AGM questions – 30 August 2023

Question 1: Submitted by David Bell, member of Healthwatch T&W Advisory Board
Given recent events, how you are improving your measures for dealing with whistleblowing and complaints and freedom of speech services, given the low scores of staff who have confidence in your staff surveys?
Answer: Helen Turner, Freedom to Speak Up (FTSU) Lead
We have introduced a range of measures, including: 1. A new policy, aligned with the national policy, was ratified in June, along with a robust process for investigating detriment 2. Processes for Freedom to Speak Up (FTSU) have been improved and will be audited in 2024/25 3. Outcomes of positive stories associated with staff speaking up and staff voice are being published. 4. Mandated FTSU online training is required for all workers, managers, and senior leaders. 5. We are having a Board workshop 1st November led by the FTSU Lead, to reflect on where we are and 'what next', using both qualitative and quantitative data to guide the session and best practice document from NHSE/I. 6. Following the workshop, we are arranging a session for the Board with the National Guardian, Dr Jayne Chidley Clark. 7. The FTSU Lead took part in a recent session at the Senior Leader Committee, which is Chaired by the Chief Executive. 8. We are improving governance around concerns raised. 9. FTSU reports quarterly to the Board of Directors and the Audit and Risk Assurance Committee. 10. Annual summaries on FTSU figures are now provided to Surgery Anaesthetics and Cancer, Medicine and Emergency Care, Women and Children's, and Clinical Support Services to support triangulation between the divisions 11. Substantive FTSU Lead and FTSU Guardian in post.

12. Significant investment in leadership across the Trust which is at the heart of speaking up.
13. Deep dive through Pulse survey in September

Question 2: Submitted by Robert Wyatt, Oakengates Town Council

How are people on low incomes in Oakengates and Telford in general without their own vehicles expected to get to Shrewsbury on the existing public transport which is so unreliable at the best of time?

Answer: Matt Neal, Hospitals Transformation Programme Director

We recognise that the use of public transport to access our hospital sites is important and will continue to work with our partners such as local authorities, and public and community transport providers, to build on the existing public transport links that connect to our hospital sites.

We also want to engage with all of the communities that we serve around transport and travel matters, to understand issues such as these so that we can try to address them with our partners. We held a dedicated Travel and Transport focus group meeting on the 28 September. I hope you were able to attend this event, but if not, details are available on our website.

More recently the Trust has submitted a detailed travel plan to Shropshire Council, that highlights the different transport modes that are available to the Royal Shrewsbury Hospital site.

Question 3: Submitted by Jenny Chesshire, a member of the public

I have long felt that a solution to the car parking situation might be to have the park and-ride from Bicton re-routed so that it came via Mytton Oak Road to drop hospital visitors off. It would make it easier for visitors and patients to attend the hospital on time and without stress – and would save the local residents from having cars parked on pavements on their streets.

Answer: Helen Troalen, Director of Finance

We are currently exploring park and ride options for the Shrewsbury site with Shropshire local authority. We will continue to keep people informed as our discussions progress.

Question 4: Submitted by John Higson, member of public (two questions)

Q: Please can you tell me why the actual deficit for the year was more than double that expected? The standard of forecasting for 2021/22 was poor with a deficit 56% worse than expected and things seem to be getting worse.
Answers: Helen Troalen, Director of Finance
The financial deficit in 2022/23 of £47.2 million was a deterioration to plan of £28.1m. This deterioration was predominantly driven by non-recurrent in-year items with the key drivers being costs linked to additional escalation capacity (circa £22m) and additional costs in respect of COVID-19 response (c£6m). In relation to escalation capacity this increased throughout the financial year and was linked to an unplanned increase in the number of patients with no criteria to reside (a person who no longer needs inpatient hospital care) and requires a system wide response. In relation to COVID-19, the planning guidance from NHSE was that all costs should cease from the end of quarter one in 2022/23 and that a budget should not be allocated, however given the continued waves experienced during the financial year, the continued requirement for PPE and pathways to reduce the spread of infection, resulted in additional costs continuing to be incurred. The risk of additional costs related to COVID-19 was reported to NHS England during the planning round.
Q: Please can you also explain what role ‘Public Dividend Capital’ plays and how NHS England is able to find the money to increase this?
Public dividend capital (PDC) is a unique form of government financing provided to public sector organisations. PDC is recorded on the Statement of Financial Position (SoFP) of providers and is an asset of the Consolidated Fund. Trusts will generally have PDC under two circumstances. Firstly, cash support for cashflow needs is available for necessary and essential expenditure to protect continuity of patient services. This is often required when trusts have planned (and sometimes unplanned) deficits.

Periodically the rules around this change and there is currently no guidance around whether this is repayable. In April 2021 a significant amount of NHS debt of this form was written off by the Government.

The second is when funding is allocated to deliver national capital programmes to support national priorities; the community diagnostic centre and the Elective Hub at Telford are two such examples. Generally trusts will enter a competitive process to bid for limited national funds and in recent years SaTH have been very successful with this.

This support will take the form of PDC where there is no set repayment schedule. For both types of PDC there is an annual charge of 3.5% payable which is meant to represent for trusts the costs of borrowing on the open market. Historically there has also been an additional annual charge for accessing cash support but this is currently not in place.

Further reading on PDC can be found here:
chapter-15---hfma-introductory-guide-to-nhs-finance.pdf

Question 5: Submitted by David Sandbach

To follow

Question 6 & 7: Submitted by Julian Birch, Chair, Shropshire Patient Group (two questions)

Q6: The Annual Report lists the number of concerns raised by staff along with the types of concerns and who raised them. However, I cannot see any comment on the outcomes from these concerns. Did they lead to any changes in procedure or attitude? Was any attempt made to find out if those who raised the concerns were happy with the response of management? Is there any external audit procedure in existence?

