

**The Shrewsbury and Telford Hospital NHS Trust
Board of Directors' meeting in PUBLIC**

Thursday 5 August 2021 via MS Teams (and live streamed to a public audience)

MINUTES

Name	Title
MEMBERS	
Dr C McMahon	Chair
Mrs L Barnett	Chief Executive
Mrs T Boughey	Non-Executive Director
Mr A Bristlin	Non-Executive Director
Mr D Brown	Non-Executive Director
Prof C Deadman	Non-Executive Director
Mrs H Flavell	Director of Nursing
Dr J Jones	Acting Medical Director
Mr N Lee	Chief Operating Officer
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Ms R Boyode	Director of People & Organisational Development
Ms A Milanec	Director of Governance & Communications
Mr C Preston	Interim Deputy Chief Executive
Mr R Steyn	Co-Medical Director
Mrs J Clarke	Director of Public Participation
Ms R Gallimore	Director of Digital Transformation
Ms C West	Improvement Director
Mr M Wright	Programme Director, Maternity Assurance
Ms H Turner	Freedom to Speak Up Lead Guardian (Item 224/21)
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Dr D Lee	Non-Executive Director
Dr A Rose	Medical Director

No.	ITEMS	ACTION
PROCEDURAL		
207/21	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream.</p> <p>Dr McMahon extended a particular welcome to Ms Mortlock, who she advised would be observing today's meeting, in support of her work with the Board to provide leadership and organisational development coaching.</p> <p>Apologies were noted.</p>	
208/21	<p>Patient Story</p> <p>The Director of Nursing introduced the patient story, in which a person who recently attended the Emergency Department (ED) with her 19 year old daughter on a busy Saturday night, shared her negative experiences of the ED reception and waiting room.</p> <p>Mrs Flavell highlighted the subsequent actions which had been taken in response to the feedback received, and stated in summary that the majority of the issues experienced were ultimately unfortunately around the need for colleagues to demonstrate the values and behaviours of kindness and compassion.</p> <p>In response to a query from the Chair, Mrs Flavell confirmed that both she and her senior leadership team invite patients to meet with them regularly to share their experiences, in the interests of continuous learning and improvement.</p> <p>Mr Lee confirmed that feedback was also received regularly from Trust staff and their families who live locally and are users of Trust services.</p> <p>Mr Lee also advised, with regard to an issue highlighted in the patient story relating to incorrect sign posting of patients by NHS 111, that the Trust was working with our system partners to ensure patients are directed to the correct locations.</p> <p>The Board of Directors noted the staff story and took assurance from the work being undertaken to listen to and be responsive to feedback from people accessing services within the Trust to improve patient experience.</p>	
209/21	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
210/21	<p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already declared on the register. The Chair reminded the Board of Directors of the need to highlight any interests which may arise during the meeting.</p>	

211/21	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 8 July 2021 were approved by the Board of Directors as an accurate record, subject to the following corrections:</p> <p>Item 173/21 Report from the Chair: Minor amendment to be made to a comment from Dr McMahon in the paragraph related to Dr Hughes, who had led a recent Board Seminar Session. It was noted that this was not, however, material to the essence of the minutes.</p> <p>Item 175/21 Hospitals Transformation Programme: Seventh paragraph to be amended as follows: 'In response to a query from Mrs Troalen, Mr Preston expanded on the process around financial modelling. He confirmed that PA Consulting would be working with the Trust to determine the requirements that need to be built in, to re-explore and revise assumptions, and engage with system partners to confirm that their contributions would meet the requirements identified in the outcomes of the consultation. He clarified that this information would be used to develop a robust change programme and set of financials'.</p> <p>Item 175/21 Hospitals Transformation Programme: Eleventh paragraph to be amended as follows: 'Mr Preston confirmed that the revised SOC would be progressed through the September business cycle, concluding with the Private Board on 7 October 2021'.</p> <p>Item 176/21 Integrated Performance Report – Transformation Summary: Second paragraph to be amended as follows: 'Mr Preston advised that the delayed timeframe for the delivery of system long term plan assumptions had been escalated to system colleagues'.</p>	
212/21	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and it was noted that both actions listed in the log were complete and could now be closed.</p>	
213/21	<p>Matters Arising from the previous minutes</p> <p>Item 176/21 Integrated Performance Report – Quality Summary: The Director of Nursing reported that the latest completion statistics for the retraining of staff in the safe transfer of patients, in order to prevent falls, was 93% for Princess Royal Hospital (PRH) and 92% for Royal Shrewsbury Hospital (RSH). She confirmed that training was continuing with the objective of 100% completion.</p> <p>No other matters were raised which were not already covered in the action log or agenda.</p>	
STRATEGIC MATTERS		
214/21	Report from the Chair	

