



## The Shrewsbury & Telford Hospital NHS Trust

Board of Directors meeting in PUBLIC

Thursday 8 October 2020 via MS Teams

### Minutes

NAME	TITLE	ITEM
<b>MEMBERS</b>		
Dr C McMahon (CM)	Chairman	
Mrs L Barnett (LB)	Chief Executive Officer (CEO)	
Ms T Boughey (TB)	Non-Executive Director (NED)	
Mr A Bristlin (AB)	Non-Executive Director (NED)	
Mr D Brown (DB)	Non-Executive Director (NED)	
Prof. C Deadman (CD)	Non-Executive Director (NED)	
Mr J Drury (JD)	Interim Finance Director (IFD)	
Ms H Flavell (HF)	Director of Nursing (DN)	
Dr D Lee (DL)	Non-Executive Director (NED)	
Mr N Lee (NL)	Chief Operating Officer (COO)	
Prof. T Purt (TP)	Non-Executive Director (NED)	
Dr A Rose (AR)	Medical Director (MD)	
<b>APOLOGIES</b>		
Ms R Boyode (RB)	Acting Workforce Director (AWD)	
<b>ATTENDEES</b>		
Mr T Allen (TA)	Associate Non-Executive Director (A.NED)	
Mrs J Clarke (JC)	Director of Corporate Services (DCS)	
Mr D Holden (DH)	Interim Director of Governance (IDG)	
Mr B Newman (BN)	Associate Non-Executive Director (A.NED)	
Ms K Parkash (KP)	Equality, Diversity & Inclusion Lead (EDIL)	Item 136
Mr C Preston (CP)	Interim Director of Strategy & Planning (IDSP)	
Ms S Rostron (SR))	Improvement Director (ID)	
Ms N Wenlock (NW)	Director of Midwifery (DM)	Item 134
Ms C West (CW)	Chief Transformation Officer UHB (CTO-UHB)	
Ms P Neil (PN)	Interim Board Secretary (IBS)	Minutes

No. 2020	ITEM	ACTION
	<b>GENERAL BUSINESS</b>	
2020/124	<b>Welcome and apologies.</b>  The Chairman welcomed all present. Apologies were noted.  The Chairman welcomed the new Director of Nursing, Hayley Flavell.	
2020/125	<b>Quorum</b>	

	The Chairman declared the meeting quorate.	
2020/126	<p><b>Register of Interests</b></p> <p>The Board of Directors confirmed they had no additional interests to declare.</p>	
2020/127	<p><b>Minutes of the previous meeting.</b></p> <p>The minutes of the meeting held on 30 July 2020 were approved as an accurate record subject to the following changes:</p> <ol style="list-style-type: none"> <li>1. Page 4. Mr Brown suggested a correction: ‘the Rural MLU Service is temporarily closed pending the result of a public consultation, the launch of which has been further delayed in part by the Covid-19 pandemic’.</li> </ol> <p><u>Post Meeting Note:</u> It was clarified later that the freestanding MLUs in Ludlow, Oswestry and Bridgnorth remain closed to births but continue to offer community midwifery antenatal and postnatal care appointments. Shrewsbury MLU is closed to births whilst estate works take place. Community midwifery and consultant appointments plus scans and community midwifery postnatal appointments are still offered here. We await the result of a public consultation on the operational service model.</p> <ol style="list-style-type: none"> <li>2. Page 10. Mr Preston requested a correction – the word ‘status’ to be changed to the word ‘numbers’.</li> <li>3. Page 16. Mr Bristlin requested a correction – ‘<i>the information provided by Mr Bristlin on Board intelligence...</i>’ should read, <i>Mr Newman</i>.</li> <li>4. Page 21. Mr Preston requested a correction – ‘<i>gauge</i>’ should read ‘<i>gage</i>’.</li> </ol> <p>The Board of Directors approved the minutes as an accurate record.</p>	
2020/128	<p><b>Action Log</b></p> <p>The Board of Directors considered the action log, noted the details provided on progress against actions where applicable.</p> <p>The following actions; <b>2020/48</b> – Quality Improvement Plan, <b>2020/52</b> – Internal Audit Progress Reports, <b>2020/58</b> – Adult Safeguarding Action Children &amp; Maternity Report and <b>2020/60</b> – Annual Audit Letter were agreed as closed.</p> <ol style="list-style-type: none"> <li>1. <b>In regard to 2020/61</b> – Ethical decision for elective activity – Dr Rose reported that a detailed exchange had taken</li> </ol>	

	<p>place with Steve McKew, organiser of the Ethics Committee and Cancer Lead at the Trust. National guidance had just been released for the management of urgent and emergency patients in the future and this will be reviewed. Dr Rose said ethical guidance and clarification may be needed for routine referrals where there is currently a backlog of patients waiting to be seen.</p> <p>Dr Rose suggested that on behalf of the Board of Directors he would ask three questions of the Ethics Committee: These are; what ethical principles should be applied to routine referrals; what guidance can be described for those patients who had experienced worsening symptoms whilst waiting for a routine referral and; how should ethical principles be monitored whilst operationally putting a system in place to prioritise routine patients.</p> <p>Mr Lee confirmed that work by the clinical teams to ensure the Trust is seeing those patients with the most urgent clinical needs first is ongoing.</p> <p>The Board of Directors noted the action log and updates provided.</p>	
2020/129	<p><b>Matter Arising</b></p> <p>There were no matters arising which were not either covered by the action log or agenda items.</p>	
2020/130	<p><b>Report from the Chairman</b></p> <p>The Chairman began her report by recording her enthusiasm, working with the staff at the Trust. In particular, her desire to achieve the objectives and ambition as set out in the Trust's Strategy.</p> <p>The Chairman advised that the Trust's critical objective is the improvement of patients' experience, which is dependent on the quality of care and safety at the Trust.</p> <p>The Chairman confirmed her focus will be on three key areas: The clinical and care quality delivered at the Trust in the short, medium and long term, with acute attention to the needs of winter 2020.</p> <p>The Governance of the Trust, together with Mrs Barnett, including how the Board works, the Non-Executive Directors' work in partnership with the Executive Directors as a unitary board and assurance outcomes.</p>	

