



## The Shrewsbury & Telford Hospital NHS Trust

Board of Directors' meeting in PUBLIC

Thursday 8 April 2021 via MS Teams (and live streamed to a public audience).

### Minutes

NAME	TITLE	ITEM
<b>MEMBERS (voting)</b>		
Dr C McMahon	Chair	
Mrs L Barnett	Chief Executive Officer	
Ms S Biffen	Deputy Chief Operating Officer (substitute)	
Mrs T Boughey	Non-Executive Director	
Mr A Bristlin	Non-Executive Director	
Mr D Brown	Non-Executive Director	
Mrs H Flavell	Director of Nursing	
Dr J Jones	Deputy Medical Director (substitute)	
Dr D Lee	Non-Executive Director	
Prof. T Purt	Non-Executive Director	
Ms H Troalen	Director of Finance	
<b>ATTENDEES (non-voting)</b>		
Ms R Boyode	Acting Workforce Director	
Mrs J Clarke	Director of Corporate Services	
Ms A Milanec	Director of Governance & Communications	
Ms C West	Improvement Director	
Ms P Neil	Interim Board Secretary	Minutes
<b>APOLOGIES</b>		
Prof. C Deadman	Non-Executive Director	
Mr N Lee	Chief Operating Officer	
Dr A Rose	Medical Director	
Mr C Preston	Interim Director of Strategy & Planning	
Mr J Drury	Interim Director of Finance	
<b>GUESTS</b>		
Dr Mei-See Hon	Clinical Director – Obstetrics / Maternity	Item 085
Ms Janine McDonnell	Divisional Director, Women & Childrens	Item 085
Mr M Underwood	Medical Director, Women & Children	Item 085
Mr M Wright	Programme Director: Maternity Assurance	

No. 2020	ITEM	ACTION
<b>GENERAL BUSINESS</b>		<b>1300</b>
069/21	<p><b>Welcome and apologies.</b></p> <p>The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream. Apologies were noted.</p> <p>The Chair thanked all members of the public who attended the previous Board of Directors' meeting in public on 11 March 2021 and</p>	

	provided feedback. It was brought to the attention of the public that the attending members of the Board would be using the digital chat box to indicate when they wished to ask a question.	
070/21	<p><b>Patient Story</b></p> <p>The Board of Directors received the report from the Director of Nursing and noted the accompanying video published on the Trust's website.</p>	
071/21	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	
072/21	<p><b>Declarations of conflicts of Interest</b></p> <p>Dr Lee provided a verbal declaration of conflicts of interest.</p> <p>No further conflicts of interest were declared that were not already declared on the register. The Chair reminded members of the need to highlight any interests which may arise during the meeting.</p> <p><i>Post meeting note – Dr Lee provided a written declaration of conflicts of interest after the meeting. The interest declared had no bearing on the items discussed at the Board of Directors' meeting.</i></p>	
073/21	<p><b>Minutes of the previous meeting.</b></p> <p>The minutes of the meeting held on 11 March 2021 were approved by the Board of Directors as an accurate record, subject to minor amendments proposed by Mr Brown.</p>	
074/21	<p><b>Matters Arising</b></p> <p>No other matters were raised which were not already covered in the action log or agenda.</p>	
075/21	<p><b>Action Log</b></p> <p>2020/52 - Waiting List Initiatives [WLI] Review of Policy – The Board of Directors' approved a request for an extension of this item to May 2021.</p>	
<b>STRATEGY &amp; STRATEGIC PLANNING</b>		
076/21	<p><b>Report from the Chair</b></p> <p>The Board of Directors received the verbal report from the Chair, Dr McMahon.</p> <p>Dr McMahon confirmed that the Shropshire, Telford and Wrekin Sustainable Transformation Partnership (STP) had become the</p>	

