

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

Thursday 10 March 2022 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 R Steyn	Co-Medical Director
Ms E Wilkins	Deputy Director of People & Organisational Development <i>Representing Director of People & OD</i>
Mr M Wright	Programme Director, Maternity Assurance <i>In attendance for Maternity Agenda Items</i>
Mr T Baker	Deputy Director of Operations, W&C Division <i>In attendance for Maternity Agenda Items</i>
Ms R Gallimore	Director of Digital Transformation <i>In attendance for Agenda Item 039/22</i>
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Ms R Boyode (non voting)	Director of People & Organisational Development

No.	ITEM	ACTION
PROCEDURAL ITEMS		
028/22	<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>	
029/22	<p>Patient Story</p> <p>The Director of Nursing introduced a video, in which a patient described her journey through gynaecology services whilst receiving treatment within the Trust.</p> <p>The patient shared her experiences, which were primarily positive, particularly around the level of care and kindness she experienced, and the information she received, which she felt had helped her to make informed decisions and provide reassurance at a difficult time.</p> <p>The patient did share some areas for improvement, for example she felt it would have been helpful to have been informed in advance that she would need to have daily injections prior to her procedure.</p> <p>Learning taken from the feedback had led to processes being reviewed to inform patients about anticoagulant treatment pre-operatively, and the story was being shared with teams to highlight the experience from a patient's perspective and reinforce what was important to them.</p> <p>The patient had kindly participated in a second video which would be used to help raise awareness with patients considering receiving the same procedure.</p> <p>The Board of Directors noted the patient's story, and took assurance from the work being undertaken to listen and be responsive to feedback from people accessing services within the Trust to improve patient experience.</p>	
030/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
031/22	<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>	
032/22	<p>Minutes of the previous meeting</p>	

	<p>The minutes of the meeting held on 20 February 2022 were approved by the Board of Directors as an accurate record, subject to the following minor corrections:</p> <ul style="list-style-type: none"> • Item 010/22: Typo to be corrected in agenda item title, ie ‘Policy Approval – Anti-Fraud, Bribery and and Corruption • Item 020/22 Audit and Risk Assurance Committee: Amendment to third bullet, to read ‘The Committee was provided with a detailed account of issues affecting slow progress with the implementation of the process to enable Waiting List Initiatives • Item 025/22.2 CQC Conditions: Amendment of word within first paragraph, as follows – ‘The Director of Nursing advised that the CQC had recently reviewed the significant amount of conditions which had been placed on the Trust’s licence registration since 2018, across a variety of areas’. 	
033/22	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and agreed the following:</p> <ul style="list-style-type: none"> • Actions 4 and 6 to remain open pending future deadlines • Action 5 to be closed, following confirmation that appropriate amendment would be made to the CNST Report going forward, to ensure that data protection requirements were not breached <p>No further actions were listed for review.</p>	
034/22	<p>Matters Arising from the previous minutes</p> <p>No matters were raised which were not already covered in the action log or agenda.</p>	
STRATEGIC AND POLICY MATTERS		
035/22	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair, which covered the following points:</p> <p><u>Critical Incidents</u> Referring to the two critical incidents recently declared by the Trust, Dr McMahon was pleased to report that system colleagues had worked with and supported the Trust to manage patient flow, which had resulted in a positive impact on the duration of the critical incidents.</p> <p>The importance of communication had been acknowledged in post-incident debrief discussions, and in particular a number of Non-Executive Directors had unfortunately first heard about the incidents through the media. Appreciating that this was not necessarily within the Trust’s control, the Executive had since provided assurance that timely Board communication would be included as an action in critical incident processes in future.</p>	

	<p><u>Ockenden Report</u></p> <p>The Trust became aware on the evening of 8 March that the publication of the second Ockenden Report had been delayed, and at the time of this meeting had disappointingly not received any notification of the revised publication date.</p> <p>The Trust acknowledged that for the families, who had waited so long for the publication of the report, this situation would be more than simply disappointing.</p> <p>On behalf of the Board, Dr McMahon wished to assure members of the public observing today’s meeting that the work undertaken by the Trust to improve its services would continue, despite the delay to publication. The Trust would also continue to support those who had been affected by the maternity issues at the Trust.</p> <p>As soon as the report was published, the Trust would be working to implement all further recommendations regarding the improvement of services</p> <p>The Board of Directors noted the report.</p>	
036/22	<p>Report from the Chief Executive</p> <p>The Board of Directors was referred to the detail contained in the Chief Executive’s Summary of the Integrated Performance Report (IPR), however Mrs Barnett wished to draw particular attention to the following points:</p> <ul style="list-style-type: none"> • Services remained under significant pressure, with both an increasing level of COVID-19 in the community and within the Trust’s workforce, in addition to significantly increased unscheduled care volume. • As referenced in the Report from the Chair, the transformation of maternity services continued to be a high priority in the implementation of Getting to Good, the Trust’s programme of work focused on its improvement journey. At the time of this meeting 83% of the 52 actions from the first Ockenden report were delivered. There also continued to be a successful programme of recruitment into key specialist and senior leadership roles in the service. <p>The Board of Directors was advised that subsequent reports on the agenda provided further extensive detail, both on the above points and other key items.</p>	
037/22	<p>Policy Approval – Risk Management</p> <p>The Board of Directors received the report from the Director of Governance and Communications.</p> <p>The Board was referred to the detail contained in the report and accompanying appendices, and Ms Milanec provided assurance on the following:</p>	