	<p>The culture (values, vision and strategy) at the Trust, including the leadership of the Trust at all levels and the experience of people working at the Trust.</p> <p>The Board of Directors received the verbal report from the Chairman.</p>	
2020/131	<p><b>Report from the Chief Executive</b></p> <p>The Board of Directors received the report from Mrs Barnett.</p> <p>Mrs Barnett reported that the focus for the Trust is to ensure high quality care is provided for all patients and families, whilst continuing to manage our response to Covid-19 to restore services to see patients, with the increased number of patients on waiting lists and increasing pressures as we approach Winter. At the heart of the work being undertaken at the Trust is ensuring that the patients' and their families' experiences and outcomes are positive. Oversight is in place to drive the quality improvement plan at the Trust.</p> <p>The Trust has recently formed an improvement alliance with colleagues at the University Hospital Birmingham (UHB). Time is being spent on UHB getting to know the Trust, understanding the way the Trust works, and accessing evidence of the quality of care being delivered. A set of priorities will be agreed between the Trust and UHB and these will be reported at the Board of Directors.</p> <p>Dr Lee drew the attention of the Board of Directors to the concern that pressure may be placed on other aspects of treatment when dealing with any ethical requirements associated with the backlog, in particular referrals back to GPs already under pressure. Dr Rose suggested that this problem could be resolved by managing the routine waiting list to ensure every patient is treated fairly.</p> <p>Mr Newman drew the attention of the Board to the report from Mrs Barnett noting that whilst the flu vaccination campaign had started, 1 in 6 clinical facing staff failed to be vaccinated in 2019. Mr Newman suggested that it is a duty of care that staff, in particular clinically facing staff, are vaccinated and that the Trust Clinical leadership should be ensuring they are.</p> <p>Dr Rose confirmed that as an outcome of Covid-19 voluntary uptake of the flu vaccination had greatly improved.</p> <p>The Board of Directors noted the report</p>	
2020/132	<p><b>Board Assurance Framework (BAF)</b></p>	

	<p>The Board of Directors received the report from Mr Holden.</p> <p>Mr Holden drew attention to the new BAF, a development of which had been seen by the Executive Team, a meeting of the Non-Executive Directors and by the Audit and Risk Assurance Committee. The new auditors, MIAA are in agreement with the direction the risk management strategy is taking and are content with the work being undertaken on the BAF.</p> <p>Mr Holden advised that ownership of the BAF lies with the Board of Directors and its assurance Committees. The report provides assurance that the Trust’s strategic objectives are being met and that risk is being managed appropriately. The structure (static) and content (dynamic) of the new BAF are familiar to NHS auditors and regulators. Valid risks and mitigations from the old BAF have been transferred to the new BAF and new data fields on controls, levels of assurance are included. The new BAF will be linked to the Corporate Risk Register ensuring that from November 2020 onwards, assurance Committees have a stronger line of sight between the BAF and operational risks.</p> <p>Mr Holden confirmed that a Board of Directors Development session had been convened for November 2020 to discuss the risk descriptions, the ownership of risks, which committees will be responsible for which risks, risk scoring, risk appetite and how the BAF will be used going forward. The BAF now aligns with strategic themes whilst we await the new strategic objectives.</p> <p>Prof. Deadman asked that thought be given to including on the BAF, content related specifically to the quality of the Executive Team, the SLT team, and finding ways of getting responsible and visible clinical leadership in the delivery of care and the business of the Trust.</p> <p>Mr Bristlin confirmed the endorsement of the Audit &amp; Risk Assurance Committee of the work on the BAF and risk management generally, suggesting that the improvement in the BAF will enhance the Board of Directors’ ability to manage risk as a Trust.</p> <p>The Board of Directors noted the report.</p>	
	<b>QUALITY &amp; SAFETY</b>	
2020/133	<p><b>CQC Improvement Action Plan</b></p> <p>The Board of Directors received the report from Ms Flavell and were asked to note the content of the report and progress made in completing 85% of the total 400 actions within the Improvement Plan.</p>	

