

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

Thursday 12 May 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
Mrs T Boughey	Non-Executive Director
Mr D Brown	Non-Executive Director
Prof C Deadman	Non-Executive Director (in attendance until 4pm)
Mr R Dhaliwal	Non-Executive Director
Mrs H Flavell	Director of Nursing
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	
Ms R Boyode	Director of People & Organisational Development
Prof J Green	Associate Non-Executive Director
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 079/22 and 085/22)
Mr T Baker	Deputy Director of Operations, W&C Division (in attendance for item 085/22)
Ms A Lawrence	Director of Midwifery (in attendance for items 079/22 and 085/22)
Ms H Turner	Freedom to Speak Up Lead Guardian (in attendance for item 086/22)
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
There were no apologies	(Prof Deadman left the meeting at 4pm)

No.	ITEM	ACTION
PROCEDURAL ITEMS		
072/22	<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> <p>Dr McMahon extended a warm welcome to Mr Raj Dhaliwal, who had joined the Board on 1 May 2022 as a Non-Executive Director (NED). Mr Dhaliwal's core skill set was in finance/financial governance, and he would also become a member of the Finance & Performance Assurance Committee (FPAC).</p> <p>Dr McMahon was also pleased to extend a warm welcome to Prof Julie Green, who had joined the Board on the same date, as an Associate Non-Executive Director (A.NED). Prof Green is Head of School at Keele University, for Nursing and Midwifery, and she would become a member of the Quality & Safety Assurance Committee (QSAC) and Ockenden Report Assurance Committee (ORAC). Prof Green would also take on the role of Board Maternity and Neonatal Safety Champion.</p>	
073/22	<p>Staff Story</p> <p>The Director of People & OD introduced a video, in which two colleagues described their experiences of Long-COVID, and how it had impacted them, their families, and their work.</p> <p>In the video, Anna and Richard spoke about the Long-COVID Support Group, which was set up in 2020 with the aim of providing peer to peer support to staff suffering with Long-COVID. The Support Group had provided an opportunity to share individual experiences, and to provide resources and expertise to support members of the group, as well as raising awareness of Long-COVID in the Trust.</p> <p>In response to a query from the Chair with regard to the sharing of learning, Ms Boyode confirmed that the Trust had worked in partnership with the Integrated Care System (ICS) and national teams, to raise and improve awareness for both colleagues and the community.</p> <p>The Board of Directors noted the staff story, and asked for their thanks to be relayed to Anna and Richard for sharing their personal experiences of Long-COVID.</p>	
074/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
075/22	<p>Declarations of Conflicts of Interest</p> <p>The Chair advised that declarations had been received from Mr</p>	

	<p>Dhaliwal and Prof Green, which had been duly recorded on the Register of Directors' Interests.</p> <p>No further 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>	
076/22	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 14 April 2022 were approved by the Board of Directors as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> • Attendee removal: Ms Biffen clarified that, although she was listed as an attendee, she had been unable to join the meeting due to the operational need to provide critical incident support • Item 061/22, Ockenden Report – Final Report: the following correction was requested by Mrs Barnett to the second bullet of her introduction - '....., to continue the improvement work that had been carried out following Mrs Ockenden's interim first report' • Item 061/22: the following correction was requested by Dr Jones to the second bullet summarising his comments and observations – '.... 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, and perhaps if the Trust had considered a similar principle it would have ensured the right diagnosis was determined'. 	
077/22	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and agreed the following:</p> <ul style="list-style-type: none"> • Action 4 to remain open pending a new format presentation for the Transformation Section of the IPR from the June meeting • Action 9 to remain open pending the embedding of identified actions and progress into future Genba Walk reports • Actions 6 and 9 to be closed. <p>No further actions were listed for review.</p>	
078/22	<p>Matters Arising from the previous minutes</p> <p>No further matters were raised which were not already covered on the action log or agenda.</p>	
ASSURANCE FRAMEWORK (Part 1)		
079/22	Ockenden Report Action Plan	

The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Lawrence, Director of Midwifery, and Mr Wright, Programme Director, Maternity Assurance.

