust Board. SaTH is responsible for the appraisal and revalidation of doctors who work at Severn Hospice as they are employed by SaTH as part of a long-standing SLA.

SaTH continued to be compliant to a high level with the requirements set by NHS England/Improvement and has set realistic goals for further development of this important Quality Assurance system.

Over the last six years the structure and framework required to provide assurance and governance around the requirements for Revalidation have been implemented. The key requirements being annual appraisal, review of complaints and concerns, confirmation of engagement in clinical governance systems and multi-source feedback. The MD has given clear direction to the Senior Medical Staff as to the requirements for Revalidation, and SaTH has robust processes in place to support Appraisal and Revalidation.

The Board RECEIVED the Annual Report. Following assurance to NEDs that the Statement of Compliance had received appropriate Committee approvals, Board APPROVED the Statement of Compliance for signature by the respective Chief Executives of SaTH and the Severn Hospice, for submission to NHS England/Improvement.

2019.1/118 MATERNITY INCENTIVISATION SCHEME

The DNMQ presented this paper to update the Board on the Women & Children Care Group's position in achieving the 10 safety actions as part of the Maternity Clinical Negligence Scheme for Trusts (CNST) Incentivisation Scheme for 2019/20. Key points were covered as follows:

- The Maternity Safety Strategy published in November 2017 set out the Department of Health's ambition to reward those who have taken action to improve maternity safety. As a result, NHS Resolution are implementing year 2 of the incentivisation scheme in 2019/20. The scheme is discretionary and directly aligned to the objectives in the *Five year strategy: Delivering fair resolution and learning from harm.*
- In 2018/19 the Trust was successful in achieving all 10 safety actions under the scheme and secured reduced Clinical Negligence Scheme for Trusts (CNST) premiums of £925,000. This year's overall CNST contribution by the Trust has been decreased by £1,367,566 (from £6,907,907 to £5,540,341), possibly due to last year's successful implementation of the safety actions.
- The 2019/20 scheme has been altered to include additional evidence required to demonstrate compliance of the 10 safety actions. The scheme will provide non-recurring discounts of 10% of CNST premiums where Trusts can demonstrate the required progress against the 10 safety actions. Therefore the benefit to patient safety and the Trust in achieving the scheme is £503,667.
- There is an internal governance process to review compliance against the standards via the Maternity Governance Committee, Care Group Board, Maternity Oversight Committee, Clinical Governance Executive and Quality & Safety Committee in line with the national guidance, ie not all standards are reviewed at every level of meeting; prior to Board submission.
- In order to be eligible to benefit from the scheme the Trust must submit their completed Board Declaration Form to NHS Resolution by 15 August 2019, confirming
    - achievement of all ten maternity safety actions

- that the Board is satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required standards
- that the content of the Board Declaration Form has been discussed with the commissioner(s) of the Trust's maternity services
- that Board gives their permission to the Chief Executive to sign the Board Declaration form prior to submission to NHS Resolution.

- The DNMQ reported that the maternity service will be able to demonstrate compliance with all of the safety criteria by 15 August 2019. Currently, only one element of the safety criteria remains in progress and relates to safety action 8: "90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year". Targeted training is occurring with theatre staff up to 15 August 2019.

Subject to completion of the above outstanding element, the Board APPROVED signature of the Board Declaration Form by the Chief Executive for submission to NHS Resolution.

2019.1/119 WINTER PLANNING – LESSONS LEARNED

Claire Old, Urgent Care Director of Shropshire CCG was in attendance for this item, which focused on the lessons learned drawn from the collaborative system winter planning session that took place on 22 July 2019, to inform priorities for the 2019/20 winter plan. The following key points were covered:

- The most up to date bed capacity predictions were provided at the start of the planning session to inform discussions. The session asked system partners to review last winter and give thought to what worked well, and as a result would be useful to both develop and continue into this winter. If it were to be continued, then what capacity would it create given the emphasis currently surrounding the bed gap, and demand and capacity work going on within the system, and in order to deliver this, what resources it would require. As expected, at this point the most popular themes were both workforce and finance.
- An important premise of the session was to not discount schemes that had not previously worked well, but understand if there is any mileage in developing them in order to provide a more positive impact this winter.
- A key theme of success and subsequently a priority this winter is the emphasis on discharge and additional resource around this; discharge doctors at weekends, extra DLNs, check chase challenge on Fridays and appropriate weekend planning. The need for active flow is crucial in times of increased demand.
- In terms of what did not work well, the message was consistent across all partners. It is around withdrawing winter schemes once winter ends, as surges in unscheduled care activity occur all year round. In addition, frailty at the front door at PRH was a concern for last winter, which the system has much more confidence in this year.
- Priorities for the 2019/20 winter plan were determined as follows:
  - Demand Suppression – system has this as one of the High Impact Changes (HIC) and is an area of focus, with the whole system working on it together. The WMAS start of change week has identified that placing an experienced community nurse in the strategic capacity cell can avoid up to four conveyances to hospital on some days (eg Monday) by using alternatives, eg MIUs
  - Improve Process Capacity – 'Today's Work Today'
  - Effective discharge planning from the point of admission including increasing pre-noon discharges
- A final draft of the 2019/20 Winter Plan will be submitted to the A&E Delivery Board on 27 August. However, the plan will remain fluid after this time and will be updated accordingly as various schemes develop and come live.

The COO stated that he is confident we have a better plan for 2019/20 but his concern is the ability to cope with capacity, as demand is continuing to rise quite steeply in the acute environment.

The Chair asked Mr Carroll (NED), as Chair of the Emergency Department Oversight Group, to retain a key focus on this subject

The CEO expressed concern around the readiness of the Plan in adequate time and, in particular, around the Christmas fortnight, as she felt the Winter Plan needed to specifically address that and how we handle the surges

…….. Chair
3 October 2019

during that period. The DNMQ added that she felt workforce rotas needed the same timely rigour, and suggested consideration be given to rota sharing for that period by the beginning of October

In response to a query from the Chair, Ms Old clarified that the intention is for the Plan to eventually progress to cover a 7 day service basis. She also noted that there is essentially no real winter plan as such any more, and it is more focused on how we cope with demand and surges throughout the year.

The Board NOTED the report.

PERFORMANCE (SUSTAINABILITY)

2019.1/120 SUSTAINABILITY COMMITTEE SUMMARY

The Chair presented the following summary of the Committee meeting held on 18 July 2019:

Digital Strategy

- Presentation provided by NHS Digital . The review had shown that SaTH needs to invest in capacity and also the structure to support its processes as well as the technology. There were 4 critical recommendations (to be done immediately) and 2 essential recommendations (to be completed by August 2019). It was agreed that the issues raised would be added to the Trust risk register.
- There was a need to understand what is plugged into the Trusts network and what information is being shared. Also governance processes would need to be reviewed. It was agreed that by 1/8/2019 there would need to be solutions in place to address these concerns
- There was an ongoing process in place to undertake an inventory of systems that were connected to the Trust's network. A list of these systems was in the process of being collated and at the time of the meeting this was approx. 330 systems, with further collating work ongoing. There were concerns that some of these systems were a security risk to the Trust.
- Channel 3 had presented a range of options and timescales for the A&E system. There are ongoing weekly calls with Director of Finance, Director of Clinical Effectiveness and NHSE to progress these options. Options for the Trust would be presented at Trust Private board with Chairman's action from Sustainability Committee, due to the tight timescales involved with this process. It was agreed that the CEO would inform NHSI and NHSE of this process for decision making.
- The upgrade of Semahelix was entwined with the Windows 10 upgrade. Currently the Trust did not have the resources to support this in the timescales required and were looking to expand the team. There was a request for allocation for the expanded team and it was agreed that options for this would be presented at the next meeting.
- The cost of replacement for IT hardware was in the region of £1.5m which the Trust was not able to afford. However the upgrade was still needed. Funding for this was agreed to not be a capital issue this year and therefore would come from capital from next year's allocation (1/4/2020). It was noted that there would be some PC equipment that could have the upgrade this year as they were compatible.
- Concerns were raised re new proposed storage at Atcham for offsite medical records. No bus route for staff that were not able to drive and remote location so security could be a risk. The COO is reviewing and will feed back to next meeting.
- Fertility Database – looking at options to replace the server and back up the data.