	<p>Ms Flavell advised that as at 30 September 2020, 85% of the total actions (401) had been completed (38% of section actions had been addressed and 39% of the must take actions had been addressed) with the remaining actions scheduled to be completed by 31 December 2020. Ms Flavell suggested that during October 2020 to March 2021 the Trust would implement Phase 2 of the Plan and focus on embedding the actions into clinical practices in order to improve the patients' experience and outcomes.</p> <p>Prof. Purt confirmed that the outstanding action for Mental Health in the Emergency Department will be completed by the first week in November 2020.</p> <p>Mr Bristlin further supported the importance of embedding the actions in clinical practice.</p> <p>The Board of Directors noted the report.</p>	
2020/134	<p><b>Maternity Update including: Maternity Transformation Plan, CNST, Midwifery Staffing and Perinatal Mortality Review Tool (PMRT) and NHS Resolution (NHSR)</b></p> <p><i>Nicola Wenlock joined the meeting.</i></p> <p>The Board of Directors received the report from Ms Wenlock.</p> <p>Ms Wenlock reported that maternity services at the Trust had been under external scrutiny for a number of years and are currently subject to an independent review in response to a number of serious incidents concerning avoidable deaths and serious harm of mothers and babies over a number of years. A CQC inspection took place in November 2019 which noted improvement. Services were noted overall as 'requires improvement', with good ratings received for 'effective', 'responsive' and 'caring'.</p> <p>The Maternity Transformation programme had been established with 5 work streams identified providing the focus and direction for the service for the next 3-5 years.</p> <p>The updated CNST incentive scheme document had been published and a review was in progress to update the current action plan. It was advised that there is a risk to the plan with safety action 5 rated 'red' due to occasions when the service co-ordinator is not supernumerary.</p> <p>The midwifery staffing report detailed the risks to the scheme whilst also providing assurance overall with regards to the Midwife to Birth ratio, reporting of red flags and staff fill rates in all</p>	

inpatient areas. It was also noted that a Birth rate assessment is now complete.

The service reported full compliance with the requirements of the safety action 1 (PMRT) with all relevant cases being reviewed and family involvement sought and, safety action 10 (referral to NHSR early notification scheme) with no cases requiring reporting.

Mr Newman asked if the External Advisory Group, set up for maternity services, were adding value and asked Ms Wenlock to provide evidence for that value added. Ms Wenlock said that the two meetings held to date had focused on finalising the Terms of Reference for the group and how progress will be monitored. Work stream 'Leads' from the MTP will be attending the next meeting of the group to provide an update.

Dr Rose asked for clarification that the new format for the CNST was more realistic for trusts to achieve the targets set. Dr Rose confirmed that some changes had been made which would make some elements more realistic such as the option of providing an action plan to detail how the supernumerary status of the co-ordinator will be achieved in services where this is currently not being achieved 100% of the time.

Prof. Deadman questioned the extent to which the Trust can be confident that the detail in the reports is accurate. Prof. Deadman pointed to Theme 7, (Page.64 – currently green) and asked Ms Wenlock to demonstrate that feedback mechanisms are in place for Maternity Services and that the feedback is regularly acted on. Ms Wenlock confirmed that the Trust had an active Maternity Voices Partnership (MVP) in place. The Trust gathers feedback from women and their families from a variety of sources including the MVP which is used to improve the service. Co-production had been initiated with the MVP including service users on recruitment panels.

Prof. Deadman reiterated the importance that the Trust can be confident the reports submitted to the Board of Directors are correct.

Ms Wenlock agreed to meet with Prof. Deadman to discuss processes in place for gathering data included in the assurance reports.

Mr Brown asked if the Trust will be implementing BadgerNet Maternity notes. Ms Flavell confirmed that the Trust is hopeful to have fully implemented an end to end system within the next six months. Women will have the option to download the BadgerNet app onto a smart phone and access/share their records.

	<p>Mr Bristlin advised that the Maternity Leads made a positive impact when they participated in the launch of the MTP and importantly, that the panel chaired by Bill Kirkup had credibility. Mr Bristlin confirmed that a stronger assurance process had been put in place with the responsibility for each Committee (Care Group/Maternity Assurance Committee/Quality &amp; Safety Assurance Committee) clearly defined.</p> <p>Mr Preston asked how confident Ms Wenlock was that the timelines for the Maternity Safety Actions are realistic. Ms Wenlock confirmed that a detailed piece of work is currently underway to review new timelines released recently and that an update will be provided at the Board of Directors meeting in November 2020.</p> <p>Mr Lee confirmed that executive oversight is in place to monitor outcomes.</p> <p>The Board of Directors noted the report.</p> <p><i>Nicola Wenlock left the meeting</i></p>	
2020/135	<p><b>Infection Prevention and Control Report</b></p> <p>The Board of Directors received the report from Ms Flavell.</p> <p>Ms Flavell advised that there had been no MRSA cases since April 2019 and that C.diff cases remained below trajectory. Antibiotic prescribing and stool sampling required urgent attention.</p> <p>Preparation for the second wave of Covid-19 was underway with ten Covid-19 positive cases reported. The Trust's Covid-19 meetings had been reconvened. Whilst an outbreak of Covid-19 occurred in Radiology staff in August 2020, no hospital onset of Covid-19 occurred in August and September 2020. An RCA process is in place to identify learning.</p> <p>Local RCA's are being implemented for device related MSSA bacteraemia and device catheter associated E.Coli to identify the route cause and put in place appropriate action.</p> <p>Dr Lee said that the Covid-19 response had emphasised the need for the Trust to retain and resource an effective IPC team. Dr Rose reported that whilst the Trust is not an outlier compared to other Trusts in terms of the number or size of the outbreak, measures had been put in place to ensure the Trust remains vigilant.</p> <p>In response to a question from Mr Preston, Ms Flavell confirmed that considerable work was underway to manage staff behaviour during the pandemic. Key messages are regularly circulated from</p>	



