

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

Thursday 11 November 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
Dr D Lee	Non-Executive Director
Mr N Lee	Chief Operating Officer
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Ms A Milanec	Director of Governance & Communications
Mr C Preston	Interim Deputy Chief Executive
Mr R Steyn	Co-Medical Director
Ms C West	Improvement Director
Mr M Wright	Programme Director, Maternity Assurance
Ms E Wilkins	Deputy Director of People & Organisational Development
Mrs J Clarke	Director of Public Participation <i>In attendance for Agenda Item 273/21</i>
Mr J Owen	Head of Service Improvement <i>In attendance for Agenda item 274/21</i>
Ms H Turner	Freedom to Speak Up Guardian <i>In attendance for Agenda Item 277/21</i>
Ms J Wells	Executive Support Team Supervisor (Minutes)
APOLOGIES	
Ms R Boyode (non voting)	Director of People & Organisational Development

No.	ITEM	ACTION
PROCEDURAL ITEMS		
259/21	<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>	
260/21	<p>Patient Story</p> <p>The Director of Nursing introduced Steve's story, in which he described the experience and barriers encountered in maintaining contact with his father, who was treated within the Trust prior to passing away in January 2021.</p> <p>Following admittance in November 2020, Steve's father went onto develop COVID-19 and his condition deteriorated.</p> <p>Visiting was suspended due to COVID-19 infection prevention and control measures, and whilst Steve's father had a mobile phone he struggled to use this, making it difficult to maintain communication between him and his family.</p> <p>Due to the difficulty experienced in speaking to his father, Steve visited the Trust on 27 December and insisted he saw his father. Steve was provided with full PPE and was able to see his father through a window, which provided him with a level of comfort and hope.</p> <p>On 9 January, Steve was contacted by staff explaining that his father's condition had deteriorated, and he was being cared for in a side room on the ward. Steve was able to visit and spend some time with his father, whose condition appeared to be improving, and he then left the Trust, planning to return later in the evening. Steve returned that evening just as his father passed away.</p> <p>Steve had expected his father would return home and was not informed of the seriousness of his condition. He subsequently found out that the Swan symbol on the door of the side room indicated end of life, however when he initially asked staff what the symbol meant, they were unaware.</p> <p>Steve also highlighted the patient radio which had been playing in the side room. Whilst acknowledging the sentiment, he observed that the choice of station was not appropriate for an elderly patient.</p> <p>Steve described that he felt barriers in communication, and lack of human contact with his family, had impacted upon his father's deterioration.</p> <p>Mrs Flavell reported that she had shared Steve's story with leaders and ward colleagues to support reflection and learning, and there was an overwhelming sense from all that Steve's father had been let down by the Trust. Details of improvements that had subsequently been</p>	

	<p>made included:</p> <ul style="list-style-type: none"> • Since February 2021 each ward had mobile phones and iPads; • Compassionate visiting had been reinforced across inpatient areas to provide clarity; • The importance of supporting patients in contacting people who were important to them by telephone, or through a virtual visit, had been reinforced to Ward and Department Managers; • The story was being shared in various meetings across the Trust, and was being utilised in end of life care training due to the lack of awareness; • Inpatient areas had been risk assessed by the infection control, and health and safety teams, to identify measures to support the reintroduction of visiting; • A pilot, to reintroduce visiting across the Trust, was due to commence on two wards in November 2021. <p>The Board of Directors noted Steve's story, and the work being undertaken to learn from feedback from people accessing services within the Trust, to improve patient and carer experience.</p>	
261/21	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
262/21	<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>	
263/21	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 7 October 2021 were approved by the Board of Directors as an accurate record.</p>	
264/21	<p>Action Log</p> <p>The Board of Directors noted that there were currently no open actions to review.</p>	
265/21	<p>Matters Arising</p> <p>No further matters were raised which were not already covered on the agenda.</p>	
STRATEGIC MATTERS		
266/21	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair.</p> <p>Dr McMahon referred to the Virtual Annual General Meeting (AGM) which had taken place on 26 October 2021, highlighting that the</p>	