- The new policy and associated process guide was being introduced in view of the significant revision underway to the Trust's risk framework, and had been recommended by the Audit and Risk Assurance Committee (ARAC) for Board approval
- A significant amount of interactive engagement and training was currently underway, and would continue, including podcasts and videos to provide short learning sessions, in addition to specific training for risk managers
- With regard to the risk escalation structure and forums, risks scored at '15 and above' would continue to be shared with the Trust's Senior Leadership Team.

The Board **approved** the Risk Management Policy, and associated documents.

QUALITY AND PERFORMANCE MATTERS

038/22 Integrated Performance Report (IPR)

The Board of Directors received the report from the Chief Executive.

Mrs Barnett referred to her executive colleagues, in order to provide more detailed information for the Board.

Quality Summary

The Director of Nursing, and Acting/Co Medical Directors, referred the Board of Directors to the full detail contained within the Quality Section of the IPR, and drew particular attention to:

- Mortality indices - conditions were being explored to seek to establish an explanation for the high Hospital Standardised Mortality Ratio (HSMR), which had increased across the country. Dr Jones provided assurance to the Board on the work underway to understand the reasons for this within the Trust, and his intention to provide further information at subsequent meetings;
- Venous Thromboembolism (VTE) – further investigation was underway, and determination of the remedial actions to be taken, with regard to the fall in VTE assessments, which showed special cause deterioration;
- Falls – this remained an area of concern and an organisational priority, and it was noted that this also mirrored the national picture. Mrs Flavell provided assurance on the extensive actions being taken, which included independent review of all falls, and weekly focused meetings. It was also noted that, although the number of falls was increasing, falls resulting in harm remained below the target level;

Workforce Summary

The Deputy Director of People & OD referred the Board of Directors to the full detail contained within the Workforce section of the IPR, and drew particular attention to:

- Sickness absence and availability – the Trust was experiencing significantly higher absence levels than usual, leading to extensive mobilisation and partnership working across the system to ensure the continued provision of services. Ms Wilkins clarified to the Board that the organisation was not an outlier on levels of sickness absence in comparison with other Trusts. Close monitoring continued in terms of operating in a ‘new norm’ due to COVID-19, and active conversations were underway on the approach going forward;
- Health and wellbeing – this continued to be a huge focus, and the support in place had helped in addressing the highest reason for staff absence, mental health. Health and wellbeing remained a key priority for the organisation going forward;
- The Trust’s vacancy gap remained at 9.4%, and ensuring that vacancies were filled as quickly as possible remained a key area of focus for the organisation. Retention levels were noted by the Board as a contributory issue, and activity was underway with a view to addressing this, including initiatives to improve work/life balance.

Operational Summary

The Chief Operating Officer drew the attention of the Board of Directors to the detail contained within this section of the IPR, and in particular the following points:

- Significant challenges continued within both urgent and emergency care as well as elective care, including cancer services;
- COVID-19 levels in the community continued to rise, affecting both the local population, staff and families, as well as driving an increase in related admissions;
- All teams within the Trust and across the health and social care system were focused on the pressures and risks. Ambulance handover delays as well as 12-hour breaches had been a significant feature during the month. The Emergency Department continued to work closely with ambulance services to ensure continued clinical prioritisation and regular checks on all patients waiting for handover, with regular use of cohorting to facilitate many patients being brought inside the EDs rather than remaining in vehicles, with appropriate investigations started;
- With regard to the benchmarking section of the Operational Summary, Dr Jones clarified that, in line with national recommendations, the Trust did not have a target for C-Section rates, and provided assurance of the alternative measures in place.

Finance Summary

The Director of Finance reported that the Trust’s current deficit position was in line with the latest forecast, which was formally reported via the ICS to NHSEI at the end of Q3 2021/22.