Mrs Flavell confirmed that the report provided an update on outstanding actions from the first Ockenden Report in 2020; and the first provisional assessment of the Trust's position in relation to the actions from the final Ockenden Report in 2022.

The following key points were covered:

- The final report set out:
 - 66 Local Actions for Learning (LAFLs), which were specifically for the Trust to implement
 - 15 Immediate and Essential Actions (IEA's), comprising 92 sub-actions, which were for every provider of NHS Maternity Services to implement, including this Trust
 - In total, there were 158 actions for this Trust to implement
- The Women and Children's Division, comprising doctors, midwives, managers and Maternity Transformation Programme (MTP) colleagues, had undertaken a provisional review of each of the 158 actions from the final report. The actions were provisional at this stage as each action needed to be validated formally through the Maternity Transformation Assurance Committee (MTAC). It had regrettably not been possible to do this before the production of this report, but reporting will return to synchronisation with the Board reporting timetable for the next meeting of the Board of Directors in public, in June 2022
- All actions from both reports were now in one single Action Plan
- The work required to deliver all the actions from the second report was substantial as some of the new actions were complex to navigate and would take time to go through the due and agreed assurance and validation processes
- A number of the new actions were dependent upon factors external to the Trust, and these would therefore need to be negotiated with external partners
- To avoid the risk of potential drift in actions that had previously been assessed as delivered fully, evidenced, and assured, three-monthly sustainability reviews were being introduced. Should there be deterioration in the rating of an action it would be reassessed and re-graded, and validated by MTAC. Sustainability review outcomes would be reported in future reports on a quarterly basis
- MTAC would meet again on 14 June, and the Ockenden Report Assurance Committee (ORAC) would be reconvened monthly from 21 June 2022, and would continue to be live streamed to the public.

Assurance was provided to the Board of Directors on the following points:

- Actions being taken to determine if there was any immediate risk to women today, whilst waiting for full completion of the action plan

– a gap analysis had been undertaken against current risk as part of the immediate review, and Mrs Flavell had confidence that prioritised actions were underway to mitigate risks where they had been identified

- The significant number of actions with external dependencies, including clarification of which elements were within the Trust's gift, and how the Trust could work constructively with its partners to take these forward – Mrs Flavell informed the Board of support being provided from partners, referencing in particular the Regional Chief Midwife's participation in MTAC meetings. With regard to external support at operational/clinical level, partnership support included the NHSE Improvement Adviser, the Maternity Voices Partnership, and CCG and LMNS colleagues. Expressions of interest were also being requested from other external organisations, stressing that the Trust was inviting a culture of challenge from all partners.
- The engagement of all teams and the opportunity for their involvement - Mrs Lawrence advised that there were a large number of Task & Finish Groups that fed into workstreams, which had been extended to different pockets of staff. The 'Improve Well' app was also providing an effective means of engagement and service improvement, and several drop-in sessions had been taking place for colleagues
- Any actions identified by the Trust which had not been in the final report – Mrs Lawrence advised of examples of an increase in the number of consultant midwives, and the wish to build on the engagement of staff
- Proactive planning and resources – a provision of just over £1m had been included in the Trust's financial plan this year, with the objective of ensuring the organisation had the correct infrastructure, investment in people and systems, and defined plans for future years. Mrs Lawrence provided an initial example of investment in the Professional Midwifery Advocate Model, which the Trust would ensure colleagues were released to attend
- Engagement of financial system partners in the investment required in maternity – Mrs Troalen confirmed that there was constant dialogue with the finance community in this regard, and there was clarity and full support from the system of the financial requirements. Mrs Barnett added that the Trust was working towards sustainable improvement, with workforce planning being built into investment
- Emerging risk, the understanding of residual risk and the associated review process – the Divisional risk process included constant assessment of risks, and a quality governance framework was embedded within the Women and Children's Division. Other elements of risk control within maternity included NHS Resolution's Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, to identify and minimise risk, to ensure the Trust was delivering the safest care. Daily data was also available, with all information correlated and discussed at weekly meetings, to provide a full picture of where mitigation of risk was required