Sustainable Services Programme

- Work is underway to look at scope, timeline and critical path summary and programme risks and mitigation to give best delivery of the £312m.
- Options for the ward block are being considered and what was affordable.
- Cancer Centre would need to be changed to Cancer Unit as part of the SSP Programme.
- It was agreed that the savings associated to EPR would be de-coupled from SSP and would then be brought back together at a later date.
- There would be a tendering process undertaken for technical project support and it was requested that when

this took place it took into consideration of a more consolidated approach to include architects and project support being as one. It was noted that larger architects are able to offer a number of services under one roof making it easier to communicate with one person other than with several.

- At SSP Steering Group there had been approval for the SSP to change its name to better reflect the programmes objectives and this had been agreed to be Hospital Transformation Programme (HTP). The Chair requested that this change was approved by the STP to ensure that the Trust had stakeholder approval

Pathology Network

- The Pathology team and LTS Health had completed a project as to who was the best network partner for SaTH. The report had been reviewed by the Pathology Steering Group and made the recommendation that UHNM was the preferred Pathology network partner.

  The Committee accepted the recommendation and it was agreed that a paper would be presented to Executive Committee for approval, and would then be endorsed by Trust Board for approval.

Transforming Care Production System/Guiding Group Update

- The KPO Lead position remains vacant, which meant that the KPO Team was not up to full capacity. The Chair confirmed that he would discuss this with the CEO and feedback to the KPO team/next meeting.

Capital Programme

The Committee approved

- The rolling replacement programme for SaTH Dialysis Machines.
- Medical Engineering Services – Increase in contingency allocation. It was requested that this was also reflected in the contingency funding and to confirm how much capital funding is remaining.

Mr Newman (NED) queried the situation regarding a potential change to capital allocation. The Chair responded that Trusts have been asked to look at reducing capital plans for this year.

The Board RECEIVED and NOTED the report, and ratified the decisions made by the Committee.

2019.1/121 **PERFORMANCE COMMITTEE SUMMARY**

Mr Deadman (NED), Chair of the Committee, presented the following summary of the Committee meeting held on 30 July 2019:

Operational Performance Report

- RTT performance remains below plan due to gaps in staffing within theatre and anaesthetics and the impact of the pensions/tax.
- Diagnostic performance continues to be achieved. SaTH is one of the few Trusts to achieve this.
- Cancer performance and A&E performance are below trajectory.

Assurance: Low

Financial Performance Month 03

At the end of Month 3 the Trust delivered the required Quarter 1 Control Total (underlying position adverse deficit of £2.8 million) and is therefore eligible to receive PSF/MRET of £3.079 million. In meeting the Quarter 1 Control Total, the position included writing back balance sheet accruals.

An update on income and expenditure was provided and it was noted that significant work has been undertaken with the CCGs to align income positions. Plan assumes over-performance through non-delivery of QIPP. An analysis of the speciality performance within the contract showed some areas of over performance and under performance which requires further investigation.

The committee discussed the pay and non-pay overspend at the end of June which amounted to circa £4 million and it was noted that the majority of this was due to an overspend on agency and non delivery of CIP.

…….. Chair
3 October 2019

It had previously been reported that there was a potential cash shortfall in September 2019; following a review of the cash forecast the potential funding requirement is expected in November 2019.

The Committee recognised the engagement of Deloitte to provide Financial CIP Advisory Support and, whilst the outcome of their work would provide greater clarity regarding the forecast outturn position, delivery of the waste reduction programme and feed into the Financial Recovery Plan, the Committee asked for a high level indication of the end of year forecast position to be provided in advance of the Trust Board meeting.

Assurance: Low

Waste Reduction Programme 2019/20 Update

Obi Hasan, Financial Improvement Director presented an update on delivery and progress of the Waste Reduction Programme for 2019/20 against a savings target of £18.9 million, and it was noted that at month 3 £0.45 million had been delivered against a plan of £2.5 million.

Following the commencement of Deloitte on 24th July 2019 to work with the Trust to develop the CIP pipeline and PMO function, it was noted that the main focus is on the key areas that drive the highest overspends and have greater opportunities for increasing efficiencies.

The Committee discussed the need for greater 'grip and control' and the mechanisms to be put in place to achieve this.

Considerable work was taking place with regard to the 2019/20 Waste Reduction Programme and it was acknowledged that this was future focused and should inform the development of the 2020/21 programme. The Board could take assurance that there was a much greater understanding of the position, more clarity, and a recognition that this was an organisational issue.

