The Shrewsbury and Telford Hospital NHS Trust

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

Thursday 14 April 2022 via MS Teams (and live streamed to a public audience)

MINUTES

Name	Title
MEMBERS	
Dr C McMahon	Chair
Mrs L Barnett	Chief Executive
Ms S Biffen	Acting Chief Operating Officer
Ms K Blackwell	Deputy Director of Nursing (representing Mrs Flavell for items where she was not in attendance)
Mrs T Boughey	Non-Executive Director
Ms R Boyode	Director of People & Organisational Development
Mr A Bristlin	Non-Executive Director
Mr D Brown	Non-Executive Director
Prof C Deadman	Non-Executive Director
Mrs H Flavell	Director of Nursing (in attendance for items 059/22-061/22)
Dr J Jones	Acting Medical Director
Dr D Lee	Non-Executive Director
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Mr N Lee	Interim Director of Strategy & Partnerships
Ms A Milanec	Director of Governance & Communications
Mr R Steyn	Co-Medical Director
Mr M Wright	Programme Director, Maternity Assurance (in attendance for items 059/22-061/22)
Ms C McInnes	Director of Operations, Women & Children's Division (in attendance for items 059/22-061/22)
Ms A Lawrence	Director of Midwifery (in attendance for items 059/22-061/22)
Ms H Turner	Freedom to Speak Up Lead Guardian (in attendance for items 059/22-061/22)
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
There were no apologies*	(*Mrs Flavell joined part of the meeting, as detailed above)

No.	ITEM	ACTION
PROCEDURAL ITEMS		
053/22	**Welcome, Introductions and Apologies** The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream. **Ockenden Report – statement from Dr McMahon** "On 30 March 2022 Mrs Ockenden published her final report following the Independent Review of Maternity Services (IMR) at the Trust. Our Chief Executive, Louise Barnett, acknowledged the report, confirmed our intent to deliver to the recommendations, and apologised for the poor care received by families and members of the communities we serve. Today, I add the Trust Board's unreserved apology to women, families and members of our communities who have been in any way affected by the poor standards of maternity care provided by the Trust. In this meeting we will formally receive the report, and I emphasise the importance of each and every one of us reading the report in full so that we can scrutinise the Trust's response to the report, hold ourselves fully to account for delivery, and ensure challenging assurance over each element. The running order of today's agenda will focus on these elements early in the meeting (for our observers) and separately from our other business. • The Ockenden Report – Progress Report, and Assurance Committee Report ('Ockenden Report1') will directly follow the procedural items of business, providing a review and oversight of the Trust's Ockenden Report Action Plan delivery to date; • There will then be a short break • The Ockenden Report – Final Report ('Ockenden Report 2') will then be received."	
054/22	**Quorum** The Chair declared the meeting quorate.	
055/22	**Declarations of Conflicts of Interest** The Chair noted a declaration from Prof Purt prior to the meeting, reporting that his wife had been appointed Director of	

	the thematic review into maternity at Nottingham University Hospital Trust, and this had been duly recorded on the register. The Chair reminded the Board of Directors of the need to highlight any interests which may arise during the meeting.	
056/22	**Minutes of the previous meeting** The minutes of the meeting held on 10 March 2022 were approved by the Board of Directors as an accurate record.	
057/22	**Action Log** The Board of Directors reviewed the action log, and agreed the following: • Actions 4, 6, 8 and 9 to remain open whilst actions pending/underway • Action 7 to be closed. It was clarified that this was a correction to the previously reported status. Confirmation was provided, as a consequence of the correction, that the Trust was compliant with the action to submit evidence of effective systems of workforce planning to the required standard to the region. No further actions were listed for review.	
058/22	**Matters Arising from the previous minutes** No matters were raised which were not already covered in the action log or agenda.	
ASSURANCE FRAMEWORK (Part 1)		
059/22	**The Ockenden Report - Progress Report** The Board of Directors received the report from the Director of Nursing, to present an update on all 52 actions in the Trust's Ockenden Report Action Plan since the last meeting of the Board of Directors on 10 March 2022. Mrs Flavell was joined for this item, and agenda items 060/22 and 061/22, by Ms Lawrence, Director of Midwifery; Ms McInnes, Director of Operations, Women & Children's Division; and Mr Wright, Programme Director, Maternity Assurance. The Board was referred to the detail contained in the report, and the following points were highlighted: • Since the last update to the Board, eight further actions (two Immediate and Essential Actions (IEAs) and six Local Actions for Learning (LAFLs) had been accepted by the	

	Maternity Transformation Assurance Committee (MTAC) as 'Evidenced and Assured';
	• A minor correction was highlighted to Section 2.3.1 of the report, referring to the recent CQC Service User Survey. The results showed that the Trust was one of seven of a total of 122 trusts (not 121, as indicated) to receive a 'better than expected' rating;
	• Since the last report, MTAC had also accepted a further two actions (one IEA and one LAFL) as 'Delivered, Not Yet Evidenced';
	• The 'Delivery Status' position of each of the 52 actions, at 8 March 2022, was:
	  o 35 actions (67%) 'evidenced and assured'
	  o 10 (19%) 'delivered, not yet evidenced'
	  o Resulting in an overall implementation rate of 86%.
	
