

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held 1.00pm, Thursday 28 November 2019
Lecture Theatre, Education Centre, Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr B Reid Mrs B Beal Mr A Bristlin Mrs P Clark Mr J Drury Dr D Lee Mr N Lee Mr B Newman Prof T Purt Dr A Rose	Chair Director of Nursing & Quality (DNQ) Non-Executive Director (NED) Chief Executive Officer (CEO) Finance Director (FD) Non-Executive Director (NED) Chief Operating Officer (COO) Non-Executive Director (NED) Non-Executive Director (NED) Medical Director (MD)
In Attendance:	Mr T Allen Mr S Balderstone Dr E Borman Mr D Brown Ms E Burrowes Mrs J Clarke Ms B Tabernacle-Pennington Ms S Adam	Associate Non-Executive Director (A.NED) Associate Director, Workforce – representing AWD Director of Clinical Effectiveness (DCE) Associate Non-Executive Director (A.NED) Associate Non-Executive Director (A.NED) Director of Corporate Services / Company Secretary (DCS) Director of Transformation & Strategy (DTS) Improvement Director, NSHI
Apologies:	Ms T Boughy Ms R Boyode Prof C Deadman	Non-Executive Director (NED) Acting Workforce Director (AWD) Non-Executive Director (NED)
Meeting Secretary:	Mrs B Barnes	Trust Board Secretary

2019.1/160

WELCOME & APOLOGIES

The Chair welcomed all to the Trust Board meeting. Apologies were noted, as listed above.

MEETING AS CORPORATE TRUSTEE

2019.1/161

CHARITABLE FUNDS COMMITTEE SUMMARY

The Chair of the Charitable Funds Committee, Mr Allen (A.NED), confirmed that SaTH Charitable Funds have now been separated from the Performance Committee, to ensure greater clarity of how funds are applied and in line with legislation. Mr Allen presented the following summary of the Committee meeting held on 18 November 2019:

Investment and Funds Activity

The Committee received an update of the Trust's charitable income and expenditure for the period 1 April – 31 October 2019 as well as the performance of its charitable investments during this time. The charity had received donations and legacies of £357,000 whilst it had spent £379,000 on charitable activities. £645,560 had been committed (not yet received invoice to pay). The available balance was £1,403,674.

CCLA's Investment Report for Quarter 3 2019 was tabled at the meeting for information.

The Committee discussed and supported the rationalisation of the 104 charitable funds, an approach being taken by other Trusts. To be explored further and discussed at the next meeting. *Assurance: High*

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Charitable Funds Annual Report and Accounts 2018/19

The Committee received the

- Draft Charitable Funds Annual Reports and Accounts 2018/19
- Independent Examination Findings Report from Dyke Yaxley
- Management Representation Letter

There were no issues of concern. The Committee recommended approval of these by the Trust Board at their meeting on 28 November 2019. *Assurance: High*

Charity Policy Update

The Committee noted the progress being made to ensure that the Corporate Trustee has oversight on charitable funds activity. As part of this, a further review of the SaTH Charity Policy had taken place to provide greater clarity regarding authorisation levels/sign off and a requirement for expenditure plans to be produced. Subject to some further amendments made at the meeting (including the change from 'Fund Manager' to 'Fund Advisor'), the Committee recommended circulation of the revised policy for consultation.

The Committee discussed their intention to introduce impact statements/post implementation reviews for equipment purchased through charitable funds. *Assurance: High*

Requests for Expenditure

The Committee retrospectively approved the following requests for expenditure:

- Glidescope Core System - £10,650
- Hardware for MDT Room at Mytton Oak - £24,454
- Equipment for ED/AMU (Nebulisers/drip stands/patient monitors) - £18,909

The Committee confirmed their support to fund the purchase of a minimum of four Sepsis Trolleys (£1k each) subject to confirmation of the procurement process. *Assurance: High*

Board Assurance Framework

The Committee reviewed the Board Assurance Framework for assurance on the following risk:

- Risk 1186 – We need real engagement with our community to ensure that patients are at the centre of everything we do

and decided that the above risk should be reviewed by the Trust Board, rather than the Charitable Funds Committee.

The Committee agreed to review risks as part of the Charitable Funds 'Plan on a Page' discussion. *Assurance: High*

The Board as Corporate Trustee RECEIVED and NOTED the report.

2019.1/162

CHARITABLE FUNDS QUARTERLY ACTIVITY REPORT

The DCS presented the Charitable Funds Update for the period August – October 2019, which covered the following key points:

- Total donations for the period were as follows:
 - July - £132,302*
 - August - £19,704
 - September - £45,255

*July's performance had the benefit of a £103,000 legacy.

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- SaTH Charity continues to receive great support from the Trust's Communications Team and has become a regular feature in the Trust's internal communication channels and local media
- SaTH's place in the Virgin Money London Marathon has been awarded
- Funding has supported various projects across the Trust, from specialist training to specialist equipment
- The Staff Lottery has grown by 25% since its launch, with more staff choosing to support it. The Lottery profit goes into the Small Things Make a Difference Fund, with awards made to support projects that make a big difference to the Trust's workforce.

The Board as Corporate Trustee RECEIVED and NOTED the Quarterly Activity Report.

2019.1/163

CHARITABLE FUNDS ANNUAL ACTIVITY REPORT 2018/19

The DCS presented the Annual Charitable Funds Activity Report for 2018/19, which recognised the contribution of the many people who have supported SaTH Charity during the year. The Report will append the SaTH Charity Annual Report and Accounts 2018/19 when they are submitted to the Charities Commission.

The Board as Corporate Trustee RECEIVED and NOTED the 2018/19 Activity Report.

The Chair recorded his appreciation on behalf of the Board for the generous support provided by all stakeholders to raise funds for SaTH Charity.

2019.1/164

CHARITABLE FUNDS ANNUAL REPORTS AND ACCOUNTS 2018/19

The Finance Director presented the SaTH NHS Trust Charity Annual Report and Accounts 2018/19 for approval and sign off by the Board as Corporate Trustee.

It was NOTED that an independent examination has been carried out on the SaTH Charity Annual Report and Accounts 2018/19 by Dyke Yaxley, Chartered Accountants, and the Independent Examination Findings Report had been circulated with the paper against this agenda item. It was further NOTED that the SaTH Charity Annual Report and Accounts for 2018/19 need to be submitted to the Charities Commission, together with the audit opinion, before the deadline of 31 January 2020.

The Board as Corporate Trustee APPROVED the SaTH NHS Trust Charity Annual Report and Accounts 2018/19.

MEETING AS TRUST BOARD

2019.1/165

STAFF STORY – JUNIOR DOCTORS INTRANET PAGE

The Board received a Staff Story by way of a presentation from Dr Shko Resool of the Vascular Surgery Department. Dr Resool has been instrumental in creating a new dedicated SaTH Junior Doctors Intranet Page, and he explained the background to this, stakeholder research and design considerations, benefits and future plans, which are summarised as follows:

Background and Issues

- Wide use by Junior Doctors of SaTH intranet on a daily basis, for clinical guidelines, contact details, news etc
- Negative feedback from Junior Doctors on navigation capabilities, and as a result finding guidelines was difficult and time consuming

Aims

- To improve work efficiency
- To allow more time for doctors to engage with patients
- To deliver more efficient care to patients
- To eliminate waste in workplace

Research, Design and Implementation

- Survey of 32 clinicians including Advanced Clinical Practitioners (ACPs)

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- Web page designed based on responses, with assistance of SaTH Web Development Team
- Stakeholder feedback sought on initial design
- New Intranet Page implemented 30 July 2019

Benefits

- Concerns listened to and acted upon
- Working in a more efficient environment
- Better access to clinical guidelines
- Less time spent on daily clinical tasks (referrals, contact details etc)
- Opportunity for extra clinical work increased eg clinic/theatre

Future Plans

- Review of in-patient referral methods
- Expansion to RSH/PRH specific pages
- Liaison with Doctors' Mess for event posting
- Re-survey to assess need of changes

The following key points were covered during subsequent discussion:

- With regard to ACPs, the DNQ highlighted that she understands the Royal Marsden Nursing Guidelines cross cut into this piece of work. Dr Resool responded that he will investigate/include
- With regard to maintenance/updates, Dr Resool clarified that there is an automated link to central clinical updates; and each department maintains their own contact database, which feed into the Junior Doctors page
- It has not unfortunately been possible to monitor usage levels electronically, as there is no automated analytic functionality, however Dr Resool confirmed that he will be seeking stakeholder feedback linked to future plans

The Board NOTED the contents of the presentation, and the Chair thanked Dr Resool for his proactivity in addressing this issue.

2019.1/166

PATIENT AND STAFF STORY – NHS RAINBOW BADGE INITIATIVE

The Board received a Patient and Staff Story by way of a short film featuring a range of Trust staff sharing why they applied to be inclusivity champions and why wearing an NHS Rainbow Badge is important to them.

Ruth Smith, Lead for Patient Experience, advised that NHS Rainbow Badges have been introduced within the Trust to increase awareness and help to improve the experience of healthcare for LGBT+ people, supporting both their physical and mental health. Since the Trust launch of the Rainbow Badge initiative on 30 October 2019, 514 members of staff have applied to wear the badge, have pledged to support inclusivity and can be approached with concerns or for support.

Actions which have been taken following introduction of the NHS Rainbow Badges are as follows:

- Development of an intranet page to support and signpost staff
- Development of a web page to support and signpost patients, carers, volunteers and staff to local and national support networks
- Raising awareness of LGBT+ barriers
- Development of contacts with local LGBT+ groups
- Advertisement for public members to join an Equality, Diversity and Inclusivity Group
- Advertisement for a Trust Equality, Diversity and Inclusion Lead

Next steps will be to:

- Measure progress on LGBT+ inclusion, raise the Trust profile and improve standing in becoming an LGBT+ employer of choice
- Identify measurable KPIs including Staff Survey, Patient Survey, Complaints and Compliments, Staff and Patient engagement etc
- Further increase staff awareness particularly around use of language and the legal offence of disclosing a person's trans status without their explicit consent

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- Develop an agreed approach and supporting materials and training for all staff for asking patients and service users about gender and sexual orientation
- Increase awareness of LGBT+ barriers and that these are recognised and addressed in Trust policies, guidelines and patient information
- Support initiatives such as the establishment of an LGBT+ staff network
- Ensure that Trust imagery, materials and information is inclusive and includes LGBT+ representation
- Support an LGBT+ champion on the Equality, Diversity & Inclusivity Group
- Increase sexual orientation and gender identify monitoring when assessing Trust services
- Introduce communication which displays the Trust's commitment to a zero-tolerance approach to homophobic, biphobic and transphobic discrimination towards patients, their carers, volunteers and staff
- Work with members of the LGBT+ community to support improvements and the development of services to improve accessibility
- Review the options for joining an LGBT+ accreditation programme to work with an independent organisation to develop and improve LGBT+ inclusive services and become diversity champions

The Board NOTED the work being undertaken and APPROVED the continued actions and drive to provide the Trust's workforce with the skills they need to deliver real cultural change in this area.

