

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING Held on Thursday 28 May 2020 via Video Conference

PUBLIC SESSION MINUTES

Present:	Mr B Reid Mrs L Barnett Miss M Bayley Ms T Boughey Mr A Bristlin Mr D Brown Prof C Deadman Mr J Drury Dr D Lee Mr N Lee Prof T Purt Dr A Rose	Chairman Chief Executive Officer (CEO) Interim Chief Nurse (ICN) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Interim Finance Director (IFD) Non-Executive Director (NED) Chief Operating Officer (COO) Non-Executive Director (NED) Medical Director (MD)
In Attendance:	Mr T Allen Ms R Boyode Mrs J Clarke Mr D Holden Mr B Newman Mr C Preston Ms B Tabernacle-Pennington Ms A Vicary Ms N Wenlock (Item 2020/66) Mrs B Barnes	Associate Non-Executive Director (A.NED) Acting Workforce Director (AWD) Director of Corporate Services (DCS) Interim Director of Governance (IDG) Associate Non-Executive Director (A.NED) Int Director of Strategy & Planning (IDSP) Director of Transformation (DoT) Improvement Director, NHSE/I Director of Midwifery (DoM) Trust Board Secretary (Minutes)
Apologies:	None	

TB/2020/57 WELCOME & APOLOGIES

The Chairman welcomed all present. There were no apologies.

TB/2020/58 DECLARATIONS OF CONFLICTS OF INTEREST

The Board of Directors received and noted the Declarations of Conflicts of Interest.

In addition to the previously submitted Declarations, Prof Purt (NED) declared that he had joined the University of Lincoln International Institute for Rural Health as an advisory Board member.

TB/2020/59 DRAFT MINUTES OF THE MEETING HELD IN PUBLIC SESSION ON 26 MARCH 2020

The minutes were approved as a correct record, with the exception of one amendment requested by Prof Deadman (NED) to Item 2020/52, Audit and Risk Assurance Committee Report, as follows:

Annual Leave and Medical Waiting List Initiatives (WLI) Audits – Current wording ‘Prof Deadman (NED) highlighted that some elements of the WLI policy appear to have now been reviewed several times’.

Replacement wording ‘Prof Deadman (NED) highlighted that the same serious WLI implementation policy issues appear to have been identified and reportedly resolved by successive audit committee reviews in the last 9 years. We therefore need to check that when WLI audit actions are reported as completed they result in lasting improvements’.

Resolved: The above amendment to be included in the approved final version of the minutes.

TB/2020/60 MATTERS ARISING FROM MEETING HELD ON 26 MARCH 2020

There were no matters arising which were not either covered by the action log or agenda items.

TB/2020/61 ACTION LOG

The Board of Directors considered the Board action log, and noted the details provided of progress against actions, where applicable.

The Chairman requested that the closed action against Item 2020/56 relating to the requirement for a Wifi Signal Booster within Shropshire Education and Conference Centre (SECC) be re-opened, noting that the installation of a signal booster was likely to be of benefit to future meeting proceedings. **Action: IDG**

TB/2020/62 REPORT FROM THE CHAIRMAN

The Chairman began his report by recording his appreciation, on behalf of the Board of Directors, for the commitment and contribution of all staff across the Trust in dealing with the challenges of the Covid-19 pandemic.

The Chairman advised the Board that a forum of independent external stakeholders, to support the Trust’s maternity service improvements, has now been established and the first meeting will take place on 8 June. He acknowledged that this is a significant and beneficial development for the Trust, and added that the Trust’s Maternity Assurance Committee is also adding performance assurance rigour into the Care Group

The Board of Directors noted the report.

TB/2020/63

REPORT FROM THE CHIEF EXECUTIVE

The Board of Directors received the report from the Chief Executive.

Mrs Barnett reported that the focus over recent months has been to respond to the Covid-19 pandemic, whilst continuing to progress actions to drive improvement in quality, building on progress already made, tackling areas where positive change is still required, and incorporating feedback from the recently published CQC reports.

She added her thanks to those of the Chair and Board of Directors for the huge commitment shown by staff in all areas of the Trust throughout the Covid-19 pandemic. Mrs Barnett also recorded her gratitude for the phenomenal support received from the local community, through their greatly appreciated donations of gifts, food and toiletries for our staff.

Prof Deadman (NED) stated that he was pleased to note that the Trust has implemented an outpatient virtual consultation solution as part of the response to Covid-19. The Chief Executive acknowledged the major benefits that are being realised as a result of the accelerated requirements to facilitate transformational ways of working through technology solutions during the pandemic, and the permanent improvement opportunities these provide for the future.

