

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**  
**Held 1.00pm, Thursday 3 October 2019**  
**Seminar Room 1&2, SECC, Royal Shrewsbury Hospital**

**PUBLIC SESSION MINUTES**

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

**2019.1/127**

**WELCOME & APOLOGIES**

The Chair welcomed all to the Trust Board meeting; extending a particular welcome to their first meeting of the Board to Ms T Boughey (NED), Mr D Brown (A.NED) and Prof T Purt (A.NED).

Apologies were noted, as listed above.

The Chair informed members that the interview process for a new Trust CEO had recently concluded. He was pleased to report that an offer had been made to the successful individual from a field of strong candidates, and he expects to be able to announce the appointment shortly.

**2019.1/128**

**PATIENT STORY – EXPOSURE TO CIGARETTE SMOKE**

The Board received a Patient Story by way of a short film shared by a patient following her recent hospital admission for an elective caesarean section in June 2019. The story was shared from the patient's perspective using her own words to describe her experience.

The patient was admitted to the delivery suite and following the birth of her son she was transferred to Ward 21 into side room 1 to receive her postnatal care. Whilst she describes the treatment and care which she received during her surgery, recovery and postnatal care as good, her experience was marred through being exposed to people smoking directly outside her side room window.

..... Chair  
28 November 2019

Outside the Women and Children's Centre entrance there is a section to the left where there is a space between the entrance structure and side rooms 1 and 2 within Ward 21, the design of which has enabled windows to be placed in the side rooms. This external area is under cover and provides a level of shelter from the elements. This area is where the patient experienced exposure to cigarette smoke, as people were frequently congregating within the area outside the side room in which she was receiving treatment. The patient described how the Trust promotes a no-smoking environment and women not smoking during pregnancy to achieve better outcomes for their baby, however this was not supported through the environment she found herself and her baby exposed to. The patient shared her feedback with the Trust to highlight her concerns and to raise awareness.

Ruth Smith, Lead for Patient Experience, was in attendance for this item. She advised that upon receipt of the feedback a small group of stakeholders reviewed the area to explore options and sought feedback from patients in the side rooms. Action has since been taken to reduce postnatal mothers' and babies' exposure to smoke through:

- Increasing signage outside the Women and Children's Centre entrance
- Erecting fencing to restrict access to the sheltered area between the entrance and side rooms
- Erecting a portable detector which delivers a warning to people smoking within the area if a heat source is detected

The patient who contacted the Trust to share her experience was made aware of the steps being taken to improve the environment based upon her feedback. Upon completion of the work she was invited back to see the changes which had been introduced, and she advised that she was pleased at the Trust's response, which gave her assurance that 'someone is listening'.

Ms Smith reported on the following next steps:

- The story will be shared wider within the Trust to raise awareness and encourage teams to act and explore improvements based upon the patient feedback they receive
- Smoking habits will continue to be monitored outside the Women and Children's entrance
- Work is already underway to address further areas where smoking is evident across the Trust. Portable detectors are presently located outside the Day Surgery entrance at PRH, behind the Renal porta-cabin at RSH, near the bike shed outside the Ward block at RSH and in a male toilet at PRH. Further requests have been made for devices to be placed outside the main entrance at PRH.

The Board NOTED the work being undertaken to reduce smoking across the Trust, and took assurance that patient feedback is being listened to, and changes are being made based upon what patients tell us, to improve the experience of future patients. It was noted that Workforce are leading on the smoke-free initiative

2019.1/129

#### **BOARD MEMBERS' DECLARATIONS OF INTERESTS**

The Chair declared the following:

- Chair of Wolverhampton University (previously Deputy Chair)
- Board member of HF Holidays Ltd

Prof Deadman (NED) declared the following:

- Professor at Cranfield University (previously Lecturer)
- Group Chair of Halton Housing Trust

Mr Bristlin (NED) declared the following:

- Non-Executive Director for Belong Group of Companies (a charitable organisation who provide elderly and dementia care in North West England)

The Board RECEIVED and NOTED the Declarations of Interest.

2019.1/130

#### **DRAFT MINUTES OF MEETING HELD IN PUBLIC – 1 AUGUST 2019**

..... Chair  
28 November 2019

The minutes were APPROVED as a true record.

2019.1/131

## ACTIONS/MATTERS ARISING FROM MEETING HELD 1 AUGUST 2019

2019.1/102 – Actions/Matters arising from 30 May 2019

*WD to compare Staff Survey results with Exit Questionnaires and high turnover areas.*

**Complete (included on 3 October agenda). Action closed.**

2019.1/108 – Organisational Development 6-month Delivery Plan

*Revised deadline date to be set against Item 3.2*

**Completed - action closed.**

## MONTHLY OVERVIEW

2019.1/132

### 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 September:

##### a. Update from Executive Team

The DCEO informed the SLT that interviews for the new CEO of SaTH are taking place w/c 23 September. She relayed a message from the Trust Chair that he has been impressed and pleased by the level of interest in the role.

##### b. Update from Care Group Leadership Teams

#### Midwifery

- Jo Banks, Care Group Director for Women and Children's, informed the SLT that shortlisting for the Director of Midwifery was taking place w/c 23 September and she was pleased with the number of applications received
- The COO added that the job advert to replace Jo Banks is currently live

#### Scheduled Care

- Neil Rogers, Assistance COO for Scheduled Care, updated on the positive progress that has been made on ISGs, including a broadened approach ahead of the next CQC visit and increased visibility via genba walks
- He raised concerns about high nurse turnover and informed the SLT that nurses were citing repeated movement to other wards as their key reason for leaving. Solutions are being discussed and fulfilled with newly recruited nurses. Particular focus is being given to Ward 35 and to reducing the movement of nurses around wards

#### Unscheduled Care

- Kevin Eardley, Care Group Medical Director for Unscheduled Care, informed the SLT that four middle grade ED doctors have been recruited and will be starting by the end of September. Agency doctors are required while the new recruits are supported in the department (10 wte to support throughout the winter period)
- ED consultants are aiming to create more time to proactively manage operations
- The department has 135 wte ward based nurse vacancies. HEE Global Learners estimated 175 wte (Trust) appointments. Kevin thinks there is the potential to fill the majority of vacancies in USC.
- Kevin talked about the need to get the infrastructure right while demand is increasing rapidly

#### Pharmacy 7 day working

- Vicki Jefferson, Operational Head of Pharmacy, outlined proposed options to transition towards providing a seven-day pharmacy service. An increased clinical pharmacy service would increase clinical effectiveness and help to reduce length of stay

..... Chair  
28 November 2019

- SLT recommended we start with a Saturday service as this could be done while plans to increase automation are worked through. This option allows progress without being contingent upon automation timings
- This recommendation will now go to the Performance Committee for their consideration

### **CQC**

- The DNMQ and Maggie Bayley, AD of Nursing, informed the SLT that on 12 September 2019 a large number of documents that were requested at short notice were submitted to the CQC on time
- They also informed the group that a mock CQC inspection was scheduled for w/c 30 September to help with preparations
- Aside from some actions that need to be dealt with promptly following a mental health visit, the team are up to date on all enquiries from the CQC

### **Emergency Department IT system implementation**

- The FC advised that the ED IT system implementation plan had been agreed. Mark Cheetham requested that end-user views are accommodated in the plan.

### **Procurement Transformation Plan**

- Paula Davies, Head of Procurement, proposed a transformation plan which was agreed.

### **Community Engagement**

- Hannah Roy, Governance and Membership Manager, and Kate Ballinger, Community Engagement Facilitator, gave a presentation on Section 242 – our legal duty to engage with the public and stakeholders about potential changes to services
- Their message was clear in a request to leaders to talk to Hannah or Kate before any decisions are made to service changes, however small the changes in provision
- Mr Tony Fox cited his experience of working with the engagement team and thanked them for making the recent changes to the Ophthalmology services work so smoothly

## **2. NHSI Improvement Provider News**

Each week the Trust receives a bulletin from our regulators at NHSI which provides an overview of national policy developments, key events and details of actions that the Trust is required to take forward. Some key highlights from September's news include:

- A new flu campaign has been created by Public Health England with the support of NHSI. It takes a different approach to flu season – emphasising the protective benefit of the flu vaccination. There is a range of campaign materials available for Trusts to promote the flu vaccination to your workforce, including posters, social media tools and a communications toolkit. The SaTH Communications Team have been sent all of these
- The cancer patient survey supports Trusts to provide better cancer care by monitoring national progress and driving local quality improvements. Following participation from 145 trusts, the 2018 national cancer patient experience survey has revealed a trend of continued improvement in cancer care. Patients with cancer have rated their treatment at SaTH as 'very good', highlighting the dignity and respect they received
- Develop senior leadership skills with the Nye Bevan programme. This programme will support Trusts to build personal resilience, confidence and capability to meet the challenges and demands of being an Executive Director and to perform better at Board level
- Revised guidance has been published on using the friends and family test to improve patient experience. This follows nine months of consultations with healthcare professionals and the public
- A £210 million funding boost for frontline NHS staff has been announced to support NHSI's drive to make the NHS the best place to work, retain our nursing workforce by supporting long-term career progression, and improve patient care. The funding includes a £1,000 personal development budget for every nurse, midwife and allied health professional to support their personal learning and development needs over three years

- Organisations that issue national patient safety alerts will soon be required to use a single, standardised safety alert template
- NHSI have published the NHS Oversight Framework for 2019/20. This outlines the approach NHS England and NHS Improvement will take to oversee organisational performance and identify where providers and commissioners may need support. The new framework incorporates approaches and measures used in both the Single Oversight Framework and the Improvement and Assessment Framework