	<p>The Board of Directors received a verbal report from the Chair, and noted that Dr McMahon had no additional items to raise at this meeting which were not already covered in subsequent reports.</p>	
215/21	<p>Report from the Chief Executive</p> <p>The Board of Directors received a verbal report from the Chief Executive.</p> <p>Mrs Barnett highlighted the following key points:</p> <ul style="list-style-type: none"> • The Trust had been under significant operational pressure in recent weeks, but remained committed to the restoration of services, in conjunction with system partners; • The number of Covid inpatients being cared for within the Trust currently stood at approximately 20; • The Care Quality Commission (CQC) was in the process of inspecting the Trust, and their Well Led inspection would take place in August 2021; • An Operational Plan for the year had been produced, and a summary would be provided at the Public Board meeting on 7 October 2021; • The Trust was continuing with Winter planning, and a report would be presented to the Board of Directors when planning had been finalised. <p>Mrs Barnett clarified that reports against subsequent agenda items provided detailed information relating to the restoration of services; and the Trust's Maternity Transformation Programme.</p> <p>The Board of Directors noted the verbal report.</p>	
QUALITY AND PERFORMANCE MATTERS		
216/21	<p>Integrated Performance Report</p> <p>The Board of Directors received the report from the Chief Executive, Mrs Barnett who referred to her executive colleagues in order to provide more detailed information for the Board.</p> <p>Quality Summary</p> <p>The Director of Nursing, Mrs Flavell, provided a verbal summary to the Board of Directors of the informal feedback provided by the CQC following their recent inspections of several areas of the Trust to date.</p> <p>Mrs Flavell was pleased to advise on areas of positive feedback from the CQC and confirmed, with regard to the areas of negative feedback received, that the Trust was already aware of the issues which had been raised.</p> <p>As the live inspection was ongoing, Mrs Flavell advised that further information, and formal feedback, would be provided when available.</p> <p>With regard to complaints, Mrs Flavell acknowledged that the</p>	

response time for concerns raised remained unsatisfactory, with work underway to reduce delays in the process. She clarified that the poor performance was in part due to reducing the backlog of overdue complaints and in part a reflection of timing in implementing the changes proposed. Mrs Flavell confirmed that an improvement trajectory, aligned to the actions being taken, was in development and would be taken to the Quality and Safety Assurance Committee (QSAC) for review.

Mrs Flavell referred to the delivery suite acuity percentage of 68% against a national target of 85%. She provided assurance to the Board of Directors that this did not mean effective care was not being delivered to mothers and babies, clarifying that the immediate mitigating actions put in place to positively address the score and provide safe levels of staffing, by re-allocating staff to the suite, were not visible within the acuity tool.

Mrs Flavell further advised that delivery suite acuity and staffing metrics would be included in a report to be presented at the Public Board on 7 October 2021.

Workforce Summary

The Director of People & Organisational Development, Ms Boyode, drew attention to the Covid-19 element of her report, and provided assurance to the Board of Directors that extensive mitigations were in place to ensure compliance with Infection Prevention and Control (IPC) guidelines.

Ms Boyode further advised that in exceptional circumstances, when there was a significant risk to services, frontline staff may be released from isolation in order to attend work, but this would only be following a rigorous risk assessment process, including senior level review and approval via the Incident Command Centre (ICC).

Operational Summary

The Chief Operating Officer, Mr Lee, reported that June 2021 saw a parallel focus on managing the increased Urgent and Emergency care demand, whilst looking to expand the recovery in elective and diagnostics, given the Trust's high waiting lists.