The Board of Directors noted the report.

TB/2020/64

BOARD ASSURANCE FRAMEWORK (BAF)

The Board of Directors received the report on the BAF presented by the IDG.

Mr Holden drew the attention of the Board to the revised early agenda position of the BAF, noting that as it brings together all of the relevant information on the risks to the Board's strategic objectives it is an essential tool that provides a structure and process to enable focus on those risks that might compromise its principal objectives. He reported also that reviews are proposed of both the BAF and risk management within the Trust.

Mr Holden drew particular attention to the following two risks:

- BAF 1771 – Covid-19

He informed the Board that this risk has been reviewed by the Covid Assurance Committee and Quality & Safety Assurance Committee, and the Board of Directors was asked to review and approve the wording.

- BAF 561 – National Performance Standards

Mr Holden informed the Board that the Finance and Performance Assurance Committee has reviewed this risk and agreed that the risk score should move from medium to high at this time of the Covid-19 pandemic.

Prof Deadman (NED) noted that all the risk focus appears to be on Covid-19, with no recognition of the risks around recovery actions for cancer and other conditions. Mr Bristlin (NED) further noted that there is no reference to a second

wave of the pandemic. The IDG and COO clarified that the risk wording was aligned to the initial phase of the pandemic. As we have now entered the restoration and recovery phase it is acknowledged that this requires review to reflect that, and they confirmed that this is to be considered at the next meeting of the weekly Covid Assurance Committee.

Mr Brown (NED) referred to the wording of BAF 859, making the point that 'recruitment and retention strategy' would read better than stating recruitment strategy and retention strategy separately. **Action: IDG**

Mr Brown also referred to BAF 1584, highlighting that there is no reference to Equipment Maintenance and Calibration in defining this risk, and noting that the Trust systems which are already in place are both a control and the maintenance database is also assurance. **Action: IDG**

Mr Bristlin (NED) noted that there are many references to dated information within the BAF and appealed to the Executive Leads to review as necessary. **Action: IDG**

Dr Lee (NED) added that the Quality and Safety Assurance Committee was also supportive of reviewing the BAF risks but had asked that consideration should be given to wording them in a more patient focused way.

The Chairman requested that each of the Committee Chairs and Lead Executive Directors ensure that their Assurance Committees also feature BAF risks as an early agenda item.

Resolved: The Board of Directors noted the report, approved the change of risk score on BAF 561, and noted that BAF 1771 would be reviewed at the next meeting of the Covid Assurance Committee.

TB/2020/65

CQC IMPROVEMENT PLAN

The Board of Directors received a report from the ICN, providing an overview of the 2019 CQC inspection that occurred between 12 November 2019 and 10 January 2020. It was noted that all core services with the exception of critical care were reviewed, and the report was subsequently published on 8 April 2020.

The Board was concerned to note that the overall rating received was Inadequate, with a deterioration in ratings in three of the five domains, of Effective, Safe and Caring. From a positive perspective, Outpatients were rated Good for all domains reviewed, and Maternity Services improved in the Effective and Responsive domain and retained Good for Caring. Three areas of outstanding practice were highlighted in the report, two of which were in Outpatients and Dementia care.

The Board was informed that the CQC found areas for improvement including 92 breaches of legal requirements that the Trust must put right and 75 things that the Trust should improve to comply with a minor breach of duty that does not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

The CQC has issued nine notices to the Trust and also took urgent action and issued eight new conditions of registration and varied two existing conditions of registration as well as issuing a Section 29A warning notice. In total the Trust has 21 conditions against its registration.

The ICN reported that an improvement plan was submitted to the CQC on 4 May 2020 following endorsement from the Board of Directors. There was a 10% achievement of actions on submission, and new governance arrangements have been agreed to review, monitor and ensure progress and delivery at pace. The position at 20 May 2020 demonstrates a 20% achievement.

The Chairman requested clarity on the background to the deterioration in services for children and young people. The ICN clarified that this focused on evidence in ED, eg waiting times and the triage of children in a timely manner. The ICN reported that she and the MD will be meeting with the Paediatric team to agree delivery of a revised model going forward. The COO added that the Trust also has a Paediatric Stakeholder Group, which meets bi-monthly.

The CEO further clarified that the CQC had found there were some general principles which were not being embraced, around safeguarding and mental health capacity. They had also seen evidence of mixed paediatrics and adults in some recovery areas, and they felt that our teams could be thinking more about what could be done to enhance the experience of children.