### 3. Chief Executive's highlight report

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

- Annual Awards – The Trust's recent Long Service Awards were followed by the inspiring VIP Awards evening. Congratulations to all the winners and to everyone who was nominated, and well done and thank you to everyone who was involved in the organisation of a great occasion
- Removal of DBS check charges as a result of staff feedback – Following concerns raised by the Trust's newly-appointed Staff Engagement Champions, staff charges for criminal background checks have been removed. A DBS check can cost up to £60 with many staff needing it renewed every three years. Many NHS organisations charge for the service. It is also hoped that by removing these costs it will encourage more people to come and work at SaTH and build a long and successful career, which in turn will hopefully help recruitment and retention rates
- £7m investment in Radiology – A new CT scanner will be installed at PRH as part of a £7 million investment in Radiology equipment across the Trust, which will also include a full upgrade to digital X-ray equipment, a cardiac catheter laboratory and a vascular and interventional laboratory. The additional scanner, which is hoped will be ready to go live in December, will help ensure the sustainable and reliable delivery of emergency and urgent CT scanning.
- Areas of good practice highlighted – Areas of good practice across the Trust have been highlighted by the national NHS clinical improvement programme – GIRFT (Getting it Right First Time). The programme looks to improve NHS care by reducing unwarranted variation in the way services are delivered. A number of areas of practice have been praised by the programme; for example, the care of children admitted through A&E being led by paediatricians, with the input of other specialities where required, was praised, as was the reduction of surgical equipment costs and the delivery of a high-quality home therapy service for renal patients. Other improvements made through the GIRFT programme include the ring-fencing of 14 beds for orthopaedic surgery, with a view to reducing cancellation rates and minimising infection risks, while in Obstetrics and Gynaecology we are now offering more laparoscopic procedures, which carry a lower surgical risk than general anaesthetic and shorten recovery times.
- Procurement team ranked in top five – The Trust's Procurement team has been ranked 5<sup>th</sup> out of 133 acute Trusts across the country. The Procurement League Table ranks NHS Trusts for their efficiency in buying goods and services. Recognition for this achievement comes after the team was named as a finalist at the Health Service Journal's Value Awards 2019
- World Sepsis Day – To mark World Sepsis Day the Trust took delivery of 60 new blood culture pods to dramatically reduce the time it takes for samples to be transported to its labs. The new plastic pods are safer than the glass pods they replace, and initial calculations suggest as much as one hour could be saved in the time it takes for a sample to reach the Pathology labs using the air tube systems
- Nurses complete preceptorship programme – 36 newly qualified nurses have completed the preceptorship programme that helps them on their journey to becoming registered nurses. During the programme, the nurses were supported by an experienced practitioner to develop their confidence and to refine their skills, values and behaviours
- Patient Information Boards – Standardised patient information boards have been created and are in the process of being rolled out across both hospitals. The introduction of the standardised information boards will improve safety and communication by providing clear and easy to understand patient information at a glance
- Hospital at Night – The Trust's Hospital at Night have developed highly-visual alert labels which can be placed in a patient's notes to ensure that those who were unwell overnight are seen first when medical teams do their rounds the following morning. The plan is to eventually include the information on the Trust's electronic patient information screens

..... Chair  
28 November 2019

- Waiting area for patients being treated for cancer – a new waiting area for cancer patients has been officially opened at RSH, and has been named after a former patient who helped create it. The Bernadette Roberts Waiting Room was opened at the O'Connor Haematology Unit by members of Bernadette's family following the generous bequeathment Bernadette gave the department
- Improving end of life care – Five LED lit ceiling tiles, featuring natural sky scene murals, are to feature on Ward 15 (Acute Stroke Unit) and Ward 16 (Rehabilitation) at PRH to improve care for patients. The aim of the murals is to provide a distraction and reduce feelings of anxiety for patients receiving treatment, giving them a more positive experience of being in hospital

The Board RECEIVED and NOTED the overview report.

2019.1/133

## **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE**

The DCEO gave a presentation on behalf of the Shropshire, Telford & Wrekin (ST&W) Sustainability and Transformation Partnership. The presentation covered the following key points:

### Developing ST&W STP's Long Term Plan

- The one system plan will describe how all partners within the STP will work together locally to ensure current and future health and care needs are met. It will describe how the STP will deliver its agreed priorities and the requirements of NHS Long Term Plan Implementation Framework
- The Long Term Implementation Framework expects ICSs and STPs to develop and publish their five year plans according to the following timetable:
  - By 27 September 2019 – initial submission of ST&W STP draft plan to NHSE/I Midlands Team
  - By 15 November 2019 – STP plan agreed with Senior Leadership Group and NHSE/I Midlands Team
  - November 2019 onwards – Local delivery plans to be developed
- Currently the ST&W STP Long Term Plan is DRAFT and will continue to evolve and change based on the feedback and views gathered across the system

### Health & Wellbeing Board (HWBB) involvement in the development of ST&W LTP

- Audit of stakeholder engagement delivered to date and planned for future
- STP and Long Term Plan updates presented at the HWBB
- Council Councillors / staff / VCS engagement on the NHS LTP via survey
- HWB Board member involvement in the development of the ST&W LTP –
  - Senior Leadership Group (SLG)
  - Healthwatch ST&W STP LTP Report
  - VCS ST&W STP LTP Engagement Event
  - Population Health Management and Business Intelligence (Chapter 2 of LTP)
  - Prevention & Place Based Care Cluster (Chapter 3 of LT)
  - Telford & Wrekin Place (Chapter 3 of LTP)
  - Acute Care Development Cluster (Chapter 5 of LTP)

### System Structure and Governance to support delivery of change - Vision

- ST&W STP will work together with the people of Shropshire, Telford and Wrekin to develop innovative, safe and high quality services delivering world class care that meets our current, and future, rural and urban needs
- ST&W STP will support people – in their own communities – to live healthy and independent lives, helping them to stay well for as long as possible
- As the world faces up to a climate emergency, ST&W STP are committed to delivering an internationally recognised system known for its environmentally friendly services that make the best use of resources

### Together as one ST&W STP will:

- Provide a greater emphasis on prevention and self-care
- Help people to stay at home with the right support with fewer people needing to go into hospital
- Give people better health information and make sure everyone gets the same high quality care

..... Chair  
28 November 2019

- Utilise developing technologies to fuel innovation, support people to stay independent and manage their conditions
- Attract, develop and retain world class staff
- Involve and engage staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- Develop an environmentally friendly health and care system

The Board RECEIVED and NOTED the update.

The Chair highlighted at this point the previous day's long awaited announcement that the Health Secretary had accepted advice from an independent panel of experts that the reconfiguration of the Trust's hospitals, through the NHS Future Fit scheme, should be allowed to go ahead. This is very positive news for the Trust, but most importantly for patients across the whole of Shropshire, Telford & Wrekin and Mid Wales. The Trust's Hospital Transformation Team will be working extensively with teams across the Trust to ensure the best possible outcome is achieved from the investment that has been made into redeveloping our two hospitals.

2019.1/134

### **TRANSFORMING CARE PRODUCTION SYSTEM UPDATE**

The CEO presented a paper describing 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:

- Over the last month the KPO Team have been supporting over 15 genba walks with Trust Executives. The genba walks help to support colleagues with their improvement work, and are also an opportunity to celebrate staff and their achievements
- TCPS work continues, for example, in August 2019 the KPO Team supported three process mapping exercises, a Kaizen event, a Rapid Process Improvement Week (RPIW) and delivery of three Lean for Leaders training sessions
- The Trust Guiding Team have made the decision to transition some of the value streams to be continued in the originating Care Groups, so that the focus and support can be increased for the remaining four value streams:
  - Value Stream #2 Sepsis
  - Value Stream #5 Patient Safety
  - Value Stream #6 Emergency Department
  - Value Stream #8 Surgical Pathway
- The SaTH Guiding Team meeting is now called the Transforming Care Partnership (TCP) Board. A revised agenda will be trialled at the next TCP Board meeting, which will incorporate all quality improvement initiatives across SaTH.

The Board RECEIVED and NOTED the report.

Mr Newman (NED) expressed disappointment and concern at the low level of attendance by Executive Directors at the last meeting of the TCP Board, and highlighted the expectation that ED attendance/support was mandatory, to demonstrate support of the implementation of organisational strategy and improving patient and staff experience.

Discussion also took place on the requirement for all members of SLT to complete Lean for Leaders Training. The DWD undertook to ensure this was communicated and embedded across the Trust.

## **WORKFORCE (PEOPLE)**

2019.1/135

### **WORKFORCE COMMITTEE CHAIR REPORT**

..... Chair  
28 November 2019

In the absence of the Workforce Committee Chair, Mr Carroll, the Deputy Chair, Ms Boughey (NED), presented the following summary of the Workforce Committee meeting held on 16 September 2019:

#### Terms of Reference

The Committee reviewed the Terms of Reference and made amendments to reflect the new Executive and Non-Executive Director members of the Committee. In addition, the Terms now reflect that an annual review will be carried out annually each April together with a review of the Committee's Annual Work Plan.

#### Staff Survey

The Committee received the Quarter 2 'how was work today' Pulse survey and it was pleasing to see an improvement in most areas when compared against the last survey. Although, it should be noted that 443 staff members responded to the survey compared to 257 last quarter. The Committee also discussed the wealth of intelligence that could be available from our long term medical and nursing agency staff and it was suggested that exploring good practice at other organisations might assist us to gather this intelligence. Any associated ER risk would need to be assessed and considered. *Assurance – Low*

#### OD 6-Month Delivery Plan / People and OD Strategy

The Committee were advised that the OD plan is intended to be complete by October, however the Committee received assurance that the strategy is continuing to be developed to ensure widest engagement, including community partners, to guarantee a fully engaged and collaborative People Strategy. The Committee recognised the need for all leaders in the organisation to own the people issues and were encouraged to learn that the Leadership Conference will have an internal leadership focus. *Assurance - Moderate*

#### Board Assurance Framework (BAF)

The Committee received the BAF and reviewed the two risk for Workforce Committee:

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

The Committee were asked to consider if the above risks wholly reflect the Workforce risks and it was agreed that a discussion would be held at the October Committee meeting to establish if changes to the risks are necessary. The Committee will also confirm the controls, assurances and any identified gaps. In addition, the Committee discussed if the gross risk / net risk position was clear. The Committee noted the additional Operational Risk item 1580 regarding Paediatric Cardiology Consultant cover for Inpatients/Outpatients and Neonates with a risk score of 20 and asked for this to be noted on the BAF. *BAF RAG Ratings - Unchanged*

#### Workforce Race and Disability Equality Schemes

The Workforce Race Equality Standard (WRES) and the Workforce Disability Standard (WDES) form part of the NHS Equality Delivery System (EDS2) and the Trust are required to publish this on the website by the end of September 2019 to be compliant. The Committee received the report and approved the action plan on behalf of the Board, having noted that the Trust were unable to provide answers to all questions in the data report at this stage. The Committee agreed that the Trust needs to make substantial progress in this area. The Committee were informed that the Executive team have approved the recruitment of a band 7 member of staff to lead on this. *Assurance - Low*

#### Workforce Assurance Report

The Committee received the Workforce Assurance Report and received assurance that the recent overseas nursing recruitment campaign had resulted in the successful recruitment of 120 new staff. Nurse staffing remains reliant on agency personnel. The Committee discussed the continuing high agency usage especially in the Emergency Department to fill middle grade doctor rotas, and the importance of securing on long term arrangements to ensure cover through Winter. It was recognised that there will be double running costs with the new overseas doctors working supernumerary shifts until Spring 2020. The issue of long-term locums working for the Trust for over 12 months will be included in the Risk Register. The Committee noted that in general good levels of nurse staffing were achieved (agency and bank included).