Assurance: Low

Review of Standing Financial Instructions, Standing Orders, Reservation of Powers to the Board

An interim review of the Standing Financial Instructions, Standing Orders and Reservation of Powers to the Board had taken place. In addition to a number of minor amendments to reflect the name of new organisations, policies, committee structure etc the only significant changes related to an update of the Authorisation levels for charitable funds expenditure and clarification of the tendering and contract procedures, particularly around the use of waivers. A full review of Section 3 Budgetary Control is currently being undertaken linked to the development of a performance framework and a review of business case approvals process incorporating recommendations from the Deloitte internal audit review.

Subject to these changes, the Committee recommended approval of these documents to Trust Board.

Confirmation of Two Contract Variations to the Trust's Radiology Picture Archiving and Communication System (PACS)

The Committee was asked to approve the additions of hardware and related support into the long term contract with Agfa for the provision of the Picture Archiving & Communication System (PACS).

After consideration of the benefits the additional diagnostic and mammography workstations would provide and noting the financial impact on the remaining term of the contract, the Committee recommended approval by Trust Board. **The Board was asked to note and approve this decision – APPROVED.**

Clinical Waste Contract Extension

The Committee was asked to ratify a decision made by the Executive Directors relating to the extension of the Trust's clinical waste contract for a further 12 months (to December 2020). Acknowledging the background to this decision, the Committee recommended approval by Trust Board. **The Board was asked to note and approve this decision – APPROVED.**

…….. Chair
3 October 2019

Board Assurance Framework
The Committee reviewed the Board Assurance Framework and the rating of the following risks and confirmed no changes were required:

- We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity (RR 561) – MEDIUM.

- 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

Assurance: Medium

Other items discussed included:

- Operational Plan Update 2019/20 **–** latest position noted. Recognised that further improvements are still to be made to ensure that Board is fully sighted on progress against all areas.

- Engagement of Four Eyes Insight **–** The Committee granted retrospective approval of a business case to achieve improved theatre utilisation/productivity. It was noted that the project was now complete subject to receipt of a close down report. **The Board was asked to note and approve this decision - APPROVED**

- Post Project Evaluations**:**
    - An update on the progress of the Dermatology Procurement that was undertaken in 2018 to secure additional dermatology and skin cancer provision was provided to the meeting. Overall the service is running well with the operational queries being managed swiftly and efficiently and some recent success in recruitment being reported.
    - Following the approval of a Business Case for the replacement of Power Tools in July 2017, the Committee received an update on the success of this which has seen 93% of the savings identified being delivered following implementation.

Mr Allen (NED) raised the need to have sight of a full year forecast, in light of the current run rate.

The Board NOTED the report and APPROVED the Committee decisions as detailed above.

2019.1/122 **TRUST PERFORMANCE REPORT – M03**

2019.1/122.1 **Financial Performance**

The FD reported that the Trust has a planned deficit of £4.094m for the period April-June 2019 (Annual Plan £17.351m deficit). The Trust has delivered this required position and therefore is eligible to receive support of £3,079m, and as a result is reporting an overall deficit for the first quarter of £1.825m in line with the planned control total.

Income & Expenditure Position

At the end of June, income has over-achieved by £2.761m, predominately within non elective activity.

Pay
To date the pay spend has amounted to £69.417m against a plan of £67.815m, resulting in an overspend of £1.6m. This is due to an overspend on agency costs of £1.0m and non delivery of CIP of £0.7m.

Agency
Total agency usage is exceeding plan by £1.079m, and is at 8.4% of total pay spend at £5.8m for the first quarter.

…….. Chair
3 October 2019

Non Pay
Month 3 non pay spend amounted to £10.680m and £30.391m year to date. These levels have created an adverse variance to plan of £2.439m year to date.

Waste Reduction Performance
Against the annual plan of £12.9m, schemes have been identified with varying levels of delivery risk to that value. Year to date against a target profile of £0.858m, £0.447m has been delivered.

Cash
Following a review of the cash forecast a potential funding requirement is expected to come to Board in November 2019.