2019.1/167

BOARD MEMBERS' DECLARATIONS OF INTERESTS

The DCS declared that she was no longer a Trustee (Director) of the Community Council of Shropshire (operating as Shropshire RCC).

The Board RECEIVED and NOTED the Declarations of Interest.

2019.1/168

DRAFT MINUTES OF MEETING HELD IN PUBLIC – 3 OCTOBER 2019

The following two minor amendments were confirmed:

Item 2019.1/140 – Flu Vaccination Staff Engagement Plan

Correction to wording of first sentence of final paragraph to read:

'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

Item 2019.1/145 – Maternity Oversight Meeting Report

Correction to spelling, to read MBRRACE Report (not MBBRACE)

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

2019.1/169

ACTIONS/MATTERS ARISING FROM MEETING HELD 3 OCTOBER 2019

2019.1/136 – Workforce Performance Report

Focus to be given to Appraisal and Mandatory Training low completion rates for Corporate Services.

It was noted that completion rates have improved, as covered in latest Workforce Performance Report. Also that Operational Delivery and Corporate Governance had been renamed Corporate Services (Item 2019.1/173). Action closed.

2019/1/136 – Workforce Performance Report

Numbers as well as percentages to be included in future reports, to provide greater context to the data

The Associate Director (AD) for Workforce (representing the AWD) confirmed that this has been requested and numbers will be included from the next report. Action closed.

2019.1/141 – FTSU Guardians

Workforce Committee Chair/AWD to ensure risks relating to equipment/tools and resources for people to do their jobs which had been reported via FTSU Guardians are monitored through Workforce Committee

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In the absence of the Committee Chair and AWD, the AD for Workforce confirmed the monitoring process has been implemented. Action closed.

2019.1/143 – Quality Governance Report

Dashboard performance chart errors, and presentation/methodology of C-Diff reporting

The DNQ confirmed that both actions were complete. Action closed.

2019.1/149 – Dementia Presentation / Draft Action Plan

A formal Dementia Impact Assessment to be conducted, and greater flexibility with food provision to be addressed

The DNQ confirmed the following:

- **The Dementia Impact Assessment has been commenced through the Lead Nurse for Dementia and is due for completion 11 December 2019.**
- **The ‘MUST’ (malnutrition management) Tool is being implemented across the Trust and monitored through ‘Exemplar’. It was presented to Nursing, Midwifery and AHP Committee in November 2019 and will be monitored through the Trust Nutrition and Hydration Group**

Actions closed.

2019.1/151 – Winter Planning

Update to be provided at every Board meeting throughout the Winter period

The COO confirmed that this will form part of the Operational Performance Report as a standing item throughout the Winter period. Action closed.

2019.1/159 – Questions from the floor

Trust actions to address medical staff gender pay gap to be raised at Workforce Committee

The AD for Workforce confirmed that this is on the agenda of the next Workforce Committee meeting, and will be reported back to Board through that Committee. Original action closed.

Discuss stroke performance action plan with questioner offline

The Chair confirmed that the member of public has been contacted. Action closed.

MONTHLY OVERVIEW

2019.1/170

CHIEF EXECUTIVE OVERVIEW

Care Quality Commission (CQC) Inspection

The CEO provided the following update to the Board on the CQC announced inspection of the Trust from 12-14 November 2019 as part of the regulatory review process.

- There were two teams of inspectors based at RSH and PRH sites, with 18 and 10 staff respectively and five core services were inspected over a three day period, including Maternity, End of Life Care, Medical Care, Out Patients and Paediatrics
- Initial verbal headline feedback was provided on the afternoon of 14 November and followed up in writing the next day. The overarching feedback advised ‘staff were very approachable, and we saw very positive staff engagement with patients, visitors, other staff colleagues, and the inspection team, throughout the inspection’
- Detailed feedback has been provided on each of the five core service in regards to areas of good practice and areas for improvement
- Key themes that have arisen for improvement are compliance with MCA and DoLs; consistency with documentation completion of weights, waterlow assessments, falls and restraint; consistency of compliance with isolation of patients, and handwashing
- The feedback for maternity showed a significant improvement from last year’s assessment
- The CQC then telephoned at 8am on Monday 18 November to advise they were attending to undertake an unannounced inspection of the Emergency Departments on both sites, Surgery, and were returning to Medical Wards. This was a three day visit with follow up to Medical Wards on the afternoon of day 4
- The overall feedback was again positive in relation to staff engagement. Areas of good practice and areas of improvement were detailed, and disappointingly some of the themes for improvement were similar to the announced inspection in relation to isolation of patients and infection control practice, consistency of

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documentation completion including WHO checklists and surgical site documentation; capacity/space; sepsis and falls documentation

- Additionally, use of space and access security issues, management of flow of patients and cancellations; NEWS (early warning system) documentation; paediatric facilities and staffing; medicines management; management of mental health patients and safe space provision; skill mix of staffing; equipment replacement plan not evident
- The CQC raised issues with the Trust in a Letter of Intent sent on Friday 22 November due to the significant areas of concern raised regarding Emergency Care and the Emergency Departments, regarding Mental Health/Mental Capacity and DoLs, security and safety, sepsis and deteriorating patient. A response has been submitted to CQC by the Trust, as requested, regarding immediate actions taken to address the concerns raised with involvement of relevant Care Groups and corporate teams
- The Trust continues to report weekly in relation to Regulation 31 and Section 29

The Board NOTED the update and feedback received from the CQC to date.

Ockenden Review

At this point the CEO focused on the recent leak to the media of an interim update to NHS England in February 2019 from Donna Ockenden (lead of the independent Ockenden Review into maternity services at SaTH). The CEO addressed members of the public present, beginning with an unreserved apology to the families who have been affected by such life changing and tragic events.

The CEO explained that the Trust had only received the interim report/status update (which was based on the position in January 2019) the previous day, ie several days after it had been leaked to the media. The Trust will now be focusing on a review of the update in detail and preparing a response which will then be issued as a priority.

The Chair paused the meeting at this stage to take questions from members of the public on the maternity issue. A summary of the points are below:

Q1 Mr Richard Stanton, the father of Kate Stanton-Davies who died following gross failings in the Trust's maternity services, as identified in a ruling by the Health Service Ombudsman, made a statement to the Board. He spoke about the events and issues surrounding his daughter's death, and expressed his anger, distress and observations on Trust management failings and the culture that existed within the Maternity Services and the Trust, and on how poorly he and his family have been dealt with by management and the Trust Board.

A1 Firstly, the Chair offered his sincere personal apology for the distress caused by the handling of events at an earlier Board meeting, as had been highlighted by Mr Stanton. Mr Stanton thanked the Chair for his apology, but expressed his grave concern that he believed there is still no real acknowledgement of the severe maternity service failings, and he cited the example of insensitivity of wording in the latest report submitted to Board by the Chair of the Quality & Safety Committee. Another member of the public who was present also expressed her disappointment that there was no recognition of the issues in any of the Board papers for today's meeting.

With regard to comments on individual management, the CEO stated that it was difficult to talk about individuals in a public meeting, and that she felt discussion should focus on the overall service in terms of learning from previous failings and delivering ongoing improvements.

Q2 A local Councillor provided feedback on her discussions with families on the continued Midwife Led Unit (MLU) closures. She urged the Board to reconsider the approach being taken in relation to the MLUs

A2 The Chair clarified that it had been a Trust operational decision to temporarily close the MLUs, since they were having to close on a regular basis as they could not be adequately staffed. However, beyond this there has been a separate strategic CCG consultation on Midwifery Care in Shropshire, Telford and Wrekin, which the Chair stressed is not the Trust's consultation or report and is therefore outside of our remit. Any representations on the long-term model for the MLUs should be made to the CCG.

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- Q3 A member of the public reiterated earlier comments on concerns about the deeply embedded cultural issues within the Trust and the lack of transparency and openness in dealing with these issues.**
- A3** The Chair and CEO responded that they fully accept there is a cultural issue within the Trust, and they recognise that it will take time to establish credibility and earn back the trust of families, service users and our communities. The Board is committed to moving forward at pace and the CEO gave examples of Board members undertaking reassurance and fact checking through walkabouts, and strong challenge at Board meetings, to effectively hold management to account. There is also recognition that the Executive Team have to create the right ground conditions (equipment/IT, environment, recruitment of additional staff)

The meeting resumed at this point.

In addition to the above, other key points from the CEO's written report to Board were as follows:

Key activities and appointments

- Louise Barnett, the Trust's **newly appointed Chief Executive**, will join us in February. Louise is currently the Chief Executive at The Rotherham NHS Foundation Trust, having joined them as Interim Chief Executive in October 2013, prior to being appointed to the substantive position in April 2014
- In the Women and Children's Care Group, Janine McDonnell has moved to take up the post of Director, and Nicola Wenlock will join the Trust in December as the new Head of Midwifery.
- Angie Wallace will be joining the Trust from Birmingham Community Healthcare Trust as Interim Deputy Chief Operating Officer to work alongside Sara Biffen in supporting the COO in operational delivery
- The Trust has also recently welcomed Rebecca Gallimore as Interim Associate Director of IT. Rebecca is being seconded to us until Spring 2020 from University Hospitals of North Midlands (UHNM) to lead the implementation of the new ED system which is due to go live in February/March 2020, and to help us shape our IT strategy
- The **hourly rate paid to Bank Nurses** working in a number of clinical areas increased as of 10 November. On top of the Working Time Directive 12.07% uplift currently received, Bank Nurses taking up shifts in A&E and Intensive Care, as well as anyone opting for shifts on wards and departments highlighted as areas of concern for staffing, are now given an additional 12.93% extra per hour. This is an uplift of 25% above Agenda For Change rates for every shift, and is comparable to the highest rate provided by any other local Trust. The decision to approve this enhancement comes as a result of direct feedback from our teams on the frontline. The Trust hopes to see the following benefits: Increased quality to patients within our care, potential improvements to skill mix, increase in Bank fill rates, attract nurses from local areas to join our Bank and reduce costs by removing Tier 4 and 5 agency staff
- The Trust's **Emergency Departments (EDs) continue to see big increases in demand** and the recent cold weather has added to that. Throughout the whole of October, there were 12,399 ED attendances – 1,135 more than in October 2018, with 3,985 ambulance arrivals – 621 more than this time last year. That is the equivalent of 37 more people and 20 more ambulances every day. That rise in emergency demand has continued into November, and many other hospitals in the region are experiencing the same pressures
- Nearly **180 new nurses** are to join our hospitals to help improve the quality of care for patients. The 176 nurses have been recruited from India and will start to arrive in the county from December. The Trust has looked to overseas recruitment, through Health Education England's (HEE) Global Learners programme, to help fill gaps in its substantive nursing and midwifery workforce. The HEE programme was implemented to meet the shortfall of over 270 Band 5 nursing and midwifery vacancies in the Trust and these appointments will help to improve the care we give to our patients
- Recently the Trust was proud to receive the **highest grade for infection control** following a recent inspection by NHS regulators – improving our position to 'Infection Prevention Level Green', the highest of three assessment gradings. This result is evidence that infection prevention procedures are in place and demonstrates the considerable commitment of all staff in working towards protecting patients, visitors and colleagues from avoidable infection

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- Women choosing to give birth at the Wrekin Midwife Led Unit (MLU) in Telford will move into state-of-the-art new facilities located next to Consultant-led facilities in the New Year. The move will improve the experience of mothers-to-be and the close proximity to the main block will mean a quicker transfer into the Obstetrician led service if required. It will also allow the Trust to create **additional beds to ease pressure over the winter months**
- Work to complete fire safety requirements is progressing well in the Copthorne building and is due for completion after Christmas. The **13-bed therapy-led ward**, with an adjoining discharge lounge, will help to free up acute beds over the winter months.