	<ul style="list-style-type: none"> • Enrichment of the quality governance framework following publication of the final report – the framework had been reviewed, and an example was provided as a result, of an identified need for an additional workstream from an anaesthetic perspective. Confirmation was provided that all actions were cross referenced into the MTP, and it was highlighted that maternity was one of the few areas of the organisation which had a Board NED Safety Champion. Prof Green, who would be fulfilling the Champion role, would be scrutinising all of the points raised. <p>In response to a particular query on the 2024 delivery date associated with 14.6 of the action plan, relating to escalation of Serious Incidents (SIs) to Board in a timely fashion, Mrs Lawrence took an operational action to review the deadline for accuracy.</p> <p>The Chair thanked Mr Wright for his suggestion of a bespoke familiarisation session for Mr Dhaliwal and Prof Green, and asked that an operational action be taken for appropriate arrangements to be made, to include the third Associate NED who would be joining the Board from 1 June 2022.</p> <p>Mrs Flavell confirmed that work would continue at pace, but with the due diligence required to deliver the actions fully and properly. This would include action prioritisation and undertaking assessments to determine the resource requirements to deliver them.</p> <p>The Chair added her thanks on behalf of the Board, to those expressed by Mrs Flavell, to Mrs Lawrence and her teams, for the significant amount of work that had already been carried out on the preliminary review of all the actions from the final report.</p> <p>The Board of Directors took assurance from the details provided in the report, and noted that an updated position would be reported at the June meeting in public.</p> <p>The Chair reminded observing members of the public that questions were welcome on this, or any other agenda item covered in today's meeting, which could be submitted via the Trust's website.</p>	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
080/22	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair, which covered the following points:</p> <ul style="list-style-type: none"> • As a consequence of the NED and Associate NED appointments from 1 May 2022, and a further Associate NED appointment from 1 June 2022, membership of the assurance committees was under review. A paper in this regard would be presented to the Board of Directors at the June meeting • Dr McMahon recently had the pleasure of attending part of the Trust's Innovation Week, during which she visited the Discharge 	

	<p>Lounge to speak to staff about the work they were doing. Colleagues showed great enthusiasm in supporting and facilitating the transfer of patients out of hospital who were medically fit for discharge, and also working with families to help them understand the importance of transitioning people appropriately and rapidly into the most suitable place for their ongoing recovery</p> <p>The Board of Directors noted the report.</p>	
081/22	<p>Report from the Chief Executive</p> <p>The Board of Directors received a verbal report from the Chief Executive, in which Mrs Barnett provided the following overview:</p> <ul style="list-style-type: none"> • At the date of today's meeting, the number of COVID-19 inpatients within the Trust was 42. This was a significant and encouraging reduction • The Trust was still under significant pressure in Urgent and Emergency Care, and ambulance handover delays continued. Mrs Barnett assured the Board that she and her executive team were not satisfied with this situation from a patient experience perspective. Extensive work continued with the Trust's system partners to identify solutions and mitigate risk, and every improvement avenue was being explored. Mrs Barnett additionally referred to the Trust's current Innovation Week, which was focused on service improvement opportunities to improve patient care • The Trust continued to have a high number of inpatients who did not meet the criteria to remain in hospital. Referring to the Chair's visit to the Discharge Lounge, Mrs Barnett confirmed that work was underway with partner organisations to ensure a safe discharge for patients • Focus continued on the Trust's Getting to Good and Maternity Transformation Plans • Mrs Barnett referred to a number of recent and current national and international recognition events, which included International Nurses Day that same day, International Day of the Midwife the previous week, and Operating Department Practitioners Day the following Saturday. These provided an opportunity to celebrate and value those colleagues and teams, and a variety of activities were taking place across the Trust • Mrs Barnett concluded by referring the Board to the further areas of focus which were covered in the subsequent Integrated Performance Report. <p>The Board of Directors noted the report.</p>	
QUALITY AND PERFORMANCE		
082/22	<p>Integrated Performance Report (IPR)</p> <p>The Board of Directors received the report from the Chief Executive.</p>	

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 and Co-Medical Directors, referred the Board of Directors to the full detail contained within the Quality section of the IPR, which was taken as read.