2019.1/122.2 **Operational Performance**

Elective Activity – RTT 2019/20 Trajectory
The Trust achieved 87.0% in June against a trajectory of 91.6%, a -4.6% variance. Key actions for July will be to:

- Continue to optimisation of lists to improve utilisation and efficiency using 6 4 2 process
- Complete Demand and Capacity models for presentation in August to COO
- Continue to work with Four-Eyes

The RTT Waiting list size in June was 18.860 against a trajectory of 19.117. The target waiting list size for March 2020 is 18,027. It should be noted that although the position is better than the trajectory, if the Day surgery units continue to be escalated in to then the year end forecast may be at risk.

Diagnostics
The June 2019 national diagnostic waiting times of 99% (for patients who have waited less than 6 weeks) was achieved by the Trust attaining 99.52%

Cancer
2 Week Wait Trajectory: The Trust failed to achieve the national target of 93% with performance at 80.3%. Key actions for July will be to:

- Secure funding for second workstation to support breast radiology
- Continue to monitor no 2 week compliance and inform GP
- Monitor breast 2 week wait to maximise available capacity and reduce waiting times to below 20 days

31 Day Wait Summary: The Trust achieved 97.9% against the national standard of 96%.

62 Day GP Referral: The Trust achieved 74.5% against the national standard of 85%. Key actions are:

- Roll out plan for all MDTs, timetable to be issued to all MDT leads
- Kaizen event for lung MDT commencing 24 July

Urgent Care Update

Ambulance Handovers
Handover delays of 3,648 in June 2019 against a trajectory of 4.272, which is a variance of -624. Work continues with a system wide handover group and West Midlands Ambulance Service to reduce overall handover delays.

Minor and Major Performance
Significant improvement in minor performance since December 2018. Majors remains primary challenge due to flow, space and overnight medical capacity.

The Board RECEIVED and NOTED the Trust Performance Report.

GOVERNANCE (LEADERSHIP)

…….. Chair
3 October 2019

2019.1/123 **BOARD ASSURANCE FRAMEWORK**

The CEO presented this paper, and the following key points were covered:

The Board Assurance Framework (BAF)
The BAF 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. The Executive Director Risk Owner oversees their BAF risks and ensures controls, assurances etc are up to date. The following changes are proposed since last presented:

Risk 1186 – We need real engagement with our community to ensure that patients are at the centre of everything we do:
Additions to Assurance as follows:
- Winners of MES Community Engagement (May 2019)
- Opthalmology engagement process July 2019
- Chief Communications Officer appointed July 2019

Addition to Further Planned Actions as follows:
- Develop integrated Communications and Engagement Strategy (Jan 2020)

Risk 1204 – Out maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe:
Additions to Further Planned Actions as follows:
- Appoint Director of Midwifery (Sept 2019) *(done)*
- MBRACCE data for 2018 (Aug 2019)
- CNST Incentivisation Action Plan

Risk 1134 – If we do not work successfully in partnership with the local health system to establish effective patient flow through well-staffed beds, then our current traditional service models will be insufficient to meet escalating demand:
Additions to Potential Impacts as follows:
- Reputational damage
- Clinical Safety Challenges
- Recruitment and retention problems

Additions to Assurance as follows:
- Super stranded performance maintained (July 2019)
- Ed performance is showing slow recovery (but not at rate planned)
- Orthopaedic capacity realigned at PRH (June 2019) COO

Additions to Gaps in Assurance as follows:
- Workforce Committee 7 Day Working Assurance update (June 2019)
- Infection Control escalated Red (Feb 2019) Confirmed June 2019
- Current ED performance remains below national average (June 2019)

Additions to Further Planned Actions as follows:
- Establish A&E Oversight Group (July 2019) DCE

Risk 1533 – We need to implement all of the 'Integrated Improvement Plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients:
Additions to Assurance as follows:
- Trust has made progress Cycle 7 163/397 'Must Dos' and 'Should Dos'

Risk 561 – We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity:
Additions to Current Controls as follows:
- Reconstitution of Cancer Board (March 2019)

Additions to Assurance as follows:

- 99% of patients received diagnostics within six weeks (June 2019)
- Diagnostics 99.88% against 99% target (June 2019)

Additions to Gaps in Assurance as follows:

- RTT remains below 92%
- 2/52 and 62 day cancer remains challenging
- Pressures in Breast and Radiology, Urology, Lung and Colorectal