	<p>Ms Flavell and Dr Rose in line with Department of Health (DoH) guidance. Covid-19 meetings included the Care Groups, where challenges and observed behaviours are discussed. Executive Director walk rounds regularly take place with a focus not only on clinical but also on non-clinical areas.</p> <p>Ms Boughey confirmed that virtual Genba visits undertaken had successfully highlighted concerns. In particular, staff maintaining social distancing over lunch, role modelling and consistent messaging about the impact of IPC both inside and outside work.</p> <p>Mr Lee confirmed that hospital sites are not required to introduce QR codes although the Trust had introduced them to a handful of areas where people congregate (canteen/libraries etc.) creating a link to the NHS track and trace app.</p> <p>The Board of Directors noted the report.</p>	
<b>ACCOUNTABILITY &amp; OPERATIONAL PERFORMANCE</b>		
2020/136	<p><b>Equality, Diversity and Inclusion Strategy incl. the WDES Annual Report 2019/20 and the WRES Annual Report 2019/20</b></p> <p><i>Ms Parkash joined the meeting.</i></p> <p>Dr Rose reminded colleagues of a personal conflict of interest previously declared on the register of interests.</p> <p>The Board of Directors received the report from Ms Parkash and were asked to note the annual report and approve the strategic approach to promoting Equality, Diversity and Inclusion for publication.</p> <p>Ms Parkash explained the strategy set out the direction of travel with a particular focus on culture for the workforce and the patient experience. Enabling staff to have trust in the organisation, the confidence to speak up, be engaged and empowered and to create a care landscape designed to enhance the patient experience.</p> <p>An ED&amp;I Quality and Diversity Community Inclusion Advocacy Group had been convened in the Trust which consisted of a group of volunteers representing different elements of diversity and inclusion, contributing to shaping the services provided.</p> <p>It was advised that the WDES and WRES are annual reports to the Board of Directors based on data held on staff and gathered from the staff survey. A number of staff networks had been established since March 2020 including a network for BAME staff, staff with disabilities, and Pride/LGBTQ staff.</p>	

	<p>Mr Preston advised he would work with Ms Parkash to establish a suitable way of measuring targets and goals as a way of demonstrating tangible progress.</p> <p>Mr Newman asked if the remaining seven aspects of Equality, Diversity and Inclusion were going to be included in the next phase of the strategy, including sexual orientation and gender, age, marriage or civil partnership, pregnancy and maternity, religion and belief. Ms Parkash confirmed that further work on these areas would be undertaken by the Equality and Diversity Steering Group which reports to the Workforce Assurance Committee. An action plan, which included all aspects of Equality, Diversity and Inclusion is being prepared and will be submitted to the Board of Directors in January 2021.</p> <p>Mrs Clarke advised that Ms Parkash is working closely with the Public Participation Team.</p> <p>Mr Brown reported the work being undertaken outside the hospital, by Healthwatch, the local Authority and Shropshire Patient groups. Ms Parkash confirmed that partnerships had been created between local groups at a system and regional level.</p> <p>Prof. Deadman asked what cultural and pastoral work was being undertaken by the Trust to welcome the nurses from Kerala, India, into a very different social environment. Ms Parkash confirmed that feedback sessions had been undertaken with the nurses already in Stoke together with partnership engagement in the local area.</p> <p>Dr Lee suggested the Trust could learn extensively from listening to the new overseas nurses arriving at the Trust.</p> <p>The Board of Directors noted the annual report and approved the strategic approach to promoting Equality, Diversity and Inclusion for publication.</p> <p>The Board of Directors complemented Ms Parkash on the quality of the presentation and papers.</p> <p>The Chairman thanked Ms Parkash for her contribution to the meeting.</p> <p><i>Ms Parkash left the meeting.</i></p>	
2020/137	<p><b>Guardian of Safe Working Quarterly Report (May, June &amp; July 2020)</b></p> <p>The Board of Directors received the report from Dr Rose and were asked to approve the report and to note the willingness of</p>	

	<p>the Junior Doctors to adapt and commit to the rapidly changing work patterns throughout this significant period with the pandemic.</p> <p>Dr Rose confirmed the report, which is a regular paper reporting to the Board of Directors, that Junior Doctors do not exceed their allocated working time, that their health and safety is protected, that they are adhering to the working time directives and that both the doctors and the employer are protected from future grievances and claims. Any excessive work patterns or rota issues were swiftly resolved without grievance giving time off in lieu.</p> <p>Dr Rose thanked all Junior Doctors for the amazing work they had undertaken during the Covid-19 pandemic and the consultants who had accommodated new staff in a very short period of time.</p> <p>The Board of Directors noted the report.</p>	
2020/138	<p><b>Integrated Performance Report (M5)</b></p> <p>The Board of Directors received the report from Mrs Barnett and were asked to note the content of this paper and support the actions being progressed.</p> <p>Mrs Barnett reminded the Board of Directors that the report is designed to provide clarity on the risks in the Trust and the actions implemented to mitigate those risks. The report covered quality, operational performance, workforce, finance, risk and estates. Mrs Barnett confirmed that data quality is progressively improving with emphasis on creating a forward looking report in the future.</p> <p>Prof. Purt suggested that a number of key measures are missing from the dashboard and asked about the process for including them on the final version. Mr Preston pointed to the timeline on page 128 of the papers for the next edition of the IPR. Various discussions with stakeholders are underway including, Non-Executive Directors, Executive Directors and the Improvement Alliance, all providing input into the review. The integrated performance report containing October data, to be received by the board assurance committees in late November and the Board in early December, will include updated key measures.</p> <p>Dr Rose commented on the improved Venous Thromboembolism (VTE) performance confirming that this was an area of increased focus but whilst the target is now being met, the work is predominantly manual and therefore time consuming. The process will be automated as part of the Trust's digital programme over the coming months.</p>	

Dr Rose confirmed that the mortality graph reflected three slightly different means by which the Trust uses to measure mortality - crude rate, Hospital Standardised Mortality Ratio (HSMR) and Risk Adjusted Mortality Indicators (RAMI). The spike at the end of February/March is Covid-19 related. Dr Rose also confirmed that, based on this analysis the graphs showed fewer patients had died than would be expected for a hospital the size of Shrewsbury & Telford.