	<p>Shropshire, Telford and Wrekin Integrated Care System (ICS) from the 1 April 2021, following national policy. It was noted that further guidance and, eventually, legislation would be put in place at the beginning of 2022.</p> <p>Dr McMahon asked the board to approve the role of the Trust's Wellbeing Guardian and to approve the appointment to that role of Non-Executive Director, Mr Brown with immediate effect. It was noted that the Wellbeing Guardian would be responsible for holding the board to account regarding the way in which the Trust addressed NHS staff wellbeing.</p> <p>The Board of Directors approved the new role and appointment of Mr Brown to that role.</p>	
077/21	<p><b>Report from the Chief Executive</b></p> <p>The Board of Directors received the verbal report from the Chief Executive, Mrs Barnett.</p> <p>Mrs Barnett reported that whilst Covid-19 pressures were beginning to ease, significant pressure remained for the restoration of critical services. The Board was mindful of the current waiting lists and were monitoring the Trust's actions to improve its position.</p> <p>It was noted that the COVID-19 vaccination programme continued in accordance with the national timescales.</p> <p>Mrs Barnett confirmed that the inaugural Ockenden Report Assurance Committee (ORAC) had been held on 25 March 2021 and that progress and evidence of the work being undertaken to implement the recommendations, would be shared at future ORAC meetings.</p> <p>Mrs Barnett highlighted the importance of the cultural work being undertaken at the Trust in light of the results documented in the NHS Staff Survey for 2021. Mrs Barnett thanked everyone who contributed to the survey. Mrs Barnett reiterated that the Trust was focused on, and committed to the delivery of high quality care to the community by supporting the staff who work for the Trust, and by strengthening the organisation's leadership and governance arrangements.</p> <p>The Board of Directors noted the verbal report</p>	
078/21	<p><b>Integrated Performance Report [M11 ]</b></p> <p>The Board of Directors received the report from the Chief Executive, Mrs Barnett and were asked to take assurance from the report.</p> <p>Mrs Barnett drew the Board's attention to the executive summary in the report stating that the areas covered by the report were continually being improved and refined, progressively improving the</p>	

benchmarking process against other stakeholders and trusts, with a focus on forward actions.

### **Quality**

Mrs Flavell confirmed that the Trust had reported seven Serious Incidents for February 2021; that the Trust trajectory for grade two pressure ulcers was improving; that no MRSA Bacteraemia had been reported for February 2021; and that Covid-19 related same sex accommodation breaches had increased during February 2021 due to the severe pressure caused by the third wave of the pandemic. She highlighted that complaints responses remained below the trajectory at 48% for February 2021 but that the engagement work being undertaken by the Complaints team with the divisions, would demonstrate improvement.

Mrs Flavell reported that whilst there had been a reduction in falls with significant harm, the overall number of falls, continued to increase. Robust risk assessments are undertaken for each incident, and a Falls Prevention Strategy had been put in place. All falls were discussed in depth at each Nursing Incident Quality Assurance (NIQAM) Meeting.

Dr Lee mentioned that the Quality & Safety Assurance Committee (QSAC) recently discussed the Trust's weak response to complaints. Dr Lee also suggested that the introduction of RALIG (Review, Action, and Learning from Incidents Group) and NIQAM, notwithstanding they were relatively new assurance structures responsible for investigating incidents, had made noticeable improvements in the assurance process.

In response to a question from the Chair, Mrs Flavell suggested that whilst a good reporting culture was now in place for commissioning investigations into serious incidents, more could be done investigating those incidents which were not formally classified as 'serious'. Mrs Flavell agreed and suggested there should be a robust process for tracking the completion of actions and sharing the learnings across the organisation. Dr Jones mentioned work being undertaken on pattern recognition of incidents which, individually may not be reported, but which collectively could indicate a pattern and may cause concern. It was reported that the Trust was within national guidelines for investigating Serious Incidents.