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 recent highlights include:

- On 5 November, a national **Patient Safety Alert** was issued on the risk of depleted batteries in intraosseous (IO) injectors. The alert asks that any IO devices without a battery power indicator light are replaced with ones that display how much power is remaining
- Guidance has been published to support the 2018/19 **electronic staff record** data collection process to help improve data quality and help Boards better understand their medical productivity
- A new learning tool, ActNow, has been developed to help **prevent delayed transfers of care**. It can be used by nurses, allied health professionals and care staff to ensure patients have the best outcomes possible following care received in hospital
- **Getting It Right First Time**: Supporting Ear, Nose and Throat (ENT) departments to treat more people as a day case, rather than having an overnight stay in hospital, will improve patient experience. The new ENT national report includes 23 recommendations for improvement, which should make ENT units more resilient to pressures on beds, and help Trusts free up beds
- A **change in the law** has been announced meaning more people will have the right to manage their care and support needs. The change will come into force on Monday 2 December and benefit people eligible for an NHS wheelchair, and people who require aftercare services under section 117 of the Mental Health Act
- **Criteria-led discharge** (CLD) helps get patients home as soon as it is safe and appropriate, improves patient experience, and increases capacity for weekend discharges. The new guide to CLD supports managers to implement, sustain and spread CLD, as well as providing context and evidence around the process
- The NHS Employers' guide outlines the optional local measures employers can take to support staff who are likely to be affected by **pension tax issues**. It outlines several routes employers can take during the 2019/20 financial year to support staff affected by current pension tax policies
- The CQC has launched a survey that highlights patients' experiences of Emergency Department services. The findings of the **CQC's Urgent and Emergency Care Survey 2019** (previously known as the A&E Survey) reflect the experiences of patients across England who used services in September 2018. They cover experiences around waiting times, standards of care and dignity, patient safety, quality of discharge arrangements and more

Chief Executive's highlight report

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

- CQC survey highlights great care shown to children and young patients – The findings of the latest survey carried out by the CQC show that our hospitals continue to provide excellent, friendly care to children and young patients. PRH and RSH scored 8/10 or higher on more than 70% of the questions in the latest Children and Young People's Patient Experience Survey. The Trust also scored 9/10 or higher for parents or carers of 0-15 year olds saying staff gave them information about their child's care in a way they could understand and staff agreed a plan for their child's care with their involvement
- £7m investment in radiology, including a new CT scanner – A new CT scanner was delivered to the X-ray Department at PRH on 12 November, expected to go live in December, which will help improve patient care and experience. Alongside the new scanner is a newly-created three-bedded bay which will be used for patients waiting for a CT scan, allowing them more privacy. The additional scanner will help the Trust to ensure the sustainable and reliable delivery of emergency and urgent CT scanning, particularly for stroke and

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paediatric patients. Its superior technology will also allow for improved image quality and advanced imaging, such as cardiac

- More than half of the Trust's front line staff have had their flu jab – Nearly 800 members of staff received their flu jabs during a 24-hour Jabathon in mid-November. Clinics were held at PRH and RSH as part of SaTH's flu campaign which runs until March.
- Programme for the detection and treatment of unwell newborn babies – SaTH has developed a national programme for the detection and treatment of unwell newborn babies. The Midwifery Identification, Stabilisation and Transfer of the Sick Newborn (MIST) programme is aimed at midwifery and ambulance colleagues to support the treatment plan for newborn babies who are, or have the potential to become, unwell following delivery in a community setting. The resources are designed to equip maternity and emergency teams with the knowledge required to extend care beyond the first minutes after birth, up to and including handover to the neonatal team. The programme has been delivered in partnership with Health Education England's e-Learning for Healthcare and The Newcastle upon Tyne Hospitals NHS Foundation Trust
- Children undergoing treatment to be given bravery bags – Children undergoing treatment at RSH are being given bravery bags which have been created by young people from the National Citizen Service (a programme which aims to teach life skills to 15 and 16 year olds) following a fundraising drive. The bags contain items such as toys, books and colouring pens and are being donated to patients at the Children's Outpatients Department at RSH.
- Pet Passport launched – An innovative new 'passport' which enables patients who are at end of life to spend precious time with their pets has been launched. The scheme enables friends and relatives to bring in pets to visit their owners who are patients receiving end of life care. Relatives can show the passport, which is filled in beforehand by the End of Life Care team, on arrival at hospital. It removes the chance of them having what could potentially be upsetting conversations explaining why a pet is being brought into the hospital
- Delivery Suite crowned with a diamond – The Delivery Suite at PRH has been awarded Diamond status as part of the Trust's Exemplar improvement programme. The Delivery Suite became the fourth department at SaTH to be crowned with a diamond, the others being the Postnatal Ward at PRH, Critical Care at RSH and Critical Care at PRH. To achieve Exemplar Ward status, the team on a ward or department must meet high standards in a number of key areas for caring, medicine management, leadership, nutrition and hydration to cleanliness, safety and record-keeping
- Two porters win Ultimate Lifesaver award – two of our porters recently won the Ultimate Lifesaver award at The Sun's 'Who Cares Wins' Awards. Nick Evans and Ruth Lowe sprang into action after a baby stopped breathing. The baby's parents were visiting a relative at PRH when they noticed their baby's lips had turned blue. The mother's screams alerted Sarah, who shouted for Nick. He grabbed the baby and performed CPR as he ran down the corridor to A&E. Nick continued CPR until the resuscitation team took over, and the porters stayed by the parents' side until they knew he was going to recover

The Board RECEIVED and NOTED the overview report.

2019.1/171

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE

In her capacity as the Trust's STP representative, the DTS provided a verbal update on a proposal to build on the work of the Sustainability and Transformation Partnership in relation to developing an Integrated Care System Board (ICSB). Agreement was reached following a recent ICSB workshop to develop greater partnerships with providers, which is in line with the NHS Long Term Plan.

There is nothing further to report at this stage.

The Board NOTED the proposal.

WORKFORCE (PEOPLE)

2019.1/172

WORKFORCE COMMITTEE CHAIR REPORT

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In the absence of the Workforce Committee Chair, Ms Boughey, Mr Allen (A.NED), presented the following summary of the Workforce Committee meeting held on 18 November 2019:

Anaesthetics Update

The Committee received an update on Anaesthetics, which also involves a Section 29A around intensivist cover. There are challenges, particularly at PRH, where the offer is considered more complex and recruitment to fill vacancies has been unsuccessful so far. The Committee received an update on the measures which have been put in place including a review of service provisions. The Committee recognised the importance of taking urgent action to fill the vacancies and agreed to progress an international recruitment drive. *Assurance: Moderate*

Emergency Department (ED) Update

The Committee received an ED update including a summary of the current and projected workforce by March 2020. An action plan has been developed, and all new recruits are invited to take part in a survey. This information is being collated and an update will come to the January 2020 Workforce Committee. The Committee was informed that the position remains fragile, with the main risks around consultant numbers. *Assurance: Moderate*

People Strategy

The Committee received a verbal update on the People Strategy, which has been circulated for feedback, and now requires review and consolidation. The Committee was reminded that the People Strategy was an integral component of the Hospital Transformation, therefore it was agreed that the revised People Strategy and a work plan will be circulated to Committee members in early December for feedback / approval via a virtual Workforce Committee (as there is no December Committee meeting), in preparation for it returning to Board in February 2020. *Assurance: Moderate*

Catering Update

The Committee received an update paper on the catering offer for staff, outlining the current provision together with a proposed improved offer. It was clearly recognised that improvements in catering provision are required to support staff especially during the out of hours shifts.

The initial improvements proposed include extending Café Bistro opening hours together with provision of additional coffee and vending facilities to provide a 24/7 offering. The enhanced provision would require financial investment. The Committee agreed, however, that prior to submitting a final proposal to Board, staff should be consulted with (particularly those working out of hours shifts) to ensure that any revised offering meets their requirements. The Committee heard that any change in provision (subject to approval) would take some time to implement, therefore the Committee requested that consideration was also given to any enhanced provisions which could be made to support staff during the winter period. It was agreed that once this information is collated a full business case will be generated. *Assurance: Moderate*

Staff Survey

The Committee received a verbal update on the National Staff Survey and was informed that the current response rate was at 32%, which was 2% less than the same point last year and 3% below the national average at this point. A focus is being given to the top and bottom five areas in terms of response rate in an attempt to improve engagement. In addition, a recent promotion of the Staff Survey includes the potential to win high street vouchers. Work is ongoing with the Communications Team to keep awareness high. The Committee was encouraged to hear that an additional survey is going to be circulated for bank and agency staff to provide additional intelligence. *Assurance: Moderate*

Freedom to Speak Up (FTSU) Quarterly Update

The Committee received the FTSU Quarterly Report together with a verbal update on how the self-assessment tool works. The Committee were assured that an action plan is being progressed. To offer support, ensure greater visibility and collective accountability, the Committee have asked for monthly updates on FTSU. The Committee acknowledged the improved visibility of the FTSU Guardians compared to 12 months ago which is positive.

To ensure momentum it was agreed that the FTSU action plan would be circulated to Workforce for feedback / approval via a virtual Workforce Committee during December, in preparation for Workforce Committee in January 2020. *Assurance: Moderate*

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DBS Assurance Update

The Committee received an update on DBS checks. It was reported that a present, due to resource and organisational pressures, 833 DBS checks remain outstanding. The Committee were reminded of the importance of these checks to ensure compliance and safety, and that communication between Workforce and Nursing regarding this point needs to be enhanced. The Committee were however offered assurance that measures are in place to address this and to ensure that appropriate risk assessments are in place for those currently awaiting DBS checks. *Assurance: Moderate*

Board Assurance Framework (BAF)

The Committee received Risk Awareness training and it was agreed that the Workforce team would receive more in depth training.

The Committee reviewed the BAF for assurance on the following risks:

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

The Committee discussed the BAF and agreed that the rating would remain the same.

The Board RECEIVED and NOTED the report.

2019.1/173

WORKFORCE PERFORMANCE REPORT

The AD for Workforce (representing the AWD) presented the Month 7 performance report in relation to:

Sickness / Absence / Unavailability

There was a 0.64% increase in sickness absence during October to 4.80%, as anticipated as we move into Winter.