The Board of Directors discussed the report and a number of matters were raised.

In response to a question from Dr Lee, Ms Flavell confirmed that as a result of a series of falls in September 2020, the Trust is focusing on a review of the practices including policy, process, assessment, interventions, assurances and training. One ward in particular is challenged due to patient demographics. A falls lead is attending wards to implement on the spot training and quality facilitators are being used to deliver bespoke work on quality elements.

Dr Lee confirmed that the Quality & Safety Assurance Committee are watching these events closely and expressed the need for the Board of Directors to be aware of the issues. Ms Flavell confirmed a RCA is undertaken for each fall with sign-off led by the ward, supported by the Care Group, sent to Ms Flavell and submitted to a review panel.

Mr Brown congratulated the staff on the clarity of the information included in the chart for C.Diff Cases (page 132).

Mr Newman congratulated Dr Rose and the team for exceeding the VTE target. Mr Newman asked if the IPR dashboard could be formatted over a number of pages in a similar way to the VTE chart and not simply just the one chart.

Mr Lee informed the Board of Directors that the Trust, through the various committees, is aware of the current challenges on bed capacity, partially caused by the impact of new infection control measures. Areas have been segregated to act as green zones, separating emergency activity from elective activity. Elective activity is subject to a swab test 72 hours before attending. Modular services will be in place by December 2020. The development of the Priority Admissions Unit is underway at the Telford site and will be online in Q4. The Trust is working with the independent sector to optimise the delivery of elective activity across the health system. A number of schemes are being developed for admission avoidance including the national programme, 'Think 111 First'.

Mr Newman reminded Mr Lee that in the report submitted to the January 2020 Board of Directors meeting, 13 items had been

identified as incomplete and asked Mr Lee what progress had been made on each. Mr Lee confirmed that items due to be completed at the end of September 2020 had been completed and a lessons learned exercise had been undertaken. The one that the Board of Directors' should be alerted to is the continued focus on cancer and progress in reducing the over 62 day and over 104 day patient wait. Currently there are 89 patients over 62 days and 9 patients, primarily due to patient choice, over 104 days.

Mr Lee highlighted the work being undertaken to resolve the Trust's limited critical care capacity. The Trust is working closely with the University Hospital North Midlands at Stoke and as part of the Critical Care Network to develop surge plans.

Mr Lee reported that the forecast for Diagnostics performance (DMO1), as outlined on page 149, had been adjusted to incorporate the arrival of additional assets. The forecast for overall diagnostics remains a challenge. Two MRIs had been rented, initially for 3 months, by the Trust and will come into service in early October and early November 2020. A mobile, fully staffed, CT arrived on Monday 5 October 2020. The Trust is prioritising treatment of the clinically most urgent patients.

Prof. Deadman highlighted that the Trust, according to the graphs, is consistently performing 5-10% better than comparative hospitals (12/13 other Trusts). Prof. Deadman asked if the Trust should be pleased with this performance. Dr Rose confirmed that a recent review of mortality at the Trust had been undertaken along with a review of the peer group included in the benchmarking. Whilst the results looked positive, this was a complex matter and Dr Rose advised that he and colleagues would continue to be resolute in ensuring progress was maintained.

Mr Bristlin raised a concern for DMO1. In particular, issues experienced by the Trust that are not experienced by others in the peer group. Mr Lee suggested that for imaging pre-Covid-19, the Trust was providing the highest level of scans per scanner compared to most organisations in the region. Mr Lee confirmed that because of this, the impact of Covid-19 protocols had been much more significant for our Trust than perhaps others. In line with National Guidance, the Trust ceased some activity with the onset of Covid-19. Mr Lee confirmed that the Trust will be relying on mobile assets for Q3 & Q4 of 2020/21, with the introduction of permanent new assets planned for later in the next calendar year. Mrs Barnett confirmed, that more detailed forecasting on diagnostic pathways will be shared with the Board of Directors as this becomes available. The other factor impacting the Trust's performance, as compared to others in the peer group, was that