Discussion took place on the reported reduction in Delivery Suite acuity, due to a combination of vacancies, sickness and unavailability. Mrs Flavell provided assurance that mitigation was in place to redeploy midwives to ensure safe staffing levels were met. In addition, there was triangulation of acuity with 'red flags', which were reviewed through Divisional governance meetings, Workforce meetings and QSAC. Further assurance was provided that the Delivery Suite Acuity graph included in the report represented a snapshot in time and was not reflective of the mitigation which had been put in place.

In response to a query on support measures to improve smoking at time of delivery, assurance was provided on the recruitment underway to support the process, and strengthen the healthy pregnancy support service. It was noted that discussion had also taken place between the Trust and the Director of Public Health for Shropshire Telford & Wrekin, and a system-wide review would be held at MTAC in June.

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 of the continued focus on recruitment, and referred to ongoing work with Telford College Academy. She also referenced the mutual aid received from health partners, in particular 24 colleagues who had joined the Trust from Robert Jones and Agnes Hunt Orthopaedic Hospital, who were working in the Trust's EDs and AMUs.

It was noted that there had been a slight improvement in appraisal completions, however, the Trust was offering development for both appraisers and appraisees, with the aim of ensuring that the appraisal process in the organisation was meeting its aims. A review of the appraisal process was also underway.

The reduction in attendance at training was noted as mainly due to overall sickness and absence within the Trust, and Ms Boyode asked for the support of the Medical and Nursing Directorates in particular to ensure employees were meeting the training requirements of their roles following their return to work.

Operational Summary

The Acting Chief Operating Officer referred the Board of Directors to the full detail contained within the Operational section of the IPR.

The report was taken as read, and Ms Biffen advised that the biggest risk being carried by the Trust was the number of operational pressures due to ambulance handover issues, as referenced in the Chief Executive's report.

The Board was advised that a further key area of risk was the Trust not being able to restore routine elective activity at the PRH site, with particular reference to elective orthopaedic and day surgery. Whilst all possible capacity had been provided for UEC demand, it was noted that a small amount had been retained for urgent cancer pathways, and ring-fenced elective capacity, such as Ophthalmology Suite and Vanguard theatre unit, allowing the Trust to treat long waiting patients where possible. The objective to reduce the number of patients waiting over 104 weeks by the end of March had been achieved, with 62 patients waiting against a target of 74. Work continued to reduce this number to zero by the end of June 2022, and to maintain at this level. Assurance was provided that a range of additional capacity was planned to be retained and used in 2022/23.

Discussion took place on the changing pattern of risk that the Trust needed to manage, due to the changing nature of the COVID-19 virus. The Chair felt that a Board seminar on this topic would be useful, and asked that this be included in the seminar programme at an early opportunity.

DGC

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 clarified that the report showed the year end position, which was subject to external audit, however she did not feel there was any cause for concern in this regard.

Getting to Good - Transformation Summary

The summary was taken as read.

Assurance was provided by the Director of Governance and Communications on the 'off track' Board governance element of the report. Ms Milanec clarified that a review of the Board Committees had been undertaken in 2021, the outcome of which had been taken to the Audit & Risk Assurance Committee (ARAC) in December. However, the original review had since been affected by external matters, and had now evolved into a wider review than initially anticipated, which would include a defined link between the Board Assurance Framework and the Trust Strategy.

Mrs Troalen clarified that the Transformation Summary report would be presented in a new format from June, due to the Trust's formal exit from the UHB quality improvement alliance. As a consequence, some of the information that was previously reported through the alliance would be received as a standalone report direct to Board going