Mr Lee added that the Trust had seen the highest ever levels of Accident and Emergency (A&E) activity in June, with an increase of circa 10% compared with 2019/20 levels. He confirmed that joint work continued with West Midlands Ambulance Service (WMAS) and local system partners to promote alternatives to A&E.

Mr Lee further advised that the Integrated Care System (ICS) Urgent Care Group were undertaking work to expand metrics with regard to the above, with the aim of ensuring pathways were as effective as possible. It was noted that information and developments would be reported through the Finance and Performance Assurance Committee (FPAC).

Mr Preston drew the attention of the Board of Directors to the contingency plans in place to address the challenges of the time taken to initial assessment in view of the volume of patients being dealt with, involving oversight by senior professionals. He also confirmed that the Trust was working closely with NHSEI with regard to options for additional physical capacity.

Mrs Barnett added that she felt confident the Trust would be able to draw on the experience of system partners, to identify joint actions that could be taken to improve services for patients.

With regard to the key priority of elective recovery delivery, Mr Lee reported that the Trust, and local system as a whole, delivered against the national delivery threshold in June, and expected to deliver against the increasing threshold in July 2021. He advised that plans to expand the elective inpatient capacity were implemented at the end of June on both hospital sites and highlighted that, whilst this would put additional pressure on emergency care capacity, it was vital to reduce waiting lists.

Mr Lee added that diagnostic capacity was a key risk, with the service prioritising urgent and cancer activity, and any routine activity where possible, until new capacity came on line in October 2021.

Finance Summary

The Director of Finance, Mrs Troalen, reported that the Trust was considerably ahead of its financial plan in June. She clarified that this was due to the way the elective recovery fund was structured, and she was expecting the Trust to be on plan at the end of the year.

With regard to the reported underspend on capital expenditure, Mrs Troalen provided assurance to the Board of Directors that she had reviewed this in detail, and she was comfortable that the position was on target to achieve the 2021/22 plan.

Transformation Summary

The Board of Directors received the report from Mrs Troalen, which summarised the current position with regard to the Trust's ongoing improvement programmes.

Mrs Barnett added that CQC feedback would be built into the Trust's improvement programmes, and the organisation would continue to ensure it was adapting and prioritising as necessary.

The Board of Directors was pleased to hear from the Executive of the ongoing positive and supportive relationship between the Trust and its improvement alliance partner, University Hospitals Birmingham NHS Trust (UHB).

The Board of Directors noted the Integrated Performance Report.

217/21 Serious Incidents Report

	<p>The Board of Directors received the joint report from the Medical Director and Director of Nursing.</p> <p>In response to a query from Prof Deadman, Mrs Flavell confirmed that the increasing volume demonstrated within SPC Chart 1 of the report represented a change in the reporting culture. She stated that, for example, not all falls with significant harm were reported 12 months ago, but there was now a more open, honest and transparent culture across the Trust.</p> <p>In response to a request for clarification from the Chair, Mrs Flavell confirmed that Covid-19 outbreaks were classed as Serious Incidents, noting that this would also impact on volumes.</p> <p>Mr Brown raised a query as to whether nosocomial infections were classified as SIs, and Mrs Flavell undertook to discuss with Mr Brown outside of the meeting.</p> <p>Mrs Flavell advised the Board of Directors that the format of this report would continue to be developed, to include key learning from incidents.</p> <p>The Board of Directors noted the report.</p>	
<p>218/21</p>	<p>Report from the Director of Infection Prevention and Control (DIPC)</p> <p>The Board of Directors received the report from Mrs Flavell, in her role as Director of Infection Prevention and Control (DIPC).</p> <p>Mrs Flavell highlighted the following key points:</p> <ul style="list-style-type: none"> • There had been 15 cases of post 48 hour E.Coli bacteraemia in Quarter 1 (April to June 2021), which was higher than the trajectory of no more than 10 cases by the end of Q1. She clarified that all cases which were deemed to be device related, or in which the source could not be identified, had a Root Cause Analysis (RCA) completed. • Overall performance in relation to many of the IPC Key Performance Indicators (KPIs) remained positive, with the improvement targets for C.Diff and MSSA achieved in Quarter 1 of 2021/22. • There was one IPC Serious Incident in Quarter 1, which related to the decontamination of a Transrectal (TRUS) Prostate Biopsy probe. • The outcome of an IPC review by NHSEI in July was positive, with the Trust rated as green. <p>It was agreed that going forward the IPC Board Assurance Framework (BAF) would be reviewed by the Quality and Safety Assurance Committee (QSAC), and the BAF would in future be included as an addendum to the main Board papers.</p> <p>The Board of Directors noted the report.</p>	