Dr Jones suggested that venous thromboembolism (VT) was currently present in people's minds as the result of media attention on blood clots as a result of giving Covid-19 vaccinations. He advised that the Trust's policy was to ensure that 95% of relevant patients received a prophylaxis against VT.

### **Operational**

Ms Biffen advised that, since early in 2020, the impact of Covid-19 on the organisation had been significant, particularly on the 18 week referral to treatment (RTT) healthcare target, and A&E performance. Recovery work was being undertaken she advised, within the national pandemic guidelines, including for cancer, elective operations, diagnostics and necessary A&E performance improvement. She advised that a report would be submitted to the Finance & Performance Assurance Committee (FPAC) at the end of April 2021 to outline the Trust's plan for recovering the Trust's RTT and diagnostics performance.

The Trust's cancer performance currently sat at 46<sup>th</sup> out of 124 trusts nationally with a slight reduction in performance in February 2021 with the exception of breast cancer patients on a 2 week wait pathway. The backlog of patients over 62 days had reduced since March 2021.

Mr Bristlin referred to 'admission avoidance schemes' as stated in the report and asked what impact they might have on non-elective activity in the future. Ms Biffen suggested that it would be difficult to identify any impact from the admission avoidance schemes put in place because A&E was currently experiencing a reduced level of activity due to Covid-19. Work was underway to identify outcomes from the admission avoidance schemes.

### **Workforce**

Ms Boyode highlighted key issues from the report including the high level of sickness absence attributed to mental health. The relevance of the Trust's current support provision was being reviewed. A high level of leavers within their first 12 months working at the Trust, remained a problem, as reportedly from exit interviews where departure had been attributed to the need for a better work/ life balance.

Mandatory training compliance remained below the 90% target. Ms Boyode requested that Executive Directors support staff, particularly in surgery, medicine and emergency care, by providing protected time for staff to complete their mandatory training.

Mr Brown suggested that 'work/ life balance', as a reason for staff departure in the first 12 months, could be overly simplistic and that the precise reason for their departure should be explored more fully in exit interviews.

### **Finance**

The Chair welcomed Ms Helen Troalen to the Trust and the meeting as the new substantive Director of Finance.

Ms Troalen highlighted the key points from the report including the current deficit of £1.9m, £3.6m favourable to the financial plan agreed

	<p>for the second half of 2021. The forecast to the end of 2021 was expected to be in line with the plan, she advised. The report included detail of an accrual of £4m for annual leave, as a 'below the line' adjustment. The Trust's underspend could be attributed to reduced activity levels due to Covid-19 and an under investment due to workforce availability. At month 11, the Trust had spent 92% of the agreed capital plan with an expectation that at month 12 the final spend would be in line with the plan. The Trust was not anticipating any downside in month 12. Ms Boyode confirmed that agency staff supported sickness and surges in February 2021.</p> <p><b>Transformation</b></p> <p>Mrs Barnett reported that the Trust had moved forward with a number of the 'getting to good' workstreams, notwithstanding Covid-19 related pressures. The report included a status report for each work area of actions being implemented, which was acknowledged as a significant piece of work across the whole organisation.</p> <p>Mr Bristlin sought assurance that the Trust would deliver against the conditions applied to the Trust's licence and asked, in reference to Quality &amp; Regulatory Compliance, and what evidence was being gathered for the embedding of the actions to support the lifting of the conditions. Ms Flavell confirmed there were currently 30 conditions (including 6 further conditions) against the Trust's licence and that work was underway to embed actions for 11 of the 30 conditions. Work was also underway to explore the lifting of some of the remaining 19 conditions. In response to a question from the Chair, Mrs Flavell confirmed that the CQC would expect to be provided with evidence in support of embedded actions against conditions before they would agree to a condition being lifted from the Trust's licence.</p> <p>Mr Bristlin highlighted Section 9 (Culture &amp; Behaviour) and Section 10 (Communication &amp; Engagement) in the report and asked how the information in the staff survey would feed into the IRP report in the future. Mrs Barnett confirmed that outcomes from work being undertaken across the organisation, including the staff survey, would be reported through the Getting to Good Programme</p> <p>The Board of Directors took assurance from the report.</p>	
<b>Operational Reporting</b>		
079/21	<p><b>Mental Health Report</b></p> <p>The Board of Directors received the report from the Director of Nursing, Mrs Flavell, and were asked to take assurance from the report.</p> <p>Mrs Flavell reported that the CQC made an unannounced inspection at The Princesses Royal Hospital (PRH) investigating the treatment of children and young people with mental health conditions at the Trust.</p>	