Mr Allen (A.NED) made the point with regard to action plans that the Trust is good at finding solutions but these are not sustainable. The ICN acknowledged this, and the fundamental element of a required change of culture within the organisation. She also highlighted the ongoing reliance on bank and agency staff due to the Covid-19 pandemic delaying the arrival of the previously planned cohorts of international nurses.

Mr Newman (NED), whilst acknowledging the concerning CQC findings, stated that he was encouraged to hear from the CEO and ICN that the Executive have a genuine desire to put things right.

Mr Bristlin (NED) asked what actions are being taken by the Executive to obtain external perspective on performance. The ICN provided the following detail, which she confirmed will provide a structured approach to oversight and assurance:

- A secondee from NHSI is joining the Trust on 1 July, who has been leading CQC improvement work at another Trust. This individual will be reviewing the improvement action plan in granular detail.
- The ICN is linking with the Director of Quality at the CCG with regard to joint assurance visits to ward areas.
- The Trust is monitored at monthly CQRM visits, and at monthly CQC engagement meetings, at which teams present on performance.
- There is STP oversight, through receipt of regular performance reports.

Prof Deadman (NED) asked what actions are being taken to reach out to the community, and address the experience and involvement of patients. The CEO acknowledged that the Trust needs to improve in this regard, in terms of further establishment of patient engagement, working with Healthwatch, complaint handling, and improving links with the community to encourage, listen to and act on feedback and to shape services for the future.

Mr Brown (NED) queried five actions shown as not yet started within the Improvement Plan status category of the action plan. The ICN confirmed that this links to the sequencing of actions.

The Board of Directors noted the report, and the improvement actions underway, and the Chairman asked that the Executive ensure the Board is informed in a timely manner of any barriers to improvement delivery.

TB/2020/66

CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) YEAR 3 ACTION PLAN

The Board of Directors received a report from the Director of Midwifery on the Trust's compliance with the third year of the CNST Incentive Scheme for Maternity Safety Actions.

The Board was advised that due to the Covid-19 pandemic there has been a pause in reporting nationally for the scheme. The reporting period has been deferred and will run from 31 August 2020 to 31 March 2021.

The report received therefore indicates the current status, which includes the ongoing impact of Covid-19 in relation to achieving the actions and compares to the status as reported in February 2020.

The Board of Directors noted that two actions have declined (safety actions 3 and 9) and one has improved (safety action 6) when compared to the position as at February 2020.

The DoM reported that safety action 3 has declined following an initial audit which has demonstrated that the criteria for Transitional care needs to be standardised and that the staffing model needs to be reviewed. Safety action 9 has declined as there has been a change in Board Level Safety Champion and the Covid-19 pandemic has led to the bi-monthly meetings with the maternity and neonatal safety champions not being held, and the monthly staff feedback meetings have also not taken place. The maternity transformation work has been paused and therefore the work towards continuity of carer has been paused and monthly feedback to the Board has not occurred since March 2020. The DoM confirmed that as we enter the restoration and recovery phase of the pandemic the meetings are being re-established.

The Board of Directors noted the mitigation outlined in the report to address the areas that have deteriorated with estimated timeframes for rectification. The Board also received a further two reports to support assurance in relation to delivery of the scheme, a Midwifery Staffing Report for Quarter 4 of 2019/20 and a paper on the Perinatal Mortality Review Tool (PMRT) which was presented for assurance on compliance with safety actions 1 and 10. The Board was assured

that both of these had been reviewed at Care Group level and by the Maternity Assurance Committee.

Mr Bristlin (NED) thanked the DoM for an excellent report that provided assurance to the Board. He made an observation, however, that there was no reference in the report to the independent review which had been carried out by Deloitte earlier in the year, and stated it would be helpful for this to be referenced in the summary.

Action: ICN (DoM)

Mr Bristlin also raised the following points:

- Acknowledging that reporting requirements are currently paused, there are certain Board reporting requirements that are needed on an ongoing basis, and he asked that detail be included in future reports. **Action: ICN (DoM)**
- It would be helpful to understand the assurance behind the completion of safety actions 4 and 10. The DoM clarified that the green rating represents a positive confidence rating and not completion confirmation.

Mr Brown (NED) made an observation that it would be worthwhile confirming that the statistics shown in the Situation Statement of the PMT report are national statistics, and do not relate to the Trust.

Dr Lee (NED) queried the historical and current calculations with regard to the Birth-rate Plus assessment detailed in the Assessment section of the Midwifery Staffing Report. The DoM confirmed that the calculation was correct, but acknowledged that the interpretation may previously have been incorrect. The ICN endorsed the response provided by the DoM.

The Board of Directors noted the report.