	<p>meeting had focused on the Trust's Annual Report and Accounts 2020/21, the achievements and challenges of the financial year, and a brief look forward to future activities and developments.</p> <p>Reference was also noted to two half day sessions which had been attended by the Board of Directors during the previous month, relating to patient safety, with a focus on human factors.</p> <p>The Board of Directors noted the verbal report.</p>	
267/21	<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 continued prevalence and number of patients admitted with COVID-19; and the operational challenges faced due to a significant number of delays to discharges, primarily as a result of community staff shortages leading to delays in care packages for patients. This was in turn resulting in difficulties in the admission of patients to wards, and patients waiting both within the emergency departments and within ambulances to access the emergency departments.</p> <p>The Board of Directors was referred to Mrs Barnett's introductory executive summary of the Integrated Performance Report (IPR) for further detail on the above, and other key points.</p>	
268/21	<p>Estates Plan</p> <p>The Board of Directors received the Estates Plan presented by the Director of Finance.</p> <p>Mrs Troalen highlighted that the plan was subject to agreement of the 5 year strategic capital programme of works, linked to agreed operational and strategic priorities, and approval of the Hospitals Transformation Programme (HTP) Strategic Outline Case (SOC) and Outline Business Case (OBC).</p> <p>It was further noted that ongoing work around the clinical services strategy was being finalised, while considering expediting a number of NHSI bids against regional allocation in 2021/22 and 2022/23. In conjunction with this work, a Trust-wide review of space utilisation had been completed, and would inform future decisions around occupancy.</p> <p>A high level of reactive and unscheduled maintenance work was noted, which Mrs Troalen clarified was largely due to the ageing estate and the difficulties of accessing some areas for planned maintenance.</p> <p>Prof Deadman suggested the presentation of an equipment replacement paper for review at the Finance and Performance Assurance Committee (FPAC), to inform the right level of investment and an efficient maintenance budget.</p>	ACTION

	<p>The Board of Directors noted the contents of the report and approved the Estates Plan as it was currently presented, noting that this was subject to change.</p>	
269/21	<p>Hospitals Transformation Programme (HTP) Report</p> <p>The Board of Directors received the report from the Interim Deputy Chief Executive.</p> <p>Mr Preston reported that since the last HTP report at the July Board of Directors meeting in public, work had continued at pace to finalise the draft Strategic Outline Case (SOC), and to begin discussions with regulatory bodies about both the content and approval process.</p> <p>It was noted that the Shropshire, Telford & Wrekin Clinical Commissioning Group (CCG), and the Shropshire, Telford & Wrekin Integrated Care System (ICS), had provided formal letters of support for the SOC. The Board of Directors had reviewed those letters of support, together with the draft SOC, and supported submission to NHSEI for review and approval.</p> <p>The Board of Directors noted that the draft SOC had now been submitted for appraisal by NHSEI and the DHSC, and would be subject to a rigorous assurance review. Following review, the SOC would require formal approval by the national Joint Investment Committee before the case could proceed to the next stage of development.</p> <p>It was noted that, in line with national protocols, a summary of the content would be made available following approval of the draft SOC.</p> <p>The Chair requested that a further report be provided at the meeting of the Board of Directors in public on 10 February 2022.</p>	
QUALITY AND PERFORMANCE MATTERS		
270/21	<p>Integrated Performance Report (IPR)</p> <p>The Board of Directors received the report from the Chief Executive, 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, referred the Board of Directors to the full detail contained within the Quality Section of the IPR, and provided a summary of some of the key points:</p> <ul style="list-style-type: none"> • The number of falls remained a Trust priority. Improvements had been made, however there were three falls reported in month which resulted in significant harm. Falls training completion on wards was generally above 90% and there was more general awareness in falls and prevention. A post-falls plan assessment had been implemented but more work was required; 	

- There were 10 Serious Incidents within the month;
- Complaints performance remained inadequate. The Improvement Director was supporting clinical teams and the complaints department with the backlog which was exceeding timeframes. Two parallel processes were in place and a review was underway in order to make changes. Trajectories were reviewed regularly. A complaints deep dive would be presented to the Quality and Safety Assurance Committee (QSAC);
- The rates of smoking at onset delivery had improved but performance remained well above the national target. System wide work to reduce the target was being led by the CCG.

Workforce Summary

The Deputy Director of People & OD, Ms Wilkins, reported on the following key points:

- COVID-19 related absence continued at high levels in September, but was comparable with the region. There was also an increase in non COVID-19 sickness, with nursing and midwifery sickness at the highest level for the previous 12 months;
- The Trust remained focused on ensuring that staff were fit, well and supported;
- Workforce growth had continued to increase, but was below plan due to delays with the 2021 international recruitment programme;
- Good progress had been made in the delivery of electronic rostering, particularly for Doctors. It was noted that this would create better visibility and more efficient use of workforce;
- Over 4000 staff had received their COVID-19 booster vaccination and 3000 had received the flu vaccination;
- Flexible working remained a common leaving theme. The team were working on a retention campaign around contract flexibility, obtaining staff stories, and conducting 'stay conversations'.

