

Minutes of Healthwatch Shropshire Board meeting in Public
Held at 2pm via Microsoft Teams due to the Covid-19 Pandemic
Wednesday 9th September 2020

Present:	Vanessa Barrett	VB	Chair
	David Voysey	DV	
	David Beechey	DB	
	Lynn Cawley	LC	
	Terry Hart	TH	
	Dee Walker	DW	
	Anne Wignall	AW	
Speaker:	Maggie Bayley	MB	
	Hayley Flavell	HF	
In attendance:	Bethany Kennedy	Minute Taker	
Apologies:	Steve Price	SP	
	Bob Welch	BW	

1. VB Welcomed the Board and guest speakers

Apologies

Received in advance from Steve Price and Bob Welch

2. Presentation: Maggie Bayley (Interim Chief Nurse) & Hayley Flavell (Director of Nursing) at Shrewsbury and Telford Hospital NHS Trust (SaTH):

SaTH are progressing well with CQC improvement plan and have achieved 74% of this plan as of 8th September. Next stage is to complete this by the end of 2020. Biggest challenge is to focus down on 'must take' and 'should take' actions and cross reference these, so still lots of work to do on documentation, risk-assessments, evaluations, etc. The CCG has seconded an Adult Safeguarding Lead to work with SaTH for 6 months. Also, Midlands Partnership Foundation Trust has seconded a Mental Health Matron for 6 months to implement 'matron's assurance audits', and try to improve joint working across the two organisations. A recent top level meeting facilitated by NHS England discussed ongoing concerns and agreed a formal alliance with University Hospital Birmingham. This arrangement to be for 12-18 months and the new chair of SaTH is Katrina McMannon (Exec Director for UHB). This Alliance began on 1st September 2020.

Q&A

Prior to COVID there was excitement about the recruitment of nurses from India, where are we on this?

This time last year we had 275 nursing vacancies, and were going to recruit 178 nurses from overseas. Before Covid, 99 of these nurses were in post. 50% of these have completed training and the other 50% are going through their training - 100 % pass rate. Next group of nurses arrive in October and SaTH is working with a hotel in Telford to support initial isolation and then they will start training.

The concerns that HWS receive are rarely about diagnosis or treatment, most people complain about staff attitudes. We hear also from relatives trying to get news about

patients: they tell us that this is very challenging. Patients feel that they don't know what is going on, and their family isn't told either; there is poor communication between staff and people are told contradictory things. What approaches can be taken to sort these problems out as soon as possible?

We have refreshed our vision and values with contributions from the staff. It is based on behaviours, and we are working on a behavioural framework as we speak. We try to encourage staff to tell their concerns to 'Freedom to Speak Up' Guardians, giving them the confidence to do this across the organisation. Human factors training and awareness are being implemented. We need to understand the culture and get to the heart of these things, so that they can be integrated into everyday practice. We are working to look at the roles, responsibilities and expectations of staff and to ensure they are clear on these. Having oversight of complaints has helped me to understand what needs to be done.

What are you doing to cope with the stresses and strain put on staff?

Make sure they have the right numbers of staff, and use bank and agency staff to support this. Our HR teams are doing 'touch base' sessions with staff, and there is a Health and Wellbeing Programme for staff as well as the 'Freedom to Speak Up' Guardians. Pressures of COVID were particularly hard.

When in hospital with a family member, staff have reacted to me as though scared that as a relative I was going to have a go at them; they were on the defensive. The other thing that I observed was a lack of resilience, have you looked at customer service training?

As part of some work being done with the patient experience lead, we are looking at the Patient Experience Framework; and the effectiveness of programmes we have implemented in terms of patient experience. We've had three staff sessions to look at this in September. How far away from national programme are we? Maggie led this patient experience training and it included John Lewis methodology.

(Maggie agreed that HWS can link with Ruth Smith and make contributions to the Patient Experience Framework.)

We also are looking at our values based recruitment, the people we are appointing must have the right attitudes and values.

Can you give an update on the hospital transformation programme?

There is work going on currently and progressing with this but still a while away. The changes to cope with the pandemic have required staff who were working on this to undertake different roles.

Will you be communicating what improvements are being made with patients?

We are seeking to recruit people for communications, and we are looking at the messages we are getting out to the public especially surrounding the Ockenden report. Staff are proactively asking maternity patients 'Do you feel safe or is there anything else I can do for you?'. We're working on how best we can engage with the local community.

The Board thanked Maggie and Hayley for attending.

3. Declarations of Interest

No new declarations of interest.

4. Board meeting in Public held on 2nd June 2020

a) Approval of minutes

The minutes were agreed for accuracy and signed by the Chair. (Posted to the office.)

Action plan

Agreed that a Board member would be second signatory on cheques over £1500 under current temporary arrangements due to Covid. HWS not signed up to Zoom account yet as MS Teams is all that is required at the moment. To be reviewed as necessary.

b) Matters arising not on the minutes

There were no matters arising.

5. Finance and H.R.

a) Management accounts to end June 2020

The accounts were discussed and accepted by the Board.

b) 2020-21 Budget

Discussion around the impact of Covid-19 Pandemic, e.g. reduction in running and staff costs.

c) Staffing

The decision not to appoint to Volunteer Officer (Maternity Cover) post due to face-to-face engagement being on hold was approved. Board approval was given to offer staff extra hours to cover staff vacancies as required. There was also discussion around home working and cover of the office phone.

ACTION: LC to look at purchasing mobile phones

6. Governance

a) Engagement and Finance Committee

The Board formally approved the new committee. Proposed date for first meeting is early October 2020

7. Performance

a) KPI document

Discussion around the KPI document

ACTION: LC to change colours on the tables of years in KPI doc.

b) IHCAS quarterly report

Discussion around IHCAS quarterly report and the possible impact of Covid-19 on the number of formal NHS complaints.

c) Chief Officer update

CO updated the Board on current activity against the agreed priorities, including Discharge Survey, Workforce Survey. HWS have now been invited to the STP Programme Boards and Transformation Delivery Group.

8. Operational

a) Draft Trustee Annual Report

Board approved Draft Trustee Report.

b) Ockenden/Maternity

CO informed the Board that SaTH have responded to the joint letter sent by HWS and HWT&W. This letter has been shared with the CCG Accountable Officer and will be discussed in a meeting with the Director of Quality & Performance in October.

c) Covid-19 Risk Assessment

Current guidance means face-to-face engagement remains on hold. Board agreed to hold next Board Meeting in Public over Teams.

9. Current activities

Board received the Chair's report and latest minutes of the three Committees of the Board (Enter & View, Intelligence and Business)

10) A.O.B., if notified in advance

There was no other business to discuss.

11) Questions from the public

There were no questions.

12) Dates of future Board meetings

26th November 2020, 2pm, (MS Teams)

13) There was no confidential business