TB/2020/67

GUARDIAN OF SAFE WORKING (GoSW) HOURS QUARTERLY REPORT

The Board of Directors received the GoSW report covering the period 6 January – 30 April 2020, noting that Covid-19 has interrupted the normal working practice during this period.

The MD echoed earlier comments from the Chairman and CEO, and reported that the response from Junior Doctors to the pandemic has been tremendous. They have been a credit to the organisation and to their professional group.

The Board of Directors noted the report.

TB/2020/68

QUALITY AND SAFETY ASSURANCE COMMITTEE REPORT

The Board of Directors received the Quality and Safety Assurance Committee Report presented by Dr Lee, Chair of the Committee.

Dr Lee reported that Assurance Committee discussions had focused primarily on the Trust's response to the challenges of Covid-19, and the Committee had been impressed at the collaborative working taking place across the system.

He reported that the Committee had strongly supported the proposed capacity increases to the IPC function, recognising that this must be an area in which the organisation excels.

The Board of Directors noted the report.

TB/2020/69 QUALITY AND SAFETY ASSURANCE COMMITTEE EXTRAORDINARY MEETING APRIL 2020

The Board of Directors received a report from Dr Lee of the Extraordinary Meeting of the Assurance Committee which had taken place in April 2020 to discuss and recommend approval to the Board of the CQC Improvement Plan.

The Board of Directors noted the report, and acknowledged that this was covered in detail in Item 2020/65 above.

TB/2020/70 MATERNITY ASSURANCE COMMITTEE REPORT

The Board of Directors received the Maternity Assurance Committee Report presented by the Chairman.

Mr Reid reported that Assurance Committee discussions had primarily focused on the CNST Review and Action Plan, Covid-19, and Maternity Services Programme and Staffing.

The Chairman also reported on the establishment of an Executive led Maternity Quality Committee, which will report into the Maternity Assurance Committee in a timely manner on all maternity operational, performance and quality issues.

The Board of Directors noted the report.

TB/2020/71 EMERGENCY DEPARTMENT ASSURANCE COMMITTEE REPORT

The Board of Directors received the Emergency Department Assurance Committee Report presented by Prof Purt, Chair of the Committee.

Prof Purt also confirmed the establishment of an Executive led Emergency Department Quality Committee, which will manage all operational, performance and quality issues and will report into the Assurance Committee in a timely manner.

The Board of Directors noted the report.

TB/2020/72 MONTHLY INTEGRATED PERFORMANCE REPORT

The Board of Directors received and noted the Integrated Performance Report (IPR).

NEDs requested clarity and made observations on the following:

- Mr Newman asked if the Trust has a date by which it will be back on plan for cancer performance and diagnostics. He noted that the IPR is reporting the historical position, and provides no evidence of service recovery proposals. The COO responded that as part of the immediate restoration work the Trust has introduced some urgent services, and that extensive discussion is currently underway on how restoration is further developed as part of the Operational Plan.

- Dr Lee noted that restoration and recovery will not just be based on the application of facilities and clinical staff. One of the main areas of focus will need to be on developing clinical pathways for initial assessments, in addition to a robust IPC regime.
- Prof Deadman reported on discussion which had taken place at the Finance and Performance Assurance Committee on 'hidden' waiting lists, and he made the observation that this will be a complex issue for the future.

The Board of Directors noted the report, and the Chair requested that future reports incorporate a more forward looking focus.

TB/2020/73 FINANCE AND PERFORMANCE ASSURANCE COMMITTEE REPORT

The Board of Directors received the Finance and Performance Assurance Committee Report presented by Prof Deadman, Chair of the Committee.

Prof Deadman reported that Assurance Committee discussions had focused primarily on the impact on operational performance of Covid-19 and Restoration and Recovery.

The Board of Directors noted the report.

TB/2020/74 COVID ASSURANCE COMMITTEE REPORT

The Board of Directors received the Covid Assurance Committee Report presented by the Chairman.

Mr Reid reported that Assurance Committee discussions had primarily focused on operational pressures, BAME staff risk assessments and considerations, and the impact of enhanced IPC and social distancing measures.

Mr Bristlin (NED) sought clarity on whether the Committee had assured themselves that the Covid Decision Log included appropriate content. The COO and MD clarified that the log represents all issues and decisions generated through the Covid Incident Room, and is reviewed weekly by the Executive Team. The MD further clarified that the Trust's Ethics Committee is now established and operational. In response to an attendance query, he undertook to ensure that the Trust's Equality, Diversity and Inclusion Lead attends those meetings.

The Board of Directors noted the report.

TB/2020/75 SUSTAINABILITY ASSURANCE COMMITTEE REPORT

The Board of Directors received the Sustainability Assurance Committee Report presented by the Chairman.