	The Trust reaffirmed its commitment to implement the actions arising from the IMR in good faith, to improve the quality of care provided to women and families.
	
	Whilst much work remained to be done, it was confirmed that:
	
	• 45 of the 52 actions set out in the first report have been implemented;
	• The remaining seven actions were outside of the Trust's direct control to deliver, as they had external dependencies. The Trust has received assurance from external partners that these actions were on track for delivery;
	• This would be the final version of this report in the current format. All remaining actions from the first report would be merged with those from the final report into a new format going forward. The Trust's assessment against all the new actions would be presented to the Board of Directors at its meeting in May 2022.
	
	In response to a request for assurance on the sustainability of the actions implemented, Mrs Flavell clarified that extensive governance work and sustainability checks were ongoing. It was noted that this work would be undertaken by the Division as the action owners, and evidence would continue to be presented to the Maternity Transformation Assurance Committee (MTAC).
	
	Assurance was also provided that learnings and methodologies were being adopted within other areas of the Trust.
	
	The Board of Directors fully noted and took assurance from the report and accompanying Action Plan included as Appendix 1.	

060/22	**Ockenden Report Assurance Committee (ORAC) Report**	

	The Board of Directors received the report of the tenth meeting of the Committee held on 15 March 2022, from Dr McMahon, Co-Chair. The following key points were noted:: • As this had been the last meeting of the Committee before the publication of the final Ockenden Report, following an invitation, a majority of the Trust Board members had also attended to hear of progress in relation to implementation of the actions from the first Ockenden Report; • Dr McMahon and other members of the Board wished to acknowledge the tremendous amount of work that the Maternity Services team, supported by others within the Trust, had undertaken, and the very positive progress and beneficial service improvements, that had been made. Although there would always be more do do, the commitment, energy and dedication of the Maternity Services team had been exemplary; • It was agreed that the Committee would not meet in April and May in order that the final Ockenden Report could be thoroughly considered and a response with actions developed by the Trust. Once this had been undertaken, the Committee would be re-convened in June in order to consider how it would continue to support the Trust and provide assurance in relation to any recommended actions which emerge from the final Ockenden Report. The Board of Directors noted and took assurance from the report.	
061/22	**Ockenden Report – Final Report** **Introduction from the Chief Executive** Prior to formal receipt of the report from the Director of Nursing, the Chief Executive reiterated her unreserved apology to all of the affected families for the pain and distress caused as a result of the poor care they had experienced. Mrs Barnett covered the following points: • The Trust fully accepted all of the findings and recommendations detailed within Mrs Ockenden's report; • The organisation must and would act on the report at pace, with rigour and diligence, to continue the improvement work that had been carried out following Mrs Ockenden's interim report; • Mrs Barnett wished to thank staff and the Trust's partners for their dedication in helping to deliver the improvements to date, as reported under item 059/22 above; • If any actions were identified by the Trust following full scrutiny of the report, even if not expressed explicitly as a	

	Local Action for Learning or an Immediate and Essential Action, they would be captured, so that appropriate action could be taken: • There would be a greater ongoing focus on engagement with colleagues to provide reassurance that all concerns were actively welcomed and valued, and to continue to emphasise that there would be no consequences as a result of speaking out; • The importance was recognised of openness and transparency, and sharing evidence, so that people could ask questions, make comments, and challenge; • A further external channel had been implemented for people to be able to speak out on any concerns, and the National Freedom to Speak Up (FTSU) Guardian's office had offered their support in strengthening the Trust's FTSU approach, through Ms Turner, the Trust's Lead Guardian; • Further scrutiny included NHSEI, CQC, system partners, Maternity Voices Partnership, as well as midwives and officials external to the Trust; • In conclusion, the Trust remained committed to doing its utmost to deliver the best possible care for the communities which it serves. **Receipt of the Final Ockenden Report** The Board of Directors received the report from the Director of Nursing. Mrs Flavell covered the following key points: • The final report, published on 30 March 2022, followed on from the first report from the Independent Maternity Review of the Trust, which was published in December 2020; • The report was very harrowing to read and set out significant or major failings in maternity care services at the Trust, predominantly between 2000 and 2019; • The final report covered the review of the maternity care of 1,486 families and, from these, 1,592 clinical incidents; • The report described thematic and repeated failures in care, failures to safeguard mothers and babies, failing to investigate when things had gone wrong, alongside failures to learn and improve. Also, that due learning and better adherence to approved procedures, practices and guidelines may have prevented further deaths of women and babies; • Alongside the reported failures in care, governance, assurance, systems and processes, the review found associated failures in clinical and corporate leadership at the Trust; • The final report set out 66 additional Local actions for Learning for the Trust, and 92 Immediate and Essential Actions for all providers of NHS maternity care in England to implement.	