<p>219/21</p>	<p>Feedback from Trust Genba Walks</p> <p>The Board of Directors received the report from the Director of People and Organisational Development.</p> <p>Ms Boyode reported on Genba Walks which had taken place on Ward 17 at PRH, which had taken on additional patients to relieve pressure on the Intensive Therapy Unit (ITU); and the Surgical Assessment Unit (SAU) at RSH.</p> <p>The Board of Directors was advised that the SAU was the only such unit in the county, and the Genba Walk had been very insightful in highlighting how the degree of investment in the facility impacted on team morale.</p> <p>Dr McMahon added that Genba Walks were an excellent opportunity for the Board of Directors to triangulate the data they were receiving in reports.</p> <p>It was also recognised that the visits presented an important opportunity for teams to showcase to the Board the work they were undertaking.</p> <p>It was acknowledged that the process of how learning within the organisation was captured, acted upon, and demonstrated through reporting, was an area of weakness. As a measure to address this going forward, it was noted that a member of the Improvement Hub now participated in all Genba Walks, to support facilitation and capture outcomes.</p> <p>The Board of Directors noted the report.</p>	
<p>220/21</p>	<p>Quarterly Estates Report</p> <p>The Board of Directors received the report from the Director of Public Participation, Mrs Clarke.</p> <p>In response to a query from Mr Bristlin, Mrs Clarke confirmed that the increase in reactive jobs in preparation for an NHSEI visit had already been in the Estates plan, and had been given additional priority.</p> <p>Mrs Clarke confirmed that the health and safety policies detailed in Section 3.3 of the report would be brought to the Board for approval following review.</p> <p>Mrs Clarke advised that this would be her final Estates Report to the Board, due to the portfolio transfer to the Director of Finance. She took the opportunity to pay tribute to all members of the Estates Team, acknowledging that the team had been the well deserved winner of Non-Clinical Team of the Year at the recent Trust Staff Awards.</p> <p>Mrs Clarke also acknowledged and thanked the Board of Directors for</p>	

	<p>the previous and ongoing support they had provided to the Estates Team.</p> <p>Mr Lee relayed his personal thanks to Mrs Clarke for the support and leadership she had provided to the team.</p> <p>The Board of Directors noted the report and the progress being made across key areas.</p>	
221/21	<p>Good Corporate Citizen (GCC) Annual Report</p> <p>The Board of Directors received the report from the Director of Public Participation.</p> <p>Mrs Clarke was pleased to report there had been a steady year-on-year improvement in the organisation's NHS Sustainable Assessment Development Tool (SDAT) score. The Trust's score was currently 76%, from a starting point of 58% in 2014, when the current assessment methodology was developed.</p> <p>Mrs Clarke paid particular tribute to the Trust's Procurement Team, for the progress they had made with the Green Procurement strategy.</p> <p>Mrs Clarke advised that this would be her final GCC Report to the Board, as the function had now transferred to the Estates Team. She expressed her thanks to all members of the Good Corporate Citizen Group, highlighting that the group was made up of representation from across the Trust.</p> <p>The Chair thanked Mrs Clarke for her work and leadership in this area, and highlighted the importance of Mrs Clarke's future role and objectives as Director of Public Participation.</p> <p>The Board of Directors noted the report.</p>	
ASSURANCE FRAMEWORK		
222/21	<p>The Ockenden Report - Progress Report</p> <p>The Board of Directors received the report from the Director of Nursing, and Mr Wright, Programme Director – Maternity Assurance.</p> <p>It was noted that the report provided an update on all 52 actions in the Trust's Ockenden Report Action Plan since the last meeting of the Board of Directors in Public on 8 July 2021.</p> <p>Mr Wright drew the attention of the Board of Directors to the delivery status of each of the 52 actions as at 13 July 2021, detailed in Section 3.1 of the report. He highlighted that there had been positive movement in the month, with a further Local Actions for Learning (LAFL) and eight Immediate and Essential Actions (IEA) moving into the 'Delivered, Not Yet Evidenced' stage. Mr Wright also drew attention to a calculation error within the Section 3.1 table, noting that</p>	