Mr Reid reported that Assurance Committee discussions had focused primarily on Hospitals Transformation Programme updates, the Trust's digital agenda, capital programme and Estates updates.

The Board of Directors noted the report.

TB/2020/76 WORKFORCE ASSURANCE COMMITTEE REPORT

The Board of Directors received the Workforce Assurance Committee Report presented by Mrs Boughey, Chair of the Committee (for the April meeting), and Mr Allen (for the May meeting).

The Board was informed that Assurance Committee discussions had focused primarily on the workforce elements of Covid-19, the People Strategy, Staff Survey and Overseas Nurses.

Mrs Boughey endorsed earlier comments of appreciation, and the recognition that all staff in the Trust have been doing a tremendous job throughout the pandemic. She noted the need to consider any PTSD impact and provide timely and effective support in this regard.

Prof Deadman (NED) asked about staff engagement across the Trust, and whether pulse surveys are still being conducted. The AWD responded that work on the staff survey was postponed in March due to Covid-19 and restoration work is now underway on the fundamentals which will impact on engagement. A report on this is due to be submitted to the Workforce Assurance Committee in June.

Prof Deadman also raised rostering and agency spend, which he highlighted was an issue that required better oversight to seek assurance across finance, workforce and performance. The AWD acknowledged that the manual system used in the Trust for many years had resulted in no real time efficiencies, however she was confident that the recent eRostering system introduction will allow the Trust to achieve improved rota efficiency and effectiveness going forward.

Mr Newman (NED) queried whether any avenues have been explored with a view to flying the outstanding cohorts of international nurses into the country, eg potential engagement with the Foreign and Commonwealth Office. The ICN confirmed that she has sought the support of NHSI in this regard, however there has been no definitive response to date.

The Board of Directors noted the report.

TB/2020/77 SAFER STAFFING BI-ANNUAL UPDATE

The Board of Directors received a bi-annual staffing review summary presented by the ICN.

The Board was informed that initial analysis from a nursing establishment review of all adult inpatient wards and paediatrics undertaken during January 2020 implies that there are opportunities for change to the nursing workforce, but the ICN reported that best practice would be to collect three data sets prior to confirming any change. The previous data collections in July and October 2019 would indicate a similar outcome. Mrs Bayley informed the Board that at the next data collection in July 2020 consideration will need to be given to the changes to clinical areas due to the Covid-19 pandemic which will impact on the ability to compare like with like.

The ICN further confirmed that as part of the 6 monthly staffing review, a gap analysis of the Trust's current position compared to national recommendations

for Safer Staffing was performed and consequently a Safer Staffing Improvement Plan has been developed. The improvement plan will be monitored monthly via the Workforce Assurance Committee, to ensure future assurance and compliance with both national recommendations, CQC requirements and Must Take actions.

The ICN also reported that a further gap analysis will be undertaken against the workforce plans included in the outline Hospitals Transformation Plan, to facilitate a strategic approach to workforce planning.

The Board of Directors noted the report.

TB/2020/78 LEARNING FROM DEATHS REPORT

The Board of Directors received the Quarter 4 Learning from Deaths Report presented by the MD.

The Board was informed that there had been no avoidable deaths reported during the period, and no mortality outlier alerts had been identified. Dr Rose highlighted that in view of the Covid-19 pandemic a summative thematic review had been included within the report.

The Board of Directors noted the report.

TB/2020/79 FREEDOM TO SPEAK UP (FTSU) GUARDIAN SPECIAL COVID-19 REPORT

The Board of Directors received a report focusing on the concerns raised through FTSU Guardians in relation to Covid-19, presented by the MD as Executive Lead for FTSU.

The Board noted that there had been 34 Covid-19 related concerns raised during the period from 20 March – 19 May 2020. The MD confirmed that every concern had been escalated and appropriate action had been taken in a timely manner, with additional communications and support for staff to speak up.

Dr Rose reported that Kate Adney, Lead FTSU Guardian, will be moving to a new role elsewhere within the Trust, and the Chair recorded his appreciation for the valuable work undertaken by Kate during her tenure, acknowledging her standing within the FTSU arena through attendance at regional and national forums.

The Board of Directors noted the report.

TB/2020/80 PEOPLE STRATEGY

The Board of Directors received the People Strategy for 2020-23 presented by the AWD.

The Board noted that the People Strategy outlines how the Trust will lead and support its staff to achieve its vision, and sets out seven overarching principles all underpinned by the commitment to Equality, Diversity and Inclusion.