	The following actions had been taken following receipt of the report: • The maternity services team, supported by corporate colleagues, had commenced a gap analysis against all the new actions and this work would continue at pace; • The first version of the revised action plan would be taken to the Maternity Transformation Assurance Committee on 10 May 2022; • The revised and refreshed Ockenden Report Action Plan, and accompanying report, would be presented to the Board of Directors' meeting on 12 May 2022. In summary: • The Trust wished to thank Mrs Ockenden and her team for the review, the report and the associated actions arising from it; • The Trust gave its commitment to continuing to learn and improve, to deliver the best possible services for the communities it serves; • Improvements had been made since the publication of the first Ockenden Report, but the Trust acknowledges that there is still more to do; • Work continued at pace, and with the same energy and commitment to the new actions from this final report, that it had given to those arising from the first report. **Subsequent Discussion and Assurance** Dr Jones added his comments and observations, summarised as follows: • Stressing that he could not repeat enough the Trust's acknowledgement of the failings described in Mrs Ockenden's report, Dr Jones emphasised that he and his colleagues all felt a strong sense of duty to ensure there was rigour around learning and improvement from the distressing events described in the report, both within Maternity Services and across the organisation; • He noted that the report came directly from the 'mouths of families', with the harrowing experiences of women and families at its heart. It was clear from the report how often following the mantra in the medical profession of "Listen to the patient, they will tell you the diagnosis" would have ensured the right diagnosis was determined; • Accepting that in the coming weeks and months there would be the communication of a lot more detail, Dr Jones wished to highlight some particular points of focus: o The principle of listening; o Professional curiosity – encouraging all levels of staff not to simply accept things they way they are;	

	○ Transparency on the decisions made and the reasons; ○ Action plans are not 'actions' in themselves – what matters is the tangible improvements that follow; ○ Consideration of the Trust's investigation process to ensure that investigations are conducted in the right way with the right input; ○ The improved integration of working between specialties; ○ When progress and improvements were made, the importance of making a link back to individual experiences within the report, to illustrate the difference that could have been made. If that difference was clear, it would provide assurance on effective progression in the safe care of women and babies. The Chair and Chief Executive thanked Dr Jones for his most valuable comments, and the Chair invited reflection on the points he had made. In response to a question from the Non-Executive Directors regarding executive level confidence in achieving the right balance between pace and momentum, and the commitment to ensuring that a meaningful report was provided to the Board of Directors in May, Mrs Flavell provided assurance that there was considered to be a sensible balance between both. Extensive discussion followed on culture within the Trust, noting that this would not be instantly 'fixable' and would be a continuous process. The Chair invited consideration to best practice on staff engagement and communication within the private sector, and there was discussion on the parallels with integrated quality improvement and education, for the Trust to be able to assure itself and create learning and innovation opportunities for people. Assurance was also provided in response to a query on triangulation, to ensure that learnings from all speaking up avenues were linked to the Trust's culture work. Mrs Barnett responded that, respecting anonymity, frequency of themes was captured, colleagues were brought together on different issues, and the views of staff were sought prior to implementing change. The Board of Directors noted the report, and the thought provoking points covered in subsequent discussion. The Chair closed this item by inviting observing members of the public to submit any questions they may have via the Board Questions page of the Trust's website. Dr McMahon confirmed that any questions submitted on the content of today's meeting would be distributed to relevant Executive Directors for	

	appropriate indvidual response, with all questions and answers published on the website.	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		

062/22	**Report from the Chair**
	
	The Board of Directors received a verbal report from the Chair, which covered the following points:
	
	• Reflection on the final Ockenden Report agenda item, and in particular an invitation to the Board to continue to seek assurance that learnings from maternity were being incorporated across other areas of the Trust;
	• Recognition of operational and service pressures as a result of:
	  ○ the pandemic;
	  ○ Considerable pressures within the Emergency Department; and
	  ○ Pressures within the system which were impacting on flow, and in particular delaying the ability to transfer patients who were medically fit for discharge to other providers and partners.
	
	The Board of Directors noted the report.	