Mr Newman (NED) highlighted that the Trust is losing 7 days per person per year when compared with private sector statistics. This led to discussion on organisational culture, and research around positive correlation between empowerment and delegated authority on one hand and sickness on the other.

Appraisals

The Board was pleased to note a 1.06% increase in the October Appraisal rate to 90.18%, the first time that the 90% target has been reached. The SSU compliance rate stood at 87.60%, a slight negative variance of 0.09% on the previous month.

Staff Turnover (exc. Junior doctors) – the October recruitment rate was 13.96% of the turnover of the full workforce, and a retention rate of 88.82%. The AD for Workforce clarified that the Trust's overall retention rate is in the model hospital upper quartile however we do experience retention issues within the first 12 months of service. Discussion followed on potential links with an organisational/supportive culture, and the following points were covered:

- The DCS emphasised that the Trust has a zero tolerance policy to aggressive behaviour towards staff. We are in the top 10% of Trusts for prosecuting and are linked directly to the Police. Any member of staff who suffers verbal aggression is contacted by the DCS, and the CEO writes to the perpetrators.
- The DNQ clarified that there is a great deal of work underway to provide a highly supportive and welcoming environment for the doctors and nurses arriving imminently from India.

The Board RECEIVED and NOTED the report.

2019.1/174

NATIONAL STAFF SURVEY UPDATE

The AD for Workforce reported that the Trust's National Staff Survey completion rate currently stands at an improved 39%, with a few days remaining until survey closure. The report will be released end of February/early March 2020.

..... Chair
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The Board NOTED the verbal update provided.

2019.1/175

FREEDOM TO SPEAK UP (FTSU) GUARDIAN Q2 UPDATE

Kate Adney, Lead FTSU Guardian, attended the meeting to present a quarterly summary of activity, feedback and themes of concern raised to the FTSU Guardians during Q2.

The following themes had emerged from concerns raised:

- Three key themes occurring in Q2 concerns around Line Managers treating staff fairly and consistently in relation to annual leave and compassionate/special leave. *Amendments have now been made to the Leave Policy which clarifies and emphasises the approach Line Managers should take when special leave requests are made.*
- More support from Line Managers when issues are raised. *Feedback and communication meetings have been held with staff groups and Line Managers to ensure that staff are supported when concerns are raised. These are held on an ad hoc basis as per the needs of the departments. Feedback is always provided to colleagues who raised concerns and this has had a positive impact on staff, which is evident in FTSU feedback.*
- Ensuring patients are treated with dignity. *FTSU Guardians fed back to Ward Managers when concerns were raised around patient safety/dignity. The FTSU Guardians endeavour to raise any patient concerns on the same day and ensure that they escalate if required within seven days.*

Other FTSU activity during Q2 was summarised as follows:

- FTSU Guardians spend time on a weekly basis in as many areas of the Trust as possible to ensure visibility
- The Communications plan has been signed off and implemented, ensuring there are relevant communication materials in place to promote and raise the profile of FTSU. Events have been planned for a 12 month period, incorporating the National Guardian Office Speak Up Month in October and relevant media coverage, newsletters and supporting communication materials.
- The FTSU Guardians have continued to hold 'Round the Kitchen Table' events, where staff have a safe space to raise concerns, following which feedback meetings have been held with Line Managers and other relevant colleagues
- All concerns raised and acted upon in a timely and appropriate manner have been recorded as per the National Guardian Office Guidelines
- FTSU Guardians were invited to present at Junior Doctor Forums, Drs Mess Drop In Session, and Preceptorship Induction, as well as attending the Junior Doctor Induction Day
- FTSU now has regular representation at Engagement & Enablement meetings, Equality & Diversity meetings and the Well Led ISG
- Helen Donnelly, Ambassador for Cultural Change and FTSU Guardian, facilitated a FTSU training session to the Trust's network of FTSU Advocates

FTSU activity going forward will include:

- Listening to staff and making positive changes
- Continuing to raise the FTSU profile so that a speaking up culture is 'business as usual'
- Continuing the FTSU Guardian work in Women's and Children's, and maintaining visibility throughout the Trust
- Developing the FTSU Action Plan with Vision and Strategy for the next 12-24 months, which will be presented to the Board in February 2020

Clarification was provided on the following points in response to queries from Board members:

- With regard to benchmarking against other organisations, the Trust publishes information quarterly on the National Guardian website. Our speaking up figures are very good and the Trust is in the higher quartile nationally

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- With regard to themes, around 12-18 months ago they were more focused around behaviours and culture, however in the last 9 months this has changed to increased concerns around patient safety
- Feedback avenues are into the Workforce and Quality & Safety Committees, and direct with the MD, who is the Executive Lead for FTSU and conducts a monthly review of cases with the FTSU Guardians

The Board was pleased to NOTE the positive update provided.

2019.1/176

GUARDIAN OF SAFE WORKING (GoSW) Q2 REPORT

The MD presented the Q2 Guardian of Safe Working Report to the Board. All doctors in training at the Trust are employed under the Terms and Conditions of Service (TCS) of the 2016 Junior Doctor Contract. In June 2019 a BMA referendum voted in favour of an amended contract – the Refresh Contract 2018 – with an agreed staggered implementation of the changes beginning in August 2019. New safe limits on hours and rest were recognised.

The GoSW continues to champion safe working hours in the Trust to ensure the new safe working limits are introduced. The TCS of the JDC 2016 stipulated that all exception reports 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 now has the authority to action the unaddressed report at 7 days.

Key points for Q2 were covered as follows:

- 15 Exception reports have been received in the quarter. These have all been addressed and relate to hours worked over in the main
- No immediate safety concerns were raised
- No breach fines were imposed
- Compliance with the Exception reporting process timelines continue to improve
- The Trust has purchased the 'Allocate' software which will provide organic tracking of all doctors once the system is implemented
- The GoSW would recommend this work is prioritised as once populated it will provide live data regarding the availability of all doctors at all times, and provides a safety net regarding compliance with the safe limits in instances where doctors swap shifts or are requested to do so at short notice to cover colleagues

The Board was asked to support the following:

- Implementation of the purchased rostering software as soon as possible to enable organic tracking of Junior Doctors staffing levels. *It was however noted that the purchase is currently on hold whilst the FD reviews the specification and ensures project management resource is in place. Mr Bristlin (NED) queried the support route for the software, noting that it was unusual for the request to come direct to Board rather than through DCCB, however the MD clarified that this is appropriate as it is an 'add-on' module*
- The timely implementation of the 2018 'Refresh' Contract and with particular reference to support the recruitment of additional doctors and/or healthcare professionals to those areas where rotas remain non-compliant. *The MD confirmed that the recruitment of additional doctors is progressing, but his view is that it will be an ongoing challenge*

The Board RECEIVED and NOTED the report.

2019.1/177

GUARDIAN OF SAFE WORKING (GoSW) ANNUAL REPORT

The MD presented the GoSW Annual Report for the period 1 August 2018 – 31 July 2019. This covered the following key points:

- Compliance with the Exception reporting process timelines continues to improve
- 130 Exception Reports (ERs) received since implementation of the JDC in 2016
- 91 ERs received in this reporting period – an increase of 27% on the previous year
- 6 Immediate Safety Concerns (ISCs) were reported during this period
- No breach fines were imposed
- 37.5 hours were compensated by time off in lieu and 27.5 hours in payment in this period

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- Many reports relate to work intensity and staffing levels especially at weekends and after hours, aggravated by winter pressures and rota gaps
- All reports are relayed to the MD and more recently the Senior Medical Leadership Team
- The Trust has signed up to the Fatigue and Facilities Charter. Rest conditions continue to improve

The Board RECEIVED and NOTED the annual report.

PATIENT & FAMILY

2019.1/178

COMMUNITY ENGAGEMENT Q2 UPDATE

The Board received a Community Engagement Report by way of a presentation from the DCS, highlighting the key activities that had taken place during Quarter 2 around the Trust's engagement with our communities.

The DCS reminded the Board that under the National Health Service Act 2006 the Trust has a legal duty to involve users of our services, whether directly or through representatives, in:

- The planning of the provision of services
- The development and consideration of proposals for changes in the way those services are provided, and
- Decisions to be made affecting the operation of our services.

In summary 'we engage with our communities because listening to people helps us to deliver the best care we can'.

The following highlights from Q2 were covered:

- The People's Academy – two Academy Courses, three Young People's Academy Courses, 10 People's Academy Graduates and 66 Young People's Academy Graduates, with the involvement of 14 Departments
- LD Academy – In September, the Trust ran a workshop session for this project, supported by the My Options team in Telford and Wrekin. Plans are underway for a second Academy session looking at the Pre-Operative Assessment clinic at PRH in December
- Bespoke Academy for Telford Jobcentre – The Engagement Team is working with colleagues from Workforce and Telford Jobcentre to create a bespoke Academy session for Jobcentre customers, with a pilot Academy in January 2020. Sessions will include: The NHS, routes into NHS Careers and how to apply for vacancies, Dementia Friends Awareness, Food Sampling and Careers Advice
- Working Together – Between July and September 2019 the Engagement Team received two requests for public representatives to support work within the Trust, and 20 Academy graduates have come forward to work with us. Opportunities were Clinical Audit Patient representatives and PLACE inspections. The Engagement Team gave a presentation to the Senior Leadership Team in September regarding statutory duties, which straight away generated requests for public involvement and engagement support for service change and EQIA
- Community Meetings – the best attendance yet, with 17 people signing up for our Telford meeting and 20 for the meeting held in Shrewsbury. The Engagement Team supported the Patient Experience Team by facilitating sessions to support their work on the Patient and Carer Experience Strategy
- Public Engagement - The Engagement Team attended 17 engagement events across the county, which included Shrewsbury Flower Show, Ironbridge Coracle Regatta, College Induction Fayres and Madeley Green Day
- Charity Fun Day – the third annual SaTH Charity Fund Day on 6 July was a great success and well supported despite the weather
- You said, We did – At recent meetings with colleagues from the third and voluntary sector, the Trust heard that 3rd sector support organisations feel their input stops at the hospital door. To address this the Trust is looking at our plans for the People's Forum, to see if this can become the Working Together Forum. This is being taken as a workshop item to the December Community Engagement meetings, and will update Board in the New Year

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- Volunteering – there are currently 961 active volunteers working across both hospital sites. In addition, there are 57 volunteers in progress for the 18+ Scheme and 11 for the 16-18 scheme
- Helpforce Response Volunteer Bid – The Trust has submitted an Expression of Interest to develop a Response volunteer programme at the Trust, for which there is a £25k grant available to successful Trusts. Response volunteers support areas/wards experiencing pressures such as delayed discharge or delayed transfer of care, and volunteer tasks can include locating and fetching wheelchairs, collecting medication, escorting patients to appointments, sitting with a patient who needs someone to talk to, and collecting items from the shop. Response volunteers could have a significant impact on winter pressures, as well as improving patient and staff experience. Evidence from Trusts who have implemented this programme have found a reduction in medication waiting times of 35%, a saving of 525.46 hours of staff time or a total of 22 days of clinical time on deliveries, and a reduction in DNA rates from 32% to 16.5% with volunteers reminding patients of appointments
- Staff & Community Fundraising activities included a SaTH Charity appeal for CDs, Charity Night raising £220 for Neonatal Unit, staff family fundraising day for the Cardiology Fund
- Development of the Dr's Mess at PRH received huge charitable support from the community, including the donation of roller shutters and a large screen television from a Telford family, as a thank you for the care given to their children following an accident in 2014
- Other charity news – National Citizen's Service volunteers helped out at both hospitals, opening of Bernadette Roberts Waiting Room (named after a former patient) on the O'Connor Haematology Unit, delivery of 60 new blood culture pods funded by SaTH Charity, donation to Haematology Day Unit from Ludlow Cancer Support Group, and funding by SaTH Charity of a bus stop outside Wards 21 and 22 as an innovative solution to patients living with dementia wandering off the wards

Engagement plans for Quarter 3 include:

- Collaborative working with Community Health Council colleagues to improve the Trust's engagement with communities in mid-Wales
- Continuing to develop LD Academy and strengthen links with the LD community
- Strategic engagement planning to 2020
- Supporting the Equality, Diversity and Inclusion Stakeholder event
- Supporting the STP's Integrated Volunteer Programme

The DNQ advised Board that she and the DCS were also working together on the NHSI Patient Experience Framework.