	<p>the total of the 'current' column of the 'Delivered, Not Yet Evidenced' section of the table should read 28, and not 19.</p> <p>Mr Wright advised that the Maternity Transformation Assurance Committee (MTAC) would be undertaking a review at its meeting on 10 August 2021 of all of the 'delivery' and 'evidence' dates that the Trust set itself in order to ensure that they remained fair and appropriate. He reminded the Board of Directors that some of the original dates set by the Trust may have been over-ambitious initially, noting that these were discretionary to the Trust and were not mandated.</p> <p>Mr Wright further advised that the audit of a number of actions which were required to be undertaken before they could move to the 'evidenced and assured' status had now been undertaken, following earlier delay due to unavoidable staff absence. He confirmed that the outcomes and outputs from these audits would be discussed at MTAC on 10 August 2021 and would be reported on in due course.</p> <p>Mrs Flavell summarised that good overall progress was being made in relation to the number of actions moving to 'delivered but not yet evidenced' status. She acknowledged that there were some 'sticking points' in relation to those that were off track, however confirmed that work continued to address all of those actions.</p> <p>In response to a request from the Chair, Mr Wright confirmed that the Action Plan Risk Log would be taken to the next meetings of MTAC and Board, arising from the requirement to assess increased risk if completion deadlines were extended.</p> <p>Mrs Flavell and Mr Wright were asked for their sense of the level of colleague commitment to completion of the actions. They responded that colleagues were fully committed but acknowledged that challenges still prevailed at divisional leadership level, particularly in relation to midwifery leadership.</p> <p>Mrs Flavell expressed the view that with the proposed strengthening of leadership and governance, together with assurance provided by the Ockenden Report Assurance Committee (ORAC), performance on completion of actions would be strong over the next six months.</p> <p>Mrs Barnett provided assurance on the commitment to improve leadership and culture within midwifery and the wider Trust.</p> <p>The Board of Directors noted and took assurance from the report</p>	ACTION
223/21	<p>Ockenden Report Assurance Committee Monthly Report</p> <p>The Board of Directors received the report, presented by the Committee Co-Chair, covering the fifth live streamed meeting of the committee which had been held on 22 July 2021.</p> <p>Dr McMahon advised that Dr Lorien Branfield had joined the meeting,</p>	

and had provided a very thoughtful and detailed presentation on obstetric anaesthesia services, and the obstetric anaesthesia actions contained in the Ockenden Report.

Dr McMahon drew the attention of the Board of Directors to the task of undertaking the development work to ensure compliance with the Ockenden Report Action Plan, which was falling almost solely to Dr Branfield, together with the recognised challenge of the interface with the Trust's general anaesthetic services and consultant anaesthetic staffing nationally and locally.

It was agreed that Mrs Flavell would take accountability for progressing this matter with executive colleagues, and Dr McMahon would also engage with the Board of Directors to seek their perspective, to ensure that action could be taken as soon as possible to provide Dr Branfield with the required support.

The Board of Directors noted and took assurance from the report.

224/21 Freedom to Speak Up (FTSU) Quarter 1 Report

Ms Turner joined the meeting

The Board of Directors received the report from the FTSU Lead Guardian, Ms Turner.

Ms Turner reported that 100 concerns were raised in Quarter 1 of 2021/22, which was a 22% increase on Q4 of 2020/21, and a 131% increase on Q1 of 2020/21.

Ms Turner advised the Board of Directors that a significant factor in the increase in concerns was the visibility and engagement of the FTSU Guardians, which had been the main focus of the quarter, with visits to 293 areas and 46 team talks and drop-in sessions.

Ms Turner noted that if concerns continued to be raised at the current rate, the Trust would see a 25% increase in concerns overall in 2021/22.

The Board of Directors noted that the top theme continued to be behavioural/relationship, and that nurses continued to be the group who spoke up most.