..... Chair  
28 November 2019



The Committee recognised a slight reduction in staff sickness figures and the sustained positive trends in SSU Training and Appraisals. *Assurance – Moderate*

#### Workforce Plan Assurance for Emergency Department (ED)

The Committee received the ED Workforce update and discussed the SaTH medical view of the number of Consultants needed to run the ED functions versus the actual numbers employed. The Committee were informed that the pension taxation regulations and personal choice are impacting on the number of shifts some Consultants are now prepared to work. It is likely that additional agency cover will be necessary and the Trust are continuing to monitor this. The Committee discussed the target that has been set for the Trust to have a substantive and bank nursing fill rate of 70% by December 2019 within the Emergency Departments. The Trust feels that this target is an extreme stretch, but will be striving to achieve the target. *Assurance – Low*

#### Guardian of Safe Working (GOSW) and Freedom to Speak Up Guardians (FTSU) Quarterly Update

The Committee received the quarterly report from the GOSW which made two recommendations to the Committee. The recommendations were to approve the purchase and implementation of rostering software to enable tracking of Junior Doctor working hours, and to support the timely implementation of the 2018 'Refresh' Contract for Junior Doctors. The Committee supported the timely implementation of the 2018 'Refresh' Contract whilst recognising that this was a significant piece of work for the Workforce team. The Committee agreed that the recommendation for rostering software would require the support and approval of the Executive.

The Committee received an update from an FTSU Guardian who informed the Committee that there is now a downloadable SaTH app to provide an easy route for staff to raise concerns to the FTSU Guardians. The Committee were advised that the concerns being raised are mostly around behaviour and safety issues. In addition, the increase in Guardians to three has increased the exposure of FTSU, and allows more opportunities for open conversations with teams. The National Guardian Office is running a 'speak up month' during October and a communication plan is being developed to promote this. *Assurance - Moderate*

#### Board Assurance

The Workforce Committee has Terms of Reference in place, which are reviewed annually in April. This review includes a review of the Committee membership. The Committee has a Forward Work Plan and this is reviewed annually in April.

The following key points were covered during subsequent discussion:

- The DCG clarified that the app referred to in the GOSW/FTSU update is available to all staff who have a mobile phone, on both Apple and Android devices
- The MD reported that the rostering software referred to in the GOSW/FTSU update is currently being rolled out, with the first area being ED
- The Chair expressed concern that the Workforce Report highlighted we are not compliant with our data reporting obligations under the Race and Disability Equality Scheme Standards. The DWD confirmed that this is the first year we are uploading information to the system, and that a plan is now in place, including appointment of a permanent role to oversee our obligations in this respect and to ensure publication of our data by the end of October.

The Board RECEIVED and NOTED the report.

2019.1/136

## **WORKFORCE PERFORMANCE REPORT**

The DWD presented the Month 5 performance report in relation to:

#### Sickness / Absence / Unavailability

The DWD reported a slight decrease in sickness absence during August to 4.11%, but an increase is anticipated moving into Winter.

..... Chair  
28 November 2019

She highlighted that Corporate Services currently has the highest level of sickness, with the biggest reason for absence reported as stress. It is hoped that the recent introduction of the Employee Assistance Programme will contribute to a reduction in this figure going forward.

#### Appraisals

The DWD reported the Appraisal rate at 88.61%, which is a 0.41% increase on the previous month; and an SSU compliance rate of 86.87%, which is a 2.01% increase on the previous month. It was noted that there is a 'stretch' target of 100% but the Trust Performance Board has recognised that this should be 90% for both Appraisals and SSU, with Appraisals being a key metric for all our leaders.

The Chair requested that the DWD focus on the Appraisal and Mandatory Training completion rate for Corporate Services, as it was noted that this category of staff has the lowest completion rates for both. In this regard, Prof Purt (A.NED) highlighted possible 'cause and effect', ie recommended investigation of any potential link between staff sickness and lack of appraisals. **Action: DWD**

Staff Turnover (exc. Junior doctors) – The DWD reported a recruitment rate of 11.69% of the turnover of the full workforce, and a retention rate of 88.93%. It was noted that recruitment is increasing at pace, and there is a current key focus on retention.

Mr Allen (A.NED) requested that numbers as well as percentages be included in future reports, to provide greater context to the data. **Action: DWD**

Mr Allen, as Chair of the Recruitment & Retention Task & Finish Group, also stated that he was encouraged by the recruitment and retention activity underway. He highlighted that a component of this was a request for frank feedback from new starters of their induction experiences. The DWD confirmed that the full employee lifecycle is included as part of the current People Strategy work.

The Board RECEIVED and NOTED the report.

2019.1/137

#### **PEOPLE AND ORGANISATIONAL DEVELOPMENT STRATEGY/PLAN**

The DWD reported that the People & Organisational Development Strategy document has been circulated for consultation, and the final version will be issued at the end of October 2019.

The CEO requested that the OD Plan includes reference to people having the necessary tools to do their jobs, and Ms Boughey (NED) raised the importance of having a robust internal communications plan to support the launch. The DCG confirmed that the Communications team and the Engagement Champions will be happy to provide their support in this respect.

The Board NOTED the verbal update provided.

2019.1/138

#### **STAFF SURVEY RESPONSE PLAN UPDATE**

The DWD presented a paper which provided on update on actions from the 2018 staff survey, reporting that the majority of actions remain on track or completed to the timescales set.

As covered within the Workforce Committee report (Item 2019.1/135) the supplementary Pulse survey report was shared at the September Workforce Committee meeting, and shows a higher response rate and more positive responses.

The Trust's overall results in 2018 were lower than our comparator group, highlighting that we have to continuously improve. It is also acknowledged that the Trust will need to continue its efforts in creating a positive working environment where our staff feel nurtured and respected to deliver the best care to our patients. The Trust's soon to be launched new People Strategy will provide a spotlight for our values and behaviours framework, which is intended to build an inclusive and compassionate culture on a sustainable basis for all our staff to flourish.

..... Chair  
28 November 2019

The 2019 staff survey runs from 30 September – 29 November 2019, and the Trust's focus is on ensuring that as many people as possible complete the survey.

The Board RECEIVED and NOTED the report.

2019.1/139

### **COMPARISON OF STAFF SURVEY RESULTS WITH EXIT QUESTIONNAIRES**

The DWD provided a summary of the key themes identified from the above, as follows:

- Lack of training and development opportunities
- Necessary resources for people to do their job
- Behaviours

She clarified that the forthcoming People Strategy will include all of these areas.

The Board NOTED the update provided.

2019.1/140

### **FLU VACCINATION STAFF ENGAGEMENT PLAN**

The DWD presented a paper which provided details of plans to engage staff with the annual Flu Campaign, launching at SaTH on 1 October 2019.

The national CQUIN target is that 80% of all frontline health care workers should be immunised against flu to protect themselves, their families and patients this Winter. It has been requested by the Trust's Non-Executive Directors that the target at SATH should be increased to 90% of all frontline healthcare workers to be vaccinated. Despite the targets focusing on frontline healthcare workers, it is proposed that this year's Flu Campaign is made available to all Trust staff, in line with previous years.

The Executive Team has agreed to implement an incentive scheme to encourage staff to be vaccinated. This will take the form of a £3 voucher to spend in Café Bistro. It was also noted that Mr D Sandbach has offered bottles of champagne for Christmas to three 'winners' drawn from a hat. A communications plan has been created by the Trust's Communications Team, working alongside the OD and IPC teams who are co-ordinating the immunisation campaign, encouraging staff to have their free flu vaccination. The campaign, themed around 'Don't make flu your No1 hit this Winter', includes posters, newsletters, staff messages, pledge boards and social media activity, as well as a refreshed intranet page which aims to bust the myths around having flu vaccinations. There will also be desktop backgrounds on all Trust computers and staff app push notifications detailing the dates of clinics.

Mr Newman (NED) drew the Board's attention to the Trust's Infection Prevention & Control Policy, which states that employees who have direct patient contact have a duty of care to undergo immunisation to reduce the risk of passing on the infection. He also highlighted the limited medical criteria/rationale for non-vaccination, specifically anyone who is running a high temperature on the day or has experienced a previous allergic reaction. The DNMQ responded, however, that no mandatory/legal requirement exists for staff to be vaccinated, although we strongly advocate their responsibilities to patients, colleagues and themselves. The DNMQ also noted that SaTH compliance is significantly higher than other Trusts in which she has worked.

The DWD confirmed that Workforce will be providing regular updates to monitor progress against target.

The Board RECEIVED and NOTED the report.

2019.1/141

### **FREEDOM TO SPEAK UP GUARDIANS – COMPARISON REPORT FROM ROYAL CORNWALL CASE REVIEW**

The MD presented a paper which detailed the findings of a review undertaken in December 2018 by the National Guardian Office of the speaking up processes, policies and culture at Royal Cornwall Hospital NHS Trust, and the SaTH comparison review undertaken by the FTSU Guardians as a result of the resulting recommendations.

..... Chair  
28 November 2019

Of the 13 recommendations in the Royal Cornwall report, there are four that have been identified as requiring further action from the Trust, as follows:

#### Speaking Up Culture

It has been reported to FTSU Guardians that colleagues have been told not to raise concerns via incident reporting, and when they have raised concerns these have not be acted upon in an appropriate or timely manner.

*Recommendation – Within six months the Trust should review incident reporting rates and identify any areas which appear to be under reporting and address this. From checks made on incidents reported, the level of response to these incidents is inadequate and particularly in relation to staffing issues. This needs to be acknowledged and fed back to those who have raised their concerns. These are patient safety issues even though there has not been an incident of actual harm to a patient.*

#### Issues raised by workers not handled with suitable independence

When a colleague raises a concern the most appropriate way for the concern to be handled should be taken into account, to ensure the best outcome.

*Recommendation – Within three months the Trust should have suitably trained Investigating Officers to ensure that its response to colleagues speaking up, including the investigation of those issues and the implementation of learning resulting from them, is undertaken by suitably trained investigators. To also review the investigation process within three months to ensure that it is fair, impartial and investigations are carried out in a timely manner. Within three months to launch the Trust’s journey to putting ‘people first’ project, led by the HR team.*

#### Failure to respond to speaking up

When colleagues speak up, they should be thanked for doing so and their concerns should be looked into in a timely manner, with feedback, as per the FTSU Policy which was updated in April 2019.