Operational Summary

The Chief Operating Officer, Mr Lee, provided a summary of the following key points, referring the Board of Directors to the fuller detail contained in the IPR:

- A number of additional schemes with external providers were coming online in H2 to assist with the reduction of long waits;
- The additional mobile CT scanner which had arrived at the Trust on 11 October was delivering benefits in reducing urgent cancer waits;
- Demand on urgent care remained high across primary care and the community;
- COVID-19 numbers continued to rise and it was expected that critical care would be at a major level for the next 3-4 weeks;
- Constraints in capacity and ability to discharge medically fit patients continued to be experienced by the Trust.
- There was focus on looking at alternative pathways, to avoid ED attendance and admission where possible and the Trust was working collaboratively with the ambulance service to address handover issues.

	<p>Finance Summary The Director of Finance, Mrs Troalen, highlighted the following key points:</p> <ul style="list-style-type: none"> • The Trust reported a deficit of £5.76m, adverse to the planned deficit of £3.21m. The adverse position was as a result of the costs incurred above the income earned against the Elective Recovery Fund (ERF); • Capital was behind plan due to poor phasing at the beginning of the year but there was confidence it would come back on track; • Whilst forecasting showed the efficiency programme to be slightly behind plan at the end of the year, plans were being worked on to ensure achievement of target. <p>Transformation Summary Mrs Troalen reported that the nine programmes within the overall Getting to Good programme were on track and making good progress.</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
271/21	<p>Serious Incidents (SI) Oversight Report</p> <p>The Board of Directors received the report presented by the Acting Medical Director and Director of Nursing.</p> <p>Ms Flavell highlighted that there were 50 Serious Incidents reported year to date, and 56 reported overall for the previous year. In the six month period to September 2021 the reporting rate had significantly increased, with observation that this could be due to the effects of the pandemic or a more robust and open reporting culture. A review of themes and trends was underway, which would be reviewed by the Quality and Safety Assurance Committee (QSAC).</p> <p>The Board of Directors was referred to the report for further detail and analysis of themes and learning, and noted the contents of the report.</p>	
272/21	<p>Director of Infection Prevention & Control 2021/22 Q2 Report</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>Mrs Flavell highlighted the following key points:</p> <ul style="list-style-type: none"> • The targets for C.Diff and MSSA were achieved; • The Trust was above the locally agreed target for E.Coli but below the NHSEI target set for the Trust for 2021/22; • There had been increased COVID-19 outbreaks throughout the organisation. Outbreak meetings were overseen by Mrs Flavell and took place twice weekly, which included external colleagues; • Challenges were reported with staff lateral flow test compliance. Actions to improve this were ongoing across the Trust. 	

	The Board of Directors noted the report.	
273/21	<p>Public Participation 2021/22 Q2 Report</p> <p><i>Mrs Clarke joined the meeting.</i></p> <p>The Board of Directors received the report from the Director of Public Participation, Mrs Clarke, and noted the following highlights:</p> <ul style="list-style-type: none"> • The Public Participation Plan had been approved by the Board of Directors and a 5 year implementation plan was now being developed; • Mr Brown was the Lead Non-Executive Director for the Public Assurance Forum. The first Public Assurance Forum meeting had taken place and the Terms of Reference were being drafted; • Work had continued with local communities, through the Trust's Social Inclusion project, to ensure that the views of seldom heard groups were listened to; • The Trust currently had over 50 young people volunteers and over 200 active volunteers; • Response volunteers continued to provide a service across both hospital sites, giving an additional 336 hours of support each week, with an emphasis on supporting nursing colleagues; • Work had commenced on creating a Captain Tom's garden at RSH, funded by a successful grant application to NHS Charities Together. <p><i>Mrs Clarke left the meeting.</i></p>	
274/21	<p>Feedback from Board Genba Walks and new Genba Walk Process</p> <p><i>Mr Owen joined the meeting.</i></p> <p>The Board of Directors received the report, presented by Mr Owen, Head of Service Improvement, and noted the following:</p> <ul style="list-style-type: none"> • Feedback from the Genba Walks which had taken place on 7 October 2021; • Details of a new Trust Genba Walk process, as detailed in Appendix 3 to the report. <p>The Board of Directors were supportive of the new Genba Walk process, which it was noted would commence in February 2022.</p>	
ASSURANCE FRAMEWORK		
275/21	<p>The Ockenden Report - Progress Report</p> <p>The Board of Directors received the report from the Director of Nursing, supported by Mr Wright, Programme Director, Maternity Assurance.</p> <p>The following points were highlighted:</p>	