Mrs Troalen referred the Board of Directors to the detail contained within this section of the IPR, to provide assurance and further explanation on the adverse position, higher than expected cumulative income, delivery of efficiency savings, and capital allocation and spend.

	<p>Getting to Good - Transformation Summary</p> <p>The Director of Finance referred the Board of Directors to the detail contained in the IPR, which was taken as read.</p> <p>Mrs Troalen confirmed that a review of this section of the report was currently underway, with the aim of it being presented in a revised format going forward, to reflect the availability of more comprehensive information on the Getting to Good Plan.</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
039/22	<p>Quarterly Digital Report</p> <p>Ms Gallimore, Director of Digital Transformation and ICS Digital Lead, joined the meeting to present this report.</p> <p>The Board of Directors was pleased to learn of the continued progress in the development of the Trust's digital programme, and was referred to the report for further detail, which included:</p> <ul style="list-style-type: none"> • Continued support for the development of ICS digital system opportunities, such as Order Communication and Results reporting (OCRR) and Electronic Prescribing Medicines Management (EPMA), along with opportunities for digitally enabled care; • Recent Trust implementations, including a digital solution to support the improved visibility and timeliness of information for Acute Medical Unit clinicians, a new ultrasound reporting and image management solution, go live of BadgerNet Maternity, and further replacements for paper based processes; • The forthcoming launch of the Electronic Patient Record (EPR) programme, followed by subsequent modules, to be fully implemented by Spring 2023; • The launch of the Shared Care Record in a number of clinical areas from March 2022, enabling clinicians to view health and social care information in one digital solution from a number of organisations; • Considerable progress on cyber, and a significant amount of work on business continuity planning, resulting in a high level of risk assurance gained through the Trust's score from submission of an updated Data Security Protection Toolkit (DSPT); • Continued deployment of new technologies using single sign on. Assurance was provided that there had been heavy investment in terms of permissions, which gave auditable control based on role access; • Assurance was provided that all programme risks were appropriately recorded on the Operational Risk Register. <p>The Board of Directors noted the report and relayed thanks to Ms Gallimore and her teams for the significant progress with the Digital Programme over the last 18 months.</p>	

Assurance Framework	
040/22	<p data-bbox="293 203 919 237">The Ockenden Report – Progress Report</p> <p data-bbox="293 277 1297 421">The Board of Directors received the report from the Director of Nursing, who was joined by Mr Baker, Deputy Director of Operations, Women & Childrens Division, and Mr Wright, Programme Director, Maternity Assurance for the presentation of this report.</p> <p data-bbox="293 461 1297 533">The Board was referred to the detail contained in the report, and the following points were highlighted:</p> <ul data-bbox="293 573 1297 1503" style="list-style-type: none"> <li data-bbox="293 573 1297 824">• There were two minor errors in the report, as follows: <ul data-bbox="389 613 1297 824" style="list-style-type: none"> <li data-bbox="389 613 1297 685">○ Section 1.1 – the report was last presented to the Board of Directors in February 2022 (not December 2021) <li data-bbox="389 685 1297 721">○ Section 2.3 – date correction as above <li data-bbox="389 721 1297 824">○ Section 4.0 – the seventh Ockenden Report Assurance Committee had taken place on 15 February 2022 (not 18 January) <li data-bbox="293 831 1297 974">• Since the last update to the Board, five further Immediate and Essential Actions (IEAs) had been accepted by the Maternity Transformation Assurance Committee (MTAC) as ‘Evidenced and Assured’; <li data-bbox="293 981 1297 1052">• Since the last report, MTAC had also accepted a further three Local Actions for Learning (LAFLs) as ‘Delivered, Not Yet Evidenced’; <li data-bbox="293 1059 1297 1131">• In the same period, MTAC had accepted a further three LAFLs as ‘Evidenced and Assured’; <li data-bbox="293 1137 1297 1312">• The ‘Delivery Status’ position of each of the 52 actions, at 3 February 2022, was: <ul data-bbox="389 1205 1297 1312" style="list-style-type: none"> <li data-bbox="389 1205 1297 1240">○ 27 actions (52%) ‘evidenced and assured’ <li data-bbox="389 1240 1297 1276">○ 16 (31%) ‘delivered, not yet evidenced’ <li data-bbox="389 1276 1297 1312">○ Resulting in an overall implementation rate of 83%. <li data-bbox="293 1319 1297 1422">• Of the 9 actions not yet delivered (at 3 February 2022), one was an internal action relating to the Serious Incident (SI) process, and the remaining 8 were actions which required external support; <li data-bbox="293 1429 1297 1503">• The action plan remained on track for its latest agreed final delivery date of August 2022. <p data-bbox="293 1543 1297 1615">The Board of Directors noted and took assurance from the report and accompanying Action Plan included as Appendix 1.</p>
041/22	<p data-bbox="293 1650 1134 1684">Ockenden Review of Maternity Services – One Year On</p> <p data-bbox="293 1724 1297 1796">The Board of Directors received the report from the Director of Nursing, joined by Mr Baker and Mr Wright.</p> <p data-bbox="293 1836 1297 2011">The Board was referred to a letter sent to the Chief Executives of all NHS Trusts on 25 January 2022 from the Chief Operating Officer and Chief Nursing Officer for England. The letter issued a requirement that the Board of Directors was expected to discuss progress with implementation of the seven Immediate and Essential Actions outlined</p>