	<p>An enforcement notice Section 31 followed this visit. Six conditions were subsequently applied to the Trust's registration with two conditions relevant to the wider system and partners, Local Authority and mental health Trust colleagues. An action plan was submitted to the CQC on 12 March 2021. A wider piece of work with adults with mental health needs was being undertaken across the Trust, it was also noted.</p> <p>The Board of Directors took assurance from the report.</p>	
080/21	<p><b>Quality Report</b></p> <p>The Board of Directors' received the report from the Director of Nursing, Mrs Flavell and were asked to take assurance from the report.</p> <p>Mrs Flavell reported that the CNST Scheme was updated in March 2021 in line with Covid-19 and that the Trust's requirement to report had changed. Mrs Flavell advised that a report would be submitted to the May 2021 Board of Directors' meeting outlining the Trust's position against the new standard.</p> <p>Dr Lee stated that the view of the QSAC was that the Trust was unlikely to meet the CNST requirements for 2021.</p> <p>The Board of Directors noted the report.</p>	
A081/21	<p><b>Report from the Director of Infection Prevention &amp; Control (DIPC)</b></p> <p>The Board of Directors received the report from the Director of Infection Prevention &amp; Control (DIPC), Mrs Flavell and were asked to take assurance from the report.</p> <p>Mrs Flavell reported the Trust was on target for the Clostridium Difficile (C.Diff) trajectory, a reduction in E.Coli, and that because the Trust had had a very challenging six months with Covid-19, it was unlikely to meet the target for MSSA Bacteraemia (24). An increased incident of pseudomonas infection had occurred in the Intensive Care Unit (ICU) and two cases of vancomycin-resistant enterococci (VRE) in the renal unit.</p> <p>A gap analysis had been undertaken on the IPC BAF (109 risks of which 96 are rated green with the remaining 13 rated amber) created in March 2021.</p> <p>The Board of Directors noted the report.</p>	
082/21	<p><b>Covid-19 Report</b></p> <p>The Board of Directors received the report from the Acting Medical Director, Dr Jones, and were asked to note the report.</p>	

	<p>Dr Jones highlighted the extraordinary month experienced in February 2021 for bed occupancy, critical care facilities and the number of Covid-19 patients at the Trust. Patient pathways remained in place with Covid-19 ratings (red / amber / green) and uncertainty remained for any possible impact from the new wave emerging in Europe.</p> <p>The Board of Directors noted the report.</p>	
083/21	<p><b>Making a Difference Report</b></p> <p>The Board of Directors received the report from the Acting Workforce Director, Ms Boyode and were asked to note the report.</p> <p>Ms Boyode highlighted the key points in the report including, the role of culture in creating high quality care at the Trust, a programme of work launched by NHSE/I and the King's Fund in 2020. A dashboard had been created for measuring progress from the work undertaken. The dashboard was influenced by results from the staff survey, the medical engagement score and the 'Clever Together' intelligence. Ms Boyode impressed on the Board of Directors the important role the senior leadership team plays in supporting the cultural programme. Deep dives at focus groups had been held to discuss cultural change at the Trust.</p> <p>Mrs Clarke endorsed the introduction of the cultural programme as an excellent development in the alignment of the community with transparent conversations. A public participation plan would be submitted to the Board of Directors' in July 2021.</p> <p>In response to a question from Mr Bristlin, Ms Boyode confirmed that a level of commitment would be required from the Board of Directors' to support the organisation's involvement at a team level in the programme. Dr McMahon impressed on the Board of Directors' the importance of engaging with and contributing to the Make a Difference discussion website.</p> <p>The Board of Directors noted the report.</p>	
084/21	<p><b>Annual NHS Staff Survey Report</b></p> <p>The Board of Directors received the report from the Acting Workforce Director, Ms Boyode and were asked to take assurance from the report.</p> <p>Ms Boyode highlighted key aspects of the survey results, carried out during a Covid-19 winter in 2020/21, suggesting that many aspects of the report had been disappointing to read, with 8 out of 10 themes having below average results. 42% participation was achieved. Ms Boyode thanked 2711 people who completed the survey.</p>	