*Recommendation – Within six months the Trust should ensure that it responds to the issues raised by colleagues strictly in accordance with Trust values, policies and procedures, and in accordance with good practice. This should be in a timely manner and feedback should always be provided when a colleague has requested it. Expectations should be made clear when a colleague raises a concern. If this is of a behavioural issue it should be clear at the outset what action will be taken, by whom and when. Updates and feedback should be given at agreed times to ensure that all parties are happy with the progress and actions being taken.*

#### Measuring the effectiveness of speaking up

It is important that the Trust is able to measure the effectiveness of speaking up and show that staff are encouraged to speak up by promotion of a culture of openness. A network of FTSU Advocates has been recruited who will raise the profile of the FTSU Guardians and encourage a culture of openness and speaking up. Some questions have been added to the Staff Survey, specifically around the effectiveness of speaking up and the Freedom to Speak Up Guardian roles.

*Recommendation – To share evidence of learning at Committee meetings and Trust Board, and specific data that has been captured around whether staff feel they are able to speak up. To share at Trust Board the results from the three additional staff survey questions that are specific to speaking up. To share case studies through a range of communication methods, as evidence that the Trust is promoting a culture of speaking up and its effectiveness. It is also recommended that feedback is gathered through the use of Pulse surveys.*

Prof Deadman (NED) noted that many of the issues that have been raised via the FTSU Guardians to date appear to have been related to equipment, ie an inadequacy of necessary tools/resources for people to do their jobs. He therefore highlighted the importance of ensuring these matters are handled carefully and appropriately. The FD responded that a piece of work is currently underway to review medical devices across the Trust, from which a replacement 5 year prioritisation process and budget consolidation will be implemented. The DCG also highlighted that there is an extensive prioritised risk system for capital, and the governance around it, however it was noted that clarity is required as to which Committee should monitor this. As a result, it was agreed that monitoring around

equipment for staff should be through the Workforce Committee. **Action: Workforce Committee Chair/DWD to implement. Compliance to be monitored through 4Action system**

The MD clarified however, for overall context, that the issues raised with FTSUs were generally more around conflict rather than capital.

The Board NOTED the recommendations contained within the report and ENDORSED their implementation within the Trust where it is appropriate to do so.

## QUALITY & LEARNING (SAFEST & KINDEST)

2019.1/142

### QUALITY & SAFETY COMMITTEE CHAIR REPORT

The Chair of the Quality & Safety Committee, Mr Newman (NED), presented the following summary of the Committee meeting held on 18 September 2019:

#### Review of items escalated to the last six Board meetings (March to August)

The Committee sought assurance from the clinical managers present. Of the 23 items escalated to Board in this half year period, several items appeared in more than one month. Some items had been successfully actioned but there are a large number, where clinical/welfare issues remain unresolved. These have been highlighted once again and clinical managers will report back at the next meeting. *Assurance – Low*

#### Clinical visit to RSH Endoscopy Unit

The Committee were impressed by the calm, orderly ambience in this pleasant unit. There are three staff vacancies from a headcount of 19 which is better than the Trust average. However, the physical layout of the various stages for sterilising equipment and the 'drying' cabinets no longer meet modern standards. The Committee's assessment was that the cost to put this right is not large. The bigger problem appears to be at the PRH site where traces of contaminant have been detected. Evidence of a timed action plan is needed to provide assurance to the Committee. *Assurance - Low*

#### Sepsis recognition and treatment in EDs and AMUs

The Committee heard from the DCE that there appeared to be evidence in these departments not only of non-compliance to the application of the sepsis bundle, but moreover a feeling that compliance was somehow only voluntary. This is now a serious matter to be addressed by the MD who unfortunately was ill and therefore unable to be present at the meeting. *Assurance - Low*

#### Freedom to Speak Up

The Committee received the report by The National Guardian's Office into the speaking up process, policies and culture at The Royal Cornwall Hospital NHS Trust (*as covered in Item 2019.1/141 above*). The Committee discussed the importance for patient safety of staff feeling free to speak up, preferably via the management chain, failing that via FTSU Guardians, and were happy to approve the action proposed and to receive an update report later in the year. *Assurance – Moderate, awaiting results in 3 and 6 months' time*

#### Matters escalated from the Clinical Governance Executive

- An incident raised as an SI has flagged the inadequate availability of cerebral angiography for new stroke patients. The regional centre at UHNS is itself overloaded, exacerbated by NICE stroke guideline changes in May 2019. It is recognised that the UK as a whole now has a shortage of radiologists for intervention and rapid reporting as well as insufficient facilities. *Assurance – Low*
- Complaints have been raised by GPs concerning delayed or missed communication from SaTH's Dermatology sub-contractor, Health Harmonie (HH). The WM Expert Advisory Group for Dermatology has received complaints about clinical issues at HH by other providers. HH has implemented a number of improvement actions and SaTH has revised its KPIs. Further update scheduled for October. *Assurance – Low*

..... Chair  
28 November 2019

- Increasing percentage of patients not receiving VTE assessments at admission – Q&S Committee has previously expressed concerns about this. The MD and DNMQ have agreed a number of actions to reverse this trend. The Committee will be vigilant in monitoring outcomes. *Assurance - High*

#### Presentation by Scheduled Care Group

There was good news from the Group concerning progress on exemplar wards and staff appraisals. However, it faces ongoing challenges, among them: the condition of the estate and age/unreliability of kit, unrelenting need to escalate into day surgery beds with knock on to endoscopy beds, growing backlog for urology surgery including cancer and a shortage of consultant anaesthetists (11 short of recommended headcount). *Assurance – Moderate/Low*

#### Emergency Department and Maternity Oversight Committees

As a matter of sound governance, short reports from these two Oversight Committees were received and noted by the Committee.

#### Nursing safer staffing and care hours per patient-day report

The Committee was pleased to note that staffing for registered and non-registered nurses was essentially in line with plan, albeit in some areas still very reliant on bank and agency staff to achieve this. The Committee was encouraged to note the activity for recruiting further substantive staff to fill the c200 registered vacancies. The Trust is working with HEE Global for international recruitment. The first three cohorts of potential recruits comprise, in total, 239 candidates. So far, 109 have confirmed acceptance, of which 53 are now at the reference checking stage. *Assurance – Moderate*

#### Update on 'Doing Datix Differently' and addressing backlogs

The DCE reported that for various reasons a backlog of unactioned Datix reports built to an unacceptable level in July. A number of actions have been proposed to get this backlog down, already well below 40% of the peak, including grouping topics, eg staff shortage and an additional Governance Practitioner in USC. New methods of feedback have also been developed. The Committee will keep this under surveillance. *Assurance – Moderate*

#### Installation of second (new) CT scanner at PRH

The Committee was pleased to hear that the CT scanner would be installed and operational before the end of 2019. However it was noted that there is a wider issue around systems security that the Board were addressing through the digitisation agenda. *Assurance – Moderate*

#### Board Assurance Framework (BAF)

The Committee discussed the two BAF items within its remit. Relating to BAF 1134 'Working in partnership with the local health system on effective patient flow', the Committee noted very little coming to the Committee on this important topic, although it recognised SaTH's national leading position in reduced length of stay (respiratory and orthopaedic surgery particularly, as well as 'stranded' and 'super-stranded' patients).

Regarding BAF 1533, the Committee received some assurance that actions emanating from the 2018 CQC inspection were either complete or in train. The Committee stressed the importance of having all of these outstanding concerns rectified prior to a 2019 inspection. *Assurance – Moderate/Low*

The Board RECEIVED and NOTED the report, however the Chair of the Board highlighted to members a degree of frustration being experienced by the Q&S Committee as there does not appear to be a clear route to enable issues to be dealt with. The Chair therefore requested that the Executive ensure appropriate representation at Committee meetings to ensure actions are resolved.

With regard to the Endoscopy Unit, the DNMQ noted that the Trust have been managing the risk around the decontamination unit which is not reflected in the Committee report. With regard to Safer Staffing, she reported that a review had been commissioned in June 2019 in line with national requirements. This is due to re-run in October based on material guidance, and a comprehensive report will be brought to Board in November.

..... Chair  
28 November 2019

2019.1/143

**QUALITY GOVERNANCE REPORT**

The DNMQ presented this report, which covered performance against contractual and regulatory metrics related to quality and safety during August 2019. She advised that the dashboard is currently under review, and the intention is to strengthen the report with the inclusion of increased narrative.

Key points to note by exception were as follows:

- VTE assessment compliance in June (latest available validated figures) remains below the 95% target. VTE is subject to an action plan under the leadership of the MD outlined to the Q&S Committee under the Clinical Governance Executive update.
- An increase in reported C-Diff cases linked to wards 7, 16 and 27. A patient identified with C-Diff linked to ward 7 in August has since died with C-Diff noted on part 1a of the death certificate. This has been raised as a serious incident and will be fully investigated (SI raised in September).
- Three serious incidents, two relating to diagnostic delays and one to endoscopy washer disinfectors.
- One patient fall raised as a High Risk Case Review in August.
- Two grade three pressure ulcers raised as High Risk Case Reviews in August

The DCE updated the Board on the work being undertaken to strengthen various points of the Serious Incident process, with a focus to in turn devise an appropriate action plan.

The DNMQ clarified, in response to an observation from Mr Brown (A.NED), that percentage targets missing from the dashboard are part of the current review. She would also relay performance chart errors highlighted by Mr Brown to the analyst for correction. **Action: DNMQ**

The DNMQ agreed to also discuss presentation/methodology of C-Diff reporting with the Infection Prevention Control team, in response to an observation from Mr Bristlin (NED) on perception of our performance in this area as a result of how it was now being reported. **Action: DNMQ**

The Board RECEIVED and NOTED the report.

2019.1/144

**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:

- The Trust has made marginal progress in month through to Cycle 14, with 75 Findings of 157 Must Do and Should Do Findings now complete or signed off (48%). This is slightly behind the planned trajectory of 76 by the end of August, with a further 26 Findings due for completion by the end of September.
- The Trust was focused on completing the CQC Provider Information Return (PIR) ahead of Pre Inspection and as a result the ISG meetings were stepped down in order to allow time for PIR completion, and Confirm and Challenge. This has impacted on the progress of the QIP plan. On a positive note the PIR was submitted in a timely manner, led by Corporate Nursing.
- 93% of all Findings rated as on track, complete or signed off. However, 7 Findings were identified as being off track and 5 with some issues at Cycle 14 with 6 Findings completed ahead of trajectory.
- There has been a review of Well Led, which concluded that the progress being made fell short of what was required. To address this, discussion took place at the Senior Leadership session on 10 September. The Care Groups were updated about the Self-Led review to be undertaken during September. This would inform the key KLOES to be readdressed and prioritised. There is on-going work to support identification of this, and the outputs will be taken to November SLT.