Answer: Helen Turner, Freedom to Speak Up Lead

Outcomes and Procedures:

- Yes, some changes did occur, depending on what was raised, for example concerns related to safe staffing; a recruitment drive for Healthcare Assistants (HCAs) saw 110 new HCAs employed by the Trust.

- Reports of racism have led to changes in the way we deal with those reporting it, a weekly discrimination meeting to assess progress and outcomes, and new guidance which shows how staff/managers should report instances/deal with racism from staff and patients
- New processes for rostering and standard operating procedures (SOPs) in our portering department
- New process for locking down shifts for temporary staffing
- Corporate programmes responding to reports of bullying and harassment and attitudes and behaviours including Civility and Respect, Leadership and Management programmes
- Reports of poor communication from staff nurses led to the weekly Nursing, Midwifery and Facilities Meeting
- Training on deteriorating patients occurred on a ward when raised with FTSU

These are just some examples, however we also recognise that some complex concerns may take longer than we would hope to achieve an outcome or sometimes are unable to be resolved and these may not be reported. This continues to be a work in progress and we are committed to supporting our staff to raise concerns and feel confident those concerns are listened to and acted upon.

Was any attempt made to find out if those who raised the concerns were happy with the response of management?
We always ask for feedback and we are in touch with those who raise concerns through the process. If concerns aren't being dealt with, or not in a timely way, it is our job to escalate to ensure this happens.

We recognise we are limited in how much information can be shared in the Annual Report and as a result would not necessarily include examples of improvements. We will review this for future annual reports. We do include examples of improvements in our Board reports within the confines of confidentiality. The team is also working hard to publicise, where possible, stories from speaking up throughout the Trust.

The FTSU team ask all those who raise concerns, the following questions,

- **Would you speak up again?** Yes/no/maybe/don't know
- **Please explain your answer -** answers to these are anonymised and can be found at the appendices of all FTSU quarterly Board reports

Auditing of FTSU processes will be undertaken by the Trust's independent Internal Auditors in 24/25.

Q7: The Annual Report states that the Trust, through its Cultural and Staff Engagement Programme, strives to become the Employer of Choice in the area. Yet there are 470 vacancies in the workforce with an annual temporary staff cost of about £47.5 million to the Trust. Has the Trust considered the radical step of free car parking and free good quality food for all staff? Might such a move attract new staff, improve health and well-being of existing staff, and bring down that £47.5M?

Answer: Emma Wilkins, Deputy People Director

Over the last 12 months our retention rate has reduced from 15% to 12.6% in July 2023. Similarly, our vacancy gap has reduced to 366 WTE in July. We have a number of retention programmes as part of our People Plan to improve working life at SaTH and to support the attraction of people to SaTH.

Our people do not currently pay for parking at SATH on any of our sites. We have supported colleagues with a number of schemes over the past 12 months such as free food, childcare vouchers, back to school vouchers, financial support, health and wellbeing support, NHS discounts and this is an important area of work that we will continue to support.

One of our biggest challenges is availability of affordable accommodation for people locally and we will continue to work with the local authority to seek ways to mitigate this.

Question 8: Submitted by Cllr Brian Gaskin, Rodington Parish Council

How can complaints be made on behalf of a patient with dementia? Your policy is only to accept complaints from the patient concerned, and the Friends just refer to this policy. A complaint requires the patient's signature, but they may not be competent to provide this.

Answer: John Jones, Medical Director

Where patients lack capacity, we follow the principles laid out in the Mental Capacity Act (2005) and act in the best interest of the patient including involvement of a suitable person to act as an advocate for the patient.

Question 9: Submitted by Jenny Birch Shropshire Patient Group

I am having difficulty understanding two statements on page 5 in the Foreword from the Chair and Chief executive “worked tirelessly ……validating our waiting lists” and “We have eradicated 104 week waits and eradicated 78 week waits by the end of April 2023”.

How do you explain?

- 25 February 2023 GP requests urgent appointment
- Two weeks later 13 March 2023 appointment sent 1 July 2024 67 weeks + two weeks = 69 week wait
- Seven weeks later 2 May appointment cancelled.
- 3 May appointment given for 14 April 2025 an additional 42 weeks Total 109 + 2 = 111 week wait
- How many appointments were given after the end of April 2023 or is a pure coincidence that the cancellation and reappointment letters came at the beginning of May. To my simple understanding it looks manipulative.

“worked tirelessly ……validating our waiting lists” is presumably sending out texts and emails, such as:

“Dear ……..,

You have a new notification concerning an outstanding referral, please click this secure link to get started. If asked to provide a User Verification Code when logging in, enter …

Regards, Shrewsbury and Telford Hospital NHS Trust”

It is not made clear which referral is involved until after several attempts, one eventually gets in and the only response allowed is one of four multi choice:

- two for not needed because problem has been dealt with elsewhere or now resolved.
- two to retain appointment because of no change in condition or unavailability of dates

There is no option to record a deteriorating condition and hopefully get recognition of urgency. What sort of health service validation ignores the patient's clinical condition?

My question is what data was used for the so-called eradication of 104 and 78 week lists and what sort of validation was carried out on waiting lists?

Answer: Sara Biffen, Acting Chief Operating Officer

I am unable to comment on individual cases, but if the individual is able to contact myself or the Patient Advice and Liaison Team I will investigate this.

Validation was via a letter, telephone call, or a text message where we have the patient's mobile number.

Following this feedback, we will review the validation process to understand if any improvements can be made. If there is a change in clinical condition patients should contact GP and ask them to expedite their referral based on clinical urgency.

The data we use is based on the patient's records held on our patient administration system.