Mr Bristlin (NED) sought clarity on whether the necessary level of resource was available to deliver all elements of the strategy, and Mrs Boyode confirmed that there is Executive commitment to ensure appropriate resourcing is in place to support delivery.

Resolved: The Board of Directors was supportive of the direction of travel being adopted, and approved the People Strategy.

TB/2020/81 DEVELOPMENT OF THE 5 YEAR PLAN

The Board of Directors received a report presented by the IDSP outlining the approach being taken to refresh and update the Trust's vision, mission, values and strategic objectives, and to prioritise the key development and transformational programmes that the Trust will deliver over the next five years.

The Board was informed that the output of this longer term planning exercise will provide the context and direction for the 2021/22 Operational Plan.

Resolved: The Board of Directors noted the report, and approved the proposed approach to the development of the Trust's 5 year plan.

TB/2020/82 OPERATIONAL PLAN 20/21

The Board of Directors received a report presented by the IDSP which proposed the key plan objectives for 2020/21, outlined the draft quality priorities for 2020/21, and described the next steps in the Trust's operational planning process.

Resolved: The Board of Directors approved the key plan objectives for 2020/21, noted the draft quality priorities for 2020/21, and supported the proposed approach to operational planning.

TB/2020/83 OVERSIGHT AND DELIVERY OF THE OPERATIONAL OBJECTIVES AND PRIORITIES

The Board of Directors received a report presented by the Chief Executive, providing an overview of the mechanisms in place to ensure effective oversight of the delivery of the operational objectives and priorities.

Mr Newman (NED) queried how the new Performance Management Framework (PMF) fits with the Leadership and Management Development Programmes already in place. The AWD clarified that the current mechanisms are still in place, but the PMF will ensure alignment with organisational objectives to create a working framework.

Prof Purt (NED) noted a discrepancy in the report between Section 6 – Performance Reporting and Section 8 – Financial Performance Assurance, and observed that there was no reference to assurance in Section 6. Mrs Barnett responded that this will be made clear in the PMF.

Dr Lee (NED) highlighted the importance of developing leaders who have sight of what good looks like in other organisations. The AWD confirmed that the Trust is working with the Leadership Academy on a breadth of programmes that address this requirement.

The Board of Directors noted the report and supported the proposed approach to oversight of delivery and assurance.

TB/2020/84 REVIEW OF RISK MANAGEMENT

The Board of Directors received a report presented by the IDG to provide background to an independent assessment and review which has been undertaken of the Trust's risk management arrangements and practice. The

exercise included a review of the latest CQC report findings relating to risk and review of relevant Trust documentation.

Mr Holden informed the Board that the report findings will be discussed with the Executive Team, and will be shared with the Audit and Risk Assurance Committee for review. A recommendation will be made from the Assurance Committee to the Board of Directors on whether the findings and recommendations of the report are appropriate.

The Board of Directors noted the report.

TB/2020/85 AUDIT AND RISK ASSURANCE COMMITTEE REPORT

The Board of Directors received the Audit and Risk Assurance Committee Report presented by Mr Bristlin, Chair of the Committee.

Mr Bristlin reported that Assurance Committee discussions had focused primarily on the delay of IFRS16 implementation, which related to leasing, Covid-19 related considerations for annual reporting, the process to review SFIs, Standing Orders and Reservation of Powers to the Board, and counter fraud work plan.

The Board was informed that the Committee had received a report which looked at annual leave patterns in W&C, Anaesthetics/Critical Care. It was noted that whilst leave patterns in W&C were similar to those reported in other areas, the report proposed consideration and remedial action was required within Anaesthetics with considerable opportunity for efficiencies. The Chairman noted that the Care Group had provided assurance to the Maternity Assurance Committee that anaesthetic cover is in place.

The Board of Directors noted the report.

TB/2020/86 GOVERNANCE REPORT

The Board of Directors received a Governance Report presented by the IDG covering items of governance relating to the Trust, and items of wider national interest.

Mr Holden informed the Board that this is the first of a regular report which will be presented at every Public Trust Board meeting, which will provide an update on matters of governance that the Board of Directors need to be aware of.

The Board of Directors noted the report.

TB/2020/87 ANNUAL REVIEW OF STANDING ORDERS (SOs), STANDING FINANCIAL INSTRUCTIONS (SFIs) AND RESERVATION OF POWERS TO THE BOARD

The Board of Directors received a report presented by the IFD and IDG which detailed the interim review which had been undertaken of the SOs, SFIs and Reservation of Powers to the Board.

The Board was informed that this was an interim review and there will be a subsequent review post implementation to take account of the following:

- Final alignment with the Reservation of Powers
- Review of the Committee structure

- Inclusion of Financial Policies and Procedures as an Appendix to the SFIs
- Further clarification on guidance associated with Estate Code and Con Code

Resolved: The Board of Directors approved and took assurance from the review of the SOs, SFIs and Reservation of Powers to the Board.