In response to queries from Mr Allen (A.NED) and Prof Deadman (NED), the CEO clarified that we are receiving external validation for findings we are reporting as completed. The DNMQ further confirmed that a recent two day mock inspection process had taken place, involving NHSI and groups of internal/external people with matched skills and expertise. Care Groups are also testing actions for sustainability.

The Board RECEIVED and NOTED the QIP Update.

..... Chair  
28 November 2019

2019.1/145

**MATERNITY OVERSIGHT MEETING REPORT**

The Chair presented the following summary of the meeting held on 9 September 2019:

Obstetric Service

The Committee were advised that the Obstetric Service is now providing a 7-day service. Consultants are available on site between 8.30am–9.00pm Monday to Friday, and 8.30am-4.00pm at weekends.

MBRRACE Report 2017

Adam Gornall presented information regarding the MBRRACE Report for Trust in 2017. The MBRRACE Report will be released in October 2019. The final Trust report will be presented to the Quality & Safety Committee in November 2019.

Extended Maternity Review (Ockenden Review)

The Trust continued to work with the Ockenden Review Team. No further information is available at this point.

The Board RECEIVED and NOTED the report.

2019.1/146

**EMERGENCY DEPARTMENT OVERSIGHT GROUP REPORT**

The Chair of the Emergency Department Oversight Group, Mr A Carroll (NED), was not present, however the Board RECEIVED the following written summary of the meeting held on 10 September 2019::

Attendance

The Chair recognised the difficulties of members attending this meeting and a regular schedule of meetings will be set up to suit the availability of the Care Group to support maximum attendance.

Terms of Reference

The meeting reviewed the Terms of Reference and were informed that the ED Oversight Group will report to the Performance Committee. Any issues relating to CQC and safety will also be reported to the Quality and Safety Committee. It was agreed to amend the quoracy requirements to ensure that each meeting had a member of the Care Group medical staff, operational team and nursing team present. Further discussions will be held by the Executive Team to finalise the measures and assurance metrics and these will be updated in due course.

Emergency Department KPIs

The meeting reviewed the ED KPIs and recognised the risks around clinical coding. This is on the Operational Risk Register and the MD stated he would address this with the team.

The meeting was informed that the department is achieving the 15-minute streaming target which was an issue highlighted by the CQC and demonstrates that improvements have been made. However, the four hours wait target is only being achieved for 60% of patients.

Emergency Department Workforce Report

This was discussed in detail, and risks and challenges highlighted. The department has seen progress since November 2018, however it still remains fragile especially regarding middle grade doctor coverage. The recruitment visit to India and Dubai is now seeing some of the doctors arriving in the UK, but they will have several months of supernumerary shifts. It will be late Spring 2020 before the department is up to strength for mid-grade doctors. In the meantime, the department is still relying heavily on locum doctors. Assurances were given that we have secured some long-term locum bookings which provide some stability to the workforce.

The meeting was informed that ED are anticipating the loss of 10-12 Consultant clinical sessions for a range of issues including the pension position. An additional Consultant will be required to fill these gaps.

The meeting noted and recognised the recent increase in patients arriving in ED – 20% at PRH and 17% at RSH over the last four months, and the resultant impact on the department and workforce.

..... Chair  
28 November 2019



Improvement

There was recognition of the importance of having the appropriate reports, with accurate information available to this meeting and further work is continuing to ensure the correct data and narrative is presented.

Matters for escalation to Performance Committee

- Current workforce position and continual reliance on agency especially for next six (Winter) months, working to secure longer term temporary cover
- Consultants dropping shifts and pension impact resulting in the need for one more consultant to cover these gaps
- Challenges securing long term middle tier through Winter which impacts on finances. In addition, we will not be up to establishment for middle grades until Spring next year
- Increase in ED activity seen by 17% in RSH and 20% at PRH over the last four months
- The four hours wait at 60% achievement is still well short of target
- Streaming within 15 minutes is being achieved by the departments
- NHSI requirement to achieve a 70:30 ratio by December 2019 of substantive and bank staff to agency staff. The current position is around 50% PRH-60% RSH. Efforts are continuing

The Board NOTED the report.

2019.1/147

**GUARDIAN OF SAFE WORKING (GoSW) REPORT Q1**

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

- All doctors in training at SaTH NHS Trust are employed under the Terms of Conditions of Service (TCS) of the 2016 Junior Doctor contract (JDC)
- Negotiations on this contract have continued since its implementation in August 2016. A recent BMA referendum voted in favour of an amended contract with a staggered implementation of the agreed changes beginning in August 2019. These changes will have financial and workforce implications
- The GoSW will continue to champion safe working hours and will work with medical staffing to ensure the new safe working limits are introduced. There are new conditions placed on the ER process
- The TCS of the JDC 2016 stipulated that all ER's should be addressed within 7 days. An amendment to this has been agreed in the 2018 'Refresh' contract, and in order for the employers to comply with this condition the GoSW will now have the authority to action the unaddressed report at 7 days
- Since the last report the GoSW has received two extra hours per week
- 12 exception reports have been received the past quarter. These have all been addressed. No immediate safety concerns were raised. Compliance with the exception reporting process timelines continues to improve.

The Board RECEIVED and NOTED the report. It was agreed that this report will be included under the Workforce section of the meeting going forward.

2019.1/148

**COMPLAINTS & PALS REPORT Q1**

The DCE, as new Lead Director for Complaints and PALS, presented this report, and relayed his thanks to the DCG for the strong foundation achieved under her management. The report covered the following key points:

- Complaints and PALS contacts continue to be managed in line with Trust policy, with reviews held at a variety of levels, including the weekly Rapid Review meetings, Care Group Board meetings and Speciality Governance meetings.
- 178 complaints and 461 PALS contacts were received during Quarter 1, with the main subjects remaining similar to previous quarters.
- Ward 27 remains an area of concern, and increases have been noted in relation to PRH AMU and Ward 15. These have been highlighted within the relevant Care Groups and will continue to be monitored for any trends.
- There has been a slight increase noted in complaints relating to staff patient care.
- Work continues to ensure that learning and actions to implement learning are considered for all complaints, with 86% of complaints closed in Q1 having evidence that this was considered. Training has been given to

..... Chair  
28 November 2019

nursing and medical staff in investigating complaints, with further sessions planned, to help improve the quality of investigations and learning.

- Where increases are noted in particular areas, or in relation to specific individuals, this is highlighted with the relevant managers and support is given to identify reasons for increases and what can be done to address this.
- On 1 April 2019 SaTH implemented a new Medical Examiner (ME) service on the RSH site. The Trust currently has seven Medical Examiners, with a Senior Medical Examiner Officer and a Medical Examiner Officer supporting the processes and procedures which are to be followed. These include reviewing and scrutinising all deaths at RSH, death certification and learning from deaths. An ME, who is an independent Consultant level doctor, is scheduled to cover each day, and reviews the care and treatment of the deceased and has a discussion with the treating doctor to ascertain and agree a cause of death or, where necessary, refer to the Coroner. The ME is then required to contact the next of kin to the deceased to discuss the care and offer an explanation of the cause of death. This is an opportunity for the next of kin to discuss any worries, seek clarity on anything they do not understand or raise concerns. If concerns are raised these are managed appropriately by the MEOs escalating the matter through the appropriate channels. Feedback obtained so far is that the service is well received by next of kin as it provides an opportunity to speak with a doctor to have matters explained, and provides an additional layer of support at an incredibly difficult time.
- Nationally the ME programme is in a non-statutory phase with the intention for this to become statutory from April 2020. Plans therefore continue to roll this service out from PRH once recruitment for more Medical Examiners has taken place and accommodation has been identified from which to run a ME service.

The Board RECEIVED and NOTED the report.

2019.1/149

#### **DEMENTIA PRESENTATION AND DISCUSSION / DRAFT ACTION PLAN**

Karen Breese, Dementia Clinical Specialist, accompanied by Mr George Rook, a SaTH patient, were in attendance for this item, to present the Trust's Dementia Strategy, and Dementia Friendly Hospital Charter Action Plan 2019-2021. The following key points were highlighted:

- There are approximately 70,000 people over the age of 65 living in Shropshire and around 3000 of them are diagnosed with dementia. Considering this only represents around 70% of the expected prevalence within this age group, there are likely to be around 1300 people over the age of 65 living with dementia in the county without a diagnosis
- SaTH's emergency admission statistics for the over 65's suggest that people with dementia were admitted to the acute hospital three times more than people without the condition, the most common cause of which was urinary tract infection
- Numbers of people admitted to SaTH who are living with dementia:
  - 2015/16: 1064
  - 2016/17: 1579
  - 2017/18: 3541
  - 2018/19: 4101
- Although not all experiences are poor, findings within the Healthwatch Shropshire/Telford and the Trust's own dementia survey report feedback suggests that more needs to be done in terms of improving the experience of people with dementia being admitted to our hospitals to enable a more efficient, less distressing experience for the person admitted
- The Trust's Dementia Strategy has been written with people living with dementia and carers in line with our sign-up to the Dementia Action Alliance to improve dementia care in acute hospitals
- The Trust's Dementia-Friendly Hospital Charter:
  - Ensures our staff and volunteers understand and are skilled in dementia care
  - Actively involves patients, families and friends as essential partners in providing care and planning discharge from hospital
  - Provides families and friends with flexible visiting times, including overnight stays where possible
  - Respects patients' rights to make decisions themselves or decisions made on their behalf by families and friends (where patients lack 'capacity' to do so)
  - Provides assistance to patients with eating and drinking

..... Chair  
28 November 2019

- Uses information that patients, families and friends have provided, making it visible and available to staff, to help the Trust know what is important for patients' care
- Understands patients may have difficulty in expressing their needs, and assesses and investigates any evidence of distress
- Provides access to dementia specialists to whom patients, families and friends can talk and provide feedback
- Minimises the times patients are moved during their stay in hospital
- Seeks to ensure that the surroundings of where patients stay are as friendly, comforting and accessible as possible
- Supports discussions about patients' personal preferences on future care, resuscitation needs and end-of-life care, where appropriate
- Key areas are:
  - Moves during inpatient stay
  - Training
  - Dementia Team capacity
  - Dignity and respect with the 'This is me' Patient Passport
  - Care plans which are person centred and individualised
  - Environments that are dementia friendly
  - Partnership working with carers (John's Campaign, carers passport, Butterfly scheme)

By making improvements in the areas identified the Trust will be able to reduce readmission rates, reduce falls, reduce the mortality rate of people with dementia in acute care, as well as improving the sense of pride and well being in staff who care for people with dementia in acute hospitals.