Ms Turner highlighted an error in Section 1.6 of the report, clarifying that the number of contacts which remained open, up until the end of Q1 2021/22 was 126 and not 137 as stated. She provided assurance that work was continuing to conclude these with colleagues, and confirmed that complex employee relations issues was one of the main reasons for open cases.

The Board of Directors' attention was drawn to the Trust's ranking of second to bottom in the annual FTSU index report. Ms Turner stated that given the Trust's CQC rating and cultural issues, alongside the

	<p>poor staff survey results and engagement with the survey, the ranking was not surprising.</p> <p>The key points covered during subsequent discussion were:</p> <ul style="list-style-type: none"> • Due to the organisation’s ambition to encourage colleagues to speak up as much as possible, it was suggested to Ms Turner that the proposed focus on benchmarking referred to in her report might result in a reduction, but could also act against the Trust’s ambition to achieve an increase in FTSU in the interests of building an open and honest culture • With regard to recurring themes, and triangulation with other areas of the organisation, Ms Turner advised that the available data had not provided any tangible information, although it had demonstrated that data holders need to have joint discussions. Ms Milanec, as the Lead Director for FTSU, confirmed that she was supporting Ms Turner in this regard. It was noted, however, that there is informal triangulation due to the collaborative work taking place with colleagues • The Board of Directors was also advised that there was a greater sense of more colleagues being prepared to be identified, which was encouraging, noting that was resulting in a richer account of issues. <p>The Board of Directors noted and took assurance from the report, and Mrs Barnett thanked Ms Turner and her fellow Guardians for the work they were doing to improve culture and behaviours across the Trust.</p> <p><i>Ms Turner left the meeting.</i></p>	
225/21	<p>Flu Vaccination Campaign 2021/22</p> <p>The Board of Directors received the report from the Director of People and OD.</p> <p>Ms Boyode advised that the Trust proposed to offer the vaccination to 100% of staff, with a target of vaccinating 85% of all frontline health care workers, equating to a target of 6025 staff.</p> <p>Ms Boyode provided assurance that sufficient orders had been placed to achieve the stated target, and she confirmed that the Trust’s Pharmacy Department would be able to support in securing further supplies should it prove necessary.</p> <p>In response to a query from Ms Boughey, Ms Boyode acknowledged that the ‘incentive’ to take up the vaccine should be more appropriately described as an opportunity for colleagues to take a moment to focus on themselves and their health and wellbeing.</p> <p>The Board of Directors noted the report and was pleased to support the Trust’s vaccination ambition, together with the programme of activity detailed in Appendix 1 to the report.</p>	
226/21	<p>How we learn from deaths, Report</p>	

The Board of Directors received the report from the Co-Medical Director, Mr Steyn.

Mr Steyn drew the Board of Directors' attention to the Hospital Standardised Mortality Ratio (HSMR). He highlighted that the Trust's HSMR index in March 2021 was below 100 at 86.6, as detailed in Chart 1 of the report, demonstrating performance was in the 'better than expected' range.

It was noted that the index value was likely to increase when the HSMR model was rebased shortly. It was further noted that the HSMR was higher than peer Trusts in November 2020 and January 2021, which correlated with the second wave of Covid-19 deaths. Mr Steyn advised that the longer-term trend for HSMR was in line with the peer and the expected range for the 12 month period.

With regard to the Nurses Improving Care for Healthsystem Elders (NICHE) external mortality reviews, Mr Steyn reported that both Phase One and Two reports had been formally received into the Trust, with Phase 2 including system-wide recommendations. He advised that the Trust was currently developing an improvement plan to address recommendations specific to the Trust, and it was anticipated that the recommendations from the reports would further strengthen the Learning from Deaths agenda, both within the organisation and across the wider system.

In response to a query from Prof Purt with regard to the independence of reviewers, Mr Steyn confirmed that the Medical Examiner role is internal, but Medical Examiners are spread across the organisation, and an Examiner would likely not be part of the specialty involved. He further clarified that unexpected deaths go through an extensive formal review and governance process, and an external review would be requested should the MD judge it to be necessary.

Mr Steyn confirmed, in response to a query from Mr Brown, that Public Health England (PHE) took the lead with regard to postcode data relating to deaths. He confirmed, however, that the Trust was keen to look at themes of deaths.