	<p>the estate available to support elective inpatients remains a challenge.</p> <p>The Board of Directors noted the report.</p>	
	<b>STRATEGY &amp; STRATEGIC PLANNING</b>	
2020/139	<p><b>NHSE/I Emergency Planning Resilience and Response (EPRR) Core Standards Submission 2020/21</b></p> <p>The Board of Directors received the report from Mr Lee and were asked to approve the attached COVID-19 debrief report, recommendations and action plan, agree the completion dates and assign overall responsibility for completion to the relevant directors.</p> <p>Mr Lee drew the attention of the Board of Directors to differences in the report submitted to the meeting from the previous process. The Trust has importantly learned lessons from the first wave of Covid-19 and from the Winter of 2019/20. The report on this point included significant detail as assurance for the Board of Directors. A live exercise will be carried out with the wider system in 2021 and the list of actions to date had been completed. The exercise on the escalation plan scheduled for September 2020 took place and the Trust continues to work with the wider system.</p> <p>Mr Preston drew the Board's attention to the rag rating on the actions which were all red. Mr Lee apologised to the Board of Directors and confirmed that the work had been done, all the indicators were 'green' and that an updated version will be circulated to the Non-Executive and Executive Directors following review by the Executives and ahead of the next Board meeting.</p> <p>The Board of Directors noted the report.</p> <p>The Board of Directors approved the attached COVID-19 debrief report, recommendations and action plan, agreed completion dates and assigned overall responsibility for completion to the relevant director(s).</p>	
2020/140	<p><b>Public Participation (Q2)</b></p> <p>The Board of Directors received the report from Mrs Clarke and were asked to note the report and the full range of activities being undertaken.</p> <p>Mrs Clarke advised that a successful community engagement event had been held and that workshops are being organised with staff to discuss developing engagement skills in the Care Groups.</p> <p>The Board of Directors noted the paper.</p>	

	<b>GOVERNANCE</b>	
2020/141	<p><b>Governance Report</b></p> <p>The Board of Directors received the report from Mr Holden and were asked to note the report.</p> <p>The Board of Directors noted the report.</p>	
	<b>INFORMATION</b>	
2020/142	<p><b>Quality &amp; Safety Assurance Committee Report M5</b></p> <p>The Board of Directors received the report from Dr Lee and were asked to note the report.</p> <p>Dr Lee clarified that the figure for financial claims reported by NHS Resolution against the Trust for the year 2020 is a 10 year figure. Dr Lee also highlighted the importance of the Influenza Vaccination viewed by the Quality &amp; Safety Assurance Committee was a Clinical Leadership challenge. Problems with bed capacity are predicted during the winter of 2020/21 with Covid-19 and the possibility of Influenza. Dr Lee confirmed that Dr Rose and Ms Flavell had been asked to prepare a paper for the next Q&amp;SAC meeting outlining the clinical approach to managing the pressure on beds over Winter 2020/21 and how the quality and safety of care will be handled when the Trust comes under pressure.</p> <p>Dr Rose confirmed that the total sum of money for the financial claims is the value of the legal cases being brought against the Trust as estimated by lawyers. It is not necessarily the money paid out for the claims.</p> <p>The Board of Directors noted the report.</p>	
fo2020/143	<p><b>Finance &amp; Performance Assurance Committee Report M5</b></p> <p>The Board of Directors received the report from Prof. Deadman and were asked to note the report.</p> <p>Prof. Deadman suggested the Trust should brace itself for a difficult 2020/21 Winter. The geometry imposed on the Trust by Covid-19 could mean severe constraints and that it would take the Trust some considerable time to recover clinically and financially from the Covid-19 pandemic. The Trust is performing above average on RTT and, whilst cancer performance is poor, against national standards the Trust is an exceptionally high performer. Additional quality measures being implemented are however increasing the overall costs for the Trust.</p> <p>The Board of Directors noted the report</p>	

2020/144	<p><b>Workforce Assurance Committee Report M5</b></p> <p>The Board of Directors received the report from Ms Boughey and were asked to note the report.</p> <p>Ms Boughey assured the Board of Directors that, from the information received, in the wards experiencing falls, staffing levels were satisfactory. The overseas nurses affected by Covid-19 had arrived and those staff who had taken the OSCE exam had passed. Staff are being supported across the Trust in anticipation of a second Covid-19 wave.</p> <p>The Board of Directors noted the report.</p>	
2020/145	<p><b>Sustainability Assurance Committee Report M5</b></p> <p>The Board of Directors received the report from Prof. Purt and were asked to note the report.</p> <p>Prof. Purt confirmed that an update on progress of implementation of the digital plan would be reported at the Board of Directors' meeting in November 2020.</p> <p>The Board of Directors noted the report.</p>	
2020/146	<p><b>Maternity Assurance Committee Report M5</b></p> <p>The Board of Directors received the report from Mr Bristlin.</p> <p>It was noted that a number of the issues included in the report were discussed in detail in the presentation to the Board of Directors by Ms Wenlock.</p> <p>The Board of Directors noted the report.</p>	
2020/147	<p><b>Audit &amp; Risk Assurance Committee Report M5</b></p> <p>The Board of Directors received the report from Mr Bristlin and were asked to note the report and to:</p> <ol style="list-style-type: none"> <li>1. Note the further work by the Executive Team related to reducing the number of outstanding internal audit recommendations.</li> <li>2. Consider a future board development session on the Value for Money reviews conducted by KPMG as part of their external audit work.</li> </ol> <p>Mr Bristlin confirmed that the report had been discussed in detail at the Board of Directors' meeting in Private in September, 2020.</p>	