Prof Purt (NED) suggested to the DCS that it would be worthwhile making contact with the Princes Trust as they second people who are not in full time employment to undertake charity work

The Board RECEIVED and NOTED the report.

QUALITY & LEARNING (SAFEST & KINDEST)

2019.1/179

QUALITY & SAFETY COMMITTEE CHAIR REPORT

The Chair of the Quality & Safety Committee, Dr Lee (NED), presented the following summary of the Committee meeting held on 20 November 2019:

Board Assurance Framework (BAF)

The Committee reviewed the BAF for assurance on the following risks

1134 – If we do not work successfully in partnership with our local health system to establish effective patient flow through well-staffed beds, then our current traditional service models will be insufficient to meet escalating demand

There was encouraging evidence of system working with respect to stroke pathways which develop community rehabilitation capacity and the identification of step down beds. There remain, however, real system challenges

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with respect to unscheduled care and the need to redesign 'end to end' pathways for some services, for example urology. This will require the active participation and leadership of SaTh clinicians. *Assurance: Moderate*

1533 – *We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients*

The programme was not formally reviewed at November's meeting although the Committee are assured that good progress is being made, with many elements complete or ahead of schedule. *Assurance: Moderate*

1204 – *Our maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe*

Committee members visited the Maternity Unit prior to the formal meeting. We found that staff were determined to provide assurance with respect to the safe, high quality care that they are delivering. They have great concerns that the current media publicity will cause anxiety for people who are currently pregnant or considering pregnancy, as well as affecting staff morale. Over recent years there have been significant changes to the service, with improvements in staffing numbers, proactive approaches to ensuring that foetal heart rate monitoring is delivered according to best practice, as well as proactive approaches to supporting women to identify and act on reduced foetal movements and to help reduce the numbers of pregnant smokers. Staff acknowledge that there may have been historic issues with the service and that there will be lessons learned from this. There is a very strong desire, however, to demonstrate the quality of their service. Examples of this are the recent CNST review which placed the service in the lowest risk category for NHS Resolution and the award of Diamond status to wards within the Maternity Unit. *Assurance: High*

Meeting with Support Services Care Group

Committee members were delighted to hear of the imminent opening of the CT scanner on the PRH site, a matter that has been tenaciously pursued by the Committee. Members were also delighted to hear that there is now a multidisciplinary nutrition team in place, closing another previously escalated issue by Q&S to the Board.

It is striking that a number of risks identified by the Care Group relate to the requirement to introduce or upgrade information technology to deliver safer care and better surveillance of clinical activities.

The Care Group reported impressively on staff engagement, training, recruitment activities, external accreditation and quality improvement.

The Board RECEIVED and NOTED the report.

2019.1/180

QUALITY GOVERNANCE REPORT

The DNQ presented this report, which covered performance against contractual and regulatory metrics related to quality and safety during October 2019. She reminded Board that the report is evolving, with the intention of strengthening the reporting on our quality data and including additional narrative. Key points to note by exception were as follows:

Infection Prevention and Control

- There were three cases of C-Diff reported in October 2019
- Three cases of E-Coli were reported which were assessed as relating to interventions or devices (two related to PICC lines and one to a catheter)
- There were five serious incidents reported in October 2019. One of these incidents related to an unexpected death and involves the Health and Safety Executive and Medicines and Healthcare Products Regulations Agency
- % VTE Assessment is subject to special cause variation although the 95% target has been achieved in September (latest validated data) for the first time since November 2018
- Urology remains a source of concern relating to >104 day cancer pathway breaches

Serious Incidents

The DCE updated the Board on the review of the Serious Incident (SI) reporting pathway, which had concluded that if there was any doubt as to whether a case fulfils the criteria for SI reporting, it should be reported and investigated as an SI, then subsequently downgraded if investigations prove otherwise.

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In response to a query from the Chair on the effectiveness of the process for follow up of avoidable factors, the DCE responded that he recognised learning has not always previously been fully implemented. He clarified that the Clinical Governance Executive (CGE) have oversight of this, and report into the Quality & Safety Committee. The Chair asked that rigour around this process be given consideration.

The DNQ highlighted the importance of clinicians reporting back to the Executive, with information then fed back through the Care Group governance structure. It was further noted that the involvement of patients needs to be extensively applied, and clarified that this can be enacted with immediate effect, with the need to evidence when families do not want to engage. There was a suggestion of the appointment of a patient liaison coordinator as part of SI, which it was noted would need to be executed through the SI Review Group.

Patient Falls

The DNQ advised the Board that she is currently working with the Falls Nurse with a view to improving the level of detail included from the next report.

Hospital Acquired Pressure Ulcers

Mr Brown (A.NED) requested that consideration be given to making the pressure ulcers chart more informative, by showing a comparison with the previous month/year. **Action: DNQ**

VTE assessment compliance

The DCE reported that the monthly % VTE assessment compliance shows special cause variation. In September (latest validated data), % assessment compliance has reached the 95% target for the first time in 10 months. A VTE assessment action plan is being led by the MD, and this metric will continue to be monitored closely to assess if the action plan improves compliance.

The Board RECEIVED and NOTED the report.

2019.1/181

TRANSFORMING CARE / IMPROVEMENT PLAN UPDATE

The DTS presented this paper, which describes the process undertaken to map and merge the Improvement work streams across the organisation since July 2019. This includes the development of a central improvement PMO, utilising the current resource, alongside the investment to fully support the CIP delivery plan across the Care Group/Corporate structures.

In July 2019 an initial mapping of the Quality Improvement initiatives in place across the organisation was undertaken. The aim of the event was to bring together for an open discussion the people who are involved in the various initiatives across the organisation in relation to improving the Trust's services, and the objectives were:

- To develop an understanding of the various areas supporting quality improvement currently in place
- Identify areas of overlap and look for solutions to overcome or work with this
- To start discussions on how work streams can be prioritised to support the overall Trust vision and objectives
- To allow open discussions about possible changes required moving forward

Alongside this work, the Trust has also received input from Deloitte who recommend the development of an internal PMO structure to support the financial improvement plan going forward.

This month's report sets out how the organisation's improvement work will now be jointly reported as the Trust moves into Phase 2, to develop improvement priorities and support delivery of these through the PMO function.

In response to a query from Mr Bristlin (NED), the DTS confirmed that the outstanding CQC actions from the previous QIP will be incorporated into the new plan.

Mr Newman (NED) raised the correlation between culture change and quality of leadership, and the effectiveness of the role of the Leadership Academy in supporting a changing culture. Dr Lee (NED) also highlighted the advantage of external development as a complement to internal development avenues. Following Board discussion, it was agreed that the DTS would discuss this with the AWD, as Workforce are the

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'owner' of staff/leadership development, and an update on actions being taken to link staff development to culture change will be provided at the next meeting. **Action: DTS/AWD**

The Board RECEIVED and NOTED the update.

2019.1/182

DIRECTOR FOR CLINICAL EFFECTIVENESS REPORT

The DCE presented the first report to the Board from the Directorate for Clinical Effectiveness. The Directorate was created in order to allow the Trust to identify, at an earlier stage, areas requiring improvement, and to provide greater capacity within the Trust to deal with the broad range of challenges that we are addressing.

The Directorate began functioning in June of this year, bringing together Clinical Audit, Clinical Informatics, Complaints and PALS, Patient Safety (including Learning from Mortality), and Research and Innovation. More recently, the Chaplaincy service has been included

This first report provides an overview of progress to date. The post of Director for Clinical Effectiveness will continue to evolve, with a continuing focus on areas requiring improvement. This already has included support for the development of improved clinical pathways.

Progress on areas identified for improvement in this year has included:

Clinical Audit

- Outsourcing of national surveys
- Strengthening the system for ensuring that local policies and guidelines are updated with relevant NICE guidance
- Conducting priority audits

Clinical Informatics / Information

- Review the approach to informatics and IT systems in the Trust. This identified significant problems, in particular the need for increased staffing resources and improved infrastructure, and the financial challenge of addressing these
- A weekly 'digital huddle' meeting was convened in order to prioritise the large agenda of 'business as usual' and urgent improvements. This has had the added benefit of strengthening co-operation between colleagues working in informatics and those in IT
- Investment in a new Data Warehouse was prioritised, with support from a successful application for regional funding for the first year of the project and, on the understanding that further applications would be made for years two and three, Board level approval for underwriting this development. Progress with implementation of year one is well underway and an application has been submitted for funding of year two
- In June, the Trust engaged with the regional team from NHSE (Digital) for support and an invited review. This provided an external expert assessment of the Trust's informatics and IT systems, with recommendations for prioritised interventions and expert support for the teams from NHSE (Digital) and the TSSM. Actions on the key priorities agreed with TSSM have included:
 - The implementation of a robust governance pathway for Digital systems and developments. A key initial step was the Trust-wide introduction of a 'digital pause', allowing a review of all digital systems, and the agreement of the means of prioritising further developments. This has allowed the Trust to document fully the more than 440 systems that are linked to the Intranet and associated digital infrastructure backbone. Further developments have included ITIL mapping of the full digital infrastructure inventory, with service lifecycle to support a renewal and replacement programme
 - The Trust has extended its focus beyond the immediate digital agenda to prepare for the redevelopment of the two hospital sites and to engage more fully with system partners and prepare for greater connectivity of SaTH's digital systems with those of our system partners
- A further significant step has been the decision by the Board to support the introduction of a new IT system for the Emergency Departments, which will be introduced by the end of March 2020
- During October, responsibility for this department has transferred to the Director of Finance, facilitated by the appointment of a new Director of Digital Transformation