Risk 670 – We need to live within our financial means so we can meet our financial duties and invest in service development and innovation:

Additions to Gaps in Assurance as follows:

- Waste reduction requirement for 19/20 of £18.9m. Plan – £12.5m of which 75% is high risk
- Potential cash shortfall risk (Sept 2019)
- M2 19.20 £3.079m deficit (£1.521m adverse variance)
- Agency overspend (July 2019)

Risk 1584 – We need funds to invest in our ageing estate to replace old equipment so we can provide the highest quality of care in a safe environment:

Additions to Assurance as follows:

- Diagnostic equipment Lease Purchase approved (June 2019)
- Contract Award for CT Scanners for PRH Lease Purchase approved (June 2019)

Addition to Further Planned Actions as follows:

- Implement decontamination contingency (Sept 2019)

Risk 668 – We need to deliver our £312m hospital reconfiguration to ensure our patients get the best care:

Addition to Current Controls as follows:

- NHS Transformation Unit supporting SSP in Programme Director role

Addition to Further Planned Actions as follows:

- Reviewing options including inflation costs and scope
- Review options for multi-storey car parking and Energy Centre

Risk 1492 – We need an agreed Digitisation Strategy to underpin service improvement:

Addition to Current Controls as follows:

- Pause on IT system developments for 6/12

Addition to Gaps in Controls as follows:

- OS upgrade required on c500 devices to ensure continuity of Windows updates

Addition to Assurance as follows:

- Board session on Digitisation June 2019 with NHSE to agree priorities

Addition to Further Planned Actions as follows:

- Appoint Digital Leader (July 2019) DCE

Risk 423 – We need positive staff engagement to create a culture of continuous improvement:

Additions to Further Planned Actions as follows:

- Staff App to be launched (July 2019)
- Developing People Strategy (Aug 2019)

Risk 859 – We need a recruitment strategy for key clinical staff to ensure the sustainability of services:

Additions to Potential Impacts as follows:

- Urology
- Anaesthetics
- Breast Radiology

Additions to Assurance as follows:

- Offers of employment made to 70 overseas nurses (June 2019)
- Recruitment and Retention Oversight Committee established (July 2019)

Addition to Gaps in Assurance as follows:

- ED Nurse Business Case approved (May 2019)

…….. Chair
3 October 2019

Corporate Risk Register (CRR)
This lists all operational risks >15 (high), with risks listed by priority. At July 2019 there are 114 risks on the CRR in total, which is 69 more than July 2018. Over the year, 28 risks have been closed. 50 new risks have been identified over the year, and 19 risks have increased residual score (>15).

Operational Risk Group
Key summary points from the Operational Risk Group meeting held on 9 July 2019:

New risks added to the CRR –
- CRR 1571 – Registered Nurse Vacancies within USC medicine
- CRR 1572 – Inadequate supply of RN temporary staff to USC medicine wards

The Head of Nursing for USC presented these risks, highlighting escalating recruitment and retention issues, compounded by a dearth of agency cover. This is resulting in increasing difficulty for Care Group to deliver quality care to meet required patient/nurse ratio in line with Safe Care Nursing standards.

Following discussion, members of the Group agreed that the two risks should be combined into a single risk (CRR 1571), with an inherent score of 25, a residual risk score of 20 and prioritised at joint #2 in the list of 20 rated risks.

Existing risks of increasing priority –
- CRR 1345 – Patient hoists – ageing stock and reliability issues

The Moving and Handling Lead Manager described the increasing rate of failure of patient hoists which are being used beyond their intended lifespan. From around 85 hoists operated by the Trust, 25 had already been condemned presenting operational and cost pressures. ORG recommended that the Moving & Handling Team works with the Care Groups and Corporate Nursing Team to identify a suitable replacement model which will be a standard across the Trust in order to expedite a business case to Capital Planning Group as soon as possible.

Members of the Group agreed to increase the residual risk score to 20 and prioritised at joint #3 in the list of 20 rated risks.

- CRR 820 – Renal Dialysis Station Replacement –

Machines are registering excessive hours due to increasing demand, and being used beyond that recommended by the Renal Association Guidelines. Increased activity has also seen the need to send activity to other units. Failing renal equipment continues to be replaced by Medical Engineering Services, but this equipment was now responsible for around half of the MES contingency fund for 19/20. ORG acknowledged that although activity was being temporarily accommodated by other providers, this was detrimental to our patients and a capital bid to resolve the matter was confirmed for 10 July.