	<ul style="list-style-type: none"> • There had been no changes to any action ratings since the last report as none were due during the period, and the details included in the last report to the Board of Directors in October 2021 therefore still applied; • The Ockenden Report Assurance Committee would focus upon stillbirth and neonatal deaths at the next meeting, which would take place in January (further detail provided in Item 276/21 below). <p>The Board of Directors noted and took assurance from the report.</p>	
276/21	<p>Ockenden Report Assurance Committee (ORAC) Monthly Report</p> <p>The Board of Directors received the report of the October meeting, presented by the Committee Co-Chair, Dr McMahon.</p> <p>It was noted that the next meeting scheduled for 15 November 2021 was being postponed until January 2022. This was to allow time for the results and findings of a review of the Trust's Maternity Bereavement Service, and implementation of the National Bereavement Care Pathway, to be audited by the Stillbirth and Neonatal Death Charity (SANDS), and to then go through the Trust's internal governance processes prior to presentation at ORAC.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
277/21	<p>Freedom to Speak Up (FTSU) 2021/22 Q2 Report</p> <p><i>Ms Turner joined the meeting.</i></p> <p>The Board of Directors received the report from the Director of Governance and Communications, supported by Ms Turner, Freedom to Speak Up Lead Guardian.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Quarter 2 had seen a 13% increase in contacts from the previous quarter, and a 38% increase from Q2 2020/21. It was noted that a significant factor in the increase was the visibility and engagement of the Guardians, which was creating a more open and transparent reporting culture; • In terms of themes, the highest volume of concerns in Quarter 2 related to policies, procedure and process. There had also been an increase in patient safety and safe staffing level concerns; • Behaviour and attitude had seen lower reporting compared to the previous quarter; • The Guardians were encouraging staff to seek local resolution prior to raising with FTSU, as a number of concerns had been raised which had not been initially discussed with line managers. 	

	<p>Discussion took place on the benefits of receiving feedback and ensuring that previous concerns were revisited to ensure that learning had been embedded.</p> <p>The Board of Directors noted and took assurance from the report.</p> <p><i>Ms Turner left the meeting.</i></p>	
278/21	<p>Health, Safety, Security & Fire Committee Annual Report 2020/21</p> <p>The Board of Directors received the report from the Chief Operating Officer, detailing the work of the Committee during the 2020/21 financial year.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> • The report addressed the disruption to usual business arising from the COVID-19 pandemic, and made recommendations for priorities in 2021/22; • Assurance was provided that the report had been reviewed in detail at the Quality and Safety Assurance Committee (QSAC); <p>The Board of Directors noted and took assurance from the report.</p>	
279/21	<p>Estates & Medical Engineering Services (MES) Q2 Report 2021/22</p> <p>The Board of Directors received and took assurance from the report, presented by the Director of Finance.</p> <p>The report detailed a summary of Estates activity over Quarter 2 and was taken as read.</p>	
280/21	<p>Finance and Performance Assurance Committee Monthly Report</p> <p>The Board of Directors received and noted the report, presented by the Committee Chair.</p> <p>Prof Deadman highlighted the following key points:</p> <ul style="list-style-type: none"> • Sickness levels were extremely high, and a comparison to benchmark sickness and availability against other Trusts would be undertaken; • Urgent and Emergency care performance was exceptionally poor due to high demand, workforce issues and the requirement to maintain COVID-19 pathways; • Challenges within the system and community were affecting discharge, and indicate that the STW ICS winter plan carried a high level of risk. <p>Dr McMahon observed that a Board to Board with Shropshire Community Health Trust would be beneficial, to explore partnerships, strategy and support for patients, both before and after admission. She</p>	ACTION

	invited the Chief Executive to liaise with the Chief Executive of Shropshire Community Health Trust to arrange in 2022.	
281/21	<p>Quality and Safety Assurance Committee Monthly Report</p> <p>The Board of Directors received and noted the report, presented by the Committee Chair.</p> <p>Dr Lee referred the Board of Directors to the detail within the report, however highlighted in particular that the Mortuary at RSH and the Body Store at PRH were largely compliant against the requirements set out in a recent national letter from NHSE. Assurance was provided that an action plan was in place to ensure compliance with the HTA guidance.</p>	
REGULATORY AND STATUTORY REPORTING		
282/21	<p>Responsible Officer Q2 2021/22 Appraisal and Revalidation Report</p> <p>The Board of Directors received the report presented by the Acting Medical Director which detailed activity relating to Medical Appraisal and Revalidation as per NHSE and GMC regulations.</p> <p>The Board of Directors noted the report.</p>	
PROCEDURAL ITEMS		
283/21	<p>Any Other Business</p> <p>There were no further items of business.</p>	
284/21	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 9 December 2021, commencing at 1300hrs. The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
285/21	<p>Questions received from the public</p> <p>The Chair reminded observing members of the public that questions were welcome on any items covered in today's meeting, which could be submitted via the Trust's website.</p>	
The meeting was declared closed.		