The Trust continues to work in collaboration with its wider health economy partners, people living with dementia and carers. The strategy will support the work plan and continued improvements being made across the Trust.

The following points arose from subsequent Board discussion on the presentation:

- In response to a request from Mr Rook, the DNMQ undertook responsibility for a formal Dementia Impact Assessment. **Action: DNMQ**
- In line with the Trust's commitment to strengthening governance and accountability for dementia across the whole organisation, the DNMQ advised that a Non-Executive Director will be assigned specific responsibility to support the work plan and continued improvements being made across the Trust, with reporting and accountability to Board through the Quality and Safety Committee. Subsequent to the meeting this was agreed as Mr Tony Bristlin
- Mr Rook highlighted the importance of data, to aid ongoing learning and understanding
- The need for greater flexibility with food provision was discussed, which the DNMQ agreed to pick up through the Food Nutrition and Hydration Steering Group, in addition to linking with the DCG on scope for volunteer activity in this area. **Action: DNMQ**

The Chair expressed his thanks and support on behalf of the Board for the ongoing work to improve the care and experience which is being delivered to people living with dementia across the Trust..

2019.1/150

## ANNUAL REPORT – INFECTION PREVENTION & CONTROL (IPC)

Janette Pritchard, IPC Lead Nurse, along with Dr O'Neill, joined the meeting to present the 2018/19 annual report detailing the Trust's achievements and challenges in preventing Health Care Acquired Infection. Key points covered were as follows:

- The target set by NHS England for Trust acquired *Clostridium difficile* cases at SaTH during 2018-19 was 24. SaTH reported a total of 18 cases which is a 59.2% reduction on 2017/18 and well within the target of 24 set for the period covered by the report. The Trust's rate per 100,000 bed days was 7.2, which is the lowest yet and well below the national average

..... Chair  
28 November 2019

- The IPC Team successfully worked alongside TWCCG, carrying out all audits for nursing homes, GPs and Residential Homes in the Telford and Wrekin area. This consisted of compiling data reports, providing education and teaching sessions following audits, and data input for C difficile, E.coli bacteraemia cases
- SaTH increased its flu vaccine coverage of staff to 75% (4706 vaccines), just falling short of the national average of 77.1%. This was due to the hard work of our Occupational Health provider, Team Prevent and other nurse vaccinators employed by the Trust
- The Trust's compliance with the Health and Social Care Act was at 97.5%. Areas of low compliance included the lack of automated surveillance systems for IPC and the requirement for an information officer. Both of these issues are on the Trust Risk Register and it is noted that the surveillance system will be reviewed as part of the review of digital systems currently being undertaken. There was a gap in reporting Surgical Site Infection Surveillance System (SSISS) data due to elective orthopaedic surgery being stopped earlier in the year from January 2019 - March 2019, as there were not enough procedures to fit the criteria
- NHSI reviewed the Trust three times during the data reporting period, and at each visit the Trust received a Red RAG rating due to IPC practice failures, which the Board has been made aware of. A systematic approach to address those findings has been implemented to ensure wider engagement of all teams. A further review will occur on 23 October 2019.

The Board RECEIVED and NOTED the assurance provided, to ensure compliance with the Trust's legal requirement to publish the Infection Prevention & Control Annual Report 2018-19.

2019.1/151

### WINTER PLANNING

Claire Old, Urgent Care Director of Shropshire CCG, was in attendance for this item, to report on progress so far with planning for Winter 2019/20. The following key points were covered:

- The regional Winter Conference took place on 12 September 2019, and the regional template is to be submitted on 17 October 2019
- The A&E Delivery Board requested further information from the A&E Delivery Group on proposed schemes in September and recommended that the full Winter Plan is submitted to all Boards in November after approval at the October A&E Delivery Board
- The Plan remains iterative based on dynamic bed modelling which is now updated on a monthly basis according to actual activity rather than historical activity
- Schemes were reviewed at the A&E Delivery Group on 1 October and further information sought from system partners. The proposal is to make a recommendation for approval of proposed winter schemes at the A&E Delivery Group on 15 October, for approval for recommendation to stakeholder Boards by A&E Delivery Board
- Only schemes that have a high and medium confidence of being delivered have been approved
- At present there is a bed gap for October of minus 15 beds at RSH and minus 16 beds in PRH, and a figure of minus one bed in January after all schemes have been implemented. The unexpected delay in the Ward 35 scheme is a major contributor to this gap which will be mitigated by the use of DSU beds at both sites

Examples of schemes were provided as follows:

- Stroke rehabilitation – Start of change fortnight commenced on 23 September 2019. This scheme sees more patients transferred home for stroke rehabilitation, and also a new service in the community beds in Bridgnorth for community based rehabilitation. This joint scheme between SaTH and ShropCom has been facilitated by the ECIST improvement team. Already more patients are receiving their care supported in their own homes, and three patients so far have been transferred into the new service in the beds at Bridgnorth
- Pathway Zero – This scheme, which has received regional acclaim, is based on the strength based approach to enablement. Using existing personal and community based resources such as the voluntary sector, our social care colleagues are in-reaching to patients who may normally have entered formal services, and helping them to use less formal resources to maintain their independence
- T&O rehabilitation – This scheme, due to start mid-October, will see our neck of femur patients transferred for rehabilitation into community beds during their pathway, rather than receiving rehabilitation in an acute bed

..... Chair  
28 November 2019

- The development of a 24/7 community crisis response team in Shrewsbury – Similar to the T&W rapid response team, this new community service will outreach to patients, initially in the Shrewsbury area, to rapidly respond to crisis and prevent hospital admission

The following key challenges were highlighted:

- Whilst workforce remains a challenge, all approved scheme owners have assured the A&E Delivery Group of their ability to staff the approved schemes
- Engagement of the West Midlands Ambulance Service in Winter Planning and the process of redesign has been a challenge. This has been escalated to NHSI/E, and a summit led by the A&E Delivery Board Chair has been arranged
- The delay in Ward 35 opening has presented a major capacity challenge

Ms Old responded to the following queries from the Board:

- Success of the schemes highlighted above will be monitored and reviewed on a daily basis throughout the Winter period
- There are 8 community beds planned in for the stroke rehabilitation scheme by December, but it was noted that this scheme is also about the pathway people go through
- Mr Newman (NED) highlighted the benefit of previous lessons learnt with regard to assessment for help at home, ie this should be done at the start of ward admission not at the end, to ensure aids are ready upon discharge

The Chair thanked Ms Old for her useful overview, and requested an update at every Board meeting throughout the Winter period. **Action: COO/Claire Old**

## PERFORMANCE (SUSTAINABILITY)

2019.1/152

### SUSTAINABILITY COMMITTEE REPORT

The Chair presented the following summary of the Committee meeting held on 19 September 2019:

#### Energy Centre and Carbon Efficiency Fund

The Carbon and Energy Fund presented to the Committee. Options to reduce energy demand where financially viable were outlined, with options to consider for energy supply once a revised energy demand has been established.

#### Hospital Transformation Programme

- A key focus of the meeting were the changes that had been made to the Strategic Outline Case (SOC) since circulation. In agreement with NHSI, the SOC will detail three options:
  - Deliver scope as per the PCBC ie Part 1 and Part 2
  - Deliver current scope ie clinical model for £312m as for Part 1
  - Deliver phased PCBC scope ie Part 1 and Part 2, but consider optimal phasing
- The preferred option is Option 1. Risks of submission with a preferred Option 1 (original scope) include, Option 1 has not been revisited since PCBC, and the view on phasing for Option 3 has not been considered
- The proposed SOC submission date has shifted to 4 November (delay of four weeks), in order to refresh scope and costs of the original scope
- Enablers need to be detailed, with apparent ownership – Car Parking (FD), Digital Agenda (DCE), Energy Centre (DCG)

#### Digital Agenda

- Positive progress has been made. The 11 prioritisation criteria have now been agreed and scoring of 'Needs Approval forms' has begun

..... Chair  
28 November 2019

- Informatics are using Pathology as a blueprint for how to engage each service around their specification and requirements of their reporting from a new data warehouse
- The DCE, Chief Information Officer and Data Warehouse Developer had a series of Gemba-style meetings with service representatives between 2-22 August

#### Transforming Care Production System/Guiding Group Update

The KPO Team continue to work closely with the wider Trust's Improvement Steering Groups and support other improvement works

#### Capital Programme

The Trust has applied for £1.622m Interim Support Capital Dividend Capital (PDC) for Fire Safety (Copthorne Building). Mytton Oak Refurbishment Scheme will be an enabler for this at an estimated cost of £0.27m

In response to a query from Mr Newman (NED) on the HTP SOC, the Chair emphasised that decisions currently need to be made on the basis of the current approved clinical model, with consideration being given to changes as they evolve.

In response to a query from Prof Purt (A.NED) on the use of LEAN methodologies, the DCE clarified that extensive consideration had been given to how patient pathways could be facilitated through the LEAN approach. Prof Purt highlighted the benefit of adopting this approach for staff who are working the floors

The Board RECEIVED and NOTED the report.

2019.1/153

### **PERFORMANCE COMMITTEE REPORT**

Prof Deadman (NED), Chair of the Committee, presented the following summary of the meeting held on 24 September 2019:

#### Attendance

The meeting was poorly attended. Although five Non-Executive Directors were able to attend, the Committee was not quorate as key representatives from some Care Groups/the Executive were not present.

#### Annual Review of Terms of Reference

The Committee reviewed and approved the revised Terms of Reference, subject to some changes being made including the need for a clear emphasis on the Committee's assurance (rather than management) role. *Assurance: Good*

#### Quarter 1 Update – Monitoring performance of the Trust Objectives

The Committee received a paper outlining the Trust's performance against operational, quality and financial objectives for Q1. This document replaced the Operational Plan update the Committee previously received. The Committee welcomed the new format however content was missing and it was felt that it needed to provide greater assurance regarding the action plans which sat behind this. The Executive were invited to stop producing other reports to save work if the new proposed report format allowed it. *Assurance: Poor*

#### Operational Performance Report

- RTT – decline in performance noted – 85% against a target of 92%
- Temporary deterioration of Diagnostic DMO1 performance. Expect this to be recovered by end of October/November
- Cancer performance is slowly recovering, but still not achieving the targets. Key challenge is in Breast
- A&E performance remains well below the national target

The Committee sought a more forward looking approach to reporting performance and requested a year end projection at the next meeting for all important performance and financial measures. This would allow the Performance Committee to review current performance against agreed targets, and review the

..... Chair  
28 November 2019

recovery/improvement plans in place to deliver future expected performance levels. The Committee can then review delivery risks and form a view on the adequacy of recovery/improvement plans.