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Complaints and PALS

- Complaints
 - Use of high quality questions (using ThinkOn methodology) and improved action plans on complaints statement forms to make learning more robust
 - An updated escalation process for overdue responses from Care Groups
 - The development of a standardised complaints responses convention
 - Further use of lean methodology to map and improve the complaints process
 - The development of plans to progress to paper-light system with a view to going paper-free
- PALS and Bereavement
 - Implementation of the Medical Examiner service across RSH to ensure robust, transparent and independent scrutiny of the death certification process
 - Appointment of Medical Examiner Officers to support the Medical Examiners
 - Updating the Trust's bereavement booklets
 - Identifying and providing a waiting area for bereaved families
 - Preparing for the introduction of clothes cupboard for patients who do not have suitable clothing when discharged from ED

Patient Safety (including Learning from Mortality)

- A key priority has been to improve how the Trust responds to incident reports involving moderate or serious harm. The Trust's incident handling and monitoring pathway has been redesigned with particular emphasis on more serious incidents
- Process redesign to improve decision making regarding the route an incident will follow
- The team has worked closely with investigating officers to ensure that Serious Incident reports are of high quality, further developing a 'check and challenge' for SI reports
- The team identified issues relating to a build-up of Datix reports that had not been reviewed in a timely fashion. They ensured that any potential moderate or higher risk cases have been reviewed fully, and have been working with Care Groups to focus on ensuring the backlog is cleared
- A 'Doing Datix Differently' consultation has been undertaken with staff and the Care Group relating to improving both processes around Datix reporting and improving feedback and sharing learning from incidents. A full action plan will be developed from the set of themes and suggested actions identified
- Improved use of data within key governance reports relating to key harms such as falls and hospital acquired infections. This is aligned with the 'Making Data Count' development session received by the Board

Research and Innovation

- The Research and Innovation team has continued to perform in the top 100 recruiting trusts in the country and has a good reputation for enrolment and completion of trials accepted. This is reflected in the regional key performance indicators, with the Trust continuing to meet 80% of the target for recruitment to time and target, as well as performance in initiating and delivery compliance reporting
- A strategic review has been undertaken and a number of recommendations have been put forward to address efficiency, with a five year plan incorporating a responsible approach to investment and development
- The Trust's Oncology team was awarded the NIHR WMCRN Team of the Year 2019 award. SaTH submitted its first grant application for £2m with a Trust employee as Chief Investigator, which is pending a decision with the national HTA board

The Board RECEIVED and NOTED the report.

2019.1/183

MATERNITY OVERSIGHT MEETING REPORT

The Chair presented the following summary of the meeting held on 11 November 2019:

Maternity Digital Strategy/Medway

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The Care Group presented a report on the status of the current Maternity Digital Projects and the action being taken. The Medway Project was introduced in 2007, and the system has developed and adapted locally over the years. The Care Group have recently met with the Medway team and have a meeting scheduled with System C. A project team is in place and the IT support from Stoke will enable the Care Group and Trust to also review the Medway systems. The Chair has asked for this to be presented to the next Sustainability Committee meeting to ensure there is visibility and clarity going forward

Perinatal Mortality Review

The Care Group had at the previous meeting presented the MBRRACE UK Perinatal Mortality Report from 2017. They presented to this meeting the Perinatal Mortality Review Tool (PMRT October 2019) and it was agreed that this would be a standing agenda item going forward. The MD is the Executive Lead for this specific work programme with the clinical leads for the Care Group. The new Director of Midwifery will also be included in this on her commencement in post from 1 December 2019

CTG Guidance

The Care Group presented a paper on Physiological CTH Interpretation, setting out a proposal to move away from the existing NICE guidance along with many other maternity providers. Following a discussion it was agreed that further work is required to determine with the clinical experts the most appropriate way forward to ensure that the appropriate safe, clinical risk based decision can be made. The team were therefore asked to discuss this with the MD and seek the guidance of the NHSI Maternity Midwifery Advisor, with an update to be presented to the December 2019 meeting.

Following subsequent discussion, and queries from NEDs, the Chair clarified that the Maternity Committee is an Oversight Group, with the overall Quality & Safety Committee accountable to the Board. It transpired from discussions that the maternity dashboard had not been accompanying the Maternity Oversight Group minutes when submitted to the Q&S Committee, and it was recognised that this level of detail was required to allow for effective scrutiny and challenge. The DNQ advised that the maternity dashboard is in progress, and is currently with NHSI for review, to ensure that it fits with national best practice. It was agreed that the DNQ will meet with Dr Lee, Chair of the Q&S Committee, to discuss this further. **Action: DNQ**

The Board RECEIVED and NOTED the report.

2019.1/184

EMERGENCY DEPARTMENT OVERSIGHT GROUP REPORT

The Chair of the Emergency Department Oversight Group, Prof T Purt (NED), presented the following summary of the meeting held on 21 November 2019:

CQC regulatory compliance requirements

Mapping of actions against regulations complete. Fundamental process has been reviewed along with SOP's and learning. Consistency and compliance are current focus. Action plan shows all short term actions are progressing, with medium and long term actions identified. *Assurance: Moderate*

Workforce

Current Consultant capacity is reducing due to a combination of resignations, maternity leave and a reduction in PA's. Agency CVs are currently under review whilst permanent position advertising is underway. Middle grade recent recruits continue to be assessed. *Assurance: Low*

Performance

Performance continues to be a challenge. A review/audit is to be undertaken to try to identify bottlenecks to flow, to look at staffing to activity, ambulance protocols and a breach themes review. *Assurance: Low*

Quality and Safety

..... Chair
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Continuing reviews of sepsis documentation ongoing. Audits of the environment significantly improved. The Group requested a clearer understanding of protocols and the working relationship with WMAS. *Assurance: Moderate*

The DNQ advised the Board that the CQC have raised some queries on sepsis as part of their initial inspection feedback. The Trust has enacted steps immediately to address areas of concern.

Risk Register

Lack of trolleys in ED / AMU – a business case is to be submitted to the Executive team. Scanning backlog is still an issue. New equipment approved but lead in time to address the issue is approximately six months. *Assurance: Moderate*

The Chair raised the following two points:

- The new ED system should be included in future reports. **Action: Group Chair**
- The Group Terms of Reference need to state that it is a Task & Finish Group. The Group is not time limited but it should be noted that it sits 'at the side of' standard governance. **Action: Group Chair**

The Board RECEIVED and NOTED the report.

2019.1/185

COMPLAINTS AND PALS Q2 REPORT

The DCE presented this report, which 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 Specialty Governance meetings
- 202 complaints and 505 PALS contacts were received during Quarter 2, with the main subjects remaining similar to previous quarters
- The Medical Examiner Service has now been in place for six months at RSH, and is working very well. Feedback from bereaved relatives has shown that the service is being well received with their experience being improved with regards to understanding the cause of death of their relative. Plans are in place to roll this out to PRH
- An increase in complaints has been noted in relation to the Emergency Department at PRH and this has been escalated to senior management within the Care Group. In addition, there has been an increase in complaints about the Pain Service, due to a reduction in consultant staff numbers which has impacted on waiting times
- Work continues to ensure that learning from PALS and complaints is a focus of the investigation, with recent changes to the complaints statement form to further strengthen this
- There was one partially upheld Ombudsman Case in Quarter 2. This identified that although the care and decision-making was appropriate, the DNAR form indicated a discussion with the family at the time of completion, but there was nothing in the records to confirm this. A letter of apology was sent to the family for this

Following subsequent discussion on some PALS adverse customer care feedback, the DCS will discuss with the AD of Organisational Development how the basic common courtesy element of customer care can be included within training delivery. **Action: DCS**

The Board RECEIVED and NOTED the report.

2019.1/186

LEARNING FROM DEATHS Q2 REPORT

The DCE presented this report, covering the following key points:

- The report for Quarter 2 is based on available reports, prepared by the Care Groups, and has been triangulated by the author. Systems and processes to triangulate learning from the various quality measures will be further strengthened during 2019-20

..... Chair
6 February 2020

- Due to the timing of the report, that must meet national reporting requirements, the number of case note reviews appears low for Quarter 2. There has been increased focus on timely case note review, supported by the MD and the DCE
- There have been no avoidable deaths reported in this quarter
- There have been five Serious Incidents reported in which the patient died. The investigations have not yet all been completed, but at the time of this report it is believed they will be graded CESDI 1-2, (sub optimal care which might or might not have affected the outcome)
- The Serious Incident reported of the patient who choked when eating has been graded as CESDI 3 – probably avoidable. The Coroner has concluded this case as Accidental Death, and the family has received a copy of the report
- Overall, the Mortality metrics for the Trust, including HSMR, are within the expected range. There is normal seasonal variation, with the Trust slightly above peer during the Winter, but below peer for the Spring months. Overall, the Trust results are within the expected range
- The Commissioners have requested an update on the Trauma Audit and Research Network (TARN). Both sites are within the expected mortality range. Although PRH mortality appears higher than RSH, the report advises caution because of the low number of eligible cases
- A review of the mortality case note review process in Unscheduled Care Group is being conducted to identify what support the process needs to improve completion rates

The Board RECEIVED and NOTED the report.

2019.1/187

SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT

The DNQ presented this annual report, describing the activities of the Trust's Safeguarding Team for adults, children and maternity during 2018/19. The report highlights the outcomes over the period and provides assurance to the Board on how the Trust has discharged its statutory duties in relation to safeguarding children under Section 11 of the Children's Act (2004) and work within the guidance for adult safeguarding. Due to changes in the management of the adult Safeguarding Team in June 2019, there has been a delay in compilation of the annual report this year. There is now a clear management structure in place to enable prompt reporting going forward.

The report also outlines how the Trust has responded to local and national developments, both internally, and as a member agency of the Local Safeguarding Partnerships and the Adult Safeguarding Boards.

The following key points were covered in the report:

- The Trust's executive lead and operational leads have maintained commitment to the Local Authority Safeguarding Adults Board by regular attendance at the Board and Sub Group meetings
- Ongoing work has been undertaken to improve compliance with all aspects of safeguarding training, with work continuing into 2019/20
- The Trust has been involved in one Serious Case Review which was published in December 2018 and in a further two cases involving children
- In 2018/19 there were two Safeguarding Adult reviews where SaTH has submitted a report detailing the Trust's involvement. Neither of these cases have been concluded at the time of the report being written
- There were 135 Deprivation of Liberty Safeguard referrals made to the appropriate Local Authority (LA) for approval during the period. 131 of these were not approved
- There were 181 concerns raised in the Trust in 2018/19. Of these concerns, 69 were raised about the care received in the Trust, with the majority of issues relating to medication and communication on discharge

The Board RECEIVED and NOTED the report.

PERFORMANCE (SUSTAINABILITY)

2019.1/188

SUSTAINABILITY COMMITTEE CHAIR REPORT

The Chair presented the following summary of the Sustainability Committee meeting held on 21 November 2019:

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Hospital Transformation Programme (HTP)

The Strategic Outline Case (SOC) has been submitted to NHSI and the Project Team are awaiting formal feedback. Informal feedback from the regional NHSI team has been received by the HTP Programme Director. No issues have been identified, however there is more work to be done around the phased option.