	<p>in the first Ockenden Report, as well as maternity services workforce plans, before the end of March 2022.</p> <p>The Board of Directors reviewed and discussed the report and accompanying appendices which, in addition to the above letter, included:</p> <ul style="list-style-type: none"> • Progress with the Kirkup and Ockenden Report Actions; • Workforce overview (Obstetrics, Neonatal and Anaesthesia); and • Midwifery Staffing Paper <p>The Board took assurance that the Trust was more than 90% compliant with the delivery of the Ockenden Report Immediate and Essential Actions based on feedback and self-assessment using the NHSEI tool.</p> <p>Clarity and assurance was sought from the Board on the red RAG rating against Q45 within Appendix 2, relating to demonstration of effective systems of workforce planning to the required standard.</p> <p>Mrs Flavell and Mr Baker undertook to review the detail and accuracy of this status following the meeting, and provide clarification.</p> <p>Mr Baker provided assurance of his high level of confidence in the rigorous mechanism applied to monitor and track actions, and further assurance was provided by Mr Wright that there had also been an independent validation process undertaken by the Regional Chief Midwife. The comparatively risk averse approach taken on all progress reporting against actions was also noted, with clarification that actions were only rated green once they had been fully evidenced and assured.</p> <p>Mrs Barnett stated that she felt confident she would be able to provide Chief Executive sign off of the required return on the basis of the information provided, but she requested a final review with Mrs Flavell and her team for additional assurance prior to submission. The Board of Directors authorised the Chief Executive to sign the NHSEI return once the final review had taken place.</p>	DoN
042/22	<p>NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Year 4 Quarterly Report</p> <p>The Board of Directors received the report from the Director of Nursing, joined by Mr Baker.</p> <p>Mr Baker provided a reminder that there was a requirement for the Board to receive regular updates and items for sign off throughout the CNST period, culminating in final sign off by the Board of Directors, and submission of the completed Board declaration form to NHSR, at the end of June 2022.</p> <p>The Board was referred to the detail contained in the report, and the following key points were covered:</p>	

	<ul style="list-style-type: none"> • The current CNST completion rate, including compliance with the standards and accrual of supporting evidence, was: <ul style="list-style-type: none"> ○ 25.5% Evidenced and Assured; ○ 24.8% Delivered, Not Yet Evidenced; and ○ 49% Not Yet Delivered • Assurance was provided on the alignment of the overall progress status with the target dates contained within the plan • The Board was referred to Section 13.0 of the report, to provide assurance on the mitigating actions in place to address three ongoing risks to delivery • It was noted in particular, with regard to Safety Action 2, that: <ul style="list-style-type: none"> ○ the Trust had procured a Maternity Information System complying with the forthcoming commercial framework (to be published by NHSX); and ○ the Trust was complying with Information Standard Notices DCB1513 and DCB3066, through the procurement of the Badgernet system, which meets these standards <p>The Board of Directors took assurance from the report, noting the requirements to receive the remaining compliance confirmations for Safety Actions between March and June 2022, and to authorise the Chief Executive to sign the self-declaration form on behalf of the Trust on or before 30 June 2022.</p>	
043/22	<p>Ockenden Report Assurance Committee (ORAC) Report</p> <p>The Board of Directors received the Co-Chairs' summary report from the live-streamed ORAC meeting in public which had taken place on 15 February 2022.</p> <p>It was noted that the following items had been covered:</p> <ul style="list-style-type: none"> • Presentations and updates on progress relating to the implementation of the Ockenden Report Action Plan; • Results of the Care Quality Commission (CQC) 2021 National Maternity Services Survey, with the survey sample drawn from women who gave birth in February 2021 during the third national COVID-19 lockdown. It was pleasing to note that the Trust was one of only six other trusts nationally who had been placed in the category of 'better than expected' (no trusts were identified as 'much better than expected'); • The range of work and initiatives being undertaken at corporate and divisional level within the Trust to engage with staff and improve the organisational culture; and • The Quality Governance and Assurance arrangements which had been implemented and embedded in response to a requirement within the Ockenden Report for the Trust to improve its quality governance arrangements. <p>The next meeting of the Committee was scheduled for 15 March 2022, commencing at 2.30pm, and would be live-streamed in public. The focus of the meeting would be a 'deep dive' into the Ockenden Report</p>	