	<p>Four areas of concern were raised including, Safety Culture - feedback from staff on improvements to behaviour in the organisation as a result of near misses, Health &amp; Wellbeing – mental health conversations with staff, Quality of Care – staff equipped, trained and resourced to deliver quality of care, and, Staff Morale – staff believing they have a voice.</p> <p>Dr McMahon impressed on the Board of Directors that responsibility for results from the Cultural Programme did not lie exclusively with the Acting Workforce Director. The leadership team had joint accountability for the programme outcomes.</p> <p>Dr Jones suggested that some staff were unhappy with the care they were providing to patients, particularly given staffing challenges and pressures during the pandemic. He described the ongoing conversations and support to staff to ensure safe services and to continue to develop a safety culture across the Trust</p> <p>The Board of Directors noted the report.</p>	
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<b>Assurance Framework</b>		
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085/21	<p><b>The Ockenden Report – Action Plan</b></p> <p><i>Mr Underwood, Ms MacDonnell, and Mei-See Hon joined the meeting.</i></p> <p>The Board of Directors received the report from the Director of Nursing, Mrs Flavell and were asked to take assurance from the report.</p> <p>Mrs Flavell reported progress made against the action plan (52 actions – 27 Local Actions For Learning - LAFL and 7 Immediate And Essential - IAE) and whilst work on three actions had not as yet been commenced, discussions were underway with regional colleagues and the local CCG to implement them. The required governance for reporting work against the action plan, was now in place.</p> <p>Mrs Flavell confirmed that all the Ockenden Report actions had been cross referenced against the Maternity Transformation Plan (MTP) and the Maternity Improvement Plan (MIP). Progress and delivery of all actions was being monitored. The Maternity Transformation Assurance Committee (MTAC) had been constituted and would be chaired by the Director of Nursing and attended by Mr Bristlin. MTAC would meet monthly and scrutinise the evidence for work relating to the MTP, MIP and Ockenden Report Action Plan.</p> <p>Dr McMahon asked for assurance that progress on actions being signed-off at MTAC was subject to the high standard set by the Trust for providing evidence that actions had been delivered. Mrs Flavell confirmed that the signing-off process at MTAC included scrutinising</p>	
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	<p>the evidence provided to support actions delivered and embedded. Mrs Flavell reported that five of the seventy actions had been discussed in detail at the first MTAQ meeting on 7 April 2021.</p> <p>MTAC reports into ORAC on a monthly basis.</p> <p>Mr Bristlin agreed, that the actions being discussed at MTAC were supported by a robust audit process which would need to be resourced to ensure delivery. Mrs Barnett reported that a business case would be submitted for resourcing the audit function of the work being reported to MTAC. Dr Hon highlighted the importance of clinical input into scoping the audit process resourced. Mr Underwood suggested that BadgerNet, due to be implemented on 27 May 2021, would assist in automating the audit process.</p> <p>The Board of Directors took assurance from the report.</p>	
<b>Board Governance</b>		
086/21	<p><b>Quality &amp; Safety Assurance Committee Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Dr Lee and were asked to take assurance from the report.</p> <p>Dr Lee highlighted complaints' responses and CNST as areas of concern for QSAC.</p> <p>The Board of Directors noted the report.</p>	
087/21	<p><b>Finance &amp; Performance Assurance Committee Report</b></p> <p>The Board of Directors received the report and were asked to take assurance from the report.</p> <p>The Board of Directors noted the report.</p>	
088/21	<p><b>Ockenden Report Assurance Committee Report</b></p> <p>The Board of Directors received the report from the Committee's Co-Chair, Dr McMahon, and were asked to take assurance from the report.</p> <p>The Chair on behalf of the Board of Directors' thanked Mr Underwood, Ms MacDonnell and Dr Hon for their contribution to the inaugural Ockenden Report Assurance Committee (ORAC) meeting held on 25 March 2021 and the various stakeholders for attending.</p> <p>Dr McMahon confirmed the appointment of the Co-Chair for ORAC, Jane Garvey, a UK broadcaster and journalist with a strong background in women's issues.</p>	