	The Board of Directors noted the report.	
2020/148	<p><b>Security Annual Report 2019/20</b></p> <p>The Board of Directors received the report from Mr Lee and were asked to:</p> <ol style="list-style-type: none"> <li>1. Note and receive the Security Annual Report 2019/20</li> <li>2. Note the outline plans for 2020/21</li> <li>3. Approve the report for publication.</li> </ol> <p>Mr Lee stressed that security staff are a significantly important part of the Trust's service, regularly providing security to the Emergency Department and the wards. A rise in incidents requiring security intervention at the Trust had been noted. A review had been undertaken for an increase in the number of security staff at each site bringing the Trust closer to a benchmark position with other organisations.</p> <p>Mr Brown advised that communications had been upgraded for lone/off-site working staff providing a greater degree of confidence in the system.</p> <p>The Board of Directors approved the report.</p>	
2020/149	<p><b>Health, Safety, Security and Fire Committee Annual Report 2019/20</b></p> <p>The Board of Directors received the report from Mr Lee and were asked to formally approve the Health, Safety, Security and Fire Committee Annual Report 2019/20 including the 11 recommendations listed in the report.</p> <p>Mr Lee reported that in 2020 the Trust had focused on fire safety and Covid-19. The safety improvement work being undertaken at the Copthorne Building had extended across other locations and is continuing. Health and Safety had been brought to the forefront of everyone's minds with the lessons learned from Covid-19. The Health &amp; Safety Committee, along with Care Groups and other departments at the Trust, were focusing on a number of key areas in 2020, including workplace risk assessments, FIT testing, and individual risk assessments where considerable work had been undertaken by the workforce team to ensure the Trust understands individual needs. Mr Lee confirmed that the Board of Directors would be regularly sighted on the detail of changes emerging.</p> <p>Mrs Barnett reported that the Health &amp; Safety agenda had been at the centre of the decision making processes throughout this time of the pandemic and whilst participation in the Committee was not always seen, staff engagement had remained strong throughout</p>	

	<p>the Trust. It is clear that more work needs to be undertaken to strengthen the systems and processes on health and safety including how the Committee will function.</p> <p>Mr Lee referred to the recommendations in the report, ensuring that the Board of Directors are adequately supported in exercising their duty and confirmed, that the Trust had adequate PPE in line with the national focus. In particular, the role of 'incident management of CoVid-19' (initiated in March 2020) overseen by Mr Lee, Dr Rose and Mr Drury working closely with the Trust's procurement team nationally and locally. UK resilience had improved with on-shore manufacturing capacity now at &gt;75% as distinct from &lt;10% pre-Covid-19.</p> <p>Mr Lee advised that ,in the next few months, the Health, Safety, Security and Fire Committee would be reviewed and work put in place to strengthen the role of the Committee.</p> <p>Mrs Barnett highlighted the importance of the Board of Directors receiving appropriate Health &amp; Safety Training.</p> <p>The Board of Directors approved the report.</p>	
2020/150	<p><b>Finance &amp; Performance Assurance Committee Annual Report 2019/20</b></p> <p>The Board of Directors received the report from Prof. Deadman and were asked to note the Annual Report for 2019/20, summarising the activity of the Committee and its performance compliance with its Terms of Reference.</p> <p>Prof. Deadman confirmed that the report related to the period April 2019 to March 2020. Prof. Deadman suggested that due to challenges at the time the report was written, assurance to the Board of Directors could not be provided. Prof. Deadman drew the Boards attention to Section 8. (Page 285) and the assurances provided in the report. In particular the shared assurances received.</p> <p>The report noted in Section 1.3 that in a number of areas (and for the third year in a row) it was not possible to secure full assurance that the Trust was in control of its budgets, productivity and expenditure; that improvement and modernisation plans were often unrealistic and that repeatedly they had not been fully delivered. These areas were listed in Section 8 in the report.</p> <p>However, in a number of other areas, also listed in Section 8, the Trust had delivered good performance and on behalf of the Finance &amp; Performance Assurance Committee, Prof Deadman offered congratulations to the Executive Team and the workforce for these achievements. Examples of good performance included</p>	

	<p>aspects of patient flow (stranded patients) and diagnostic performance. A more complete list of these areas of excellence was included in Section 8 of the report.</p> <p>To conclude Prof. Deadman said the Trust must, as a matter of extreme urgency, focus on delivering improvement in those areas where full assurance could not be given.</p> <p>Discussion took place on the report which included the following points. Mr Newman suggested that the clinical strategy should be the 'bed rock' of the Trust's strategy, in particular, partnerships with 'key clinical leaders' in the region/community. Mr Newman also impressed upon the Board of Directors the need for setting and accepting 'more realistic targets'.</p> <p>Mrs Barnett reassured the Board of Directors of the importance for the Trust that, whilst it was important to aspire to high standards, the need for realistic and achievable plans was recognised.</p> <p>Prof. Deadman suggested that the new assurance committee structure would provide the opportunity for the Trust to enhance its focus on patient safety.</p> <p>Dr Rose confirmed that all Clinical Directors are now in place and that the Clinical Leadership Programme begins on Monday 12 October 2020 with the first cohort. Dr Rose suggested that Clinical Director performance was dependent on the supply of reliable data and that digital assurance should be a priority before the move to the new system.</p> <p>The Chairman impressed on the Board of Directors, the importance of a focus on performance, quality and integration, including integrated governance.</p> <p>Prof. Purt stated that quality does not cost money, duplication and errors cost money and that it should not be a trade-off between finance and patient safety.</p> <p>The Board of Directors noted the report.</p>	
2020/151	<p><b>Audit Committee Annual Report 2019/20</b></p> <p>The Board of Directors received the report from Mr Bristlin.</p> <p>Mr Bristlin reported that the contents in the report had been reported monthly to the Board of Directors in the Audit &amp; Risk Assurance Committee report. The Internal Auditor's formal 'limited' opinion highlights in a number of key issues where control needs to be addressed including regulatory compliance and quality of service, clinical governance, poor financial</p>	