Mr Bristlin queried what learnings there were from the review process, and Mr Steyn acknowledged that the organisation was not learning if nothing changed as a result of reviews. Mr Steyn expressed the view that an action plan should be implemented, for review at the six month stage, to be brought to Board, to provide assurance that themes to learning were being actioned.

The Board of Directors took assurance from the report, and noted that progress against the improvement plan actions would be reported back to the Board in due course.

	<p>The Board of Directors received the report, presented by the Acting Committee Chair.</p> <p>Mr Brown drew the attention of the Board of Directors to two items within the report:</p> <ul style="list-style-type: none"> • Complaint response times remained a concern. The Committee had received a detailed report showing the current complaints status by division and by stage, and a further detailed progress report would be considered by the Committee in October. • The Committee had been advised that implementation of the Badgernet system in Maternity would start on 9 August 2021. The expectation was that delivery suite activity would be documented from January 2022, following a gradual implementation of new maternity bookings onto the new system. <p>The Board of Directors took assurance from the report.</p>	
228/21	<p>Finance & Performance Assurance Committee Monthly Report</p> <p>The Board of Directors received the report, presented by the Committee Chair.</p> <p>Prof Deadman drew the attention of the Board of Directors to two items within the report:</p> <ul style="list-style-type: none"> • The Committee had been alerted to the fact that approximately a tenth of Trust staff, and a higher proportion of BAME colleagues, had not yet received the Covid-19 vaccination. It was noted that the Director of Workforce & OD had, however, been taking extensive action to drive improvement in the figures, with a particular focus on communication to BAME colleagues. • The Committee had received a presentation on nursing and medical workforce issues which focused on eight winning principles aligned to the ICS People Plan. It was acknowledged that improving nurse retention, improving care and a reduction in agency spend was a focus, and assurance was provided that a plan needed to deliver the infrastructure for this and implement improvements would be in place by 1 September 2021. <p>The Board of Directors took assurance from the report.</p>	
229/21	<p>Audit & Risk Assurance Committee Monthly Report</p> <p>The Board of Directors received the report, presented by the Committee Chair.</p> <p>Prof Purt reported that the biggest focus of concern for the Committee had been the 65 internal audit recommendations requiring action, with 41 overdue for action, of which 13 were rated as high priority.</p> <p>Prof Purt advised that he had requested that the Chief Executive attend the next meeting should the situation not improve.</p>	

	The Board of Directors noted the report, and took assurance from the proposed action relating to overdue internal audit recommendations.	
STAKEHOLDER ENGAGEMENT		
230/21	<p>Public Participation Report</p> <p>The Board of Directors received the report from the Director of Public Participation.</p> <p>Mrs Clarke clarified that the Public Participation Team consisted of the three main inter-related public facing services of Community Engagement, Volunteering and Charity management. She highlighted that the report covered the Team's activity in Quarter 1, and the forward plan for the next 3-6 months.</p> <p>Mrs Clarke drew the Board of Directors' attention to the introduction of the identification of trends in questions to the Board and Freedom of Information requests, to enable the Team to be responsive in planning future engagement events with the local communities served by the Trust.</p> <p>The Board of Directors noted the report.</p>	
231/21	<p>Questions from the public</p> <p>The Chair reported that no questions had been received following the Board of Directors meeting in July.</p> <p>Dr McMahon encouraged members of the public to submit questions via the relevant form on the Trust's website if they would like further information on any items covered in today's meeting. She clarified that responses would be sent to questioners via email, and all Questions and Answers would be published on the website.</p> <p>Dr McMahon further advised that the recent introduction of this formalised process was allowing the organisation to be more effective in terms of monitoring information and tracking questions received.</p>	
PROCEDURAL ITEMS		
232/21	<p>Any Other Business</p> <p>There were no further formal items of business.</p> <p>Mr Brown queried about the recent launch and progress of the System Improvement Team and Ms Boyode confirmed the positive consultative and collaborative approach being taken.</p>	
233/21	Date and Time of Next Meeting	

	The next meeting of the Board of Directors was scheduled for Thursday 7 October 2021, commencing at 1300hrs. The meeting would be live streamed to the public.	
	The meeting was declared closed.	

DRAFT