TB/2020/88 NHS PROVIDER LICENCE CONDITIONS – ANNUAL SELF CERTIFICATION

The Board of Directors received the self-certification statements for 2019/20 presented by the Chief Executive.

Resolved: The Board of Directors approved the statements in respect of the Trust’s in-year compliance with the NHS Provider Licence conditions as set out in the guidance.

TB/2020/89 COMMON SEALING OF DOCUMENTS

The Board of Directors received a report on the use of the Trust’s Common Seal since the last update to the Board, pursuant to S9 of Standing Orders ‘Custody of Seal and Sealing of Documents’.

The Board of Directors noted the Common Sealings of Documents as listed.

TB/2020/90 CHARITABLE FUNDS ASSURANCE COMMITTEE REPORT – THE BOARD WAS MEETING AS CORPORATE TRUSTEE FOR THIS ITEM

The Board of Directors, as Corporate Trustee, received the Charitable Funds Assurance Committee Report presented by Mr Allen, Chair of the Committee.

Mr Allen reported that Assurance Committee discussions had focused primarily on 2019/20 investments and funds activity, consolidation of charitable funds, and SaTH Charity becoming beneficiary of two grants from NHS Charities Together.

The Board of Directors, as Corporate Trustee, noted the report.

TB/2020/91 ANY OTHER BUSINESS

There were no other items of business.

TB/2020/92 OPEN FORUM

The Board of Directors considered the following written questions submitted by the public:

Q1 Relating to the period 1 January 2020 to the present:

How many cancer patients have had their treatment delayed during the period? Who took decisions on this? What criteria were in place to determine who would be treated and who would not?

I understand a decision was also taken to withhold diagnostic information from some patients (ie they were not told of a newly diagnosed cancer). Their treatment was therefore also delayed. How many patients were affected? Again, who took decisions on this, and based on what criteria?

Were the Medical Director, Chief Executive and Board aware of the decisions to delay diagnostic information and treatment to some cancer patients?

A1 At the beginning of the pandemic (March 2020) there was a clear national steer to cancel as many inpatient and ambulatory appointments and procedures as possible, in order to protect vulnerable people and create the capacity to deal with the potential surge due to the pandemic.

Whilst we maintained a number of urgent surgical procedures as well as a full programme of radiotherapy and chemotherapy, in responding to the pandemic, we recognise that there have been a number of cancer patients whose diagnostics and treatment has been delayed.

We are not aware of any patients that have had the outcome of their cancer diagnosis deliberately withheld – indeed this would be unethical and against medical guidance. If you have evidence of such information being withheld, we would ask you to forward it to David Holden, Interim Director of Governance (David.holden7@nhs.net) so that we can investigate this and take appropriate action.

The Board of Directors is committed to ensuring that honesty and transparency are the cornerstones of the culture that we are striving to achieve across the Trust. All leadership positions in the Trust including for new consultants include a Values Based Interview during which the candidates are assessed for their honesty, openness, emotional intelligence and other intrinsic values and skills. Consultant interviews include an element relating to the duty of candour. There have been significant changes in leadership at SaTH over the last year or so and our challenge is to ensure that we build and maintain the leadership capability and capacity we need now and for the future.

Q2 The April 2020 CQC report (from a 2019 inspection) is quite damning. It shows a failure to improve in very many areas, and a deterioration in some.

The 'well led' domain continues to be rated as inadequate. The report notes that the Trust breached its CQC registration with regard to 11 regulations. These included 'Regulation 5: Fit and Proper Persons – directors', 'Regulation 17: Good Governance' and 'Regulation 20: Duty of Candour'. These areas are fundamental.

Without strong and principled leadership, the Trust will of course struggle to provide high quality clinical care. Major weaknesses in leadership were identified by the CQC in November 2018. Many of those concerns evidently remained a year later.

What were the 'Fit and Proper Persons' breaches in November 2018? What steps were taken to resolve these? What were the 'Fit and Proper Persons' breaches a year later, in November 2019? Do these breaches still exist?

A lack of understanding of Duty of Candour has caused great distress in the past, not least in the Trust's handling of avoidable deaths and harm in the maternity service. What is the evidence that the current leadership

team has meaningful commitment to the Duty of Candour, including a willingness to fight for a culture of openness and transparency across the organisation? Does the current Board recognise there have been damaging failures around candour in the recent past?