There was a recognition of the need for improved working with system partners/STP, including ambulance colleagues, in order to better understand the issues and with a view to working collaboratively to resolve issues and improve performance.

*Assurance: Poor*

#### Financial Performance Month 05

At the end of Month 5 the Trust reported a deficit of £9.557m (pre PSF), £3.3m away from the planned deficit of £6.257m. If the control total for Q2 is not achieved, the Trust will lose PSF funding of circa £1.68m.

The Committee was advised of a potential cash shortfall in November 2019 which would require financial support. Proposals for managing this cash position will be reviewed at the next meeting.

*Assurance: Poor*

#### Financial Improvement Plan 2019/20 Update

Obi Hasan, Financial Improvement Director, presented an update on delivery and progress of the Financial Improvement Plan for 2019/20 against a savings target of £18.9m. At Month 05 the Trust had delivered £4.64m (£1.3m core CIPs and £3.3m break-even schemes). The Trust is currently forecasting to deliver £11.74m at year end with an expectation that this will increase by a further £2.0m.

The Committee expressed their disappointment with the level of expected CIP delivery, which equates to approx. 30% of the target (or 2% of costs).

*Assurance: Poor*

#### Forecast outturn

The year end forecast position is £31.122m deficit, which is £13.771m away from the control total of £17.351m. A further deficit of £10.7m of non-receipt of support (PSF/MRET) making the overall variance from the total control total of zero of £24.475m.

It was noted that the £13.771m variance from control total is due to £4.900m CIP delivery and £8.674m of costs associated with workforce, bed capacity and emergency activity.

The forecast outturn position had been based on a number of assumptions which included CIP delivery of £8.0m, breakeven schemes of £5.8m, £2.2m of investments (which require further Board approval) and alignment of the Winter Plan.

*Assurance: Poor*

#### Business case approval limits, business case process and performance management framework

A proposal outlining the above for implementation wef April 2020 was presented to the Committee by the FD. The paper confirmed the Committee's delegated approval limit of £0.2m and provided clarification of the respective roles in respect of capital and revenue business cases, the former being approved by Sustainability Committee and the latter by Performance Committee. Whilst it was acknowledged that further areas need to be explored including sign-off levels within Care Groups and the approach to innovation, the Committee strongly supported this structured approach to the management of business cases. It was agreed that an update is provided to the next meeting for approval. A request was made for this to be taken to the Sustainability Committee also.

*Assurance: Good*

#### Options for Modular Building

The Committee noted that two options to provide a modular ward on the PRH site had been considered by the Executive Team and Option 2, to place this behind Women and Children's Centre, had been recommended. The Committee believed it did not have all the information available to be able to make a decision regarding which option and referred this back to the Executive Team to make the decision.

*Assurance: N/A*

..... Chair  
28 November 2019

Clinical IT Systems Contract Award for ED, Maternity and eObservations

A paper seeking approval to award the contract to provide a clinical IT system for ED, Maternity and eObservations was received. It was noted that the business case had previously been approved by Sustainability Committee and Trust Board. Subject to a review of the process for approving contracts and approval by the Chair of the Trust, the Committee recommended approval of the contract award but was unable to approve the transaction as the Committee was not quorate.

*Assurance: N/A*

Procurement Transformation Plan

Paula Davies returned to the Committee following attendance in May 2019 to confirm that she had attended numerous groups/committees to seek the required support to the Procurement Transformation as requested. In recognition of this and following consideration, the Committee recommended support of the Procurement Transformation Plan by Trust Board and wished the Procurement Team good luck with their Level 2 Assessment on 27 September 2019. The Board was asked to note this and approve this decision.

*Assurance: Good*

Fertility Funding Scheme

A proposal to introduce a funding scheme to the Fertility Department as an option for private patients was presented to the Committee for approval. The scheme would offer an alternative self-funding route to couples being treated privately by the department. Following consideration, the Committee recommended approval by Trust Board. The Board was asked to note this and approve this decision.

*Assurance: Good*

Board Assurance Framework (BAF)

The Committee reviewed the BAF 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 ageing estate and equipment and invest in service development and innovation (RR 670) – High

*Assurance: Good*

Other items discussed included:

- Performance Committee Annual Self-Survey – As part of the Well Led Quality Improvement Plan, and to ensure good governance, the Committee received a self-survey document which was based on the objectives within the Terms of Reference. To be circulated for completion
- 26 week choice programme and system implementation plans – received for information. Work across systems is being encouraged to ensure patients are given choice and opportunities to ensure treatment within 26 weeks.

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

2019.1/154

**PERFORMANCE COMMITTEE ANNUAL REPORT**

Prof Deadman (NED), Chair of the Committee, presented the Annual Performance Committee Report, which reviewed the work of the Committee during 2018/19, and set out how the Committee performed against its responsibilities as defined in its Terms of Reference.

Core conclusions were:

Assurance

The Committee has sought assurance that financial and care delivery issues are well managed, and leadership is strong and effective.

..... Chair  
28 November 2019



The Committee noted some great examples of modernisation, improved care delivery and 'waste removal', with key examples of:

- Consistent and prompt delivery of high-quality diagnostic services (DMO1)
- Significant success in addressing 'stranded patients'. In addition to improving care, the Committee estimates patient flow has been enhanced by releasing 30 beds for most of 2018/19. This is equivalent to creating circa 10,000 bed days
- CIP/Waste removal has been assisted by £2.7m extra income (good contract management and increased volumes) and £2.5m extra windfall savings (indexation gains and estate re-valuation)
- Very welcome improvement in Q4 in A&E performance. The excellent improvement in 'Minors' performance is particularly valuable. While our A&E performance remains one of the worst in England, the improvements noted in Q4 indicate the significant investment committed is starting to prove successful.

Despite the hard work of many people it has not been possible to secure full assurance that the Trust is in control of quality of care and expenditure. Key issues/deviations were as follows:

- £3.0m (40%) shortfall in CIP delivery
- £8.5m unbudgeted new costs
- After maintaining good performance during Q1-3, a significant deterioration in Cancer and RTT in Q4
- A&E performance remains below 80%
- A decline from upper quartile to lower quartile productivity as reported in the 'Carter' report

This resulted in the Trust's failure to deliver required levels of care and its budgeted control target. The solution to these issues principally depends on ensuring plans and budgets include contingency for risks/slippage and securing a broader ownership of budget constraints and CIP/modernisation plan delivery: See section below.

#### Ownership of Business Improvement, Business Change and CIP

The work of the Performance Committee focused on supporting and requiring the Executive to find ways of preparing realistic budgets and improvement plans and delivering them. During the 2019/20 budget process a good process has been used to list investment needed to recover performance and quality of care ('Pressures list'). A rigorous process has also been established to list and define 'waste removal' of CIP proposals. However the Committee was not assured that plans and proposals are in place which will allow delivery of the Trust's control total and also allow the investment needed to recover quality of care. It was therefore the Committee's conclusion that the Executive Leadership Team and the Board need to find ways of inviting key clinical leaders to take leading roles in defining, promoting and owning modernisation plans. The Trust also needs to inspire more 'hope' in its local leaders and front-line staff.

#### Clarity of Papers and Business Cases

Committee papers are often extremely complex, with unnecessary detail and duplication. It was recognised that this may be due to papers often being required for other internal meetings/NHSI and reproduced for the Performance Committee. Reports need to be made simpler and focus on the important issues (spend against control total). There is also a need to achieve greater rigour over business cases. This will not only reduce the workload for people preparing these proposals but will allow more efficient and effective approval and oversight.

#### Committee NED Membership

Late in 2018 the Performance Committee was strengthened by the appointment of a fourth NED, which was welcomed.

Noting that the conclusions in this Annual Report are similar to those reported in 2017/18, the Committee's view was that we need to ensure support and require that the Board and the Executive Leadership Team set more realistic targets and ensure greater ownership and commitment to deliver the Trust's care improvements and financial targets.

The Board RECEIVED and NOTED the 2018/19 Performance Committee Annual Report.

..... Chair  
28 November 2019

2019.1/155

**TRUST PERFORMANCE REPORT – M05**

2019.1/155.1

**Financial Performance**

The FD reported that the Trust has a planned deficit of £6.257m for the period April-August 2019 (Annual Plan £17.351m deficit). Actual deficit reported is £9.557m, £3.3m away from planned levels..

**Income & Expenditure Position**

At the end of August, income has over-achieved by £4.767m, predominately within:

- Non elective activity £1.6m (2.3%) above plan
- A&E activity £0.4m (2.8%) above plan
- Non elective Other (Maternity) £0.8m
- Income support for the hire of vanguard unit £0.6m
- Non delivery of CIP of £0.2m
- Phased income adjustment from both local CCGs of £1.6m
- Additional £0.3m for additional posts funded externally including Health Education England

**Pay**

To date pay is £3.686m overspent. This is as a result of an overspend on agency costs of £2.6m and non delivery of CIP of £1.2m.

**Non Pay**

Month 5 non pay spend amounted to £5.709m, and hire of vanguard unit £0.6m (contra to income), additional costs of clinical waste and other estates costs £1m, additional consultancy fees £0.6m, use of outsourcing services £0.6m, recruitment and legal fees £0.4m and non delivery of CIP of £2.1m.

**Cash**

If the Trust achieves the planned breakeven position, it will be eligible for funding totalling £12.593m in respect of conditional PSF/FRF funding. It is projected that the minimum cash balance of £1.700m will be achieved. However, if the Trust does not achieve financial plan, PSF and FRF funding will not be received for Quarters 2 to 4 resulting in shortfall in income of £10.705m.

The above projected cashflow is based on the revised forecast projection of deficit of £24.475m, with cash benefit in 2019/20 in respect of receipt of PSF funding relating to 2018/19 (£4.567m).

It is projected that the Trust will require external cash support of £19.908m phased from November 2019 onwards.