063/22	**Report from the Chief Executive** Mrs Barnett advised the Board of Directors that she had nothing further to add at this time, which had not already been covered, or would be addressed within future agenda items.	
QUALITY AND PERFORMANCE MATTERS		
064/22	**Integrated Performance Report** 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 Co-Medical Director referred the Board of Directors to the full detail contained within the Quality section of the IPR, which was taken as read. In response to a query on the fall in VTE assessments, which showed special cause deterioration, assurance was provided that solutions related to documentation were being actively followed through until a digital pathway could be implemented in the future.	

	Workforce Summary The Director of People & OD referred the Board of Directors to the full detail contained within the Workforce section of the IPR, which was taken as read. Ms Boyode provided assurance that risks for patients due to unavailability of colleagues was being closely monitored in conjunction with NHS Employers and consideration was being given to a range of potential mitigations to reduce the impact. Assurance was also provided in response to a query on the low percentage of statutory and mandatory training completion in some areas, with confirmation that this was reviewed weekly, to balance the recognised need for completion against the risk of operational requirements, focusing ultimately on a 100% completion rate. **Operational Summary** Mr Lee referred the Board of Directors to the full detail contained within the Operational section of the IPR, in the temporary absence from the meeting of the Acting Chief Operating Officer to attend to urgent operational matters. The report was taken as read, and Mr Lee further reported that the Trust had achieved slightly under target on the reduction in elective waiting times relating to patients >104 weeks at the end of March 2022. Focus continued on working to reduce this number to zero by July 2022 in line with the national objective. Assurance was provided on the proactive management of communication with patients on elective surgery delays. **Finance Summary** The Director of Finance referred the Board of Directors to the full detail contained within the Finance section of the IPR, which was taken as read. Mrs Troalen provided assurance that the Trust remained on track to deliver its planned efficiency programme for the year. **Getting to Good - Transformation Summary** The summary was taken as read. Mrs Troalen clarified that from the Board of Directors' meeting in June, ie Month 1 reporting, the summary would move to a new format. Mrs Barnett added that in shaping the Operational Plan the organisation wished to ensure there was one operational approach underpinned by individual programmes. The Board of Directors noted the Integrated Performance Report.	

ASSURANCE FRAMEWORK (Part 2)		
065/22	**Incident Overview Report** The Board of Directors received the report presented by the Co-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. The Board was referred to the detail contained in the report, and accompanying appendices, which summarised the February 2022 data relating to Serious Incidents (SIs) and Learning and Actions identified. The report was taken as read, however Mr Steyn drew the Board's attention to the new Quality Governance Framework and structure which was now in place to support Divisional Quality Governance teams to create a robust resource and standardised approach to quality governance across the Trust. The Chair encouraged the lead executives to consider how incidents of moderate/severe harm could be better indicated visually. In response to a query, Mr Steyn undertook to ensure that an indication of incident backlog volumes would be included from the following report. The Board of Directors noted and took assurance from the report.	
066/22	**Audit & Risk Assurance Committee Monthly Report** The Board of Directors received reports from the months of February and April from the Committee Chair, Prof Purt, which were taken as read. Prof Purt confirmed that he had been provided with assurance that the implementation of Waiting List Initiative payments was now reaching a conclusion. The Board of Directors took assurance from the ongoing monitoring activity by the Committee.	
067/22	**Finance & Performance Assurance Committee Monthly Report** The Board of Directors received the report from the Committee Chair, Prof Deadman, which was taken as read. A minor typo was noted in the Agenda section of the report, which should read Equality **Diversity** and Inclusion (not Diversion).	

	The Board took assurance from the ongoing monitoring activity by the Committee.	
068/22	**Board Listening and Learning by Genba methods** The Board of Directors received the report submitted by the lead for each visit, summarising the 'Genba Walks' that had taken place in the Fracture clinic at RSH, PALS at RSH and the Recruitment Team at the Shrewsbury Business Park. The report was taken as read	
PROCEDURAL ITEMS		
069/22	**Any Other Business** As this was Mr Bristlin's final Board meeting, the Chair expressed her heartfelt and sincere thanks for his valued contribution and commitment during his time as a member of the Board, in the roles of Non-Executive Director, Vice Chair and NED Maternity Safety Champion. Dr McMahon highlighted in particular the significant contribution Mr Bristlin had made in shaping the maternity champion role within the organisation. The Chair and members of the Board wished Mr Bristlin every success in his new role as a NED in another Trust within his local community.	
070/22	**Date and Time of Next Meeting** The next meeting of the Board of Directors was scheduled for Thursday 12 May 2022, commencing at 13.00hrs. The meeting would be live streamed to the public.	
STAKEHOLDER ENGAGEMENT		
071/22	**Questions from the public** 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.	
The meeting was declared closed.		