	<p>Action Plan in order to consolidate the Committee's understanding of the state of progress, ahead of the publication of the final Ockenden Report.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
044/22	<p>Incident Overview Report</p> <p>The Board of Directors received the report presented by the Acting Medical Director and Director of Nursing, to provide assurance to the Board of the efficacy of the incident management and Duty of Candour compliance processes.</p> <p>The Board was referred to the detail contained in the report, and accompanying appendices, which summarised the January 2022 data relating to Serious Incidents (SIs) and Learning and Actions identified.</p> <p>Referring in particular to the top five trends in terms of incidents, Dr Jones provided assurance to the Board on actions being taken to create a 'whole admission assessment centre' at RSH, by redefining a floor to receive a single flow of patients. This would involve complex rearrangement but would result in a much larger assessment area, and allow specialties to see patients in areas away from the Emergency Department.</p> <p>The following additional points were discussed in response to queries from Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> • Many of the graphs contained in the report showed a poor trend over a two year period, and clarity was requested on whether that could be explained by increased reporting. It was noted that research demonstrated there was a good correlation between a healthy safety culture and a high level of incident reporting. Mrs Flavell confirmed that there were plans to undertake a pulse survey to gain further clarity in this regard; • Consideration was requested to a change in the reporting format, in the interests of additional assurance, to reflect the level of harm associated with each Datix report, rather than the current numerical based commentary. Mrs Flavell undertook to explore that suggestion, clarifying that the report format was in ongoing development. <p>The Board of Directors noted and took assurance from the report.</p>	DON
045/22	<p>Finance and Performance Assurance Committee Monthly Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Deadman, which was taken as read.</p> <p>The Board took assurance from the ongoing monitoring activity by the Committee.</p>	
046/22	<p>Quality and Safety Assurance Committee Monthly Report</p>	

	<p>The Board of Directors received the report from the Committee Chair, Dr Lee, which was taken as read.</p> <p>The Board of Directors took assurance from the ongoing monitoring activity by the Committee.</p>	
047/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors received the report submitted by the lead for each visit, summarising the 'Genba Walks' that had taken place in the Integrated Discharge Hub and Ward 25 at RSH.</p> <p>The report was taken as read. To provide assurance to the Board going forward, however, the Chair requested the inclusion of identified actions in future reports, together with progress against those actions.</p>	DPOD
048/22	<p>Appraisal and Revalidation Report</p> <p>The Board of Directors received the Quarter 3 2021/22 report from Dr Jones in his capacity as Responsible Officer for the Trust.</p> <p>The Board took assurance from the report, which was taken as read. Dr Jones also provided assurance of continuing actions to increase the robustness of the Trust's medical appraisal and revalidation processes.</p>	
049/22	<p>Guardian of Safe Working Hours (GoSW) Report</p> <p>The Board of Directors received the report for Quarter 2 2021/22 from Dr Jones, on behalf of Dr Barrowclough, the Trust's GoSW.</p> <p>Dr Jones advised of the significant amount of work being undertaken by Medical Staffing, in particular taking advantage of using a more consistent way of rostering the junior doctor workforce. It was therefore the aim to provide greater assurance around working hours and the management of rotas going forward.</p> <p>There was a NED query with regard to a comment within Section 2.31 of the report, which suggested that soft intelligence obtained had indicated there was a culture to not investigate exception reports. Dr Jones confirmed that he was aware of that concern, and provided assurance that Dr Barrowclough would be able to demonstrate in future reporting that this was no longer an area of concern.</p> <p>The Chair asked for the appreciation of the Board to be relayed to Dr Barrowclough for the assurance that she continued to provide through the significant level of information within the GoSW reports.</p>	
PROCEDURAL ITEMS		
050/22	<p>Any Other Business</p> <p>There were no further items of business.</p>	

051/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 14 April 2022, commencing at 13.00hrs. The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
052/22	<p>Questions 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> <p>Dr McMahon confirmed that any questions submitted via the website would be answered by appropriate members of the Executive Team, and published on the website.</p>	
The meeting was declared closed.		

DRAFT