	<p>forward, to provide additional detail for the Trust's Getting to Good programme of work</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
083/22	<p>Quarterly Report from the Director of Infection Prevention & Control</p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read.</p> <p>Discussion took place on the section of the report which referred to staff Lateral Flow Testing (LFT), and the significant number of people who were not reporting their results. Mrs Flavell clarified that this was a challenge for all organisations. Numerous communications to staff had been issued on this subject, and there was anecdotal evidence that people were testing and reporting to the national database instead of the local database, noting that Trusts do not have access to reporting data within the national database to amalgamate results. Assurance was provided to the Board of Directors that there were robust processes in place to ensure people were clear of COVID-19 before returning to work.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
084/22	<p>Quarterly Public Participation Report</p> <p>The Board of Directors was referred to the full Public Participation report within the supplementary information pack of papers.</p> <p>Mr Steyn provided assurance that late notification of service changes from the Divisions, as referenced in the executive summary, was no longer an issue, and had already been resolved.</p> <p>Discussion took place on the Trust's successful volunteer programme, the key points of which were as follows:</p> <ul style="list-style-type: none"> • In the context of the Trust's current resource challenges, Mr Steyn clarified that volunteers were being utilised extensively and very effectively to support with a variety of activities across the organisation • Ms Boyode advised the Board of the ambition to consider how career routes could be created for volunteers at the Trust, equally recognising that some people would wish to stay within their volunteer roles • It was recognised that there was also an opportunity to support in the Trust's education provision. <p>Ms Boyode provided assurance that the link with The Princes Trust was still active, but she acknowledged with apologies that justice was not being done to the Trust's association in terms of communication.</p>	

	<p>The Board of Directors noted the report, and recognised that the Public Participation Programme was an important mechanism by which the Trust can ‘open its doors’ and invite people to scrutinise its plans.</p>	
<p>ASSURANCE FRAMEWORK (Part 2)</p>		
<p>085/22</p>	<p>Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 4 Progress Update</p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Lawrence, Director of Midwifery, and Mr Baker, Deputy Director of Operations for Women & Children’s Division.</p> <p>Mrs Flavell drew the attention of the Board to notification by NHS Resolution (NHSR), which administers the scheme, of the relaunch of Year 4 of the scheme from 6 May 2022. As a result, the scheme’s submission deadline had been extended from June 2022 to 5 January 2023. Interim timeframes within each of the safety actions had also been reviewed and extended.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • The report showed that the completion rate had fallen behind planned progress as regards Safety Actions 2, 6 and 8 and there were ongoing risks to delivery associated with each of these, which had already been highlighted to the Board of Directors in previous reports. However, as the submission date had now been extended to 5 January 2023, those safety actions were anticipated to be addressed • With regard to the ongoing risks to delivery, as detailed in Section 12 of the report, confirmation was provided that the standard was now much more achievable due to the extended submission date <p>Following review and discussion, the Board of Directors:</p> <ul style="list-style-type: none"> • Noted the high-level version of the Quarter 4 2021-22 PMRT report (Appendix 1), which had been shared at the Board of Directors meeting in private for reasons of patient confidentiality • Took assurance from the level of achievement of care applicable to babies with Fetal Growth Restriction or who were Small for Gestational Age, as well as the Pre-Term Care measures as articulated in Section 7 of the report • Noted the evidence provided in this and earlier papers to demonstrate completion of Safety Actions 9 and 10 (further to Safety Action 5, which had already been accepted), and took assurance from this, and as regards Safety Action 10, took assurance from Appendix 2, which had been shared at the Board of Directors meeting in private for reasons of patient confidentiality • Noted the ongoing risks to delivery, as articulated in Section 13 of the report, and noted the possibility of failing to achieve Safety Actions 2, 6 and 8, which would mean overall failure to achieve CNST Year 4 	