	<p>As a means of assurance and due to the depth of discussion at the meeting, Dr McMahon confirmed that only one of two agenda items had been discussed. The meetings, which are to be held in public, would continue to be live streamed in the meantime, and all attending (members, stakeholders and the public) were invited to contribute questions to the Trust after the meeting. All questions and answers would be published with the papers for the next ORAC meeting. Dr McMahon confirmed that jargon / acronyms would, where possible, be avoided in all communication at and about the content of the meeting. Future meeting dates would be published and all meetings live streamed to enable public participation / observation.</p> <p>Dr McMahon confirmed that the Terms of Reference for the time limited ORAC would be submitted to a future Board of Directors' meeting.</p> <p>The Board of Directors took assurance from the report.</p> <p><i>Mr Underwood, Ms MacDonnell, and Dr Hon left the meeting.</i></p>	
089/21	<p><b>Any other Business</b></p> <p>No further business was raised.</p>	
090/21	<p><b>Date of next Board of Directors' meeting in public:</b></p> <p>13:00 on Thursday 6 May 2021.</p> <p>Via MS Teams</p>	
<b>Stakeholder engagement</b>		
091/21	<p>The Chair advised that The Trust had been receiving an unprecedented number of questions prior to Board of Directors' meetings, many of which were not necessarily related to the meeting agenda. It had become challenging to set aside valuable resources (clinical and executive) to respond to each question in the limited time available.</p> <p>The Trust would therefore implement a revised procedure from April 2021, in that any questions arising directly from the papers presented to a Board of Directors' meeting, be submitted to <a href="mailto:sath.trustboardsecretary@nhs.net">sath.trustboardsecretary@nhs.net</a> by 17:00 on the second Friday following the meeting.</p> <p>Responses would be provided on the website as soon as possible thereafter, with individual questions read out at a future Board of Directors' meeting, where the question may inform a discussion of a particular agenda item at that meeting</p> <p>Responses to some of the public questions received for the March 2021 meeting were discussed:</p>	

A question was raised in March 2021 about the Board of Directors' being sufficiently informed on cyber security, information governance and the toolkit submission. Ms Milanec confirmed that all Board of Directors had now completed cyber security training.

A question was raised in March 2021 about the number of risks on the Register (2065 risks of which 500 were live). Ms Milanec explained that each report coversheet directs the reader to which risks the matter in the report related to. Each risk was closed with its number retained, with new risks adopting new numbers – hence the apparently high number of risks.

A member of the public asked if the minutes from the Quality Improvement Alliance Committee in Common would be published on the website. Ms Milanec confirmed that permission to publish was being sought from the other parties.

The Chair thanked the public for attending the meeting and the various members of the Maternity Team along with Ms Biffen, Dr Jones, Non-Executive Directors and the Executive Directors for their contribution.

**MEETING CLOSED**