Public Board meetings since November 2018 have failed to identify ongoing weaknesses around leadership. Why? Has the Board been unaware? Or did the Board choose to withhold concerns around leadership from the public?

Is the Board confident that leaders with the skills to achieve fundamental transformation at SaTH are now in place? Assuming the answer is 'Yes', what is the basis for that confidence?

A2 Actions are being taken to respond to the feedback from the CQC inspection in November 2019, which rated the Trust as inadequate for Well Led and overall. Work is underway to rectify and improve in all areas identified within the CQC report.

The issues with the fit and proper test related to administration, for example incomplete records. A mechanism is now in place to ensure that all requirements are satisfied for the future and actions have been identified to ensure that this is the case going forwards.

The Board recognises the critical role of leadership and has been working hard to ensure that we have effective leadership in place at all levels of the organisation. Actions are ongoing to ensure that we develop, recruit and retain high quality leaders in key roles and to ensure appropriate development is in place for current and future leaders. We provide a number of development programmes as a Trust as well as drawing on external and nationally provided programmes, and have further clinical and multidisciplinary leadership programmes being developed and brought on stream this year to strengthen this further.

In terms of transformation, we continue to develop improvement skills, build a culture of continuous improvement and draw on experience from outside the Trust to ensure that we have the skills we need to move forward.

Actions are also being taken to increase clarity of roles, accountabilities and ensure clear governance arrangements are in place, which is a core aspect of the well-led work.

Q3 What services do you expect to provide in future?

A3 We expect to provide the range of services that we did before the pandemic, whilst recognising the need to respond to the pandemic and ensure transformation to meet the current and future needs of the population we serve.

Along with the Shropshire system and the NHS as a whole, SATH is in the 'Restoration' phase aiming to increase the provision or reinstate a range of services. It should be noted that a range of services were maintained at full capacity (e.g. radiotherapy, chemotherapy) and others that were initially affected by staffing absence at the start of Covid have also been

restored (most notably the MLU and home birth service). The objective is to recover all services, but it is acknowledged that changes due to the Covid virus have led to changes in clinical practice for the safety of all, and throughput of patients is reduced in some areas. Some services may also change in terms of the model of care, for example the use of technology, and where, following appropriate review, it would be beneficial for patients and staff.

The “new normal” mandates that vulnerable patients are shielded as much as possible and therefore remote and telemedicine consultations need to be maximised.

Q4 In what quantity?

A4 Whilst a number of services are already at 100% of pre-Covid levels, others remain at 75% or less. The priority is restoring urgent and critical services, including diagnostics. Some are restored already, some are increasing in the next few weeks, and others will take longer. Routine elective surgery will be later due to the focus on cancer and other urgent surgery, and will be based on clinical priority and length of wait. Given the variable nature of the current position across specialties, the numbers of patient affected varies significantly.

Q5 With how many staff?

A5 Whilst we continue to work hard to recruit and retain staff across the Trust, we have had between 300-600 staff members absent at any one time for COVID related reasons with additional staff absent due to other reasons including non-covid related sickness absence and annual leave.

We continue to review staffing levels to meet capacity and demand requirements, with the benefit of some additional staff who have returned to the NHS and volunteers.

Q6 With whom, ie partnerships old and new – the hub and spoke issue I have mentioned before?

A6 The SATH and system ‘Restoration & Recovery’ groups have an innovation stream to harness change. Some services have been transferred in the interim (such as the urgent treatment centre to Minor injury units and GP referred Phlebotomy to 4 non acute sites). Also, Trauma services have relocated to RJAH. The intention is that these services return but these will be reviewed to ensure that we benefit from learning gained during the pandemic and retain positive aspects. Similarly work on discharge pathways and out of hospital care is being reviewed to ensure we continue to improve the processes and experience for patients. The public and voluntary sector have been very active in their support and the community involvement work also provides opportunity.

We will seek feedback from patients, public and partners to inform our approach to transforming services within the Trust and across Shropshire.

Q7 Where will services be provided from?

A7 Whilst some services have been provided in alternate locations at present, the intention is to bring these back to SATH. However, as stated above these changes will be reviewed. We recognise that depending on the nature of any future changes that may be proposed, the system will need to follow due process, with feedback from the people of Shropshire and oversight and scrutiny by HOSC. However, where clinical practice, public feedback and support and effective and safe service options combine, new models will be supported and introduced. The use of 'virtual' outpatients is one such change that is gathering momentum with new IT hardware and software procured during the pandemic and provides a real opportunity.

TB/2020/93

DATE OF NEXT PRIVATE TRUST BOARD MEETING

The next meeting of the Board of Directors will be held on 30 July 2020.

Ben Reid
Chairman