The Project Team is currently undertaking five key areas of work to support the production of the Outline Business Case:

1. Workforce
2. Activity and capacity modelling
3. Design
4. Community offer
5. Communications and engagement

The architectural team are currently contemplating further options around the utilisation of space, as current building proposals for RSH would lead to a volume of space of approximately 40% more than the site currently has. *Assurance: Moderate*

A&E Local

The 'A&E Local' proposal is yet to be defined. It will be a slight variation of that which would exist in the existing care model. The difference is the suggestion that there will be an A&E Consultant on site. The exact implications of this need to be explored. *Assurance: Moderate*

Digital Agenda

Rebecca Gallimore has joined the Trust from UHNM, as the Director of Digital Transformation, to shape and develop the formal Digital Strategy. This Strategy will pull together all projects the Trust has made a commitment to, and align the work streams with work being undertaken by the HTP team, and Transformation and Strategy team.

The proposal to upgrade the SemaHelix system has been reviewed, and a decision has been taken to not proceed. The Risk Register will be altered to reflect this new risk. The replacement of ED systems with Medway ED is on track and making positive progress. Clinicians and operational staff are involved in the changes. *Assurance: Moderate*

Maternity Digital Programme

The Maternity Oversight Committee met on 11 November 2019. There is frustration around a perceived lack of progress on system improvement. A paper has been produced within Maternity as part of the local STP-wide Maternity system work. The Director of Digital Transformation will attend the next meeting of the Local Maternity System to ensure SaTH IT is represented. *Assurance: Moderate*

Transforming Care Production System

Kat Rose, Associate Director of Transformation and Strategy, is leading work being undertaken to align the work of the KPO Team, PMO and Business Intelligence/Planning.

VMI Transformational Sensei, Melissa Lin, will undertake her quarterly visit to the Trust on 16-20 December 2019 and she is keen to spend time with the Executive and Non-Executive Teams.

The Acting KPO Lead post is to continue until end of March 2020. The KPO Team are currently advertising for a secondment Senior KPO specialist post. This will then mean that the KPO Team is up to full complement. *Assurance: High*

Board Assurance Framework (BAF)

The Committee reviewed the BAF for assurance on the following risks:

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

668 – We need to deliver our £312m hospital reconfiguration to ensure our patients get the best care. *Assurance: Moderate*

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1558 – We need to have sufficient, competent and capable Directors to deliver the Trust’s agenda. *Assurance: High*

1492 – We need an agreed Digital Strategy to underpin service improvement. *Assurance: Moderate*

The Board RECEIVED and NOTED the report.

2019.1/189

PERFORMANCE COMMITTEE CHAIR REPORT

Mr Allen (A.NED) presented the following summary of the meeting held on 26 November 2019, in the absence of Prof Deadman (NED), the Chair of the Performance Committee:

Drivers of Deficit

The findings of a review undertaken by Deloitte on the Drivers of the Deficit were presented to the Committee. The report suggest that there are operational and productivity opportunities which are within the Trust’s control and the Trust should focus on delivering, whilst engaging with the Local Health Economy around improvements to the system drivers.

The Committee welcomed the detail in the report and was assured that there was a process to get a plan in place to realise the opportunities. *Assurance: High*

Overseas Nurse Recruitment

The Committee received an update on overseas nurse recruitment with a view to reducing the number of Band 5 vacancies (currently 240) across the Trust. 36 successful candidates are to commence in December/January, with 30 new staff to join the Trust each month until 172 nurses have been recruited. The process was larger and more effective than previous initiatives and was strongly welcomed. This would result in a financial cost pressure (£1.6m) to the Trust, however payback was extremely attractive at 21 months, with positive run rate impact from July 2020 and there were substantial very valuable and essential clinical benefits. The Committee discussed the support the individuals would receive. The need to ensure pastoral support was in place was emphasised and on this further assurance is needed. *Assurance: Moderate*

Electric and Gas Supply contract

The Committee ratified a decision made by the Executive Directors relating to the renewal of the Trust’s Electric and Gas Supply Contract for a period of four years commencing 1 April 2020. *Assurance: High*

Data Security and Protection Toolkit Submission

The Trust has submitted its 2019/20 October baseline submission with the disappointing outcome of ‘standards not met’ (a downgrade from the March 2018/19 submission). The Committee noted the significant work required with regard to information governance and the need for a robust action plan to be developed, which will be presented to the Committee on 4 February 2020. *Assurance: Low*

Procurement Assurance

Following formal assessment in September 2019, the Committee was pleased to receive confirmation that Shropshire Healthcare Procurement Service has been awarded Level 2 accreditation as part of the Towards Excellence Procurement process. Nationally only 23 other Trusts have achieved Level 2 accreditation. The Procurement Department is currently ranked 5th out of 133 Acute Trusts. *Assurance: High*

Operational Performance

Key points to note included:

- RTT continues to be a challenge driven by capacity issues
- Diagnostics performance has been recovered as anticipated. Continued pressure in Radiology and backlog in Endoscopy

..... Chair
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- Cancer – 62 day position recovering. Following significant work, two week wait performance is back on track at 92.5% (target 93%)
- A&E 4 hour performance remains extremely poor at 64.5%, with a concerning increase in the number of 12-hour breaches
- Chronic peak loading of Urgent Care by the ambulance service was creating unmanageable events. Support was needed with these issues, and regional support has been requested

Assurance: Low

Finance Report Month 7

At the end of Month 7 the Trust reported a deficit of £11.735 million, £2.909 million adverse to plan. Income was broadly in line with plan. Pay overspent as a result of agency costs and non-delivery of CIP and Non-Pay overspent. It was expected that financial cash support would be required in January 2020.

An update on the investment list/priorities was provided. Of the £9.050 million part year effect plan, the Trust was expecting to spend £8.365 million.

The Committee discussed the forecast outturn position and noted that the most likely position would be a deficit of £28.900 million (exc PSF), £11.549 million deviation from the control total.

Assurance: Low

Financial Improvement Programme 2019/20

The Committee received an update on the above in advance of a separate assurance meeting taking place following the Committee meeting to review CIP in more detail.

Deloitte colleagues indicated that the £8m of Core CIP (ie excluding breakeven items) was deliverable, despite only £5.23m full year effect in delivery at Month 7. However, the key risk to this was 'buy in' and it was suggested that a different approach was required for the second phase with greater resources/PMO, identification of key priorities and ensuring systems, controls and processes are put in place. A subsequent meeting has been convened to scrutinise these issues (covered in Post Meeting Note at the end of this report). *Assurance: Medium*

Board Assurance Framework (BAF)

The Committee reviewed the BAF and the rating of the following risks and confirmed no changes were required:

561 – We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity – Medium. It was noted that urgent discussions with the Ambulance Service were needed to address certain uncontrolled system issues which were at times overwhelming A&E. *Assurance: Low*

670 – We need to live within our financial means so we can modernise our ageing estate and equipment and invest in service development and innovation – High. *Assurance: Moderate*

Post Meeting Note

Immediately after the Performance Committee a 'deep dive' into a selection of larger but random CIP schemes was undertaken. The purpose of this was to help NEDs understand the rigour and effectiveness of the Trust's cost control and CIP programme. Five initiatives were looked at in detail by NEDs with local leaders and executive sponsors who are directly involved in delivery. It was concluded that:

- CIP initiatives were better defined and delivered than has been the case in the past, which was welcomed
- However all agreed there was further need for 'pace and urgency', and more support for local leaders or 'doers' who were delivering improvements daily. Without 'winning' and 'earning' more clinical support for changes and improvements, initiatives would fail to be delivered. Progress has been made in the last three months but a further step change in local, strategic and clinical leadership is essential, and prioritisation of initiatives, if we are to see the improvements projected and needed. *Assurance: Moderate*

The Board RECEIVED and NOTED the report.

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2019.1/190 OPERATIONAL PERFORMANCE REPORT – MONTH 7**2019.1/190.1 Operational Performance**Elective Activity – RTT 2019/20 Trajectory

The Trust achieved 85.03% in October against a trajectory of 93.58%, a -8.55% variance. Key actions for December will be:

- Review of urgent and long waiters
- Management of list to minimise short notice cancellations
- Capacity options Quarter 4 to continue to ensure no 52 weeks breaches
- Vanguard Unit in place from mid December at PRH and additional beds at RSH from mid December

The RTT Waiting list size in October was 19330 against a trajectory of 18227. The requirement is to bring the March 2020 position back in line with the March 2019 level (18,064)..

Diagnostics

The October 2019 national diagnostic waiting times of 99% (for patients who have waited less than 6 weeks) was achieved, with the Trust attaining 99.36%.

Improvements to the endoscopy backlog will continue.

Cancer

2 Week Wait Trajectory: The Trust fell just under the national target of 93% with performance at 92.5%. Key actions for December will be:

- Continue to introduce telephone booking as preferential booking format for additional specialties
- Use of the electronic triage function on ERS to further speed up the triage process for 2WW referrals

31 Day Wait Summary: The Trust achieved 97.4% against the national standard of 96%.

62 Day GP Referral: The Trust achieved 75.6% against the national standard of 85%. Key actions are:

- The introduction of weekly Cancer Assurance and Performance meetings
- Capacity review
- NHSI led improvement planning

Urgent Care UpdateAmbulance Handovers

Handover delays of 3,991 in October 2019 against a trajectory of 4,530, which is a variance of -539. Work continues with a system wide handover group and West Midlands Ambulance Service to reduce overall handover delays.

Winter Position

Demand remains significant, with attendances up at least 6% year on year, and the system is struggling due to capacity. NHSI are conducting a winter review visit on 13 December.

Discussion took place on criteria led discharge improvements. Criteria led discharge is now being led by a very experienced senior nurse, and the MD has also identified several improvements. Pace and rigour are being applied, and the team working on this will presenting an update to the Executive next week.

2019.1/190.2 Financial Performance

The Trust has a planned deficit of £8.826m for the period April-October 2019 (Annual Plan £17.351m deficit). Actual deficit reported is £11.735m, £2.909m above planned levels..

Income & Expenditure Position

..... Chair
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At the end of October, income has over-achieved by £11.1m, predominately within:

- Non elective activity £2.573m (3.6%) above plan
- A&E activity £0.734m (6.4%) above plan
- Non elective Other (Maternity) £1.0m
- Additional £0.3m for additional posts funded externally including Health Education England
- Phased income adjustment from both local CCGs of £2.4m
- Deferred Income and Education income release £0.4m
- Readmission income of £1.480m
- FIT monies of £0.613m

Pay

To date pay is £6.3m overspent. This is as a result of an overspend on agency costs of £4.2m and non delivery of CIP of £1.5m.

Non Pay

Month 7 non pay spend amounted to £9.2m. Includes additional consultancy fees £0.9m; diagnostic reporting £1.2m and non-delivery of CIP of £3.2m; additional costs of clinical waste and other estate costs £1.4m; clinical supplies £0.5m; RN recruitment £0.3m

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 3 and 4 resulting in shortfall in income of £8.138m.