	<ul style="list-style-type: none"> • Was prepared to receive the remaining compliance confirmations for Safety Actions between May and December 2022, and be prepared to authorise the Chief Executive to sign the self-declaration form on behalf of the Trust on or before the revised self-certification date. 	
086/22	<p>Freedom to Speak Up (FTSU) Q4 Report</p> <p>The Director of Governance and Communications introduced Ms Turner, Lead FTSU Guardian, to present the report.</p> <p>The report was taken as read, and the following additional points were covered:</p> <ul style="list-style-type: none"> • The number of open contacts had now reduced to 136, from the figure of 174 shown in the report • Following publication of the final Ockenden Report on 30 March 2022, and with regard to the findings relating to culture, which led to the failings in care, and in particular the psychological safety of staff in feeling able to speak up, a number of actions had been taken to consolidate arrangements at the Trust, which were detailed within this report. The Board of Directors was advised that whilst all of those actions were important, and more will be done from a FTSU cultural perspective, the most importance difference in addressing the speaking up culture positively within maternity had been the Director of Midwifery appointment • The staff survey results had once again shown that there were significant problems with behaviours and bullying and harassment, and the publication of more granular results by Divisions and Team was awaited • Ms Turner's plea was for the Trust to listen to what the staff were saying, and she requested that the Board completed the three modules of the FTSU training as soon as possible. It was confirmed that this was mandatory training for all Board members • Mrs Barnett advised that work had commenced with a further organisation to provide some additional support, and Ms Turner took an operational action to establish whether, whilst appreciative of confidentiality, the Trust could obtain any data to aid its awareness and understanding • Mrs Barnett further advised that the system used to track the Trust's maternity transformation work was also being adopted for FTSU, as it had outgrown its current administrative infrastructure, noting that this should help to alleviate resource pressure within the FTSU team • Ms Turner provided assurance that temporary staff were being covered under the FTSU processes, although, whilst there was an awareness of the FTSU Guardians, she acknowledged that they could promote themselves more to this group • It was noted that consideration was also required to how concerns were captured where they had not come through the FTSU route • Mrs Barnett reinforced the commitment of the Trust to following through where there may have been insufficient colleague engagement, and ensuring the best possible levels of response. 	

	The Board of Directors noted and took assurance from the report.	
087/22	<p>Incident Overview Report</p> <p>The Board of Directors received the report presented by the Director of Nursing and Acting Medical Director, to provide assurance to the Board of the efficacy of the incident management and Duty of Candour compliance processes.</p> <p>It was noted that the incident reporting supporting this paper had been reviewed to assure that systems of control were robust, effective and reliable, thus underlining the Trust's commitment to the continuous improvement of incident and harm minimisation.</p> <p>The report was taken as read, and additionally Dr Jones clarified the importance of focusing on all elements when considering patterns of incidents and what the underlying root causes might be. He noted, for example, that staff were a large factor when looking at complaints around incidents, and ways of reducing risk therefore needed to be in the context of a foreseeable, and less than ideal, lack of staff.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
088/22	<p>Quality & 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 attention of the Board was drawn to a number of the issues within the 'Alert' section of the report, and in particular:</p> <ul style="list-style-type: none"> • Delivering the CQC best practice of paediatric triage 'within 15 minutes' performance continued to be problematic. Whilst there were intentions to identify dedicated space and staffing to this function, it was noted that the Trust was currently in breach of this condition • There was a significant risk with respect to the sustainability of the Trust's two-site critical care provision, and the ability to provide consultant delivered care was becoming more challenging. Whilst business continuity plans were in place should there be a short-term issue, a longer term solution was required to provide a sustainable model that was compelling for existing staff and potential new recruits. Dr Jones reported that, in view of HTP completion being several years ahead, a programme manager has been appointed to consider a mitigating sustainable model, and more information on this would follow. <p>The Board of Directors took assurance from the ongoing monitoring activity by the Committee.</p>	
089/22	Finance & Performance Assurance Committee Monthly Report	

	<p>The Board of Directors received the report from Mr Brown in the absence of 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>	
090/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors received the report from the Director of People & OD, which detailed the reflections of the visiting teams following Board Genba Walks which had taken place on 13 April 2022 to the Emergency Department at PRH, the Estates Department at RSH, and the Medical Engineering Department at RSH.</p> <p>The report was taken as read, and Ms Boyode noted that an audit of Board/Executive actions was currently underway which would be reported at the June Board meeting.</p>	
PROCEDURAL ITEMS		
091/22	<p>Any Other Business</p> <p>There were no further items of business.</p>	
092/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 9 June 2022, commencing at 13.00hrs. The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
093/22	<p>Questions from the public</p> <p>The Chair invited questions from observing members of the public on any items covered in today's meeting, which could be submitted via the Trust's website.</p>	
The meeting was declared closed.		