2019.1/155.2

**Operational Performance****Elective Activity – RTT 2019/20 Trajectory**

The Trust achieved 85.77% in August against a trajectory of 93.06%, a -7.29% variance. Key actions for September will be:

- Four Eyes on site during September to enable the embedding optimisation of theatre lists to improve Utilisation and efficiency using 6 4 2 process
- Analysis of outpatient opportunities with Deloitte – workshop w/c 2 September
- Consider capacity options for Quarter 3 and Quarter 4

The RTT Waiting list size in August was 19176 against a trajectory of 18821. The target waiting list size for March 2020 is 18027.

**Diagnostics**

The August 2019 national diagnostic waiting times of 99% (for patients who have waited less than 6 weeks) was not achieved, with the Trust attaining 97.58%.

..... Chair  
28 November 2019

Key actions are:

- Radiology (Imaging) has been able to recover its position in August
- 94 of the 99 breaches against Endoscopy procedures were as a direct consequence of washers being taken out of service as a precautionary measure following receipt of microbiology results
- Recover capacity for September

#### Cancer

2 Week Wait Trajectory: The Trust failed to achieve the national target of 93% with performance at 81.7%. Key actions for September 2019 will be:

- Deep dive into 2 week wait for skin to understand the reasons for patient choice delays
- Continue to improve 7 day performance to improve 2 week wait target

31 Day Wait Summary: The Trust achieved 97.1% against the national standard of 96%.

62 Day GP Referral: The Trust achieved 73.0% against the national standard of 85%. Key actions are:

- Continue to clear backlog of patients over 62 days in line with trajectories by tumour site
- T&F groups to progress actions in line with best practice guidance/pathways

#### **Urgent Care Update**

##### Ambulance Handovers

Handover delays of 3,568 in August 2019 against a trajectory of 4,355, which is a variance of -787. 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)

2019.1/156

### **GOOD CORPORATE CITIZEN ANNUAL REPORT**

The DCG presented this Annual Report, which highlighted the Trust's achievements during 2018/19. She commended the work being done by all across the Trust to be kinder to our environment and our planet, and the following key points were covered:

- The Trust continues to be recognised locally and nationally for its sustainability initiatives, including those around water, waste and green spaces.
- The Trust is committed to the protection of the environment and improving the quality of life of the population it serves.
- The Trust's Good Corporate Citizen Group meets quarterly to review progress and agree actions. The Trust's position is measured using the NHS Sustainable Development Unit's Assessment Tool, and has improved during the year from 65% to 72%. The Assessment Tool will also be used to inform the review of the Trust's Sustainable Development Management Plan over the coming months, enabling resources to be prioritised for key areas.
- Some particular highlights include:
  - International environmental 'Green Apple' Award for Furniture and Equipment Recycling (Warp-It) – savings of £80,000 for recycling surplus hospital equipment and furniture
  - Successful application for £835k grant funding for LED lighting replacement scheme
  - Local suppliers used wherever possible by Procurement and Catering teams, and move away from single-use cups and plastic cutlery
  - Recruitment of 50 Engagement Ambassadors

..... Chair  
28 November 2019

The Board RECEIVED and NOTED the Annual Report.

2019.1/157

## **BOARD ASSURANCE FRAMEWORK**

The DCG 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 668 – We need to deliver our £312m hospital reconfiguration to ensure our patients get the best care:*  
Additional controls, assurances and actions were noted by the Board

*Risk 1558 – We need to have sufficient, competent and capable Directors to deliver the Trust's agenda:*  
Additional assurances and actions were noted by the Board

### Corporate Risk Register (CRR)

This lists all operational risks with a validated residual score >15 (high). The CRR is updated and priority ordered monthly at Operational Risk Group (ORG) and reviewed by Sustainability, Quality & Safety, Performance and Workforce Committees each month together with the BAF. At September 2019 there were 111 risks on the CRR with a residual score >15. 40 risks have been closed in the last twelve month period. 32 have an increased score of which 15 had a pre-existing 'Red' score. The number of new Corporate risks identified has increased year on year by 13.

### Operational Risk Group

Key summary points from the Operational Risk Group meeting held on 23 September 2019:

#### New risks added to the CRR

- CRR 1601 – Capacity within Renal Home Therapies Service: Although actions are in progress, members of the ORG agreed a residual risk score of 20. The risk has been added to the Corporate Risk Register noting the agreement of a funding solution in principle.
- CRR 1620 – NPSA Safety alert 16: Early identification of failure to act on Radiological Imaging Reports: A significant number of serious untoward incidents have been highlighted where patients were permanently harmed by delays in appropriate management due to clinical teams not having received or read the report of the imaging investigation they had requested. A 'Red Alert' function has been proposed which would reduce the risk of the report being missed. However, the DCC Board has advised this cannot be introduced until October 2020. The ORG has recommended that the DCC Board is asked to reconsider the proposed timescales to resolve this issue. This risk was prioritised at joint #6 in the list of 20-rated risks

#### Existing risks of increasing priority

- CRR 714 and 830 – Theatre lights in RSH and PRH Theatres: The operating lights in Theatres at both sites are at the end of their life, are beyond repair and have begun to fail (some are 28 years old). There are further risks in laminar flow theatre where light failure would directly affect the capacity to carry out surgery that requires 'clean air'. One light has completely failed and is being replaced but six lights are also at risk of failure. Members of the Group confirmed the residual risk score of 20 and prioritised at joint #6 in the list of 20-rated risks.

#### Matters Arising

- There is ongoing concern around the risks associated with imminent EU Exit, particularly pertaining to Workforce and Procurement. A paper will be presented to Board, and consideration will be given to a separate BAF risk or gap in control

..... Chair  
28 November 2019

- To reflect the maturing approach to approval and closure of high-rated risks, it is proposed that the Director 'sign-off' process is withdrawn and that all new risks escalated to ORG and all closed risks will only require approval in advance at the appropriate governance meeting (eg Care Group Board), which will be fully accountable for management of its risks. This is the system in place at present and is the system used by Capital Planning Group. All new and closed risks will also be presented to SLT so that there is full oversight of the decisions. This amended process will be formalised within the next iteration of the Trust's Risk Management Strategy (RM01)
- There has been significant discussion around the requirement for risk prioritisation and development of a suitable methodology to replace the current approach. Work is continuing to arrive at a consensus on the issue

The DCG advised that Deloitte will be delivering a Risk Workshop to the Board on 31 October 2019.

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

2019.1/158

### ANY OTHER BUSINESS

No further business was raised.

2019.1/159

### QUESTIONS FROM THE FLOOR

Q1

**A Maternity Performance Dashboard has previously been published in Public Board papers, however it no longer appears to be in the public domain. The questioner also queried the percentage of births at the Consultant Led Unit**

A1

The DNMQ advised that the Performance Dashboard has been under review, however inclusion with Public Board papers going forward should be imminent. The DNMQ agreed to provide the questioner with a response to her query on percentage of births at the Consultant Led Unit outside of the meeting. **Action: DNMQ**

Q2

**With regard to the medical staff gender pay gap, is the Trust providing any support or mentoring to women doctors in the interest of career progression and reducing this gap?**

A2

The DCE responded that the Trust has run workshops with the aim of specifically encouraging under represented groups to submit applications, The Chair stated, however, that this will be raised with the Workforce Committee, and an update will be provided at the next meeting. **Action: DWD**

Q3

**The questioner expressed concern over information that had recently come to her attention relating to delays for cancer patients requiring urgent treatment which appeared to be due to a shortage of radiologists and oncologists.**

A3

The COO responded that he was aware of this issue, which related in particular to ovarian cancer patients. The Trust acknowledges there are pressures in a number of key specialism areas, however work is currently underway on a multi-disciplinary team process with a view to streamlining pathways, and ultimately reducing waiting times.

Q4

**National audit data on stroke care is showing a year on year decline in admission and treatment times and this decline in performance will be affecting outcomes for patients. Can the Trust confirm if this decline is due to staffing problems.**

A4

The COO responded that the Trust has a comprehensive action plan to address these issues, which has been shared with CCGs. He noted that performance issues are being driven by demand, and offered to discuss further with the questioner offline. **Action: COO**

- Q5**                    **The following points were raised relating to the recent approval by the Secretary of State of the reconfiguration of the Trust's hospitals through the NHS Future Fit Scheme:**
- **Definition of local A&E will be very important to ensure clarity of patient expectations, particularly in terms of addressing concerns of Telford residents**
  - **The need for a Multi Storey Car Park for staff, to address current parking capacity issues**

**A5**                    The above points were accepted by the Board, and it was confirmed that the Multi Storey Car Park build is currently under consideration.

**2019.1/160                    DATE OF NEXT PUBLIC TRUST BOARD MEETING**

Thursday 28 November 2019, 1.00pm, Lecture Theatre, Princess Royal Hospital

**The meeting closed at 5.00pm**

## ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 3 OCTOBER 2019

Item	Issue	Action Owner	Due Date
2019.1/136	<u>Workforce Performance Report</u> Request from Chair for the DWD to focus on the Appraisal and Mandatory Training completion rate for Corporate Services, as this category of staff has the lowest completion rate for both. Also, consideration to be given to any potential link between staff sickness and lack of appraisals.	DWD	November 2019
2019.1/136	<u>Workforce Performance Report</u> Numbers as well as percentages to be included in future reports, to provide greater context to the data	DWD	November 2019
2019.1/141	<u>FTSU Guardians</u> It was agreed that risks relating to equipment/tools and resources for people to do their jobs which had been reported via FTSU Guardians should be monitored through the Workforce Committee	Committee Chair/DWD to ensure implemented	November 2019
2019.1/143	<u>Quality Governance Report</u> DNMQ to: <ul style="list-style-type: none"> <li>Relay dashboard performance chart errors to analyst</li> <li>Discuss presentation/methodology of C-Diff reporting with IPC Team to ensure accurate perception of our performance in this area</li> </ul>	DNMQ	November 2019
2019.1/149	<u>Dementia Presentation / Draft Action Plan</u> <ul style="list-style-type: none"> <li>A formal Dementia Impact Assessment to be conducted</li> <li>Address need for greater flexibility with food provision</li> </ul>	DNMQ DNMQ	November 2019 November 2019
2019.1/151	<u>Winter Planning</u> Update to be provided at every Board meeting throughout the Winter period	COO/Urgent Care Director NHSI	Ongoing
2019.1/159	<u>Questions from the floor</u>  <u>Question 1</u> DNMQ to provider questioner with response to query on percentage of births at the Consultant Led Unit  <u>Question 2</u> Trust actions to address medical staff gender pay gap to be raised at Workforce Committee  <u>Question 4</u> COO to discuss stroke performance action plan with questioner offline	DNMQ  DWD  COO	November 2019 (Response provided – action complete)  November 2019  November 2019