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 £15.327m.

CIP Delivery

The Trust has delivered £5.83m CIP as at month 7. This is made up of:

- Core CIPs have delivered £2.06m YTD against the NHSI submitted plan of £7.12m (29%)
- Break-even schemes have delivered £3.77m YTD against a plan of £3.40m (111%)
- As a result, the overall YTD CIP position is £5.83m delivered against an overall YTD Plan (Core + Breakeven) of £10.52m (55% of YTD delivery)

The Board RECEIVED and NOTED the Trust Operational Performance Report.

GOVERNANCE (LEADERSHIP)

2019.1/191

AUDIT COMMITTEE ANNUAL REPORT 2018/19

The DCS presented this Annual Report, summarising the work of the Audit Committee over the 2018/19 financial year.

The purpose of the report is to demonstrate that Audit Committee has discharged its duties, and it includes information provided by Internal Audit, External Audit and other Assurance Providers, including the Trust's Tier 2 Committees.

The FD advised that the Internal and External Audit contracts are to be reviewed as both have now reached the end of their contract term.

In response to a request from the Executive, the DCS agreed to provide a list of audits carried out over the last three years, to inform decisions on which should be re-run. **Action: DCS**

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.The Board RECEIVED and NOTED the Annual Report.

2019.1/192

BOARD ASSURANCE FRAMEWORK

The DCS 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 DCS confirmed that this will be the last report presented in this format. As described in 'next-steps' proposals at a Board Development Session on 31 October 2019, further development of the BAF is to include:

- Inherent risk
- 1st/2nd/3rd lines of assurance
- Simplified risk wording (cause/effect/impact)

A revised draft BAF will be considered at the Audit & Risk Assurance Committee in December, and a recommendation made to the Board for approval in January 2020.

Corporate Risk Register (CRR)

This lists all operational risks with a validated residual score >15 and it is updated in priority order monthly at Operational Risk Group (ORG). The highest scoring risks (>20) are then reviewed by Tier 2 Committees each month together with the BAF. These risks are also reviewed at Senior Leadership Team, and used at Capital Planning Group to inform the priorities for capital funding.

The November 2019 snapshot shows that there are currently 102 'Red' residual score (>=15) open risks. 40 'Red' residual score (>=15) risks have been closed in the last year. 33 have an increased score (Red residual) of which 15 had a pre-existing 'Red' score.

Operational Risk Group

Key summary points from the Operational Risk Group meeting held on 12 November 2019:

New risks added to the CRR

- CRR tbc – Lack of Interventional Radiology Service Out-of-Hours: The impact to the Trust of failing to recruit a Vascular Interventional Radiologist is that there are insufficient Radiologists to undertake an out of hours rota for Emergency vascular interventional work. Members of the Group confirmed the residual risk score of 15 (Consequence 5, Likelihood 3)
- CRR tbc – Ageing Mammography Equipment: Ageing mammography equipment is leading to increasing unreliability and clinical downtime. It was noted that an approach has been made for any national funding that may be available as Trust equipment is on the cusp of eligibility in terms of age. Members of the Group confirmed the residual risk score of 16 (Consequence 4, Likelihood 4)
- CRR tbc – Management of Governance within Radiology: The lack of capacity in this key area means that the Radiology Service cannot give the assurance needed that it is managing governance issues within the service to an acceptable standard and cannot demonstrate that it is working towards QSI. However, the management team is prioritising legislative compliance standards, particularly IR(ME)R so as not to receive any enforcement action notice specifically relating to the management of a Radiology Department. This is being managed with support from the medical physics provider to give assurance that all standards are met. Members of the Group confirmed the residual risk score of 15 (Consequence 5, Likelihood 3)
- CRR tbc – Delayed treatment due to a lack of Out of Hours CT Cerebral Angiogram (stroke): The SaTH Radiology Service has never been able to consistently provide a 24/7 out of hours service for CT cerebral angiograms (CTCA). This is a test which requires a specialist skill set for reporting and only three of our consultants currently report these studies. The proposed solution being implemented is that imaging is undertaken locally with the specialist team at UHNM supporting with a formal report which may then be entered onto SaTH internal systems. An SLA and IT integration solution is being developed to support the proposal. Members of the Group confirmed the residual risk score of 20 (Consequence 5, Likelihood 4)

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- CRR tbc – Potential security breach due to a lack of a segregated IT network for Radiology/Imaging Equipment: Although this risk was recognised and the residual score agreed as 15, it was recommended that this is integrated into existing cyber security risk scoring of 20
- CRR tbc – Implementation of Remote Monitoring Somerset Cancer Register System: There is a national mandate for an electronic system to be in place and operating from April 2020 and funding has been received from West Midlands Cancer Alliance for a remote monitoring software package inclusive of the IT resource (additional or backfill) to implement the software. The Digital Change Control Board is being approached. Members of the Group confirmed the residual risk score of 20 (Consequence 4, Likelihood 5)
- CRR tbc – Inadequate governance of Point of Care Testing within SATH: Significant concern was raised around the risk of inadequate governance with respect to Point of Care Testing (POCT) within SaTH, which could potentially lead to patient safety issues through an increased likelihood of patients being treated inappropriately. Funding for the individual currently undertaking the role of improving governance arrangements is due to cease in February 2020. Members of the Group confirmed the residual risk score of 16 (Consequence 4, Likelihood 4) rising to 20 (4x5) in February 2020 should no resolution be identified
- CRR tbc – the ability to consistently collect, monitor and report nursing data electronically: It was agreed that this risk (of replacing the legacy RATE software with GATHER) should be progressed through the Digital Change Control Board. Members of the Group confirmed the residual risk score of 16 (Consequence 4, Likelihood 4)

Existing risks of increasing priority

- CRR 1659 – Surgical / emergency on call / PWTR: Current General Survey on-call rota is not fit for purpose, delaying patients and impacting on work life balance, staff morale, stress. Members of the Group agreed that the residual risk score increases from 12 to 16 (Consequence 4, Likelihood 4)

Matters Arising

- The oversight assurance of performance delivery in respect of the highest scoring operational risks will be undertaken by the newly formed Operational Performance Delivery Group (OPDG)
- The non-multiplication weighted risk scoring methodology will be used to assist with risk prioritisation with immediate effect

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

Dr Lee (NED) expressed concern that there is no strategic risk linked to sepsis. It was agreed that this would be worked up by the Quality & Safety Committee. **Action: Q&S Committee Chair**

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ANY OTHER BUSINESS

No further business was raised.

2019.1/194

QUESTIONS FROM THE FLOOR

Q1

With regard to improving culture, a questioner asked if the Trust was able to identify areas of low staff engagement, low staff survey completions, contacts with FTSU Guardians and issues with staff retention.

A1

The AD of Workforce advised that the Trust is able to triangulate sickness rates and engagement levels to identify areas where intervention is required. The CEO added that the Trust will be running the West Midlands Leadership Academy's culture tool.

Q2

A member of the public stated that it would be helpful if the staff who arrange Outpatient Department appointments could consider the areas where a patient will be travelling from, to factor in patient transport requirements in advance. There is no public transport from DY or WV postcodes for example, and there is a shortfall of volunteer car drivers.

A2

This was noted by the Trust.

..... Chair
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Q3 A member of the public asked if the Trust could comment on any particular issues around adult social care requirements, with a view to support on discharge from Shropshire and Telford & Wrekin Councils

A3 The COO acknowledged that the volume of people requiring support on discharge is increasing due to the significant increase that is being seen in capacity, and the Trust continues to work in partnership with the Local Authority.

Q4 The Local Authority are currently focusing on additional development across the county/how housing for key workers can be addressed, and would be happy to receive any information from the Trust in this respect

A4 The DTS advised that conversations have taken place with the Local Authority through the STP, with a view to ensuring all factors link together.

Q5 A questioner asked whether the gaps in clinical strategy, workforce modelling and financial modelling covered under Hospital Transformation Programme (HTP) within the Transforming Care/Improvement Plan Update paper might have an impact on delivery

A5 The DTS advised that these were identified in July 2019 and the workforce and financial modelling gaps have been addressed and included in the updated SOC. The Chair added that the new CEO will be leading a complete strategic review when she starts at the Trust in February 2020.

Q6 With regard to the HTP SOC, a questioner asked why this has not been made available to the public, as with draft versions previously

A6 The Chair responded that the SOC is a draft currently with NHSI awaiting their feedback, and it is not at the stage currently where it is appropriate to release it. However it will be published in due course

Q7 There were two further questions on Future Fit costings, and whether these will be increasing/the source of funding

A7 The Chair responded that this was one of the reasons why the SOC has not yet been published, ie work is ongoing to ensure an understanding of the impact of inflation, testing assumptions etc. The £312m figure originally quoted was a base number so there is acknowledgement that this original figure will increase. As soon as this work is complete the information will be published.

Q8 A questioner queried the service impact of recent ED Consultant resignations

A8 The MD responded that the Trust is backfilling with locum appointments, with a view to minimising any impact.

2019.1/195 DATE OF NEXT PUBLIC TRUST BOARD MEETING

Thursday 6 February 2020, 1.00pm, Seminar Room 1/2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

The meeting closed at 5.30pm

..... Chair
6 February 2020

ACTIONS / MATTERS ARISING FROM THE PUBLIC TRUST BOARD ON 28 NOVEMBER 2019

Item	Issue	Action Owner	Due Date
2019.1/180	<u>Quality Governance Report</u> Consideration to be given to making pressure ulcers chart more informative by showing a comparison with the previous month/year.	DNQ	February 2020 Update from DNQ – she has discussed with the TV lead and support being secured from data analyst to address the point raised Action complete
2019.1/181	<u>Transforming Care/Improvement Plan Update</u> Discussion between DTS and AWD on link between staff development and culture change, with update to be provided at next meeting	DTS/AWD	February 2020 Agenda item
2019.1/183	<u>Maternity Oversight Group Meeting Report</u> DNQ to meet with Dr Lee (NED), Chair of Q&S Committee, to discuss maternity dashboard	DNQ/ Q&S Chair	February 2020 Update from DNQ – actioned and complete
2019.1/184	<u>Emergency Department Oversight Group Meeting Report</u> <ul style="list-style-type: none"> • New ED system to be included in future reports • Group ToR to state that it is a Task & Finish Group, which sits 'at the side of' standard governance 	Oversight Group Chair	February 2020
2019.1/185	<u>Complaints and PALS Report</u> Discuss customer care staff development requirement with AD of OD	DCS	February 2020 Update from DCS – discussion held. Action complete
2019.1/191	<u>Audit Committee Annual Report</u> Provide to Executive list of audits carried out over the last three years, to inform decisions on which should be re-run	DCS	February 2020 Update from DCS – actioned and complete
2019.1/192	<u>Board Assurance Framework</u> Work up wording for sepsis strategic risk	Q&S Committee Chair	February 2020

..... Chair
6 February 2020