	<p>performance and the quality and stability of the Board of Directors. Mr Bristlin confirmed that formal action plans are now in place to deal with each of these issues. The External Auditor's opinion was 'unqualified' for 2019/20. The Value for Money report from KPMG concluded that the Trust did not have adequate arrangements to secure economy, efficiency and effectiveness, This conclusion was based on the CQC rating, the Trusts accumulate deficit, the independent maternity review and the Trust missing a number of key performance targets. Local counter fraud self-assessment was rated green. The internal auditors determined that the BAF only provided limited assurance and that changes to the BAF needed to be implemented.</p> <p>Mr Holden confirmed that the 10 point risk management was being driven by the Governance team. MIAA had recently been appointed as internal auditors and KPMG had been re-appointed as external auditors.</p> <p>Mr Drury reiterated that the Audit Committee's role was to obtain assurance from governance for the Trust's processes and procedures feeding through to the internal audit opinion.</p> <p>Mrs Barnett advised that the Trust's system of internal control was at the heart of governance and that the Trust was committed to dealing with the outstanding issues and to building a strong platform.</p> <p>The Board of Directors noted the report.</p>	
2020/152	<p><b>Good Corporate Citizen Annual Report 2019/20</b></p> <p>The Board of Directors received the report from Mrs Clarke, the Good Corporate Citizen Lead and were asked to note the report. Mrs Clarke confirmed that guidance had been received from NHSE that achieving a zero carbon position was now on the national agenda. Mrs Clarke was proud to advise that in 2019/20 the Trust saved 847k plastic cups, with patients now drinking from china cups on the wards and 250k pieces of plastic cutlery, with the introduction of plant-based cutlery.</p> <p>Prof. Deadman commended the report and thanked Mrs Clarke for both the clarity of the information and achievements.</p> <p>Dr Rose advised that a number of staff at the Trust are now driving electric cars. Mrs Clarke confirmed that work was underway to investigate the provision of charging points at the Trust for both staff and visitors.</p> <p>Mr Brown requested that the Board of Directors be advised on risk associated with sustainable development linked to the</p>	

	<p>corporate risk register. Mr Brown also asked if the Trust should be identifying investment requirements for the next three years. Mrs Clarke confirmed that a Green Plan, including both these aspects, will be presented to the Board of Directors' meeting in Public in March 2021.</p> <p>Ms Boughey complemented Mrs Clarke on the report and associated work and advised that the ambulance service are exploring a move to electric ambulances.</p> <p>The Board of Directors noted the paper.</p>	
	<b>OTHER BUSINESS</b>	
2020/153	<p><b>Any other Business</b></p> <p><u>Parking</u></p> <p>Mr Lee briefed the Board of Directors on the Trust's plans to reintroduce visitor car parking linked to the national furlough scheme.</p> <p>Mrs Clarke confirmed that charges will be reintroduced for visitors on 1 November 2020 coinciding with cessation of the national furlough scheme and the government subsidy. The Government are continuing to subsidise staff parking which will remain free for the duration of the pandemic. Free Parking will continue to be provided for renal and cancer patients attending the Trust. Concession tickets, 8 visits for £10, will also continue for regular attenders. A contractual increase of 50p for each tariff level will apply. A press release will be issued and the information will be included on the Trust's website.</p> <p><u>Chaplaincy</u></p> <p>The external review of Chaplaincy carried out identified the Trust was well below the NHS guidelines with 1.8 FTE instead of 6 full time equivalents (FTE). At the time the review was completed, the Board of Directors agreed that 2 FTE Chaplains would be recruited. Ms Flavell confirmed that funding had been agreed for 2 FTE Chaplains. A recruitment panel, scheduled to meet next week, had been created and included, the Patient Experience Lead, the Equality, Diversity &amp; Inclusion Lead, and the existing Lead Chaplain to ensure all faiths are included and the outcome is aligned to the Trust's staff demographics.</p>	
	<b>OPEN FORUM</b>	
2020/154	<b>Questions from the Public</b>	

	<p>The Chairman thanked the public for submitting their questions and acknowledged that the live streamed virtual meeting was not ideal for the public to raise questions at the meeting.</p> <p>The Chairman confirmed that all questions will be responded to, if possible, on the day of the Board of Directors' meeting in Public or on the website within a month, unless there are exceptional circumstances.</p> <p>Mr Holden discussed the questions received:</p> <p><u>Diane Peacock</u>- the Trust does not currently have systems in place to produce information on discharge to care homes and related questions. The local CCG has also confirmed, they also do not currently have systems in place to produce this information. The CEO confirmed this would be valuable and actions taken to achieve this in future. The new information system for the Trust is tentatively planned for Autumn 2021.</p> <p><u>Dulcie Howell</u> – Mr Lee advised that Orthopaedic surgery at Telford had been prioritised as an area for restoration of services although some operations have not commenced as quickly as the Trust would like. The surgical team had been asked to investigate the individual case and to contact the patient.</p> <p>The Chairman reiterated that the Trust values questions received from the public. They represent an important source of insight and broaden the Trust's perspective.</p>	
	<b>NEXT MEETING</b>	
2020/155	<p><b>Date of next Board of Directors' meeting in public:</b></p> <p>13:00 on Thursday 5 November 2020</p> <p>Via MS Teams</p>	
	<b>MEETING CLOSED</b>	<b>1700</b>