Members of the Group agreed to increase the residual risk score to 20 and prioritised at joint #2 in the list of 20 rated risks.

Mr Deadman (NED) raised the benefit of having individual risks for individual issues in light of the fact the Trust is starting to experience failure of individual pieces of equipment.

The Board NOTED and APPROVED the proposals put forward under the BAF and CRR.

2019.1/124 **REVIEW OF STANDING FINANCIAL INSTRUCTIONS, STANDING ORDERS, RESERVATIONS OF POWERS TO THE BOARD**

The FD presented this item, advising that an interim review of the Standing Financial Instructions, Standing Orders and Reservation of Powers to the Board has taken place. In addition to a number of minor amendments to reflect the name of new organisations, policies, committee structure etc the only significant changes related to an update of the Authorisation levels for charitable funds expenditure and clarification of the tendering and contract procedures, particularly around the use of waivers.

…….. Chair
3 October 2019

A full review of Section 3 Budgetary Control and Monitoring of the Standing Financial Instructions is currently being undertaken linked to the development of a performance framework and a review of business case approvals process, incorporating recommendations from the Deloitte internal audit review of the existing business case processes.

As individual Committees review their Terms of Reference throughout the year and as these are approved by Trust Board, the Reservation of Powers to the Board and Delegation of Powers will be updated.

It was noted that the Performance Committee had reviewed the documents at its meeting of 30 July 2019, and had recommended approval to the Trust Board.

The Board NOTED and APPROVED the revisions to the documents.

2019.1/125 **ANY OTHER BUSINESS**

No further business was raised.

2019.1/126 **QUESTIONS FROM THE FLOOR**

Q1 **With regard to the Hospital Charter and Dementia:**

- **How soon will the Board be appointing a Non-Executive Director as Dementia Sponsor?**
- **When will the Board be able to sign off the Dementia Action Plan?**
- **When will the Trust be reviewing training regimes for staff dealing with inpatients with Dementia (in light of information detailed in the Annual Report of Complaints around response to poor case handling of patients with Dementia)**

A1 The Chair reported that he was interviewing for three new NEDs the following week, and hopes to have the recruitment finalised by the end of August.

The DNMQ reported that she had met with the Dementia Lead Nurse the previous day, and it had been agreed that her direct line management would move to the DNMQ. The National Survey results had been received that week, and analysis is currently being undertaken to prepare a draft action plan, which will be taken to Board in September 2019.

The DNMQ also confirmed that the Trust is looking into what opportunities there are to bid for additional training monies.

Dr Lee (NED) observed that it would be helpful if the new Dementia Sponsor NED sits on the Quality and Safety Committee.

The DNMQ offered to meet with the questioner to discuss further offline if required.

Q2 **The issue of extended trolley waits was raised, with the questioner requesting that air cushions be placed on trolleys for patients to aid comfort.**

A2 The CEO agreed that people waiting in A&E for protracted periods of time is unacceptable. In terms of ED trolley mattresses, pressure assessments are carried out on patients to understand the risks, however she accepted the issues raised.

The DNMQ concurred and reported that a review was currently underway of the Trust's bed and trolley mattress contract. She thanked the questioner for their helpful feedback.

…….. Chair
3 October 2019

Q3 **The questioner expressed concerns over the possibility of the Trust having to close PRH A&E again overnight, and suggested that NEDs should visit A&E between midnight and 4am to observe the situation at first hand.**

A3

The Chair responded that whatever people may have read in the press, that does not make something true and, indeed, that is not a situation that has been raised at Board. He therefore wished to leave the matter there.

Q4 **The questioner had observed a lack of detail in the Trust's Workforce sickness absence information, and felt it would be helpful and aid identification of supportive actions if sickness categories/reasons could be included in future reporting**.

A4 The CEO responded that we do track reasons for sickness absence, to allow us to put in place supportive interventions, such as physio services for staff with musculoskeletal problems.

The DWD added that we also track trends, which help us when partnering with Occupational Health.

Q5 **It has been noted that in the Quality Governance Report there are a lot of key quality measures (65%) which do not have targets.**

A5 The DNMQ confirmed that targets will be included going forward, and the information will be available soon.

Q6 **With regard to discharges and stranded patient issues, does the Trust receive any input from the social housing associations?**

A6 The COO responded that we do not specifically have links with social housing associations but he acknowledged that Shropshire Council have been very active and involved in resolving such issues.

The DCE added that, in line with the general STP footprint, the Trust is now doing well with its partnership work regarding Stranded and Super Stranded patients, and he was pleased to note that we are one of the top performing organisations around the country.

Q7 **With regard to winter planning, a questioner raised the issue of patients being admitted to hospital at weekends, and changes to Shropdoc contracts limiting facilities for patients to be clerked in elsewhere. The questioner also highlighted that the STP long term plan is probably the single most important area discussed with regard to impact on patients but it has been remote to members of the public. The suggestion of key meetings being held in public, minuted and publicly available has been raised previously, but has never been taken forward.**

A7

The Chair acknowledged the comments adding that it is not just about the public – it relates to communication and stakeholder engagement. The Deputy CEO has now taken on responsibility for stakeholder engagement across the Trust, and the CEO confirmed that she will pick this up.

The Chair added that a STP Chair's Group is to be introduced, and he will raise the issues at that forum.

Q8 **A questioner asked if it was possible to the share the Terms of Reference and timescale for the independent asbestos review which had featured recently in the press. The questioner also queried the situation regarding asbestos removal at Copthorne building following the February-October closure in 2018, and the further subsequent closure following a short re-opening, asking if SaTH knew about asbestos in the building last year why was the work not carried out initially?**

A8 The Chair responded that the 2012 enquiry involves people so he is unable to comment further at this time.

The DCG confirmed that the separate closures were as a result of meeting more stringent building controls which had been introduced following the Grenfell Tower disaster and the identification of some legacy issues during the sign-off.

Q9 **A questioner raised the statements made at the Trust Board meeting of 30 May 2019 relating to the forthcoming recruitment of doctors and nurses, however it has now been reported in the press that PRH A&E is on the brink of outright closure, and queried what happened to all those new staff**.

A9 The Chair clarified that the recruitment of additional doctors from overseas is well underway, as is the recruitment of nurses from India, however international recruitment is a lengthy and detailed process. The DNMQ added that there has been a significant amount of work undertaken on recruitment, and confirmation has been received of specialist nurse availability. To put context around the volumes, 60 out of 70 posts offered to nurses from India have accepted, 8 from Ireland are tracking in, and another 90 Skype interviews are in train.

The Chair and CEO further affirmed that the Board has not discussed the issue of PRH A&E closure, but as a matter of good risk management practice when reviewing staffing and downward levels, it had been captured as a potential risk.

The DCG reported that in the interests of attracting international recruits, the Trust is working with Telford and Wrekin Council to refurbish junior doctors housing, which will be offered free for the first six months of their placement. The Doctors Mess has also been rebuilt in a more central location, and work is underway to publicise the area as a good place to live and work. The Trust is also in discussion with a housing development opposite PRH with a view to negotiating special rates for NHS staff, with a view to international recruits being able to form a 'community'.

Q10 **The question was asked as to whether SaTH could reiterate the importance of community hospitals and MRI units, as part of its STP future/long term plans?**

A10 The Chair was pleased to respond with his absolute assurance that community hospitals/MRI units will be included in STP future/long term planning.

Q11 **A questioner asked why does PRH A&E continue to get threatened with overnight closures?**

A11 The Chair provided his absolute assurance once again that no decision has been made to close PRH A&E. The Trust is simply measuring the risk profile, as stated above, as part of regular risk management good practice.

2019.1/127 **DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 3 October 2019, 1.30pm, Seminar Rooms 1&2, Shropshire Conference Centre at Royal Shrewsbury Hospital

The meeting closed at 4.40pm

…….. Chair
3 October 2019

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 1 AUGUST 2019

Item	Issue	Action Owner	Due Date
2019.1/102	Actions/Matters Arising from 30 May 2019 2019.2/73 – Workforce Performance Report WD to compare Staff Survey results with Exit Questionnaires and high turnover areas	WD	October 2019
2019.1/108	Organisational Development 6-month Delivery Plan Revised deadline date to be set against Item 3.2	WD/ DWD	October 2019

…….. Chair
3 October 2019